



Annual Impact Report FY 2018-2019



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Executive Summary

Since 1989, A Child's Place (ACP) has been working to improve the wellbeing of children and families experiencing homelessness in Charlotte. Beginning as a small group of committed volunteers from the First Presbyterian Church and growing into a nonprofit with a budget over 1.5M and serving nearly 2,000 children and adults from dozens of schools across Charlotte, ACP has transformed into a leading organization working to reduce the impact of homelessness on children's education.

We are proud to present this Annual Impact Report for FY 2018-2019. This report is the result of a year-long effort of building internal data systems capacity to improve our ability to track, report, and communicate the impact of our services in the community. Included in this effort was the transformation into a new case management system that allows ACP to track pre and post data on a number of critical indicators of family stability and success like employment, housing, and self-reported needs. But it also helps ACP track critical indicators of student academic, social, and behavioral wellbeing. The data presented here are just the beginning of a new effort to bring data-driven insights to inform the efforts of ACP to improve the lives of families experiencing homelessness.

Some of the key findings from this report can be summarized as follows:

- In FY 2018-2019, ACP served 1751 children and adults through their School-Based and Community-Response Team Programs, and even more through pilot AIR support and shelter programming services.
- In both the School-Based and Community Response Team programs, ACP families were more likely to be employed and have secure housing after completing the program in comparison to starting. These promising data suggest that ACP may play a critical role in accompanying families from crisis to stability.
- ACP staff made 1146 referrals at a success rate of 77%, playing a critical role in connecting families to much needed community resources to promote stability.
- ACP staff are developing new methods for tracking and reporting student attendance and behavior, which are in progress and are anticipated to be released in next year's impact report.

We are excited to share this positive impact with the Charlotte community, and look forward to improving our capacity to help families and children transition from homelessness to stability and erase the impact of homelessness on education.

Sincerely,



Meg Allison
Chair of the Board of Directors, A Child's Place

Child and Family Homelessness

Children who are experiencing homelessness are at risk for adverse educational outcomes. When compared to other youth, children who are homeless obtain lower academic achievement scores (Brumley, Fantuzzo, Perlman, & Zager, 2015; Herbers et al., 2012; Obradović et al., 2009), attend school at lower rates and have higher school mobility (Walker, Brown, & Shinn, 2016), and are at risk for behavioral and health problems (Cutuli, Herbers, Rinaldi, Masten, & Oberg, 2010; Walker et al., 2016) that may further complicate their academic progress.

In the Charlotte region, family homelessness is a prevailing problem. According to the Mecklenburg County Family Homelessness Snapshot (UNCC Urban Institute, 2017a), in 2015 there were 2,405 people in sheltered families experiencing homelessness and 4,388 students who were enrolled in McKinney-Vento, a school-based program designed to provide transportation and other services to children living in families that are sheltered, unsheltered, doubled up, or living in a motel or hotel.

There are a number of factors that may be negatively impacted as a result of a child's housing instability, including:

- Absenteeism
- Antisocial behaviors and low engagement in school
- Lack of school readiness
- Health and mental health problems
- Low academic outcomes

In addition, families and parent systems experience hardships of their own, including:

- Housing instability
- Eviction
- Material hardship
- Health and mental health problems
- Socioeconomic disadvantage
- Unemployment or underemployment

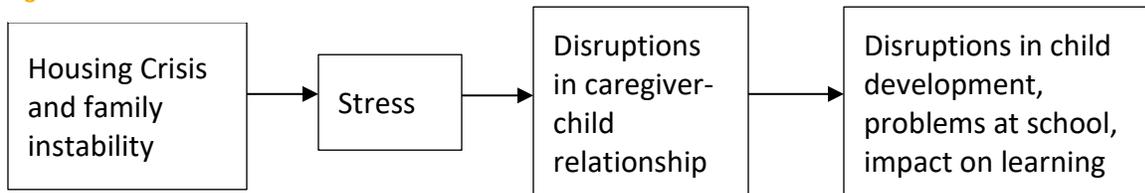
Mediating Factors: Stress and Environment

Critical to serving families and children who have experienced homelessness in the school environment is understanding the link between housing crisis and family instability and the effects that these factors have on the child's development and progress in school. These "links", known as mediators, are factors that can explain how the former is related to the latter.

Identifying mediators is critical work because it provides avenues for potential intervention points – areas where specific and targeted intervention efforts might prevent something like a housing crisis from having undue negative effects on a child’s schooling.

A considerable amount of research has started to point to stress as a contributing and sometimes explanatory factor to the disruption of healthy child development (Conger et al., 2014; Elder, 1998; Ingram & Luxton, 2005; Marcal, 2017; Reynolds & Crea, 2016; Roisman et al., 2012). In this view, stress can be defined as “the life events (major and minor) that disrupt those mechanisms that maintain the instability of individual’s physiology, emotion, and cognition.” (Ingram & Luxton, 2005, p. 33). This stress in turn reduces the capacity of individuals to adapt and cope to life demands and in turn interrupts daily functioning.

