



The Ending Family Homelessness Pilot: Rapid Re-Housing for TANF Families

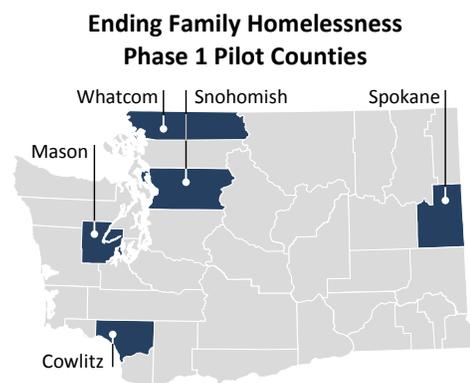
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THE ENDING FAMILY HOMELESSNESS (EFH) pilot program provides rapid re-housing and other services to homeless families who are receiving Temporary Assistance for Needy Families (TANF). Through active coordination between DSHS Community Services Offices, the Employment Security Department's WorkSource offices, housing providers, and local homeless school liaisons, the pilot aims to move homeless TANF families into permanent housing immediately and for families to have sufficient income to support that housing within six months.

In April 2013, five counties began implementing the EFH pilot: Spokane, Snohomish, Cowlitz, Whatcom, and Mason.¹ Although data is not yet available to assess whether the program has achieved its goals, this report provides baseline information using data from the following sources:

- The Homeless Management Information System (HMIS) used by local housing providers,
- The Automated Client Eligibility System (ACES) and eJAS used by TANF caseworkers, and
- The DSHS Integrated Client Database, which contains information from over 30 different data systems.



Key Findings

We examine baseline risk and protective factors for TANF parents and children participating in EFH, compared to other TANF clients in the balance of the state who did not participate in EFH.

1. Over a six-month period from April to September 2013, pilot counties served 277 individuals (97 households) who could be linked to DSHS records. Almost all of the EFH participants entered the program from emergency shelters or places not meant for housing, such as cars or the street.
2. Relative to other TANF parents, EFH parents are more likely to face barriers to housing and employment such as family violence, substance use, mental illness, and involvement with the criminal justice system.
3. EFH parents also have some protective factors to build upon. They are receiving substance abuse treatment at relatively high rates, have slightly higher education levels, and are less likely to have had children in foster care at baseline.

¹ Commerce gave housing providers in the five pilot counties flexibility to develop their own program designs. For example, while one county targets families with the highest needs, another county targets only families that are "work ready."

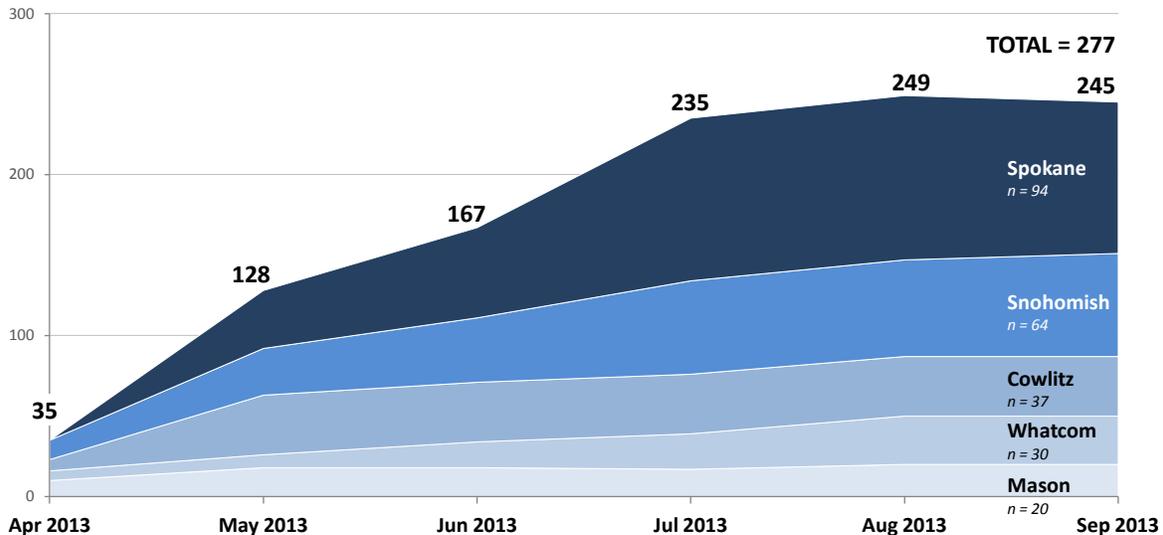


ENDING FAMILY HOMELESSNESS | The HMIS View

EFH Program Participation

Monthly enrollment grew steadily across the five counties over the six-month period from April to September 2013, with 345 individuals served through the EFH pilot in that period. Of those, 277 (80 percent) had identifiable information entered into the Homeless Management Information System (HMIS) and were able to be linked with the DSHS Integrated Client Database (see Study Design on p.4 for more detail).² Spokane and Snohomish counties served the most clients in this period (40 percent and 25 percent of the total served, respectively).

Monthly EFH Enrollment Trends by Pilot County, April – September 2013



Average Monthly EFH Costs by Service Modality

We identified EFH expenditures in HMIS between April and September 2013 for 71 heads of household.³ We then calculated two weighted monthly averages by service modality, one in which the denominator for each month was the overall number of EFH households served in that month and the other in which the denominator was the number of households receiving that particular service in the month. For example, on average the EFH program spent \$180 per month on security deposits across the 71 households with reported costs. However, the average amount spent on security deposits was \$592 among the subset who had security deposits paid for by the program.

