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Ending Homelessness in Santa Clara County: A Program Evaluation of HomeFirst Services' Rapid Re-Housing Program Using Client Feedback

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by

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GLOSSARY OF TERMS

Chronically Homeless: Defined by HUD as an unaccompanied individual or head of a family household with a disabling condition who has either continuously experienced homelessness for a year or more or has experienced at least four episodes of homelessness totaling 12 months in the past three years.

Coordinated Assessment System: A community-wide intake process to match people experiencing homelessness to community resources that are the best fit for their situation. Maximizes the use of available resources and minimizes the time and frustration people spend while trying to find assistance. It also identifies and quantifies housing and service gaps and thereby enables effective and efficient systems planning.

Community Queue: Provides communities with the tools to prioritize client referrals across programs, agencies, and systems of care.

Continuum of Care (CoC): The Continuum of Care is a broad spectrum of stakeholders dedicated to ending and preventing homelessness. The key responsibilities of the CoC are to ensure there is community-wide implementation of efforts to end homelessness, as well as ensuring programmatic and systemic effectiveness.

Emergency Shelter: The provision of a safe alternative to the streets, either in a shelter facility or through the use of stabilization rooms. Emergency shelter is short-term, usually for 180 days or fewer. Domestic violence shelters are typically considered a type of emergency shelter, as they provide safe, immediate housing for survivors and their children.

Homeless: Under the Category 1 definition of homelessness, includes individuals and families living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements, or with a primary nighttime residence that is a public or private place not designed for an ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.

Homeless Management Information System (HMIS): A secure online database that stores data on all homelessness services provided.

Homeless Prevention: A key component in the Community Plan to end homelessness. The homeless prevention program focuses on individuals and households at risk of homelessness in the community and provides critical homeless prevention resources and services to them.

Housing First: Housing First is an approach to address homelessness. In the last few years, Housing First has become one of the most popular models for serving chronically homeless people. This approach is based on the understanding that homelessness is primarily a lack of housing and the fastest way to help a person out of homelessness is to provide that person with housing. The Housing First Approach focuses on providing housing as quickly as possible and subsequently providing services as needed and desired by the program participants. Permanent Supportive Housing and Rapid Rehousing programs are based on the Housing First Model.

HUD: Abbreviation for the U.S. Department of Housing and Urban Development.

Low Barrier Model: Used by programs that that do not require criminal background checks, credit checks, income verification, program participation, sobriety, and identification prior to enrollment.

National Alliance to End Homelessness (NAEH): The National Alliance to End Homelessness is a U.S. based non-profit organization committed to preventing and ending homelessness in the United States. It is a leading voice on the issue of homelessness.

Permanent Supportive Housing (PSH): Provides permanent housing and supportive services to chronically homeless individuals and families. The target population for permanent supportive housing program are chronically homeless individuals with a disability. The program focuses on the population that has high acuity and high costs. The program provides rental subsidy, intensive case management and health care (including behavioral health) to the program participants. There is usually no time limit for the program. PSH has been seen to have a high impact on housing stability.

Point-in-Time (PIT): The point-in-time count refers to the Homeless Census and Survey that is undertaken every two years in the last ten days of January. It is mandatory for all jurisdictions receiving funding from HUD to undertake the point-in-time count. The data gathered from the county helps the County and local homeless service providers to better understand the needs of the community, evaluate the current system of services, and apply for federal and local funding.

Rapid Rehousing (RRH): An intervention that has been seen to be a successful model in addressing the issue of homelessness in different parts of the country. There are three components of rapid rehousing – 1. Housing identification, 2. Move-in and rent assistance and 3. Rapid rehousing case management and services. The clients are provided shallow or declining rent subsidy, other temporary financial assistance and time-limited case management. It has been observed that rapid rehousing helps individuals and families to quickly exit homelessness, return to housing in the community and not become homeless again in the near future.

Transitional Housing: Housing in which homeless individuals may live up to 24 months and receive supportive services that enable them to live more independently. Supportive services, which help promote residential stability, increased skill level or income, and greater self-determination, may be provided by the organization managing the housing, or coordinated by that organization and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures at one site, or in multiple structures at scattered sites.

Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT): The VI-SPDAT is a part of the coordinated assessment process. The tool is used at the time of intake. It considers the household's situation and identifies the best type of housing/supportive services intervention to address the household's situation.

BACKGROUND

The Problem

There are an estimated 567,715 people in the United States experiencing homelessness on a given night, according to the most recent national point-in-time estimate (National Alliance to End Homelessness, 2020). This represents a rate of approximately 17 people experiencing homelessness per every 10,000 people in the general population. California has the highest number of homeless individuals in the nation, with approximately 151,278 people experiencing homelessness, followed by New York with 92,091 and Florida with 28,328 (National Alliance to End Homelessness, 2020). Within California, the three counties with the highest homeless populations are Los Angeles County with 56,257 individuals, Santa Clara County with 9,706 homeless individuals, and San Diego County with 8,102 homeless individuals (National Alliance to End Homelessness, 2020). Of the 9,706 homeless individuals in Santa Clara County, 89% reported that they would accept affordable permanent housing if it became available to them (Santa Clara County Homeless Census & Survey, 2020).

Homeless service systems do not have enough resources to fully meet the needs of everyone experiencing homelessness. Nationally, the most common type of homeless assistance is permanent supportive housing (PSH). Forty-one percent of system beds are in this category, which has grown by 96% since 2007. Emergency shelter beds, the second most prevalent intervention, have increased by 38% since 2007. Rapid rehousing (RRH), the newest type of permanent housing intervention, which was introduced back in 2017, is continuing along a path of rapid growth, with an increase of 87% more beds in this category than there were five years ago. Transitional housing is the only intervention on the decline. There are 55% fewer beds in

this category than there were in 2007 (National Alliance to End Homelessness, 2020). This shift is part of the trend towards more investment in permanent housing solutions.

The primary cause of an individual's inability to obtain or retain housing can be difficult to pinpoint, according to the Santa Clara County Homeless Census & Survey (2020), due to it being a result of multiple inter-related causes. An inability to secure adequate housing can also lead to an inability to address other basic needs, such as healthcare and adequate nutrition (Santa Clara County Homeless Census & Survey, 2020). Approximately 30% of the point-in-time survey respondents reported job loss as the primary cause of their homelessness, while 22% disclosed alcohol or drug use, 15% reported a divorce/separation, 14% reported eviction, and 13% reported an argument or being asked to leave by a family member or friend (Santa Clara County Homeless Census & Survey, 2020). When asked what might have prevented their homelessness, survey respondents most commonly reported rent or mortgage assistance at 42%, followed by employment assistance at 37% (Santa Clara County Homeless Census & Survey, 2020).

Research Question

This research was designed to evaluate whether HomeFirst Services' RRH Program has proven to be more effective than traditional approaches in eliminating homelessness for its participants in Santa Clara County, California.

Research was based on the Program Satisfaction Survey conducted at the end of the participants' program enrollment in comparison with data collected for clients in other HomeFirst Services programs. The research question that is being answered from this survey is whether or not the HomeFirst Services RRH Program is fulfilling the clients' needs. This questionnaire has been able to help HomeFirst Services understand the factors that help satisfy

program participant needs. Furthermore, this information enables them to modify the programs accordingly, based on the client's feedback.

What is Rapid Re-Housing?

According to the National Alliance to End Homelessness (2020), - RRH, also called housing first, is a primary solution for ending homelessness. This approach provides housing identification, rent and move-in assistance, as well as RRH case management and assistance (National Alliance to End Homelessness, 2019a). While traditional homeless services have focused on emergency shelter, or required lifestyle changes like drug use or alcohol abuse treatment, RRH simply places clients in a shelter. The National Alliance to End Homelessness (2020) asserts that RRH has been demonstrated to be effective in getting people experiencing homelessness into permanent housing and keeping them there. Once people are connected with a home, they are in a better position to address other challenges that may have led to their homelessness, such as obtaining employment or addressing substance abuse issues (National Alliance to End Homelessness, 2020). The intervention has also been effective for people traditionally perceived to be more difficult to serve.

Research demonstrates that those who receive RRH assistance are homeless for shorter periods of time than those assisted with shelter or transitional housing. RRH is also less expensive than other homelessness interventions, such as shelter or transitional housing (National Alliance to End Homelessness, 2020).

HomeFirst Services of Santa Clara County is a leading provider of services, shelter, and housing opportunities to the homeless and those at risk of homelessness in Santa Clara County. The agency's mission is to confront homelessness by cultivating people's potential to get housed and stay housed (HomeFirst, 2020). The housing first approach prioritizes housing homeless

individuals so that they can pursue their own personal goals and improve their quality of life, without requiring them to make any lifestyle changes (National Alliance to End Homelessness, 2016)

RRH first emerged as a promising model when several programs began the practice. Three of the very first programs were Beyond Shelter in Los Angeles, Rapid Exit Program in Minnesota, and Shelter to Independent Living Program in Pennsylvania (National Alliance to End Homelessness, 2014). In 2008, the U.S. Department of Housing and Urban Development (HUD) began accepting applications for the Rapid Re-Housing Demonstration Project and distributed $25 million to 23 communities to pilot their own programs. In 2009, Congress appropriated $1.5 billion for the Homelessness Prevention and Rapid Re-Housing Program (HPRP) in the American Recovery and Reinvestment Act, serving an estimated 1.4 million people with homelessness prevention and RRH assistance nationwide over three years. As of 2015, the data shows that there was still funding being distributed to programs because RRH has proven to be successful. Overall, the participants who complete the program remain stably housed for longer periods than people in traditional shelter programs (National Alliance to End Homelessness, 2014).

The analysis of outcome data for HomeFirst Services of Santa Clara County's RRH Program participants has provided insight into the value of RRH in the community's efforts to end homelessness. Thus far, RRH appears to have encouraged outcomes that consist of decreased length of homelessness, fewer returns to homelessness, lower costs per household than other interventions, and decreased homelessness in communities. On an individual level, RRH minimizes the amount of time that an individual spends homeless, and rapidly helps them to stabilize themselves in their own housing. Creating interventions and planning systemically

around the model's core components, which consist of housing identification, rent and move-in assistance, and RRH case management and services, should be a high priority for communities (National Alliance to End Homelessness, 2014).

Rapid Re-Housing Program Goals

RRH is an intervention designed to help individuals and families quickly exit homelessness, return to housing in the community, and not become homeless again in the near future. According to the National Alliance to End Homelessness (2016), 85% of RRH clients exit homelessness to permanent housing, and only 10% return to homelessness. While further research is needed, communities and programs report similar rates of success across different subpopulations and people with different levels and types of barriers to independent housing options. RRH programs focus on the needs of individuals and families, as well as those needs that are related to the program's target subpopulations, such as youth, survivors of domestic violence, veterans, or persons who experience chronic homelessness. People with the highest levels of vulnerability, trauma, and/or the least experience living in independent housing may require higher levels of staff support as they stabilize in permanent housing (National Alliance to End Homelessness, 2016).

The primary goal of RRH programs is to provide temporary assistance that quickly moves individuals and families who experience homelessness into permanent housing, while providing appropriate time-limited support to help them (National Alliance to End Homeless, 2014). The purpose of RRH programs is to reduce overall homelessness for particular individuals and families by moving them through the shelter system as rapidly as possible. This in turn frees up beds for other people in crisis, allowing the movement of additional people through short-

term assistance and into permanent housing (Gubits, Bishop, Dunton, Wood, Albanese, Spellman, & Khadduri, 2018).

Much of the existing RRH program research uses the Homeless Management Information System (HMIS) data as its primary data source. Typically, a local service provider uses its HMIS to collect information on clients and the services delivered to them. This data is then used by the Continuum of Care (CoC), the local group charged with developing an effective response to homelessness within the community, for system-level reporting and management (Gubits et al, 2018). Over time, HUD has refined and enhanced the standard HMIS data elements to allow for the calculation of detailed performance measures for systems, providers, and programs, including RRH programs.

RRH programs require close collaboration with emergency shelters, street outreach, and other homeless assistance programs to identify prospective individuals and families who are homeless and need assistance to secure housing quickly and successfully. Screening for a RRH program may be conducted as part of a community's coordinated entry system for people in need of shelter and rehousing services. Gubits et al. (2018) state the following:

> The 2012 federal guidance on [RRH programs] core components clarified that RRH assistance is supposed to follow a "Housing First" philosophy, meaning that assistance should be provided without imposing eligibility restrictions or screening out households considered unlikely to succeed without rental assistance after [RRH] ends. Under a Housing First approach, programs seek to resolve the housing crisis by providing housing and services without first addressing any preconditions such as sobriety, employment or income. (p. 6)

Each community has unique characteristics that may influence how a RRH program is implemented and operated. These include the local housing market, unemployment rates, employment opportunities, and household income.

Rapid Re-Housing Programs in the United States

Millions of individuals in the United States do not have access to stable housing. Recent policies in the United States emphasized programs intended to prevent homelessness through temporary financial assistance. For more than a decade there has been a movement within the United States toward homelessness policies and services emphasizing permanent housing over shelter or temporary housing solutions (Culhane, Gross, Parker, Poppe, & Sykes, 2008). A development of this movement, the HUD's HPRP, was the largest allocation of federal funds to prevent long-term homelessness up to that time (U.S. Department of Housing and Urban Development, 2011). "The $1.5 billion program was implemented between 2009 and 2012 and aimed to reduce the negative social and health outcomes associated with prolonged homelessness by providing individuals and families at risk of homelessness or those who were recently homeless with short-term financial resources" (Brown, Vaclavik, Watson, & Wilka, 2017, p. 129). The HPRP funds were administered in two ways: (1) financial assistance, such as receiving rental assistance, help with paying the security deposit, moving costs, and short-term hotel vouchers; and (2) housing relocation and stabilization services, such as receiving case management, housing search and placement assistance, legal services, and credit repair (U.S. Department of Housing and Urban Development, 2009). By delivering flexible, short-term, and targeted assistance, HPRP grantees aimed to prevent individuals and families from entering the shelter system or to minimize the length of time a family or individual was displaced (U.S. Department of Housing and Urban Development, 2016).

HPRP assisted 1.3 million people nationally over the 3-year program (U.S. Department of Housing and Urban Development, 2016). The HPRP distributed the federal funding in a grant format to 535 states, urban counties, and metropolitan cities. State grantees were required to allocate all funds to private nonprofit organizations or local governments (Blanco, 2018).

Rapid Re-Housing Programs in Santa Clara County

The permanent housing programs operated in Santa Clara County fall into three categories: (1) permanent supportive housing; (2) RRH; (3) and homeless prevention services (Montalvo, 2019). Permanent supportive housing and RRH are similar in the fact that they provide homeless individuals with permanent stable housing through rental subsidies, and they connect homeless individuals with case management and other supportive services (Montalvo, 2019).

According to Santa Clara County (SCC), the solution to its homelessness problem is housing. SCC targets the following homeless populations: veterans, youth and families with children, individuals and families fleeing domestic violence, non-chronically homeless individuals, and chronically homeless not requiring permanent supportive housing (County of Santa Clara Office of Supportive Housing, 2020). Furthermore, the SCC Office of Supportive Housing (2020) asserts that RRH, one of the three housing programs to help end homelessness, does indeed end homelessness for families and individuals in the county. The program helps homeless individuals quickly find housing in one month or less, helps pay for short-term housing costs, however, long-term financial assistance may be available, and helps individuals access services so that they can stay housed (National Alliance to End Homelessness, 2015).

According to the National Alliance to End Homelessness (2020), there are three core components that the county follows when implementing the RRH program that makes it successful, and they are as follows: (1) housing identification – to find housing for people

quickly; (2) rent and move-in assistance – to help with costs associated with getting into housing; (3) and case management – to help stabilize people once housed by connecting them to services and support, if needed.

