

EXECUTIVE SUMMARY
GA Pilot Evaluation: Phase 3
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INTRODUCTION

For two years, the state of Vermont has been demonstrating that chronic homelessness can be mitigated with intensive case management and transitional housing opportunities. This demonstration entails programs called “GA pilots,” which have been made possible through legislation that allows rule flexibility in the dissemination of General Assistance (GA) funding. Early results of the GA pilot programs have shown that chronically homeless families and individuals can benefit from transitional supported housing in order to sustain permanent housing and stabilize their lives. This saves the state money that was formerly spent on costly and temporary hotel stays without any long term change. It also avoids the hidden costs of homelessness, such as educational accommodations, child protective services, unemployment, crime, and medical emergencies.

The third phase of the GA Pilot evaluation study has been conducted during the fallout of the recent American economic crisis. In that sense the findings show not only the gains that have been made, but also continued challenges that need to be addressed. For example, the GA pilots make it possible for the state to spend money wisely and move toward long term solutions to chronic homelessness. However, the need for housing is growing as Vermont experiences the consequences of unemployment and loss of retirement savings. Changes in federal and state funding have been occurring rapidly as the international, national and state economies undergo significant transformation.

This report shares the findings of Phase 3 of the Vermont Research Partnership evaluation of the GA pilot projects as they existed in the spring of 2009. The purpose of the evaluation was to update the understanding of issues and outcomes from the perspectives of homeless participants, front line case managers, program administrators, and regional field directors. It had become clear in the wake of budget restructuring at both the state and federal levels that additional changes in general assistance were needed.

METHODOLOGY

This study involved 25 interviews with staff and participants in five districts: the original three pilots in Morrisville, St. Albans, and Springfield; and two newer pilots in Burlington and Rutland. In addition, six regional field directors responded to an on-line survey version of the staff interview questionnaire available statewide. The data were coded and analyzed using qualitative research methods.

The research team conducted interviews with 11 GA pilot staff members across the five sites, representing housing case managers, economic services directors, eligibility workers, field service directors, and other program administrators. These interviews focused on pilot program

outcomes, effects of changing economic conditions, barriers to implementation and positive outcomes, experiences with the GA Housing Scoring Index, observations of most effective pilot strategies, effects of waiving GA rules, recommendations to the legislature, and thoughts about cost neutrality and avoided costs. Staff members were asked to comment on their experiences and observations since December 1, 2008 (See Appendix A).

In addition to staff interviews, 14 participants were interviewed across the five sites: eleven females and three males. Nine of the participants, including one male, had children living with them. Participants were asked about their situations before joining the pilot; their hopes for the future; their initial contact and experience with the pilot; what assistance they received; what had been most helpful to them; and their thoughts about reciprocity as well as the value of such a program (See Appendix B).

FINDINGS

The findings are organized by the following themes:

- 1) Overview of the GA Pilots
- 2) How GA Pilot Sites Track Outcomes of Participants
- 3) Participant Experiences in the GA Pilot Programs
- 4) How Changing Economic Conditions Affect Demand and Outcomes
- 5) Staff Evaluation of the General Assistance Housing Scoring Index
- 6) Staff Perceptions of Most Effective Pilot Strategies
- 7) Overall Outcomes of Waiving GA Rules
- 8) Impact of Pilot Programs on Costs of GA and Avoided Costs of Homelessness
- 9) Barriers and Recommendations from Staff and Participants

1) Overview of the GA Pilots:

The five pilot sites described below are extending GA benefits to those who are chronically homeless or at risk of homelessness. As a result, they are reaching families and individuals who would never have qualified under traditional GA rules. Formerly, GA was only given to people who were homeless due to a cause beyond their control, such as a catastrophe or an eviction through no fault of their own. The GA pilots provide some form of supported housing, which can entail transitional and permanent housing along with case management support. Case management focuses on working as partners with clients to deal with underlying issues that prevent them from being able to sustain housing. This partnership is based on reciprocity, where the participant agrees to do their part to address underlying issues or to contribute a portion of their income toward sustainable housing.

Morrisville District: Morrisville is one of the first three GA pilot sites. It employs a full time Service Coordinator who offers case management support to participants. Her focus is on helping participants locate or maintain housing and connect to needed services. The case management model utilizes a collaborative team approach involving staff that work with GA eligibility, vocational rehabilitation, and social security income (SSI) determination. Their emphasis is to help participants gain access to services and to address chronic issues that have hindered them

from maintaining housing. Recipients ‘pay back’ to the system when able. Morrisville’s transitional housing plans are currently stalled due to community objections.