Average Monthly EFH Costs per Household, April – September 2013

Average cost per month of program participation for all heads of household with reported EFH costs. . .

| RENT n = 71 | SECURITY DEPOSIT n = 71 | UTILITY DEPOSIT n = 71 | MOTEL/HOTEL COST n = 71 | ALL COSTS n = 71 |
|----------------|----------------------------|---------------------------|----------------------------|---------------------|
| \$636 | \$180 | \$37 | \$36 | \$889 |

Average cost per service user per service month. . .

| RENT n = 70 | SECURITY DEPOSIT n = 60 | UTILITY DEPOSIT n = 16 | MOTEL/HOTEL COST n = 8 | ALL COSTS |
|----------------|----------------------------|---------------------------|---------------------------|-----------|
| \$688 | \$592 | \$207 | \$800 | n/a |

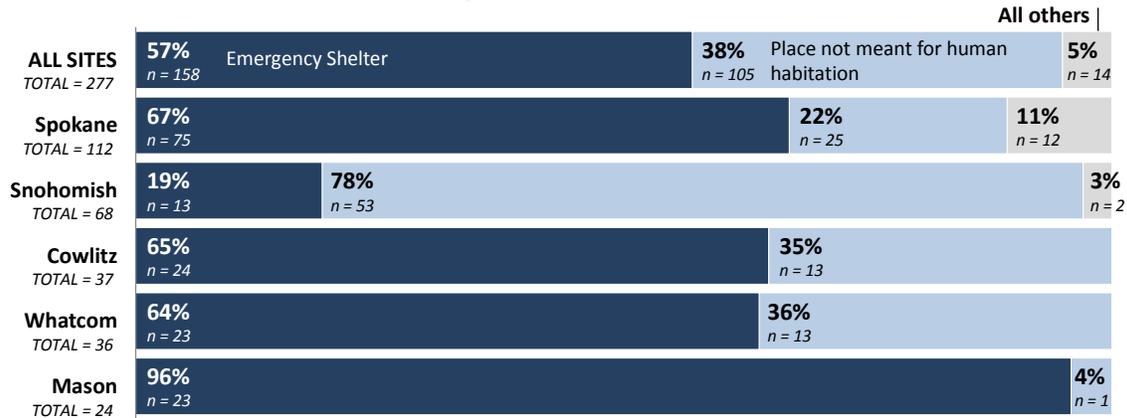
² State and federal law prohibit the collection of personal identifiers in HMIS for individuals fleeing domestic violence (see RCW 43.185C.180 and sections 3 and 605 of the federal Violence Against Women Act of 2005).

³ Expenditure data was only available in HMIS for 71 of 97 heads of household (73 percent) served by the EFH program.

Housing Status Prior to EFH Program Entry

At the time of program entry, housing providers record a client’s “prior living situation” in HMIS. Across all five counties, the vast majority of clients had most recently been residing in emergency shelters or places not meant for human habitation (such as a car or the street). However, there was variation across counties, with the majority of clients in Snohomish county (78 percent) coming from a place not meant for housing (such as the street, vehicles, or camping sites) and almost all clients in Mason county (96 percent) coming from shelters.

Prior Living Situation Recorded in HMIS

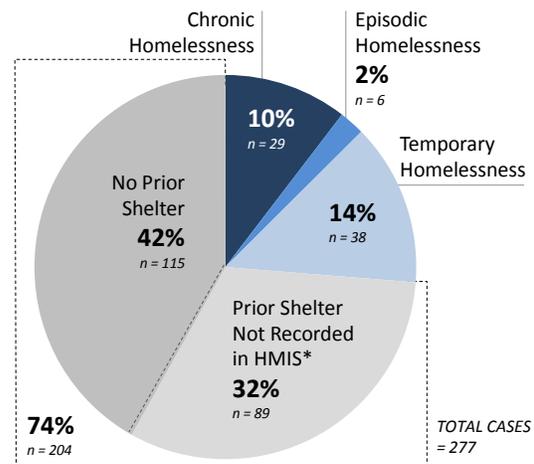


SHELTER USE HISTORY | Chronic, Temporary, and Episodic Homelessness

Prior research has developed a typology for categorizing homeless families as chronically, episodically, or temporarily homeless based on their 3-year shelter use history.⁴ We replicated this approach, using a cluster analysis to group EFH participants based on the number of episodes (frequency) and number of total days (duration) in shelter over a three-year period prior to entry into the EFH program.

The majority of EFH participants (204 individuals and 33 households) had no prior experience receiving HMIS-recorded emergency shelter. Another 14 percent were categorized as temporarily homeless, meaning they had only stayed briefly in shelter in the past. A small number (2 percent) were categorized as episodically homeless, having cycled in and out of brief stays in shelter. Finally, 10 percent who were categorized as chronically homeless had relatively few but long stays in shelter in the past (averaging 86.6 days in a single episode of homelessness).