The county has led the effort to significantly increase the use of RRH programs, with many of the programs launching in the past two years. In July of 2016, the RRH annual capacity in SCC was 808, in January of 2018 the RRH capacity was 1,248 (Le, 2018). Additionally, the county has assumed greater responsibility for managing and coordinating the network of RRH programs within the county by implementing county-wide policies through the Continuum of Care and providing referrals to rapid RRH programs.

HomeFirst Services' Rapid Re-Housing Program

While SCC has one of the highest median incomes in the United States, it also has the ninth largest homeless population in the country, and the highest population of people experiencing homelessness not staying in a shelter (Sullivan & Phillips, 2018). HomeFirst Services, a provider of housing services in SCC, implemented RRH in partnership with the county. To be eligible to participate in the RRH program, individuals must be a single adult experiencing homelessness and score in the middle range of a vulnerability assessment, which is conducted by outreach employees, from SCC or HomeFirst, before the client is referred to the program. The assessment measures things like history of housing and homelessness, whether the client is high risk or not, socialization and daily functioning, and overall wellness. This helps outreach employees consider the household's situation and identifies the best type of housing intervention to address the situation (Coordinated Entry, 2022).

After HomeFirst Services receives confirmation of the client's eligibility, the agency will assign any accepted client into the RRH program and any denied clients into the comparison

group. Clients are denied for one of three reasons: they are not a single adult because they have legal custody of a child or are married, scored outside the necessary range in the vulnerability assessment, or are not homeless by HUD's standards. Accepted clients in the RRH program will be offered a rental assistance subsidy in order to assist each person's transition back into permanent housing. The program participants will typically be housed within the first 60 days, and rental assistance subsidy may last up to a total of two years. The program costs about $15,000 per client per year, including both supportive services and rental assistance (Sullivan & Phillips, 2018). Denied clients in the comparison group will receive basic care, consisting of emergency shelters, bus passes, medical mobile units, and referrals to community-based organizations that provide employment, education, and wellness programs (Sullivan & Phillips, 2018).

To answer the research question, continued research and data collection conducted by HomeFirst Services and SCC were examined for different homelessness outcomes. According to Sullivan & Phillips (2018), the overall program goal of RRHis to decrease shelter entry, and emergency room visits and arrests, while increasing earnings, and maintaining stable housing.

Cost of Homelessness

According to Home Not Found (2015), more than $3 billion worth of services went to homeless residents from 2007-2012. This essentially costs the community of Santa Clara County $520 million per year. It is estimated that $1.9 billion was used over those six years for medical diagnoses and the associated health care services. This was estimated to be the largest component of homeless residents' overall public costs. Secondly, it was estimated that $786 million was used over those six years for associated costs with justice involvement. This was

estimated to be the second largest component of the overall cost of homelessness (Home Not Found, 2015).

In this study to measure the cost of homelessness, it was estimated that 104,206 individuals experienced homelessness in Santa Clara County over this six-year timeframe. The community had a significant opportunity to spend money more efficiently to better serve the population and provide long-term solutions to the homeless population. The data discovered during this study was sufficient to establish a framework and action plan to use these funds for better resolution of homelessness (Home Not Found, 2015).

In the study, some individuals who experienced homelessness only experienced short-term homelessness. This meant that 20% of the population was homeless for only one month, and another 32% was homeless for two to six months. This showed that for half of the population, homelessness was not a long-term way of life (Home Not Found, 2015).

Through the efforts of public and private agencies, and homeless service providers, strategies like prevention, RRH and supportive housing have been proven to work. Home Not Found (2015) stated that with the information acquired from this study, the strategies can be established with even greater effectiveness. For example, investing in prevention means the community can channel resources to keep people housed and prevent them from falling into chronic homelessness, which is costly and difficult to escape. Prevention programs ensure that a family does not become homeless for failing to make a rent payment, that young adults do not exit foster care without a home, and that every veteran transitioning out of the military has a place to return to (Home Not Found, 2015). When the community engaged in RRH programs and homelessness prevention, a national average of 93% of participating families remained housed after the program ended. By investing in short-term shallow housing subsidies, resiliency

will increase, and resources can be diverted to those who are in crisis and require a deeper investment (Home Not Found, 2015). Lastly, individuals who suffer the most require the deepest levels of support. For disabled and long-term homeless men and women, stable housing is the foundation of recovery. Without increasing overall public costs, the community can increase the supply of housing and create new housing opportunities to alleviate the worst kind of suffering (Home Not Found, 2015).

LITERATURE REVIEW

Rapid Re-Housing Research

Rapid re-housing (RRH) has been used with individuals and families experiencing homelessness, and research suggests that, when compared to emergency shelter or transitional housing, individuals enrolled in RRH programs are homeless for shorter periods of time. RRH has also been shown to decrease unemployment and housing instability, substance use, and criminal justice involvement, as well as provide an increase in social support (Gurdak, Bond, Padgett, & Petering, 2022). One of the important factors of the success discovered by this study was the availability of additional support. Tangible support elements, such as money management, Metro cards for use of public transportation, employment assistance, and even necessities such as food and financial assistance, were viewed by participants as critical to their transition into RRH (Gurdak et al., 2022). In contrast, some participants in this study felt that the tangible support provided by RRH programs was not enough when entering the program or in preparing them to graduate from it (Gurdak et al., 2022). Gurdak et al. (2022) state the following:

> …it is recommended that RRH programs facilitating services for young adults should focus on providing ample and effective tangible support (i.e., food and financial assistance, employment and education support, and money management skills), while exemplifying and encouraging the practice of effective communication, advocacy, and decision-making skills, and supporting the autonomy of the young adult. Future studies should expand upon these findings by utilizing post-RRH interviews for further follow-up and may benefit from the use of mixed methods to include objective measures of transition experiences. (p. 5)

Studies of RRH programs for single adults have used administrative data to examine the risk of return to homeless services following termination of assistance. In the sample of single adults participating in the Homelessness Prevention and Rapid Re-Housing Program (HPRP), individuals were two times as likely to re-enter homeless services compared to individuals receiving homeless prevention assistance (Brown, Klebek, Chodzen, Scartozzi, Cummings, & Raskind, 2018). However, neither study included a comparison group which left the conclusions regarding the effectiveness of the interventions as inconclusive (Brown et al., 2018).

There was a study conducted in Indianapolis which consisted of 515 single adults. Of those 515 individuals, 219 received homelessness prevention assistance and the other 296 received RRH services. This study was meant to find out whether or not the program participant successfully completed the program.

> Program completion may be defined as the absence of the other options provided in HMIS under reasons for leaving: left for a housing opportunity before completing the program, non-payment of rent/occupancy charge, non-compliance with the program, criminal activity/destruction of property/violence, reached maximum time allowed by the program, needs could not be met by the program, disagreement with rules/persons, death, or unknown/disappeared. (Brown et al., 2018, p. 93-94)

Of the participants that left without completing the program, the reasons were that the participant was non-compliant with the program, and/or the participant's needs could not be met by the program (Brown et al., 2018). Of the 219 homelessness prevention program participants, 167 individuals were living in a permanent housing situation when they exited, and the remaining 52 individuals returned to homelessness (Brown et al., 2018). Of the 296 RRH participants, 203

individuals were living in a permanent housing situation when they exited, and the remaining 93 individuals retuned to homelessness (Brown et al., 2018).

Provider Perspective on Homeless Solutions

Between October 2017 and July 2018, 26 housing employees across the United States were sampled to obtain their experiences working in the three different housing programs (Permanent Supportive Housing, Transitional Housing, and RRH) to obtain a better understanding of the effectiveness of each one (Semborski, Redline, Rhoades, & Henwood, 2020). Participants came from 18 organizations across eight states, including Washington, Oregon, California, Texas, Michigan, Maryland, Pennsylvania, and New York, with representation across housing models and various job positions (Semborski et al., 2020). Each housing employee was interviewed and asked "…to describe the characteristics of their housing program, the process through which the programs were designed and implemented, and how they approach their role in working with young adults" (Semborski et al., 2020, p. 2).

The participants from the interviews described Permanent Supportive Housing as being time-unlimited with greater programmatic structure than the other two models, offering comprehensive services coordinated by an on-site case manager. Transitional housing was characterized as being time-limited to 12 and 14 months with a focus on life skill development, such as education and employment. Lastly, RRH was described as a rental subsidy for an agreed upon time, with longer or shorter periods determined by client need. (Semborski et al., 2020). Three themes emerged from the initial study questions related to how specific housing models were developed: (1) Not everything worked on a model to follow; (2) There is no such thing as a one-size fits all model; and (3) The fine line between meeting participant needs and program outcomes (Semborski et al., 2020).

This study described the challenges faced by providers in this field, specifically the lack of an evidence-based model to follow, the diverse needs of each individual, and the many hats providers wear daily. Despite not having evidence-based guidelines, providers were clear on the goal of helping residents become self-sufficient and gain independence (Semborski, 2020). Overall, the study mentions how the majority of the providers are looking into a best fit approach for the individuals they serve, rather than placing individuals in programs where they will fail.

METHODOLOGY

Type of Analysis

A program evaluation was conducted for RRH programs, using HomeFirst Services' RRH Program as an example, including a cost/benefit analysis of services. Did it do what it was supposed to do, and at what cost?

Data Collection

A sample size consisting of all program participants from years 2017-2020 was examined to collect data related to the clients' satisfaction with the program's services and success/failure after exiting from the program. This information has been analyzed to determine the effectiveness of the program, defined as client satisfaction levels and persistence in housing.

The results of the participant survey, which have been collected by HomeFirst Services for initial review and data collection, have been de-identified for client confidentiality, and have then been provided to the researcher for analysis of the program.

HomeFirst already had an established data collection process. A physical survey is given to each program participant at the time that he or she leaves the program. If time and resources allow, a follow-up phone interview is conducted by the program case managers as a continuation of the physical survey to allow for more qualitative dialogue and discussion about the topics listed in the survey. Essential questions for this assessment have been listed in a final approved survey, found in Appendix A.

IRB Exclusion

This study qualified for an exclusion from IRB review because data that was analyzed came from HomeFirst Services as de-identified data sets. This research did not use any human subjects. The remainder of the data came from public sources, such as public websites and public

agency reports that have provided background information on RRH programs. In addition, research by others reported in peer-reviewed journal articles was used to evaluate the success/failure rates of other RRH programs in the nation, and a comparison of HomeFirst Services and the other agencies was conducted.

Data Selection

General demographic information about the participants, such as gender, race, ethnicity, age, income, and education, was used to analyze the need for the program. Other key components include the length of time that participants were in the program, from as few as three months to as long as a year. How many returned to homelessness after exiting the program? How many maintained their housing after exiting the program? How many participants used the extra services provided within the program, such as case management, job placement, help with going back to school, help with obtaining identification, and many others? Participants provided information to their case managers with initial data when they were first enrolled, provided data while they were in the program, and provided data after they had exited the program.

FINDINGS

Potential Findings

Homeless intervention agencies are likely to find ways to implement a RRH program, if they are not already using this type of intervention, as more data about RRH programs' success/failure rates become available. Research shows that RRH programs were designed to move people quickly from homelessness into permanent housing by helping them locate appropriate housing, by providing temporary financial assistance for housing related expenses, and by addressing service needs linked directly to housing instability (Cunningham, Gillespie, & Anderson, 2015).

Though there is limited evidence about the effectiveness of the approach, early evaluation and program data have indicated that RRH programs reduce returns to homelessness (Cunningham et al., 2015). The evaluation of HomeFirst Services' RRH Program, as well as single site evaluations that researchers are conducting across the country, have provided additional insight into the program. The research focuses only on HomeFirst Services as an example of RRH approaches.

Survey Administration

The survey was designed by HomeFirst Services Data/Report Analyst. She had no previous training in survey design, but she has been with the organization for over ten years, learning and improving ways data is collected and how it is interpreted.

The survey is administered by the case managers, but the client is free to answer the questions on his or her own and just ask the case manager for clarification, if needed. The only times the case manager goes through the questions one by one with the client is when the client has difficulty understanding the questions. Staff members suggest that clients were reluctant to criticize the program because of who was administering the survey. Therefore, the clients might

have felt inclined to answer positively, since the program was helping to pay for the clients' expenses, such as rent, utility bills, medical bills, school expenses, and any expense the client needed help paying for to help them succeed in the program. Although there are a few questions on the survey regarding availability of languages to the clients, the survey is only available in English and Spanish.

Clients were offered options for completing the survey. Some clients chose to have the case managers ask them the questions one by one, others did the survey on their own, but had the case manager be with them in case they had questions, while others preferred to take the survey home and mail it back. Due to this variety of administration methods, there were years when the response rate was good, while in some of the other years HomeFirst only received a handful of surveys back. Unfortunately, there was no real incentive to complete the survey; and although it was highly encouraged to complete it, and the case managers would even tell the clients that it was somewhat mandatory, it was entirely up to the client whether he or she completed it or not. It was a document that needed to be part of the client's file. However, a case manager could just make a case note indicating the reason why a survey was not completed, and that would be the end of that.

HomeFirst Findings

Information was collected from HomeFirst Services' RRH Program for 2017 to 2020. There were 1,339 program participants during this time frame. Of those, 979 individuals have exited to permanent housing, 235 are active individuals currently receiving services, and 125 exited back to homelessness (HomeFirst Services, 2020).

Most of the individuals who exit back to homelessness start over and try to get back into the Community Queue by visiting HomeFirst Services' main shelter location, the Boccardo

Reception Center (BRC). The BRC is known for being the largest homeless service center in Santa Clara County, serving 250 adults nightly. It operates year-round, 24 hours a day, providing shelter and a wide array of critical services (HomeFirst Services, 2020).

From the 1,339 program participants during this time frame, HomeFirst did not separate the totals by the year due to the overlapping of program enrollment throughout the years. Some participants might have exited in the very beginning of one year and some might have been enrolled in the program in one year and in the following year which would cause that participant to be overlapping between two years.

Survey Data

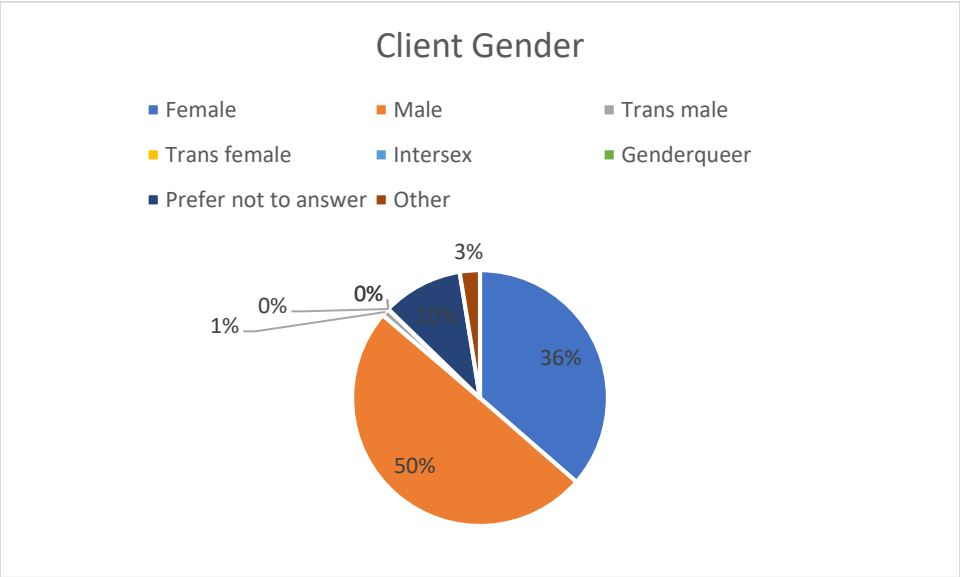
Surveys were given to each participant as he or she exited the program. The purpose of the survey was to collect data on client satisfaction with the services provided, and to elicit suggestions for improvement. For Question #1 to Question #7 the following data were collected: (1) experiences with getting support; (2) experiences with getting referred to HomeFirst and other services; (3) experiences with communicating with case managers; (4) cultural considerations and inclusion with receiving support; (5) experiences with getting what is needed out of the services; (6) HomeFirst's attention to disabilities and special accommodations; and (7) conditions of HomeFirst facilities. The data were collected using a Likert Scale method. Collected data were tabulated to determine the spread of opinions on each of the seven aspects of programming listed above.