Figure 1: Stress mediation model



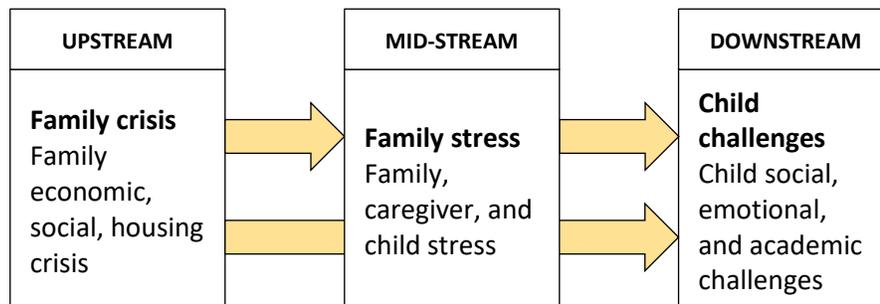
Erasing the Impact of Homelessness on Children

The mission of A Child’s Place is to erase the impact of homelessness on children.

ACP understands that a family crisis is linked to child challenges through both direct and indirect pathways, mediated by family stress.

ACP also recognizes that addressing the problem of the impact of family homelessness on a child’s education requires intervention at upstream, mid-stream, and down-stream levels, acknowledging that the prevention of family homelessness, working through the challenges of the effects of family homelessness, and providing basic needs in response to crisis are all part of a comprehensive response to this community problem.

Figure 2: Links between family crisis, family stress, and child challenges



In addition to working at the family system, caregiver, and child level, ACP also acknowledges that meso- and macro-level factors contribute to the problem of family homelessness. Problems including the high eviction rate (over 29,000 cases in FY 2018) in Charlotte (UNCC Urban Institute, 2017b) and the affordable housing crisis, with nearly 40,000 households spending more than 30% of their income on housing costs (UNCC Urban Institute, 2018) contribute to placing families in circumstances of financial strain and housing instability. These challenges are compounded by an environment marked by high levels of inequality as outlined in the Leading on Opportunity Report (Opportunity Task Force, 2017).

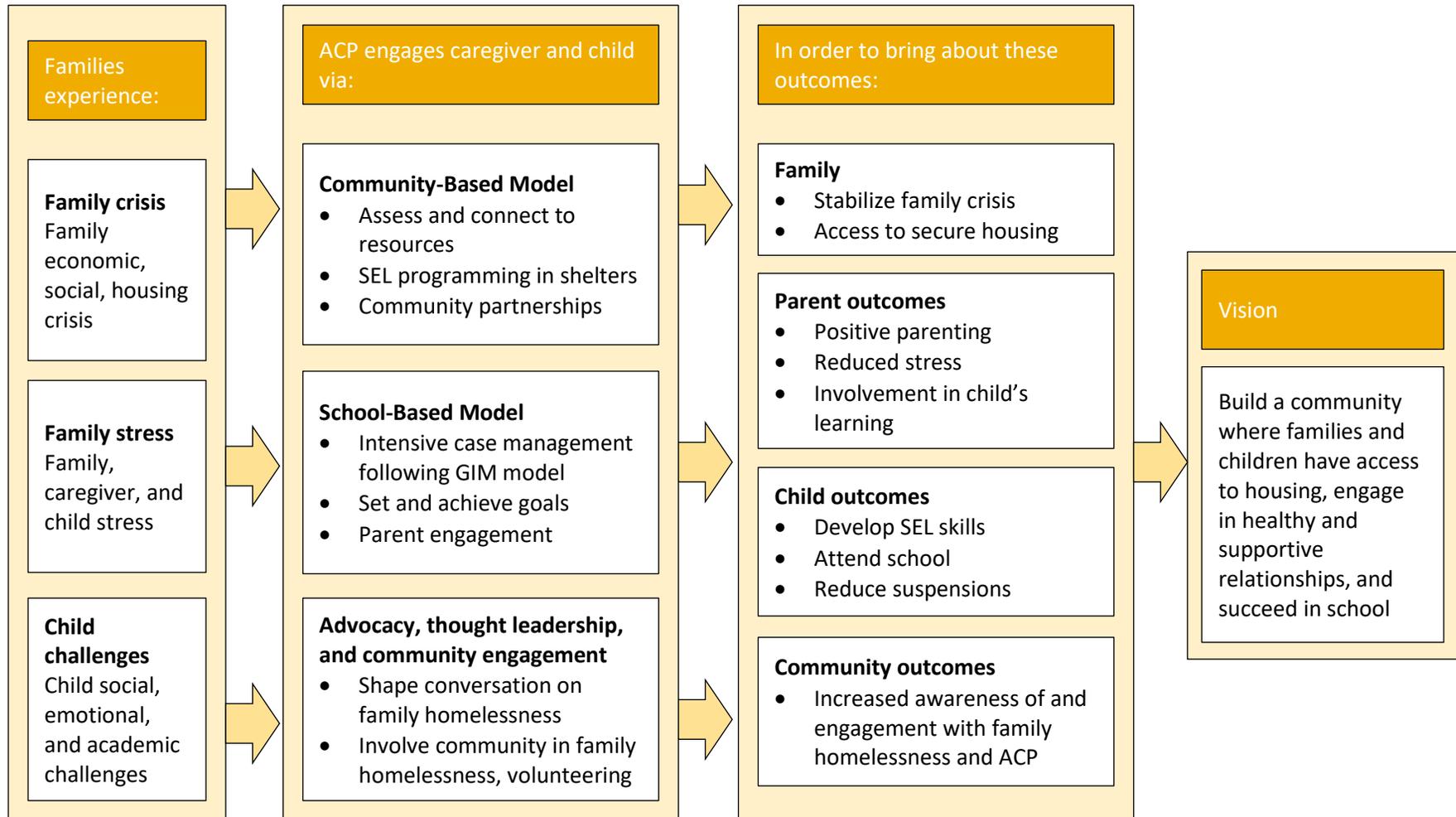
Taken together, the approach that ACP is currently taking to tackle the problem of family homelessness can be articulated visually in a theory of change model, shown on the following page.