Three-Year History of Emergency Shelter Use



*Program staff in the five pilot counties confirmed that these 89 individuals with prior shelter not recorded in HMIS were either 1) entering EFH from shelters not required to report into HMIS or 2) fleeing domestic violence when served in shelter.

| Three-Year History: EFH Clients with Prior Shelter Use in HMIS | Temporary (n=38) | Episodic (n=6) | Chronic (n=29) | Total (n=73) |
|--|------------------|----------------|----------------|--------------|
| Average number of shelter episodes | 1 | 2.3 | 1.1 | 1.1 |
| Average number of days in shelter | 9.8 | 6.3 | 89.1 | 41.0 |
| Average number of days per episode | 9.8 | 3 | 86.6 | 39.8 |

⁴ See Culhane, Dennis, et al. (2007). “Testing a Typology of Family Homelessness Based on Patterns of Public Shelter Utilization in Four U.S. Jurisdictions: Implications for Policy and Program Planning,” *Housing Policy Debate*, Vol. 18 (1): 1-28.

STUDY DESIGN | Examining Baseline Characteristics of EFH Program Participants

Study Population

According to HMIS, a total of 345 adults and children (113 households) participated in the Ending Family Homelessness (EFH) program between April and September 2013. Of those, 297 individuals (86 percent) provided consent to have their HMIS records shared and had sufficient identifying information to be linked to DSHS records. Many of the individuals who were not able to be linked were likely members of households fleeing domestic violence, as housing providers are prohibited by law from entering identifying information into HMIS for these clients.⁵ Of the 297 individuals who were “linkable,” 277 (93 percent) were matched to the DSHS Integrated Client Database.⁶

Among the 277 EFH participants (97 households) who linked to DSHS records, we identified 105 adults and 145 children who received TANF at some point in FFY 2013 (October 2012 to September 2013). An additional 27 EFH participants were non-recipients associated with TANF households, such as children receiving SSI payments and adults on child-only TANF cases. The remainder of this report examines baseline risk and protective factors for TANF parents and children participating in EFH, compared to other TANF clients in the balance of the state who did not participate in EFH.

| Study Population | EFH Participants | | Other TANF Clients, Balance of the State* | |
|---|------------------|------|---|------|
| TANF/WorkFirst Parents | 105 | 38% | 55,505 | 35% |
| TANF Children | 145 | 52% | 104,899 | 65% |
| Non-recipients associated with TANF Cases | 27 | 10% | 0 | 0% |
| Total study population | 277 | 100% | 160,404 | 100% |

*18,053 TANF clients who did not participate in EFH were excluded from the analysis because they resided in a pilot county during the study period.

Time Period and Data Sources

Measures constructed solely from data available in the Automated Client Eligibility System (ACES) or eJAS (an online tool used for TANF case management) are provided for the most recent month a client spent on TANF in FFY 2013. This includes the following: issues identified in the Comprehensive Evaluation conducted by caseworkers, WorkFirst activities to which TANF parents were assigned, parents’ level of education, pregnancy status, ages of children in the household, and childrens’ TANF case type.

Measures that leveraged data from the DSHS Integrated Client Database are provided over a 12-month period prior to EFH program implementation (April 2012 to March 2013). For behavioral health risk factors, we used a longer (24-month) window of time for observation.



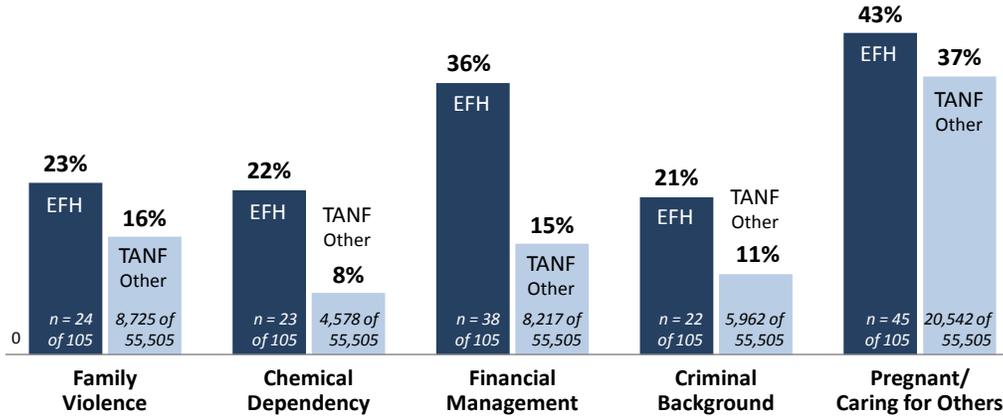
⁵ Please see RCW 43.185C.180 and sections 3 and 605 of the federal Violence Against Women Act of 2005.

⁶ See Mancuso, David (2014). “DSHS Integrated Client Database,” Olympia, WA: DSHS Research and Data Analysis Division, <http://publications.rda.dshs.wa.gov/1495/>.

TANF PARENTS | Information Recorded by TANF Caseworkers

WorkFirst Program Specialists and Social Service Specialists within DSHS Community Services Offices (CSOs) conduct Comprehensive Evaluations (CEs) with WorkFirst parents. According to data from the most recent CEs, EFH parents were more likely than TANF parents in the balance of the state to report family violence, chemical dependency, financial management, and criminal background issues to a caseworker. The true prevalence of family violence is likely underestimated here given that we are unable to link EFH participants who entered the program while fleeing domestic violence.