Springfield District: Another one of the original GA pilots, Springfield contracts with other organizations to offer housing case management and transitional supported housing. Participants engage in a contractual agreement where they receive three months of case management support. In return, they contribute a portion of their income towards housing costs and uphold behavioral guidelines as responsible tenants. Participants are encouraged to ‘graduate’ onto the permanent supported housing program, which offers placement into permanent housing with ongoing case management for up to two years. Part of their financial contribution during the 90 day pilot is placed in escrow and matched. This portion becomes savings toward permanent housing.

St Albans District: St. Albans is the third of the original three GA pilots. This program offers case management and supported housing. The pilot has grown out of a community ‘continuum of care’ approach, which brings together community organizations into a group called Housing Solutions. For example, Economic Service and Field Service directors work closely with Community Action, mental health staff, and local shelters such as the Samaritan House. They have hired a housing case manager, who has office space at AHS but is an employee of Community Action. The case manager helps people to find appropriate housing, helps them access the Housing Help Fund, and works with landlords to share the risk if the tenant does not work out. Services beyond housing are coordinated, usually with the help of a Reach Up caseworker. The St. Albans GA pilot has two apartments they offer as transitional housing. Participants are asked to sign a contract, which the case manager reviews with them weekly at first, and then less often as they get stabilized. Participants pay a program fee (typically 30% of their income) that is matched through an IDA account toward a rent deposit or down payment on permanent housing.

Burlington: This GA Pilot began in July 2008 and partners with various community organizations to offer a limited number of Section 8 vouchers to participants, giving priority to families and the most vulnerable victims of domestic violence. These are distributed in two programs: ACCESS and Fast Track. Most participants are referred by other community agencies that agree to provide case management to address issues underlying the vulnerability to homelessness. Emergency Assistance (EA) is applied creatively to provide security deposit assistance and help with back rent and back mortgage. This flexibility buys more time to obtain vouchers, thus allowing the collaborating organizations to reach more people. In addition, the Committee on Temporary Shelter (COTS) established a Housing Resource Center (HRC). Although their funding comes from multiple sources, they use GA pilot funds to help families apply for back rent, back mortgage, and security deposit assistance.

Rutland: Rutland’s pilot offers transitional housing with case management support to help people reduce barriers to finding and maintaining permanent housing. Their project advisory team is similar to that in St. Albans, but also includes a representative from Corrections. The team meets weekly to review applications. Community Action hires and supervises the housing case manager. Rutland staff members assess cases through team discussions utilizing information from the housing case manager’s intake process. Participants sign a contract about expectations and agree to set aside up to 30% of their income to be matched by an IDA account. Rutland does

not “own” apartments but they have developed strong linkages with landlords who are willing to rent to participants with the case-management backup. Like St. Albans, the case manager visits the home weekly at the beginning and then less frequently. The program also depends heavily on the Reach Up caseworker to provide clients with comprehensive access to services. However, the housing case manager will provide clients with transportation as needed.

2) How GA Pilot Sites Track Outcomes of Participants

According to the 11 staff who were interviewed, all of the pilots track whether participants find permanent housing and make progress at securing an income. In addition, pilots track behaviors that indicate a person is able to sustain housing. They also track what kinds of assistance are being given to participants. The six field directors who responded to the online survey were less aware of outcomes being reported in a systematic way, though they knew of success stories.

Actual Outcomes Observed by Staff: Overall, staff in the GA pilots report that they are seeing participants stabilize their housing and address problems in their lives that previously prevented them from maintaining housing. Another outcome is that landlords are more willing to accept pilot participants. In addition, AHS Economic Services staff, housing case managers, and their program partners are seen as more realistic, respectful, and willing to help. Most field directors who responded to the online survey knew of some success stories where families became independent, exited general assistance and had good prospects for remaining independent.

3) Participant Experiences in the GA Pilot Programs

Participants at five sites described their circumstances before entry into the GA Pilot and their experiences in the pilot. They discussed the help they received, how they reciprocated, how they benefited, and what they would recommend to decision-makers as well as others in need. Presented here is a summary of their responses. Individual cases with more detailed information are included in Appendix C of the full report.

Situations Prior to learning about the GA Pilot: Participants described their family, health, and economic status before learning about the GA Pilot program. Most were single after separation or divorce from significant others. (This included males as well as females). A few were close to retirement age. Many, but not all, had medical and mental health issues. In some cases, they were addicted to drugs and alcohol. Most of the females had children and a few were pregnant as well. Often one or more of the young children had significant physical and emotional challenges. Some of the children were grown and independent.