Key components and assumptions of this theory of change include:

- Child academic outcomes are directly related to their social and emotional wellbeing, as well as their capacity to cope with family and housing crises.
- Children are members of a broader family system and therefore effective intervention strategies require a multi-generational approach.
- Stress mediates the relationship between family crisis and child social, emotional, and academic wellbeing.
- Both school and community settings are complementary avenues for intervention in child and family homelessness.
- Critical to family success is the need to support parents as they cope with stress and develop positive parenting practices.

Theory of Change

Figure 3: ACP theory of change



Description of ACP Model and Programs

ACP programs focus on supporting families with children in schools and neighborhoods left out of the economic prosperity of our city, often marked by segregation, poverty, and high rates of eviction and foreclosure. Recognizing that homeless children are the most vulnerable population in our community, ACP deploys a team of specialists into schools and the community to work with the unique challenges of family homelessness. On-going case-management through individualized student plans aims to maintain attendance, healthy behaviors, and staying up-to-date on coursework.

We also know that the family unit as a whole must be supported in order to sustain positive change; ACP creates a coordinated strategy to best serve each family. Needs are identified, assessed and goals are determined and through the process are made regarding employment transportation, health, food, domestic violence, and (in particular) housing. This case management follows the evidence-based Generalist Intervention Model and involves conducting a comprehensive assessment with the family, identifying strengths and needs, developing goals, and putting together and acting on a plan to achieve those goals.

School-Based Model

For almost 30 years, ACP's School-Based Model has provided direct case-management in Charlotte Mecklenburg Schools (CMS) where students are at high risk for experiencing homelessness. ACP deploys either an expert ACP Social Worker or Student Advocate to work on site across 17 CMS schools, working with other community partners, and CMS staff to intervene at the point of crisis, quickly connects children and families to needed resources and services, and implement ongoing case-management through individualized plans for the academic year. Thus, helping families navigate community resources; eliminate barriers to the student's education (food, transportation, healthcare); and stabilize the family at the point of crisis.

Community-Based Model

While our school-based program has been the heart of ACP's work for decades, we recognized that staying behind the school doors isn't always enough. This past year, we launched a new approach to fighting child and family homelessness that extends beyond the school grounds and reaches out into the community. This new Community-Based Model redeployed selected school-based staff to; instead, work in the community to offer wrap-around support for homeless families across three programs:

Housing Partnership Program

We appointed a Community-Based Social Worker (CBSW) to coordinate a Housing Partnership Program which is an alternative approach to innovative housing solutions. We collaborate with partners (Community Link and Charlotte Housing Authority) that are experts in issues related to affordable housing and offer long-term case-management specific to housing for select school-

based clients. The CBSW advocates for families that are dealing with a housing crisis, while assessing and providing services around the root cause of their crisis. Our CBSW supports the parent and the child as they navigate housing programs and access other community resources, providing long-term case management (1-3 years); resulting in ACP families sustaining affordable, permanent housing.

Community Response Team Program

Our Community Response Team Program is led by a Community Response Team (previously school-based Student Advocates) working out of ACP's main office to field phone calls from support staff and homeless families seeking support in 22 additional Title I schools. The CRT responds by providing immediate assistance in a time of crisis and continues to support that family in variety of settings for up to 45-days.

After-School Shelter Program

Lastly, ACP implements an After-School Shelter Program facilitated by ACP staff directly onsite at Charlotte Family Housing's largest residential shelter. Homeless students often cannot participate in after-school programs, which is vital to the positive development of children and youth, because they rely on transportation provided by McKinney Vento. To address this transportation barrier and opportunity gap, ACP partnered with Charlotte Family Housing to provide quality programming during after-school time directly at the shelter. The program uses evidence-informed learning activities that are uniquely designed to support skill development to help children build the capacity to overcome social and emotional challenges that are often the result of homelessness.

Engaging in Our Mission

Each unique service at ACP addresses complex challenges of homelessness to build a community where children have access to housing, engage in healthy supportive relationships, and succeed in school. ACP's ongoing strategy is to create systemic change within Mecklenburg County by serving as a voice and advocate for homeless students. Historically, the community conversation, and therefore services and funding available, has focused on the chronically homeless individual. ACP uniquely focuses on the student whose family is in a fragile living situation, such as a shelter or a car, "doubling up" with a friend/family or living in a transient and potentially dangerous location, like a week-to-week motel. Our hope is that bringing attention to this marginalized, invisible population will affect lasting change across the system in the areas of homelessness and housing.

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Results of Data Analysis

The following report outlines a summary of data collected in the 2018-2019 academic year by A Child’s Place staff for the School-Based (SB) and Community Response Team programs (CRT). Data were collected in a new tool built by ACP staff and led by the Grants and Data Manager, Delana Murdock. Staff were trained to track all program data in Apricot, including client (heads of household and children) demographic data, intake data, and outcomes data. At the end of the 2018-2019 year, data were pulled from Apricot using the reporting feature and exported into .csv files for analysis using the data management and statistical program R. Delana Murdock and consultant Drew Reynolds of Common Good Data prepared this final report.