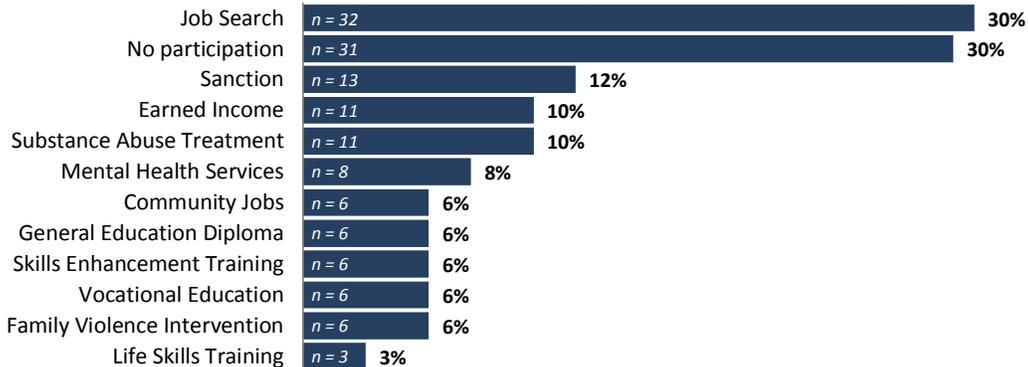
Issues Identified in the Comprehensive Evaluation



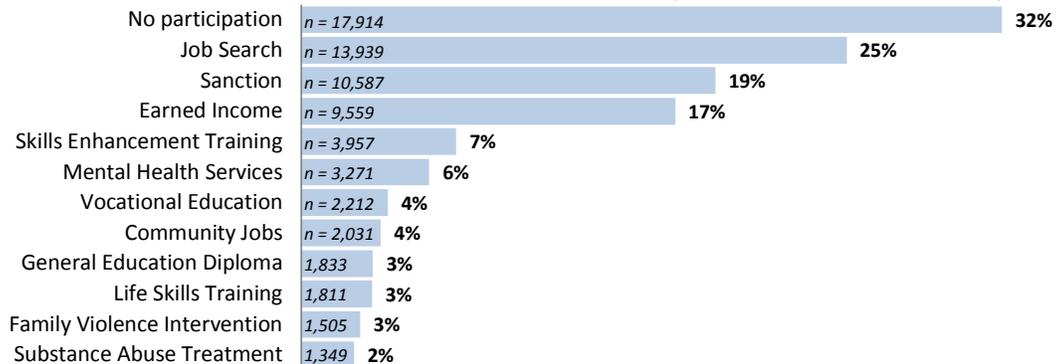
WorkFirst Activities

TANF parents are generally required to engage in work-related activities through the WorkFirst program. A slightly greater share of EFH parents were engaged in Job Search relative to TANF parents in the balance of the state (30 percent compared to 25 percent). However, consistent with issues identified through CEs, EFH parents were also more likely to be in chemical dependency treatment (10 percent versus 2 percent) or to be resolving family violence issues (6 percent versus 3 percent).

EFH Parents: Activities in most recent month on TANF (can be counted in more than one)

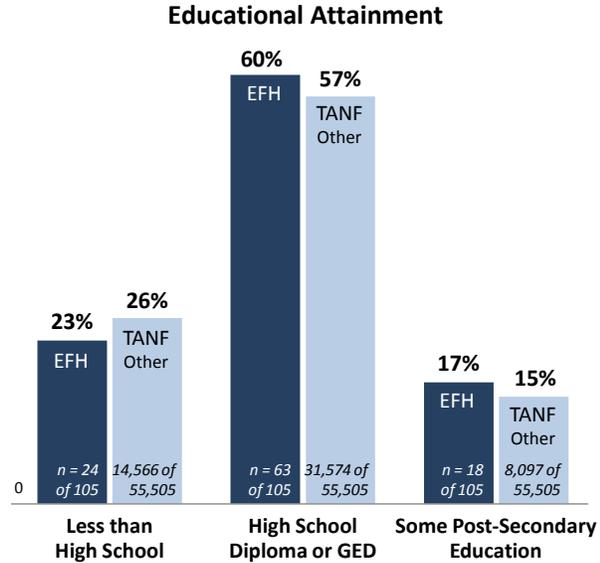


Other TANF Parents: Activities in most recent month on TANF (can be counted in more than one)



EFH parents have levels of educational attainment comparable to other TANF clients

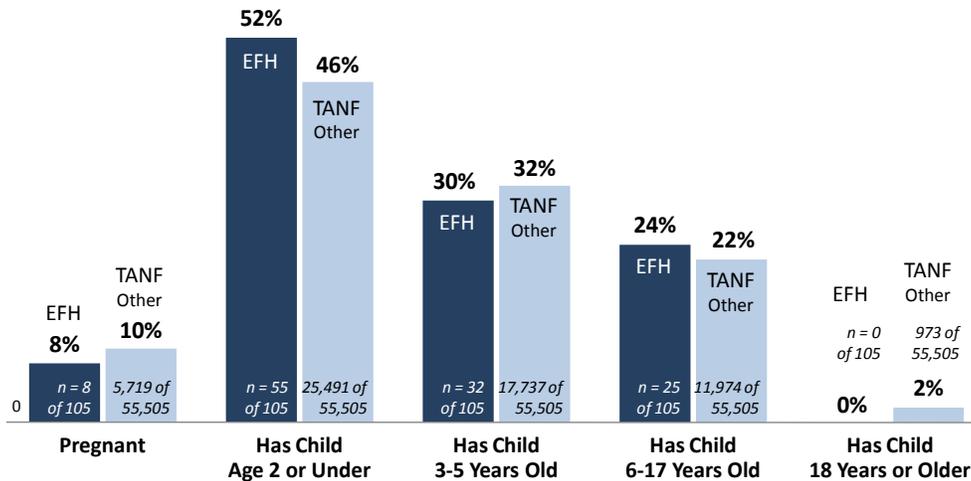
We examined ACES-recorded education levels for parents as of their most recent month on TANF. EFH parents were slightly more likely than other TANF parents to have a high school diploma or GED (60 percent compared to 57 percent) and were also slightly more likely to have some post-secondary education (17 percent compared to 15 percent). Roughly a quarter of both groups had less than a high school diploma or GED. This compares to a national rate of about 15 percent of adults aged 25 or over who lack a high school diploma or its equivalent.⁷



