RESEARCH REPORT

Evaluation of the Family Unification Program

Supporting Evidence Building in Child Welfare

OPRE Report 2025-044

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CWEST | CHILD WELFARE EVIDENCE STRENGTHENING TEAM

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Executive Summary

Although child abuse and neglect remain highly prevalent and serious threats to children's well-being, the evidence base for interventions that effectively meet the needs of the children, young people, and families served by our nation's child welfare agencies is extremely limited. This shortage of evidence severely constrains agencies' abilities, at all levels of government, to implement evidence-based programs and practices.

As part of a larger project aimed at increasing the number of evidence-supported interventions for the child welfare population, the Supporting Evidence Building in Child Welfare project[1] designed a rigorous evaluation of the Family Unification Program (FUP) when used to provide housing assistance to families in the child welfare system who are homeless or unstably housed with a permanent housing voucher. Prior evaluations of FUP showed some positive impacts on child welfare outcomes (Fowler and Chavira 2014; Pergamit, Cunningham, and Hanson 2017). We designed the current evaluation to rigorously test the impact of FUP in six sites.

Our evaluation used a randomized controlled trial (RCT) design to test whether FUP reduces the probability of out-of-home placements (placements in foster care) and increases the probability of reunification (returning home from foster care) in six sites. We also conducted an implementation study to understand how FUP was implemented in each of the six sites and to collect perceptions of the program from parents, program staff, and administrators. This report begins with a description of the federal FUP program, followed by a description of the implementation of the FUP program in each of the six sites. This description includes the characteristics of families referred to FUP, as well as their progress through the FUP program. We then present the results of the RCT evaluation measuring the impacts of FUP on child welfare outcomes.

[1] "Supporting Evidence Building in Child Welfare: 2016 – 2025," US Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Planning, Research, and Evaluation (OPRE), accessed September 6, 2024, https://www.acf.hhs.gov/opre/project/supporting-evidence-building-child-welfare-2016-2025.

Program Description

The Family Unification Program (FUP) provides housing assistance through the Housing Choice Voucher (HCV) program to two focal populations: families involved in child welfare and young people who have left or are transitioning out of child welfare; this evaluation focuses on the former. Of the families involved in child welfare, FUP serves two types: reunification families, in which at least one child is in foster care and housing is a barrier to returning the child(ren) back to the family, and preservation families, in which all children are at home but housing is a primary factor in the consideration to remove the child(ren) from the family and place them in out-of-home care. The goal of FUP for reunification families is to facilitate reunification, while its goal for preservation families is to prevent removals.

The Department of Housing and Urban Development (HUD) provides FUP vouchers to local public housing authorities, which administer FUP in partnership with local public child welfare agencies, and beginning in 2017, local continuums of care (CoCs). Child welfare agencies typically refer families for FUP and may also provide services to families, while housing authorities administer the vouchers. CoCs can also refer families in partnership with the child welfare agencies and provide services to families. While HUD provides some guidelines for the program, local child welfare agencies and public housing authorities may impose additional eligibility and screening criteria in determining which families to serve and local programs have flexibility in determining which services to provide.

Methods

We conducted both an implementation study and impact study of the FUP program. The implementation study examined key process-related information, including the progression from referral to housing entry. For the implementation study, we documented the program model and participant engagement to help interpret the results of the impact evaluation. We created a dashboard that collected data on program engagement and housing entry, a housing assistance questionnaire, and an ongoing services questionnaire. Finally, we conducted interviews with staff and families.

The impact study used an RCT design. Families referred to FUP were randomly assigned to one of two groups: one was offered FUP (treatment group), and the other received the usual services in the community (control group). To evaluate the effectiveness of the FUP program, we accessed administrative data from child welfare agencies to measure the impact of FUP on removals and reunifications. We also collected program data from housing authorities on when families enrolled in the program, had vouchers issued, entered housing, and lost their vouchers. Across the six sites, a total

of 778 families were randomized to either treatment or control groups and were included in our study. Outcomes were analyzed using an intent-to-treat (ITT) model, meaning we compare the outcomes of all families randomized to treatment with all families randomized to control group regardless of whether they enter housing. Additionally, we estimate a treatment-on-the-treated (TOT) model, which adjusts for families in the treatment group who never enter housing with a voucher and families in the control group who do enter housing with a voucher. We use regression analysis to estimate the impact of FUP on the outcomes. We present three models: one unadjusted, one controlling only for stratification variables, and one controlling for baseline differences between the treatment and control group. We report both statistical significance, which measures the probability that an effect is due to chance, and effect sizes, which measure the magnitude of the effect.

Implementation of FUP in the Six Study Sites

We selected six sites for the study: Bucks County, Pennsylvania; Chicago, Illinois; King County and Seattle, Washington; Orange County, California; Phoenix, Arizona; and Santa Clara County, California. The King County/Seattle site included two housing authorities, which served the same child welfare region and coordinated the operations of their programs. Each of these sites consisted of a partnership between the child welfare agency and housing authority. The CoCs were not deeply involved in implementing FUP for families in four of our six sites; sites reported rather that the CoCs were much more involved in implementing FUP for young people. Two of the sites, King County/Seattle, Washington, and Chicago, Illinois, had additional external service providers. All six sites had received FUP vouchers in the past and had existing partnerships between the child welfare agencies and housing authorities, as well as with the external providers. While sites generally reported good relationships, some sites struggled with coordination across agencies.

The sites varied widely in their eligibility criteria for FUP. HUD has only four eligibility requirements for receiving HCV vouchers (including FUP); however, five of the seven housing authorities in the study applied additional criteria around criminal background and substance use. These additional criteria were problematic for the child welfare agencies providing the referrals, as many of the families who would benefit from FUP did not meet these additional eligibility criteria.

Implementation Challenges and Successes

Sites faced many challenges in implementing the program. Many of the sites struggled with eligibility guidelines both in terms of training and communicating the eligibility guidelines to child welfare staff and the child welfare staff having trouble identifying families who were able to meet the eligibility criteria, especially around criminal background and substance use. High turnover among child welfare staff made it difficult to keep caseworkers trained on how to refer families to the program and help them through the program. High caseloads and a lack of experience helping families find housing among child welfare caseworkers made it difficult for them to provide housing services to families. Gathering the necessary documents for the public housing authority application was also difficult because families were often in a state of crisis and did not have access to the documents necessary for the application. The housing market was mentioned by many sites as making it difficult for families to locate affordable housing. Finally, the process to get from referral to housing entry is time-consuming, with a median time to housing entry of five months. This comes at a time when the family is dealing with an open child welfare case. Some families waited so long that they decided not to participate in the program any longer.

Some sites achieved success through their strategies and practices. One notable success was a site that followed only the federally required eligibility criteria, which experienced one of the highest housing entry rates and a high housing retention rate. This indicates that less-strict eligibility guidelines can identify families who can be successful in FUP. Another strength was the effective partnerships between the agencies involved in administering FUP, including their ability to collaborate with outside organizations. Finally, having dedicated staff appears to help families be successful in the program; sites with dedicated staff experienced the highest rates of families entering housing through FUP.

Characteristics of Families Referred for FUP

Families referred to FUP across all sites were predominantly headed by a single female who was over age 25. Slightly more than half (56 percent) of the families were reunification families, while slightly less than half (44 percent) were preservation families. Most of the families had two or fewer children (66 percent) and relatively young children, with 66 percent of families having at least one child under age 5.

Families referred to FUP were either homeless (40 percent) or unstably housed (60 percent). Of families experiencing homelessness, 42 percent were living in a shelter or transitional housing, 24 percent were living in places not meant for habitation (e.g., a car), and 34 percent were living in other situations that qualified them as homeless (e.g., hotel or motel). Among families experiencing unstable housing, 42 percent were living in overcrowded situations, and 28 percent were experiencing or fleeing

from domestic violence. Many of the families referred to FUP had a history of homelessness or unstable housing: nearly half had lived at some point in a place not meant for human habitation. Families also had high rates of housing instability, with 43 percent of families experiencing three or more moves in the year before their referral to FUP.

Program Engagement

There are three primary steps a family must complete to enter housing with a FUP voucher:

1. submit their application to the housing authority
2. complete steps and screening to qualify for a voucher
3. find a suitable rental and signing a lease

Of those randomized to treatment, only 67 percent of families completed all three steps and entered into housing. Families exited the program at about equal rates at each of these steps, although this rate varied by site. Common reasons for exiting the program included ineligibility, as well as the inability to complete paperwork, attend meetings, and find suitable housing.

Sites provided different kinds of assistance to families to help them at each step; however, the type and amount of services varied widely by site. Three of the sites (Chicago, King County/Seattle, and Santa Clara County) had dedicated staff either at the child welfare agency or externally contracted service providers to help families through the public housing authority application process, voucher briefing, and finding housing. These three sites also had the highest rates of families entering housing with a FUP voucher.

Housing stability rates were relatively high, with 87 percent of families maintaining their housing vouchers two years after entering housing.

Impacts

We evaluated the impact of FUP on the following outcomes:

- **Removal to foster care.** For families with children at home at the time of randomization.
- **Reunification from foster care.** For families with children in out-of-home care at the time of randomization.

- **For families with children at home at the time of randomization.** We did not find a statistically significant impact of FUP on removal rates.
- **For families with children in out-of-home care at the time of randomization.** We found some statistically significant impacts of FUP on reunification, but the results varied depending on whether the analysis was conducted at the child or family level.
- **Child-level analysis.** This tested whether children who had been in out-of-home care at the time of randomization were reunified with their families two years later. At the child level, we did not find a statistically significant impact of FUP on reunification rates, although the reunification rate was 7 percentage points higher for children whose families were randomized to treatment than for children whose families were randomized to control. When we adjusted for families in the treatment group who do not enter housing and families in the control group (TOT model), we found that the reunification rate was 12 percentage points higher for children whose families were randomized to treatment than for children whose families were randomized to control.
- **Family-level analysis.** This tested whether families with at least one child in out-of-home care at the time of randomization were reunified with all of their children two years later. At the family level, we found a statistically significant impact of FUP, with a reunification rate 11 percentage points higher for families in the treatment group compared with families in the control group. Using the TOT model, we found that the reunification rate was 19 percentage points higher for families who entered housing with a voucher than for families who did not enter housing with a voucher.

We also evaluated FUP on secondary outcomes of case closure and new substantiated allegations. We found no statistically significant impacts on case closure or new substantiated allegations at the child or family level.

Finally, we evaluated FUP on an exploratory outcome defined as whether a child was at home at two years postrandomization.

- **Child-level analysis.** This tested whether children were with their families two years after randomization. At the child level, we did not find a statistically significant impact of FUP on whether children were at home.
- **Family-level analysis.** This tested whether families had all children at home two years after randomization. At the family level, we found the rate of having all children at home to be 6

percentage points higher for families in the treatment group compared with families in the control group. This result was significant in unadjusted models but was not robust to controlling for baseline differences. Using the TOT model, we found that the rate of having all children at home was 10 percentage points higher for families who entered housing with a voucher than for families who did not enter housing with a voucher.

Site analysis was only conducted at the family level and results varied by site. None of the results at the site level were statistically significant because of small sample sizes; however, some impacts at some sites did meet the threshold for meaningful effect sizes. In Chicago, King County/Seattle, and Santa Clara County, the impact of FUP on reunification met the threshold for meaningful effect sizes with reunification families in the treatment group more likely to reunify than reunification families in the control group. We did not find meaningful effect sizes in the other three sites. In Orange County and Phoenix, the impact of FUP on removal met the threshold for meaningful effect sizes with preservation families randomized to treatment less likely to have any child removed than families randomized to control.

Discussion and Conclusion

Overall, we found evidence that FUP may keep families together at the family level. We found some evidence that FUP did help families with at least one child in out-of-home care reunify. Specifically, we found that after adjusting for baseline differences 70 percent of reunification families randomized to treatment reunified with all children compared with 59 percent of the reunification families randomized to control, an 11 percentage-point difference. This represents a 19 percent increase from the control group's probability of reunification (11 percentage-point difference divided by the 59 percent reunification rate in the control group). While we found children out of home at baseline had a 7 percentage-point higher rate of reunifying in the treatment group than in the control group, this difference is not statistically significant. Additionally, we found no impact of FUP on preventing removals for preservation families, on case closures, or on new substantiated allegations.

Our primary results likely understated the FUP program's impact on families who received FUP. The estimates we presented were intent to treat, which meant we compared the outcomes of all families randomized to treatment with all families randomized to control regardless of whether they entered housing. Because only 67 percent of families in the treatment group entered housing with a FUP voucher, there was a nontrivial share of families in the treatment group for whom we expected to see zero impact. In addition, a fair number of control families received housing vouchers. In the four

sites for which we have voucher data for the control group, 16 percent of control families received a voucher in the two years after randomization. This was likely higher than usual because the study overlapped with the COVID-19 pandemic, during which there was a large influx of emergency housing vouchers. These crossovers, as well as the nontrivial number of treatment families who did not enter housing with a FUP voucher, effectively weighed down our estimate of FUP's impact, and smaller effects are less likely to be statistically significant. Despite these limitations, we still found a statistically significant impact of FUP on reunification at the family level.

Importantly, when we controlled for families in the treatment group who do not enter housing with a FUP voucher and for families in the control group who do enter housing with a voucher, we found a much larger impact, with a 19 percentage-point difference in reunification at the family level compared with the 11 percentage-point difference when we did not control for this.

While none of the impacts were statistically significant at the site level, the impacts of FUP on reunification families were largest at the sites with dedicated staff: Chicago, King County/Seattle, and Santa Clara County. These were also the three sites with the highest rates of families entering housing.

We did not see statistically significant impacts on removals overall or at the site level. Sites did not refer preservation families who had a high likelihood of a removal to the program, as shown by the removal rate for preservation families in the control group of only 15 percent. When an event is rare, like removal to foster care, very large sample sizes may be needed to detect impacts. This low rate of removal among the control group suggested that identifying families at imminent risk of removal can be difficult and may explain why this study did not find any impacts of FUP on removal. We found no statistically significant differences on removals at the site level; however, the two sites where we found notable effect sizes on reducing removals—Orange County and Phoenix—also had some of the highest removal rates among the control group (22 percent and 18 percent, respectively).

Overall, this study adds to the evidence that the FUP program can be an effective strategy to increase the probability that families reunify with all of their children who are in out-of-home care. In particular, the evidence suggests that sites with dedicated staff may have higher rates of successful lease up and meaningful impacts on reunification rates.

Introduction

The purpose of this report is to share the results from an evaluation of the Family Unification Program (FUP) when used to serve families involved in child welfare in six sites. The evaluation used a randomized controlled trial (RCT) design to learn whether FUP produces better outcomes than services as usual, which may include housing assistance, for families involved in child welfare who are either homeless or unstably housed. The primary outcome of interest was whether children remained in their homes with their families or were reunified with their families.

In this report, we will first describe the federal FUP program. Then we will review our research questions and methodology. Next, we will describe how the FUP program was implemented in each of the six sites that participated in the study, followed by a discussion of the results from the RCT and ending with a discussion of the study, including its limitations.

Supporting Evidence Building in Child Welfare Project

Although child abuse and neglect remain highly prevalent and serious threats to children's well-being, the evidence base for interventions that effectively meet the needs of the children, young people, and families served by our nation's child welfare agencies is extremely limited. This shortage of evidence severely constrains agencies' abilities, at all levels of government, to implement evidence-based programs and practices. To address this need, the US Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Planning, Research, and Evaluation (OPRE) contracted with the Urban Institute and its partners—Chapin Hall at the University of Chicago, the University of Chicago, and Child Trends ("the evaluation team")—to build the evidence base for child welfare interventions through rigorous evaluation of programs, practices, and policies. As part of this larger project, the Supporting Evidence Building in Child Welfare project,[2] the evaluation team designed a rigorous evaluation of the Family Unification Program (FUP) when used to provide housing assistance to homeless or unstably

[2] "Supporting Evidence Building in Child Welfare: 2016–2025," US Department of Health and Human Services (HHS), Administration for Children and Families (ACF), Office of Planning, Research, and Evaluation (OPRE), accessed September 6, 2024, https://www.acf.hhs.gov/opre/project/supporting-evidence-building-child-welfare-2016-2025.

housed families involved in the child welfare system to prevent removing children into out-of-home care or to increase the chances of reunification for children in out-of-home care.

Housing and Child Welfare

There is a strong link between housing need and child welfare involvement. Housing stress is associated with an increased likelihood of substantiated maltreatment reports and out-of-home placements (Chandler, Austin, and Shanahan 2022). Inadequate housing was a precipitating factor in about 11 percent of child welfare removals in 2022 (HHS 2023). Additionally, for children in out-of-home care, their families' unstable or inadequate housing can lengthen stays in foster care and delay reunification (Courtney, McMurtry, and Zinn 2004; Dworsky 2014; Fowler et al. 2013). A review of the literature suggests that this link between child welfare and housing could exist because of the health or safety risks from inadequate housing; maltreatment related to parental stress, mental health issues, and substance misuse problems intensified by homelessness; and increased interactions with mandatory reporters of parents living in shelters (Dworsky 2014).

Housing assistance can improve child well-being both directly through targeted service provision and indirectly through improved caregiver well-being. Housing assistance may allow parents to better parent their children by mitigating the stress associated with unstable housing and supporting parents in their own health and well-being (Gewirtz et al. 2009; Hatem et al. 2020). Housing interventions, especially supportive housing programs that include wraparound services for families, help promote optimal parenting by reducing parents' stress related to housing and supporting them in their parental roles (Cunningham, Gillespie, and Batko 2019; Swann-Jackson, Tapper, and Fields 2010). Safe and stable housing helps children thrive. A wealth of evidence indicates that housing directly affects children's physical, social-emotional, and mental health, as well as school achievement and future economic attainment (Leventhal and Newman 2010).

There is growing evidence that housing interventions such as supportive housing and housing vouchers can positively impact child welfare outcomes, such as reducing removals and increasing reunification (Collins et al. 2020; Fowler et al. 2018; Rog, Henderson, and Greer 2015; Swann-Jackson, Tapper, and Fields 2010). An RCT of 861 families evaluated the impact of a supportive housing intervention on child welfare–involved families and found that children in the treatment group were more likely to remain at home or be reunified with their families but found no impact on child welfare case closures (Chambers, Packard Tucker, and Pergamit 2023). A study using administrative data that included information about school-age children whose families received supportive housing services

found that there was a sharp decrease in the amount of involvement with child protection in the group that received supporting housing services (Hong and Piescher 2012). In addition, the Family Options Study included 2,282 families across 12 communities who had spent at least seven days in an emergency shelter and assigned the participants to various treatment groups: it found that having priority access to a permanent housing subsidy slightly reduced the share of families who experienced child separations (Gubits et al. 2016).