Client Demographics

Demographic data was collected to provide an understanding of the clients being served by the HomeFirst RRH program. Understanding the genders, races/ethnicities and ages of the clients

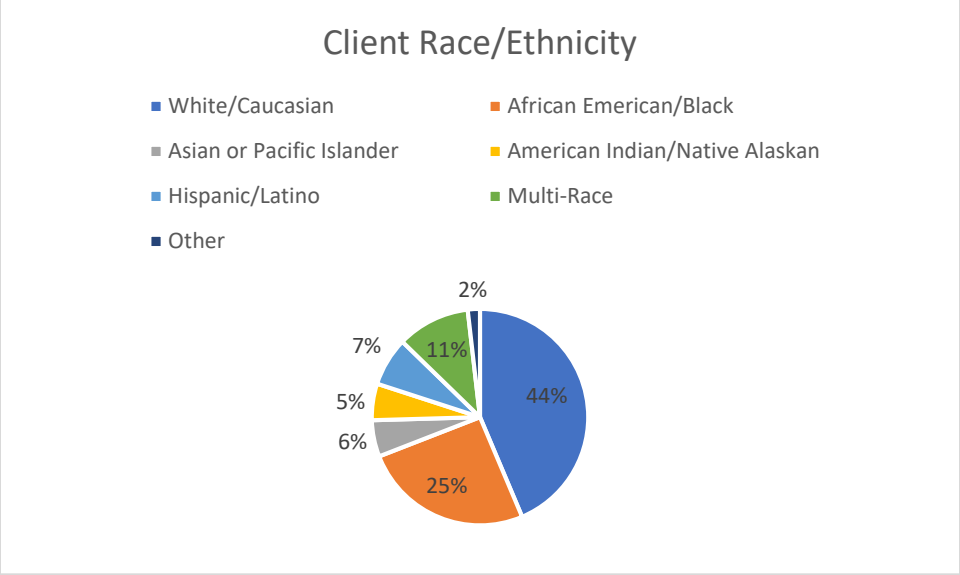
might help to explain their responses to survey questions about services, accommodations and communications

Figure 1: Self-Reported Client Gender



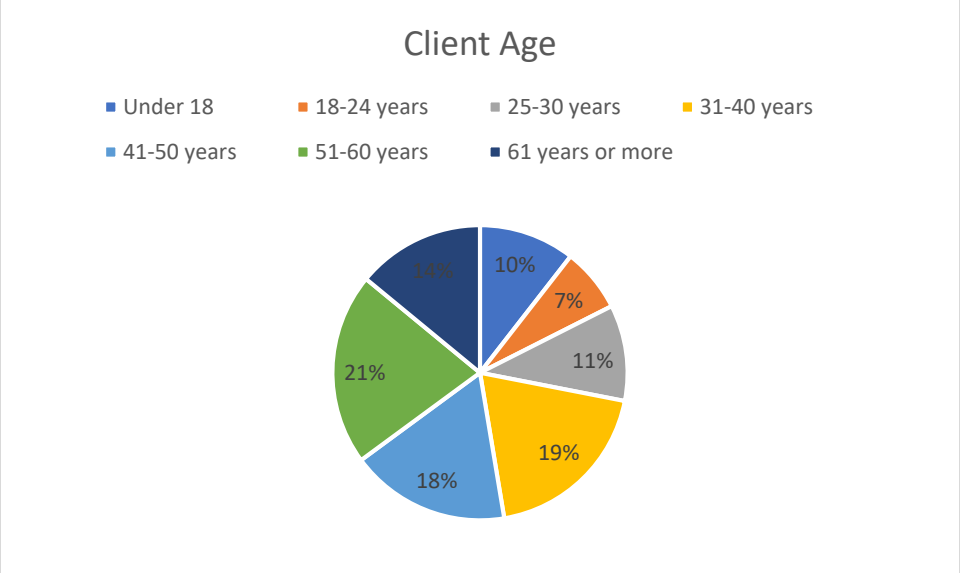
From 2017-2020, the individuals that self-reported their gender consisted of 50% male, 36% female, 10% preferred not to answer, 3% reported other, and 1% identified as trans male.

Figure 2: Self-Reported Client Race/Ethnicity



From 2017-2020, the individuals that self-reported their race/ethnicity consisted of 44% as White/Caucasian, 25% as African American/Black , 11% as multi-race, 7% as Hispanic/Latino, 6% as Asian or Pacific Islander, 5% as American Indian/Native Alaskan, and 2% identified as other.

Figure 3: Self-Reported Client Age



From 2017-2020, the individuals that self-reported their age consisted of 21% being 51-60 years old, 19% being 31-40 years old, 18% being 41-50 years old, 14% being 61 years old or older, 11% being 25-30 years old, 10% being under 18 years old, and 7% being 18-24 years old.

Client Support Services

The RRH Program provides the following supportive services. These are available to all clients, but not all take advantage of every program. Services are included in the program to help households obtain permanent housing as quickly as possible, RRH can draw from a variety of types of assistance, and tailor this to households based on their specific strengths and barriers. Some households may only need limited financial assistance to cover rent and move-in costs,

some may only need housing search assistance, while others may need a combination of assistance types, or assistance for a longer duration.

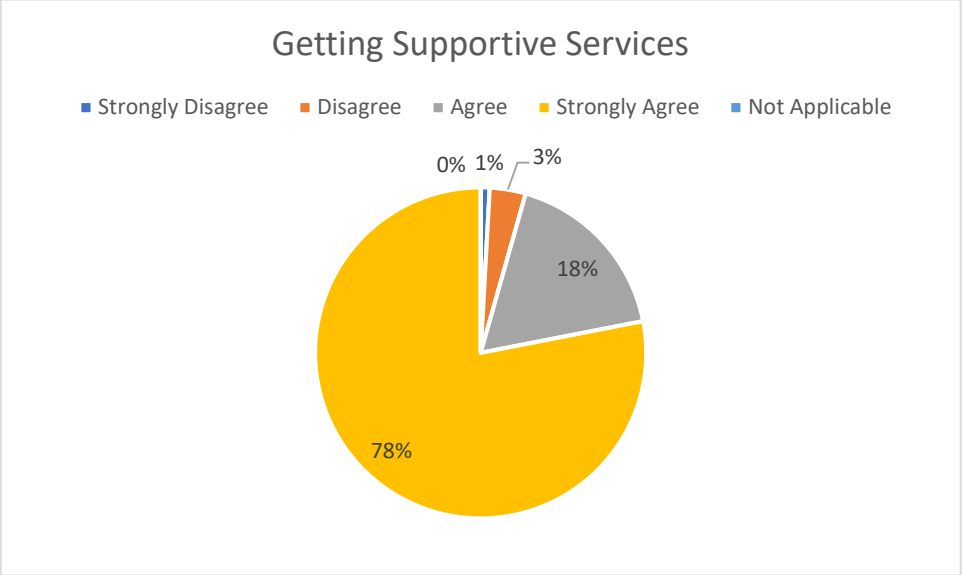
- Housing Identification: The primary focus of services in RRH is to provide help with finding housing and to troubleshoot barriers that prevent access to that housing. Housing identification services means helping households find appropriate rental housing in the community, contacting and recruiting landlords to provide housing opportunities for individuals and families experiencing homelessness, addressing potential barriers to landlord participation such as concern about short-term nature of rental assistance and tenant qualifications, assisting households to complete applications and prepare for interviews with landlords, helping households to determine if a housing option meets their needs and preferences and helping with moving. It could also include identifying co-housing with a friend or family member, if that is the most appropriate option for permanent housing (What is Rapid Rehousing, 2016).
- Rent and Move-In Assistance: The primary barrier to permanent housing for many families experiencing homelessness is their limited finances. To address this barrier, RRH programs offer financial assistance to cover move-in costs, deposits, and the rental and/or utility assistance necessary to allow individuals and families to move immediately out of homelessness and stabilize in permanent housing (What is Rapid Rehousing, 2016).
- Case Management Services: RRH program must include case management. These services may be provided to households to help overcome and troubleshoot barriers to getting and maintaining permanent housing. Case management services in RRH programs can help individuals and families select among various permanent housing

options based on their unique needs, preferences, and financial resources, address issues that may make it difficult to access housing, negotiate manageable and appropriate lease agreements with landlords, and make appropriate and time-limited services and supports available to families and individuals—and to the landlords who are partnering with the RRH program. Case management services can also monitor participants' housing stability after securing housing and during program participation, ideally through home visits and communication with the landlord, and be available to resolve housing-related crises should they occur (What is Rapid Rehousing, 2016).

Table 1: Client Satisfaction with Support Services in 2017

Getting Supportive Services	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
I know where to go if I need case management services	0	1	1	17	0	**19**
I know who to contact if I need case management services	0	0	2	17	0	**19**
Case management services are easy to go to	1	0	5	13	0	**19**
I can get an appointment when I need one	0	0	6	13	0	**19**
I feel welcomed at HomeFirst	0	2	3	14	0	**19**
My provider creates a safe environment	0	1	3	15	0	**19**
Total	**1**	**4**	**20**	**89**	**0**	**114**

Figure 4: Client Satisfaction with Support Services in 2017

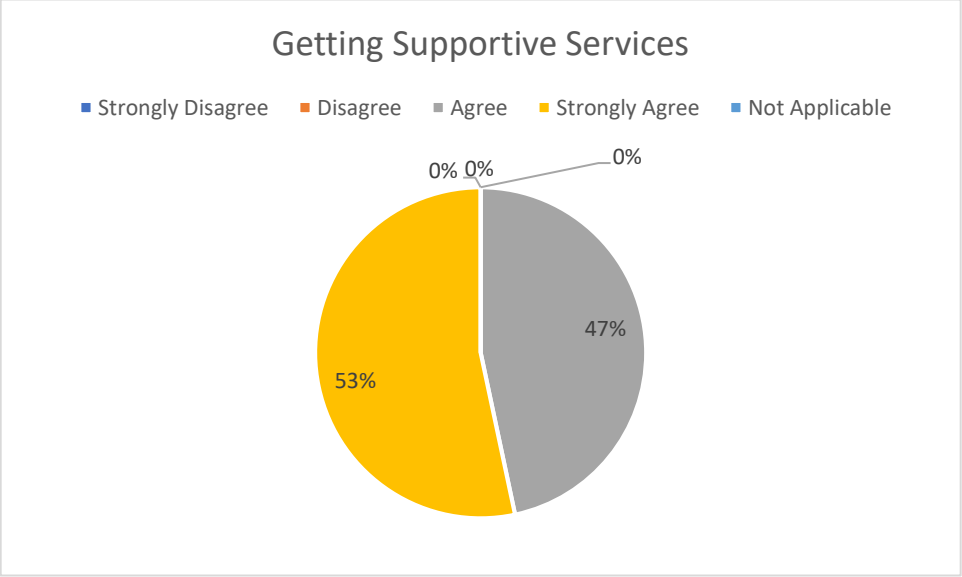


In 2017, 78% of program participants strongly agreed, 18% agreed, 3% disagreed, and 1% strongly disagreed when it came to the satisfaction rate with the supportive services received during their time in the program.

Table 2: Client Satisfaction with Support Services in 2018

Getting Supportive Services	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
I know where to go if I need case management services	0	0	2	3	0	**5**
I know who to contact if I need case management services	0	0	2	3	0	**5**
Case management services are easy to go to	0	0	4	1	0	**5**
I can get an appointment when I need one	0	0	2	3	0	**5**
I feel welcomed at HomeFirst	0	0	1	4	0	**5**
My provider creates a safe environment	0	0	3	2	0	**5**
Total	**0**	**0**	**14**	**16**	**0**	**30**

Figure 5: Client Satisfaction with Support Services in 2018

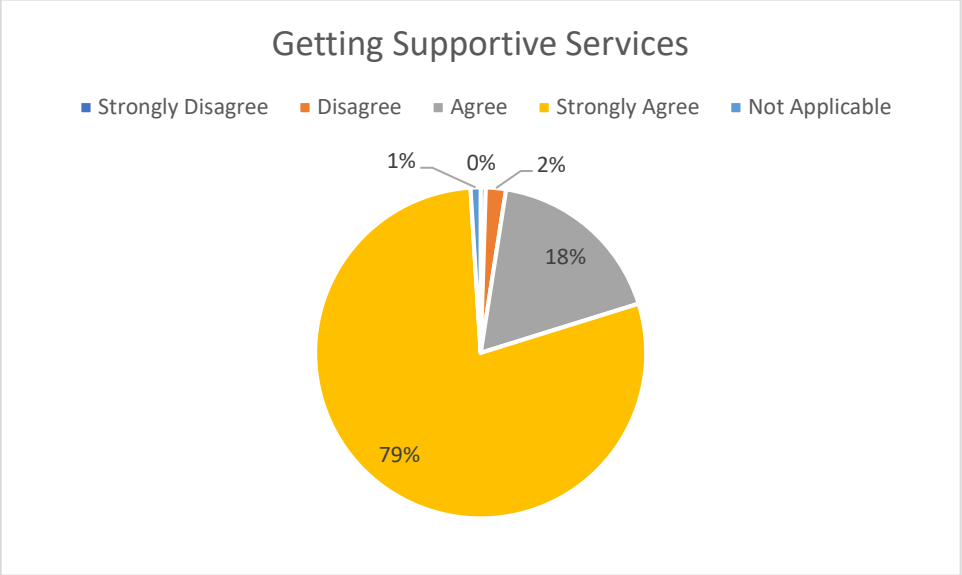


In 2018, 53% of program participants strongly agreed and 47% agreed when it came to the satisfaction rate of the supportive services received during their time in the program.

Table 3: Client Satisfaction with Support Services in 2019

Getting Supportive Services	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
I know where to go if I need case management services	0	0	6	28	0	**34**
I know who to contact if I need case management services	0	1	7	25	1	**34**
Case management services are easy to go to	0	2	7	25	0	**34**
I can get an appointment when I need one	0	1	8	25	0	**34**
I feel welcomed at HomeFirst	0	1	4	28	1	**34**
My provider creates a safe environment	1	0	4	29	0	**34**
Total	**1**	**5**	**36**	**160**	**2**	**204**

Figure 6: Client Satisfaction with Support Services in 2019

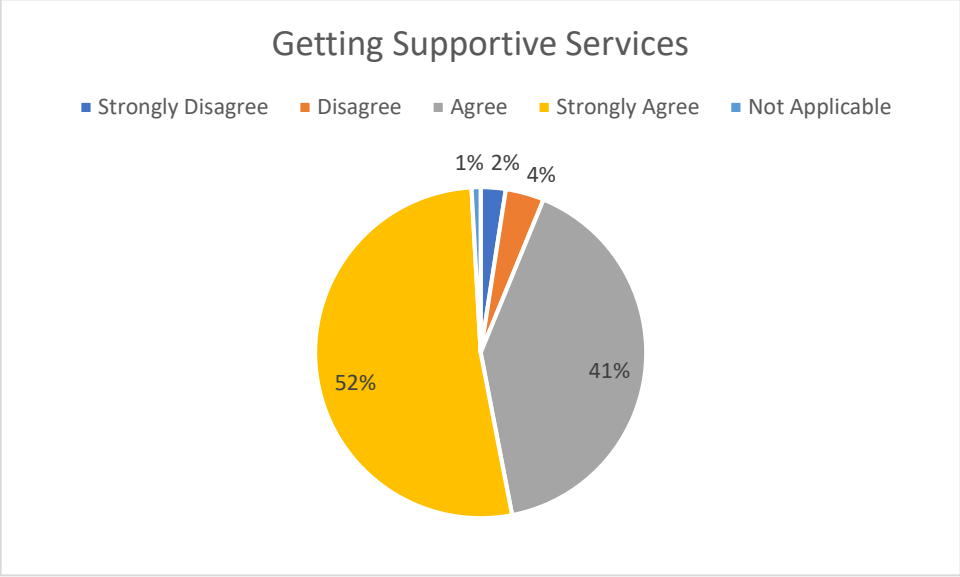


In 2019, 79% of program participants strongly agreed, 18% agreed, 2% disagreed, and 1% strongly disagreed when it came to the satisfaction rate of the supportive services received during their time in the program.