EFH parents are slightly less likely to be pregnant but more likely to have very young children

We identified the proportion of both EFH parents and other TANF parents who were pregnant and who had children in various age groups. A slightly lower proportion of EFH parents were pregnant in their most recent month on TANF relative to other TANF parents (8 percent compared to 10 percent). However, just over half of EFH parents had a very young child (two years-old or younger) in the household, compared to 46 percent of TANF households in the balance of the state population.

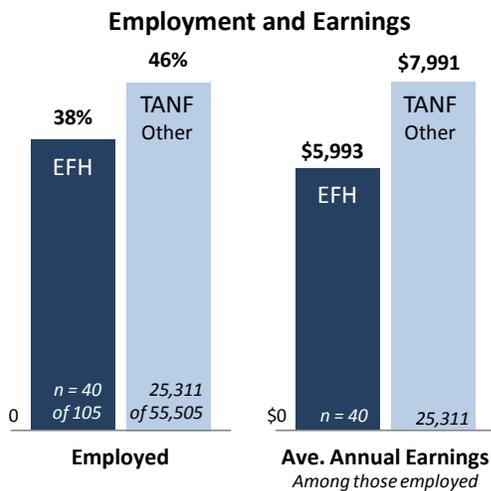
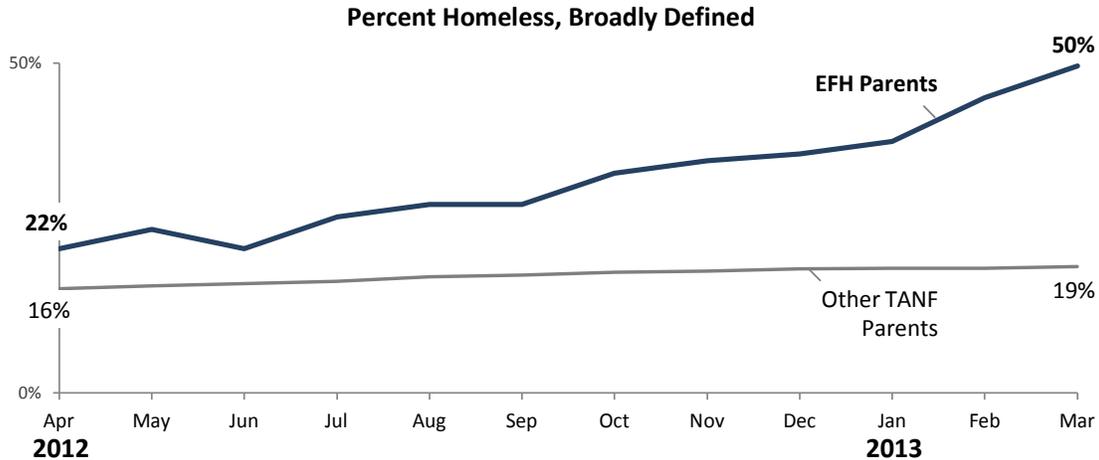
Pregnancy and Ages of Children in the Household



⁷ Current Population Reports (2012). "Educational Attainment in the United States: 2009," <http://www.census.gov/prod/2012pubs/p20-566.pdf>.

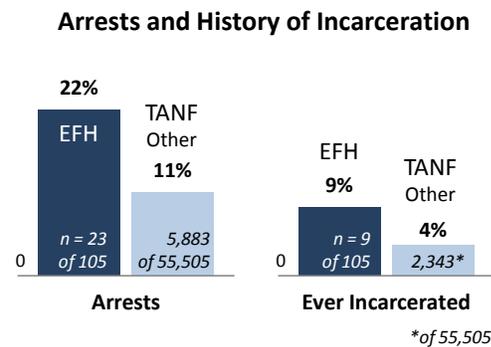
TANF PARENTS | Homelessness, Employment, and Criminal Justice Involvement

Homelessness was identified using an indicator that combines data from five different information systems, including ACES and HMIS.⁸ In addition to capturing homelessness as defined narrowly, this measure identifies individuals in unstable living arrangements (such as homeless with housing in ACES, which can indicate “couch surfing”). Over the 12-month period prior to EFH implementation, we observe a 28 percentage point increase in identified homelessness among EFH parents.