Some participants considered themselves to be from middle to upper middle class families. Several said they had been self sufficient for many years, having raised families and worked to support themselves before slipping into a position where they became chronically ill, lost their jobs and any savings they had, or came to realize they needed to escape an abusive relationship. Many chose to start their lives over after a period of homelessness in which they moved from homes of friends and families to shelters, hospitals, or the outdoors. A few had been on a Section 8 housing wait list for some time. A few had been incarcerated or their boyfriends were in jail. In addition to a high incidence of medical and mental health complications, participants described

difficulty budgeting, difficulty with child guidance, discontinued education, fragile or no attachment to paid employment, transportation challenges, and in a few cases, criminal records.

Participant experience of the pilot programs' intake processes and reciprocity: Participants commented on their experiences during the program intake process and the various forms of reciprocity required. Most signed some form of a contract, where they set goals and agreed to requirements believed to enhance their chances of being housed successfully. Some contracts were very specific about monetary commitments and rules of tenancy.

How the GA Pilot helped: Participants received access to stable housing, though the programs varied somewhat in how this was done. In some cases this meant help maintaining existing housing, which saved money and effort in the long run. Participants also received case management support that in some instances helped coordinate teams of multiple providers. GA pilot staff helped people access various resources, which included GA and SSI income, and the learning of new skills. GA pilot staff also offered a collaborative relationship in which staff and participant are partners in solving the housing problem.

What was most helpful to participants? Participants at all the sites were grateful for a variety of help they received through the pilot programs. This included help with the logistics of finding and paying for housing, accessing services and needed resources, heartfelt encouragement, and a resulting sense of hope. Burlington participants mentioned monetary support such as the monthly housing allowance, social security, reduced rent, and help to afford rent. They also mentioned progress in work and education, connections with helpful people and resources, and a renewed sense of hope. One Morrisville participant said everything was helpful, especially medical services, food stamps, and the ability to stay in the family home.

Hopes for the Future: Most participants wanted to sustain their current housing. All hoped for a stable living situation (ideally one that was affordable, decent, and did not require resettling in a new community). Many mentioned wanting to own their own home. Most of the participants who were not working hoped to find a job that paid a living wage or some kind of productive activity. In some cases, this meant a job they could handle with a disability. One was waiting for SSDI to be approved and another was hoping to qualify for health insurance. Many were interested in improving their health and mental health.

Those employed were interested in furthering their career or re-examining their current work endeavor and possibly changing to another. Many wanted to continue their schooling, often by starting or finishing some form of higher education. Others wanted to “give back” in some way, either through sharing their story, mentoring, or helping others who experience similar difficulties. All wanted good relationships with children and intimate partners, and several were focused on being good parents and supporting their children. Some mentioned meeting new people or reconnecting with friends and family and rebuilding relationships. Several found it challenging to think far ahead, and were focused on taking life one day at a time.

Supports needed or wanted that the program cannot provide: Participants asked for more funding for basic needs so they could advance themselves. One participant in Burlington suggested more funding for single parents, for example, help finding a way to make extra money

to help self. Participants in Morrisville said the \$56 per month personal needs money was terribly insufficient to pay for basic expenses that included telephone and gasoline. Since they are not given a discount, they suggested that any decision-maker study their own expenses to determine a reasonable amount of assistance. One person suggested the monthly allotment should be raised to at least \$200. One also highlighted the difference dental care and good teeth make in getting hired for a job. A participant in Springfield pointed out that being dependent on the bus system limits job seeking to those jobs with a similar schedule as the bus. One mother in the St. Albans and Rutland program appreciated the treatment team's flexibility in allowing her to maintain her car so she could make her own healthcare appointments and retrieve her children from child care on time. A few suggested it would be helpful if treatment programs were available locally and having a car was possible. For some, it is hard to find work if they have limited work experience or a history of incarceration. Another mother voiced the challenges of saving money for the IDA on a limited income.

What do participants think could be improved? Participants suggested a few improvements, such as reducing duplication in paperwork, increasing program outreach to those who are isolated, and expanding the timeframe for remaining in temporary supported housing. In Burlington, where participants need to seek housing on their own, some would prefer to have a person acting as a liaison between the pilot program and the landlord. One Burlington participant did not know where to start when first looking for an apartment and another would have liked someone to mediate as she spoke with landlords, because discussing having a voucher felt so embarrassing. Another participant commented on the plethora of paperwork she encountered among various programs that requires a great deal of time and organizational skills in order to stay compliant. In her case, she had to continuously repeat many pages of paperwork, because housing programs as well as Medicaid and Food Stamps cannot share data. In Burlington, St. Albans and Rutland, several participants felt the program should be better publicized so more people who need it can access it. One person suggested ways to reach battered women who are isolated, maybe through doctors' offices, community programs, and by involving more housing case managers in getting the word out. One Springfield participant suggested expanding the timeframe for remaining in temporary supported housing from 90 to 120 days.