Table 4: Client Satisfaction with Support Services in 2020

Getting Supportive Services	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
I know where to go if I need case management services	5	5	62	76	3	**151**
I know who to contact if I need case management services	3	5	67	76	0	**151**
Case management services are easy to go to	4	10	60	76	1	**151**
I can get an appointment when I need one	2	6	69	74	0	**151**
I feel welcomed at HomeFirst	4	4	60	83	0	**151**
My provider creates a safe environment	4	4	53	85	5	**151**
Total	**22**	**34**	**371**	**470**	**9**	**906**

Figure 7: Client Satisfaction with Support Services in 2020

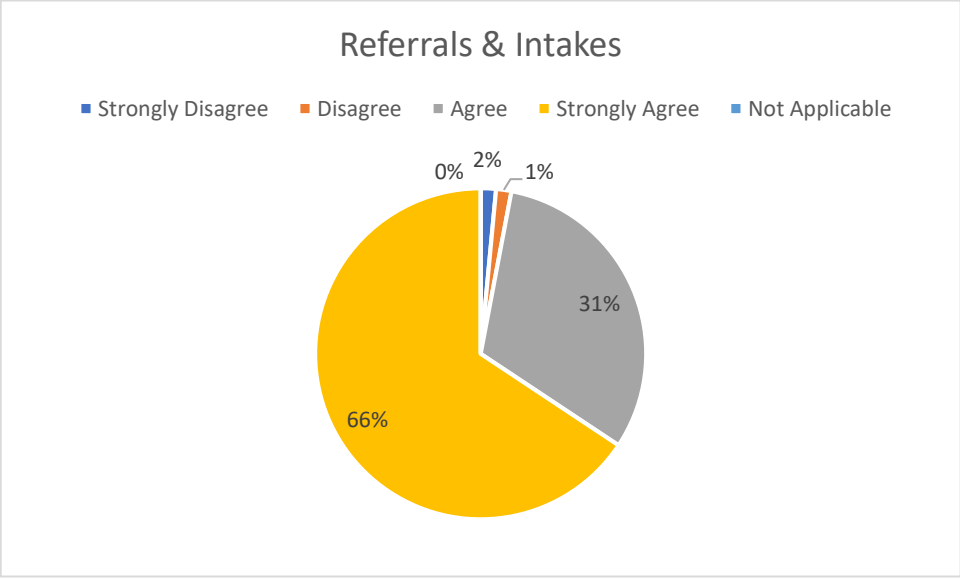


In 2020, 52% of program participants strongly agreed, 41% agreed, 4% disagreed, 2% strongly disagreed, and for 1% it was not applicable when it came to the satisfaction rate of the supportive services received during their time in the program.

Table 5: Client Satisfaction with Referrals and Intakes in 2017

Referrals & Intakes	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
HomeFirst case managers/providers talk with me about services that might help me	0	0	5	12	0	**17**
The HomeFirst process was easy to understand	0	0	7	10	0	**17**
I understand the rules of my program	0	1	4	11	1	**17**
My case manager/ provider refers me to requested services	1	0	5	11	0	**17**
Total	**1**	**1**	**21**	**44**	**1**	**68**

Figure 8: Client Satisfaction with Referrals and Intakes in 2017

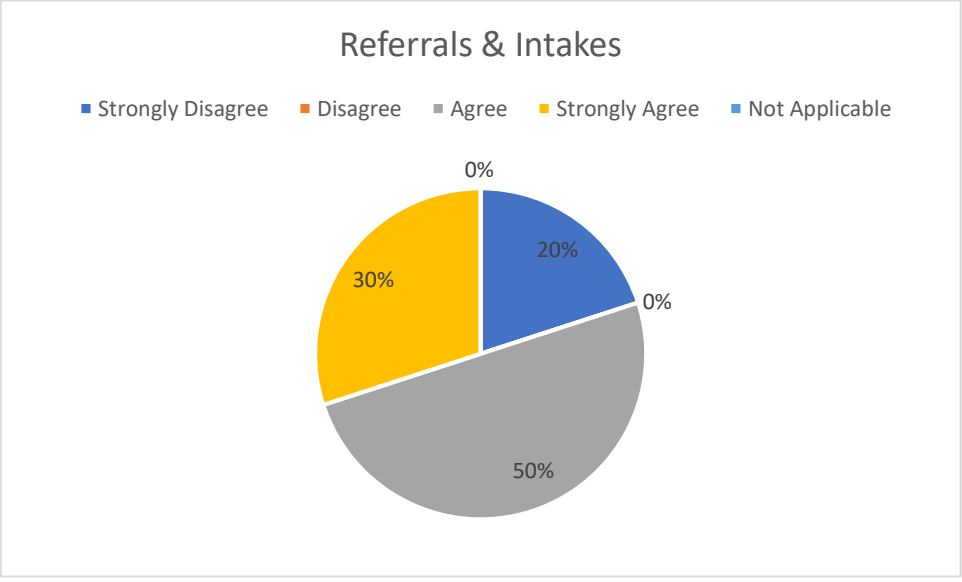


In 2017, 66% of program participants strongly agreed, 31% agreed, 1% disagreed, and 2% strongly disagreed when it came to the satisfaction rate of referrals and intake services received during their time in the program.

Table 6: Client Satisfaction with Referrals and Intakes in 2018

Referrals & Intakes	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
HomeFirst case managers/providers talk with me about services that might help me	1	0	1	3	0	**5**
The HomeFirst process was easy to understand	1	0	4	0	0	**5**
I understand the rules of my program	1	0	2	2	0	**5**
My case manager/ provider refers me to requested services	1	0	3	1	0	**5**
Total	**4**	**0**	**10**	**6**	**0**	**20**

Figure 9: Client Satisfaction with Referrals and Intakes in 2018

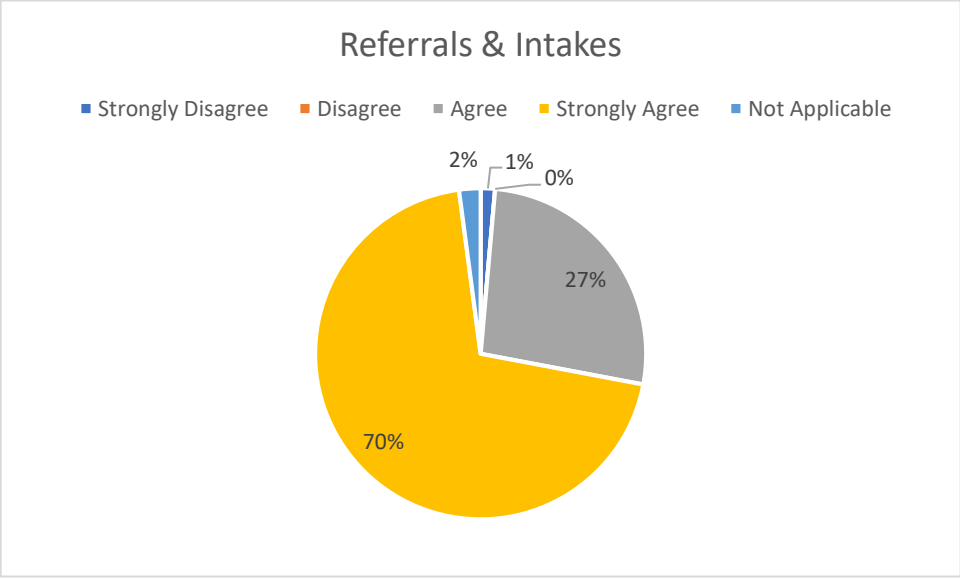


In 2018, 30% of program participants strongly agreed, 50% agreed, and 20% strongly disagreed when it came to the satisfaction rate of referrals and intake services received during their time in the program.

Table 7: Client Satisfaction with Referrals and Intakes in 2019

Referrals & Intakes	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
HomeFirst case managers/providers talk with me about services that might help me	0	0	7	26	1	**34**
The HomeFirst process was easy to understand	0	0	10	23	1	**34**
I understand the rules of my program	1	2	3	27	1	**34**
My case manager/ provider refers me to requested services	1	0	8	24	1	**34**
Total	**2**	**2**	**28**	**100**	**4**	**136**

Figure 10: Client Satisfaction with Referrals and Intakes in 2019

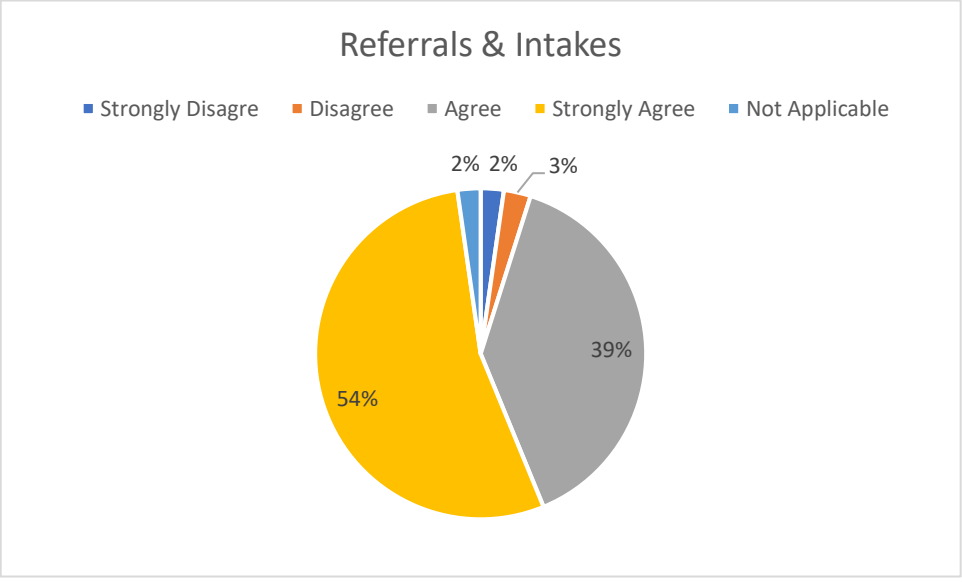


In 2019, 70% of program participants strongly agreed, 27% agreed, 1% strongly disagreed, and for 2% it was not applicable when it came to the satisfaction rate of referrals and intake services received during their time in the program.

Table 8: Client Satisfaction with Referrals and Intakes in 2020

Referrals & Intakes	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
HomeFirst case managers/providers talk with me about services that might help me	3	5	50	72	3	**133**
The HomeFirst process was easy to understand	3	5	52	71	2	**133**
I understand the rules of my program	3	2	54	74	0	**133**
My case manager/ provider refers me to requested services	3	2	47	74	7	**133**
Total	**12**	**14**	**203**	**291**	**12**	**532**

Figure 11: Client Satisfaction with Referrals and Intakes in 2020

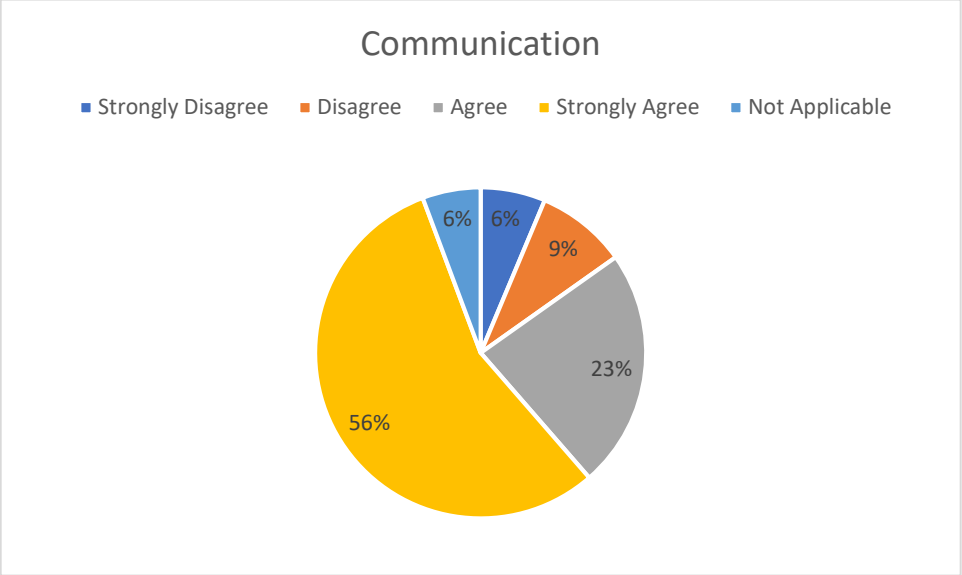


In 2020, 54% of program participants strongly agreed, 39% agreed, 3% disagreed, 2% strongly disagreed, and for 2% it was not applicable when it came to the satisfaction rate of referrals and intake services received during their time in the program.

Table 9: Client Satisfaction with Communication in 2017

Communication	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
Shelter front desk staff are welcoming	2	3	5	5	3	**18**
Shelter front desk staff are responsive to my questions	1	4	5	5	3	**18**
Shelter front desk staff are helpful	1	3	6	5	3	**18**
The case manager/provider discussed my rights with me	1	1	4	12	0	**18**
I feel like I can talk about problems or complaints with my case manager/provider	1	1	5	11	0	**18**
My case manager/provider answers my questions	1	1	3	13	0	**18**
My case manager/provider speaks to me with respect	1	1	3	13	0	**18**
I feel emotionally safe with my case manager/provider	1	0	4	12	1	**18**
My case manager/provider is trustworthy	1	1	3	13	0	**18**
Total	**10**	**15**	**38**	**89**	**10**	**162**

Figure 12: Client Satisfaction with Communication in 2017

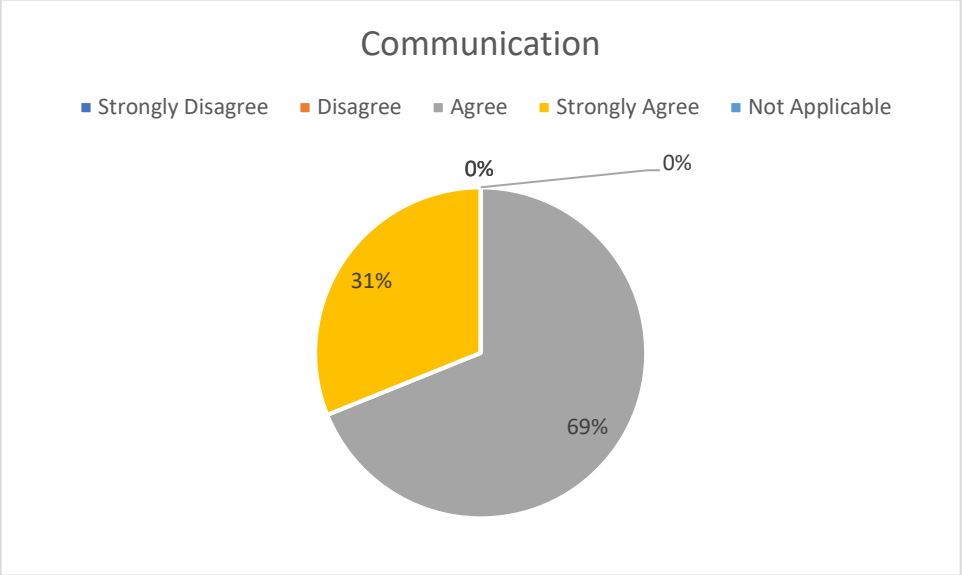


In 2017, 56% of program participants strongly agreed, 23% agreed, 9% disagreed, 6% strongly disagreed, and for 6% it was not applicable when it came to the satisfaction rate of the communication received during their time in the program.