The FUP program, which began in 1990 and is funded by the US Department of Housing and Urban Development (HUD), provides child welfare–involved families with HCV assistance for as long as the family has an income-based need for the assistance and complies with applicable program requirements. Research on the FUP program has been limited. A study using a quasi-experimental waitlist control design showed that FUP had little impact in preventing child removals from the home but had some positive effect on reunification of children already placed in out-of-home care (Pergamit, Cunningham, and Hanson 2017). Results from an RCT of preservation families in Chicago indicated that families randomized to receive FUP vouchers were at lower risk of homelessness (Fowler and Chavira 2014). This study also found that families referred to FUP were 16 percentage points less likely to experience an out-of-home placement than families receiving services as usual. However, due to small sample sizes (n = 65), this result did not achieve statistical significance. Although some evidence exists that FUP is effective, there has not been a large, rigorous evaluation of FUP to build its evidence base.

The goal of this study was to rigorously evaluate the FUP program's impacts on child welfare involvement. Impacts were measured using an RCT in six sites across the country: Bucks County, Pennsylvania; Chicago, Illinois; Seattle and King County, Washington; Orange County, California; Phoenix, Arizona; and Santa Clara County, California.

The Family Unification Program

The FUP program serves two focal populations: families involved in child welfare and young people who have left or are transitioning out of child welfare; this evaluation focuses on the former. FUP serves families in which housing is a primary factor in removing the child from the family or in which it is a barrier to reunification, with the goal of either preventing removal or facilitating reunification. FUP is a federally funded program run by HUD, which releases Notices of Funding Availability (NOFAs), to which local public housing authorities can apply in partnership with local public child welfare agencies and the local continuum of care (CoC). The housing authority administers and determines voucher eligibility, and the child welfare agency refers families to the housing authority and provides ongoing case management services. The CoCs were added as a required partner as of the 2017 and 2018 NOFA and may refer families to FUP and/or provide services for families in the FUP program. FUP is available in locations in 44 states and the District of Columbia, depending on whether the local housing authorities applied for and were awarded vouchers.

The primary service provided by FUP is a housing voucher. The family generally pays 30 percent of their adjusted income toward rent and utilities, and the voucher makes up the difference—up to a locally defined rent cap. The voucher is permanent as long as the family has an income-based need for the assistance and complies with applicable program requirements (e.g., recertification of income eligibility). HUD encourages housing authorities to provide other services, such as case management; housing search assistance, especially in low-poverty census tracts; financial assistance; postmove counseling; and HUD's Family Self-Sufficiency (FSS) program or a comparable self-sufficiency program. Case management is not a requirement and HUD does not provide additional funding for these services. Prior research shows that some FUP sites will offer additional assistance, such as help obtaining documents and filling out applications, transportation aid, and landlord advocacy (Cunningham et al. 2015).

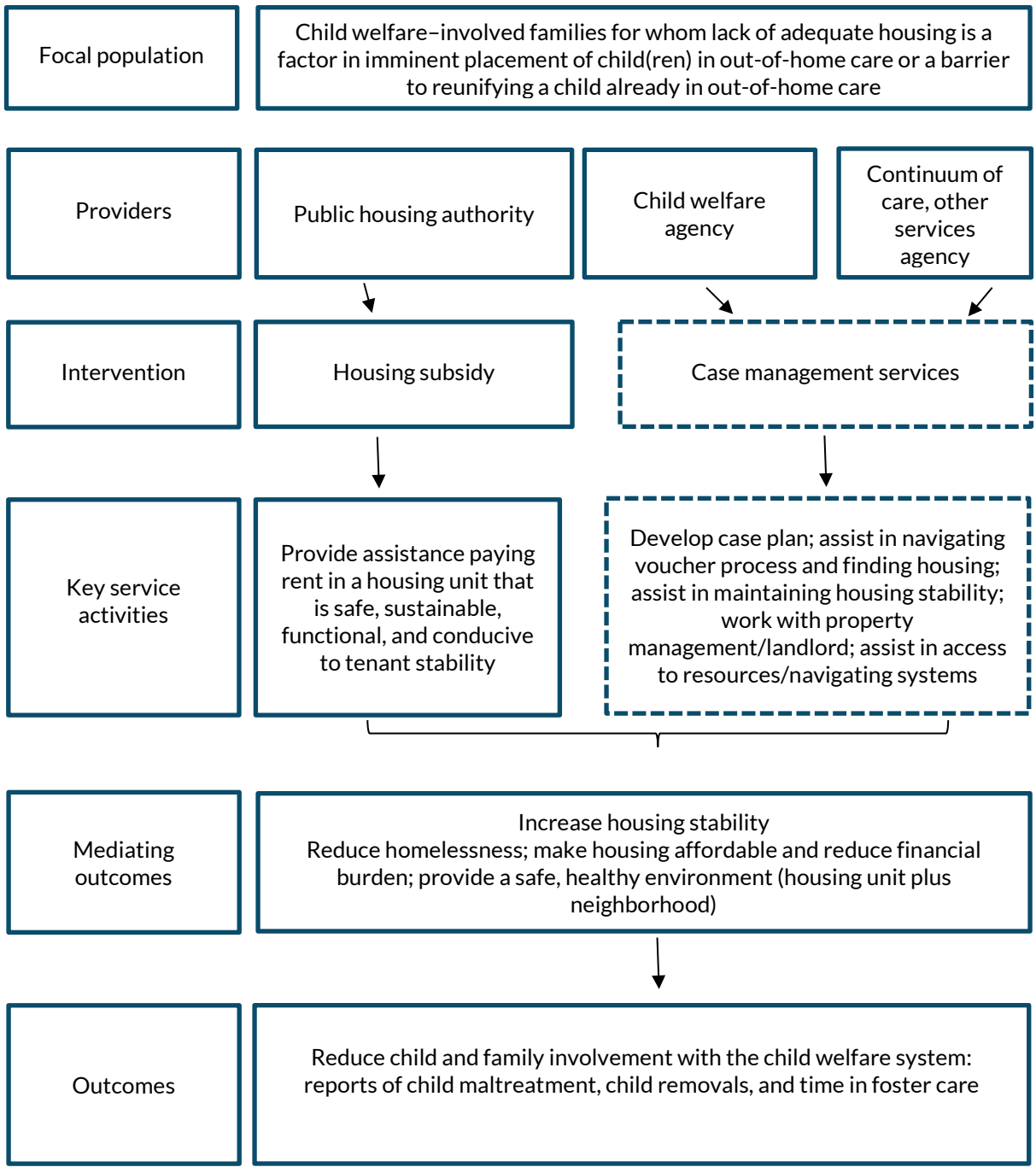
Logic Model

As shown in figure 1, we developed a logic model for the FUP program based on our understanding of the program, which outlines the focal population, inputs (providers, intervention, and key service activities), mediating outcomes, and intervention outcomes. The child welfare agency identifies eligible

families and refers them to their partnering public housing authority.[2] The housing authority assesses each family for voucher eligibility and, if they are eligible, issues the family an HCV. The child welfare agency or another organization *may* provide case management and other services to the families receiving vouchers. These inputs lead to increased housing stability and ultimately reunification or prevention of removal. Although figure 1 represents the general FUP model, FUP programs vary in their choices of services to provide, service intensity, and type of service provider, leading to variation in the FUP model across sites.

[2] Some sites may have partner organizations that identify and refer eligible families; however, each family must be certified by the child welfare agency as eligible before the family is referred to the housing authority.

FIGURE 1
FUP Logic Model



Source: Authors' analysis of the program.

Research Questions

Impact Study

FUP's goals are to reduce time in foster care by reducing removals and increasing reunifications. These goals lead us to specify the following primary research questions in our preregistered analysis plan:

1. Does FUP reduce the probability that a child is removed and placed in out-of-home care (removal)?
2. Does FUP increase the probability that a child in out-of-home care is reunified with the child's family? Does FUP decrease the time to reunification?

In addition, we specified in our plan a set of secondary research questions based on outcomes we speculate FUP may impact:

3. Does FUP reduce the number of new substantiated child maltreatment reports?
4. Does FUP increase the probability that a child welfare case will be closed?
5. Does FUP decrease the amount of time a child welfare case is open?

Finally, we specify an exploratory research question that combines both of our primary outcomes. This research question is labeled as exploratory as it was not in our preregistered analysis plan:

6. Does FUP increase the probability that a child is at home with their family?

Implementation Study

The goal of the implementation study was to better understand how FUP worked in each of the six study sites and understand the context in which the programs were run. In addition, the implementation study sought to identify the challenges the programs faced and the ways they overcame those challenges.

1. Were the programs implemented with fidelity to FUP?
2. What were the challenges the programs faced? What were the programs' strengths?
3. How do differences across sites in each aspect of their FUP models (focal population, identification process, partnerships, housing assistance, case management, support services, and local context) relate to possible outcome differences across sites?

Methods

In this section, we review this study's methods. First, we describe the method for site selection. Next, we review the two primary components of this evaluation: an impact study and an implementation study, each of which has a set of research questions and methods. A detailed description of the methods used in this study can be found in appendix A.

Site Selection

We selected six sites as part of the study. In 2018, HUD released the first NOFA in nearly 10 years, providing an opportunity for an RCT evaluation. In 2019, HUD released another NOFA, allowing for additional recruitment. We recruited sites from the 61 housing authorities who were awarded FUP vouchers through the 2017 and 2018 NOFA and from the 44 housing authorities awarded through the 2019 FUP NOFA.[3] We selected sites that had been awarded at least 40 FUP vouchers and planned to allocate at least 40 to families to ensure we would have a sufficient sample size within each site. After reaching out to 28 sites to assess their readiness and willingness to participate in an RCT, we successfully recruited six sites (appendix A).[4]

Impact Study

Methods

The impact study used an RCT design. Families who were referred to FUP were randomly assigned to one of two groups: one was offered FUP (treatment group), and the other received usual care services in the community (control group). To evaluate the FUP program's effectiveness , we collected program data from housing authorities on program enrollment, housing entry, and exits. We accessed

[3] As part of the 2017 and 2018 NOFA, HUD made approximately 61 awards of up to 89 vouchers to sites. As part of the 2019 NOFA, HUD made approximately 44 awards of up to 75 vouchers.

[4] Both the Seattle Housing Authority and the King County, Washington, Housing Authority agreed to participate. Because they work with the same child welfare agency and the same service provider and integrated their referral processes, we consider them as one site.

administrative data from child welfare agencies to measure FUP's impact on removals, reunification, case closure, and new substantiated allegations.

Referral and Randomization

In all six sites, randomization was similarly implemented. At each child welfare agency, caseworkers used a referral form to identify eligible families. The form was reviewed by a FUP liaison at the child welfare agency, and then the family's ID and referral form were entered into an online randomization tool developed by the Urban Institute. Families allocated to treatment were referred to the housing authority, and families allocated to control were referred to services as usual in the community. The randomization period varied by site, depending on when they joined the study and how long it took them to refer a sufficient number of families, but overall took place from April 3, 2019, to September 29, 2022.[5] In general, all but one site (Bucks County) randomized families at a 1:1 ratio;[6] Bucks County randomized at a two treatment to one control ratio. We used block randomization, which groups families into blocks of predetermined size, to steady the flow of treatment families to help with implementation. Block randomization also helped ensure that families in the treatment and control groups (hereafter referred to as treatment and control families) were similar in terms of when they were referred. Sites randomizing at a 1:1 ratio had a block size of four; Bucks County had a block size of six. Bucks County ended randomization earlier than planned because of issues filling their vouchers and ended up randomizing only 65 families.

Figure 2 presents our CONSORT diagram, which depicts the flow of participants through the clinical trial (Shultz et al. 2010). In total, 859 families were randomly assigned as part of the study: 446 of these families were allocated to treatment, and 413 were allocated to control. No families were lost because of a lack of consent: we received a waiver of consent because our study used deidentified administrative data, and it was not feasible to implement a consent process. Because we did not receive identified data, including child welfare identifiers in most sites, we relied on the sites to maintain a crosswalk of the project IDs and the families' information. Because of typos and missing information, child welfare agencies were not always able to locate families in their data. As a result of this, a

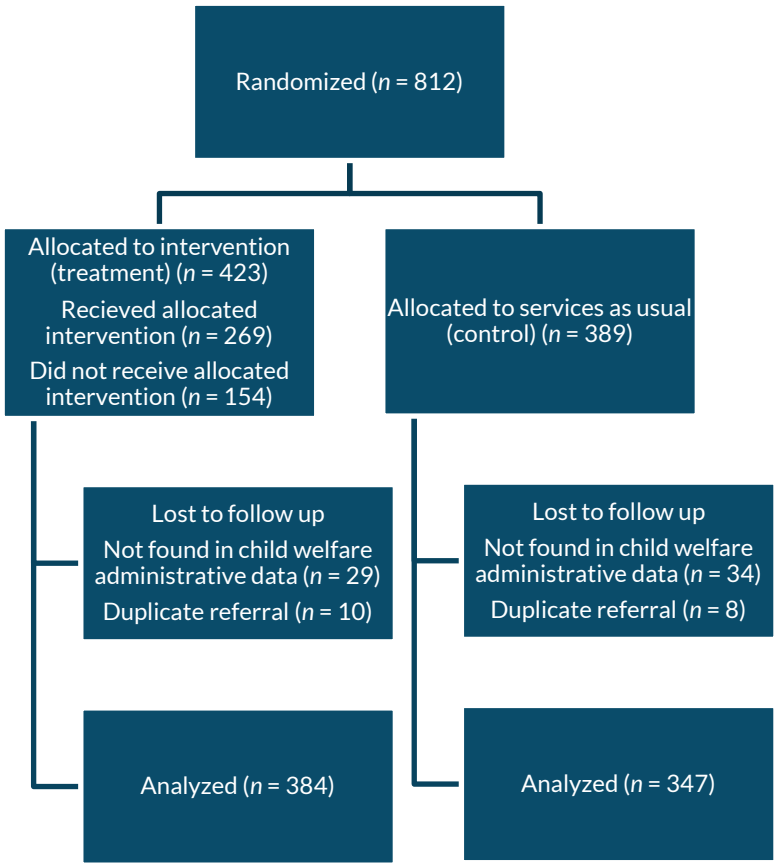
[5] Bucks County (May 20, 2019–October 2, 2019), Chicago (November 24, 2020–April 16, 2021), King County/Seattle (April 3, 2019–September 16, 2020), Phoenix (May 1, 2019–March 11, 2021), and Santa Clara County (October 22, 2020–September 29, 2022).

[6] Phoenix randomized three families at a 2 treatment:1 control ratio toward the end of the project. No other site changed its ratio during the study enrollment period.

nontrivial number of families could not be matched back to the administrative data. This happened almost as often in the treatment group as in the control group (7 percent in treatment and 8 percent in control). In addition, 18 families were randomized twice, including 8 crossover families who were originally randomized to control but subsequently randomized to treatment. Only one of the eight crossover families entered housing. We did not discover these duplicate cases until our administrative data pull. In these instances, the original assignment was applied, and the duplicate randomization record was dropped (appendix A).

FIGURE 2

CONSORT Diagram



Source: Bucks County Children and Youth Social Services Agency; Illinois Department of Children and Family Services; Washington State Department of Children, Youth, and Families; Orange County Social Services Agency; Arizona Department of Child Safety; and Santa Clara County Social Services Agency were the sources for child welfare data. Bucks County Housing Authority, Chicago Housing Authority, King County Housing Authority, Seattle Housing Authority, Orange County Housing Authority, City of Phoenix Housing Authority, and Santa Clara County Housing Authority were the sources for housing status for whether they entered housing.

Notes: This CONSORT diagram is for the analysis sample that includes only families who could have been observed in the study for two years. Forty-seven families (22 in treatment and 25 in control) were all from Santa Clara County that do not meet this criterion and are excluded from this diagram. All of these excluded families were found in the administrative data.

Baseline Equivalence

We tested for baseline equivalence using a *p* value less than 0.05 to denote significant differences. We focused on testing variables that might be correlated with the outcomes: namely, demographics, family composition, housing history, and child welfare history. We found very few differences as measured by *p* value.

Minimum Detectable Effects Sizes

In table 1, we present the minimum detectable effect (MDE) sizes achievable with the study sample. The sample sizes for the preservation and reunification subsamples were sufficient for our study to detect all "medium" (> 0.5) and "large" (> 0.8) effect sizes; however, they were not sufficient to be able to detect all "small" (> 0.2) effect sizes. For the full sample, the sample sizes are sufficient to detect all "small," "medium," and "large" effect sizes.

TABLE 1

Minimum Detectable Effects by Sample

	Total	Treatment	Control	MDE
Household Preservation Subsample	345	185	160	0.303
Household Reunification Subsample	433	223	210	0.270
Household Total Sample	778	406	372	0.201

Source: Authors' analysis.

Notes: Assumes an alpha of 0.05 and power of 0.80. Sample sizes at the family level. MDE = minimum detectable effect.

Services as Usual

Families who were randomized to the control group received services as usual in each of the sites. In general, this included access to services provided by the child welfare agency (e.g., referrals to mental health services, etc.) and housing opportunities (such as emergency housing vouchers, section 8 vouchers, rapid rehousing, etc.). Staff at the six sites described the waiting lists for housing support services as very long, and very few families received vouchers through other means.

We received housing authority data on control families in Chicago, King County/Seattle, Santa Clara County, and Orange County. Across these four sites, 16 percent of control families received a voucher through the housing authorities. This percentage varied widely by site, with only about 5 percent of control families in both Chicago and Orange County receiving vouchers, 19 percent in Santa Clara County, and 26 percent in King County/Seattle.

A few of the sites had additional housing supports that were available to control families. In Chicago, all families in both the treatment and control groups had access to a housing advocate and, if they found housing, cash assistance to pay for security deposits and other items. For the treatment group, the housing advocate helped families get through the housing authority process and enter housing with a FUP voucher. For the control families, the housing advocate helped the families find housing opportunities. In Bucks County, the Children and Youth Social Services Agency had respite programs that provide funding for hotels for homeless families without any kind of shelter. In both Santa Clara County and Orange County, control families had access to a program called Bringing Families Home, which provides funding for housing and connections primarily to rapid rehousing services for child welfare–involved families. They also had access to the CalWORKs Housing Support Program, which provides housing-related financial assistance and supportive services. Both of these programs are generally short-term services. In addition, because of COVID-19, the American Rescue Plan Act funded about 70,000 emergency housing vouchers. From the housing authority data we did receive, we can see that many of the vouchers obtained by the control group were emergency housing vouchers.