The final report includes data from the following forms:

- Head of household and child profiles
- SB and CRT intake forms for heads of household and children
- SB and CRT closeout forms for heads of household and children
- Referrals data for any referral made for a ACP client
- Client goals data

Enrollment

Table 1 describes enrollment in SB and CRT programs. Enrollment is divided into four categories:

- Direct adult – refers to the head of household taking the intake survey
- Direct child – refers to the child attending an ACP partner school or a sibling (generally located at another school in CMS) linked to the head of household taking the survey
- Indirect child – refers to additional children in head of household’s household who did not have intake data completed
- Indirect adult – refers to additional adults in head of household’s household

Table 1: ACP Enrollment, SB and CRT Programs.

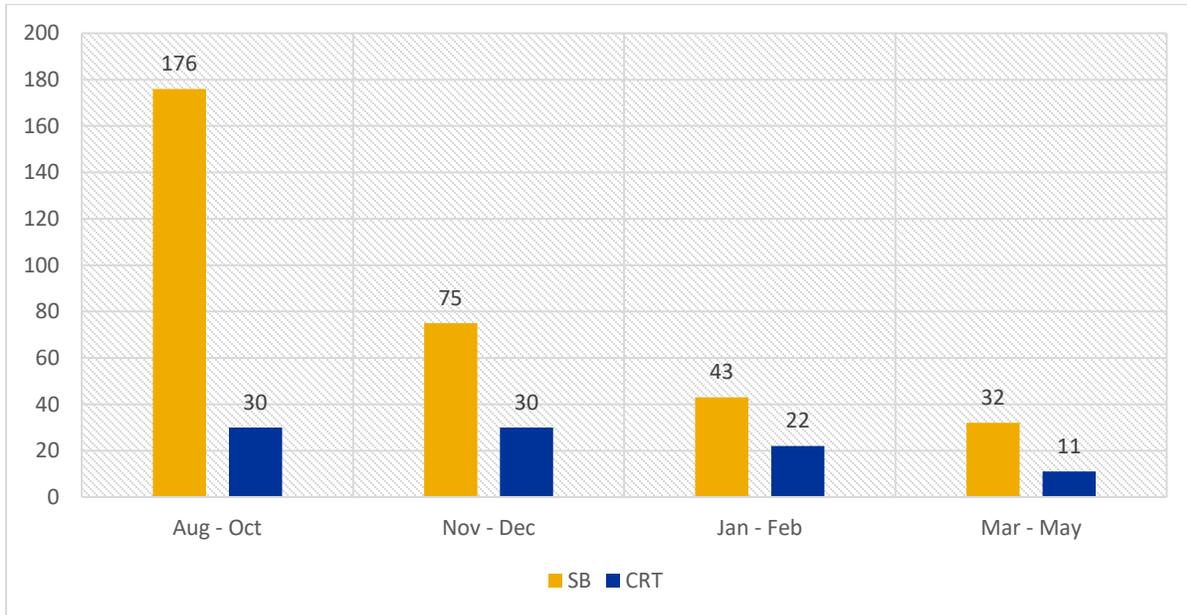
	Direct Adult	Direct Child	Indirect Child	Indirect Adult	Total
School-Based	326	752	119	176	1373
CRT	93	170	53	62	378
Total	419	922	172	238	1751

The SB program directly served 326 heads of household and 752 (494 at an ACP partner school and 258 siblings) children for a total of 1373 people. The CRT program directly served 93 heads of household and 170 children for a total of 378 people. When accounting for both direct and indirect children and adults, ACP served 1751 children and adults in FY 2018-2019.

Table 2 describes program enrollments by program and by months. Enrollments in the school-based program were highest at the beginning of the academic year, when ACP staff work to

enroll families. The CRT enrollments did not begin until late September/October, resulting in a later enrollment for these families.

Table 2: ACP Enrollments by Program, By Months



Demographics

Demographics of families and children were collected during the SB and CRT intake process. Table 3 describes demographics of heads of household and Table 4 describes demographic data for children.

As noted in Table 3, ACP families tend to be headed by Black/African American women in their 30s, with an average of about two and a half children per household.

Table 3: Head of Household and Family Demographics of ACP SB and CRT Programs

	School-based	Community-Based
	% (avg)	% (range/sd)
Age	34 (median)	33(median); 20-65
Gender (Sex)		
Female	96.9%	92.5%
Male	3.1%	7.5%
Race/ethnicity		
Black	91.9%	93.3%
Other	8.1%	6.7%
# Adults in HH	1.54 (mean); SD=.77	1.54 (mean); SD=.78
# Children in HH	2.67 (mean) ; SD=1.52	2.67 (mean); SD=1.32

ACP children follow similar demographic patterns. The median age is 8 years old. While most guardians of children are mothers, some of the intake forms for children were completed by fathers, grandparents, or other family members (<10%).