Table 10: Client Satisfaction with Communication in 2018

Communication	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
Shelter front desk staff are welcoming	0	0	4	1	0	**5**
Shelter front desk staff are responsive to my questions	0	0	4	1	0	**5**
Shelter front desk staff are helpful	0	0	5	0	0	**5**
The case manager/provider discussed my rights with me	0	0	3	2	0	**5**
I feel like I can talk about problems or complaints with my case manager/provider	0	0	4	1	0	**5**
My case manager/provider answers my questions	0	0	3	2	0	**5**
My case manager/provider speaks to me with respect	0	0	2	3	0	**5**
I feel emotionally safe with my case manager/provider	0	0	3	2	0	**5**
My case manager/provider is trustworthy	0	0	3	2	0	**5**
Total	**0**	**0**	**31**	**14**	**0**	**45**

Figure 13: Client Satisfaction with Communication in 2018

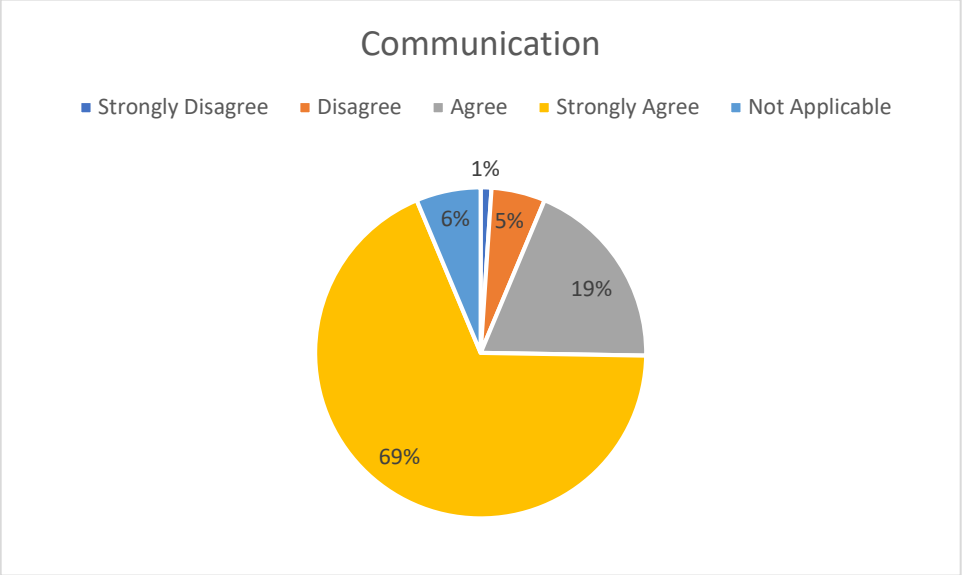


In 2018, 69% of program participants strongly agreed and 31% agreed when it came to the satisfaction rate of the communication received during their time in the program.

Table 11: Client Satisfaction with Communication in 2019

Communication	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
Shelter front desk staff are welcoming	0	4	7	16	5	**32**
Shelter front desk staff are responsive to my questions	0	3	8	15	6	**32**
Shelter front desk staff are helpful	2	2	6	17	5	**32**
The case manager/provider discussed my rights with me	1	1	7	22	1	**32**
I feel like I can talk about problems or complaints with my case manager/provider	0	1	7	22	2	**32**
My case manager/provider answers my questions	1	1	5	25	0	**32**
My case manager/provider speaks to me with respect	0	1	5	26	0	**32**
I feel emotionally safe with my case manager/provider	0	2	4	26	0	**32**
My case manager/provider is trustworthy	0	0	5	26	1	**32**
Total	**4**	**15**	**54**	**195**	**20**	**288**

Figure 14: Client Satisfaction with Communication in 2019

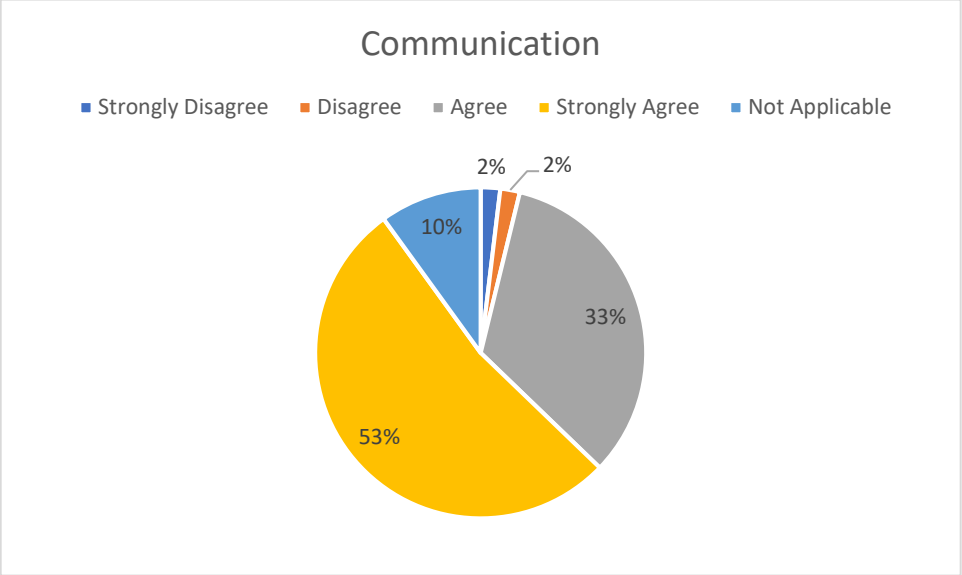


In 2019, 69% of program participants strongly agreed, 19% agreed, 5% disagreed, 1% strongly disagreed, and for 6% it was not applicable when it came to the satisfaction rate of the communication received during their time in the program.

Table 12: Client Satisfaction with Communication in 2020

Communication	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
Shelter front desk staff are welcoming	2	3	49	50	25	**129**
Shelter front desk staff are responsive to my questions	4	5	42	50	28	**129**
Shelter front desk staff are helpful	3	3	42	53	28	**129**
The case manager/provider discussed my rights with me	2	3	42	74	8	**129**
I feel like I can talk about problems or complaints with my case manager/provider	2	2	46	73	6	**129**
My case manager/provider answers my questions	2	2	46	73	6	**129**
My case manager/provider speaks to me with respect	3	1	40	81	4	**129**
I feel emotionally safe with my case manager/provider	2	1	42	78	6	**129**
My case manager/provider is trustworthy	2	3	37	82	5	**129**
Total	**22**	**23**	**386**	**614**	**116**	**1,161**

Figure 15: Client Satisfaction with Communication in 2020

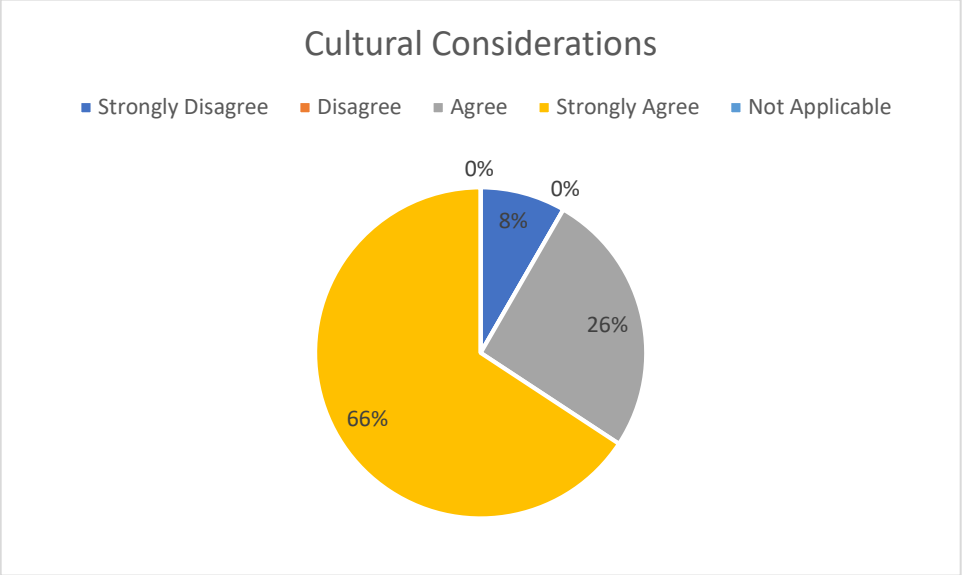


In 2020, 53% of program participants strongly agreed, 33% agreed, 2% disagreed, 2% strongly disagreed, and for 10% it was not applicable when it came to the satisfaction rate of the communication received during their time in the program.

Table 13: Client Satisfaction with Cultural Considerations in 2017

Cultural Considerations	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
Services are available in my preferred language	1	0	6	11	0	**18**
HomeFirst staff are sensitive to homeless people	2	0	3	13	0	**18**
Program brochures and forms are available in my preferred language	1	0	5	12	0	**18**
I am comfortable talking about my background and cultural experiences with my case manager/provider	1	0	6	11	0	**18**
Services are provided in a manner that is free from prejudice and discrimination	2	0	3	13	0	**18**
I have felt excluded from HomeFirst Services because of race, national origin, religion, age, or sexual orientation	2	0	5	11	0	**18**
Total	**9**	**0**	**28**	**71**	**0**	**108**

Figure 16: Client Satisfaction with Cultural Consideration in 2017

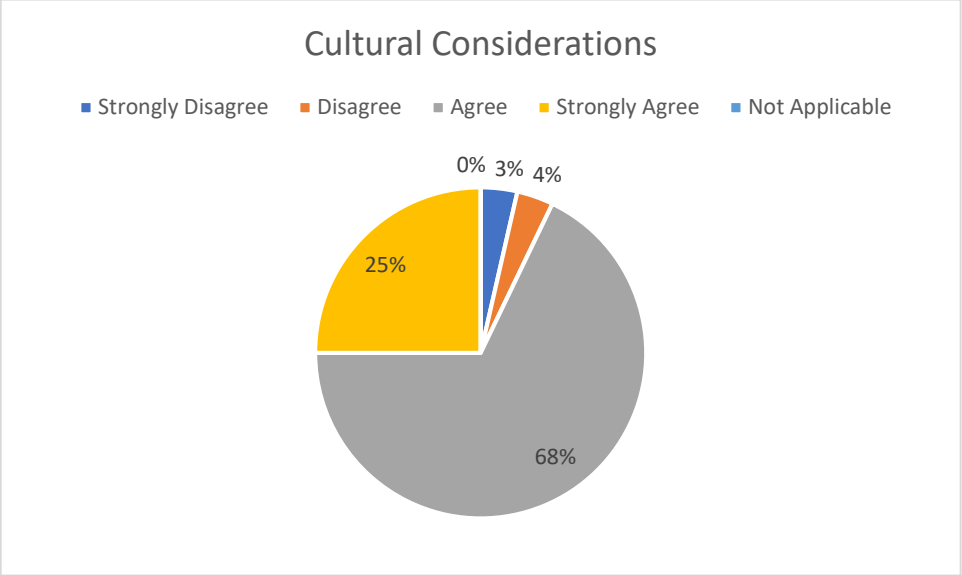


In 2017, for the first five questions, 66% of program participants strongly agreed, meaning that they were getting culturally appropriate services, and 26% agreed, but 8% strongly disagreed that they were satisfied with the cultural considerations received during their time in the program. However, the last question was designed to require a reverse of the Likert Scale to demonstrate a positive outcome. The strongly negative response, with 16 strongly agreeing that they felt excluded, is probably an artifact of the shifted Likert Scale, rather than an actual expression of dissatisfaction. Since this question is problematic, it was excluded from the overall calculation of cultural satisfaction. This challenge persists in all four years.

Table 14: Client Satisfaction with Cultural Considerations in 2018

Cultural Considerations	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
Services are available in my preferred language	0	0	4	1	0	**5**
HomeFirst staff are sensitive to homeless people	0	2	2	1	0	**5**
Program brochures and forms are available in my preferred language	0	0	3	2	0	**5**
I am comfortable talking about my background and cultural experiences with my case manager/provider	1	0	2	2	0	**5**
Services are provided in a manner that is free from prejudice and discrimination	0	0	4	1	0	**5**
I have felt excluded from HomeFirst Services because of race, national origin, religion, age, or sexual orientation	0	1	4	0	0	**5**
Total	**1**	**3**	**19**	**7**	**0**	**30**

Figure 17: Client Satisfaction with Cultural Considerations in 2018

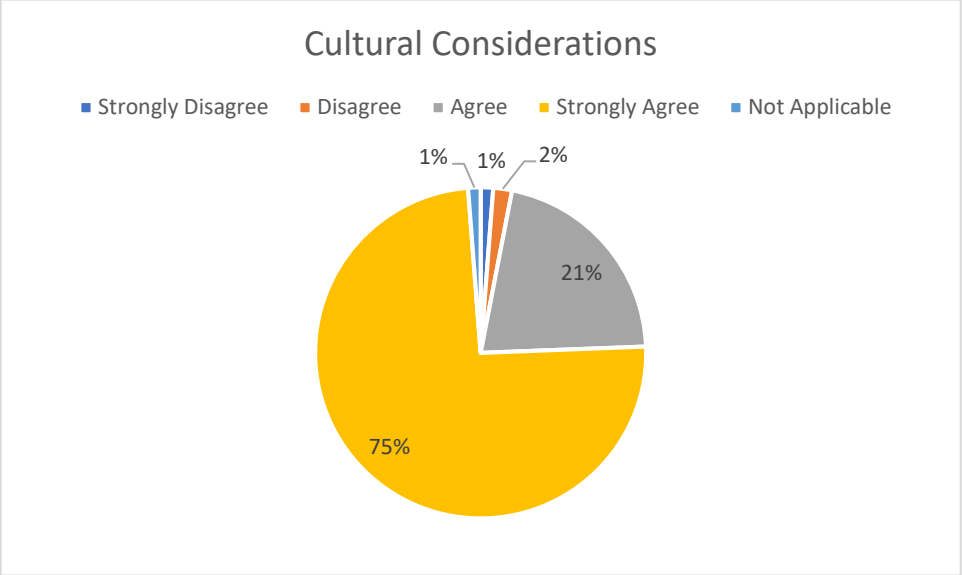


In 2018, 25% of program participants strongly agreed, 68% agreed, 4% disagreed, and 8% strongly disagreed when it came to the satisfaction rate of cultural considerations received during their time in the program. The same problem with the last questions persists, requiring its exclusion.

