

# *“Housing Made Everything Else Possible...”*

## The SHARE Study

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## DV and Housing Instability

- 38% of all DV survivors become homeless at some point
- 46% of homeless women stayed in an abusive relationship because they had nowhere else to go
- Poor women experience DV at higher rates and have fewer resources with which to seek/maintain safe and stable housing

*“It absolutely devastated me and my family being homeless” SHARE participant*

## SHARE Study

- Collaborative Community Based Research
  - What's the role of housing stability in preventing re-victimization and reducing negative health outcomes of DV survivors and their children?
  - Effectiveness of housing-first model for DV survivors
  - Cost of services
- Criteria for Recruitment
  - DV in past 6 months
  - Need for housing stabilization
  - Immediate crisis somewhat stabilized

Quasi-experimental longitudinal study funded by CDC (U49CE000520-01)

## Characteristics of SHARE Participants: Baseline Findings

- Significant barriers to stable housing:
  - High unemployment and poverty, sometimes due to DV
  - Lower level of education
  - Most participants had young children, many were impacted by the housing instability or DV
  - Extreme levels of danger
  - Average score on Housing Instability Index = 4.65 (1-10)
- Over half of the sample (59%) were women of color
- High use of public services
- High levels of Post-Traumatic Stress and/or depression

## Housing Instability Index (HII) Shown to Impact Health, Mental Health, Danger and Quality of Life

- Higher PTSD and depression symptoms
- Higher danger levels
- More absences from work/school
- Higher use of emergency medical care
- Poorer quality of life
- Behavior and school problems for some children

*"It (stable housing) doesn't feel temporary and that's something that's very positive when you're living under a lot of stress."*

## Importance of a Housing Instability Measure for DV Survivors

- Most women and DV survivors are not "literally" homeless
- Interplay of housing instability, danger and poverty
- Impact of housing instability on survivors and children has not been well measured, nor separated from impact of children's exposure to batterer

*"They (her children) were stressed out and so they weren't acting how they normally would --because they're very good - - but during this time they weren't and we just kept moving along staying here or there and everywhere."*

## Dramatic Positive Changes for Women and their Children Over 18 Months

Improvements most notable in first six months, then more gradual improvement for most measures

- Women and children were safer: Number of women reporting extreme danger dropped from 237 to 24.
- Housing stability improved significantly:
  - Fewer moves; fewer emergency shelter stays; higher HII scores
  - 82% of the women who were stably housed at 6 months remained stably housed at the 18-month interview
- SHARE participants reported that having housing made the biggest difference over the 18 months of the study.

## Dramatic Positive Changes Over 18 Months (con't)

- Women had better quality of life and were better able to succeed in day-to-day-life
  - Greater job stability, improved income
  - Decrease in problematic alcohol/drug use
- Women had improved health and mental health
  - Fewer met criterion for clinical depression
  - Fewer had symptoms of PTSD
  - General health improved slightly
- Children improved school attendance and academic performance, and had fewer behavior problems

*"It (stable housing) doesn't feel temporary and that's something that's very positive when you're living under a lot of stress." SHARE Participant*

## Dramatic Changes in Utilization and Cost of Emergency Services

- Justice System (\$125,00)
  - 9-1-1 calls
  - Police Assists and Arrests
  - Restraining Orders
- Emergency Medical Services (\$43,000)
  - Ambulance, Paramedics, Emergency or Urgent Care
- Other Safety Net Services (\$367,000)
  - Crisis lines
  - Emergency Funds
  - Shelters or Motel Vouchers

## Women continued to face long-term health, mental health, and economic constraints

- Symptoms consistent with PTSD and depression
- Lack of sufficient income or ability to meet basic needs

*"I thought I would be closer to normal by now but I have flashbacks... and when somebody knocks at the door, I freak out and ...it doesn't occur to me that this is part of the domestic violence until I'm by myself." SHARE Participant*

## SHARE Results Countered Myths about DV and Survivors

- “Why house DV survivors? They usually just go back.”
  - SHARE: only 3.2% in an abusive relationship at 18 months
- “Don’t they just need shelter? It’s not safe to put them in apartments all by themselves in the community.”
  - SHARE: Danger decreased dramatically as housing stabilized
- “Survivors’ problems are due to their alcohol or drug problems.”
  - SHARE: At baseline, 22% screened positive for alcohol, and 18% for illegal drug use. At 18-months, abuse declined to 11% and 5% respectively.