Participant advice for others who need assistance: Advice from participants to others who need housing assistance focused on the participant's role and responsibility in the process of getting help with homelessness. Most of the participants recommended that others who need assistance reach out, listen, and work with professionals who know "how the system works" and what is available to help them. One advised that success starts with the self, highlighting the importance of responses and interactions, looking forward, staying vigilant, and being persistent and diligent. A couple people advised keeping focused on doing what is best for children, and on recovery as needed. One advised others in dire situations to face their tragedies, know that help is there, do their part, have courage, and "don't give up."

4) How Changing Economic Conditions Affect Demand and Outcomes

Staff reported that demand has increased at all the sites, and most linked it to the economy. Some thought the economy had turned a corner and was on an upswing while others believed the worst was yet to come. In three of the sites, participants experienced job layoffs or cutback in hours.

With reduced salaries and benefits, middle class people who had been self-sufficient in the past were finding it difficult to survive. Site staff found that helping people salvage existing housing by contacting a bank to set up a payment plan or helping with a utility bill or a month of rent made a big difference. However, staff also noticed that people receiving grants and GA allotments were finding it nearly impossible to live on these amounts of money. Nevertheless, staff say connecting services to housing is effective and is even more important in challenging economic times. Staff found an added benefit in the fact that when times got tough, landlords were willing to work with a GA pilot participant who had proven to be a good tenant.

5) Staff Evaluation of the General Assistance Housing Scoring Index

Staff members had a range of thoughts about the Index, which was created to assist them in assessing needs and barriers across the state. Some staff used it as a check on their thinking and found that they already had a good sense of how to assess cases. One site used it as a training tool. Another site used the Index and found it accurate to some degree but did not find it comprehensive enough. One site suggested an alternative to the Index. A few staff members were not familiar with it and were not using it.

6) Staff Perceptions of Most Effective Pilot Strategies

Several sites found that attaching case management and services to housing is a most effective strategy. Many have appreciated the change in approach to GA applicants, finding it more respectful, truly helpful, and satisfying. In addition, staff members valued the collaboration with other departments and agencies, which brings more resources together to resolve a challenging housing situation. The relationship between staff and clients is also seen as collaborative and strengths-based, a “hand up” instead of a “handout.” Several mentioned the usefulness of structure and goals to help clients save money for housing and address personal and family issues. Staff also valued the flexibility inherent in the GA pilot approach, which allowed for more intelligent and cost-effective decisions.

7) Overall Outcomes of Waiving GA Rules

Staff discussed a number of outcomes that have resulted from waiving the GA rules. First, they see an increase in permanent solutions to housing, participants resolving issues, and a consequent decrease in people returning for ongoing services. Second, the rule flexibility allows staff to be more helpful and accessible to people in need. Clients feel they are treated with respect and the agency’s reputation with the community has improved. Staff roles are clearly defined to meet the actual needs of participants, resulting in more job satisfaction. Collaboration among staff and participants enhances the ability to combine resources to resolve housing problems. The program fosters responsible behavior, empowerment, and self confidence among participants.

Third, a program with case management has an advantage over a regular Section 8 program because it makes landlords more willing to rent to a tenant they would normally consider risky. The connection to services catches problems before they become insurmountable. There have been cases where the ‘Catch 22’ of incarceration due to lack of housing has been prevented, keeping families intact, and helping them re-establish stability in their lives. Fourth, staff

members believe GA money is being spent wisely and relationships with landlords and clients have improved. Fifth, none of the sites observed any negative outcomes from the pilots for clients or the agency. However, a few staff members were concerned about the impact of agency restructuring on the pilots, and would like to see the pilot program length extended. A few sites commented on ways the pilots had learned from each other, one suggesting that they formalize a process of sharing best practices.