Data Sources and Measures

The impact analysis is based on administrative data primarily from the child welfare agencies and housing authorities and on data collected as part of the study. Baseline data are from child welfare administrative data on demographics, case records, placement histories, and reports of abuse and neglect.[7] To refer families to FUP, child welfare caseworkers had to fill out a referral form. Because the referral form was completed before randomization, it provided additional baseline information, including family structure, age, race and ethnicity, gender, homelessness history, and child welfare history. We collected the referral form each time a family was randomized through an online randomization tool created by the Urban Institute for all sites except Phoenix. In Phoenix, the referral form was a Qualtrics survey developed by the Urban Institute. The referral form varied from site to site

[7] Historical case records were unavailable for Phoenix, Arizona, and King County, Washington.

depending on each agency's preferences. The study used only the key elements of the referral form that were collected consistently across sites.

Outcomes were measured through child welfare administrative data. We collected data on out-of-home placements, case records, and investigations data from all sites in the study. To measure the rate at which families entered housing with FUP vouchers as well as their housing stability, we collected data on when vouchers were issued, when families entered housing, and whether families lost their vouchers from the housing authorities. As described below, we analyzed data at both the child level and family level as well as for both the preservation and reunification subsamples. Our outcomes are defined in table 2, by analysis level and subsample.

TABLE 2

Outcome Definitions

	Child-level preservation subsample	Child-level reunification subsample	Family-level preservation subsample	Family-level reunification subsample
Primary				
Removal	The child was placed in out-of-home care before the end of the observation period.	Not defined	Any child in the family had a removal before the end of the observation period.	Not defined
Reunification	Not defined	The child had a removal end with an end reason of reunification before the end of the observation period.	Not defined	All children in the family that were out-of-home before the end of the observation period.
Secondary				
Substantiated allegation	The child either was removed or had a substantiated allegation before the end of the observation period.	The child either never reunified or had a substantiated allegation before the end of the observation period.	Any child in the family either was removed or had a substantiated allegation before the end of the observation period.	Any child in the family either was never reunified or had a substantiated allegation before the end of the observation period.
Case closure	The child's case was closed (as defined by the site) before the end of the observation period.	The child's case was closed (as defined by the site) before the end of the observation period.	All children in the family had their case closed (as defined by the site) before the end of the observation period.	All children in the family had their case closed (as defined by the site) before the end of the observation period.
Exploratory				
In home	The child was not in an out-of-home care at the end of the observation period.	The child was not in an out-of-home care at the end of the observation period.	All children in the family were not in out-of-home care at the end of the observation period.	All children in the family were not in out-of-home care at the end of the observation period.

Source: Authors' analysis.
Notes: Preservation children are defined as children who were not in out-of-home care at the time of randomization. Reunification children are defined as children who were in out-of-home care at the time of randomization. Preservation families are defined as families where no children are in out-of-home care at the time of randomization. Reunification families are defined as families with any child in out-of-home care.

The goal for all children in child welfare is for them to live safely at home with their families. Substantiated allegations are a measure of safety; however, substantiated allegations alone are insufficient to measure this goal. Allegations only occur when the child is in the home; therefore, families with all children in out-of-home care very rarely receive a substantiated allegation. To more completely measure this goal, we created a combined measure of whether the child was in the home with no new substantiated allegation. Case closure can be complicated to measure particularly for the FUP program because child welfare workers in some sites are meant to provide services to families and therefore may be inclined to keep cases open longer to provide services. In addition, how cases are closed vary from site to site and even within site based on the type of child welfare case. Cases may need court approval to close a case or it may be up to the caseworker's discretion.

Analysis Approach

We first estimated an intent-to-treat (ITT) model. In the ITT model, we include in the treatment group all those randomized into the treatment group regardless of whether they entered housing (i.e., signed a lease with a FUP voucher), and we include in the control group all those randomized into the control group regardless of whether they entered housing (signed a lease with a FUP voucher or with any other rental assistance). The ITT model measures the impact of referral to the program on outcomes.

We also estimated a treatment-on-the-treated (TOT) model, in which we use treatment as an instrument for entering housing with a voucher (Angrist, Imbens, and Rubin 1996). This model measures the impact of entering housing with a voucher on outcomes. In this study, a nontrivial share of treatment families did not enter into housing: only about 67 percent of the treatment group entered into housing with a FUP voucher. Further, some families in the control group were able to access other housing resources available in the community, including other housing authority vouchers. We found that 11 percent of the control group entered housing with a housing authority voucher that was not from FUP in the sites for which we had the data. This rate was highest in King County and Santa Clara County, at 20 percent of the control group. The rates were low in Chicago and Orange County, at about 5 percent of the control group. The child welfare agencies in Phoenix and Bucks County did not share data on families in the control group with the housing authorities, so we do not know the rate of voucher receipt in the control groups in those sites.

We conducted analysis at both the child and family levels. Randomization occurred at the family level, and FUP is also administered at the family level; however, child welfare outcomes are at the child level (e.g., one child can be removed and one child can remain in home within the same family). We present both models in the report. In the child-level models, standard errors are clustered by family. For family-level models, we created family-level measures of each of the outcomes based on whether all children achieved the desired outcome (e.g., all children are reunified, all children have their cases closed, no child was removed).

Because the treatment-to-control ratio varied across sites, we created weights to maintain a constant treatment-to-control ratio across sites.[8] Additionally, we ran two models for each of our primary, secondary, and exploratory outcomes. Our base model includes only weights and controls for stratification variables (indicator for whether the family is preservation, reunification, or both) and site. This method is consistent with guidance from the Prevention Services Clearinghouse for low-attrition RCTs (Wilson et al. 2024). Our other model builds off of the base model by adding variables that are statistically significantly different at baseline ($p < 0.05$). This is our primary model and reflects our preregistered evaluation plan.[3] Baseline equivalence tables can be found in appendix A. When we estimated the effects of FUP at the site level, we only present the base model, which does not control for baseline equivalence at the family level.

To answer the research questions around the timing of outcomes, we ran cox-proportional hazard models. We were able to do this for time to reunification but were unable to do this for case closure because we did not receive full case data from two of the sites. As with our other regressions, we run two models: one controlling for strata and one controlling for strata and baseline equivalence differences.

Implementation Study

The implementation study examined key process-related information, including the housing and referral processes. We collected documentation of the program model and data on the progression of families from referral to housing entry. An engagement dashboard, housing assistance questionnaire, and ongoing

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[8] See section B6.1 (pp. 17–18) of Ludwig et al. (2013). See also the Title IV-E Prevention Services Clearinghouse *Handbook of Standards and Procedures* (Wilson et al. 2024).

[3] See AEA (American Economic Association) RCT (Randomized Controlled Trial) Registry, available at https://www.socialscienceregistry.org/ (accessed March 13, 2025), RCT ID: AEARCTR-0004670.

services questionnaire, as well as interviews with staff and families, were used to collect information about these domains. All of this data collection also helped in interpreting the results of the impact evaluation.

We collected information from each of the housing authorities using a dashboard that tracked families' progress through the program, including when families applied for vouchers, when vouchers were issued, when families entered housing (i.e., signed a lease with a FUP voucher), and when families lost their vouchers. In addition, we also administered a housing assistance questionnaire and an ongoing services questionnaire to whomever was providing families with services. The housing assistance questionnaire assessed what type of help families received in the process of applying for vouchers, searching for housing, and signing a lease and moving into housing. The housing assistance questionnaire was sent to service providers once families had either signed a lease or exited the program. The overall response rate was 72 percent. The ongoing services questionnaire focused on services received by families after moving into housing with a FUP voucher and was sent to service providers six months after families had entered into housing. The overall response rate was 80 percent. Response rates by site for the housing assistance questionnaire can be found in table 9 and for the ongoing services questionnaire in table 11.

We conducted one-hour virtual interviews and focus groups with child welfare agency staff, housing authority staff, and other relevant agency staff at each of the six sites. Because all interviews were conducted virtually due to COVID-19, we obtained verbal consent during all of the interviews. We conducted unstructured interviews that followed an interview guide. The interview guides for staff included questions about their position and history at their agency, how their agency operated, the eligibility criteria, the referral process and screening process for FUP, the process for obtaining a voucher, the services provided to families, the partnerships with other agencies, the community context, and challenges and supports in implementing FUP. We also asked about how the program, their agency's operations, and the community context had changed since COVID-19. For each agency, we conducted interviews and focus groups at three levels, if applicable: with management, the FUP program manager, and frontline staff. We did one round of interviews with most respondents during implementation. We did an additional interview with whomever was providing services to families, either the child welfare agency staff or the other service provider staff, one year later. In total, we conducted interviews and focus groups with 116 staff across the six sites.

We also interviewed parents in the treatment group; however, we struggled with recruiting families. The interview guides for parents included questions about their current housing situation, their neighborhood, their housing history, their experience with the program, the services they were provided, and whether and how they felt FUP had impacted their lives. There were a few reasons we

were unable to obtain as many family interviews as we wanted. First, we needed agencies to collect signed consent forms from families for us to reach out to the family to conduct interviews. This was done after randomization and was difficult for agencies because only individual caseworkers were interacting in person with families and many caseworkers were working with families receiving FUP. In addition, COVID-19 made getting written consent even more difficult. In the end we only received consent forms for less than 30 percent of families eligible for interviews across the six sites. Second, we did not ask for consent to text families—only to call families. While we called all families for whom we received consent forms three times, we were unsuccessful in getting many of the families to answer the phone and to consent to be interviewed. At the end of the study, we were able to complete only seven interviews across three sites. We obtained verbal consent during all of the interviews.

Analysis was based on a structured coding scheme, and we conducted emergent coding within key codes to inform the qualitative findings. We used NVivo 12 to analyze interview transcriptions. At a high level our coding scheme included agency background, respondent background, child welfare systems, FUP voucher program model (eligibility, referrals, screening, application, voucher briefing, housing search), goals for FUP families, FUP agency partnerships, community context, data systems, COVID-19 changes, implementation challenges, implementation supports, importance of FUP for families, effects of FUP on agency services, and suggested improvements for FUP. The coding scheme was developed based on the research questions laid out in the study. Coding was completed by six study team members. Codes were assessed for agreement by having team members code two or three of the same interviews to verify interrater agreement. We did not find any emerging codes.

Implementation of FUP in Six Sites

The six sites selected for the study are Bucks County, Pennsylvania; Chicago, Illinois; King County/Seattle, Washington; Orange County, California; Phoenix, Arizona; and Santa Clara County, California. Below we describe the design and implementation of their FUP programs, including their partnerships, eligibility criteria, services provided to families, and families' progress through the program from application to housing stability. Finally, we discuss some of the challenges and successes that the implementation study uncovered.

Partnerships

FUP partnerships must include the housing authority, the child welfare agency, and the continuum of care (CoC). In all but two of the sites in our study, the CoCs were not regularly involved in referring or providing services for FUP families. In Santa Clara County, data from the CoC's Homeless Management Information System was matched with child welfare agency data to identify potentially eligible families. Table 3 below outlines the agencies involved in administering FUP in each of the six sites.

The geographies served by housing authorities and child welfare agencies often do not perfectly line up. In addition, sometimes the geographies served by one housing authority lie within the jurisdiction of another housing authority. The Seattle Housing Authority (SHA) serves the city of Seattle, which is located within King County. The King County Housing Authority (KCHA) serves the parts of King County that lie outside of the city of Seattle. These housing authorities observe high rates of families moving their vouchers from one housing authority to another when they move between jurisdictions (also known as porting out). Because these housing authorities both serve the same Department of Children, Youth, and Families region and already worked together to serve these families before our evaluation, KCHA and SHA were combined as one site. Families randomized to treatment in King County/Seattle got to decide which housing authority to apply to based on their housing location preferences: those who wished to live in Seattle filled out a SHA housing application, and those who wished to live outside Seattle but within King County filled out a KCHA housing application. In Phoenix, four housing authorities serve the Phoenix Department of Children's Safety region, but only the City of Phoenix Housing Department agreed to participate in the evaluation. Before referral, the family had to choose which region they wanted to live in. Those who selected the city of Phoenix were randomized and could not apply to the other housing authorities.

Federally, FUP does not provide additional funding for housing navigation. However, in two sites, FUP programs had additional partnerships with nonprofit organizations who provided services to families. In Chicago, the Illinois Department of Children and Family Services contracted with six nonprofit service providers who employ housing advocates who help families with an identified housing issue obtain housing,

including those randomized to control. If the family receives a FUP voucher, the housing advocate is responsible for helping the family get through the housing authority voucher process, as well as for helping the family find housing. In King County and Seattle, KCHA contracted with Catholic Community Services (CCS) to provide supportive services to those referred for FUP, including helping families complete the voucher application and search for housing, as well as providing ongoing services once in housing for at least one year, with the option of returning for services for one year after exit. In Phoenix, the City of Phoenix Housing Department contracted out the administration of its FUP program. In both Phoenix and Santa Clara County, the housing authorities contracted out housing search services for voucher holders. In Phoenix, families were provided with contact information for the provider; however, it was up to the family to reach out and ask for assistance. In Santa Clara County, the provider would receive the contact information for the family and the provider would reach out to the family. In Bucks County, when a family still had a case open, child welfare caseworkers provided housing supports; however, they could not continue to provide support if the child welfare case closed. If cases closed while families still needed support, FUP families received supportive case management services from the Bucks County Housing Group.

TABLE 3

FUP Partnerships by Site

	Public child welfare agency	Public housing authority	Other partners
Bucks County	Children and Youth Social Services Agency	Bucks County Housing Authority	
Chicago	Illinois Department of Children and Family Services	Chicago Housing Authority	Six nonprofit agencies providing housing advocacy services[a]
King County/Seattle	Washington State Department of Children, Youth, and Families	Seattle Housing Authority (SHA), King County Housing Authority (KCHA)	Catholic Community Services (CCS)
Orange County	Orange County Social Services Agency	Orange County Housing Authority	
Phoenix	Arizona Department of Child Safety	City of Phoenix Housing Department[b]	
Santa Clara County	Santa Clara County Social Services Agency	Santa Clara County Housing Authority[c]	

Source: Staff interviews.

Notes: Although the CoCs in each site were parties to the Memorandums of Understanding, the CoCs were not regularly involved in referring or providing services for FUP families. The CoCs in Santa Clara County did provide data that were matched with child welfare data to identify potentially eligible clients.

[a] The Illinois Department of Children and Family Services contracted with six nonprofits to provide housing advocacy services to all of their families, not just FUP families: Aunt Martha's Health and Wellness, Chicago Child Care Society, Housing Opportunities for Women, La Casa Norte, Lakeside Community Committee, and Unity Parenting and Counseling.

[b] The City of Phoenix Housing Department subcontracted the FUP program out to Quadel and housing search services to HOM, Inc.

[c] The Santa Clara County Housing Authority contracted out housing search services to Abode Services.

In general, there were three levels of staff (management, FUP liaisons/program managers, and frontline workers) at each agency who were involved in designing and/or implementing the FUP program. At the child welfare agencies in all sites, caseworkers were responsible for referring families. In Orange County, Phoenix, and Bucks County, these caseworkers were also responsible for providing families with housing services (helping families obtain their vouchers through the housing authority and helping them find and keep their housing). In King County/Seattle and Chicago, external service providers were responsible for providing housing services to families. In Santa Clara County, two part-time "extra help social workers" within the Social Services Agency were dedicated to providing housing support to FUP families.

All of the child welfare agencies had one or more FUP liaisons (program managers). FUP liaisons at the child welfare agency were generally responsible for communicating the availability of FUP vouchers to caseworkers, training caseworkers on FUP eligibility and the process of filling out referrals for FUP, reviewing referrals, and submitting the referrals to the housing authority. They were also the main contact for the housing authority staff. In all sites except Santa Clara County, there were no dedicated staff at the child welfare agencies to provide housing support to FUP families. In two of the sites, FUP liaison duties were not even part of anyone's job description; however, staff had taken this role on helping families obtain vouchers.

FUP is not written into anyone's [job] as far as I know. And so yeah, I did the work happily, and I enjoyed it, and I was excited and proud to be part of the team. But I had to sort of manage how much time it would take because of the fact that it isn't officially part of my role or anyone's. —child welfare FUP manager

At the housing authorities, there was primarily a FUP liaison as well as frontline staff who worked on the program from day to day. In Bucks County, the smallest site, there were not any additional frontline staff at the housing authority. The frontline staff (and FUP liaison in Bucks County) were responsible for housing authority intake (e.g., checking eligibility), reviewing applications, conducting intake briefings, and issuing vouchers. The FUP liaisons at the housing authorities were generally responsible for communicating with the child welfare FUP liaison and overseeing the frontline staff. None of the housing authority staff were dedicated to FUP vouchers, and often they worked with many other types of housing programs and families.

Quality of Partnerships

All of the sites have benefited from longstanding relationships between at least the child welfare agency and the housing authority for 10 or more years. Leadership and program managers generally described their relationships with the other agencies as good. Staff at all levels across all sites described good and frequent communication as critical for a good partnership. Specifically, they saw standing meetings and access to someone who could answer questions as they come up as two key forms of communication. Four of the sites had standing meetings across agencies. Two of the sites communicated by email as needed. Leadership and program manager staff also mentioned shared goals as important for a strong relationship.

Frontline staff had more variation in their assessments of the quality of their partnerships. The housing authority and other partner agency staff often described child welfare caseworkers as helpful for getting documents for families, getting in contact with families, and helping families through the application process; however, they also mentioned issues communicating with them because of high turnover and high workloads. Generally, child welfare and other partner agency workers described the relationships with the housing authority staff as good. However, in three of the sites, staff mentioned significant issues around timely and consistent responses from housing authority staff.

Only two sites mentioned training across agencies. Chicago conducted trainings twice per year and sometimes more often depending on staff turnover and any changes that have been made to the program. In Phoenix, the housing authority did some trainings for child welfare workers on the housing authority process soon after they received FUP vouchers from HUD. However, the child welfare agency had a lot of turnover, and staff reported not receiving training on FUP as they joined the agency. No other sites mentioned cross-agency training.

Identifying FUP-Eligible Families

Eligibility Criteria

HUD requires that FUP serve families in which a lack of adequate housing is a primary factor in the imminent removal of a child from the family (preservation families)[9] or was a barrier to reunification

[9] Orange County and Santa Clara County call preservation families "maintenance" families.

