CVAD-SAC Partnership Final Project Progress Report

Rapid Re-housing Program: Process Evaluation and Evaluability Assessment

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Funding for the evaluation has been provided by the Center for Victim Research (CVR) and Justice Research and Statistics Association (JRSA).

CVAD-SAC Partnership Final Project Written Report Guidance

How the project might improve victim service planning and implementation for states, localities, and tribes.

This project is particularly important to improve FOF victim services within Iowa for several reasons. Providing a process evaluation, evaluability assessment, and logic model review helps ensure the program and its components are well documented and that preliminary outcomes can be assessed. Improved data collection may help the FOF program acquire additional funding into the future, helping to expand current service provision to individuals experiencing domestic violence.

Did the project strengthen the relationship between VOCS administrators and the SAC or other researcher?

The Iowa CVAD and SAC have gotten the opportunity to partner on projects through funding opportunities provided by CVR for the last two years. The first year, projects were focused on providing a mapping analysis of crime victim compensation and assistance data noting whether there were gaps in service delivery. Additional activities related to exploration of data system integration to determine if the CVAD and SAC were able to share data across system, improving efficiencies in the manual review of claimant court documents. The second year project involved conducting a process evaluation, evaluability assessment, and creation of a logic model of a rapid re-housing program offered by Friends of the Family (FOF); a victim services agency. The program offers housing assistance to individuals and families impacted by domestic violence and who are also homeless.

As a direct result of these projects, a partnership between the CVAD and SAC has been formed. Prior to these projects, the CVAD and SAC did not have a partnership. Both agencies, despite being located in the same office building, largely operated independently. Since partnering the CVAD and SAC learned they have a plethora of resources, data, and expertise that can be leveraged through collaboration. It is evident that this nascent partnership will involve ongoing collaboration.

If and how the project and other resources provided by CVR assisted CVAD administrators in guiding sub grantees to better plan and document results and perception of if that guidance and whether that did in fact improve these skills in sub grantees.

FOF is a sub-grantee of the CVAD. The CVAD hopes to use the information in the final report to potentially inform housing initiatives, resources, and outcome measures for other like sub grantee programs.

Inclusion of any reports or other products disseminated as a result of this project.

As stated in the grant application, one main report was produced for this project. Items one through three were presented as part of the original grant application. Items four and five were supported through the funding extension.

1) A process evaluation of the FOF rapid re-housing program
2) An evaluability assessment of existing data
3) Development of a rapid re-housing logic model

4) Review of national rapid re-housing performance measures and assess whether current FOF rapid re-housing data collection and reporting meets national standards
5) Recommend modifications to preexisting data collection to enhance reporting abilities of the FOF rapid re-housing program

A final deliverable for this project can be found within Attachment A. The final deliverable for this project will be disseminated to CVAD, and FOF staff for internal use to inform program and practice. The deliverable will also be made available to JRSA.

The following information identifies additional items requested on behalf of CVR.

A description of the problem or issues and how it was identified.

FOF provides rapid re-housing in 14 of its 20 county service area; these counties include Allamakee, Black Hawk, Bremer, Brenton, Buchanan, Chickasaw, Clayton, Delaware, Dubuque, Fayette, Howard, Jones, Linn and Winneshiek. FOF provides rapid re-housing support to individuals and families affected by domestic violence and serves individuals and families recently impacted by domestic violence, and who are also homeless. In FY 2018, the rapid re-housing program as a whole served 184 adults, and 308 children.

The specific goals of the program are to work with individuals and families to:

1.) Create a housing retention plan.

2.) Feel safe in their home.

3.) Limit days between referral and housing placement.

4.) Promote high housing retention following participation.

The FOF program was implemented in 2015 and follows a Housing First Rapid Re-Housing Model. "Rapid re-housing models were implemented across the country through the Homelessness Prevention and Rapid Re-housing Program (HPRP), included as part of the American Reinvestment and Recovery Act (ARRA) of 2009. Through this national implementation experience, rapid re-housing programs were found to be a highly successful and cost-effective way to end homelessness for a wide range of households experiencing homelessness." [1]

While the program appears to have been successful in service delivery, the program lacks the capabilities and resources necessary to comprehensively report on the program model or services they provide. The program also indicates that while they are collecting essential data for program service delivery, they want to ensure that the data collected could be used for future reporting. The process evaluation and data evaluability assessment will allow staff to more comprehensively examine their program, which has the potential to improve service delivery for the families they serve. Additional activities supported through the funding extension would allow CJJP to review national performance measure standards for rapid re-housing program models and aid in

[1] https://www.hudexchange.info/resources/documents/Rapid-Re-Housing-Brief.pdf

recommending changes to current data collection to better report performance measure successfully, and subsequently, areas of improvement.

Data sources, analysis approach, and data quality issues.

To obtain information pertinent to the process evaluation, CJJP reviewed program materials such as handbooks, assessments, forms, and staff position descriptions to determine program policies and construct timelines for services. In addition, CJJP conducted interviews with FOF rapid re-housing program staff. In total, nine interviews were conducted in-person at FOF administrative and outreach offices in Waterloo, and one interview was conducted over the phone. The interviews were semi-structured, with questions related to services provided, program goals and activities, eligibility criteria, changes since implementation, and program strengths and challenges.

To obtain information necessary for a data evaluability assessment, CJJP utilized the Impact Evaluability Assessment Tool, to best determine if the FOF rapid re-housing program is well positioned for an outcome evaluation.[2] The tool was created by Lily Zandiapour of the Corporation for National and Community Service, and uses a checklist to determine organizational readiness, program readiness, and evaluation readiness. For each item included in the assessment, response options are "True," "Somewhat true," "Not at all true," and "Not applicable." According to Zandiapour, a response other than "True" indicates that issues may arise in the course of planning and implementing a rigorous evaluation.

[2] For more information on the Impact Evaluability Assessment Tool, see https://www.nationalservice.gov/sites/default/files/resource/FR_SIFImpactEvaluabilityAssessmentTool_Final_2016.pdf.

As a complement to the Impact Evaluability Assessment, CJJP also examined the data elements collected for the rapid re-housing program. CJJP determined that a multitude of data is collected, for both internal and external use (i.e. grant reporting requirements).

To conduct the performance measure data review, CJJP examined preexisting performance benchmarks and program standards for rapid re-housing models. Using the data evaluability assessment[3], CJJP explored the extent to which FOF is able to currently report established performance measure data and determine whether changes to data collection and/or entry are recommended to report progress towards established benchmarks. These activities help ensure that FOF is positioned to futuristically assess their program against national standards, and will ensure data is collected in a way that will permit an outcome evaluation analysis.

Results of the analyses.

Process Evaluation: The results of the process evaluation are well documented within the final deliverable provided in Attachment A. The process evaluation documents various components of the FOF program including participant identification, participant eligibility/intake, participant activities, program exit, and program strengths and barriers.

Logic Model: The final deliverable product also provides a logic model. A logic model is a visual display that can be used to describe and share an understanding of relationships among elements

[3] Evaluability Assessment: Examining the Readiness of a Program for Evaluation. (May 2003.). Juvenile Justice Evaluation Center. Retrieved June 07, 2019, from http://www.jrsa.org/pubs/juv-justice/evaluability-assessment.pdf

necessary to operate a program. Program logic models may vary in design, but generally include activities, output measures, and outcome measures. The logic model was informed by information obtained through the process evaluation. It includes both short and long term outcomes, due to the unique nature of working with victims. While the logic model was developed primarily to reflect the program as it relates to domestic violence victims, the activities and output measures can be applied to all participants.

Evaluability Assessment: The results of the evaluability assessment reveal a few barriers to future evaluation efforts. While the program does currently collect and analyze survey information from participants, data is not centralized, and may not be recorded in a way that can be easily analyzed. At this time, it's unclear how raw data would be shared with an evaluation partner.

Gathering data on a sample large enough for statistical analysis presents a further obstacle. There are a limited number of rapid re-housing spots at any given time, with active participation for approximately three months and a one year follow-up period. In addition, continued operation of the rapid re-housing program is dependent upon funding availability, and is not guaranteed.

The program has not yet been evaluated, and there are no concrete plans to conduct an outcome evaluation in the immediate future. Leadership supports evaluation efforts, although does not currently have staff dedicated solely to such a role. As a result, it's not possible to assess many of the elements in the evaluation readiness section of the evaluability assessment. CJJP does have the ability to conduct a sophisticated outcome evaluation, if and when it's appropriate.

Following completion of the assessment, CJJP believes that it would be premature to conduct an outcome evaluation of the FOF rapid re-housing program. After additional time has passed, with more participants completing the program, CJJP recommends reassessment. When it is appropriate to conduct an outcome evaluation, CJJP recommends a research design that includes all program participants by funding stream.

Implications of the results for policy and practice

The policy implications for this project are particularly beneficial for several reasons. Providing a process evaluation, evaluability assessment, logic model, and, subsequently, a performance measure data review helps ensure the program and its components are well documented and that preliminary outcomes can be assessed. Improved data collection may help the FOF program acquire additional funding into the future, helping to expand current service provision to individuals experiencing domestic violence.

Ways that the partnerships can be sustained

The last two years of work between CJJP has allowed for an established partnership between the SAC and CVAD. These partnerships have allowed both groups to more fully explore one another and their capabilities. It is apparent the partnership formed as a result of these funds will allow for a sustained relationship in the future. External to these partnership funds, CVAD has partnered with CJJP for an unrelated technology grant. The agencies are still working to establish the scope of activities for this technology grant, however, this opportunity demonstrates relationship sustainability for an ongoing working relationship.

Ways that stake holders (policymakers, practitioners, researchers, and other community stakeholders) have been informed and will continue to be informed.

The final product for this project is due September 30th, 2019. Prior to this date, the FOF will review the deliverable product. Following approval, the document will be provided to CVAD for discretionary distribution.

