Housing as a Platform for Stability for Families involved in the Child Welfare System

October 5, 2016
Foster care among homeless single adults range from 10 to 38%.

Homeless more likely to be receiving SSI, and more likely to be involved in the foster care system.

37% of the families with a child in foster care were homeless in the 12 months prior to the loss of custody.
- Permanent Subsidized Housing
- Intense Wrap-around Case Management
- Targeting
- Multi-system Collaboration
- Evaluation
Felicia born placed in Foster Care

1998

Felicia placed in Foster Care

1999

Returned home

2000

Felicia placed in Foster Care

2001

Returned home

2002

Ronald and Felicia move into family homeless shelter

2003

Exit Shelter

2004

Family Moves into Supportive Housing

2005

616 days

2006

Family remains reunified, Stably housed!

2007

Shelter

2008

Child Welfare case closed

2009

495 Days in Foster Care

2010

90 Days in Foster Care

2011

495 Days in Foster Care

2012

90 Days in Foster Care

2013

Total Foster Care Days: 585
Total Shelter Days: 610
- 90% remained housed
- 100% of children reunified
- 61% of cases closed within 10 months
- 87% decrease in indicated reports
- Steady increases in school attendance
- Significant cost-offsets
Children’s Bureau

PARTNERSHIPS TO DEMONSTRATE THE EFFECTIVENESS OF SUPPORTIVE HOUSING FOR FAMILIES WITH CHILD WELFARE INVOLVEMENT
- Implement supportive housing
- Target highest need families
- Establish cross system partnerships and new triage procedures
- Integrate evidence-based practices
- Local process, cost and outcome study
Housing + Services for Child Welfare
Involved Families
San Francisco Human Services Agency
San Francisco, CA
Families Moving Forward

CSH Keeping Families Together
New York, NY

Community Alliance for the Homeless
Memphis, TN
Memphis Strong Families Initiative

State of CT Department of Children and Families
Hartford, CT
Intensive Supportive Housing for Families

Four Oaks Family and Children’s Services
Cedar Rapids, IA
Partners United for Supportive Housing

New Jersey Department of Children and Families

CSH Holy Family House
Mecklenburg County Department of Community Services
Charlotte, NC

Kids in Distress, Inc
Wilton Manors, FL
HEART Alliance
<table>
<thead>
<tr>
<th>Site</th>
<th>Permanently Housed</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Broward County</td>
<td>53</td>
<td>50</td>
</tr>
<tr>
<td>Cedar Rapids</td>
<td>94</td>
<td>100</td>
</tr>
<tr>
<td>Connecticut</td>
<td>45</td>
<td>50</td>
</tr>
<tr>
<td>Memphis</td>
<td>83</td>
<td>125</td>
</tr>
<tr>
<td>San Francisco</td>
<td>37</td>
<td>73</td>
</tr>
</tbody>
</table>
Families have high rates of multiple, complex needs

- 60% have mental health issues
- 50% have histories of substance use
- 46% have criminal justice involvement
- 38% experienced domestic violence
Families Have High Rates of Homelessness/Housing Instability

- 45% have a history of frequent moves
- 42% of families have past homelessness
- 31% of families on the verge of eviction
- 32% utilized emergency shelter
- 17% fleeing domestic violence
73% had prior reports
42% had a history of receiving child welfare services
54% of the primary caregivers had a history of abuse or neglect
25% had experienced a placement in foster care as a child
What will we learn from the evaluation?

- How to identify and target high-need families for supportive housing and allocate resources efficiently.

- What do supportive housing models for this population look like?

- Does supportive housing:
  - Reduce child welfare involvement for high-need families?
  - Reduce homelessness and improve housing stability for high-need families?
  - Help integrate housing and child welfare systems
  - Save taxpayer dollars in child welfare and other public services?
CSH is undertaking a strategic effort to break the intergenerational cycle of homelessness, child welfare involvement, and poor outcomes for vulnerable families with children.

Under the **One Roof campaign**, CSH will elevate the visibility of vulnerable, at-risk families and the need for an improved and integrated policy response through the availability and targeting of supportive housing for families caught in this cycle.
1. **Strengthen collaboration** between the child welfare and housing systems at the federal, state and local levels to integrate services and improve family stability.

2. **Significantly expand access** to supportive housing for families involved in multiple systems, including child welfare, at risk of separation due to neglect exacerbated by homelessness or housing instability.

3. **Increase and sustain resources** to provide and coordinate housing based services to ensure long-term success for vulnerable children and families.

[www.1RoofFamilies.org](http://www.1RoofFamilies.org)
CQI IN A SUPPORTIVE HOUSING PROGRAM:
WHAT WE THOUGHT, WHAT WE LEARNED, WHAT WE DID

PROGRAM DESIGN AND EMERGING FINDINGS IN SAN FRANCISCO

NCCD Annual Conference
October 6, 2016
Government Systems
- SF Human Services Agency (lead agency)
- Department of Public Health
- Housing Authority

Supportive Service Providers
- Homeless Prenatal Program (main provider)
- Infant-Parent Program
- Public Consulting Group
“...evidence that the target population includes only families who are most in need of and who would derive the most tangible benefit from receiving assistance...”