(reunification families).[10] Three sites in the study specified that only a subset of preservation families were eligible for the program. In Phoenix, only preservation families who were in cases deemed in need of "intensive services" were eligible for FUP.[11] Santa Clara County and Orange County referred only families whose case was opened because of a court order to FUP.[12]

HUD's definition of "lack of adequate housing" includes

1. living in substandard housing, including
    a. no operable indoor plumbing;
    b. no usable flush toilet inside the unit for the exclusive use of a family or young person;
    c. no usable bathtub or shower inside the unit for the exclusive use of a family or young person;
    d. no electricity, or has inadequate or unsafe electrical service;
    e. no safe or adequate source of heat;
    f. no kitchen when it should have one;
    g. declared unfit for habitation by an agency or unit of government, or in its present condition otherwise endangers the health, safety, or well-being of the family or young person; and
    h. one or more critical defects, or a combination of intermediate defects in sufficient number or to the extent that it requires considerable repair or rebuilding (the defects may result from original construction, from continued neglect or lack of repair, or from serious damage to the structure).
2. being homeless;
3. living in an overcrowded unit, meaning that[13]
    a. the family is separated from its child (or children), and the parent(s) are living in an otherwise standard housing unit, but, after the family is reunited, the parents' housing unit would be overcrowded for the entire family and would be considered substandard; or

[10] "Family Unification Program Notice of Funding Availability for Fiscal Years 2017 and 2018 FR-6100-N-41," HUD, 2018, https://www.hud.gov/sites/dfiles/PIH/documents/FUPNOFA2017_2018FR-6100-N-41.pdf, p. 1; "2019 Family Unification Program Notice of Funding Availability FR-6300-N-41," HUD, 2019, https://www.hud.gov/sites/dfiles/SPM/documents/2019_FUP_NOFA_FR-6300-N-41.pdf, p. 2.

[11] According to the Arizona Department of Child Safety, "intensive services" is a level of crisis-oriented service activities for families in which conditions represent a threat to child safety and whose children are at significant risk of out-of-home placement because of abuse or neglect.

[12] Court-ordered services mean that parents have legal obligations to participate in services.

[13] Housing authorities determine the definition of overcrowded based on housing authority subsidy standards.

b. the family is living with its child (or children) in a unit that is overcrowded for the entire family, and this overcrowded condition may result, in addition to other factors, in the imminent placement of its child (or children) in out-of-home care.

4. living in a unit where the presence of a family member with certain characteristics (i.e., conviction for certain criminal activities) would result in the imminent placement of the family's child or children in out-of-home care or would delay the discharge of the child or children to the family from out-of-home care; or
5. living in housing inaccessible to the child or children with a disability.

These definitions for lack of adequate housing were clearly laid out in the referral forms in each of the six sites.

HUD has four required eligibility criteria for FUP vouchers:

a. In general, family income must be less than 50 percent of the median income for the area for the family size.
b. There must be at least one person in the family who is a US citizen or holds an eligible immigration status.
c. No member of the family can have a conviction for manufacturing or producing methamphetamine on the premises of any federal government-assisted housing.
d. No member of the family can be on a lifetime sex offender registry.

Neither the SHA nor the KCHA have additional eligibility requirements beyond the minimum. However, the other housing authorities in the evaluation had additional criteria beyond these minimum federal criteria during the randomization period (2019–22).

- The Bucks County Housing Authority prohibited anyone with a criminal record that included drug related or violent criminal activity in the past five years from participating in the program. Further, anyone who had been terminated from participating in a housing program was not eligible to apply for FUP for five years. Additionally, if a family left Bucks County to live with friends or family residing outside of Bucks County while waiting for a voucher, it would no longer be eligible for the program.
- The Chicago Housing Authority required that no adult in the family have ever been convicted of arson. Additionally, adults in the family had to pass a background check going back three years.
- The Orange County Housing Authority used the same eligibility criteria for the FUP vouchers as it used for Section 8, which included no violent criminal activity or drug sales in the past five years and no drug use for the last year.

- The City of Phoenix Housing Department used the same eligibility criteria for the FUP vouchers as it used for Section 8, which have additional criteria beyond the minimum eligibility requirements. For instance, while a criminal background does not automatically disqualify a family, families where an adult has a criminal background are reviewed on a case-by-case basis and may be disqualified based on their criminal background.
- The Santa Clara County Housing Authority conducted background checks on clients and required that clients dealing with substance abuse issues must not have used for at least 30 days before application.

In Santa Clara County, the CoC additionally required that families meet the CoC criteria for a permanent voucher. Specifically, Santa Clara County Social Services Agency administered the VI-SPDAT (Vulnerability Index – Service Prioritization Decision Assistance Tool)[14]to families, and only those with a score of eight or above were eligible for FUP.

A couple of sites adjusted their eligibility criteria over the course of the evaluation. Orange County originally accepted referrals from the 31 cities within the county that the Orange County Housing Authority serves, excluding three cities within the county (Garden Grove, Anaheim, and Santa Ana) because each of these cities had its own housing authority. In December 2019, nine months into the study, eligibility for the program extended to these three cities because the other housing authorities did not have any vouchers to offer families. In Santa Clara County, the housing authority previously required that clients who misuse substances must not use for at least 30 days. However, Santa Clara County Housing Authority lifted these restrictions in August 2021 because of the overwhelming number of clients with mental health or substance use disorders (about 80 percent).

The process for how child welfare agencies identified eligible families for FUP was similar across sites, with child welfare caseworkers identifying families from their caseloads. However, a few of the sites did find some of the families in other ways. The child welfare agency in Orange County rereferred families on the existing waitlists for FUP and for rapid rehousing in addition to soliciting referrals from caseworkers. In Santa Clara County, before child welfare caseworker referrals, the agency did a data match between the child welfare agency and the CoC to identify families already on the CoC list for supportive housing; however, this process identified only eight families. All the housing authorities first had to offer FUP to

[14] The VI-SPDAT is a prescreening tool for frontline workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. However, the VI-SPDAT is no longer considered valid because of variation from uneven implementation. See Iain De Jong, "A Message from OrgCode on the VI-SPDAT Moving Forward," OrgCode, January 2025, https://www.orgcode.com/blog/a-message-from-orgcode-on-the-vi-spdat-moving-forward.

those on their Section 8 waitlist. Some sites notified people through letters or postings in newspapers. Families who came through the waitlist still had to meet all the child welfare eligibility criteria.

Training on referral to the FUP program was not universal across sites. Generally, the FUP liaisons at the child welfare agencies conducted outreach through emails and meetings with caseworkers to make staff aware of the program and solicit referrals. The FUP liaison in Chicago conducted trainings for caseworkers and instructed them on how to refer families to FUP. In Santa Clara County, *case-carrying* social workers were not officially trained on FUP: The FUP manager would occasionally talk to social workers about the program and the eligibility criteria during meetings, and, sometimes, child welfare workers looked up criteria on the child welfare agencies' intranet. *FUP-specific* social workers in Santa Clara County had specific training on the program, including learning about policies within the Homeless Management Information System, housing authority, and child welfare agency related to FUP. In Phoenix, the housing authority did some trainings for child welfare workers on housing authority processes when the 2017 and 2018 vouchers were first awarded; however, the child welfare agency had a lot of turnover, and staff reported not receiving training on FUP as they joined the agency. In Orange County, the child welfare FUP liaison trained caseworkers internally on the FUP program upon request.

Management and frontline staff across sites reported that the eligibility criteria captured families with the appropriate level of need for the program (i.e., the criteria were not capturing any "wrong" families). However, child welfare caseworkers across sites identified challenges related to criminal background checks, strict income guidelines, and housing instability criteria that may sometimes exclude families who could benefit from the program (i.e., criteria were not capturing *enough* families in need). In a few of the sites, the service providers or caseworkers mentioned they had a few families who were just above the income cutoffs (e.g., $50) but who met all the other criteria and who they believed could benefit from the program. The program's criteria for housing instability also presented a challenge, given the definition of housing instability was unclear to workers. Child welfare caseworkers in a few of the sites reported that they had families who were in short-term housing situations or were soon to be evicted. Due to the program's eligibility guidelines, however, these families were technically ineligible because they were housed, even though they were at imminent risk of losing their housing and still in need of housing supports. One FUP manager said they told caseworkers to refer families only when they met the guidelines. Child welfare staff in Bucks County also noted there were disagreements within the child welfare agency regarding the definition of homelessness and who qualified as "on the verge of homelessness."

I've been told all my life that we gave them the worst clients, but we gave them the best clients.
—child welfare manager describing how the housing authority views the clients referred

The biggest issues with the eligibility criteria involved criminal background and drug use, which child welfare caseworkers mentioned as an issue in all but one site. Child welfare caseworkers reported that the criteria around possession of drugs and criminal records made it difficult to refer some families who may benefit from the program. These criteria around drug use and criminal records are not required federally and were added by local housing authorities.

I've had no clients that don't have drug charges in probably five years.
—child welfare caseworker

In the one site where this was not mentioned as an issue, King County/Seattle, both KCHA and SHA waived all but the federally mandated criteria. However, we did hear from the service providers that families with parents actively using substances struggled to take all the necessary steps to obtain a voucher. They noted that these families still benefited from the voucher but needed more intensive services.

And that for a lot of parents that I work with, the instability of housing, just not being able to charge a cell phone, constantly having their stuff stolen out of their tent, and losing all their planners, that is such a huge barrier to full engaging that I think it's the right criteria [low-barrier criteria]. And I think there will be some people who even once they have those things that's still not quite enough, but I think there are people for [whom] that will make a huge difference. Even the two parents that were not really closer to reunification, they have improved in their engagement in services since they've had stable housing.
—service provider

Frontline staff across sites also varied in their *understandings* of the eligibility criteria and referral processes for FUP. In Bucks County, child welfare caseworkers experienced confusion in identifying families and navigating the process for providing housing assistance to families in need. Key points raised included the difficulty in knowing where to start in identifying families who require housing support, confusion about the application process, and the need for clarification and better understanding of the FUP program and its relationship to HCVs. Social workers in Santa Clara County reported less confusion and pointed to the FUP liaison and FUP-specific social workers as key resources to helping them understand the program.

After identifying families, caseworkers filled out referral forms for all families they believed were eligible for the program. All referral forms collected items related to eligibility based on both the child welfare criteria and the housing authority criteria. Caseworkers then sent the referral forms to the child welfare FUP liaison to review and verify eligibility. In all sites, FUP liaisons checked for eligibility based on the child welfare criteria. In some sites, child welfare agencies screened out families who did not meet the housing authority criteria according to the referral forms. In King County/Seattle, child welfare workers were not permitted to do any screening because the housing authority worried about errors in the form (e.g., that caseworkers would not be able to properly estimate income). In the context of the RCT, eligible families were then randomized, and treatment families were sent to the services provider and housing authorities to make the final eligibility determination. The process in which child welfare agencies identified eligible families stayed relatively consistent across sites and across the evaluation period.

In the limited family interviews we conducted, parents said they found out about the program primarily through their child welfare caseworker. Their caseworkers recognized a need for housing and brought up the program.

Who Are the Families?

Below we present the characteristics of the families and children at baseline organized by the family's status as preservation or reunification. Reunification families are those families in which at least one child is in out-of-home care. Preservation families are those families in which none of the children is in out-of-home care. Reunification families make up 54 percent of all families referred for FUP, and preservation families make up 46 percent. The share of reunification families varied widely from site to site: no reunification families were referred to FUP in Bucks County. In Phoenix, only 24 percent of families referred for FUP are reunification. In contrast, 79 percent of families referred in King County/Seattle and 68 percent of families referred in Orange County were reunification families.

Table 4 below presents the characteristics of the families referred to FUP. Family heads referred to FUP across all sites were predominantly female (83 percent) and over age 25 (91 percent). Within the study

sample, 36 percent of family heads identified as Hispanic, 34 percent as non-Hispanic white, 23 percent as non-Hispanic Black, and 8 percent as another race, including Asian and Native American. There were some differences in demographic characteristics between the preservation and reunification families: Preservation families tended to have a higher share of female applicants and younger applicants compared with reunification families. We also looked at how characteristics varied by site; tables by site can be found in appendix A. The ethnic and racial distribution also varied significantly by site: in Chicago, 70 percent of the family heads referred for FUP were Black. In Santa Clara County, Orange County, and Phoenix, the majority of family heads were Hispanic. Finally, in Bucks County and King County/Seattle, more than half of the family heads referred for FUP were white.

The families referred to FUP were relatively small, most often consisting of one adult (66 percent) and two or fewer children (66 percent). Most of the families (66 percent) had at least one child under age 5. When there was another adult in the family, it was typically the spouse or significant other of the applicant. Reunification families were more likely to have only one child and were less likely to have a child under age 5 than preservation families. There was also significant variation across sites: Chicago and Phoenix had bigger families, with almost half of the families in these sites having three or more children. In Bucks County and Orange County, more than half of families had at least one other adult in the family. In Phoenix, Bucks County, and Chicago, about three-quarters of families had a child under age 5 in the family.

TABLE 4

Characteristics of the Families in the Cross-Site Sample and by Preservation or Reunification

	Total	Preservation	Reunification
Sample	778	360	418
Share of sample	100%	46%	54%
Family head characteristics			
Female	83%	89%	77%
Age under 25	9%	13%	6%
Race			
Hispanic	36%	36%	36%
Non-Hispanic Black	23%	26%	20%
Other race	8%	5%	9%
Non-Hispanic white	34%	33%	35%
Family members			
Spouse	6%	6%	7%
Significant other	18%	18%	18%
Any other adult	11%	13%	9%
Number of children, *n* (%)			
1	38%	33%	42%
2	28%	27%	28%
3	17%	18%	16%

	Total	Preservation	Reunification
4 or more	18%	22%	14%
Child under age 5	66%	74%	59%

Sources: Demographic and family characteristic data are primarily from the referral forms collected from each family. Data are supplemented with child welfare data from each site when data are missing.
Notes: Families with at least one child removed at baseline are included in the reunification group, and families with no children removed at baseline are included in the preservation group. Other race includes all races other than Hispanic, Black, or white. There were few significant differences between the treatment and control groups at the family level. Baseline equivalence tables can be found in appendix A. Less than 3 percent of values were missing for each characteristic; missing values are excluded from the denominator in the percentage calculations reported above.

Most of the families in the study were reunification families, meaning they had at least one child in out-of-home care. However, because some of the reunification families had children at home at baseline and preservation families tended to be bigger than reunification families, only about 44 percent of the children in the sample were actually in out-of-home care at baseline.

Table 5 presents the characteristics of children in the study sample. Children involved across all sites were almost evenly split between male (51 percent) and female (49 percent). The age distribution of the children was relatively even, with a slightly higher share of children over 5 years old. Neither of these characteristics varied much between preservation and reunification families. The racial and ethnic makeup of the children resembled that of the applicants: 45 percent Hispanic, 25 percent Black, and 22 percent white.

TABLE 5
Characteristics of the Children in the Cross-Site Sample and by Preservation or Reunification

	Total	Preservation	Reunification
Sample	1,728	961	767
Share of sample	100%	56%	44%
Demographics			
Female	49%	51%	47%
Race/ethnicity			
Hispanic	45%	45%	45%
Non-Hispanic Black	25%	28%	22%
Other race	9%	8%	12%
Non-Hispanic white	22%	22%	23%
Categorical age			
Birth to age 1	16%	18%	13%
2–5	30%	29%	30%
6–10	25%	25%	25%
11–17	29%	28%	32%

Sources: Demographic and family characteristic data are primarily from the referral forms collected from each family. Data are supplemented with child welfare data from each site when data are missing.

Notes: This table includes all families randomized including those observed for less than two years. Children removed at baseline are included in the reunification group, and children living at home at baseline are included in the preservation group. Other race includes all races other than Hispanic, Black, or white. There were few significant differences between the treatment and control groups at the family level. Baseline equivalence tables can be found in appendix A. Less than 5 percent of values were missing for each characteristic; missing values are excluded from the denominator in the percentage calculations reported above.

Across all sites, 39 percent of families were experiencing homelessness at baseline, as seen in table 6 below. This rate varied widely by site, from 20 percent in Phoenix and Chicago to 56 percent in King County. The variation in homelessness between preservation and reunification families reflects site differences in the share of families in each category. Within each site, the rate of experiencing homelessness did not vary substantially between preservation families and reunification families. Families experiencing homelessness were living in many different situations: About one-quarter were living in places not meant for habitation, such as a car; another 40 percent were living in either a shelter or transitional housing; 18 percent were living in a hotel or motel; and 13 percent were waiting to exit an institution (such as a hospital). Among families experiencing unstable housing, 42 percent were living in overcrowded situations, and 28 percent were experiencing or fleeing from domestic violence.

Many of the families referred to FUP had a history of homelessness or unstable housing. Nearly half had lived at some point in a place not meant for habitation, and more than half had lived in a hotel or motel. About 39 percent had lived in a shelter. More than one in five families had been evicted. About 43 percent of families experienced three or more moves in the past year, indicating high levels of instability.

TABLE 6

Housing Status at Referral and Homelessness History by Preservation or Reunification

	Total	Preservation	Reunification
Sample	778	360	418
Housing at referral			
Homeless	39%	30%	47%
Place not meant for habitation	24%	16%	28%
Shelter	21%	27%	17%
Transitional housing	21%	23%	21%
Hotel/motel	18%	27%	13%
Institution	13%	6%	16%
Other	4%	3%	5%
Unstably Housed	61%	70%	53%
Overcrowded	42%	43%	42%
Imminent loss	24%	27%	20%
Domestic violence	28%	26%	31%
Substandard housing	6%	5%	7%
Homelessness history			
3+ moves in past year	43%	37%	48%

	Total	Preservation	Reunification
Ever evicted	21%	20%	22%
Ever hotel/motel	51%	48%	54%
Ever shelter	39%	31%	45%
Ever place not meant for habitation	48%	37%	58%

Sources: Housing and homelessness characteristics data are from the referral forms collected from each family before randomization.
Notes: This table includes all families randomized including those observed for less than two years. Housed at referral includes those in private housing/apartments, living with friends or family, or in other living situations. There were few significant differences between the treatment and control groups at the family level. Baseline equivalence tables can be found in appendix A. The institution categorization primarily consists of residential substance use treatment facilities but also includes hospitals and jails and prisons.

As seen in table 7, about a quarter of families had a child that was previously in out-of-home care. This rate was higher in the preservation group at 30 percent than the reunification group at 20 percent. This difference may reflect the fact that the preservation sample tends to have older children. This percentage also varied widely by site, with 55 percent of families in Santa Clara County having a previous removal, compared with only 11 percent in Chicago. A nontrivial share of families (9 percent) had a previous termination of parental rights (TPR) or termination of guardianship.