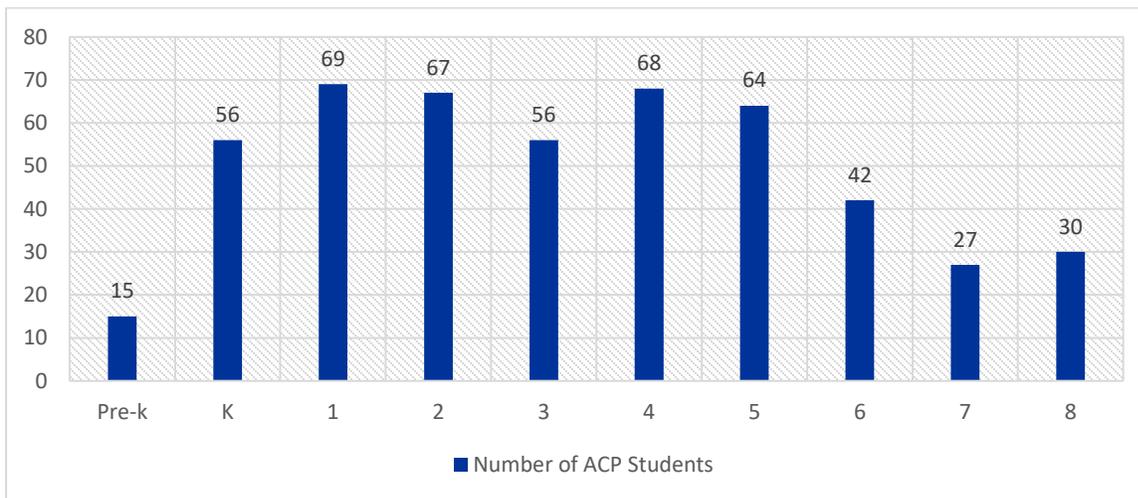
Table 4: Child Demographics of ACP School-Based and CRT Programs

	School-Based	Community-Based
	% (range)	% (range)
Age	8 (median)	8 (median)
Gender (Sex)		
Female	49.5%	39.3%
Male	50.5%	60.1%
Race/ethnicity		
Black	97.4%	82.0%
Other	2.6%	18.0%

Student Grade Levels

Data were also collected for grade levels in the SB program. Table 5 demonstrates the number of students by grade level, from pre-k to grade 8. Note that siblings that fall outside this grade range are not included in the data.

Table 5: Number of Students by Grade Level



School-Based Program

The ACP SB program provides direct case-management in Charlotte Mecklenburg Schools (CMS) where students are at high risk for experiencing homelessness. In FY 2018-2019, ACP served in 17 schools and worked to stabilize and improve the wellbeing of both parents and children using a two-generational generalized intervention model.

In general, families completed an intake (pre) form during their enrollment process, which for most families occurred in the fall but for some could have occurred in the spring (see enrollments in Table 2). Upon completion of the program at the end of the academic year, families completed a closeout (post) form. Because of the nature of family homelessness, there was some attrition in the SB program and closeouts were not completed for all families.

To examine the SB Program, data from the intake form (pre) and the closeout (post) were compared to examine how families changed over the course of their time of enrollment in the SB program. Complete data from 209 families for whom data were collected at intake and closeout was used for these analyses.

Employment

Table 6 describes the employment status of heads of household at intake and closeout of the SB program. Overall, employment jumped from 57% of heads of household to 70%. Using McNemar's Chi-square test, this difference was determined to be statistically significant ($p < .001$), suggesting that this relationship is unlikely to have occurred due to chance alone.

Table 6: Head of Household Employment

	School-Based: Intake		School-Based: Closeout	
	N (209)	%	N (209)	%
Employed - Full-time	80	39%	108	58%
Employed - Part-time / Seasonal/Sporadic	36	18%	38	18%
Unemployed – Unable or not looking	22	11%	32	16%
Unemployed – Looking	67	33%	31	15%
Total Employed	116	57%	146	70%

Income

Data were also captured on self-reported head of household income at intake and closeout. The median income of households jumped from \$900 per month (mean \$1,151) to \$1020 per month (mean \$1,203), however, this difference was not statistically significant. It may be advisable to examine in future years why increases in employment were not associated with increases in family income.

Living Situation

Data were collected on family living situation at intake and closeout using standards for collecting housing data as defined by the Department of Housing and Urban Development¹. In conversation with staff at ACP, these data were simplified into “secure” and “insecure” housing arrangements in order to simplify data for interpretation.

Table 7 outlines differences in living situation at intake and closeout. At intake, only 20 families (10%) were living in secure in living situations. At closeout, this number rose to 71 families (34%). Follow-up analyses using McNemar’s Chi-square test determined that this difference is statistically significant ($p < .001$).

These results are promising, though should be interpreted with caution. One can conclude that it is possible that ACP is contributing to families transitioning from homelessness into housing stability.

Table 7: Family Living Situation

	School-Based: Intake	School-Based: Closeout	Direction
	%	%	
Secure Living Situation			
Permanent supportive housing, or rental with or without subsidy, or other secure living situation	8%	34%	Increase
Insecure Living Situation			
Emergency shelter	12%	7%	Decrease
Hotel or motel	18%	13%	Decrease
Staying with family	38%	27%	Decrease
Staying with friend	18%	12%	Decrease
Other living situation	6%	7%	No Change
Living in Secure Housing	10%	34%	

Education and Training

Head of household education level was also collected. There were few if any differences in education level over the course of participation in the SB program, suggesting that families who are experiencing homelessness are not likely to obtain a new educational degree during their enrollment in the SB program. Table 8 presents the data at closeout for highest degree attained.