## Policy Implications of SHARE Findings

- Housing instability in and of itself has a significant impact on women’s and children’s safety health and mental health
- Need to address complex needs related to housing and safety simultaneously across a range of services
- Focusing on reducing shelter use and/or prioritizing “literally homeless” people does not necessarily reach DV survivors facing significant risk
- Services need to address identified needs of survivors and to change over time (one-size does not fit all)
- Housing can significantly reduce cost of emergency services

## Home Free - National Model of Housing First for DV Survivors

- Broad eligibility with minimal program requirements
- Tailored services driven by survivors' needs
- Outreach, mobile advocacy and home visits increase accessibility of services
- Strong emphasis on working across systems to address barriers
- All service components (emergency, transitional child/youth, and outstationed) access flexible funds for wide range of participant needs
- Non-facility-based, scattered site model

## Flow Through Housing Services



## Current Service Level and Outcomes in Home Free's Housing Program

### FY 2011/12:

- Served 97 new and continuing households
- 96% achieved safe housing (3 still looking at point in time)
- 95.5% remained safely housed 6 months after exit
- 97.5 remained safely housed one year after exit

## Housing Assistance Integrated with Other Needed Services

- Short- and long-term rent assistance
- Mobile advocates
- Crisis Line/Motel Vouchers
- Child/Youth Services & parenting support
- Community-based advocates at: Courthouse, DVERT/DVRU, DHS Child Welfare & Self-Sufficiency, Gateway Center, WorkSource, DCJ, Inverness Jail
- Additional services to address on-going needs: employment, mental health, financial empowerment, RentWell



## Washington State/Gates Foundation “*DV Housing First*” Project

- Diverse group of 13 funded programs, with WSCADV providing technical assistance
- Evaluation component through University of Washington
- Sept. 2011 Point in Time (49 households):
  - To date: 87% housed (38% helped to avoid eviction)
  - 84% still in housing 12 months post-intake
- Findings indicate that flexible funding and services critical for success

## County-Funded Shelter & Housing for DV Survivors

- Emergency Shelter
- Motel vouchers
- Short-term rent assistance
- HUD Supportive Housing

## Funding mix

\$1.6 Million (\$900,000 County plus \$700,000 Federal/State)

- Emergency Shelters = \$664,000
  - County & State Homeless Assistance Program (SHAP)
- Motel Vouchers = \$100,000
  - 10 DV agencies access this through VOA Home Free
  - Funded thru Home Forward STRA Pool (Federal EFSP & County)
- Short-term Rent Assistance = \$250,000
  - STRA, County, Federal
- Transitional Housing= \$588,000
  - HUD Horizons (\$482,000), County

## Emergency shelter

- Capacity to serve 44 households (100 beds) at one time
  - 309 households served in 2011
- Average stay = 51 days
  - ¼ stay 30 days or less; 40% stay 60 days or longer
- Exit Outcomes:
  - 1/3 exit to transitional housing or short-term rent assistance
  - 1/3 exit to another emergency shelter or temporary stay with friends or family
  - Only 10% exit to permanent unsubsidized housing
  - 75% report lower risk of violence at exit

## Short-term motel vouchers

- Capacity = an average of 5 households per night
- 429 households received emergency motel stay in 2011
- Very short-term stay; average stay = 3.7 days
- Motel costs \$55-65 per night

### Exit Outcomes:

- Addresses immediate safety needs
- Exit destination is typically very temporary: emergency shelter, temporary stay with friends/family, unknown

## Short-Term Rent Assistance

- STRA: 31 households
  - Avg. 3 months of assistance, \$1600 per family
- Rapid Rehousing: 23 families (2010-2011)
  - Avg. 6 months of assistance, \$4300 per family
- ARRA & HPRP: 49 Households
  - Avg. 3 to 4 months assistance, \$2000 per family
- Outcomes:
  - 75% exit to permanent housing
  - 80-85% report lower risk of violence

## Transitional Housing Outcomes

### HUD Horizons Program

- Capacity = 35 households at one time
- 77 households served in FY11
- Average stay = 1 year (362 days)

### Outcomes (for those who exited):

- 98% exited to permanent housing
- 100% reported lower risk of violence

## Needs

- Rent assistance and support services to help households transition out of emergency shelter more quickly
  - More cost effective, better outcomes
  - Free up emergency shelter for immediate safety needs
- Better connection to anti-poverty and homeless services
  - Direct clients to the resources most likely to meet their most pressing needs
- Non-housing services to address lasting effects of violence and complexity of survivors' lives
  - Mental health services; children's programs; economic security programs; civil legal services

## SHARE Findings Point to Need for Funding, Policy and Programmatic Improvements

- Funding, policy, and practice should focus safety and housing instability as well as homelessness
- Flexible funding is essential to ensure that a wide range of needs can be addressed
- Services need to change over time to address the longer-term health, mental health, and economic concerns
- Housing Stability can help survivors make large changes in their lives and reduce the cost of emergency services

## What Can Be Done

- **Homeless/Poverty Reduction Programs:** Include effective response to DV as part of anti-poverty work
- **DV Programs:** Include long-term housing support as part of DV advocacy
- **Health and Mental Health:** Assess for DV victimization; use support safety and use trauma-informed services
- **Criminal Justice System:** Incorporate an understanding of DV, PTSD and traumatic brain injury in responding to survivors
- **Children's Services:** Incorporate an understanding of and address the impact of housing instability and DV on children in services provided

## What Can Be Done by Governments

- Funding, policy, and practice should focus on safety and housing instability as well as homelessness
- Flexible funding is essential to ensure that a wide range of needs can be addressed
- Increase/develop services that address the longer-term health, mental health, and economic concerns of DV survivors and their children
- Provide leadership at the local, state and federal level to include housing instability, not just homelessness, as a priority

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