Generally, families were not referred to the program early in the case or soon after a child was placed in out-of-home care. The median span of time a case was open at referral was about eight months.[15] This number was lower for preservation cases, at five months, and higher for reunification cases, at more than one year. This time span was lowest in Phoenix at 4 months and highest for Santa Clara County at 13 months.

Among reunification cases, the median amount of time in care at baseline was nearly one year. This number varied widely by site. Orange County had the lowest median time in care, at about 9 months, while Chicago had the highest median time in care, at about 24 months. The vast majority of children were in a foster home, with 42 percent in relative foster homes and 47 percent in nonrelative foster homes.

TABLE 7

Child Welfare Status at Referral and History in by Preservation or Reunification

	All sites	Preservation	Reunification
Family level	778	360	418
Share of sample	–	46%	54%
Previous CW removal	25%	30%	20%
Ever had TPR or TOG	9%	7%	11%
Child level	1,728	961	767
Share of sample	–	56%	44%

[15] All sites except King County provided case history for the families.

	All sites	Preservation	Reunification
Months case open at baseline[a]			
Mean (*SD*)	11.9 (15.3)	9.8 (15.3)	15.5 (14.5)
Median	7.7	5.3	12.2
Months removed at baseline			
Mean (*SD*)	–	–	15.3 (14.2)
Median	–	–	11.9
Type of placement at baseline			
Foster home—relative	–	–	42%
Foster home—nonrelative	–	–	47%
Congregate care	–	–	5%
Other	–	–	6%
Previous CW removal	20%	25%	13%

Sources: Child welfare status and history are from the child welfare agencies.
Notes: This table includes all families randomized including those observed for less than two years. Months removed and type of placement at baseline were only applicable for the reunification sample, so they are reported only for the reunification sample. There were few significant differences between the treatment and control groups at the family level. Baseline equivalence tables can be found in appendix A. CW = child welfare, TOG = termination of guardianship, TPR = termination of parental rights.
[a] King County was not able provide historical case data because of data access challenges, so they are not included in the sample for months case open at baseline.

Entering Housing

In this section, we discuss the steps that families must complete to enter into housing. For each step, we discuss what share of families completed that step, what kind of assistance families received, and some reasons why families may not have completed the steps. This section pulls together data from the housing authorities, specifically from the housing assistance and ongoing services questionnaires, as well as from interviews and focus groups. One limitation of the housing assistance and ongoing services questionnaires is that the response rates were low in some of the sites.

A family must complete three primary steps to enter into housing. The first is submitting its application to the housing authority. The second is attending a voucher briefing, after which its voucher is issued. Finally, the family must find a suitable rental and sign a lease. In table 8 below, we present the share of families in the treatment group overall and by site that completed each step.

TABLE 8

Received Voucher and Entered into Housing within Two Years of Randomization by Site

	All Sites	Bucks County	Chicago	King County/ Seattle	Orange County	Phoenix	Santa Clara County
Treatment	384	36	50	123	75	71	29
Application submitted	85%	67%	86%	89%	91%	75%	96%
Voucher issued	77%	39%	86%	89%	83%	51%	92%
Entered housing	67%	36%	86%	76%	69%	41%	80%

Sources: Bucks County Housing Authority, Chicago Housing Authority, King County Housing Authority, Seattle Housing Authority, Orange County Housing Authority, City of Phoenix Housing Authority, and Santa Clara County Housing Authority.
Notes: This includes all families for which we have two years of housing authority data. Data from the housing authorities were received at different times than data from child welfare agencies, so this includes some families for which we do not have two years of data in the child welfare data. Two treatment families in Santa Clara County who were not observed for the full two-year follow-up period in the housing authority data are excluded from this table.

Submitting the Application to the Housing Authority

Submitting an application to the housing authority involves gathering all the necessary documentation (e.g., Social Security cards, birth certificates) as well as filling out the application itself. As seen in table 8, only 85 percent of families randomized to treatment submitted their housing authority applications. This rate varied widely across sites, with only 67 percent of Bucks County treatment families submitting an application to the housing authority, compared with 96 percent of Santa Clara County treatment families. The median time from random assignment to application submission was 22 days. This number varied a bit by site, with the shortest median time being 2 days in Chicago and the longest median time being 39 days in King County.

There were two primary reasons why families did not submit applications: ineligibility or loss of interest. For four of the six sites, we were able to collect information on why applications were not submitted. For these sites, we found that 45 percent were deemed ineligible by the child welfare agency or service provider while gathering documentation for their housing authority applications. This occurred most frequently in Orange County, where 77 percent of those who did not submit applications were ineligible. In Phoenix, if a family's child welfare case closed before the submission to the housing authority, they were no longer eligible, an occurrence that accounted for about one-third of families who did not submit applications in Phoenix. Across the four sites for which we had information, another 37 percent of families were no longer interested.

Some of the differences seen across sites in application submission rates and voucher issuance rates reflect differences across sites in the process by which families were verified for eligibility. For instance, in King County/Seattle, after randomization but before housing authority application submission, families were screened for housing authority eligibility by the external service provider. This extra step is partly why we do not see any families exit from the process between application to voucher issuance in King County/Seattle.

As discussed above, FUP programs are encouraged but not provided funding to or required to provide services to families. Specifically, housing authorities can earn points on their applications for FUP funding by providing services (the more points the housing authority gets for its application, the higher their probability of receiving funding). Specifically, they can receive points for the following services:

- **Case management services** must include, at minimum, "… a needs assessment to identify all of a family's needs including housing-related needs and non-housing-related needs (such as behavioral health, physical health, employment, child care, and other services needed), referrals to services to address the family's needs, and regular contact (based on need) with the family to follow up on these referrals and provide new referrals as necessary."[16] To receive any points for case management, they must provide case management services for at least 6 months, and they get additional points if they provide it for 12 months or more.[17]
- **Housing search assistance** must include, but is not limited to, "… providing participants with a current list of other organizations that can help families find units in low-poverty census tracts, and at least one of the following activities: neighborhood tours, unit viewings, landlord introductions in low-poverty census tracts, or financial assistance to participants for moving costs (such as security and utility deposits)."[18]
- **Financial assistance** must include, but is not limited to, "… moving cost assistance, security deposit assistance, and utility startup (including utility arrears)."

[16] "Family Unification Program Notice of Funding Availability for Fiscal Years 2017 and 2018 FR-6100-N-41," HUD, 2018, https://www.hud.gov/sites/dfiles/PIH/documents/FUPNOFA2017_2018FR-6100-N-41.pdf, p. 32; "2019 Family Unification Program Notice of Funding Availability FR-6300-N-41," HUD, 2019, https://www.hud.gov/sites/dfiles/SPM/documents/2019_FUP_NOFA_FR-6300-N-41.pdf, p. 30.

[17] "Family Unification Program Notice of Funding Availability for Fiscal Years 2017 and 2018 FR-6100-N-41," HUD, 2018, https://www.hud.gov/sites/dfiles/PIH/documents/FUPNOFA2017_2018FR-6100-N-41.pdf, p. 32; "2019 Family Unification Program Notice of Funding Availability FR-6300-N-41," HUD, 2019, https://www.hud.gov/sites/dfiles/SPM/documents/2019_FUP_NOFA_FR-6300-N-41.pdf, p. 30.

[18] "Family Unification Program Notice of Funding Availability for Fiscal Years 2017 and 2018 FR-6100-N-41," HUD, 2018, https://www.hud.gov/sites/dfiles/PIH/documents/FUPNOFA2017_2018FR-6100-N-41.pdf, p. 31; "2019 Family Unification Program Notice of Funding Availability FR-6300-N-41," HUD, 2019, https://www.hud.gov/sites/dfiles/SPM/documents/2019_FUP_NOFA_FR-6300-N-41.pdf, p. 27.

- **Postmove counseling** must include "… at least one of the following: budget counseling, credit counseling (including credit restoration counseling), periodic check-ins, subsequent-move counseling if the family…decides to move a second time, or landlord-tenant mediation."[19]

Both within and across sites, there was variation in service provision. Table 9 below presents the results of the housing assistance questionnaire, which was filled out by either the child welfare or service provider case manager for each family served. Most families (84 percent) received at least some assistance with the housing authority application. The most common type of help received by families was help with filling out the application itself (71 percent) or interacting with the housing authority (72 percent). A nontrivial share of families (43 percent) also received help obtaining necessary documents (e.g., birth certificate).

The share of families who received application assistance varied widely across sites: In Phoenix and Orange County, caseworkers reported some of the lowest rates of application assistance, at 67 percent and 56 percent of families, respectively. In contrast, in King County and Santa Clara County, 100 percent received some sort of application assistance.

Support was primarily provided by caseworkers at the child welfare agency or contracted service provider. We heard from caseworkers that sometimes families struggled to complete the application. Common barriers mentioned were understanding the language in the application and having all the necessary documents. Caseworkers said they would sometimes go through the applications with clients to either provide translation support or help clarify confusing language. However, we heard from program managers that caseworkers would sometimes fill out the applications incorrectly and would need to go back and make corrections. In addition, COVID-19 initially made filling out and submitting the application much more difficult, because before COVID-19 the application was submitted by mail or in person. Eventually, most sites were able to modernize their processes to allow applications to be completed on computers or online. While this transition was helpful for some, it was problematic for families who did not have access to computers. Moreover, libraries were closed during this time, eliminating a common resource for computer access. COVID-19 also made it more challenging for caseworkers and service providers to engage with families to be able to explain the applications or take them to see houses. Caseworkers also noted that families were more likely to fall out of contact during this time.

Acquiring the necessary documentation was described as a significant barrier to families. In crisis, it can be difficult to locate original documentation of Social Security numbers and citizenship, such as Social

[19] "Family Unification Program Notice of Funding Availability for Fiscal Years 2017 and 2018 FR-6100-N-41," HUD, 2018, https://www.hud.gov/sites/dfiles/PIH/documents/FUPNOFA2017_2018FR-6100-N-41.pdf, p. 32; "2019 Family Unification Program Notice of Funding Availability FR-6300-N-41," HUD, 2019, https://www.hud.gov/sites/dfiles/SPM/documents/2019_FUP_NOFA_FR-6300-N-41.pdf, p. 29.

Security cards or birth certificates, which are necessary to receive the voucher. In addition, lack of transportation or child care can be barriers to getting copies from the Social Security office. Nevertheless, caseworkers mentioned helping families obtain the necessary documents. Furthermore, if the child was in foster care, the child welfare agency should have a copy of the child's birth certificate and Social Security card. One change that occurred during COVID-19 that made the application process easier was that many of the housing authorities applied to HUD to receive waivers for the requirement for original documents (e.g., Social Security cards, birth certificates) before being admitted to the HCV program, allowing families to provide the required documentation within 90 days of admission. Staff said this change made the application process much easier, as it was often difficult to obtain these documents, even before COVID-19.

TABLE 9

Housing Assistance Received in the Treatment Group by Site

	All sites	Chicago	King County/ Seattle	Orange County	Phoenix	Santa Clara County
Treatment group sample	404	50	123	75	71	49
Response rate	289 (72%)	25 (50%)	117 (95%)	61 (81%)	34 (48%)	44 (90%)
Application assistance						
Any application assistance	84%	84%	100%	67%	56%	100%
Filling out the application	71%	48%	95%	48%	38%	89%
Getting documents	43%	72%	28%	41%	24%	93%
Interacting with housing authority	72%	84%	97%	38%	29%	91%
Paying off money to housing authority	7%	4%	9%	12%	3%	2%
Attending intake or briefing	20%	28%	15%	21%	41%	18%
Other application assistance	50%	20%	96%	8%	18%	39%
Voucher issued sample	310	43	110	62	36	45
Response rate	256 (83%)	23 (53%)	107 (97%)	53 (85%)	26 (72%)	41 (91%)
Unit search assistance						
Any assistance finding a unit	65%	83%	63%	53%	58%	81%
Providing/coordinating transportation	18%	30%	6%	23%	39%	27%
Providing lists of available properties	56%	83%	52%	43%	42%	78%
Interacting with landlords	26%	65%	14%	19%	0%	63%
Paying application fees[a]	17%	9%	-	19%	19%	17%
Filling out rental applications[a]	26%	48%	-	17%	0%	44%
Other housing search assistance	15%	9%	25%	2%	4%	17%
Assistance overcoming barriers						
Any assistance overcoming barriers	49%	78%	39%	47%	23%	83%
Paying off money owed to utilities or landlords[a]	11%	17%	-	13%	12%	7%
Credit review[a]	15%	35%	-	8%	0%	24%

	All sites	Chicago	King County/ Seattle	Orange County	Phoenix	Santa Clara County
Providing referrals to other organizations	21%	56%	12%	30%	12%	20%
Providing coaching/advice	30%	74%	10%	34%	4%	73%
Assistance entering housing						
Any assistance signing a lease	77%	83%	96%	57%	35%	85%
Payment assistance (e.g., deposit, utilities)	67%	61%	94%	36%	27%	71%
Providing furniture or household items	35%	70%	36%	43%	15%	15%
Moving into apartment/house	17%	30%	27%	9%	0%	7%
Counseling on compliance	27%	70%	8%	17%	0%	85%

Sources: Housing assistance questionnaires filled out by site staff at either the child welfare agency or service provider. In King County/Seattle, the housing assistance questionnaire was not collected; instead their Catholic Community Services (CCS) case management system was used to measure ongoing services.

Notes: This table includes all families randomized to treatment including those observed for less than two years. Bucks County is included in the all-sites columns but is not separated out because of the low number of respondents. Staff were not asked about search assistance, assistance overcoming barriers, or assistance signing a lease if the family did not receive a voucher. The "other" category is an option that was selected by respondents and does not include any separate categories.

[a] These were not included as categories of service in the CCS database.

Parents reported generally having an easy time with the application process. We were able to speak with only seven parents across three of the sites, but most parents received some help from their child welfare worker or case manager, and a couple of parents noted receiving help from staff at the local housing authority. This small subset of parents we interviewed did not report any major issues obtaining necessary documents for the application. A couple of the parents we spoke with mentioned that their child welfare worker already had the necessary documents on hand for their file (e.g., child's birth certificate), which made it easier to gather documents. One parent mentioned that they experienced some difficulty with the application because English was their second language and they primarily spoke Mandarin. However, their social worker spoke Mandarin as well and was able to help them with the application. Another parent noted that their social worker helped them understand the technical language in the application by restating it in a way that was easier to understand.

I know that there was someone there with me to make the technical language of the paperwork easier to understand. I think that's important for everyone because I know most people will have difficulty understanding that language.

—FUP participant

Issuing a Voucher

About 75 percent of the treatment families had a voucher issued (about 89 percent of those who applied). Notably, both Chicago and King County/Seattle, sites that provided external assistance to families through nonprofits, saw 100 percent of families who had applied receive a voucher. In King County/Seattle, the service provider was trained to check the eligibility criteria and may filter ineligible families out before application submission. In Santa Clara County, which had staff within the child welfare agency dedicated to helping FUP families, there was a similarly high rate of voucher issuance, at 96 percent. In contrast, Bucks County and Phoenix saw very low rates of voucher issuance: among families who submitted an application, only 66 percent in Phoenix and 58 percent in Bucks County were issued a voucher. Both of these sites relied entirely on child welfare caseworkers to help families through the leasing process. Among those families issued a voucher across all sites, the median time from application to voucher issuance was about 34 days. The shortest median time was 23.5 days in Orange County, and the longest 92 days in Bucks County.

For those who did not receive a voucher, the most common reasons included failing a criminal background check (28 percent), failing to provide documentation (25 percent), exceeding the income threshold (8 percent), losing interest (8 percent), and failing to attend a voucher briefing (5 percent). The remainder either did not provide a reason or gave other reasons, such as owing money to the housing authority, having prior program violations on record, or being housed elsewhere.

The rate of denial for families over the income threshold reflects the difficulty in properly screening for this criterion. In addition, the high rate of denials due to applicants' criminal backgrounds highlights the high barriers for families with criminal backgrounds at the housing authorities. Although all child welfare agencies did some screening through the referral form, without a formal background check, ensuring families meet any criminal background requirements can be difficult. In addition, income can be difficult to verify up front.

Before families were issued vouchers, they had to attend a voucher briefing at the housing authority, where they learned about the rules of the voucher. Our interviews and focus groups revealed some common barriers to attending these briefings, including lack of transportation and lack of child care during the briefing. Failure to attend an appointment or provide documentation may stem from a lack of support services. Only about 20 percent of families received any help in attending these voucher briefings. During COVID-19, many of the housing authorities took advantage of waivers that allowed them to hold voucher briefings over the phone, Zoom, or via online videos.

Parents generally said that the voucher briefing was informative, noting that the local housing authority went over how to find units, how much their maximum rent can be, and other logistics and rules related to the voucher. Parents who received their vouchers before COVID-19 noted that they went to the housing authority offices for their briefings.

Entering Housing

Once a family had a FUP voucher, they had to find an apartment that would accept the voucher. Families then had to submit the unit to the housing authority for a housing-quality inspection and rent reasonableness assessment. If the unit passed the inspection, the family signed a lease with the landlord, and the housing agency signed a contract with the landlord. After the lease was signed, the family could move into the unit. In total, 67 percent of all families in the treatment group entered housing within two years of randomization across the six sites. This rate varied widely across sites, with only 36 percent of families in Bucks County and 41 percent of families in Phoenix leasing up into housing, compared with 86 percent in Chicago. Overall, the median time from randomization to leasing was 154 days, or about five months. The median varied across the sites, from four months in Orange County and Santa Clara County to almost seven months in Phoenix. The primary reason that families failed to enter housing was the inability to find a suitable rental before the voucher expired. Families typically had 60 days from voucher issuance to find a suitable unit, although families could apply for extensions. The median time from voucher issuance to leasing across the sites was 75 days. This rate was very consistent across the sites and likely reflects the time limit for leasing a unit with the vouchers.

The variation in whether and how quickly families found housing across the sites likely reflects, in part, the level of support that families were given. In Chicago, King County/Seattle, and Santa Clara County, there were staff dedicated to housing navigation, either from external providers or internal staff at the child welfare agency, to help families with this process. These sites had the highest rates of families entering housing with a FUP voucher. It is notable that all these areas had incredibly tight housing markets at the time of the study.[20] In sites without dedicated staff, child welfare caseworkers provided housing navigation services, which was difficult because of a lack of training, high caseloads, and high turnover.