¹ 2017 HMIS Data Standards. Retrieved from: <https://www.hudexchange.info/resource/3824/hmis-data-dictionary/>

Table 8: Head of Household Highest Degree Attained

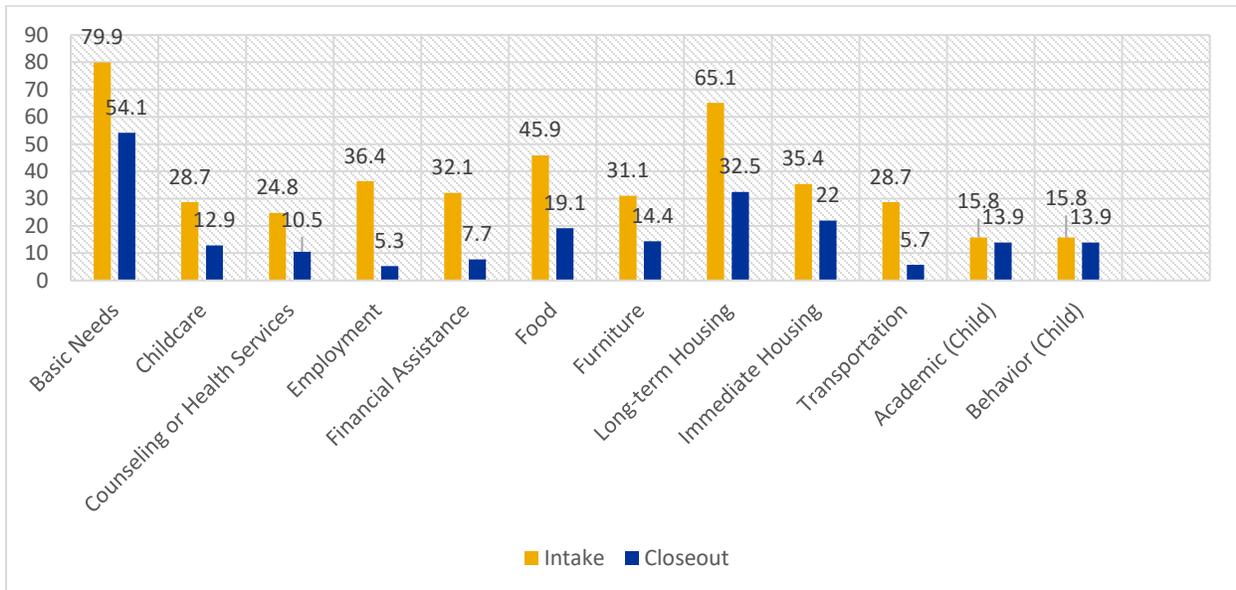
	School-Based: Closeout	
	N (209)	%
Less than high school degree	52	25%
High school degree or GED	94	45%
Some college or vocational training	52	25%
College degree (Associates or higher)	11	5%

Heads of household were also asked whether they had enrolled in a training or vocational program while they were participating in the ACP SB program. Most heads of household did not enroll in a program. However, there was a statistically significant increase in total number of enrolled heads of household ($p < .05$), though the magnitude of this difference is small.

Self-Reported Needs

At both intake and closeout, heads of household were also invited to share their self-reported needs from a generated list provided by ACP staff. In all cases, the percentage of heads of household reporting a need for each indicator reduced over the time in the program. Notable differences are reductions in basic needs (79.9% to 54.1%), employment (36.4% to 5.3%), food (45.9% to 19.1%), and long-term housing (65.1% to 32.5%).