Attachment A Final Report

Rapid Re-housing Program

Process Evaluation and Evaluability Assessment

September, 2019

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Introduction

The Iowa Division of Criminal and Juvenile Justice Planning (CJJP) partnered with the Crime Victim's Assistance Division (CVAD) of the State of Iowa Office of the Attorney General to conduct a process evaluation, evaluability assessment, and create a logic model of a rapid re-housing program offered by Friends of the Family (FOF), a victim services agency. The program offers housing assistance to individuals and families impacted by domestic violence and who are also homeless. Funding for the evaluation has been provided by the Center for Victim Research (CVR) and Justice Research and Statistics Association (JRSA).

Background

In the United States, more than 10 million people each year are physically abused by an intimate partner; that equates to approximately 20 people experiencing domestic violence every minute.[1] The National Coalition Against Domestic Violence (NCADV) defines the term 'domestic violence' as the "willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another."[2] Research shows that domestic violence disproportionately affects women, with one in four women experiencing domestic violence at some point in their lives. In comparison, research suggests that one in nine men experience domestic violence.[3] Children are also victims, with one in 15 children exposed to domestic violence and 90% of those children witnessing violence.[4]

Data suggests that domestic violence is prevalent in Iowa. Incident-based data from Iowa's Uniform Crime Report (UCR) indicates that 6,240 domestic abuse incidents, with 6,431 total victims, were reported in 2016, the most recent year for which data is available. In total, 78% of all reported victims were women and 22% were men.[5] Importantly, domestic abuse data from the Iowa UCR program includes only those incidents that include domestic abuse assault, as defined in Code section 708.2A.[6] Statistics from the Iowa Attorney General's Crime Victim Assistance Division (CVAD) suggest the actual number of domestic violence victims is much greater than what is reflected in UCR data. In fiscal year 2017, victim service providers across the state assisted 35,228 domestic violence victims.[7]

In addition to experiencing violence at the hands of an intimate partner, victims often face an additional and often unanticipated consequence, homelessness. Research suggests a strong association exists between victims of domestic violence and episodic homelessness. One study found that 63% of homeless

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[1] Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf

[2] NCADV | National Coalition Against Domestic Violence. Ncadv.org. Published 2019. Accessed April 8, 2019.

[3] Truman JL, Morgan RE. Nonfatal Domestic Violence, 2003-2012. *US Department of Justice Bureau of Justice Statistics.* 2014.

[4] Hamby S, Finkelhor D, Turner H, Ormrod R. Children's Exposure to Intimate Partner Violence. *US Department of Justice Office of Juvenile Justice and Delinquency Prevention.* 2011.

[5] Iowa Uniform Crime Reporting 2016. *Iowa Department of Public Safety Office of the Commissioner.* Published 2016. Accessed April 8, 2019.

[6] See https://www.legis.iowa.gov/docs/code/708.2A.pdf.

[7] Melohn J. Annual Report State Fiscal Year 2017. *Iowa Attorney General's Crime Victim Assistance Division (CVAD).* 2018.

women have been victims of intimate partner violence.[8] Further, data shows that women who are victims of interpersonal violence are less likely to remain housed in the community after an episode of homelessness, and that partner violence increases the likelihood of a repeat homeless episode.[9] An additional cross-sectional study found that women who experienced intimate partner violence within the last year reported greater housing instability than those who did not experience intimate partner violence – at nearly four times the odds.[10] The association likely occurs because, in fleeing a violent relationship, victims also become homeless. This creates an especially vulnerable population that victim service providers aim to identify, engage, and house.

Historically, domestic violence victims who experience homelessness have been placed in emergency shelters. While this model is still available to victims, a Housing First approach has emerged to better meet the needs of those experiencing homelessness, including domestic violence victims. The Housing First approach views homelessness as a housing crisis that can be addressed through safe and affordable housing, and proposes that there are no prerequisites to permanent housing entry. The approach is intended to reduce the use, and expense, of crisis services;[11] subsequently, the rapid re-housing model has emerged to "rapidly connect families and individuals experiencing homelessness to permanent housing through a tailored package of assistance that may include time limited financial assistance and targeted support services."[12] The fundamental goal of rapid re-housing, according to HUD, is to reduce the amount of time a person is homeless, with efficient programs to rehouse individuals and families in 30 days or less.[13]

The National Alliance to End Homelessness, a nonprofit organization committed to preventing and ending homelessness in the United States, has identified three core components of a rapid re-housing program:

- housing identification,
- rent and move-in assistance
- case management

While not all participants will use all components, all three components should be made available. The goal of housing identification is to quickly find appropriate housing for participants. To achieve this goal, programs must create partnerships with landlords, while also giving participants a choice in their housing. The goal of rent and move-in assistance is to help participants secure a home by paying for security deposits, move-in expenses, rent, and utilities. Rent and move-in assistance should be tailored to the needs of the participant and, as a result, will vary in length and amount. The goal of case management, is to help stabilize participants once they are housed. To do this, the program must connect participants, when appropriate, with services and supports related to health care, child care, employment, income/benefits, and education.[14]

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[8] Bassuk EL, Melnick S, Browne A. Responding to the Needs of Low-Income and Homeless Women Who Are Survivors of Family Violence. *Journal of the American Medical Women's Association*. 1998;53(2):57–64.

[9] Bassuk EL, Perloff JN, Dawson R. Multiply Homeless Families: The Insidious Impact of Violence. *Housing Policy Debate*. 2001;12(2):299–320

[10] Pavao J, Alvarez J, Baumrind N, Induni M, Kimerling R. Intimate partner violence and housing instability. Journal of Preventative Medicine. 2007;32(2), 143-146.

[11] Housing First in Permanent Supportive Housing Brief, U.S. Department of Housing and Urban Development, July 2014.

[12] Rapid Re-Housing Brief, U.S. Department of Housing and Urban Development, July 2014.

[13] Ibid.

[14] Rapid Re-housing Works, National Alliance to End Homelessness, accessed July 8, 2019.

While rapid re-housing programs have emerged as an alternative to traditional sheltering programs, research related to the effectiveness of rapid re-housing is mixed. Studies suggest that rapid re-housing reduces the time it takes to house homeless individuals.[15] However, additional research indicates that participation in a rapid re-housing program may not translate to long-term housing stability.[16] At this time, it is not possible to make conclusive statements related to the effectiveness of rapid re-housing programs.

[15] Drake, A., Coman, E., Parikh, B., Fifield, J. (2016) (An Evaluation of the Connecticut Rapid Re-Housing Program. UConn Health Disparities Institute.

[16] Davis, T. H., & Lane, T. S. (2012). Rapid re-housing of families experiencing homelessness in Massachusetts: Maintaining housing stability. *Center for Social Policy Publications*. 61.

Process Evaluation

Methodology

To obtain information pertinent to the process evaluation, CJJP reviewed program materials such as handbooks, assessments, forms, and staff position descriptions to determine program policies and construct timelines for services. In addition, CJJP conducted interviews with FOF rapid re-housing program staff. In total, nine interviews were conducted in-person at FOF administrative and outreach offices in Waterloo, and one interview was conducted over the phone. The interviews were semi-structured, with questions related to services provided, program goals and activities, eligibility criteria, changes since implementation, and program strengths and challenges. See Appendix A for a complete list of interview questions.

Program Information

Friends of the Family (FOF) strives to meet the needs of individuals and families who have experienced homelessness by embracing the rapid re-housing model. In doing so, it seeks to identify victims who are homeless, provide rent and move-in assistance, and then offer case management with wraparound services.

With administrative and outreach offices in Waterloo, Friends of the Family was founded in 1992 and now provides services in 20 Iowa counties. Their mission is "to provide safe shelter, confidential services, and housing assistance to individuals in crisis due to homelessness, domestic violence, sexual assault, and human trafficking."[17] As such, FOF offers housing specific services to victims of violent crimes, and is the only agency doing so in the service area at this time. FOF provides rapid re-housing in 14 of its 20 county service area; these counties include Allamakee, Black Hawk, Bremer, Brenton, Buchanan, Chickasaw, Clayton, Delaware, Dubuque, Fayette, Howard, Jones, Linn and Winneshiek. While the rapid re-housing program is available to victims of domestic violence, sexual assault, or human trafficking, this evaluation will focus on the program as it relates to domestic violence victims.

The rapid re-housing program has both short and long term goals. Short term goals include supporting participants as they locate permanent, safe and affordable housing within 30 days of program admission; helping to ensure that clients remain safe from domestic violence during program participation; empowering clients to reach personalized goals; and assisting participants so they become self-sufficient prior to program end. In achieving these goals, the rapid re-housing program strives to reduce the re-victimization rates among participants, while also reducing the rate of return to homelessness. In doing so, the program attempts to maximize the amount of time participants are permanently housed, while minimizing the amount of time participants experience homelessness.

Funding Streams

Funding for the rapid re-housing program originates from multiple sources. HUD's Emergency Solutions Grant (ESG) program provides funds under the Homeless Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act). Pursuant to grant terms, a cash or in-kind match is required for ESG recipients [18]

[17] See https://www.fofia.org/.

[18] For more information on cash matches or in-kind matches for ESG funds, see https://www.hudexchange.info/faqs/1086/what-sources-of-funds-can-be-used-as-cash-match-for-esg/.

ESG funds, as they relate to the FOF rapid re-housing program, may be used for both short and medium-term rental assistance, rental arrears, and utility assistance. Strict criteria, detailed under the Participant Eligibility/Intake section below, is associated with the use of ESG rapid re-housing funds. It's important to note that FOF also uses ESG funds for homeless prevention. The use of these funds, however, falls outside the scope of this evaluation.