8) Impact of Pilot Programs on Costs of GA and Avoided Costs of Homelessness

Staff discussed the various tradeoffs and variables they consider when assessing the costs of the GA pilot programs. For example, a month in a hotel buys four months of transitional housing in one pilot. When people are in crisis, more money is spent on hospitals, shelters, incarceration, and foster care. The social costs of substance abuse and mental illness are high. When people become more stable, less money is spent on other services in the long run. The shift from GA funding to SSI has been important to the stabilization process for some clients. One staff member wondered how many GA clients were in foster care or involved in family services as children. What will happen to similar children in the future? Will they become GA clients? While some staff shared concerns about the future, they also felt hopeful about the potential benefits of the McKinney Vento Act for homeless children. Several staff shared ideas on how to track costs saved by avoiding homelessness. A few success stories, shared by staff and detailed in the full report, illustrate the staff sentiment that the GA pilot programs are very worthwhile.

9) Barriers and Recommendations from Staff and Participants

Staff offered insights into the barriers they encounter when trying to address homelessness. Participants as well as staff made recommendations for improving the plight of the homeless and building on the successes of the GA pilot programs.

Staff observations of barriers to implementation of cross agency collaboration and positive outcomes: Staff pointed to various barriers they run into when trying to break the cycle of homelessness. Most often mentioned was the lack of affordable housing and long wait lists for subsidized housing or Section 8 vouchers. These programs are also not flexible enough to meet various levels of need. Staff had some suggestions for adding flexibility and saving money. Other barriers include lack of jobs, lack of transportation, and lack of child care. Neither Reach Up grants nor minimum wage jobs provide enough money to afford housing at market prices. Inmates who are getting out of jail have difficulty finding housing. Landlords are afraid to rent to tenants they perceive as risky. Though sites discussed strong collaborations between departments and agencies, policies regarding confidentiality and sharing of information can pose a barrier. In addition, funding streams in different ‘silos’ can prevent collaboration. When there was turnover or restructuring, staff sometimes experienced interruptions in their ability to provide services and track client progress. Some staff also shared concerns about limited time and case management resources.

Staff recommendations to the legislature for changes to the general assistance program and for plans for further implementation of the pilots: Staff made several recommendations to the legislature, including: 1) Fund programs that use the GA pilot model; 2) Increase the monthly

GA allotment for personal needs and rent; 3) Increase accessibility to affordable housing; 4) Consider a state-funded Section 8 program; 5) Offer more housing vouchers of smaller monetary amounts; 6) Continue to strengthen the entire system of care and continuum of support; 7) improve the processes for moving ongoing GA recipients onto other benefits such as SSDI or SSI; and 8) Increase the availability of health care, child care, and transportation. These are explained further in the full report.

Participant recommendations for decision-makers: Advice from participants to decision-makers included ways to make it easier for participants to help themselves. This included more affordable housing opportunities, more willingness to help those who are willing to do their part, and more funding for costs associated with program compliance and success. One place to start is by increasing the GA allotment so it meets basic needs. Another recommendation is collaboration among institutions to increase manageability of multiple program requirements and income guidelines. These often converge, conflict, and become overwhelming for the participant who is already trying to cope with many challenging life circumstances. Lastly, participants hoped for increased understanding of homelessness among decision-makers as well as increased importance placed on resolving it.

CONCLUSION

The findings indicate that the GA pilots have been a worthwhile experiment that should become a permanent model within a broad continuum of care approach. The combination of case management, transitional and permanent housing options appears to stabilize housing for the chronically homeless. The pilots give flexibility to solve problems resourcefully and collaboratively between staff teams as well as between staff and clients. Consequently, programs are able to reach more people in need. Landlords are more interested in renting to homeless participants who are receiving case management support and learning how to be responsible tenants. The pilots utilize general assistance funding more prudently, finding more cost-effective uses for the funds, and shifting client income sources to employment or social security income. They also involve clients in saving and contributing their own income towards housing. The GA pilots save financial and social costs of homelessness at a time when economic conditions are increasing demand. The approach has also improved the reputation of AHS with the community.

To strengthen the broader system of supports surrounding the pilot approach, further progress is urgently needed in several areas. This would begin with shortening the long waiting list for Section 8 housing. Suggestions from experienced staff include a state-funded Section 8 program and more housing vouchers of lesser amounts. Participants and staff all want to see more affordable housing options. Improvement is also desperately needed in shortening the process for eligible participants to qualify for social security disability income. More jobs are necessary, including those suitable for individuals with disabilities. Creative solutions to transportation barriers as well as more child care options will allow single parents to seek and sustain employment. Participants and staff urge decision-makers to increase the monthly GA allotments to meet basic human needs. In addition, Reach Up grants and minimum wage must be increased to keep pace with rising costs of housing. Agencies need to continue to work toward alleviating the impact of conflicts and duplication in requirements of multiple agencies on vulnerable individuals. They would also benefit from incentives to share funding streams in ways that resolve homelessness.