Table 9: Head of Household Self-Reported Needs (in %), Intake and Closeout

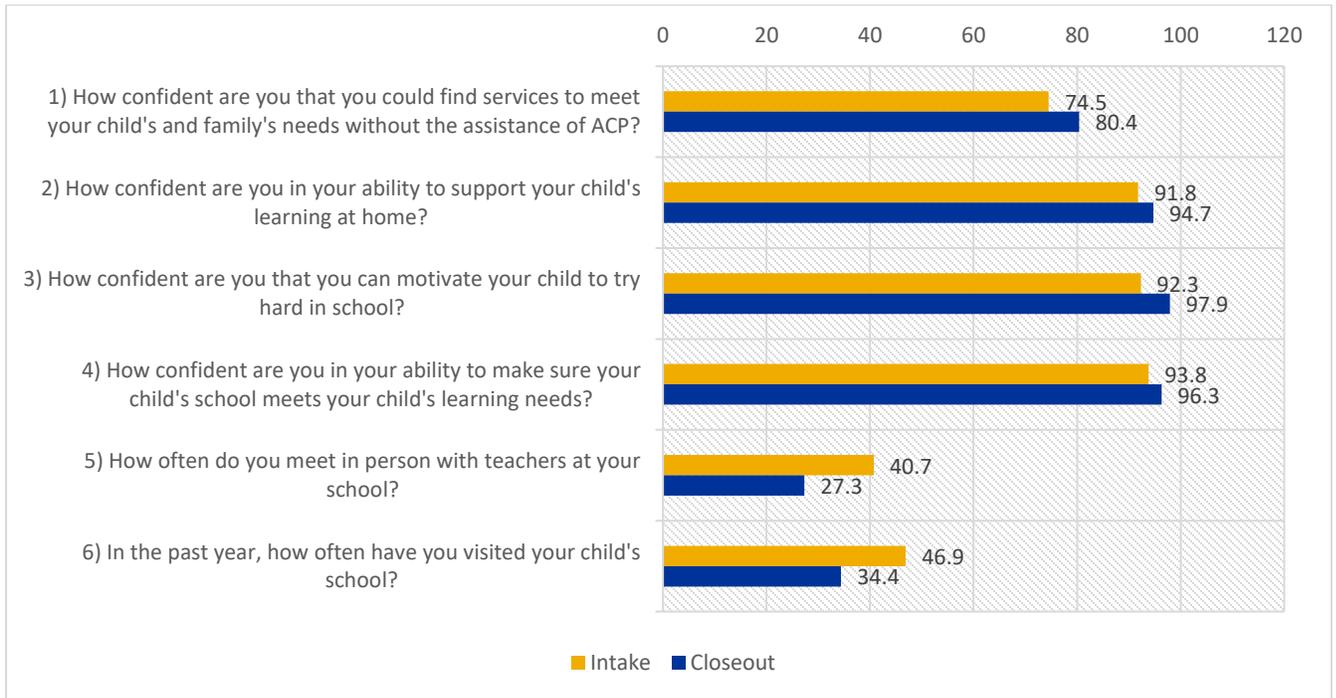


Confidence and Engagement

Table 10 reports on changes in head of household confidence and engagement over the course of their enrollment in the SB program. Questions 1 and 3 were statistically significant increases ($p < .05$), while questions 5 and 6 were statistically significant decreases. In general, these data suggest that parents have more confidence in supporting their child’s education, but may spend less time visiting the school.

We encourage careful interpretation of the data included here. Choosing to attend a child’s school less often may not necessarily be an indicator of lack of engagement, but may reflect decisions made by heads of household who have reached greater stability that their child’s immediate needs may already be met by the school, and thus not require another visit.

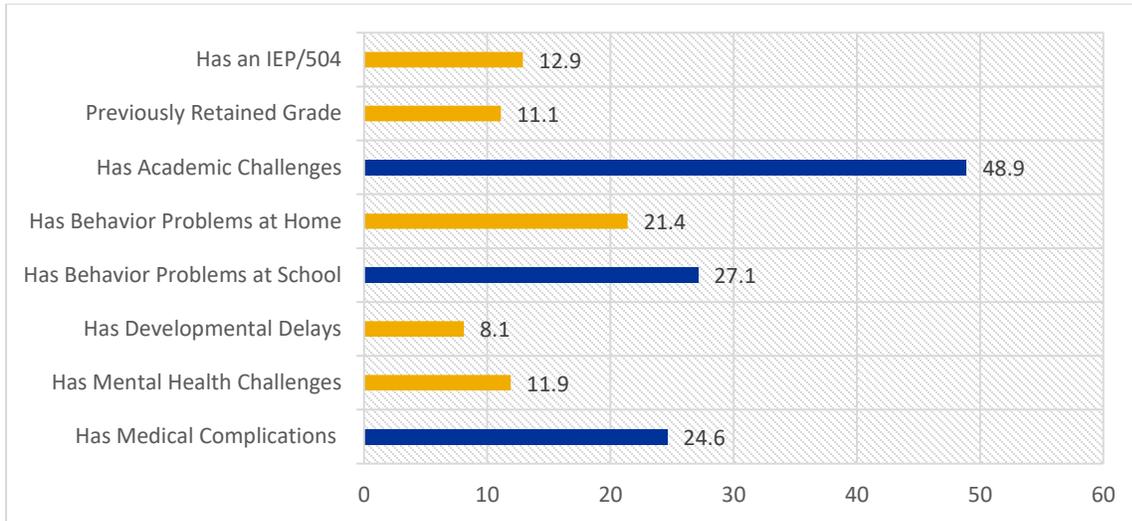
Table 10: Head of Household Confidence and Engagement (in %)



Identified Student Needs

Heads of household were also asked to identify the needs specifically of their child attending a school served by the SB program. Table 11 summarizes these needs. A plurality of parents chose academic challenges as the top need (48.9%), followed by behavior problems (27.1%) and medical complications (24.6%).

Table 11: Student Needs as Identified by Head of Household (in %)



Community Response Team

Data were also collected on the Community Response Team (CRT) program. The ACP CRT program redeployed school-based staff to work in the community and offer wrap-around support for families experiencing homelessness. CRT staff served families that did not have access to an ACP staff member at their school and offered 45 days of case management services. The services provided were for a smaller duration than SB services and served a population that was more spread out geographically across the city.

As outlined in the enrollment data (see Table 1), the CRT program served 93 adults and 170 children directly, for a total of 378 when including other adults and siblings in the household.

Data presented in this report include both pre and post data that were gathered from intake (day 1) and closeout (day 45) forms. Comparison are made between pre and post to examine whether factors such as employment, education, and housing changed for families over time.

Employment

Table 12 describes the employment status of heads of household at intake and closeout of the SB program. Due to small sample sizes, unemployed category was combined to include not looking, unable, and looking in one category. Overall, employment jumped from 70% of heads of household to 88%. Using McNemar’s Chi-square test, this difference was determined to be statistically significant ($p < .01$), suggesting that this relationship is unlikely to have occurred due to chance alone.