Rapid re-housing funding is also provided by the Crime Victims Assistance Division (CVAD) of the State of Iowa Office of the Attorney General Victim Services Support Program. Third party funds, such as donations from individuals, businesses, community organizations, and other sources, also support the rapid re-housing program. CVAD and third party funds can be used with fewer limitations and may be used for things such as rental and utility deposits, and arrears.

Regardless of source, all funding is intended to provide short-term assistance to victims experiencing homelessness. It is used to focus on housing stabilization, while also connecting participants to community resources. While the rapid re-housing program is holistic in nature, funding does not address all the financial and supportive service needs of participants. Instead, funding is intended to provide participants with housing first, so other needs can be addressed.

Program Staff

As the rapid re-housing program serves individuals and families in a wide service area, staff are split between offices in Cedar Rapids, Dubuque, Waterloo, and Waverly. The rapid re-housing program team includes an outreach services manager, a housing resource specialist, a transitions specialist, and four housing support specialists. All staff, at the time of the interviews, held a bachelor's degree. Staff longevity with FOF varies from less than a year, to over seven years.

The outreach services manager provides overall supervision to the rapid re-housing program, helping to guide case consultation, prioritize funds, approve financial requests for participants, and incorporate survivor focused services. The outreach services manager splits time between the Waterloo administrative and outreach office, and the main office in Waverly. The housing resource specialist maintains the coordinated entry system while also focusing on landlord recruitment and retention. The position is supported by ESG funds and is housed in the Waterloo administrative and outreach office. With an office in Waverly, the transition specialist focuses on mental health and employment, while also working with participants to increase financial literacy. The four housing support specialists provide case management, working with program participants to locate, obtain, and maintain housing. The housing support specialists are located in Cedar Rapids, Dubuque, and Waterloo. Importantly, staff dedicated to the rapid re-housing program also provide homelessness prevention assistance.

In addition to providing direct support to program participants, program staff also work within their respective communities to build relationships with landlords and community partners. Housing support specialists engage in outreach activities each month, including participating in panels, presentations, tabling events, and radio spots.

A number of volunteers and interns provide essential support to the rapid re-housing program. Volunteers and interns provide case management services, make follow-up calls to past program participants, conduct policy reviews, and assist with other projects and administrative functions.

Participant Identification

Participants self-identify, and are referred to the rapid re-housing program in a number of different ways. Many participants enter the program after contacting the FOF crisis line, which is staffed 24 hours per day. Other participants are identified through referrals from partnering agencies or word of mouth. In Linn County, participants may be identified through the Lethality Assistance Program (LAP), a law enforcement initiative focused on identifying situations where domestic violence victims might be most at risk.

To facilitate referrals, rapid re-housing program staff conduct community outreach activities on a monthly basis. These activities may take different forms including radio spots, panels, presentations, and tabling events and are meant to elevate the profile of FOF among community members. Staff perform more targeted outreach, to directly benefit the rapid re-housing program, by meeting with landlords, mental health providers, and employment services.

Participant Eligibility/Intake

The intake process for the rapid re-housing program varies by funding stream. Participants may enter on either ESG or CVAD funds, with third party funds used to provide additional support and services. Importantly, spaces within the rapid re-housing program are contingent upon both funding and housing support specialist caseload.

Regardless of funding source, the intake process begins with a prescreen application, also known as the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT). The VI-SPDAT is a coordinated assessment, used to determine risk and prioritization when providing assistance to those who are homeless or at risk of becoming homeless. FOF uses two forms of the VI-SPDAT, with one tool for individuals and one for families. It is administered either via the FOF crisis line or in-person, and is scored to determine eligibility. The VI-SPDAT includes questions related to history of housing and homelessness, risks (i.e. prior hospitalizations, prior interaction with police, prior incarceration, prior victimization, current legal concerns, and current risky behaviors), socialization, daily functioning, wellness, and disability status. Program guidelines indicate that those with scores of eight or higher are prioritized for entrance into the rapid re-housing program. See Appendix B for the individual version of the FOF VI-SPDAT. It is important to note, a family form version for the VI-SPDAT is also available however, was not included as an appendix.

After the VI-SPDAT has been completed, a housing support specialist contacts the participant to ask follow-up questions and request documentation, including a homeless verification form and/or a self-certification to determine if the participant is homeless and escaping domestic violence, photo identification, and income documentation (if applicable).

For those entering the program via ESG funds, priority is given to those who meet the definition for Category 1 homelessness, as determined by HUD. As defined by HUD, these participants are "literally homeless," lacking a fixed, regular, and adequate nighttime residence. This includes participants living in a publicly or privately operated shelter designated to provide temporary living arrangements. Participants must also meet the definition of Category 4 homelessness, as these are individuals who have fled or are attempting to flee domestic violence.[19] To meet the criteria, participants must have

[19] Homeless Definition, Department of Housing and Urban Development, Accessed May 20, 2019. https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

experienced domestic violence in the last three to six months.[20] Importantly, to receive ESG rapid re-housing funds, a participant may not only identify as Category 4 homelessness. Further, all participants must have an income below 30% of the area median income (AMI).

If participants meet the established ESG criteria, they are placed on a waiting list. When ESG spots within the rapid re-housing program become available, they are filled using the coordinated entry system. The coordinated entry system was introduced in July 2018, and was "developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs."[21] As identified by HUD, a primary purpose of coordinated entry is to ensure that those with the most severe needs and levels of vulnerability are prioritized for assistance.[22] The system is designed to better meet community needs, and is implemented by the Continuum of Care (COC) geographic area.[23] All data related to coordinated entry are entered in ServicePoint, a Homeless Management Information System (HMIS) that meets HUD requirements.

Program Activities

Once participants have been identified for program entry, housing support specialists arrange an in-person meeting to complete intake paperwork (see Appendix C). At the meeting, the rapid re-housing program is explained and participants work with housing support specialists to create housing stability plans. The plans, which are completed via a standardized form, serve as a guide for participants, FOF, and related service agencies (see Appendix D). Each plan includes the following components:

- A focus on obtaining and/or maintaining housing;
- Defined goals, outcomes and timelines, as well as documentation of frequency of meetings for follow up;
- An identification of needed community resources;
- Referrals to mainstream services, as need;
- An attached copy of the housing assessment.

Upon formally entering the program, participants are granted 30 days to conduct a housing search. During this time, participants may reside in a domestic violence shelter, either the FOF shelter in Waverly or another community-based shelter. In addition, housing support specialists offer guidance while encouraging participants to conduct an independent search. Participants check-in regularly with housing support specialists throughout the housing search phase and, if housing is not located within 30 days, housing support specialists evaluate barriers that might exist.

[20] Initially, the rapid re-housing program accepted those who were "literally homeless" and had been affected by domestic violence within the last six months. To better prioritize funding, however, the program later adopted a policy of accepting those who were literally homeless and had been more recently impacted by domestic violence – specifically, accepting those who had experienced domestic violence in the last three months.

[21] Coordinated entry and Homeless Management Information System (HMIS), U.S. Department of Housing and Urban Development, Accessed May 20, 2019. https://files.hudexchange.info/resources/documents/Coordinated-Entry-and-HMIS-FAQs.pdf

[22] Coordinated Entry Policy Brief, U.S. Department of Housing and Urban Development, Accessed June 10, 2019. https://files.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf

[23] For more information related to the Continuum of Care (CoC) Program, see https://www.hudexchange.info/programs/coc/.

Once housing is located, the participant and landlord must complete a request for lease approval, providing FOF with information related to the unit. Following submission of the request for lease approval, housing support specialists:

- conduct an inspection to ensure the residence is habitable, and free of lead paint.
- submit a request for payment through FOF's administrative and outreach office, after completion of a landlord agreement for rental assistance.

Importantly, the landlord agreement documents the relationship between the landlord and FOF, detailing the amount FOF will pay and the amount the rapid re-housing program participant will pay. In addition, the agreement explains the landlord's rights as they relate to the Violence Against Women Act (VAWA); it indicates that owners cannot deny tenancy based upon the applicant having been or currently being a victim of domestic abuse, and further outlines owner responsibilities.

When rental assistance is provided via ESG funds, the rental rate combined with utilities cannot exceed HUD's published fair market rent (FMR). Upon approval, the participant signs the lease, a copy of which is obtained by FOF, and moves into the residence. During this process, housing resource specialists may also help participants obtain funds for security deposits or utility bill arrearages.

The length of program involvement and the amount of financial assistance provided varies based upon both the needs of the participant and available funding. Funding is available for a maximum of six months, with most participants receiving approximately three months of funding once they have secured housing. The amount of assistance provided varies based upon individual circumstances. As it relates to ESG funds, a participant who has no documented income may receive 100% funding toward monthly rent, while a participant with a source of income may receive 70% funding.

On a weekly or bi-weekly basis, at minimum, participants meet with housing support specialists to discuss progress related to the housing stability plan, and to address any barriers. The housing support specialists employ a trauma-informed approach when providing case management, tailoring services to the participant's individual needs. When appropriate, referrals are made for wraparound services, which are provided through a network of community partners. These partners vary by location, but include organizations such as the Salvation Army, WayPoint in Cedar Rapids, Jesse Crosby in Waterloo, and Saint Mary's in Waverly. During this time, housing support specialists also work with participants to develop and adhere to budgets, and to develop and maintain good relationships with landlords.

The transitions specialist is available to assist participants who might benefit from additional assistance finding employment or accessing mental health services. For those seeking employment-related assistance, the transitions specialist conducts mock interviews to help prepare participants for job interviews, and also offers assistance with resume writing. Participants who need assistance navigating issues related to mental health, the transitions specialist helps obtain medication and locate appropriate interventions.

Program Exit

Starting at program entry, participants are encouraged to start exit planning, due to the program's intent to provide short term financial assistance. Participants may exit the program after they have obtained the assistance necessary to become independent and no longer require the services provided by the

program. In some situations, however, funding expires before participants become self-sufficient. In such scenarios, participants may exit the program without the ability to maintain housing.