EFH parents were less likely to be employed and had lower average earnings at baseline

We identified a parent as being employed in the 12-month baseline period if they had any employer-reported earnings in the Washington State Employment Security Department’s Unemployment Insurance system between April 2012 and March 2013. Over that period, approximately 38 percent of EFH parents were ever employed compared to 46 percent of other TANF parents. Moreover, the average earnings among those employed were roughly \$2,000 less over the year for EFH parents—despite having slightly higher education levels—compared to other TANF parents.



EFH parents were about twice as likely to have been arrested or to have an incarceration history

We observed the rate of arrest in Washington State Patrol data over the 12-month baseline period.⁹ Whereas 22 percent of EFH parents had been arrested, only 11 percent of other TANF parents had. In addition, looking back over an almost 30 year period (to 1984), 9 percent of EFH parents had ever been incarcerated in a Department of Corrections (DOC) facility, compared to 4 percent of other TANF parents.

⁸ See Shah, Melissa Ford, et al. (2012). “Identifying Homeless and Unstably Housed DSHS Clients in Multiple Service Systems,” Olympia, WA: Research and Data Analysis Division, <http://publications.rda.dshs.wa.gov/1457/>.

⁹ Local law enforcement agencies are generally required to report only felony and gross misdemeanor offenses into the WSP arrest database. This report somewhat understates the full volume of arrest events in the study population because our data does not include some arrests for misdemeanor offenses that are not required to be reported in this database.

TANF PARENTS | Baseline Behavioral Health and Medical Risk Factors

EFH parents were more likely to have substance abuse problems but also more likely to be treated

In addition to identifying substance abuse issues through the CE and WorkFirst activities recorded in eJAS (see page 5), we also used other administrative records to identify the likely presence of alcohol or other drug (AOD) treatment need. Specifically, we identified a TANF parent as having a probable AOD problem if health service or criminal justice records identified diagnoses, treatment, or arrests associated with substance-related problems in a 24-month period (April 2011 to March 2013). We restricted the analysis to individuals who had at least one month of medical coverage in that period (approximately 85 percent of both EFH parents and other TANF parents had coverage). We found that EFH parents were more likely to have a need for AOD treatment (30 percent compared to 18 percent of other TANF parents). However, they were also much more likely to receive treatment. In particular, the AOD treatment penetration rate for those in need was 77 percent for EFH parents (20 of 26) compared to 52 percent for other TANF parents (4,436 of 8,575).

EFH parents were more likely to have serious mental health problems

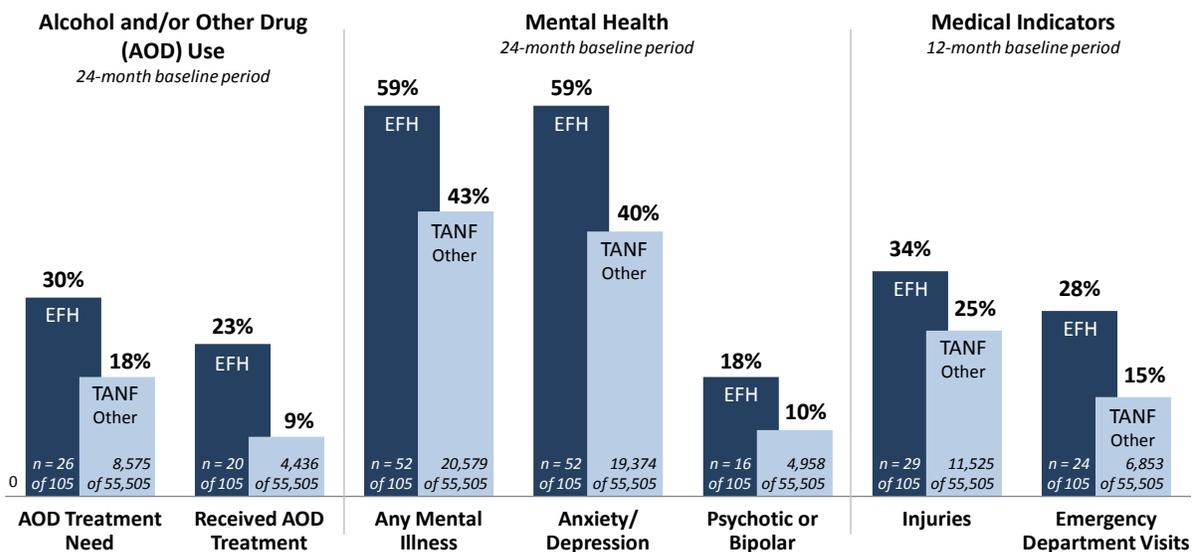
Among the same subset of individuals with at least one month of medical coverage in the 24-month baseline period, we examined the prevalence of mental health conditions. The proportion of EFH and other TANF parents identified as having mental illness using a broad indicator was comparable to the proportion with diagnoses or prescriptions for anxiety or depression (roughly 60 percent for EFH parents compared to 40 percent for other TANF parents for both measures). In addition, 18 percent of EFH parents had diagnoses or prescriptions for psychotic or manic symptoms over the 24-month period, compared to 10 percent of other TANF parents.

EFH parents were more likely to have been injured or to have visited an Emergency Department

Among a subset of parents who had at least one month of medical coverage in the 12-month baseline period (April 2012 to March 2013), we identified the proportion with any medical encounters indicating treatment for injuries and Emergency Department (ED) visits. About one-third of EFH parents had been treated for an injury at some point in the baseline year compared to one-quarter of other TANF parents. EFH parents were also about twice as likely to have had an ED visit (28 percent compared to 15 percent of other TANF parents).