Table 12: Head of Household Employment

	CRT: Intake		CRT: Closeout	
	N (79)	%	N (79)	%
Employed Full-time	30	38%	46	57%

Employed Part-time / Seasonal/Sporadic	25	32%	25	31%
Unemployed – Not looking, unable, or looking	24	30%	10	12%
Total Employed	55	70%	71	88%

Income

Data were also captured on self-reported head of household income at intake and closeout. The median income of households jumped from \$857 per month (mean \$847) to \$863 per month (mean \$771), however, this difference was not statistically significant. It may be advisable to examine in future years why increases in employment were not associated with increases in family income.

Living Situation

Data were collected on family living situation at intake and closeout using standards for collecting housing data as defined by the Department of Housing and Urban Development². In conversation with staff at ACP, these data were simplified into “secure” and “insecure” housing arrangements in order to simplify data for interpretation.

Because of small cell sizes and some issues with migrating data from our old system to the new at intake, data are only reported on the percentage of secure vs. insecure housing at intake and closeout. Table 13 outlines differences in living situation at intake and closeout for families enrolled in the CRT program. Secure housing jumped from 14% to 32% over the course of the CRT program.

When examining only those families for which there were available data from both time points, 12 families transitioned from insecure to secure housing in the CRT program, representing 27% of these families. These results are promising, though should be interpreted with caution. One can conclude that it is possible that ACP is contributing to families transitioning from homelessness into housing stability.

Table 13: CRT Living Situation

	CRT: Intake	CRT: Closeout
	%	%
Insecure	86%	68%
Secure	14%	32%

Education and Training

Data were collected on education and training for the CRT program, though it appears there may have been some inconsistencies in the way data were collected on this value in the program. For this year, data will not be reported on education and training.

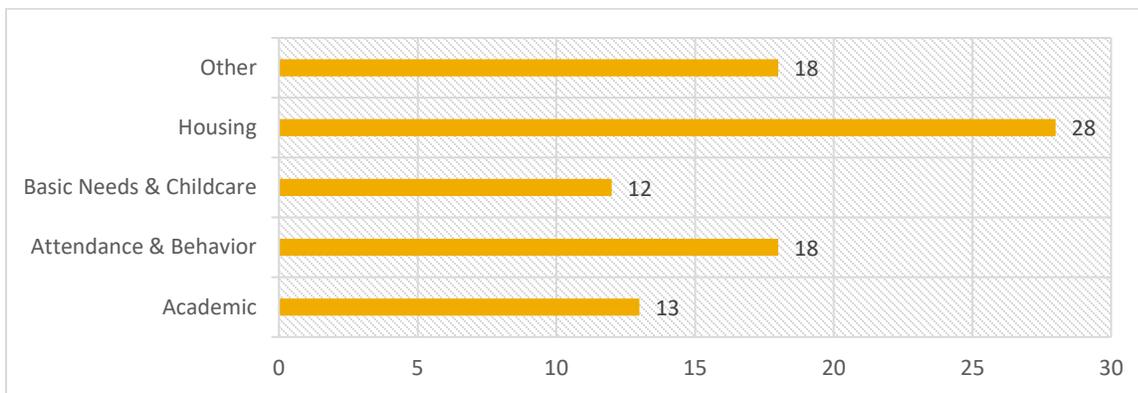
² 2017 HMIS Data Standards. Retrieved from: <https://www.hudexchange.info/resource/3824/hmis-data-dictionary/>

Goals

Through the case management process, heads of household are encouraged to set goals with ACP staff members to express desired futures despite their circumstances in both the SB and CRT programs.

Table 14 describes the topic area of goals as identified by heads of household. Long-term housing along with academic and behavioral support for children emerged as top areas for goal-setting by heads of household. The category “other” includes goals in the areas of financial assistance, transportation, substance abuse, health/medical, family planning, employment, domestic violence, mentoring, and food security.

Table 14: Topic Area for Goals Identified by Head of Household (n)



Referrals

ACP staff in both SB and CRT programs also support heads of household by making referrals to other nonprofits and social services agencies who may be able to support with a specific need. Data included the number of referrals made by category (N), the percentage of referrals by category (%), the number of successful referrals, and the success rate, which indicates the percentage of referrals that lead to a positive outcome (generally receiving the good or service provided). Table 15 summarizes these data – though only data on the success rate are included due to small cell sizes for number of referrals in some categories.

The overall success rate of ACP referrals was 77%. Success rates for academic, behavior, and basic needs are generally successful as in most cases ACP staff have a direct role in providing this referral/need internally. Referrals to external organizations that had higher success rates are highlighted. This includes counseling, food (e.g. a food pantry), medical or health services, and transportation. Both success rates for immediate (21%) and long term (28%) housing were also highlighted indicating an area for growth opportunity.

Table 15: Referral Data

Referral Type (n=1146)	
	Success Rate
Academic/Behavior	94%
Basic Needs	94%
Childcare	18%
Counseling	64%
Domestic Violence	33%
Employment	29%
Family Planning	50%
Financial Assistance	32%
Food	85%
Furniture	60%
Immediate Housing	21%
Legal Aid	20%
Long-Term Housing	28%
Medical or Health Services	80%
Mental Health	56%
Mentoring	100%
Substance Abuse	100%
Transportation	80%
Total	77%

This report has been a collaboration of
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