Social Impact Partnership to Pay for Success Act (SIPPRA)

Independent Evaluator (IE) Annual Evaluation Progress Report

Grantee Name: New Castle County Family HOPE Project

Reporting Period: December 1, 2025 to June 30, 2026

Independent Evaluator Name: Tech Impact (Sam Manski and Erica Blake)

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1. *Provide an overview of the project including:*
    a. *unique factors that contributed to achieving or failing to achieve the outcome in the context of the intervention, including but not limited to any major change in policy or law that may have affected the project intervention and whether or not the project was implemented with fidelity (e.g., randomization of treatment and control groups),*
    b. *challenges faced in attempting to achieve the outcome, and*
    c. *improved future delivery of this or similar intervention.*

The New Castle County Family HOPE Project is in the early implementation phase, with participant enrollment beginning on May 13, 2026, following several months of preparatory activities, fundraising efforts, implementation planning, and Institutional Review Board (IRB) approval. The project seeks to provide comprehensive housing stabilization and supportive services to families experiencing homelessness through extended shelter stays, direct rental assistance, case management, and financial counseling services.

As of June 30, 2026, 41 families had been referred for the Family HOPE Project and 20 families had enrolled. One participating family has successfully exited the Hope Center to permanent housing and completed the post-exit survey. The post-exit survey is administered within one month of exit from the Hope Center and serves both as a feedback mechanism for families' experiences with the program and as a baseline assessment for selected outcomes that will be measured longitudinally during ongoing project participation. Enrollment for Cohort 1 is scheduled to continue through August 13, 2026. Although the original project design anticipated enrollment beginning in the fourth quarter of 2025 and serving approximately 60 families in the Cohort 1, implementation delays resulted in a later program launch. In addition, fundraising limitations required the Cohort 1 enrollment target to be reduced to approximately 45 families.

Despite these delays, implementation has proceeded largely as intended since enrollment began. Key project partners have successfully established operational processes, service delivery procedures, participant tracking systems, and evaluation protocols. The project has maintained strong collaboration among New Castle County, Social Finance, case managers at YWCA Delaware, financial counselors at Flourishing Financials and Stand By Me, and the Tech Impact evaluation team to support participant enrollment, service delivery, and data collection.

Because enrollment only recently began, no outcome measures related to housing stability, family well-being, or other project success metrics have been assessed during this reporting period. Future reports will provide updates on participant outcomes as sufficient follow-up data becomes available.

2. *Has the evaluation study encountered any challenges, such as those identified in the evaluation design plan's theory of change? If so, how has the evaluation team and/or grantee addressed these challenges?*

The primary evaluation challenge encountered during the reporting period involved obtaining the administrative data necessary to support ongoing evaluation activities. The original data-sharing plan anticipated that Housing Alliance Delaware (HAD), as administrator of the Community Management Information System (CMIS), would provide deidentified participant-level data extracts to support evaluation activities. As implementation planning progressed, it became clear that the data requests required for the evaluation were more complex than initially anticipated and would require significant customization within the CMIS environment. As a result, HAD engaged the HMIS software vendor, WellSky, to assist with the development of evaluation-specific data extracts and reporting processes.

This process has resulted in delays in obtaining CMIS data for evaluation purposes. To address these challenges, the evaluation team worked closely with HAD and WellSky to define the specific data elements, reporting requirements, and extraction processes necessary to support the evaluation while maintaining compliance with existing data-sharing agreements and privacy requirements. During the reporting period, WellSky developed a scope of work and cost estimate for the requested data extracts, a purchase order was executed, and arrangements were made for WellSky to develop the requested reports and data extracts.

While CMIS data exports were not yet available to Tech Impact as of June 30, 2026, substantial progress has been made toward implementation of the necessary reporting infrastructure. These activities include defining the required variables and reporting frequency, establishing procedures for the transfer of deidentified participant data, and developing specifications for both direct and derived evaluation measures needed to implement the approved evaluation plan. Although access to CMIS data has been delayed, the evaluation team does not anticipate any changes to the approved evaluation design because of these challenges.

To support ongoing project monitoring during this interim period, the evaluation team worked with Social Finance and YWCA Delaware to obtain aggregate enrollment and participation data. These data have allowed the evaluation team to monitor enrollment progress and implementation activities while the CMIS reporting infrastructure is finalized.

A secondary implementation challenge has been converting referrals into enrollments. As of June 30, 2026, 41 families had been referred to the program and 20 families had enrolled. Early implementation data suggest that non-enrollment has generally not been due to families declining participation. To date, only one referred family formally declined enrollment, citing concerns regarding the potential impact of rental assistance on SSDI benefits. In many other cases, families appear to have exited the Hope Center before enrollment procedures could be completed or are in process but not yet finished enrolling. Project staff continue to monitor enrollment patterns and maintain outreach efforts to support participation among eligible families.

3. *Has there been any alterations to the study's research questions or planned design on account of these challenges? If so, what changes were made?*

There have been no changes to the study's research questions, evaluation methodology, or planned study design during this reporting period. The evaluation remains aligned with the approved design and theory of change. Delays in data access have not required modifications to the evaluation framework and are expected to be resolved through ongoing collaboration with WellSky and Housing Alliance Delaware.

In implementation planning, two changes were made to the Partnership Agreement that have implications for the evaluation. First, the evaluation moved from measuring each cohort's outcomes separately to measuring outcomes for both cohorts together, once they hit the same intervention milestones (*e.g.,* one year after rental assistance starts). This change aimed to increase statistical power through a larger combined sample size and to account for potential enrollment and/or retention issues (*e.g.,* less than 60 families enrolled in Cohort 1).