The rapid re-housing program has clear guidelines related to termination. These are outlined in the Termination Policy, which participants are required to sign. Termination may occur in situations where the participant becomes non-responsive, has the abuser at their home, becomes physically or verbally abusive toward program staff, or falsifies income documentation. Participants have the ability to appeal, if they feel they have been unfairly terminated from the program.

Following program exit, regardless of reason, participants complete exit paperwork to collect relevant information, which includes:

- changes that may have occurred during participation in the rapid re-housing program
- health insurance coverage
- education and employment
- income
- disability
- reason for exit
- participant's destination
- identify successes

In addition, the participants are asked to provide consent for staff follow-up at four distinct points: one month, three months, six months, and twelve months following program exit. Follow-up interviews are semi-structured, and intended to assess individual outcomes following program exit.

Findings and Conclusions – Strengths and Barriers

Rapid re-housing staff identified a number of program strengths. Staff embraced the Housing First approach, and felt it was a good model to provide services to victims of domestic violence who also experienced homelessness. All staff spoke highly of the program. They felt that resources were used appropriately. Staff valued the weekly team meetings, felt case management worked well, and believed that all members of the team cared about participant outcomes. In addition, staff felt there was appropriate interagency communication, and that the program was both well-known and respected.

Staff acknowledged that there had been several changes to the program since implementation, including the use of the coordinated entry system and slight modifications to criteria for program entry. While some staff indicated the coordinated entry system was a strength, other staff suggested that it created challenges due to it not being fully implemented in all regions. Further, some staff felt uncomfortable with the scores used by the coordinated entry system, and thought the associated waiting lists created barriers for clients who would benefit from immediate assistance. Staff expressed frustration that caseloads are tied to funding streams, with a limited number of spots available per funding stream. They indicated that, as a result of the caseload composition, housing support specialists may not be at their maximum caseload, but may still have a waiting list.

Staff also felt that funding was too limited, and that more money would ensure that more people received services. Further, they indicated that resources may vary significantly by county. Staff indicated that it's often challenging to find affordable housing for participants with criminal histories or past evictions, and that utility arrearages also make it difficult for some participants to secure permanent housing. One staff member indicated that the model of client driven assistance itself can be challenging, as motivations differ

for every client and some clients are not driven to do things as quickly as the rapid rehousing program requires. Finally, staff indicated that they experience crises along with program participants and burnout can occur, which may translate to staff turnover.

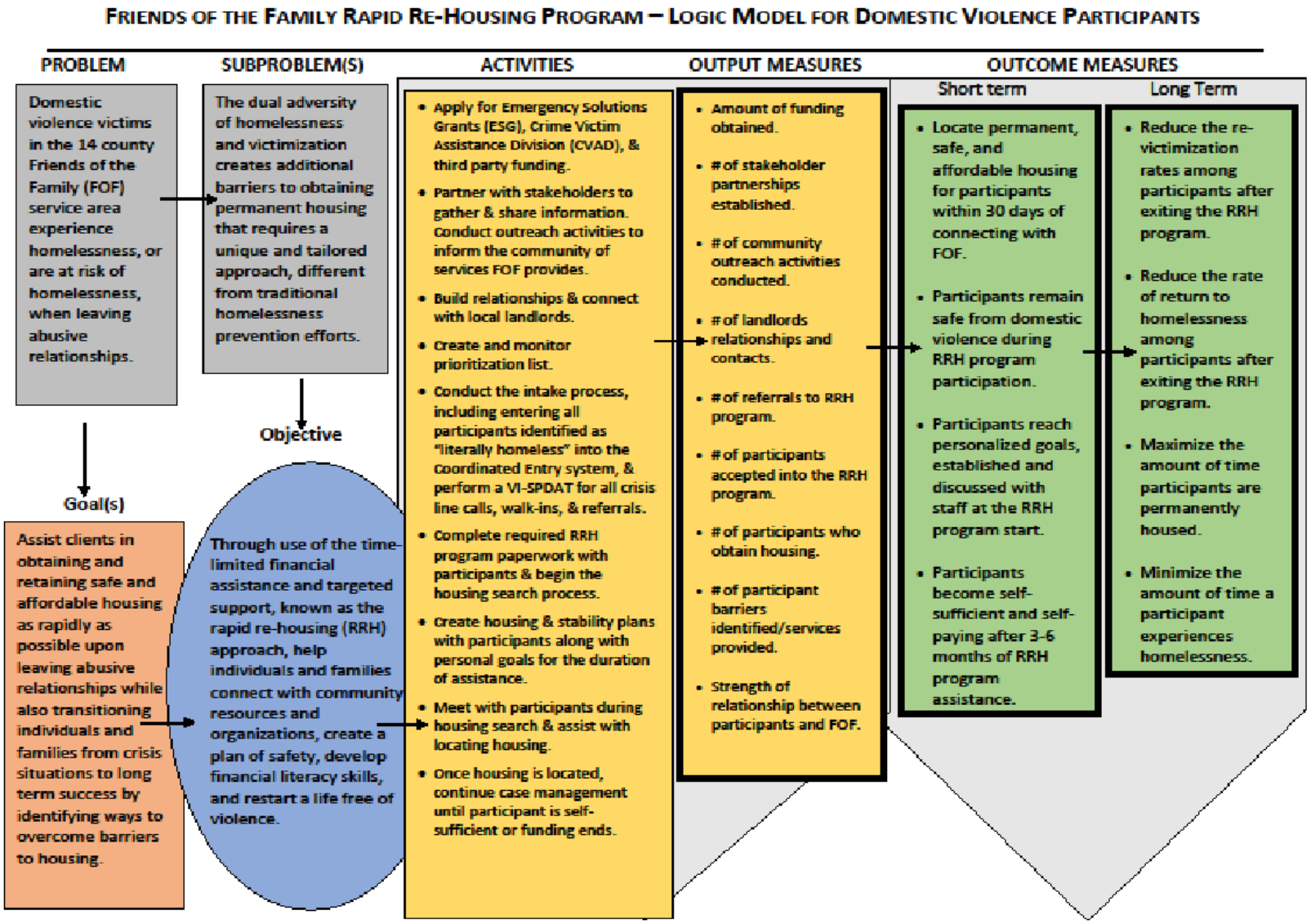
As previously mentioned, FOF provides rapid re-housing in 14 of its 20 county service area; these counties include Allamakee, Black Hawk, Bremer, Brenton, Buchanan, Chickasaw, Clayton, Delaware, Dubuque, Fayette, Howard, Jones, Linn and Winneshiek. FOF offers rapid re-housing services to eligible domestic violence victims and adheres to the three core components identified by the National Alliance to End Homelessness by offering housing identification, rent and move-in assistance, and case management to eligible participants. The program employs professional staff, who strive to meet participants' unique needs. Although staff acknowledged challenges that may limit success for some participants, staff indicated a commitment to the program and its outcomes. The rapid re-housing program serves its intended target population with fidelity to the national model.

Logic Model

A logic model is a visual display that can be used to describe and share an understanding of relationships among elements necessary to operate a program. Program logic models may vary in design, but generally include activities, output measures, and outcome measures.

As part of the larger evaluation effort, CJJP created a logic model for the FOF rapid re-housing program. It was informed by the process evaluation, with staff interview responses contributing to the creation of activities, output measures, and outcome measures. It includes both short and long term outcomes, due to the unique nature of working with victims. While the logic model was developed primarily to reflect the program as it relates to domestic violence victims, the activities and output measures can be applied to all participants. See Figure 1 for the completed logic model.

Figure 1. Logic Model



Evaluability Assessment

An evaluability assessment helps identify whether an outcome evaluation is justified, feasible, and likely to provide useful information.[24] To best determine if the FOF rapid re-housing program is well positioned for an outcome evaluation, CJJP utilized the Impact Evaluability Assessment Tool.[25] The tool was created by Lily Zandiapour of the Corporation for National and Community Service, and uses a checklist to determine organizational readiness, program readiness, and evaluation readiness. For each item included in the assessment, response options are "True," "Somewhat true," "Not at all true," and "Not applicable." According to Zandiapour, a response other than "True" indicates that issues may arise in the course of planning and implementing a rigorous evaluation.

The Impact Evaluability Assessment Tool was scored by CJJP staff (see Figure 2), following the completion of a process evaluation. Where appropriate, narrative justifying scoring are provided within each section under the 'additional comment' section. While scores of "True" were assigned in both organizational and program readiness, there were also scores of "Somewhat true" and "Not at all true" in these areas. Of note, there were scores of "Somewhat true" related to Leadership Commitment, Resource Commitment, and Tools and Systems in Organizational Readiness. In addition, under Program Readiness, there were scores of "Not at all true" for both Support for Evaluation and Evidence Building and Scale/Participation Numbers, and "Somewhat true" for Clear Time Frame for the Program and Program Stability/Maturity. These scores are a reflection of unavailable staff dedicated to research and evaluation activities. It was not possible to assess many of the items in the evaluation readiness section, as the FOF rapid re-housing program has never been evaluated and there are no immediate plans for an outcome evaluation. It is important to note, that some areas assessed were both within and outside of the control of FOF.

As a complement to the Impact Evaluability Assessment, CJJP also examined the data elements collected for the rapid re-housing program. CJJP determined that a multitude of data is collected, for both internal and external use (i.e. grant reporting requirements).

Following completion of the assessment, CJJP believes that it would be premature to conduct an outcome evaluation of the FOF rapid re-housing program. After additional time has passed, with more participants completing the program, CJJP recommends reassessment. When it is appropriate to conduct an outcome evaluation, CJJP recommends a research design that includes all program participants by funding stream.