- **Triage:**
  - “the assigning of priority order to projects on the basis of where funds and other resources can be best used, are most needed, or are most likely to achieve success”
TARGETING AND TRIAGE

Triage:

1. Those likely to live, regardless of care;

2. Those likely to die, regardless of care;

3. Those for whom immediate care might make a positive difference in outcome.
**WHO: WHAT ARE THE MAJOR RISK FACTORS?**

Prevalence of Risk Factors Among Homeless and Not Homeless Families

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Number*</th>
<th>Percent</th>
<th>Number*</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Homeless</td>
<td>Not Homeless</td>
<td>Homeless</td>
<td>Not Homeless</td>
</tr>
<tr>
<td>Total n=9,303</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>117</td>
<td>1,062</td>
<td>21%</td>
<td>12%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>200</td>
<td>974</td>
<td>36%</td>
<td>11%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>255</td>
<td>1,377</td>
<td>46%</td>
<td>16%</td>
</tr>
<tr>
<td>Medically Fragile Child</td>
<td>52</td>
<td>104</td>
<td>33%</td>
<td>67%</td>
</tr>
</tbody>
</table>

*Risk factors are not mutually exclusive.*
## Probability of Placement for Program Eligible Children by Risk Factor

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Total*</th>
<th>Placed</th>
<th>Not Placed</th>
<th>Percent Placed</th>
<th>Percent Not Placed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Eligible (n=282)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Domestic Violence</td>
<td>79</td>
<td>57</td>
<td>22</td>
<td>72%</td>
<td>28%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>157</td>
<td>128</td>
<td>29</td>
<td>82%</td>
<td>18%</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>187</td>
<td>160</td>
<td>27</td>
<td>86%</td>
<td>14%</td>
</tr>
<tr>
<td>Medically Fragile</td>
<td>45</td>
<td>39</td>
<td>6</td>
<td>87%</td>
<td>13%</td>
</tr>
</tbody>
</table>

*Total adds to more than the total eligible because risk factors are not mutually exclusive.
CRITERIA FOR SF PROGRAM ELIGIBILITY:

- Currently homeless
- Beginning their first child welfare case
- Children are not yet in out of home care or recently placed
- One or more comorbidities such as:
  - Domestic violence
  - Mental health problems
  - Substance abuse
FINAL THOUGHTS ON TARGETING

- **Timing:**
  - Align intervention with expected outcomes.
  - Consider history before the intervention.

- **Dosage:**
  - Provide enough, and early.
  - Find the neediest, yet not the rarest.
Three main phases of service delivery:

Referral & Engagement

Housing & Stabilization

Maintenance
We could keep families in SF County, close to the service network.

We could use short-term hotels as an interim strategy to stabilize families.
Families struggle to find apartments in SF housing market.
Hotels were too short term to be stabilizing.
Parents in residential treatment can take longer to be housed.

<table>
<thead>
<tr>
<th>Calendar Days to Lease</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Families</td>
</tr>
<tr>
<td>All Treatment Families</td>
<td>37</td>
</tr>
<tr>
<td>Ever in Residential Treatment</td>
<td>12</td>
</tr>
</tbody>
</table>
HOUSING & STABILIZATION: WHAT WE DID

- Suspended the lottery
- Added a dedicated Housing Specialist to promote faster use of FUP vouchers
- Opened Holloway House
Families would move into maintenance phase and graduate sooner than they have.
It took longer for families to get to maintenance because it’s taken longer to get to housing, which may help stabilize other areas.

**ANSA: FAMILY FUNCTIONING BEFORE AND AFTER LEASE**

A. PRE LEASE

- 3-Severe Need: 23
- 2-Moderate Need: 15
- 1-Mild Need: 13
- 3 Need: 3

B. POST LEASE

- 3-Severe Need: 9
- 2-Moderate Need: 8
- 1-Mild Need: 14
- 3 Need: 16

N=37 families, 102 assessments
MAINTENANCE: WHAT WE ARE DOING

Count of Families Provided Referrals & Services

- Child Centered: 46
  - Referrals: 4
  - Services: 42
- Employment: 55
  - Referrals: 10
  - Services: 45
- Housing Assistance: 13
  - Referrals: 13
  - Services: 0
- Independent Living Skills: 28
  - Referrals: 28
  - Services: 0
- Mental Health: 41
  - Referrals: 15
  - Services: 26
- Physical Health: 7
  - Referrals: 5
  - Services: 2
- Substance Abuse: 14
  - Referrals: 14
  - Services: 0
1. Rapid services and housing can only be accelerated so much.
   - Engagement requires much more planned and persistent effort with this population, and takes more time.
   - Child welfare and housing bureaucracies can be streamlined but still involve many steps and cooks in the kitchen to coordinate.

2. A sustainable model may require FUP++, not FUP alone.
   - Scattered site housing for a highly challenged population in a highly challenging housing market takes much more effort and time than expected.