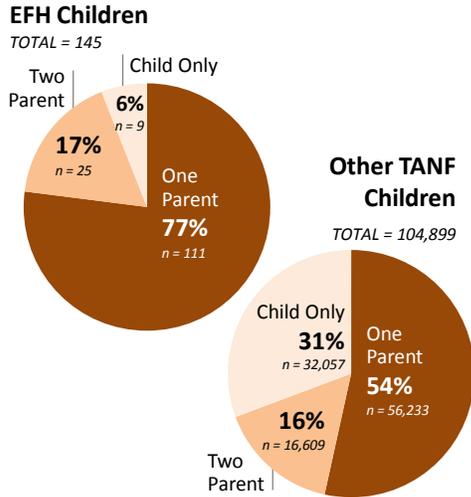
Behavioral Health and Medical Risk Indicators

Among those with Medical Coverage

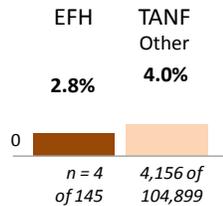


TANF CHILDREN | Case Type, Health Status, and Prior Foster Care Involvement

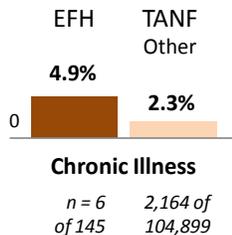
TANF Case Type: 1-Parent, 2-Parent, and Child-Only



Foster Care Placement In 12-Month Baseline Period



Proportion with Poor Health Status Among those with Medical Coverage



EFH children were much less likely to be part of child-only TANF cases

Although roughly one-third of TANF children in the balance of the state were receiving child-only TANF, only 6 percent of EFH children were on child-only cases. This may be a function of the EFH program's focus on having WorkFirst caseworkers collaborate with local housing providers to move clients into employment and permanent housing. Since child-only cases do not receive WorkFirst services or case management, they may not be connected to housing services in the same way.

EFH children were less likely to have had a foster care placement in the baseline year

We examined the proportion of children who had an out-of-home placement through the DSHS Children's Administration between April 2012 and March 2013. Only 4 of 145 EFH children (3 percent) had been in placement over that period. TANF children in the balance of the state were slightly more likely to have experienced out-of-home placement, consistent with the relatively greater proportion of those children who were on child-only TANF cases.

EFH children on TANF were more than twice as likely to be experiencing poor health conditions

To assess baseline health status, we used a chronic illness risk score based on health service diagnoses and pharmacy claim information.¹⁰ The score is calibrated to equal one for the average person in Washington State enrolled in the Social Security Insurance (SSI) disability program. Among EFH children with medical coverage in the baseline year, 4.9 percent had a score of one or higher, compared to 2.3 percent of other TANF children in the balance of the state.

¹⁰ See Gilmer, T., Kronick, R., Fishman, P., & Ganiats, T. G. (2001). The Medicaid Rx model - Pharmacy-based risk adjustment for public programs, *Medical Care*, 39(11), 1188-1202 and Kronick, R., Gilmer, T., Dreyfus, T., & Lee, L. (2000). Improving health-based payment for Medicaid beneficiaries: CDPS, *Health Care Financing Review*, 21(3), 29-64.

Discussion

This report has identified baseline risk and protective factors for EFH parents and children relative to other individuals on TANF in the balance of the state. Key findings include the following:

The absence of HMIS-recorded shelter history does not tell the whole story.

- Although the majority of EFH participants (204 of 277) do not have shelter histories recorded in HMIS over a three-year history prior to entering the EFH program, almost all of them (95 percent) entered the program from either a shelter or a place not meant for human habitation, such as cars or the street. This apparent disconnect between what we see in HMIS and what homeless families are experiencing may be due in part to state and federal laws prohibiting the collection of personal identifiers in HMIS for individuals involved with domestic violence.

EFH parents are facing serious barriers to both housing and employment relative to other TANF parents in the balance of the state.

- According to data collected by TANF caseworkers through Comprehensive Evaluations, EFH parents are more likely than other TANF parents to be facing issues related to family violence, chemical dependency, financial management, and criminal backgrounds. Analysis of administrative data available in the DSHS Integrated Client Database mirrors these findings, especially with respect to criminal justice involvement and substance abuse. In addition, data from the ICDB shows that EFH parents are more likely than other TANF parents to experience mental illness, to be treated for injuries, and to visit a hospital Emergency Department.

EFH parents are more likely to have very young children and children with serious health issues.

- Just over half of EFH parents had a very young child (two years-old or younger) in the household, compared to 46 percent of TANF households in the balance of the state population. EFH children were also twice as likely as other TANF children to have a health status comparable to that of an individual receiving federal disability assistance.

Despite facing a number of barriers to housing and employment, EFH parents do have some protective factors to build upon.

- EFH parents are slightly more likely than other TANF parents to have a high school diploma or GED and to have some post-secondary education. And although they are more likely to have substance abuse problems, they also have higher treatment penetration rates (77 percent of EFH parents with substance abuse issues receive treatment compared to 52 percent of the balance of the state population). Finally, EFH parents are less likely than TANF parents in the balance of the state to have had a child placed in foster care in the year prior to program implementation.

This report provides baseline descriptive information on adults and children who participated in the Ending Family Homelessness (EFH) program between April and September 2013, compared to other TANF recipients in the balance of the state who did not participate in the program.