Table 15: Client Satisfaction with Cultural Considerations in 2019

Cultural Considerations	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
Services are available in my preferred language	0	0	7	24	0	**31**
HomeFirst staff are sensitive to homeless people	1	1	5	22	2	**31**
Program brochures and forms are available in my preferred language	0	0	5	26	0	**31**
I am comfortable talking about my background and cultural experiences with my case manager/provider	0	4	14	12	1	**31**
Services are provided in a manner that is free from prejudice and discrimination	0	1	6	24	0	**31**
I have felt excluded from HomeFirst Services because of race, national origin, religion, age, or sexual orientation	0	0	7	24	0	**31**
Total	**1**	**6**	**46**	**132**	**1**	**186**

Figure 18: Client Satisfaction with Cultural Considerations in 2019

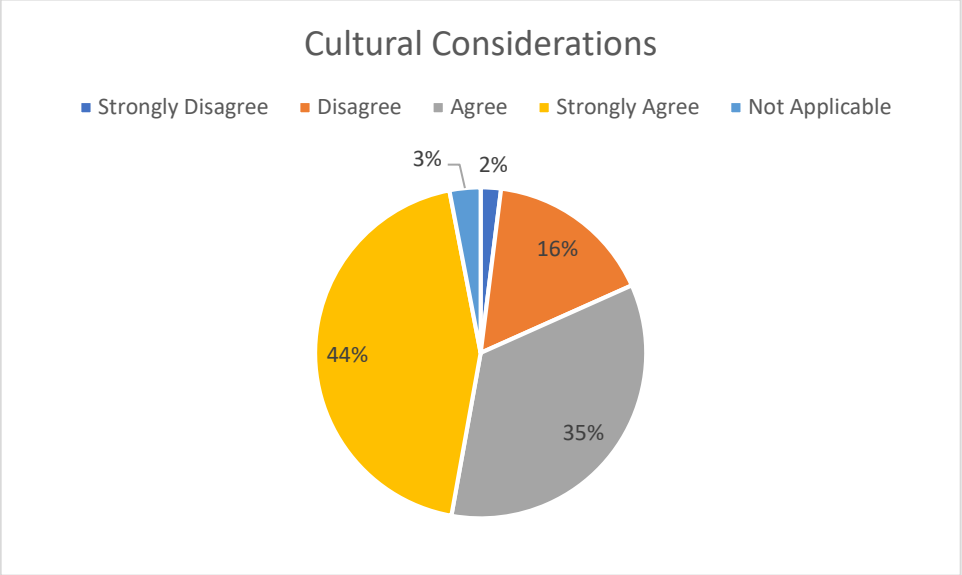


In 2019, 75% of program participants strongly agreed, 21% agreed, 2% disagreed, 1% strongly disagreed, and for 1% it was not applicable when it came to the satisfaction rate of cultural considerations received during their time in the program. The same problem persists with the last question, requiring its exclusion.

Table 16: Client Satisfaction with Cultural Considerations in 2020

Cultural Considerations	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
Services are available in my preferred language	2	1	51	71	5	**130**
HomeFirst staff are sensitive to homeless people	4	1	50	69	6	**130**
Program brochures and forms are available in my preferred language	4	1	54	63	8	**130**
I am comfortable talking about my background and cultural experiences with my case manager/provider	3	4	55	66	2	**130**
Services are provided in a manner that is free from prejudice and discrimination	2	2	53	68	5	**130**
I have felt excluded from HomeFirst Services because of race, national origin, religion, age, or sexual orientation	0	115	15	0	0	**130**
Total	**15**	**124**	**278**	**337**	**26**	**780**

Figure 19: Client Satisfaction with Cultural Considerations in 2020

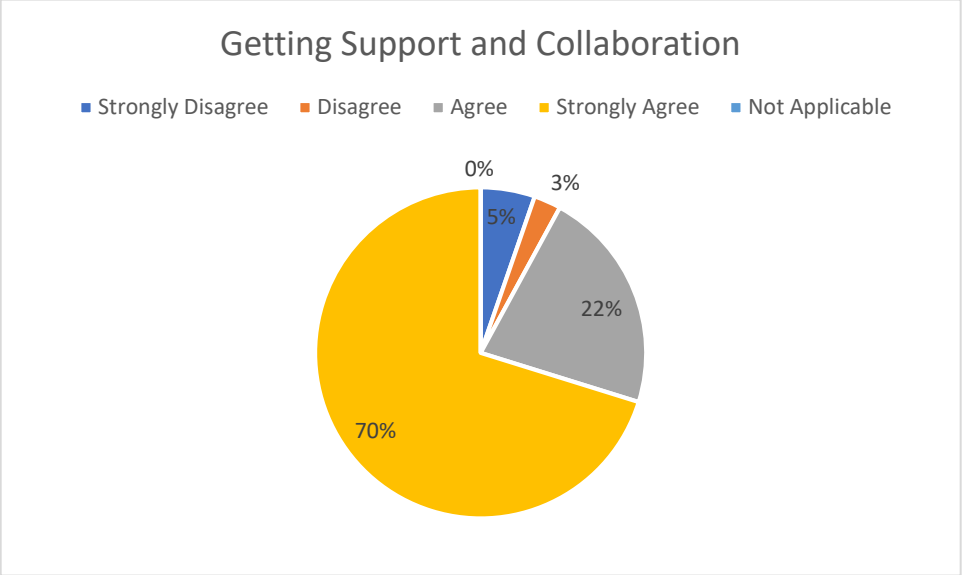


In 2020, for questions 1 through 5, where "strongly agree" was the highest expression of satisfaction, 44% of program participants strongly agreed, 35% agreed, 16% disagreed, 2% strongly disagreed, and for 3% it was not applicable when it came to the satisfaction rate of cultural considerations received during their time in the program. For the last question, these participants seemed to understand the scale shift, with 16% disagreeing that that they felt excluded. This is in line with their expressions of satisfaction in the first five questions.

Table 17: Client Satisfaction with Getting Support and Collaboration in 2017

Getting Support and Collaboration	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
My case manager/provider gives me choices	1	2	2	13	0	**18**
My case manager/provider asks me what I think	1	0	5	12	0	**18**
My needs were considered when developing my case plan	1	0	5	12	0	**18**
Services meet my needs	0	1	3	14	0	**18**
Services focus on me getting support	0	0	5	13	0	**18**
The case management team acts professionally	1	0	4	13	0	**18**
I'm satisfied with my case management services	1	0	4	13	0	**18**
Services are focused on ending my homelessness or maintaining my current housing (if not currently homeless)	1	0	4	13	0	**18**
Total	**6**	**3**	**32**	**103**	**0**	**144**

Figure 20: Client Satisfaction with Getting Support and Collaboration in 2017

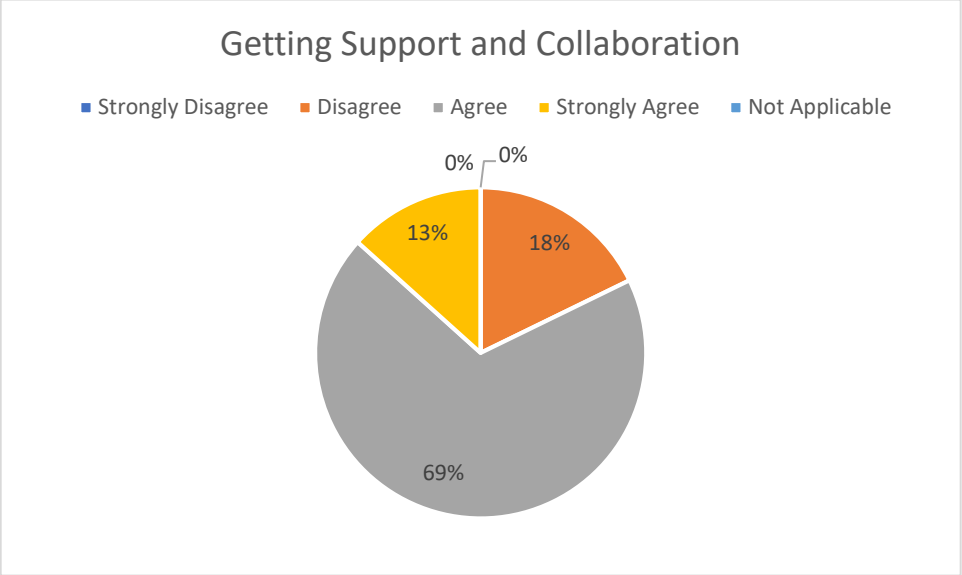


In 2017, 70% of program participants strongly agreed, 22% agreed, 3% disagreed, and 5% strongly disagreed when it came to the satisfaction rate of support and collaboration received during their time in the program.

Table 18: Client Satisfaction with Getting Support and Collaboration in 2018

Getting Support and Collaboration	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
My case manager/provider gives me choices	0	1	4	0	0	**5**
My case manager/provider asks me what I think	0	1	4	0	0	**5**
My needs were considered when developing my case plan	0	1	4	0	0	**5**
Services meet my needs	0	1	3	1	0	**5**
Services focus on me getting support	0	1	3	1	0	**5**
The case management team acts professionally	0	1	3	1	0	**5**
I'm satisfied with my case management services	0	1	3	1	0	**5**
Services are focused on ending my homelessness or maintaining my current housing (if not currently homeless)	0	0	4	1	0	**5**
Total	**0**	**7**	**28**	**5**	**0**	**40**

Figure 21: Client Satisfaction with Getting Support and Collaboration in 2018

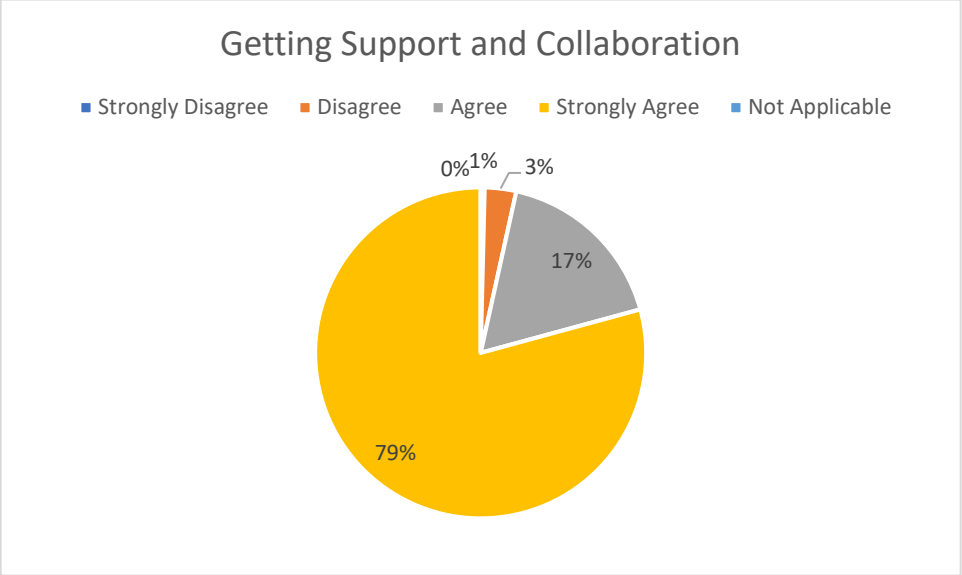


In 2018, 13% of program participants strongly agreed, 69% agreed, and 18% disagreed when it came to the satisfaction rate of support and collaboration received during their time in the program.

Table 19: Client Satisfaction with Getting Support and Collaboration in 2019

Getting Support and Collaboration	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
My case manager/provider gives me choices	0	1	6	26	0	**33**
My case manager/provider asks me what I think	0	2	7	24	0	**33**
My needs were considered when developing my case plan	0	1	5	27	0	**33**
Services meet my needs	0	2	5	26	0	**33**
Services focus on me getting support	1	2	5	25	0	**33**
The case management team acts professionally	0	0	6	27	0	**33**
I'm satisfied with my case management services	0	0	6	27	0	**33**
Services are focused on ending my homelessness or maintaining my current housing (if not currently homeless)	0	1	6	24	0	**33**
Total	**1**	**9**	**46**	**206**	**0**	**264**

Figure 22: Client Satisfaction with Getting Support and Collaboration in 2019

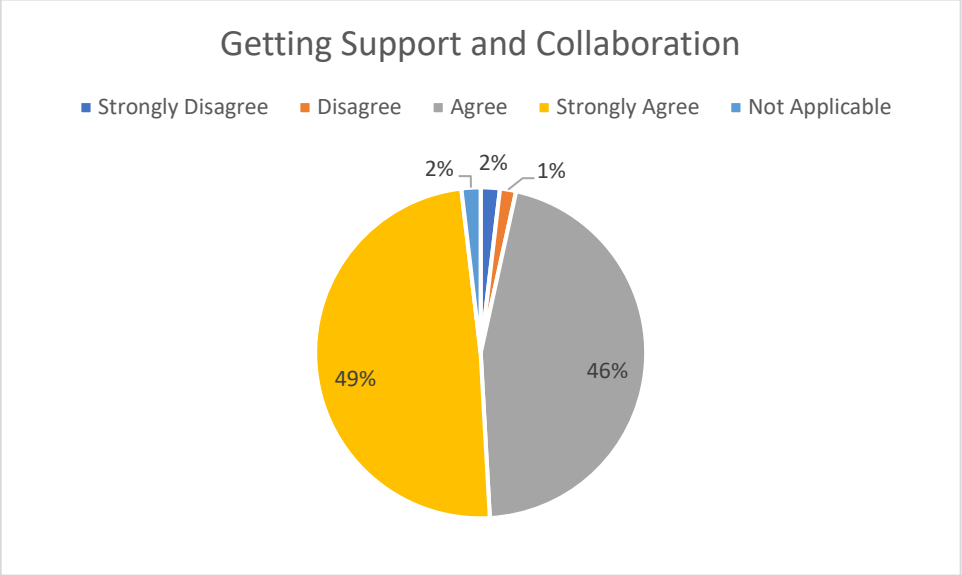


In 2019, 79% of program participants strongly agreed, 17% agreed, 3% disagreed, and 1% strongly disagreed when it came to the satisfaction rate of support and collaboration received during their time in the program.

Table 20: Client Satisfaction with Getting Support and Collaboration in 2020

Getting Support and Collaboration	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
My case manager/provider gives me choices	3	1	63	59	1	**127**
My case manager/provider asks me what I think	3	1	60	57	6	**127**
My needs were considered when developing my case plan	3	2	61	59	2	**127**
Services meet my needs	2	2	63	59	1	**127**
Services focus on me getting support	2	3	62	59	1	**127**
The case management team acts professionally	2	1	53	68	3	**127**
I'm satisfied with my case management services	2	3	52	69	1	**127**
Services are focused on ending my homelessness or maintaining my current housing (if not currently homeless)	2	3	50	68	4	**127**
Total	**19**	**16**	**464**	**498**	**19**	**1,016**

Figure 23: Client Satisfaction with Getting Support and Collaboration in 2020

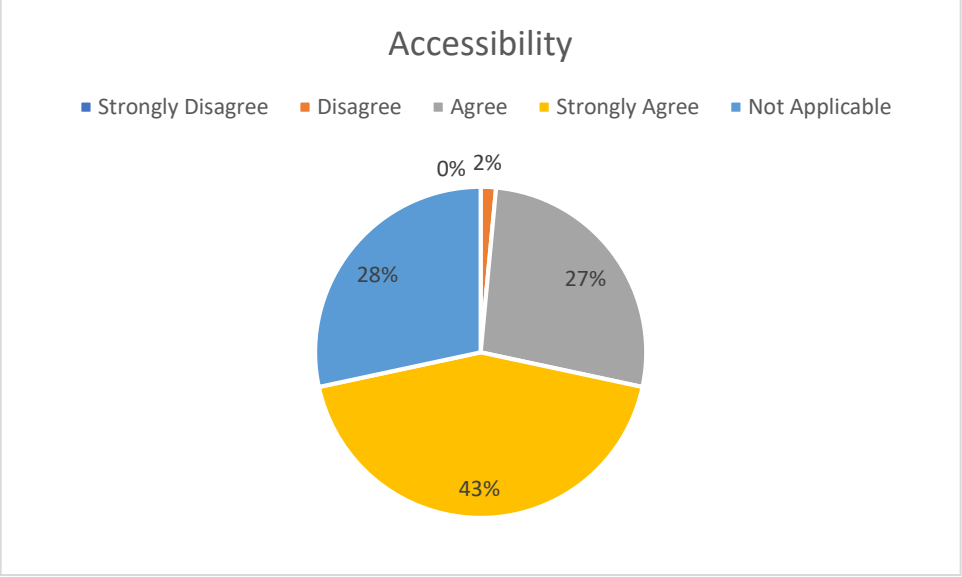


In 2020, 49% of program participants strongly agreed, 46% agreed, 1% disagreed, 2% strongly disagreed, and for 2% it was not applicable when it came to the satisfaction rate of support and collaboration received during their time in the program.