Second, in addition to CMIS, Tech Impact originally expected to receive data from the Hope Center's Charity Tracker system. To reflect the case management procedures, the Project consolidated so that all evaluation data will flow through CMIS, which ties back to the importance of CMIS access in collaboration with WellSky and Housing Alliance Delaware.

4. Assess the degree to which the project was delivered as intended, including a discussion of how closely the project's theory and intended procedures aligned with actual project implementation.

The Family HOPE Project has been delivered substantially as designed, although implementation occurred later than originally anticipated. Following Institutional Review Board (IRB) approval, completion of key startup activities, and sufficient fundraising, participant enrollment began in May 2026 and service delivery commenced according to the intervention model outlined in the project design.

A significant milestone during the reporting period was the successful completion of the evaluation team's human subjects review process. Tech Impact developed and obtained Institutional Review Board (IRB) approval from WCG Clinical for the evaluation protocol, including participant informed consent procedures, baseline and follow-up survey instruments, and Spanish-language translations of participant-facing materials. Completion of the IRB process ensured that enrollment, survey administration, and evaluation activities could proceed in accordance with approved ethical and research standards and provided the foundation for ongoing data collection activities.

The intervention combines housing stabilization supports with case management and financial counseling services intended to help families achieve long-term housing stability. To support implementation, the project engaged YWCA Delaware to provide case management services and Flourishing Financials and Stand By Me to provide financial counseling. These partnerships established the infrastructure necessary to deliver the intervention as designed and provide coordinated supports to participating families.

In planning for the intervention, the Project made two changes to how rental payments are administered, which required changes to the Partnership Agreement. First, the Project updated the rental assistance payment amounts for 2026 to reflect the latest Fair Market Rent (FMR) data for New Castle County and established that the process to update rental payments each calendar year to match the latest data. Second, the Project will pay each family both first and last month's rent in their first payment period to reflect the cost of executing a lease (*e.g.,* first month's rent and security deposit). Families still receive the same total number of rental payments as before (24 months total).

Several early indicators suggest successful implementation. Enrollment has begun, services are being delivered as planned, and at least one participating family has exited the Hope Center to permanent housing and completed a post-exit survey. In addition, project partners have successfully established participant intake procedures, survey administration processes, service coordination protocols, and data collection procedures to support both program operations and future evaluation activities.

Because implementation remains in its early stages, the evaluation team will continue monitoring program fidelity, enrollment progress, service utilization, and data quality throughout the remainder of Cohort 1 enrollment and subsequent project phases.

5. *Have any of the intervention model's key components changed? If so, how? For example, describe any changes in the following areas, 1) staffing, 2) recruitment/identification and maintenance of training providers and other key partners, 3) recruitment/identification, screening, and enrollment of participants, recruitments/identification, screening, selection of investors, and 4) intervention features and strategies across participating providers.*

The core intervention model remains unchanged, and project activities continue to align with the approved theory of change and service delivery framework.

During the reporting period, evaluator staffing responsibilities transitioned following the departure of Tech Impact evaluation staff. Sam Manski assumed the role of Principal Investigator and Erica Blake assumed the role of Project Manager. The transition was completed without disruption to project implementation, evaluation planning, or data collection activities.

The primary operational change affecting participant enrollment was a reduction in the planned size of Cohort 1. The original implementation plan anticipated enrolling approximately 60 families in the first cohort; however, available fundraising support resulted in a Cohort 1 enrollment target of approximately 45 families. These fundraising challenges were due in part to challenges securing return-seeking investors, with a significant potential investor backing out after several months of negotiations. This adjustment does not affect the overall project objectives. The Partnership Agreement and implementation plan allow for increased enrollment in Cohort 2, if necessary, to achieve the project's overall target enrollment of 120 families. Because evaluation analyses are planned using pooled data across cohorts, the reduction in Cohort 1 enrollment is not expected to materially affect the evaluation design provided overall enrollment targets are achieved.

No changes have been made to participant eligibility criteria, referral processes, core intervention services, or the project's theory of change. Aside from the delayed project launch, evaluator staffing transition, and revised Cohort 1 enrollment target, no substantive changes have been made to the intervention model.

6. *Include an assessment of the value to the federal government as discussed and defined in Section 4.f.ii, Outcome: Outcomes Valuation. If outcomes were not evaluated during this reporting period, enter N/A.*

N/A

7. *Are there additional topics or information not discussed above that the independent evaluator would like to highlight regarding this project and/or other areas?*

During the reporting period, the project successfully transitioned from planning and startup activities into active implementation. Enrollment and service delivery are underway, and early implementation activities have proceeded largely as intended.

Project partners continued to strengthen the operational and evaluation infrastructure needed to support long-term outcomes measurement. The evaluation team worked closely with Social Finance, YWCA Delaware, Housing Alliance Delaware, and WellSky to refine data collection, reporting, and data-sharing processes that will support future evaluation activities and outcome analyses.

The collaborative relationships established among project partners have been a key strength during the startup phase. Ongoing coordination among service providers, data partners, the intermediary, and the evaluation team has helped address implementation challenges while maintaining progress toward enrollment and service delivery goals. Future reporting periods are expected to provide additional information regarding participant outcomes and program impacts as longer-term follow-up data become available.