STUDY POPULATION

There were 277 individuals who participated in EFH between April and September 2013 and whose records matched to the DSHS Integrated Client Database. Of these, 105 adults and 145 children participated in TANF/WorkFirst at some point between October 2012 and September 2013 (FFY 2013). These 250 EFH participants on TANF were compared to 55,505 parents and 104,899 children who were also on TANF in FFY 2013 but who did not participate in the EFH program and did not reside in one of the five pilot counties.

| Demographic Characteristics | EFH Parents | | Other TANF Parents, Balance of State | |
|--|------------------------------|---------|--------------------------------------|---------|
| | NUMBER <i>Total = 105</i> | PERCENT | NUMBER <i>Total = 55,505</i> | PERCENT |
| Race/Ethnicity | | | | |
| White only | 71 | 68% | 27,602 | 52% |
| Any minority | 30 | 29% | 24,630 | 45% |
| <i>African American</i> | 8 | 8% | 9,072 | 16% |
| <i>Asian/Pacific Islander</i> | 6 | 6% | 4,782 | 9% |
| <i>Native American</i> | 13 | 12% | 4,096 | 7% |
| <i>Hispanic</i> | 8 | 8% | 9,152 | 16% |
| <i>Missing</i> | 4 | 4% | 3,273 | 6% |
| Gender | | | | |
| Male | 28 | 27% | 13,238 | 24% |
| Female | 77 | 73% | 42,267 | 76% |
| Age | | | | |
| Average age | | 31.6 | | 30.5 |
| 16-24 | 25 | 24% | 17,160 | 31% |
| 25-29 | 23 | 22% | 12,620 | 23% |
| 30-34 | 26 | 25% | 9,835 | 18% |
| 35-39 | 16 | 15% | 6,530 | 12% |
| 40+ | 15 | 14% | 9,360 | 17% |
| Household composition | | | | |
| 1-parent household | 69 | 66% | 38,532 | 69% |
| 2-parent household | 36 | 34% | 16,973 | 31% |
| Average number of children | | 1.8 | | 1.7 |
| Geographic location (based on county of residence) | | | | |
| Urban-high density | 0 | 0% | 26,498 | 48% |
| Urban-medium density | 72 | 69% | 13,874 | 25% |
| Urban-low density | 30 | 29% | 13,296 | 24% |
| Rural | 2 | 2% | 552 | 1% |
| Immigrants and Refugees | | | | |
| English as a Second Language | 3 | 3% | 3,546 | 6% |
| Refugee (based on initial Immigration and Naturalization Service status in ACES) | 2 | 2% | 2,896 | 5% |

| Ages of Children by Number of Children | ONE child in household | | TWO children in household | | THREE or more children in household | |
|---|---------------------------|--------------------------|------------------------------|--------------------------|--|--------------------------|
| | EFH n = 51 | OTHER TANF n = 26,837 | EFH n = 29 | OTHER TANF n = 14,275 | EFH n = 24 | OTHER TANF n = 10,124 |
| | Has a child 2 or under | 53% | 49% | 48% | 49% | 58% |
| Has a child 3-5 years-old | 18% | 19% | 31% | 46% | 58% | 60% |
| Has a child 6-17 years-old | 14% | 15% | 34% | 23% | 33% | 45% |
| Has a child 18+ years-old | 0% | 2% | 0% | 1% | 0% | 3% |

DATA SOURCES

- The Homeless Management Information System (HMIS) provided personal identifiers and data on participation in the Ending Family Homelessness program, including information on enrollment, prior living situation, and the costs of various types of assistance provided through the program. In addition, HMIS data was used to analyze individuals' emergency shelter use over a three-year history prior to EFH program entry. HMIS data was also used in an indicator of homelessness.
- The Automated Client Eligibility System (ACES) data warehouse provided information on TANF receipt and TANF case type, age, level of educational attainment, living arrangement status (used to measure homelessness), household composition, issues recorded in Comprehensive Evaluations through eJAS, English as a Second Language status, and refugee status.
- The RDA Client Services Database (CSDB) provided information on county of residence, race and ethnicity, and gender.
- Office of Financial Management (OFM) eligibility data provided information on whether or not individuals had Medicaid or a similar type of medical coverage, as health and behavioral health risk factors were only measured for the subset of individuals who had medical coverage in the period being observed.
- ProviderOne provided diagnosis, prescription, and service encounter data from medical records, which was used to create measures of mental illness and substance abuse issues, treatment for injuries, health status, and hospital Emergency Department visits.
- The Treatment and Assessment Report Generation Tool (TARGET) and Consumer Information System (CIS) both provided data on behavioral health care needs and receipt of treatment, as well as information on housing status used in an indicator of homelessness.
- Washington State Employment Security Department (ESD) Unemployment Insurance wage data provided information on employment and earnings.
- Arrest data from the Washington State Patrol (WSP) identified clients who had been arrested, though the full volume of arrests is likely understated in this report given that some misdemeanor offenses are not required to be reported in the WSP database.
- Washington State Department of Corrections (DOC) data provided information on whether an individual had ever been incarcerated in a DOC facility, with release dates available from 1984 forward.

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Copies of this paper may be obtained at www.dshs.wa.gov/rda/ or by calling DSHS' Research and Data Analysis Division at 360.902.0701. Please request REPORT NUMBER 11.203