The rates of application submission, voucher issuance, and housing entrance also varied by whether the family was preservation or reunification, although this difference likely reflects site differences. Reunification families were more likely to enter housing (75 percent) than preservation families (58 percent). Phoenix and Bucks County both had the lowest rates of entering housing of the six sites, and both served primarily preservation families. Conversely, King County had one of the highest rates of entering housing, and 79 percent of the families in King County were reunification families.

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[20] "Which US Cities Have the Most Competitive Housing Markets?" USA Facts, last updated June 1, 2023, https://usafacts.org/articles/which-us-cities-have-the-most-competitive-housing-markets/#:~:text=These%20three%20metro%20areas%20have,;%20and%20Rochester%2C%20New%20York.

Families encountered many barriers when looking for housing, including paying application fees, finding properties that meet housing authority requirements (including an acceptable rent and inspection standards), navigating the tight housing markets, obtaining transportation to view properties, and passing screenings from landlords (i.e., criminal background, credit check). Across all sites, tight housing markets, in which affordable housing options were limited, presented a challenge, particularly in Phoenix, Bucks County, and King County. Additionally, there was limited availability of housing units with multiple bedrooms that would fit larger families with multiple children and family members. Families often faced financial barriers such as rental deposits, moving costs, and ongoing rent payments. Once they found housing, many families struggled to cover the initial costs associated with moving into a new rental, including security deposits, first month's rent, and utility setup fees. Another challenge families faced was the time limit for leasing a unit with the vouchers. Language barriers also posed a challenge for non–English speaking families, potentially leading to miscommunication and discrimination. In addition, some families reported facing difficulties because of their inability to communicate effectively with English-speaking landlords.

Caseworkers reported lower rates of assistance related to finding and moving into housing compared with the rates of application assistance: only about two-thirds of families received any help finding a unit. The most common assistance provided was a list of available properties, followed by assistance with interacting with landlords (26 percent) and assistance filling out rental applications (26 percent). About half of families received some assistance in overcoming barriers related to finding housing, most often in the form of coaching or advice. Three-quarters of families received some assistance signing a lease. The most common form of assistance was payment assistance, with 67 percent of families receiving some sort of financial assistance (e.g., deposit, utilities) to help them move into housing. Receiving household furniture was also quite common, with 35 percent of families receiving furniture or other household items.

Across all sites, assistance in finding and entering into housing was provided primarily by child welfare caseworkers and other service providers. The extent of the services provided depended on the family itself: Many caseworkers reported that their families needed a lot of assistance through the entire process, mentioning helping families search for housing and driving families to housing tours or meetings with landlords. Child welfare caseworkers, in particular, struggled to provide this assistance while managing their large caseloads, compared with service providers whose time was dedicated to FUP. In addition, child welfare caseworkers were not trained in finding housing, and typically only a small share of their families received FUP. While the majority of caseworkers and service providers expressed that families needed a lot of support and assistance, a handful of caseworkers reported that one or more of their families did not need or want any assistance in finding and moving into a unit.

Various agencies and organizations across the study sites provided financial support to families. Some sites addressed this challenge by connecting families with organizations that would pay for initial costs or

cover these costs directly through their own agency resources, including assistance with security deposits, application fees, and move-in expenses, as well as transportation assistance to see the housing unit (e.g., bus passes). In Chicago, through Norman Services,[21] housing advocates assisted clients with moving in, including providing funds for security deposits, first month's rent, household items, furniture, and assistance with initial moving costs. The Santa Clara County child welfare agency had connections with Seasons of Sharing, a nonprofit agency that provides funds to families in need of financial assistance for housing in the Bay Area. A couple of parents noted that their child welfare agencies were able to connect them with funds to help them pay for a deposit. Some parents reported they did not have any difficulty finding a unit. COVID-19 made finding a unit more difficult, as landlords stopped showing units and offered only virtual tours. (As mentioned above, computer access was a barrier for some clients.)

For families to rent units using FUP vouchers, the housing had to pass housing-quality inspections performed by the housing authority. This process could sometimes extend the length of time a family had to wait to enter housing, because these inspections required scheduling with the inspector and the landlord. Additionally, if anything came up in the inspection, the landlord was required to fix it, and the unit had to be inspected again. During COVID-19, some housing authorities allowed landlords to self-certify that a unit had passed inspection, which accelerated the move-in process.

Generally, the housing authorities provided little to no assistance with finding a unit. At most, housing authorities would provide a general list of housing units and landlords in the area that accepted HCVs. Some caseworkers mentioned that the list of available units provided by housing authorities was not easily usable for families and may be outdated. Some housing or apartment websites did not show current available units. During COVID-19, the housing authorities could take advantage of a HUD waiver allowing them to extend the amount of the time families had to find housing before the voucher expired without amending their administrative plan. Many of the housing authorities did extend the housing search time during COVID-19.

Housing Stability

The vast majority (87 percent) of families who entered housing with FUP vouchers remained housed with their vouchers two years later (table 10). About 13 percent of families lost their vouchers in the first two years after entering housing. Only seven families, or 2 percent of the treatment samples, lost their vouchers within the

[21] Norman Services are offered by the Illinois Department of Children and Family Services to families in Chicago who have one or more children who are at risk of being placed in care or who have children who cannot be returned home, with one of the reasons for this risk including lack of food, lack of shelter, lack of clothing, or lack of other items, and for whom providing services could help the child return home or keep them at home.

first year in housing. King County and Santa Clara County had the highest rates of exit, at 21 percent and 16 percent, respectively. Very few families ported out (transferred their vouchers to other housing authorities), about 2 percent across all sites. Twenty-five families ported from KCHA and SHA (3) or from SHA to KCHA (22); however, we did not include these families in the port-out numbers, as we treat these two sites as one.

There are several reasons why a family may lose its voucher. Of the 33 families who lost their vouchers in the first two years after entering housing, about 40 percent lost their vouchers because they expired while they were moving between units. Another 12 percent of families lost their vouchers because the family head died. Another 20 percent lost their vouchers for an array of other reasons, such as eviction, criminal activity, children not being returned, or not recertifying. Another 20 percent who lost their vouchers did not have a reason reported in the data.

TABLE 10

Housing Retention and Exits after Two Years

	All sites	Bucks County	Chicago	King County/Seattle	Orange County	Phoenix	Santa Clara County
Entered housing	253	13	43	93	52	29	23
Kept voucher	87%	92%	96%	79%	90%	97%	84%
Lost voucher	13%	8%	4%	21%	10%	3%	16%
Ported out	2%	0%	0%	4%	2%	0%	0%

Sources: Bucks County Housing Authority, Chicago Housing Authority, King County Housing Authority, Seattle Housing Authority, Orange County Housing Authority, City of Phoenix Housing Authority, and Santa Clara County Housing Authority.
Notes: This includes all families for which we have two years of housing authority data. Data from the housing authorities was received at different times than data from child welfare agencies, so this includes some families for which we do not have two years of data in the child welfare data. We did not count porting between King County Housing Authority and Seattle Housing Authority in this instance because they both serve the same program. We are missing public housing authority data for 25 families who entered housing; these families are not included in the denominator of the above percentages.

The ongoing services questionnaire was administered to all caseworkers who provided services to families for each family they served, except in the King County/Seattle site. In King County/Seattle, the service provider shared their case management data with us. However, the coding system used for these data did not line up well with the questionnaire, because most of their services were coded simply as case management. Therefore, King County/Seattle is not included in the ongoing services table (table 11), even though King County/Seattle provided ongoing services to 75 percent of families who entered housing.

Most families (65 percent) received some kind of ongoing services (table 11). The most common were child or family counseling (54 percent) and "other" services (44 percent), which included case management.

The next largest category was substance abuse services, received by 38 percent of families who entered housing.[22] Access to benefits was also relatively common, at 28 percent.

The array of services varied widely by site: Chicago provided 75 percent of families with budgeting and money management services and 75 percent with landlord mediation assistance. Employment and education services as well as self-sufficiency services were provided to almost half of families in Chicago. In Orange County and Phoenix, 35 percent and 39 percent of families, respectively, received substance abuse services. Health services were also relatively common in Phoenix, at 39 percent. Domestic violence services was the most common service in Santa Clara County, at 33 percent.

TABLE 11

Ongoing Services Received by Families Who Entered into Housing by Site

	All sites	Chicago	Orange County	Phoenix	Santa Clara County
Leased-up sample	176	43	52	29	39
Response rate	131 (74%)	20 (47%)	49 (94%)	26 (90%)	30 (77%)
Any ongoing services	65%	75%	61%	58%	67%
Employment/education	16%	45%	14%	4%	13%
Domestic violence	21%	10%	18%	15%	33%
Substance abuse[a]	38%	-	35%	39%	-
Child or family counseling[a]	54%	-	57%	42%	-
Self-sufficiency	23%	45%	33%	4%	3%
Access to benefits	28%	40%	43%	15%	7%
Child care	22%	10%	31%	31%	10%
Legal aid	12%	25%	16%	0%	7%
Health services	20%	15%	20%	39%	10%
Budgeting/money management	18%	75%	10%	15%	0%
Landlord mediation/move counseling	15%	75%	6%	0%	3%
Early intervention	4%	0%	10%	0%	0%
Other supportive services	44%	20%	47%	50%	60%

Sources: Ongoing services questionnaires filled out by site staff at either the child welfare agency or the service provider.
Notes: This table includes all families randomized to treatment including those observed for less than two years. Staff were not asked about ongoing services unless the family signed a lease. Bucks County is not separated out because of the low number of respondents. King County is excluded; data about ongoing services were not collected through a survey in King County as in the other sites but were pulled from their case management system. Most services were coded as "case management" or "housing stability support."

[22] Data about substance abuse services could not be collected in Santa Clara County or Chicago.

[a] Caseworkers in both Chicago and Santa Clara County were not asked about these services, as these sites viewed them as health information.

Caseworkers and services providers reported providing most families with some services after they moved into their housing. Assistance related to sustaining and keeping housing included community resource referrals, connections to self-sufficiency programs, educational workshops, and landlord-tenant mediation and advocacy. Community resources included programs for basic needs like food, clothing, and furniture, as well as support services such as parenting classes, substance misuse treatment programs, and counseling. Caseworkers sometimes acted as advocates for families, assisting them in resolving issues with landlords, understanding lease terms, and negotiating lease agreements. Some sites also offered educational workshops that provided information on budgeting, credit management, tenant rights, and other relevant topics to help clients manage their housing situations successfully.

Caseworkers and service providers often provided lower levels of services after move in compared with before move in. The service providers in both Chicago and King County/Seattle were more focused on getting families into housing and did not provide many ongoing services. For King County/Seattle, the service providers were meant to serve families for only one year, opening up their time to serve other families. In practice, service providers found that families often needed to come back, so they allowed families to return for help for an additional year after they were taken off the caseload. In sites where child welfare caseworkers provided services, case closure meant that families could no longer receive ongoing services from them. Although all these sites mentioned keeping cases open longer to provide services, child welfare agencies cannot keep cases open indefinitely. In Bucks County, families were transferred to another agency to provide ongoing case management when their child welfare cases closed. This time limit on services could be part of the reason why we see decreases in housing stability from one to two years.

The only services most families could receive through the housing authority after entering housing was the Family Self-Sufficiency Program (FSS). FSS is a voluntary, HUD-administered program that offers case management and other supportive services. A main component of the program is an interest-bearing escrow account that is established by the housing authority for each participating family. Any increases in the family's rent as a result of increased earned income during the family's participation in the program result in a credit to the family's escrow account. Once a family graduates from the program, they may access the escrow and use it for any purpose.[23] The program's duration is typically five years, with the option to extend to seven years.

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[23] "Fact Sheet: Family Self-Sufficiency (FSS) Program," Office of Public Housing and Voucher Programs, Office of Public Housing Investments, February 2016, https://www.hud.gov/sites/documents/FSSFACTSHEET_FEB2016.PDF.

While HUD encourages housing authorities to enroll FUP families in the FSS program, only 6 out of 289 families ever enrolled in the program in the two years after entering housing. Two of the sites had no families enroll in FSS. Housing authority staff at all of the sites mentioned a number of reasons why so few FUP families enrolled. At the Seattle Housing Authority, FUP families could not enroll because the FSS program (locally called JobLink) was at capacity, so FUP families were put on waitlists to enroll. At the other sites, the reasons cited for not enrolling were that

- families either did not know about the program or had forgotten about it,
- families were too focused on their child welfare case and/or getting settled into housing, or
- case management had negative connotations for them.

Most of the child welfare agency caseworkers we spoke to did not know what FSS was. The City of Phoenix Housing Department mentioned that it conducted trainings with the child welfare caseworkers on FSS but that because of caseworker turnover, this knowledge was not maintained. Across the six sites, families were told about the program and given FSS contact information at the voucher briefings. The timing of this delivery, however, was problematic, as they were not eligible for it until they were housed, which is often more than two months later.

[FSS is] usually not the first thing on their mind because they are worried about finding housing and getting kids back because it seems such a faraway thought [self-sufficiency].
—housing authority frontline worker

Implementation: Challenges and Successes

Our study revealed several challenges and facilitators of the FUP program across the six sites.

Challenges

- **Eligibility guidelines.** The program's eligibility guidelines can present difficulties to both staff and families. Some staff found the guidelines, especially around housing stability, confusing. Additionally, clients who may benefit from the program may be denied because of criminal records or substance abuse issues.

- **Timing.** The process to get from referral to housing entry is time-consuming, with a median time to housing entry of five months. Families without adequate housing are generally in crisis and need to get into housing quickly. Some families waited so long that they decided not to participate in the program any longer.
- **Application documentation.** The documents necessary to apply for the voucher (for example, birth certificate, Social Security card) can be difficult for clients to obtain and stall the application process. This step is also where the program may lose potentially eligible clients if they cannot find the documents necessary to complete their applications.
- **Housing market.** The availability of affordable and quality housing is a consistent challenge. Across sites, there was not an adequate supply of housing that suited families' needs. Additionally, landlords may not want to rent to families with a FUP voucher, because of either the time it takes to process the voucher or stigma surrounding voucher usage. FUP families also may have credit, rental, or criminal histories that may make it hard to find rentals. Additionally, there are limits on how much families can spend on housing for a given number of bedrooms, further limiting families' choices in tight housing markets.
- **Staff turnover and caseload.** At the child welfare agencies, case manager turnover was a major issue. To identify, refer, and serve FUP families properly, caseworkers need to be trained on FUP eligibility, FUP rules, and the best way to help families through the program. With high staff turnover, keeping caseworkers trained can be very difficult. Additionally, high caseloads limit their ability to provide additional services to FUP families. Both high turnover and high caseloads lead to reduced staff capacity, disrupt continuity in assisting families through the FUP process, and make maintaining partnerships difficult.

Successes

- **Programs may be successful with more lenient eligibility criteria.** King County and Seattle Housing Authorities both waived criminal background criteria (except for those required by HUD) for FUP families, and their FUP families nevertheless maintained high rates of housing entry and housing stability.
- **Agencies demonstrated strong partnerships.** Good communication and positive relationships between agencies, including housing authorities, child welfare agencies, and other partners, are vital to the program's success. Regular meetings, shared goals, and clear communication contribute to smoother program implementation.

- **Agencies collaborated with outside organizations to provide families with more services.** Collaboration with other programs and agencies, such as wraparound services, basic needs assistance, and community partnerships, helps families overcome financial barriers, obtain necessary furniture, and ensure a successful transition to stable housing.
- **Dedicated program staff appears to help families be successful in the program**. Having staff dedicated to supporting FUP families, as in Santa Clara County, King County/Seattle, and Chicago, appears to improve families' ability to move through the application and housing entry processes. All three of these sites had the highest rates of housing entry. Additionally, in staff interviews, frontline staff mentioned how dedicated staff facilitated the process.

Child Welfare Outcomes

In this section, we present the results of the impact study. First, we present impacts for our primary outcomes of removal and reunification. We measured removal only among children who are at home (or for family-level analysis, among families who had all of their children at home) at the time of randomization. Conversely, we measured reunification only among children who were out of home (or at the family level, among families with at least one child in foster care) at the time of randomization. Second, we present the results for our secondary outcomes of case closings and substantiations. Third, we also consider an exploratory outcome that can be measured for both types of families indicating whether children are "at home" defined as not in foster care, adopted, or in guardianship. Finally, we present the perspectives of families and staff on FUP's impact.

We present the ITT result, the impact of FUP on all of the families randomized to treatment regardless of whether they entered housing with a FUP voucher, and the TOT result, the impact for families who entered housing with a voucher. Results are presented at both the child and family levels, because, though rare, outcomes can vary across children in the same family. We ran two models for each of our outcomes: (1) a stratum-adjusted model, which only controlled for stratification variables (an indicator for whether the family is preservation, reunification or both and site), and (2) a baseline equivalence–adjusted model, which controlled for stratum and for any baseline differences with $p < 0.05$.

We present cross-site results at two years postrandomization in this section; however, we note in the text when results vary by site or over time. Results by site and at one year and two years postrandomization can be found in appendix B.

We present two methods of measuring the importance of the findings: *p* values and effect sizes. The first and most commonly used method is statistical significance, defined as having a *p* value of less than or equal to 0.05. However, *p* values are often insufficient to understand the magnitude of a result (Sullivan and Feinn 2012). While *p* values reflect the probability that the difference exists, effect sizes measure the size of the difference. We report on all effect sizes that are considered nontrivial (values greater than or equal to 0.20).

Primary Outcomes

Removals

We found that FUP has no statistically significant impact on the probability of removal at either the family or child level among the preservation family subsamples at two years (table 12). This result held true at one

year (appendix B). Removal rates were very low in the control group at only 9 percent at the child level and 15 percent at the family level. While results were not statistically significant at the site level, we did find that two sites had a small but meaningful effect size. In Orange County, preservation families randomized to treatment were 10 percentage points less likely to have any child removed than those randomized to control. In Phoenix, preservation families randomized to treatment were 7 percentage points less likely to have any child removed than those randomized to control.

TABLE 12

Impact of FUP Vouchers on the Probability of Removal by Two Years among Preservation Families

	Sample size	Unadjusted control mean	Unadjusted treatment mean	Strata-adjusted ITT	Differences-adjusted ITT	Differences-adjusted TOT
Child level						
Removed	903	9%	11%	2%	2%	3%
				(0.03)	(0.03)	(0.06)
Family level						
Any child removed	339	15%	12%	-3%	-3%	-5%
				(0.04)	(0.04)	(0.07)

Sources: Bucks County Children and Youth Social Services Agency; Illinois Department of Children and Family Services; Washington State Department of Children, Youth, and Families; Orange County Social Services Agency; Arizona Department of Child Safety; and Santa Clara County Social Services Agency were the sources for child welfare data. Chicago Housing Authority, King County Housing Authority, Seattle Housing Authority, Orange County Housing Authority, City of Phoenix Housing Authority, and Santa Clara County Housing Authority were the sources for housing status for the TOT analysis.