[24] Evaluability Assessment: Examining the Readiness of a Program for Evaluation. (May 2003.). Juvenile Justice Evaluation Center. Retrieved June 07, 2019, from http://www.jrsa.org/pubs/juv-justice/evaluability-assessment.pdf

[25] For more information on the Impact Evaluability Assessment Tool, see https://www.nationalservice.gov/sites/default/files/resource/FR_SIFImpactEvaluabilityAssessmentTool_Final_2016.pdf.

Figure 2. Friends of the Family Rapid Re-housing Program
Impact Evaluability Assessment

Organizational Readiness (existing support for evaluation, capacity building [as needed], learning, use of data for decision making within the organization, especially at the leadership level, and existence of requisite infrastructure to support related activities.)	*Indicate to what extent each statement is true*			
	Not at all true	**Somewhat true**	**True**	**NA**
Leadership Commitment				
There is support for the evaluation and evaluation capacity building, as needed, at the leadership level (CEO and/or Board of Directors).	☐	☐	☒	☐
Leadership demonstrates commitment to evaluation and evidence-based or data-driven decision making.	☐	☐	☒	☐
Leadership supports staff positions/activities that focus on evaluation, learning, and improvement.	☐	☒	☐	☐
Organization and its Board of Directors demonstrate interest in learning about the effectiveness of the program by rigorously evaluating program effectiveness.	☐	☒	☐	☐
Learning Environment				
The organization provides opportunities for and fosters a culture of information sharing, discussion, reflection, learning, and improvement in order to support informed decision-making and practice.	☐	☐	☒	☐
Staff makes decisions based on regular assessment and use of data, information, evidence and feedback. For example, if a program was evaluated in the past, information that came from the evaluation was utilized.	☐	☐	☒	☐
Resource Commitment				
Leadership is willing and committed to devoting necessary resources (e.g. staff positions and time and financial or other non-financial resources) to the evaluation.	☐	☒	☐	☐
Tools and Systems				
There are systems, structures, tools, and processes in place for data collection, storage, processing, analysis, and reporting.	☐	☒	☐	☐
There are systems, structures, tools, and processes in place for information sharing, reflection, knowledge building, and evaluation use.	☐	☒	☐	☐
Additional Comments: Leadership supports evaluation efforts, although does not currently have staff dedicated solely to such a role. Data is not centralized, and may not be recorded in a way that can be easily analyzed.				

Program Readiness (existing support for evaluation and evidence building at the program and stakeholder level, operational readiness, program scale, maturity and stability.)	*Indicate to what extent each statement is true*			
	Not at all true	**Somewhat true**	**True**	**NA**
Theory of Change				
There is a coherent, logical program theory. Strategies and activities are designed to address a clearly identified and defined problem or need. There is a logical connection between the program strategies and activities and the intended outcomes or desired changes. Goals and objectives are articulated and attainable with the available resources. (The program has a logic model.)	☐	☐	☒	☐
Program participation is clearly defined and distinguishable from nonparticipation. There is no ambiguity about who is in the program and who is not.	☐	☐	☒	☐
There is a shared understanding among program leadership and staff about the core elements of the program and the context in which the program operates.	☐	☐	☒	☐
There is agreement across the program leadership and staff as to what the expected program outcomes are.	☐	☐	☒	☐
Clear Time Frame for the Program				
The intervention has a clearly defined timeframe.	☐	☐	☒	☐
There is a reasonable and shared expectation around the timeframe for when observable/measurable outcomes in the short, intermediate or long term will occur.	☐	☒	☐	☐
Support for Evaluation and Evidence Building				
The program leadership and staff have a learning agenda for the implementation and effectiveness of the program so as to inform the evaluation.	☐	☐	☐	☒
There is interest and support among stakeholders in advancing a program's level of evidence by conducting an impact evaluation. Stakeholders see the value of evaluation and have ideas about how the program could benefit.	☐	☐	☒	☐
Program and stakeholders are likely to agree (or are open to discussion) on what levels of evidence should be currently targeted, including the need for the development of evaluations that are designed to limit threats to internal validity and/or enhance external validity to the greatest extent possible.	☐	☐	☒	☐
There is allocation of a reasonable level of staff time and resources to conduct an impact evaluation at the program level.	☒	☐	☐	☐
Program Implementation				
If the program is based on a model or logical program theory, it is implemented with fidelity to that model and has a well-planned sequence of activities.	☐	☐	☒	☐
If the program is currently being adapted, it is being adapted using theory/systematically-obtained field-based knowledge, and along lines that can be quantified and documented.	☐	☐	☒	☐
Staff members are qualified and properly trained to operate the program. There are enough qualified staff members on site to implement the planned activities.	☐	☐	☒	☐

Program Readiness (existing support for evaluation and evidence building at the program and stakeholder level, operational readiness, program scale, maturity and stability.)	*Indicate to what extent each statement is true*			
	Not at all true	**Somewhat true**	**True**	**NA**
Frontline workers who deliver the services provided by the program have sufficient qualifications to execute the program. There are enough qualified frontline workers on site to successfully execute the program.	☐	☐	☒	☐
There are systems in place to track program implementation: ● There are procedures in place to determine if the target population is being served (referral system, intake process). ● Data that track service usage is collected (attendance lists, case management logs). ● Input is sought on a regular basis to understand how participants experience the services and to identify and address any problems in a timely manner.	☐	☐	☒	☐
Program Maturity and Stability				
The program has been in operation for a reasonable length of time and is known in the target community, or has clear evidence of both uptake and effectiveness in other, similar communities.	☐	☐	☒	☐
The program is relatively mature and stable and is not undergoing refinements or changes that are expected to occur in early stages of program development and delivery (i.e. the intervention/experiment is repeatable and likely to produce the same effects over time).	☐	☒	☐	☐
Risks/threats to program delivery (e.g. recruitment of participants/deliverers, constancy of necessary partnerships) have been identified, and risk monitoring and mitigation processes have been proposed or are currently in place.	☐	☒	☐	☐
External/contextual influences and factors are accounted for and assessed as relatively stable. These forces (e.g. policy environment) are not expected to affect the program and its participants in a significantly different way over time.	☐	☒	☐	☐
Scale/Participation Numbers				
The program's intentions for expanding or advancing the model/intervention are clearly planned out, and sufficiently resourced and feasible	☐	☐	☒	☐
The program is being delivered at a scale that allows for reasonable impact measurement against a counterfactual/comparison group controlling for potential biasing factors, such as demographic characteristics of participants (i.e. there is adequate statistical power for a statistical analysis in accordance with evidence standards).	☒	☐	☐	☒

Additional Comments: There are a limited number of ESG funded rapid re-housing spots at any given time, with active participation for approximately three months and a one year follow-up period. As a result, it may be premature to conduct an outcome evaluation. While the process evaluation focused on just a subset of participants – those who experienced domestic violence – an outcome evaluation would likely need to include all program participants. Continued operation of the rapid re-housing program is dependent upon funding availability, and is not guaranteed. Additionally, it may be difficult to create a comparison group. It may be possible to construct a comparison group sample to include those individuals who received only sheltering services, although lack of available data on such a group could create challenges. A one group pre/post might be the most feasible research design.

Evaluation Readiness (Program has a history of, and focus on, evaluation, as well as the resources, structure, capacity, scope, and size to engage in rigorous impact evaluation. In addition, the program has an evaluation partner/team in place that has the experience and skills necessary for this type of evaluation.)	*Indicate to what extent each statement is true*			
	Not at all true	**Somewhat true**	**True**	**NA**
Evaluation questions are clearly stated and they cover what key stakeholders (including program staff) want to learn about the program.	☐	☐	☐	☒
Evaluation questions are in line with proposed methods of evaluation and program design.	☐	☐	☐	☒
Program Evaluation Readiness				
The program's intentions for expanding or advancing the outcomes/impacts to be measured for the current project are clearly planned out, and sufficiently resourced and feasible.	☐	☐	☐	☒
The program has capacity (expertise, skills, staff time) to conduct an evaluation internally or in partnership with an external partner, or to work with an external evaluator to plan and implement an impact evaluation.	☐	☐	☐	☒
If the evaluation will involve contracting with an external and independent evaluator, the program must have the capacity to effectively contract with and monitor work of the external evaluators such that: ● The program has or can set clear criteria for selecting which evaluator will be hired. ● The program has or can set a clear plan for effective communication with the evaluation contractor, and means (e.g. staff time and knowledge) for monitoring evaluator activities. ● The program is capable of developing a contract that meets the needs and requirements of parties involved, which include the program itself, funding partner(s), and the evaluation partner.	☐	☐	☐	☒
The program has internal evaluation capabilities and processes in place to allow for clear communication with evaluation partner(s).	☐	☐	☐	☒
Proposed Evaluation Partner(s)				
The proposed evaluation partner has previous experience in the following sub-categories: **Has substantial experience with the logistics of running rigorous experimental or quasi-experimental** **Evaluations.** ● Has a team of trained and experienced evaluators. ● Is experienced with evaluations of comparable programs (similar size, scope, and focus) ● Is experienced with conducting data collection of the type anticipated for the evaluation. ● Is experienced with conducting data collection with the target population for the study. ● Is experienced with the collection and analysis of impact data from more than one time point (e.g. pre-post or time series), including management of data at the level of analysis anticipated for the evaluation (e.g. individual, group, multi-level) ● Has no conflicts of interest, if hired	☐	☐	☐	☒