Table 21: Client Satisfaction with Accessibility in 2017

Accessibility	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
Entering and exiting doors are easy for me at HomeFirst	0	0	4	10	3	**17**
My disability is taken into consideration when planning for services with my case manager	0	0	4	7	6	**17**
Services at HomeFirst are easily accessible to me	0	0	4	10	3	**17**
It is easy to get a special accommodation at HomeFirst if I have a disability	0	1	6	2	8	**17**
Total	**0**	**1**	**18**	**29**	**20**	**68**

Figure 24: Client Satisfaction with Accessibility in 2017

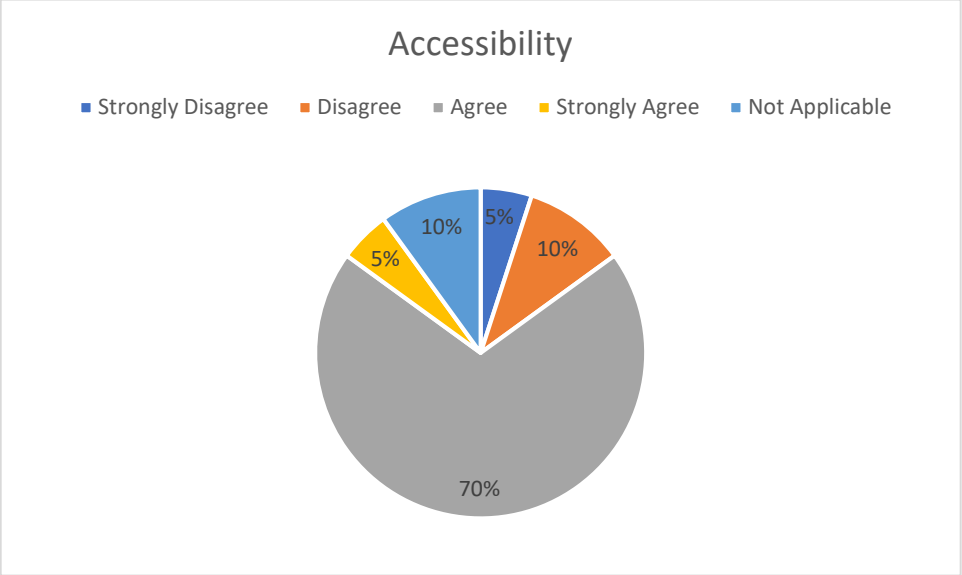


In 2017, 43% of program participants strongly agreed, 27% agreed, and 2% disagreed when it came to the satisfaction rate of accessibility services received during their time in the program, while 28% did not have a disability that needed to be considered.

Table 22: Client Satisfaction with Accessibility in 2018

Accessibility	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
Entering and exiting doors are easy for me at HomeFirst	0	0	5	0	0	**5**
My disability is taken into consideration when planning for services with my case manager	0	1	3	0	1	**5**
Services at HomeFirst are easily accessible to me	0	1	3	1	0	**5**
It is easy to get a special accommodation at HomeFirst if I have a disability	1	0	3	0	1	**5**
Total	**1**	**2**	**14**	**1**	**2**	**20**

Figure 25: Client Satisfaction with Accessibility in 2018

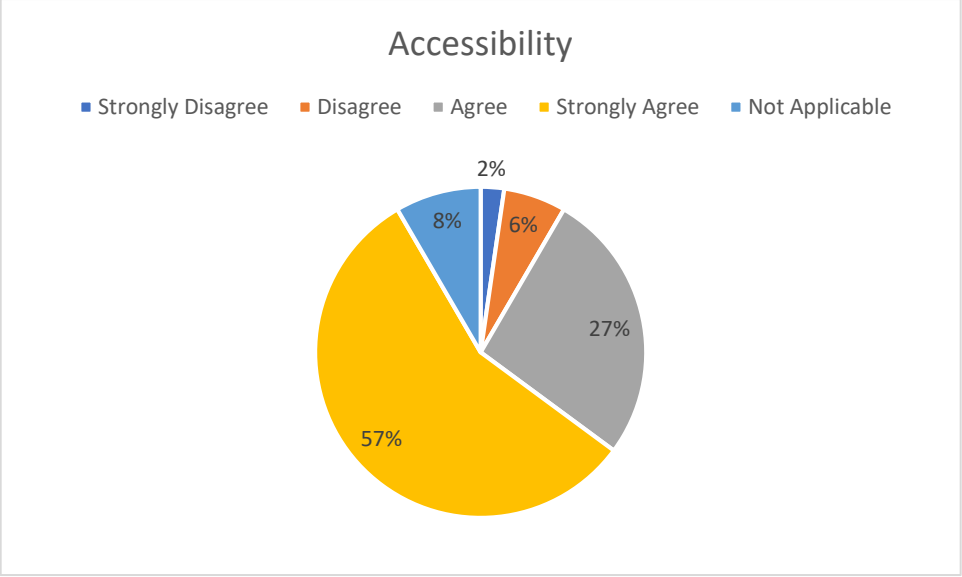


In 2018, 5% of program participants strongly agreed, 70% agreed, 10% disagreed, 5% strongly disagreed, and for 10% it was not applicable when it came to the satisfaction rate of accessibility services received during their time in the program. The very small number participating in the survey – 5 clients – impacted the percentage spread across answers.

Table 23: Client Satisfaction with Accessibility in 2019

Accessibility	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
Entering and exiting doors are easy for me at HomeFirst	1	2	9	19	2	**35**
My disability is taken into consideration when planning for services with my case manager	1	4	8	19	3	**35**
Services at HomeFirst are easily accessible to me	2	2	6	21	4	**35**
It is easy to get a special accommodation at HomeFirst if I have a disability	1	2	12	18	2	**35**
Total	**5**	**10**	**35**	**77**	**11**	**140**

Figure 26: Client Satisfaction with Accessibility in 2019

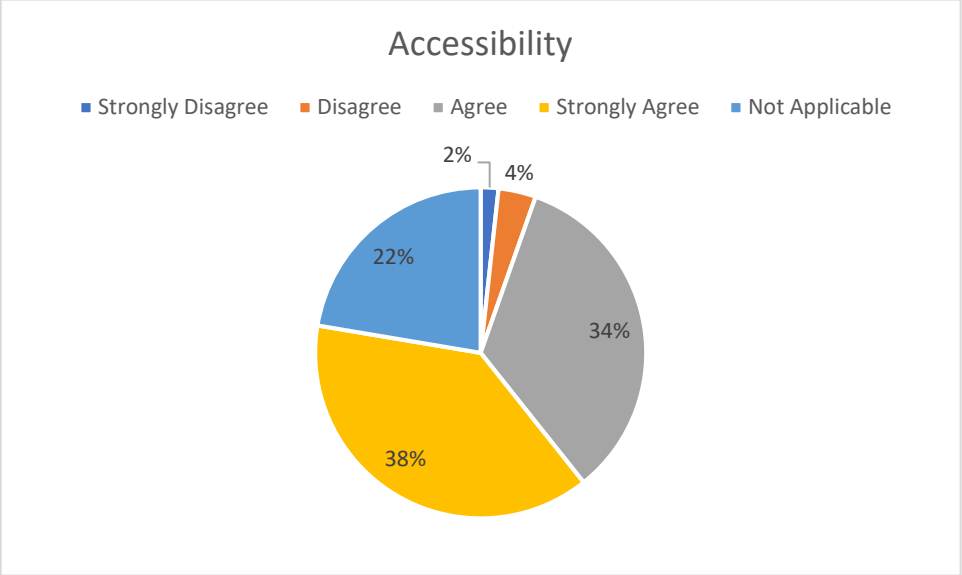


In 2019, 57% of program participants strongly agreed, 27% agreed, 6% disagreed, 2% strongly disagreed, and for 8% it was not applicable when it came to the satisfaction rate of accessibility services received during their time in the program.

Table 24: Client Satisfaction with Accessibility in 2020

Accessibility	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
Entering and exiting doors are easy for me at HomeFirst	4	3	45	54	25	**131**
My disability is taken into consideration when planning for services with my case manager	1	2	45	44	39	**131**
Services at HomeFirst are easily accessible to me	3	7	48	54	19	**131**
It is easy to get a special accommodation at HomeFirst if I have a disability	1	9	38	47	36	**131**
Total	**9**	**21**	**176**	**199**	**119**	**524**

Figure 27: Client Satisfaction with Accessibility in 2020

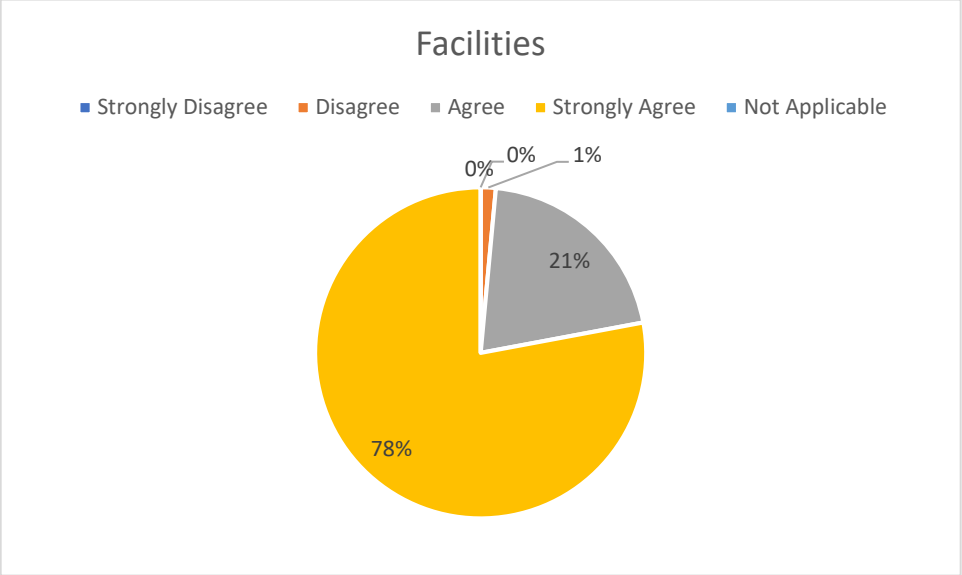


In 2020, 38% of program participants strongly agreed, 34% agreed, 4% disagreed, 2% strongly disagreed, and for 22% it was not applicable when it came to the satisfaction rate of accessibility services received during their time in the program.

Table 25: Client Satisfaction with Facilities in 2017

Facilities	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
The bathrooms are in working order and clean	0	0	4	13	0	**17**
The building is well lit	0	0	4	13	0	**17**
It's easy to walk around the building without obstructions	0	1	2	14	0	**17**
The facilities are free from unsanitary conditions such as mold and pests	0	0	4	13	0	**17**
Total	**0**	**1**	**14**	**53**	**0**	**68**

Figure 28: Client Satisfaction with Facilities in 2017

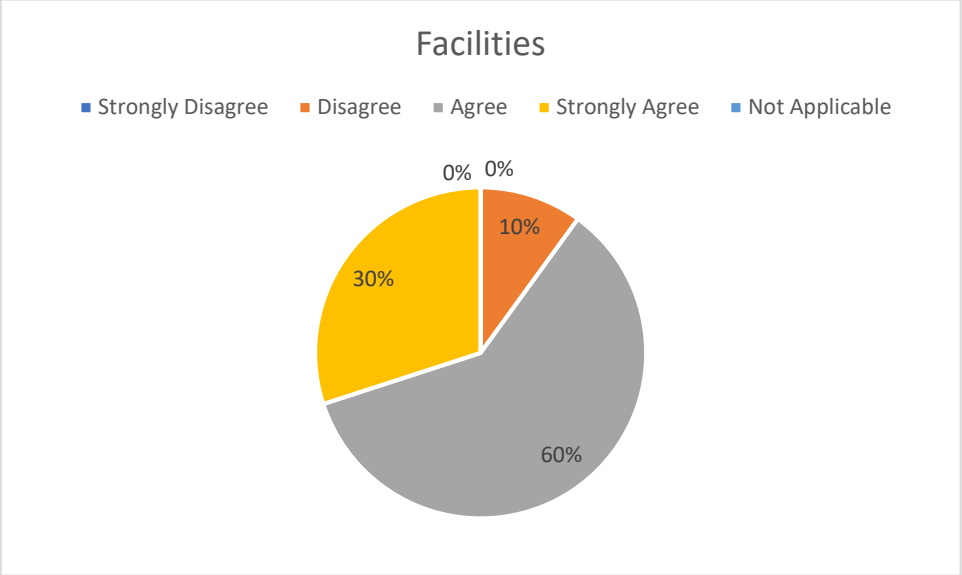


In 2017, 78% of program participants strongly agreed, 21% agreed, and 1% disagreed when it came to the satisfaction with the facilities during their time in the program.

Table 26: Client Satisfaction with Facilities in 2018

Facilities	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
The bathrooms are in working order and clean	0	1	3	1	0	**5**
The building is well lit	0	1	2	2	0	**5**
It's easy to walk around the building without obstructions	0	0	3	2	0	**5**
The facilities are free from unsanitary conditions such as mold and pests	0	0	4	1	0	**5**
Total	**0**	**2**	**12**	**6**	**0**	**20**

Figure 29: Client Satisfaction with Facilities in 2018

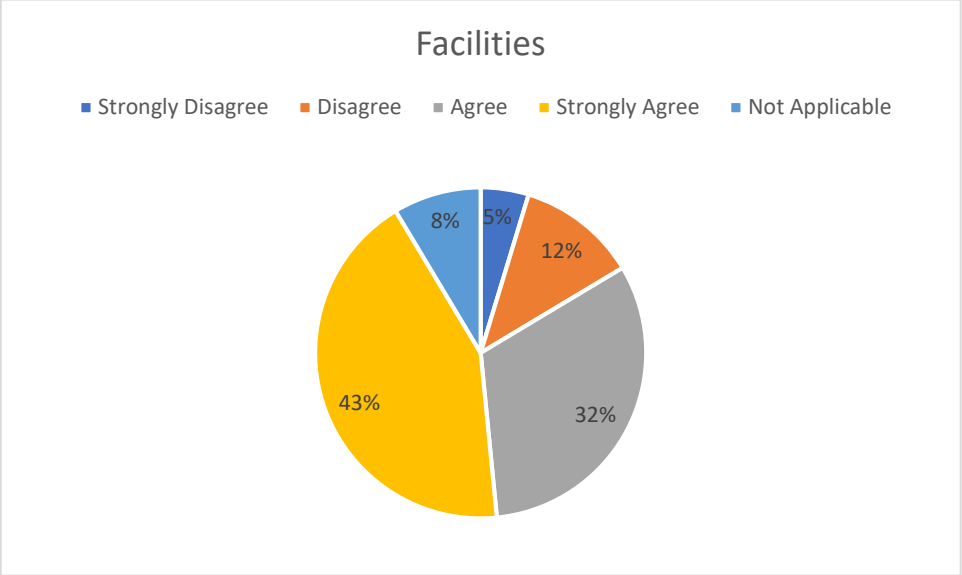


In 2018, 30% of program participants strongly agreed, 60% agreed, and 10% disagreed when it came to the satisfaction with the facilities during their time in the program. Once again the very small number of clients (5) impacted the percentage spread.