Notes: ITT = intent to treat; TOT = treatment on the treated. ITT compared outcomes of children (or families) in the treatment group who were referred to FUP (but who may or may not have received housing) with those of children (or families) in the control group who were not referred to FUP. TOT compared outcomes of those in the treatment group who were housed within two years with those of the control group. We used weights to account for different treatment and control ratios across sites. We estimated ITT using a probit model and display marginal effects. We estimated TOT using two-stage least squares. The strata-adjusted regression models included controls for site and whether the family was preservation or reunification or both. The differences-adjusted regression models additionally control for any baseline differences. Robust standard errors are reported in parenthesis. Child-level regressions used standard errors clustered at the family level.

+/*/**/*** Difference is significant at the 0.1/0.05/0.01/0.001 levels.

^/^^/^^^ Difference has an effect size of small/medium/large.

Reunification

We found that the FUP program increased the probability of reunification at the child and family levels among the reunification subsamples (table 13); however, the impacts were statistically significant only at the family level. At two years, we found that children in the treatment group had higher rates of reunifying than children in the control group; however, this difference was not statistically significant. We found at two years that families in the treatment group were 11 percentage points more likely to have all children

reunified than families in the control group. Among those housed with a FUP voucher, this difference represented an 19 percentage-point increase in the probability of all children reunifying.

At the site level, all five sites with reunification families saw higher rates of reunification in the treatment group compared with the control group at the family level; however, these differences varied widely, from 1 percentage point to 23 percentage points (appendix B). None of these were statistically significant, but in three sites, the difference was considered to be nontrivial. In Chicago, reunification families randomized to treatment were 23 percentage points more likely to reunify than reunification families randomized to control. In Santa Clara County, reunification families in the treatment group were 19 percentage points more likely to reunify all children than reunification families in the control group. In King County/Seattle, reunification families randomized to treatment were 12 percentage points more likely to reunify than those randomized to control. Phoenix had only a total of 33 reunification families, so it is unsurprising that no impacts were found. We ran hazard models looking at time to reunification, which found a hazard ratio of 1.2, implying faster reunification among the treatment group; however, this result was not statistically significant in any model.

TABLE 13

Impact of FUP Vouchers on the Probability of Reunification by Two Years among Reunification Families

	Sample size	Unadjusted control mean	Unadjusted treatment mean	Strata-adjusted ITT	Differences-adjusted ITT	Differences-adjusted TOT
Child level						
Reunified	723	64%	73%	9%$^{+}$	7%	12%^
				(0.05)	(0.05)	(0.08)
Family level						
All children reunified	392	59%	69%	11%*^	11%*^	19%*^
				(0.05)	(0.05)	(0.08)

Sources: Bucks County Children and Youth Social Services Agency; Illinois Department of Children and Family Services; Washington State Department of Children, Youth, and Families; Orange County Social Services Agency; Arizona Department of Child Safety; and Santa Clara County Social Services Agency were the sources for child welfare data. Bucks County Housing Authority, Chicago Housing Authority, King County Housing Authority, Seattle Housing Authority, Orange County Housing Authority, City of Phoenix Housing Authority, and Santa Clara County Housing Authority were the sources for housing status for the TOT analysis.

Notes: ITT = intent to treat; TOT = treatment on the treated. ITT compared outcomes of children (or families) in the treatment group who were referred to FUP (but who may or may not have received housing) with those of children (or families) in the control group who were not referred to FUP. TOT compared outcomes of those in the treatment group who were housed within two years with those of the control group. We used weights to account for different treatment and control ratios across sites. We estimated ITT using a probit model and display marginal effects. We estimated TOT using two-stage least squares. The strata-adjusted regression models included controls for site and whether the family was preservation or reunification or both. The differences-adjusted regression models additionally control for any baseline differences. Robust standard errors are reported in parenthesis. Child-level regressions used standard errors clustered at the family level.

+/*/**/*** Difference is significant at the 0.1/0.05/0.01/0.001 levels.

^/^^/^^^ Difference has an effect size of small/medium/large.

Secondary Outcomes

Rereports

The goal for all children in child welfare is for them to live safely at home with their families. One measure of safety is whether a case has a substantiated allegation of abuse or neglect OR was out of the home at two years postrandomization. We found no difference between the treatment and control groups in the probability of being at home with no new substantiated allegations, at the child or family level, overall, or for either subgroup (table 14).

TABLE 14

Impact of FUP Vouchers on the Probability of New Substantiated Report (or Out of Home) by Two Years

	Sample size	Unadjusted control mean	Unadjusted treatment mean	Strata-adjusted ITT	Differences-adjusted ITT	Differences-adjusted TOT
Child level						
New report or out of home	1628	36%	36%	1%	1%	2%
				(0.04)	(0.04)	(0.07)
Family level						
New report or out of home for any child	645	43%	42%	-1%	-1%	-2%
				(0.04)	(0.04)	(0.06)

Sources: Bucks County Children and Youth Social Services Agency; Illinois Department of Children and Family Services; Washington State Department of Children, Youth, and Families; Orange County Social Services Agency; Arizona Department of Child Safety; and Santa Clara County Social Services Agency were the sources for child welfare data. Bucks County Housing Authority, Chicago Housing Authority, King County Housing Authority, Seattle Housing Authority, Orange County Housing Authority, City of Phoenix Housing Authority, and Santa Clara County Housing Authority were the sources for housing status for the TOT analysis.

Notes: ITT = intent to treat; TOT = treatment on the treated. ITT compared outcomes of children (or families) in the treatment group who were referred to FUP (but who may or may not have received housing) with those of children (or families) in the control group who were not referred to FUP. TOT compared outcomes of those in the treatment group who were housed within two years with those of the control group. We used weights to account for different treatment and control ratios across sites. We estimated ITT using a probit model and display marginal effects. We estimated TOT using two-stage least squares. The strata-adjusted regression models included controls for site and whether the family was preservation or reunification or both. The differences-adjusted regression models additionally control for any baseline differences. Robust standard errors are reported in parenthesis. Child-level regressions used standard errors clustered at the family level.

+/*/**/*** Difference is significant at the 0.1/0.05/0.01/0.001 levels.

^/^^/^^^ Difference has an effect size of small/medium/large.

Case Closure

As discussed in the methods section, case closure can be complicated to interpret. Workers may need to keep cases open longer to provide these services to FUP families. In addition, the definition of a case and the process of case closure varies across local child welfare agencies.

Table 15 presents the estimated impacts of FUP on the probability of case closure. We found no statistically significant differences in case closure between the treatment and control groups at the family level for the pooled sample or site level nor at the child level for the pooled sample. At the site level, we found no significant differences between treatment and control in terms of the probability of case closure.

TABLE 15

Impact of FUP Vouchers on the Probability of Case Closure

	Sample size	Unadjusted control mean	Unadjusted treatment mean	Strata-adjusted ITT	Differences-adjusted ITT	Differences-adjusted TOT
Child level						
Case closed	1528	75%	77%	1%	-1%	0%
				(0.03)	(0.03)	(0.06)
Family level						
All cases closed	701	71%	76%	4%	3%	6%
				(0.03)	(0.03)	(0.06)

Sources: Bucks County Children and Youth Social Services Agency; Illinois Department of Children and Family Services; Washington State Department of Children, Youth, and Families; Orange County Social Services Agency; Arizona Department of Child Safety; and Santa Clara County Social Services Agency were the sources for child welfare data. Bucks County Housing Authority, Chicago Housing Authority, King County Housing Authority, Seattle Housing Authority, Orange County Housing Authority, City of Phoenix Housing Authority, and Santa Clara County Housing Authority were the sources for housing status for the TOT analysis.
Notes: ITT = intent to treat; TOT = treatment on the treated. ITT compared outcomes of children (or families) in the treatment group who were referred to FUP (but who may or may not have received housing) with those of children (or families) in the control group who were not referred to FUP. TOT compared outcomes of those in the treatment group who were housed within two years with those of the control group. We used weights to account for different treatment and control ratios across sites. We estimated ITT using a probit model and display marginal effects. We estimated TOT using two-stage least squares. The strata-adjusted regression models included controls for site and whether the family was preservation or reunification or both. The differences-adjusted regression models additionally control for any baseline differences. Robust standard errors are reported in parenthesis. Child-level regressions used standard errors clustered at the family level.
+/*/**/*** Difference is significant at the 0.1/0.05/0.01/0.001 levels.
^/^^/^^^ Difference has an effect size of small/medium/large.

Exploratory Outcomes

In addition to looking at whether families avoid removal or reunify, we looked at whether families remain intact over time. To look at this outcome, we created a measure of whether the family is intact (i.e., no child in

the family is in out-of-home care, has exited through guardianship, or exited through adoption). At the child level, we found no statistically significant difference between children in treatment families and children in control families in our base model or our model that controls for baseline differences. We did not find any significant differences at one or two years postrandomization. At the family level, we found families randomized to treatment were 6 percentage points more likely to have all children at home at two years postrandomization than families randomized to control, although this result was not statistically significant (p = 0.061) when controlling for baseline differences. Looking at the site level, all sites except Bucks County saw higher rates of children being at home in the treatment group, ranging from 5 percentage points higher to 9 percentage points higher, than in the control group, although none of these were statistically significant.

TABLE 16

Impact of FUP Vouchers on the Probability that All Children Are at Home at Two Years

	Sample size	Unadjusted control mean	Unadjusted treatment mean	Strata-adjusted ITT	Differences-adjusted ITT	Differences-adjusted TOT
Child level						
At home	1628	79%	82%	3%	2%	5%
				(0.03)	(0.03)	(0.05)
Family level						
All children at home	731	72%	79%	6%*	6%+	10%+^
				(0.03)	(0.03)	(0.06)

Sources: Bucks County Children and Youth Social Services Agency; Illinois Department of Children and Family Services; Washington State Department of Children, Youth, and Families; Orange County Social Services Agency; Arizona Department of Child Safety; and Santa Clara County Social Services Agency were the sources for child welfare data. Bucks County Housing Authority, Chicago Housing Authority, King County Housing Authority, Seattle Housing Authority, Orange County Housing Authority, City of Phoenix Housing Authority, and Santa Clara County Housing Authority were the sources for housing status for the TOT analysis.

Notes: ITT = intent to -treat; TOT = treatment on the treated. ITT compared outcomes of children (or families) in the treatment group who were referred to FUP (but who may or may not have received housing) with those of children (or families) in the control group who were not referred to FUP. TOT compared outcomes of those in the treatment group who were housed within two years with those of the control group. We used weights to account for different treatment and control ratios across sites. We estimated ITT using a probit model and display marginal effects. We estimated TOT using two-stage least squares. The strata-adjusted regression models included controls for site and whether the family was preservation or reunification or both. The differences-adjusted regression models additionally control for any baseline differences. Robust standard errors are reported in parenthesis. Child-level regressions used standard errors clustered at the family level.

+/*/**/*** Difference is significant at the 0.1/0.05/0.01/0.001 levels.

^/^^/^^^ Difference has an effect size of small/medium/large.

Perceptions of the Impact of FUP on Families

Caseworkers described FUP as being incredibly important to their families, not only in terms of their child welfare cases, but also in terms of their lives. Housing is a huge barrier for a lot of families on their caseloads.

Caseworkers cited the lack of suitable housing as a barrier not only to families achieving permanency with their children but also to many of their other goals, like sobriety and employment. Caseworkers also mentioned that stable housing can alleviate a lot of stress for families and instability for children.

We've had a couple of families that were chronically involved with us because of issues. Once they received their FUP and got into a house, we haven't heard anything else. These chronic cases it has helped. It has helped stabilize chronic families in a couple of instances.
—child welfare caseworker

Our interviews with parents who received FUP further illuminated their experiences with the FUP program, though it should be noted that we were able to interview only seven parents. The parents we interviewed saw many positive effects of FUP once they secured housing. Multiple parents said their kids had access to higher-quality schools after moving with their voucher. They were also able to buy cars with the money they were saving from rent. One parent noted that they were able to rent a bigger apartment with the voucher.

I go to school, I am working, and I'm raising three kids by myself. I don't think I could juggle it all without the housing assistance. We would be renting a single room instead of having a three-bedroom apartment.
—FUP participant

A couple of parents also thought they were able to close their cases faster because of their vouchers. They needed a place to reunify with their child and were able to gain housing through the voucher, which allowed them to safely reunify and close their cases. Parents also experienced less stress after entering housing and found they were able to focus on spending time with their children instead of worrying about housing.

It's offered a huge amount of stability; it has taken lot of stress off because rent is affordable. Instead of focusing on work and money, I can be more present. I can be here with my kids. It isn't

just about surviving; we want to thrive.
—FUP participant

Overall, the parents we spoke with were very satisfied after receiving their vouchers and noted that it had a large impact on their lives. Despite their satisfaction, a couple of parents did have some suggestions on how to improve the program. One parent suggested more support be offered to families who receive the voucher but may still have reoccurring case openings. These families may continue to struggle with maintaining housing and need additional support.

Discussion and Conclusion

Limitations

There were many limitations to this study. One was that COVID-19 occurred during the study, meaning that FUP was not studied under normal conditions. Other limitations included the use of administrative data, matching issues, and sample size.

COVID-19

One major limitation was the COVID-19 pandemic, which started in the first year of implementation for this study. The pandemic changed a lot about how the sites implemented the FUP program and how the study was run. Initially, it made implementation very difficult for sites, as most of the program before COVID-19 had been run via mail or in person. Eventually, most sites were able to modernize their processes to allow applications to be completed online, which reduced barriers in some ways. However, the move to administering the vouchers electronically created barriers for some families, especially those who did not have access to a computer or who needed in-person engagement to make it through the housing authority application process and into housing. In addition, housing authorities were eventually able to use waivers that gave them more flexibility in administering FUP: they were able to accept copies of vital documents instead of originals before admission to the programing (allowing families and caseworkers more time to request them and deliver them without delaying their admission to the program). Voucher briefings, which were usually held in person, were switched to phone or video call. This change made things substantially easier for some families, because it eliminated the barriers of lack of transportation and child care for these briefings. Housing authorities also became more flexible in extending the period for the housing search.

Beyond FUP, COVID-19 had broader implications for the child welfare and housing landscape. Allegations of abuse and neglect dropped sharply in some of the sites during COVID-19, as interactions with mandatory reporters such as teachers decreased, leading to fewer child welfare cases being opened (Whaling et al. 2023). The COVID-19 pandemic significantly changed the community housing landscape. Many congregate shelters closed and began providing housing through partnerships with hotels and motels. The American Rescue Plan Act that went into effect in March 2021 funded about 70,000 emergency housing vouchers. The eviction moratorium also prevented families from getting evicted, which likely affected the housing market. Given that all our sites had enrollment and observation periods that overlapped with the COVID-19 pandemic, these changes could have impacted all of the sites.

In terms of the study, COVID-19 hindered our ability to complete our implementation study. While we had planned a robust set of interviews and focus groups with both staff and parents in all the sites, because of COVID-19, all of our site visits were virtual. While we were able to complete all our staff interviews, we struggled to recruit parents to participate.

Administrative Data

The study used administrative data only from the child welfare agencies and housing authorities to measure outcomes. Although we could measure interactions with the child welfare system, such as removals and reports of abuse and neglect, we were unable to truly measure impacts on child well-being. For housing outcomes, we were not able to measure housing stability for the control group. While for some sites we could see whether control group families received a voucher from one of the housing authorities in our study, we did not know if they received housing support from other housing authorities or other sources.

For both child welfare and housing authority data, we encountered some matching issues. In the child welfare data, we lost 7 percent of the overall sample because we were unable to match referred families to the child welfare data. While all referrals came from the child welfare agency, we did not receive direct identifiers as a precaution to ensure that families' identities were protected. The sites maintained crosswalks of families' unique research identifiers along with their identifying information; sometimes, however, there were typos in these crosswalks that prevented a match. In addition, one of the sites, Phoenix, changed over its data system in the middle of the study, which meant all of the child welfare identifiers were changed in the process.

There were low response rates on the housing assistance questionnaire and ongoing services questionnaire. Caseworkers often struggled with large caseloads, and there was high caseworker turnover, which made follow-up to complete these questionnaires difficult.

Another issue with the administrative data was that it hid a lot of variation in how the child welfare system operated and handled cases and out-of-home care across sites. Some sites had only court-opened cases referred for FUP, which meant that child welfare workers had to seek court approval to close the cases. In other sites, case closure was at the discretion of the child welfare worker.

Sample Size

Another difficulty was sample size. We had aimed for a sample of 930 families; however, we were able to randomize only 841 unduplicated families, and because of matching issues, we were able to report outcomes

for only 778 families. For our primary outcomes of preservation and reunification, our sample sizes were even smaller, at 345 and 433, respectively. While we did see some statistically significant differences in these subsamples, the statistical significance was sensitive to model specification because the sample size was so small. Similarly, sample sizes within each site were very small; thus our ability to detect statistically significant differences was limited, further limiting our ability to evaluate the impact of FUP by site.

Impacts of FUP on Child Welfare Outcomes

Overall, we found some evidence that FUP can help families with at least one child in out-of-home care reunify. Specifically, we found that after adjusting for baseline differences 70 percent of reunification families randomized to treatment reunified with all children compared with 59 percent of the reunification families randomized to control, an 11 percentage-point difference. This represents a 19 percent increase from the control group's probability of reunification (11 percentage-point difference divided by the 59 percent reunification rate in the control group). While we found children out of home at baseline had a 7 percentage-point higher rate of reunifying in the treatment group than in the control group, this difference was not statistically significant. Additionally, we found no impact of FUP on preventing removals for preservation families, on case closures, or on substantiated allegations.

Our primary results likely understated the FUP program's impact on families who receive FUP. The estimates we present are intent to treat, which means we compared the outcomes of all families randomized to treatment with all families randomized to control regardless of whether they entered housing. Because only 67 percent of families in the treatment group entered housing with a FUP voucher, there was a large share of families in the treatment group for whom we expect to see zero impact. In addition, a fair number of control families received housing vouchers. In the four sites for which we have voucher data for the control group, 16 percent of control families received a voucher in the two years after randomization. This was likely higher than usual because the study overlapped with the COVID-19 pandemic, during which there was a large influx of emergency housing vouchers. These crossovers as well as the nontrivial number of treatment families that did not enter housing with a FUP voucher effectively weighed down our estimate of FUP's impact and made it more difficult to detect statistical significance. Despite these limitations, we still found a statistically significant impact of FUP on reunification at the family level.