Evaluation Readiness (Program has a history of, and focus on, evaluation, as well as the resources, structure, capacity, scope, and size to engage in rigorous impact evaluation. In addition, the program has an evaluation partner/team in place that has the experience and skills necessary for this type of evaluation.)	*Indicate to what extent each statement is true*			
	Not at all true	**Somewhat true**	**True**	**NA**
The proposed evaluation partner: ● Is willing to commit to a study that will most likely have multiple modes of data collection, at multiple time points. ● Is willing/able to respond to requirements, criteria and input from the program, the key program funding partner, and any funding evaluation partners (e.g. in the case of multi-site evaluations of initiatives).	☐	☐	☐	☒
An appropriate or reasonable budget is available and allocated to the evaluation. The evaluation budget is adequate for the type of evaluation design envisioned and in line with expectations about the work.	☐	☐	☐	☒
There are agreements and capabilities across the program and stakeholders for developing a timeline for, and timely production of evaluation deliverables, and to publish, communicate, and/or disseminate deliverables/findings.	☐	☐	☐	☒
Specific Evaluation Requirements/Logistics/Pre-Requisites				
There is agreement and commitment from all necessary program staff and stakeholders regarding the collection and use of data that is needed for evaluation purposes, including data relating to participant/beneficiary satisfaction, outcomes and impacts.	☐	☐	☐	☒
If the program is going to rely on administrative/secondary data, access to such data is possible and the needed agreements (e.g. Memoranda of Understanding) can be secured.	☐	☒	☐	☐
If a randomized controlled trial is to be conducted, sites are on board with the approach and ready to work with evaluators to assign an eligible pool of potential participants into treatment and control groups.	☐	☐	☐	☒
The program design is such that periods of baseline and follow-up data collection can be defined for evaluation purposes (i.e. participant baseline measures can be collected or obtained prior to program service delivery.)	☐	☐	☒	☐
The program (and stakeholders, if necessary) has a viable management information system, and efficient record-keeping processes. The program has a demonstrated capacity to generate data (e.g. client records, survey data, progress reports) that can be exported to others and merged for evaluation use.	☐	☒	☐	☒
Data will be effectively updated, archived, and securely stored.	☐	☐	☒	☐
Staff members are well trained to collect data and use the information system.	☐	☐	☒	☐
Risks/threats to rigorous evaluation have been identified, and risk monitoring and mitigation strategies have been proposed or are currently in place.	☐	☐	☐	☒

Evaluation Readiness (Program has a history of, and focus on, evaluation, as well as the resources, structure, capacity, scope, and size to engage in rigorous impact evaluation. In addition, the program has an evaluation partner/team in place that has the experience and skills necessary for this type of evaluation.)	*Indicate to what extent each statement is true*			
	Not at all true	**Somew hat true**	**True**	**NA**
Human Subjects				
Requirements around human subject protection are considered and addressed in line with the proper Institutional Review Board (IRB).	☐	☐	☐	☒
The program has adequately outlined a plan for obtaining consent forms if needed as well as handling, securely storing, and sufficiently destroying personally identifiable data.	☐	☐	☐	☒
Evaluation Timeframe				
The timing of the evaluation is commensurate with the timeframe of the program and when intended outcomes can be measured or observed (e.g. longer than program intervention timeframe) and in line with the duration of the grant (i.e. before the grant period ends).	☐	☐	☐	☒
Comparison or Control Group				
There are enough individuals and/or sites participating in the program (depending on the unit at which program participation is assigned) to allow for comparison group analysis. In other words, the program is of sufficient size that can leave enough potential participants and/or sites unserved to allowing the formation of a matched comparison or randomly assigned control group of sufficient size to make statistical comparisons possible.	☐	☐	☐	☒
The comparison or control group can be formed from individuals who are within the same school, community, or other comparable grouping as the participating group.	☐	☐	☐	☒
If the program cannot be assigned randomly, a sufficient sample size and amount of background data will be available for statistical adjustment and analysis during the evaluation	☐	☐	☐	☒
If one evaluation design will not address key threats to internal validity, there is a way to construct a combined design where two or more separate study components combine to sufficiently reduce multiple threats to internal validity (e.g. History-, Time-, and Site-related factors are potential confounds, meaning they could be omitted factors that caused the results) and allow justifiable causal claims.	☐	☐	☐	☒
Additional Comments: The program has not yet been evaluated, and there are no concrete plans to conduct an outcome evaluation in the immediate future. As a result, it's not possible to assess many of the elements in the evaluation readiness section. The program does currently collect and analyze survey information from participants. Additionally, CJJP has, as part of a VOCA/CVAD grant, conducted a process evaluation and created a logic model. As part this process, CJJP examined the data elements collected but not the systems used to enter and store data. At this time, it's not clear how raw data would be shared with an evaluation partner, as data collection is not centralized. CJJP does have the ability to conduct a sophisticated outcome evaluation, if and when it's appropriate.				

Appendix A: Friends of the Family Rapid Re-housing Program Staff Interview Questions

Q1. What is your role with the rapid re-housing program?

Q2. What is your educational and/or work background?

Q3. What services does the rapid re-housing program provide?

Q4. What are the goals of the program?

Q5. How does the rapid re-housing program differ from other programs available to domestic abuse victims?

Q6. Who are the program participants/what are the referral criteria for enrollment?

Q7. How are program participants identified?

Q8. Describe the process and activities a participant engages in throughout programming.

Q9. What changes have occurred in the program since implementation?

Q10. Does the program work with outside agencies/organizations? If yes, what organizations and for what purposes?

Q11. What outreach activities, if any, are undertaken to promote the rapid re-housing model?

Q12. How often do you interact with program participants?

Q13. What aspects of the program are working well?

Q14. What are current challenges/issues for the program?

Q15. What program improvements would you make?

Q16. What barriers, if any, have you observed for program participants?

Q17. What is the average length of program participation?

Q18. What requirements must be met for participants to successfully complete the program?

Q19. In what instances are individuals terminated from the program?

Q20. Is there additional information you would like to share about your experience with the program? Please elaborate.

Appendix B: VI-SPDAT (Individual)

Housing Situation: County:

Friends of the Family
Individual VI-SPDAT Form

DATE: STAFF:

NAME:	DOB:
ADDRESS:	COUNTY:
CITY, STATE, ZIP:	GENDER:
HOW LONG IN SERVICE AREA:	RACE:
SAFE PHONE NUMBER:	ETHNICITY:
EMAIL:	MARITAL STATUS:
PREFERRED LANGUAGE:	VETERAN STATUS:
	CONSENT TO PARTICIPATE? Yes/No

Anyone that is 60+ years of age scores an additional point 0

"To help determine which program is a better fit for your housing needs, I have several questions I am going to ask. It usually only takes about 15-20 minutes to complete. We only need "Yes", "No" or a one-word response to the questions. Any question can be skipped or refused. If you don't understand a question, please feel free to ask for clarification. It is important that you share accurate information; there is no reason to hide any information."

What has been going on with your housing situation that led you to contact us?

Where did you stay last night?

If getting evicted or being asked to leave, when do you have to be out of your current residence and why do you need to leave?

Are you currently in or have you recently left a domestic violent or abusive relationship?
Last incident was:

Are you willing and ABLE to relocate? Yes/No If yes, where?

**If incident was in the last 48 hours, please move to the Lethality Assessment before proceeding **
If lethal-save pre-screen in "Pre-Screen in Progress" folder; if non-lethal-continue with form

Has leaving the relationship led to you currently being homeless? Choose an item.

Is there another phone number and/or email where someone can safely get in touch with you or leave you a message?

History of Housing and Homelessness				
Questions			SPDAT Score	SPDAT Instructions
Where do you sleep most frequently? (select only one): Shelters Transitional Housing Safe Haven Outdoors Doubled-Up Other:				If they are sleeping outdoors, or other, score 1. This includes if they are living in a doubled-up situation.
How long has it been since you lived in permanent stable housing?				For the second 2 questions, if a person has experienced 1 or more consecutive years of homelessness, and/or 4+ episodes of homelessness, then score 1.
In the last three years, how many times have you been homeless?				
SPDAT Total:				

Risks				
Questions			SPDAT Score	SPDAT Instructions
In the past 6 months, how many times have you: Received health care at an emergency department/room? Taken an ambulance to the hospital? Been hospitalized as an inpatient? Used a crisis service, including sexual assault crisis, mental health, family/intimate violence, distress center or suicide prevention hotline? Talked to the police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime, or because the police told you that you must move along? Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk-tank, or longer stay for a more serious offense, or anything in between?	# # # # # # 			If the total number of interactions equals 4 or more across categories, then score 1 for Emergency Service Use.
Have you: Been attacked or beaten up since you've become homeless? Threatened to or tried to harm yourself or anyone else in the last year?				If "YES" to either question, then score 1 for Risk of Harm.

Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?				If "YES" then score 1 for Legal Issues.
Does anybody force or trick you to do things that you do not want to do?				If "YES" to either question, then score 1 for Risk of Exploitation.
Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle or anything like that?				
PRESCREEN SCORE:				

Socialization and Daily Functioning			
Questions		SPDAT Score	SPDAT Instructions
Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?			If "YES" to the first question, or "NO" to the second question, score 1 for Money Management.
Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that?			
Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?			If "NO" then score 1 for Meaningful Daily Activity.
Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?			If "NO" then score 1 for Self-Care.
Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you become evicted?			If "YES" then score 1 for Social Relationships.
PRESCREEN TOTAL:			

Wellness			
Questions		SPDAT Score	SPDAT Instructions
Have you ever had to leave an apartment, shelter program or other place you were staying because of your physical health?			If "YES" to any question, then score 1 for Physical Health.
Do you have any chronic health issues with your liver, kidneys, stomach, lungs, or heart?			
If there was space available in a program that specifically assists people that live			

with HIV or AIDS, would that be of interest to you?			
Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?			
When you are sick or not feeling well, do you avoid getting help?			
FOR FEMALE REFERRALS ONLY: Are you currently pregnant?			
Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?			If "YES" to either question, score 1 for Substance Use.
Will drinking or drug use make it difficult for you to stay housed or afford your housing?			
Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program, or other place you were staying because of: A mental health issue or concern? A past head injury? A learning disability, developmental disability, or other impairment?			If "YES" to any, then score 1 for Mental Health.
Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?			
IF THE REFERRAL SCORED 1 FOR PHYSICAL HEALTH AND 1 FOR SUBSTANCE USE AND 1 FOR MENTAL HEALTH, SCORE 1 FOR TRI-MORBIDITY			
Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?			If "YES" to either of the next two questions, score 1 for Medications.
Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?			
Yes or No-Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced?			If "YES" then score 1 for Abuse and Trauma.
PRESCREEN TOTAL:			

Any other relevant information? (Plan of action, disability information/diagnosis, ability to work, income info, etc.):

SCORING SUMMARY

DOMAIN	SUBTOTAL
60+ Years of Age?	
History of Housing and Homelessness	
Risks	
Socialization and Daily Functions	
Wellness	
TOTAL	

*Remember to do the following:
Scanned into the TO BE PROCESSED folder? Yes/No
Information put on Pre-Screen Spreadsheet? Yes/No
(If shelter client) Who is their shelter advocate?