Table 27: Client Satisfaction with Facilities in 2019

Facilities	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
The bathrooms are in working order and clean	3	5	8	13	3	**32**
The building is well lit	1	3	12	14	2	**32**
It's easy to walk around the building without obstructions	0	4	11	14	3	**32**
The facilities are free from unsanitary conditions such as mold and pests	2	3	10	14	3	**32**
Total	**6**	**15**	**41**	**55**	**11**	**128**

Figure 30: Client Satisfaction with Facilities in 2019

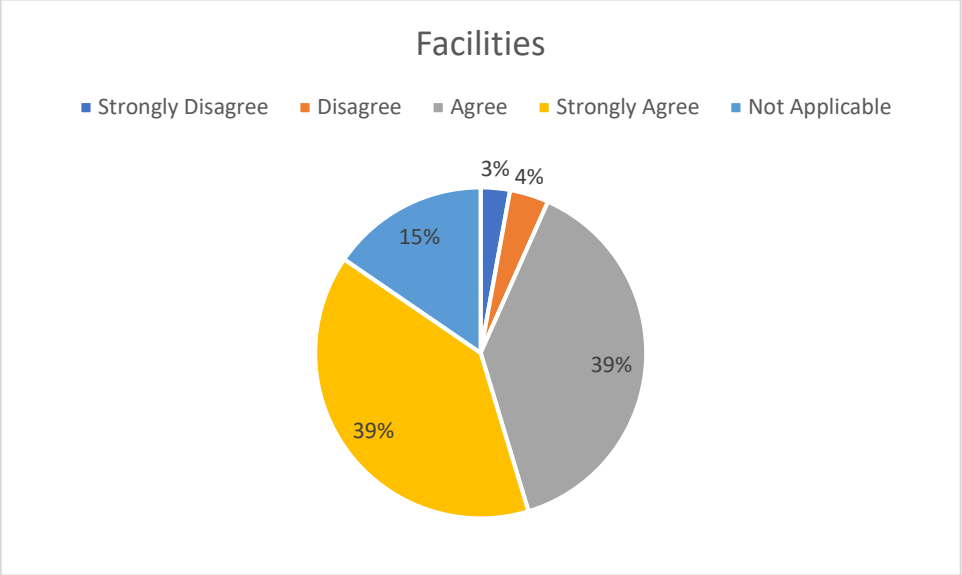


In 2019, 43% of program participants strongly agreed, 32% agreed, 12% disagreed, 5% strongly disagreed, and for 8% it was not applicable when it came to the satisfaction with the facilities during their time in the program.

Table 28: Client Satisfaction with Facilities in 2020

Facilities	Strongly Disagree	Disagree	Agree	Strongly Agree	Not Applicable	**Total**
The bathrooms are in working order and clean	5	6	52	47	19	**129**
The building is well lit	3	2	54	56	14	**129**
It's easy to walk around the building without obstructions	2	4	50	51	22	**129**
The facilities are free from unsanitary conditions such as mold and pests	5	8	42	48	26	**129**
Total	**15**	**20**	**198**	**202**	**81**	**516**

Figure 31: Client Satisfaction with Facilities in 2020



In 2020, 39% of program participants strongly agreed, 39% agreed, 4% disagreed, 3% strongly disagreed, and for 15% it was not applicable when it came to the satisfaction with the facilities during their time in the program.

Furthermore, program participants had the chance to share additional information in the surveys by answering Question #8 and Question #9. The answers provided included suggestions for services, workshops, or groups that the clients would like to see at the agency that are not currently offered. This included:

- AA Meetings
- Gardening Skills
- Housing 101
- People Skills
- Job Fairs
- Networking
- Being able to refer own family/friends
- Activities for kids
- Tutoring
- Cooking Workshops

These are all services that can help increase the possibility of clients staying housed by helping them acquire a skill that would essentially lead them to a job, or just learning the basics of housing and what it means to have a lease because sometimes all these clients need is a broader understanding of what it takes to stay house.

Lastly, there was an extensive list of general comments directed to HomeFirst Services RRH Program. Some comments provided by its program participants between 2017-2020 included:

- "The service was definitely needed. My case manager was a great counselor."
- "My case manager worked very hard to make sure all of my needs are met."
- "When speaking with my case manager I felt welcomed. The conversation was genuine."
- "I am grateful for the services because it has been life changing."
- "My experience with HomeFirst was a new chance at life."

Rehousing Data

The above data is a representation of what has occurred in HomeFirst Services RRH Program in the first four years. Not only has there been a satisfaction rate of 70% or more in all areas of the program, but 73% of all program participants included in the study have successfully exited to permanent housing. This means that they stayed in the unit where they were housed in the beginning of program enrollment, moved to a different unit which they can afford on their own, or decided it was best for them to move in with a family member or friend to save on rent expenses. Of the program participants included in the study, 18% of them are currently in the program. Only 9% of the program participants exited back into homelessness. This would be because the client refused to get any help, the client expected HomeFirst to continue paying rent and did not make efforts to improve quality of life, or they might have lost their job, if they were employed, during program enrollment and HomeFirst would try to help the participant acquire a job or seek other financial resources before program exit.

ANALYSIS

Surveys: Do They Mean Anything?

The most common mistakes in surveys is administering them before they have been properly written. This can impact the accuracy of the responses, and organizations administering them might take the answers as being accurate when they are not.

HomeFirst Services Program Satisfaction Survey has complete response bias because the majority of the program participants that answered the survey are influenced when answering the survey. This bias is an issue that affects the accuracy of the survey data obtained. Furthermore, the most common thing that will occur is that the clients may not provide accurate and honest answers. This means that HomeFirst will not have accurate data to report. As previously stated, it is more than likely that participants answered the survey based on what they might have thought HomeFirst wanted, and not what the program participant actually felt was the more honest answer.

Overall, surveys are not the best and only way to obtain data and information. Many things can go wrong and can cause the data to be skewed. These may include the way the questions are written, the layout of the survey, the length of the survey, and how the survey is administered which will inevitably impact the responses received. Therefore, HomeFirst should consider looking into different ways to administer the survey, and even consider rewriting it, certainly correcting the question with the reverse Likert scale.

Survey Analysis

HomeFirst Services' RRH Program helps eliminate homelessness for its participants by providing a variety of services which will help them succeed in keeping independent housing, and reduce the barriers that led them to homelessness in the first place. Successful strategies include encouraging client engagement, being inclusive, having an open line of communication,

collaborating between the staff and client, connecting clients to resources, and - most importantly - letting the clients know that HomeFirst staff are there to help with whatever the client needs to become permanently housed for as long it is needed (not to exceed 24 months of services/assistance).

As seen by the survey data above, HomeFirst provides a wide range of services, and also makes sure that every problem that would in any way affect the participant is dealt with in a timely manner. For that reason, the surveys given to the participants are extremely important when deciding on new policies or procedures that could and/or should be implemented to further improve the services offered by HomeFirst.

RRH provides short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self-sufficiency, and stay housed. It is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the needs of the person (National Alliance to End Homelessness, 2019). According to the Connecticut Coalition to End Homelessness (2015), traditional sheltering approaches have restrictive criteria that makes it difficult for clients to receive services for their needs. For example, clients are not accepted if they are intoxicated and/or under the influence of drugs, clients are provided with very few resources for rental assistance, case plans are linear and not based on individual client needs, programs cannot accommodate clients with pets, and messaging to the clients is to improve themselves rather than improve their overall living situation (Connecticut Coalition to End Homelessness, 2015). “Homelessness prevention is difficult to strategically target, and it is hard to measure its effect on reducing literal homelessness. On the other hand, rapid re-housing

transitions people who are literally homeless into housing quickly. It directly decreases the overall number of homeless persons in shelters and on the streets" (HUD, 2011, p. 7).

The biggest difference when program participants are in a RRH program versus a traditional sheltering program is the barriers that come with each program model. RRH is known for its low barrier model. This means that homeless individuals are not turned away due to their lack of rental history or poor rental history, insufficient savings, no income or low income, poor credit history, criminal background, or recent/current abuse. Traditional sheltering programs are known for their high barriers. This means that homeless individuals can get turned away due to their lack of income, or if they have had a recent history of substance abuse, or are actively using drugs/alcohol (HUD, 2021). It is clear that there are higher demands and regulations for personal behavior for traditional shelter programs than RRH programs.

Limitations

Some limitations in this study included the response time from each program participant. When participation was lacking, or response times were delayed from each program participant, collecting the requested information was a much more time-intensive task. While some of the questions posed in the participant survey could have been answered by research documents available on agency/government websites, there would not be much context as to why HomeFirst Services Rapid Re-Housing Program is conducting their program practices in a particular manner. Another challenge was that some of the survey responses did not provide enough commentary about the agency's use of a specific method versus existing alternatives. The intent was to mitigate these limitations by scheduling follow-up interviews with HomeFirst Services staff members who agreed to provide the de-identified data on incomplete survey responses.

CONCLUSION

Despite a prosperous local economy and high median incomes, thousands of Santa Clara County residents experience homelessness each year. Affordable housing is out of reach due to the high cost of housing and too few living wage jobs. Fortunately, the supportive housing system has continued to grow and improve its ability to serve the diverse population of people experiencing homelessness in Santa Clara County.

Recognizing that homelessness and housing are at the intersection of many vital community needs, the supportive housing system has been designed around collaboration between County systems, local cities, community organizations, and community members who understand that homelessness in Santa Clara County has increased as rental costs continues to exceed affordability for low-income individuals and families. A lack of affordable housing options for the community's most vulnerable residents means that thousands of households live on the edge of housing loss, and many become homeless for the first time each year. Therefore, the supportive housing system, which consists of three central elements: (1) affordable housing; (2) case management; and (3) supportive services, is crucial to fighting the battle to end homelessness in the community. A shared vision and commitment to strategically contribute to the growth and look for opportunities to further strengthen the supportive housing system will require continued commitment to the overall goal of serving the county's most vulnerable residents.

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APPENDICES

HomeFirst Program Satisfaction Survey

In the questions below, "case manager/provider" means: therapist, counselor, case manager, or any professional who provides you services as a part of a HomeFirst program.

Date: _____ Program: _____

How Long in Program: ☐ 0-1 month ☐ 1-6 months ☐6-12 months ☐12+ months

1. The following questions are about your experience in <u>getting support:</u>

Getting supportive services	**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**	**N/A**
I know where to **go** if I need case management services.	☐	☐	☐	☐	☐
I know who to **contact** if I need case management services.	☐	☐	☐	☐	☐
Case management services are easy to get to.	☐	☐	☐	☐	☐
I can get an appointment when I need one.	☐	☐	☐	☐	☐
I feel welcome at HomeFirst.	☐	☐	☐	☐	☐
My case manager/provider creates a safe environment.	☐	☐	☐	☐	☐

2. The following questions are about your experiences <u>getting referred</u> to HomeFirst and other services:

Referrals & Intakes	**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**	**N/A**
HomeFirst case manager/providers talk with me about services that might help me.	☐	☐	☐	☐	☐
The HomeFirst intake process was easy to understand.	☐	☐	☐	☐	☐
I understand the rules of my program.	☐	☐	☐	☐	☐
My case manager/provider refers me to requested services.	☐	☐	☐	☐	☐

3. The following questions are about your experiences <u>talking</u> with case manager/providers/other staff:

Communication	**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**	**N/A**
Shelter front desk staff are welcoming.	☐	☐	☐	☐	☐
Shelter front desk staff are responsive to my questions.	☐	☐	☐	☐	☐
Shelter front desk staff are helpful.	☐	☐	☐	☐	☐
The case manager/provider discussed my rights with me.	☐	☐	☐	☐	☐
I feel like I can talk about problems or complaints with my case manager/provider.	☐	☐	☐	☐	☐
My case manager/provider answers my questions.	☐	☐	☐	☐	☐
My case manager/provider speaks to me with respect.	☐	☐	☐	☐	☐
I feel emotionally safe with my case manager/provider	☐	☐	☐	☐	☐
My case manager/provider is trustworthy.	☐	☐	☐	☐	☐

4. The following questions are about <u>cultural considerations</u> and inclusion while receiving support:

Cultural Considerations	**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**	**N/A**
Services are available in my preferred language.	☐	☐	☐	☐	☐
HomeFirst staff are sensitive to homeless people	☐	☐	☐	☐	☐
Program brochures and forms are available in my preferred language	☐	☐	☐	☐	☐
I am comfortable talking about my background and cultural experiences with my case manager/provider.	☐	☐	☐	☐	☐
Services are provided in a manner that is free from prejudice and discrimination.	☐	☐	☐	☐	☐
I have felt excluded from HomeFirst services because of race, national origin, religion, age, sex, sexual orientation or other factors?	**Yes ☐**		**No ☐**		

5. The following questions are about your experiences with getting what you need out of services:

Getting Support and Collaboration	**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**	**N/A**
My case manager/provider gives me choices.	☐	☐	☐	☐	☐
My case manager/provider asks me what I think.	☐	☐	☐	☐	☐
My needs were considered when developing my case plan	☐	☐	☐	☐	☐
Services meet my needs.	☐	☐	☐	☐	☐
Services focus on me getting support.	☐	☐	☐	☐	☐
The case management team acts professionally.	☐	☐	☐	☐	☐
I'm satisfied with my case management services.	☐	☐	☐	☐	☐
Services are focused on ending my homelessness or maintaining my current housing (if not currently homeless)	☐	☐	☐	☐	☐

6. The following questions are about HomeFirst's attention to disabilities and special accommodations.

Accessibility	**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**	**N/A**
Entering and exiting doors are easy for me at the HomeFirst locations	☐	☐	☐	☐	☐
My disability is taken into consideration when planning for services with my case manager	☐	☐	☐	☐	☐
Services at HomeFirst are easily accessible to me	☐	☐	☐	☐	☐
It is easy to get a special accommodation at HomeFirst if I have a disability	☐	☐	☐	☐	☐

7. The following questions are about the condition of HomeFirst facilities.

Facilities	**Strongly Disagree**	**Disagree**	**Agree**	**Strongly Agree**	**N/A**
The bathrooms are in working order and clean	☐	☐	☐	☐	☐
The building is well lit	☐	☐	☐	☐	☐
It's easy to walk around the building without obstructions	☐	☐	☐	☐	☐
The facilities are free from unsanitary conditions, such as mold and pests	☐	☐	☐	☐	☐

8. What are some services, workshops, or groups you would like to see at HomeFirst, that are not currently offered?

1.

2.

3.

9. Is there anything else you would like to share about your experience at HomeFirst?

Demographics

- **Please indicate your age range**
  - ☐Under 18
  - ☐18-24 years
  - ☐25-30 years
  - ☐31-40 years
  - ☐41-50 years
  - ☐51-60 years
  - ☐61 years or more

- **Please indicate your race (select all that apply)**
  - ☐White/Caucasian
  - ☐ African American/Black
  - ☐ Asian or Pacific Islander
  - ☐ American Indian/Native Alaskan
  - ☐ Hispanic/Latino
  - ☐ Multi-Race
  - ☐ Other:_____

- **Please indicate your gender:**
  - ☐ Female
  - ☐ Male
  - ☐ Trans male/transman
  - ☐ Trans female/transwoman
  - ☐ Intersex
  - ☐ Genderqueer
  - ☐ Prefer not to answer
  - ☐ Other: _____

Is English your preferred language?

☐ Yes

☐No

If "no," what is your preferred language?

_____

Thank you for participating in our survey. We value your feedback.