Continue onto next page of questions to complete prescreen.

Do you have a disability of long duration? (If no disabilities, skip to next question)

Disability		
Disability Type	Client Has Disability?	Impairs Ability to Live Alone?
Alcohol Abuse		
Drug Abuse		
Both Alcohol & Drug Abuse		
Chronic Health Condition		
Developmental Disability		
Mental Health Problem		
Physical Disability		

Are you covered by health insurance?
How do you access your insurance?

Client Location:
County Served at Enrollment:
Zip Code of Last Permanent Address (Client lived for 90 days or more):

*Person administering VI-SPDAT picks which Category based off what client has previously stated:

Type of Living Situation on Night Before Entry (Choose one of the following three categories)
Category 1: Homeless
Category 2: Institution
Category 3: Transitional or Permanent Housing

Category 1: Homeless
Situation:
Length of Stay at Prior Night Living Situation:
Approximate Date Homelessness Started:
Category 2: Institution
Situation:
Length of Stay at Prior Night Living Situation:
Approximate Date Homelessness Started:

Category 3: Transitional or Permanent Housing
Situation: Choose an item.
Length of Stay at Prior Night Living Situation:

Approximate Date Homelessness Started:

Regardless of where you stayed last night, how many times have you been on the streets or in an emergency shelter in the past three years? (Counting current stay):

What is the total number of months that you have been homeless on the streets or in an emergency shelter in the past three years?

*Person administering VI-SPDAT picks reasons for homelessness based off what client has previously stated:
Homelessness Primary Reason:

Homelessness Secondary Reason:

Are you a domestic violence victim/survivor?

If yes, when did your last domestic violence experience occur?

Are you currently fleeing?

What was your last grade completed?

Are you currently employed?

Do you receive income from any source?
If so, what and how much?

What is your total monthly cash income?

Do you receive non-cash benefits from any source?
If so, what and how much?

Thank you for taking the time to answer my questions. That was very helpful. Based on your current situation, I would like to pass this information on to housing staff to determine which program appears to be the best fit for your needs. Is it ok if I pass on this form and you will be contacted within 4-7 business days to talk about your eligibility? (If no, explain that we cannot move forward without passing on this information).

With your permission, we are going to take the results of this screening to a meeting with other housing providers in the area(s) you'd be open to living in. This is a process called Coordinated Entry. Without sharing your name, we will talk with other housing providers about your housing needs to try to connect you a program that has funding and openings to get you housed.

Please call us if your contact information changes or if you have any changes with your housing. We will also contact you and keep you updated if any programs are able to provide housing options to you.
As long as we are able to contact you and you are still homeless, you'll stay on our housing list and we'll continue to provide updates to you about the Coordinated Entry process, including when programs have openings. Do you have any questions?

Follow Up Questions

Follow up info:
Date:
Advocate:

Current Housing Situation

Do you need more clarification of the DV situation and what led them to calling our agency? “Well you know your situation best can you tell me about your safety?” “Is where you’re staying a safe place for you?” (if a client is saying no they are not safe then we would explore shelter options) (if the client is safe then we proceed to the next question).

Resources

Tell me about the services or assistance you are currently receiving and what needs they are meeting? (IE: Section 8, housing waitlists, and any other financial assistance you are getting). What needs are not being met right now and what resources do you need?

Income

Are you employed or what does your income look like?

- Yes
    - Amount of Income?
    - How long have you been employed?
- No
    - What does your last 5 years of employment look like?
    - Have you put in any recent job applications?
    - What are the barriers keeping you from employment?

Housing

Where are you wanting to find housing?

Have you ever rented before?

Any evictions?

- When? And in what county?

Any outstanding housing debts or past due utility amounts?

- What? (If they are needing help with these, please advise them to get copies from companies).

Legal

Are there any criminal charges pending against you or your abuser?

- If so, what?

Do you have any criminal history that may affect you in the future as far as employment or housing?

- What does that look like?

Do you have a no contact order?

- Do you need one?

Need help obtaining? (Make a referral to a comprehensive program)

Appendix C: Intake Paperwork

[Service Point Client ID#: _____] Birthday within 30 days

CRISIS SERVICES INTAKE

Questions in BOLD are REQUIRED to be asked; clients may refuse to answer any question. Leave questions in [brackets] blank.

Today's Date: _____ Time: _____ [ID#: _____

Reason for Service: ☐ Domestic Abuse ☐ Sexual Assault ☐ Human Trafficking

☐ Other: _____

Client Information

Name: _____ DOB: _____ Age: _____

_____ Full name _____Partial, street or code name _____Client doesn't know _____Client refused

Street: _____ City: _____ State: _____

Zip: _____ County: _____ Referred by: _____

Primary Language: _____ Check all that apply: ☐ Limited English ☐ LGBT* ☐ Immigrant

Marital Status: _____ Primary Phone: _____ Safe to call? _____ In your possession? ___

Emergency Contact/Phone: _____

U.S. Military Veteran: ☐ Yes ☐ No ☐ Unknown ☐ Refused

Race (check up to 2): ☐ Native American or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Refused ☐ Native Hawaiian/Pacific Islander ☐ Unknown

Gender: _____ Pronouns: ☐ She/Her/Hers ☐ He/Him/His ☐ Other: _____

Ethnicity (check 1): ☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Unknown ☐ Decline

Client's relationship in the household: _____

Total number of clients in the household: _____

Fill out a separate form for each person (4-page form for each adult, 1-page form for each child)

Does client have a disability of long duration? (check 1 and complete grid below): ☐ Yes ☐ No ☐ Unknown ☐ Declined

Circle below for each disability type. Y = Yes N = No DK = Doesn't Know D = Declined
(If client answers yes, complete 4 additional columns. Otherwise, leave blank.)

Disability Type	Has disability		Impairs ability to live independently	Documentation on file
Alcohol Abuse	Y N DK R		Y N DK R	Y N DK R
Drug Abuse	Y N DK R		Y N DK R	Y N DK R
Both alcohol/drug abuse	Y N DK R		Y N DK R	Y N DK R
Chronic health condition	Y N DK R		Y N DK R	Y N DK R
Developmental disability	Y N DK R		Y N DK R	Y N DK R

HIV/AIDS	Y N DK R	Y N DK R	Y N DK R
Mental health problem	Y N DK R	Y N DK R	Y N DK R
Physical disability	Y N DK R	Y N DK R	Y N DK R

Covered by health insurance (check 1 and complete grid below): ☐ Yes ☐ No ☐ Unknown ☐ Declined

Insurance Type	Yes	No	Insurance Type	Yes	No
MEDICAID			Employer-provided insurance		
MEDICARE			Health insurance through COBRA		
State children's health insurance			Private pay health insurance		
Veteran's Admin. Medical services			State health insurance for adults		
Indian Health Services Program			Other (Specify):		

Housing Information

Client Location: _____IA-500 (Sioux City/Woodbury County)
_____IA-501 (Iowa Balance of State)
_____IA-502 (Des Moines/Polk County)

County Served at Enrollment_____

Zip Code of Last Permanent Address (living there for 90 days):_____ Zip Code Quality: ☐Full or Partial ☐Refused ☐Unknown

Type of Living Situation on Night Before Entry into CVFF services: (CHOOSE ONE OF THE FOLLOWING THREE CATEGORIES)

Approximate Date Homelessness Started: _____ (mm/dd/yyyy)

*How to determine approximate date homelessness started: Have the client look back to when the current time staying on the streets or emergency shelter started. If they were on the streets or shelter and then stayed in housing for less than 7 days, include the time in housing. If they were on the streets or shelter and then stayed in an institution for less than 90 days, include the time in the institution. *Category 1: Homeless Situation*

☐ Place not meant for habitation
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
☐ Safe Haven
☐ Interim Housing

Length of Stay at Prior Night Living Situation:

☐ One night or less
☐ Two to six nights
☐ One week or more, but less than one month
☐ Client doesn't know
☐ One month or more, but less than 90 days
☐ 90 days or more, but less than one year
☐ One year or longer
☐ Client refused

Category 2: Institutional Situation

☐ Foster care home or foster care group home
☐ Hospital or other residential non-psychiatric medical facility
☐ Jail, prison or juvenile detention facility
☐ Long-term care facility or nursing home
☐ Psychiatric hospital or other psychiatric facility
☐ Substance abuse treatment facility or detox center

Length of Stay at Prior Night Living Situation:

☐ One night or less
☐ Two to six nights
☐ One month or more, but less than 90 days
☐ 90 days or more, but less than one year

☐ One week or more, but less than one month ☐ One year or longer
☐ Client doesn't know ☐ Client refused
If you selected one of the shaded options above, were they on the streets or in ES prior to that? ___Y ___N
If Yes, Approximate Date Homelessness started: _____/_____/_____
If No or Unshaded option selected, use the Entry date as the Approximate Date Homelessness Started (ES/SO Only)

Category 3: Transitional and Permanent Housing Situation

☐ Hotel or motel paid for without emergency shelter voucher ☐ Rental by client, no ongoing subsidy
☐ Owned by client, no ongoing housing subsidy ☐ Rental by client, with VASH subsidy
☐ Owned by client, with ongoing housing subsidy ☐ Rental by client, with GPD TIP subsidy
☐ Permanent housing for formerly homeless persons ☐ Rental by client, with other ongoing housing subsidy
☐ Residential project or halfway house with no homeless criteria ☐ Staying or living in a family member's room, apartment or house
☐ Transitional housing for homeless persons (including youth) ☐ Staying or living in a friend's room, apartment, or house
☐ Other (Specify): _____

Length of Stay at Prior Night Living Situation:

☐ One night or less ☐ One month or more, but less than 90 days
☐ Two to six nights ☐ 90 days or more, but less than one year
☐ One week or more, but less than one month ☐ One year or longer
☐ Client doesn't know ☐ Client refused
If you selected one of the shaded options above, were they on the streets or in ES prior to that? ___Y ___N
If Yes, Approximate Date Homelessness started: _____/_____/_____
If No or Unshaded option selected, use the Entry date as the Approximate Date Homelessness Started (ES/SO Only)

Regardless of where they stayed last night—Number of times the client has been on the streets or in Emergency Shelter in the past three years (counting current stay):

_____ Never in 3 years _____One Time _____Two Times _____Three Times

_____Four or more times _____Client doesn't know _____Client refused

Total number of months homeless on the street or in Emergency Shelter in past 3 years:

_____1 month	_____2 months	_____3 months	_____4 months
_____5 months	_____6 months	_____7 months	_____8 months
_____9 months	_____10 months	_____11 months	_____12 months
_____More than 12 months	_____Client doesn't know	_____ Client Refused	

History of DV/SA

Have you ever in your life been affected by Sexual Assault? (one section per incident) ☐ Yes ☐ No ☐ Unknown ☐ Declined

What type of sexual violence was this? (threats, rape, etc.)

_____

What age were you when this occurred? _____ What is your relationship to this offender?

_____

Where did this assault occur? (home, outdoors, etc.) _____

City: _____ State: _____

Have you ever in your life been affected by Sexual Assault? (one section per incident) ☐ Yes ☐ No ☐ Unknown ☐ Declined

What type of sexual violence was this? (threats, rape, etc.)

_____

What age were you when this occurred? _____ What is your relationship to this offender?

_____

Where did this assault occur? (home, outdoors, etc.) _____

City: _____ State: _____

Are you a domestic violence victim/survivor? ☐ Yes ☐ No ☐ Unknown ☐ Declined

Are you currently fleeing? ☐ Yes ☐ No ☐ Unknown ☐ Declined

If yes, when did DV experience occur?

☐ within past 3 months ☐ 3 to 6 months ago ☐ 6 to 12 months ago ☐ 1 year+ ago

☐ unknown ☐ refused

Offender Information

Name: _____ DOB: _____ Age: _____ Relationship: _____

Address: _____ City: _____ State: _____

Identifying Features: _____ Gender: _____ Pronouns: _____

Ethnicity/Race: _____

Height and Weight: _____ Will they be looking for you: ☐ Yes ☐ No ☐ Unknown ☐ Declined

Place of Employment and Work Hours: _____ Know where CVFF is? _____

Have weapons: _____ Vehicle: Color _____ Year _____ Make _____

Model _____ License _____

Education and Income Information

Last grade completed: _____ ☐ Unknown ☐ Declined

Employed? ☐ Yes ☐ No ☐ Unknown ☐ Declined Income from any source? ☐ Yes ☐ No ☐ Unknown ☐ Declined

If yes: ☐ Full Time ☐ Part Time ☐ Shift _____ ☐ Student: _____

If no: ☐ Looking for Work ☐ Unable to Work ☐ Not looking for work

Receives Income Sources	Yes	Monthly $ Amount	No	Refused/Not Collected
Alimony or other spousal support				
Child support				
Earned income				
General assistance				
Pension or retirement income from a job				
SSDI				
SSI				
TANF (FIP)				
Unemployment Insurance				
VA Non-service connected disability pension				
VA service-connected disability compensation				
Worker's compensation				
Other (specify):				

Total Monthly CASH income (write in total $ amount here and complete grid below): $ _____

Non-cash benefits from any source (check one and complete grid below): ☐ Yes ☐ No ☐ Unknown ☐ Declined

Receives the following Non-Cash Benefit Types	Yes	No	Monthly Amount	Refused/Not Collected
Supplemental Nutrition Assistance Program (SNAP) (food stamps)				
Special Supplemental Nutrition for Women, Infants, Children (WIC)				
TANF Child Care services				
TANF transportation services				
Other TANF-funded services				
Section 8, public housing, or other ongoing rent assistance				
Temporary rental assistance				
Other (specify):				

Health & Safety (Shelter Only)

Are there any medical concerns/special needs that we should be aware of? (allergies, medical conditions, pregnancy, disabilities, etc.)

☐ Yes ☐ No If yes, please explain special instructions for staff:

_____

_____

_____

Are you or your children currently receiving or are in need of medical attention? ☐ Yes ☐ No

If yes, please explain:

_____

_____

Are you or your children taking medications? ☐ Yes ☐ No

If so, what?

_____

_____

Do you have a car with you? ☐ Yes ☐ No Year: _____ Make: _____ Model: _____

Color: _____ License Plate #: _____

If you have not returned by your expected return time, how would you like us to respond?

☐ Cell Phone ☐ Emergency Contact ☐ Law Enforcement ☐ None ☐ Other:

If sheltered in a hotel, CVFF staff will check in with you daily. If we are unable to reach you through the hotel phone line, how would you like us to respond? ☐ Cell Phone ☐ Emergency Contact ☐ Law Enforcement ☐ Hotel Staff ☐ None

Victim Compensation: ☐ CVFF Provided Info ☐ Qualified ☐ Not Qualified ☐ None

Which of the following areas would you foresee as an area of focus during your shelter stay?

☐ Multi-cultural Needs ☐ Child/Parenting Needs ☐ Legal/Medical Needs

Cedar Valley Friends of the Family's (CVFF) programs are available to persons who have been affected by domestic violence or sexual assault and homelessness. Services are free and available regardless of race, color, national origin, religion, sex, disability, sexual orientation, or gender identity.

If you have any concerns with the services you are receiving at CVFF, please notify staff about your concern. If necessary, the Crisis Services Director will become involved. If the issue is not resolved, the Executive Director will work to resolve the issue. If there is still no resolution, you may continue with the agency grievance procedure. You will be given a copy of the policy/procedure on request.

Client Signature: _____Date: _____

Staff Signature: _____ Date: _____

I give permission to CVFF staff to seek emergency medical attention for me and/or my children.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Staff use only:

[Where was client initially sheltered? ☐ Waverly Shelter ☐ Hotel ☐ Safe Room ☐ Other: _____]

[Attach shelter specific paperwork or documentation and include date entered:]

☐ Waverly Shelter Date: _____ Completed by: _____

☐ Hotel Date: _____ Completed by: _____

☐ Safe Room Date: _____ Completed by: _____

☐ Other Date: _____ Completed by: _____

Children Under 18 Form (complete 1 per child receiving CVFF services)

Name: _____ DOB: _____ Age: _____

[ID#: _____]

Race (check up to 2):

☐ Native American or Alaska Native ☐ Asian ☐ Black or African American ☐ White ☐ Refused
☐ Native Hawaiian/Pacific Islander ☐ Unknown

Gender (check 1):

☐ Female ☐ Male ☐Other: _____

Pronouns: ☐ She/Her/Hers ☐ He/Him/His ☐Other: _____

Ethnicity (check 1):

☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Unknown ☐ Declined

Does client have a disability of long duration? (check 1 and complete grid below):
☐ Yes ☐ No ☐ Unknown ☐ Declined

Circle below for each disability type: Y = Yes N =No K = Doesn't Know D= Declined
(If client answers yes, complete 4 additional columns. Otherwise, leave blank.)

Disability Type	Has disability		Impairs ability to live independently	Documentation on file
Alcohol Abuse	Y N DK R		Y N DK R	Y N DK R
Drug Abuse	Y N DK R		Y N DK R	Y N DK R
Both alcohol/drug abuse	Y N DK R		Y N DK R	Y N DK R
Chronic health condition	Y N DK R		Y N DK R	Y N DK R
Developmental disability	Y N DK R		Y N DK R	Y N DK R
HIV/AIDS	Y N DK R		Y N DK R	Y N DK R
Mental health problem	Y N DK R		Y N DK R	Y N DK R
Physical disability	Y N DK R		Y N DK R	Y N DK R

Covered by health insurance (check 1 and complete grid below):
☐ Yes ☐ No ☐ Unknown ☐ Declined

Insurance Type	Yes	No	Insurance Type	Yes	No
MEDICAID			Employer-provided insurance		
MEDICARE			Health insurance through COBRA		
State children's health insurance			Private pay health insurance		
Veteran's Admin. Medical services			State health insurance for adults		
Indian Health Services Program			Other:		

Appendix D: Housing Stability Plan

Client Name: _____ Intake Date: _____

Advocate: _____ Plan Date: _____

What the client has in place:

Identification/Driver's License? Y N

Health Insurance? Y N

Social Security Card? Y N

Outstanding Bills? Y N

Food Assistance? Y N

Evictions? Y N

Criminal History? Y N

Section 8 application? Y N

Birth Certificate? Y N

Other_____

My Financial Goal: _____

Date	My Action Steps	Who	Timeline	Complete

My Housing Goal: _____

Date	My Action Steps	Who	Timeline	Complete

My Other Goal: _____

Date	My Action Steps	Who	Timeline	Complete