Importantly, when we controlled for families in the treatment group who do not enter housing with a FUP voucher and for families in the control group who do enter housing with a voucher, we found a much larger impact, with a 19 percentage-point difference in reunification at the family level compared with the 11 percentage-point difference when we did not control for this. For preservation families, another potential reason why we did not see impacts was that it was difficult for caseworkers to identify appropriate families. When an event is rare, like removal to foster care, very large sample sizes may be needed to detect

impacts. In all sites, caseworkers were meant to refer preservation families who were at imminent risk of removal, but the mean rate of any child being removed among the control group was only 9 percent. Though less extreme, identifying families who would not reunify without housing could be difficult as well. About two-thirds of the control group among reunification families reunified without receiving FUP.

These results are consistent with what some other studies have found. A prior RCT evaluation at five sites of a supportive housing demonstration program for child welfare–involved families found that treatment families had a significantly higher rate of reunification than families in the control group; although it did not find any impacts on preservation families, it found overall that families were more likely to be together (Pergamit et al. 2019). Although the results are similar in direction, the impacts found by the demonstration were stronger, with a 20 percentage-point increase in the probability of reunification, perhaps because the demonstration served more high-need families and because the program provided more supportive services. In addition, the sample size was larger in the demonstration, at about 1,000 families compared with the 730 families in this study, increasing the possibility of detecting statistically significant impacts. Our results are also consistent with prior quasi-experimental studies of FUP, which found impacts on reunification but not on preservation (Pergamit, Cunningham, and Hanson 2017). On the other hand, an RCT in Chicago found that preservation families were less likely to have a child removed, although this difference was not statistically significant, potentially because of small sample sizes. And, although the control group had higher rates of removals than in the current study, the prior study found more than 70 percent of the control group did not have a child removed during the study period, indicating difficulty in identifying families at imminent risk of having their child removed because of housing (Fowler and Chavira 2014).

We found no statistically significant impact of the FUP program on the probability of new substantiated allegations or case closure. As discussed above, interpreting the impacts on substantiated allegations can be difficult. Another issue with interpreting impacts on substantiations was that families in the FUP program may have had more touch points with their caseworkers or mandatory reporters, as they received assistance entering housing and maintaining housing. Similarly, case closure can be complicated to interpret, particularly for the FUP program, because child welfare workers in some sites were meant to provide services to families and therefore might be inclined to keep cases open longer to provide these services.

Importantly, it takes time to measure this program's impact. The impacts at one year were close to zero and therefore not significant. However, the estimated impacts for the program for both reunification and preservation families grew at the two-year mark, most likely because it took time for families to enter into housing, with a median time span from referral to housing entry of five months. Once families were housed, it likely took time for families to stabilize to allow for reunification or to prevent removal.

Notably, the program had relatively high housing stability rates, with 87 percent of families who entered housing maintaining their voucher after two years. However, a large share of families (35 percent) was

unable to enter housing. These families were likely also ones who would struggle to maintain housing. It is possible that if these families were able to enter housing, then more services would be needed for them to maintain housing.

Site Differences

HUD lays out certain requirements for housing authorities offering FUP. However, many requirements are only loosely defined and thus varied across sites, including what constitutes imminent risk of removal, imminent risk of losing housing, as well as service requirements. Further, the lack of a well-defined program or funding for services leaves considerable latitude for housing authorities and child welfare agencies in what services they offer. Although this flexibility has merit in that it enables programs to adjust to local conditions, it also allows programs to provide only minimal supports. Thus, there was significant variation across sites in the families referred to FUP, the way that the program was implemented, and the outcomes observed. This variation made evaluating FUP as a program and drawing conclusions about its overall effectiveness problematic: it could work well in some sites and not others, and it was difficult to assess whether the differences were due to overall programmatic weaknesses (e.g., no funding is provided for the required services), differences in local implementation, or environmental factors beyond the program's control (e.g., different child welfare policies or tighter housing markets).

Implementation of the program and the impact results varied widely by site. While none of the impacts were statistically significant, three of the sites saw nontrivial effect sizes of the FUP program for reunification families: Chicago, King County/Seattle, and Santa Clara County. For preservation families, only Orange County and Phoenix saw notable effect sizes.

There are several reasons why outcomes may vary across sites. First, sites varied widely in the percentage of treatment families who actually entered housing, which was largely determined by how the program was implemented. In Bucks County, only 39 percent of treatment families entered housing. Similarly, only 41 percent of treatment families in Phoenix entered housing. Most of the families who were not housed never received a voucher, suggesting the problem was ineligibility, failure to complete the application, or failure to meet the requirements of the housing voucher, rather than with the state of the housing market.

This study strongly suggests that having dedicated staff to help families navigate the housing authority process may help families enter housing. Sites that had dedicated staff either within the child welfare agency or from an external service provider had significantly higher rates of families who entered housing than those without assistance. In addition, these sites were the only ones to see notable effect sizes on the impact of FUP on reunification.

Eligibility criteria may also have been an issue. As mentioned above, the overall removal rate for the control group was only 15 percent. Notably, the two sites that saw nontrivial effect sizes for reducing removals were Orange County and Phoenix, which also had some of the highest removal rates among the control group, at 22 percent and 18 percent, respectively. Chicago's removal rate was extremely low, at 7 percent among the control group, suggesting that many of the sites were unable to effectively implement eligibility criteria that would reliably identify families at risk of removal. Many of the sites also struggled with identifying families who could meet the housing authorities' restrictions on criminal history and substance use, leading to low take-up. However, King County/Seattle provides an example of a site that had the least restrictive criteria for referral in terms of case status and in terms of criminal history and substance use and still saw 76 percent of the treatment group enter housing with a FUP voucher. It is, however, worth noting that King County/Seattle also had an external services provider dedicated to helping families enter housing with a voucher.

Another reason we may see smaller impacts in some sites is because families had access to alternative housing. We found that 11 percent of the control group entered housing with a housing authority voucher that was not FUP in the four sites that were able to share housing data on the control group. This rate was the highest in King County and Santa Clara County, at 20 percent of the control group, while the rates were low in Chicago and Orange County, at about 5 percent of the control group. Additionally, in Orange County and Santa Clara County, we knew that families randomized to control were often referred to Bringing Families Home, a program in California that provides up to 24 months of housing case management and rental subsidies to families. In Orange County and Phoenix, there were often other housing authorities not participating in the study whose jurisdictions overlapped with our study sites that also had FUP vouchers. While families were supposed to be referred to only one housing authority, it is possible that they were able to obtain a voucher from another housing authority serving overlapping jurisdictions.

This study adds to the evidence base for the FUP program, showing that it can be an effective strategy to increase the probability of reunification among families in which children are in out-of-home care. In addition, it has shown some promise in preventing removals at certain sites. We found that the sites that had more families enter housing with a FUP voucher and that saw bigger impacts on reunification were sites that put more funding into services and had fewer restrictions on qualifications necessary to receive vouchers.

Appendix A. Methodology

Site Recruitment

To select housing authorities to receive FUP vouchers, HUD releases Notices of Funding Availability (NOFAs). In 2018, HUD released its first FUP NOFA since 2010, and in 2019, they released an additional NOFA. Both NOFAs stated that award recipients were expected to participate in a HUD-supported evaluation and follow all evaluation protocols, including abiding by and facilitating random assignment procedures.

We selected our study sites from the housing authorities awarded under either the 2017 and 2018 NOFA or the 2019 NOFA. We used the following criteria to identify eligible housing authorities:

- awarded at least 40 vouchers
- allocating at least 40 vouchers to families
- has enough FUP-eligible families in its jurisdiction to implement an RCT
- has a site structure conducive to an RCT (e.g., we excluded decentralized child welfare agencies that all reported to the same housing authority because this made randomization difficult to manage)

Through the 2017 and 2018 NOFA, 61 housing authorities were awarded FUP vouchers. Of those, 48 were ineligible based on the criteria above. Through the 2019 NOFA, 44 housing authorities were awarded FUP vouchers. Of those, 29 were ineligible based on the criteria above.

Once sites were determined eligible, the evaluation team held site-specific follow-up conversations with the housing authority and child welfare agency heads, or their designees, to clarify information about their FUP programs. In particular, the evaluation team assessed the site's ability and willingness to participate in an RCT. We used two primary criteria to evaluate whether the site could support an RCT:

1. **Size of the eligible population.** A site must have enough FUP-eligible families expected within 12 months of the project start date, based on the site's estimate of their eligible population, to provide a reasonably sized control group while using all its vouchers.
2. **Referral process.** The site must have a referral process, or be willing to adopt a referral process, that allows for appropriate randomization of families to treatment or control groups. If the child welfare agency has an existing waitlist, it must be willing to reassess the family's housing status and randomly assign those on the waitlist. A family's eligibility should be determined before randomization occurs so ineligible families are not randomized into the study.

If the site did not have a sufficient eligible population size or did not have a referral process conducive to randomization, then a new site was randomly selected and the evaluation team underwent the same process of outreach and screening. As part of these follow-up conversations, the evaluation team also assessed the site's willingness to participate in an RCT. Some sites were reluctant to participate in the evaluation because they had concerns about randomization, including how an existing waitlist could work with randomization, or the burden on their staff of participating in an evaluation. At the end of the site recruitment process, we exhausted the full list of potential sites and successfully recruited six sites.

From the 2017 and 2018 NOFA, we recruited five housing authorities representing four sites (SHA and KCHA are considered one site for the purposes of the study). Through the 2019 NOFA, we recruited two housing authorities.

Success of Randomization

We present the CONSORT diagram (figure 2) for the cross-site sample in the methods section in the main body of the report. Below we present a CONSORT table by site.

TABLE A.1
CONSORT by site

	Bucks County	King County/Seattle	Phoenix	Orange County	Santa Clara County	Chicago
Total randomized	66	291	144	152	57	102
Treatment	45	148	75	76	30	50
Not found in child welfare data	9	16	4	0	0	0
Duplicate referral	0	9	0	1	1	0
Treatment analysis sample	36	123	71	75	29	50
Entered housing	13	93	29	52	24	43
Control	21	143	69	76	27	52
Not found in child welfare data	6	23	5	0	0	0
Duplicate referral	0	6	0	0	0	1
Control analysis sample	15	114	64	76	27	51

Source: Bucks County Children and Youth Social Services Agency; Illinois Department of Children and Family Services; Washington State Department of Children, Youth, and Families; Orange County Social Services Agency; Arizona Department of Child Safety; and Santa Clara County Social Services Agency were the sources for child welfare data. Bucks County Housing Authority, Chicago Housing

Authority, King County Housing Authority, Seattle Housing Authority, Orange County Housing Authority, City of Phoenix Housing Authority, and Santa Clara County Housing Authority were the sources for housing status for whether they entered housing.
Notes: This CONSORT diagram is for the analysis sample that includes only families who could have been observed in the study for two years. Forty-seven families (22 in treatment and 25 in control) were all from Santa Clara County that do not meet this criterion and are excluded from this diagram. All of these excluded families were found in the administrative data.

Crossovers

In 18 cases, the same family was randomized to the study twice, usually because each parent was being referred and randomized separately. In these cases, we kept the first randomization group assignment for the family and dropped the second, duplicate randomization in line with our ITT approach. Sometimes these duplicate referrals were first referred to control and subsequently referred to treatment, creating a crossover. However, crossover occurred in only eight cases.

Attrition

All of our outcomes were derived from child welfare administrative data. Therefore, attrition occurred only if we were unable to match a family from the study sample to the administrative data. We used a combination of the family's study ID, child's birth year and month, and child's gender to match our study sample to the administrative data. As seen in table A.2, we had low attrition overall (8 percent), and both our overall attrition and differential attrition were within tolerable limits according to the Title IV-E Prevention Services Clearinghouse standards (Wilson et al. 2024, p. 60). For the preservation group, we had 6 percent attrition for the treatment group and 5 percent for the control group. For the reunification group, we had 7 percent attrition for the treatment group and 11 percent for the control group.

TABLE A.2

Attrition by Treatment Group and Preservation/Reunification Status

	Families in sample	Families matched to administrative data	% attrition	Preservation families in sample	Preservation families matched to administrative data	Preservation % attrition	Reunification families in sample	Reunification families matched to administrative data	Reunification % attrition
Total	794	731	7.9%	345	325	5.5%	449	406	9.6%
Treatment	413	384	7.0%	185	173	6.2%	228	211	7.5%
Control	381	347	8.9%	159	152	4.4%	221	195	11.8%
Differential attrition	794	731	7.9%	345	325	5.5%	449	406	9.6%

Source: Bucks County Children and Youth Social Services Agency; Illinois Department of Children and Family Services; Washington State Department of Children, Youth, and Families; Orange County Social Services Agency; Arizona Department of Child Safety; and Santa Clara County Social Services Agency were the sources for child welfare data.

Notes: This table includes 794 total families in the sample who could have been observed for two years, which is the 812 families randomized minus the 18 duplicate referrals. This table also uses the preservation or reunification status for the family that was indicated on the referral, which did not always match the child welfare data. In our analyses, some families were recoded from preservation to reunification if the administrative data showed a child in the family was removed at the time of randomization, and similarly some families were recoded from reunification to preservation if the administrative data showed that no children were removed at the time of randomization. Here we use preservation or reunification status at referral because we do not know the true preservation or reunification status of the attrited families.

Baseline Equivalence

We conducted baseline equivalence testing to determine whether randomization was successful in creating equivalent groups. Tables A.3 and A.4 below show baseline equivalence for the reunification group and preservation group by family and by child. For baseline equivalence, we examined all variables that were consistently reported across all of the sites. In addition to testing continuous variables, we also tested categorical versions of continuous variables based on whether the categorical variables were correlated with the outcome in the control group (e.g., we tested child age as well as the age categories of less than age, ages 2 to 11, and ages 12 and older). The treatment and control groups were generally equivalent on the variables we examined.

For the full sample at the family level, the only statistically significant ($p < 0.05$) baseline differences we found were on whether there was only one child in the family and whether there was a spouse in the family. For the preservation sample at the family level, only whether there was one child in the family and whether the family had a pending termination of parental rights (TPR) were significantly different at baseline. For the reunification sample at the family level, only whether there was a spouse in the family and whether the family was unhoused at baseline were significantly different.

For the full sample at the child level, the only statistically significant baseline differences we found were on whether there was only one child in the family, whether there was a spouse in the family, and whether there was a pending TPR. For the preservation sample at the child level, the only statistically significant baseline differences we found whether there was one child in the family and whether the family had a pending TPR. For the reunification sample at the child level, only whether there was a spouse in the family and whether the family was unhoused at baseline were significantly different.

TABLE A.3

Family Cross-Site Baseline Equivalence

	Treatment	Control	Preservation treatment	Preservation control	Reunification treatment	Reunification control
Sample	406	372	183	162	223	210
Head of household demographics						
Female	85%	81%	90%	90%	81%	74%
Age	36.41	35.44	35.4	33.64	39.31	36.91
Race						
Hispanic	51%	51%	49%	52%	53%	49%
Non-Hispanic Black	22%	22%	18%	14%	25%	30%
Non-Hispanic White	36%	32%	36%	28%	36%	35%
Other race	22%	23%	26%	23%	19%	21%
Family composition						
Number of children	2.16	2.29	2.22	2.52	2.1	2.08
One child in family	42%*	35%*	42%**	27%**	43%	41%
Spouse	9%**	4%**	7%	3%	11%**	4%**
Significant other	11%	14%	13%	16%	10%	12%
Housing status and history						
Homeless at baseline	37%	42%	30%	30%	42%*	53%*
Ever lived in a shelter	62%	58%	59%	52%	65%	63%
Ever lived on the street	50%	47%	40%	35%	59%	57%
Ever evicted	20%	21%	18%	20%	20%	22%
3+ moves in last year	45%	42%	38%	38%	52%	46%
Pending felonies	7%	9%	3%	5%	11%	12%
Child welfare history						
Pending TPR	4%	2%	3%*	0%*	6%	4%
Ever had a TPR	10%	8%	9%	7%	11%	10%
Ever had a removal	26%	24%	31%	30%	21%	19%

Sources: Demographic and family characteristic data are primarily from the referral form collected from each family. Data are supplemented with child welfare data from each site when data are missing.
Notes: Other race includes all races other than Hispanic, Black, or white. There were few significant differences between the treatment and control groups at the family level. Baseline equivalence tables can be found above. TPR stands for termination of parental rights.
*/**/*** Difference is significant at the 0.05/0.01/0.001 levels.

TABLE A.4

Child Cross-Site Baseline Equivalence

	Treatment	Control	Preservation treatment	Preservation control	Reunification treatment	Reunification control
Child demographics						
Female	49%	49%	50%	50%	49%	48%
Race						
Black	24%	25%	26%	28%	22%	20%
White	23%	22%	25%	19%	20%	25%
Other race	9%	9%	7%	8%	12%	12%
Hispanic	45%	44%	43%	46%	47%	42%
Age	6.8	7.31	6.58	6.89	6.95	7.76
Birth to age 2	25%	24%	28%	26%	21%	22%
Age 12+	22%	27%	22%	23%	22%**	32%**
Household head demographics						
Female	86%	86%	90%	92%	82%	78%
Age	37.12	35.39	37.2	33.76	37	37.92
Older than age 39	22%	23%	19%	16%	25%	31%
Race						
Black	22%	23%	19%	16%	25%	31%
White	29%	25%	29%	21%	29%	30%
Other race	24%	26%	27%	29%	22%	21%
Hispanic	26%	27%	29%	27%	22%	28%
Family composition						
Number of children	3.03	3.14	3.2	3.39	2.76	2.78

	Treatment	Control	Preservation treatment	Preservation control	Reunification treatment	Reunification control
Only one child	20%	15%	17%**	10%**	24%	23%
Spouse	10%**	4%**	9%	4%	12%**	3%**
Boyfriend/girlfriend	12%	15%	14%	15%	9%	14%
Housing history						
Unhoused at baseline	32%	39%	25%	31%	40%	49%
Ever lived in a shelter	60%	55%	56%	52%	64%	60%
Ever lived on the street	49%	44%	40%	34%	59%	56%
Ever evicted	22%	21%	19%	17%	22%	25%
3+ moves in last year	43%	39%	36%	34%	50%	47%
Pending felonies	6%	8%	2%	6%	10%	10%
Child welfare history						
Pending TPR	4%*	2%*	2%	1%	7%	3%
Ever had TPR	8%	8%	7%	8%	9%	9%
Family had previous removal	27%	25%	31%	29%	20%	20%
Child had previous removal	20%	20%	26%	24%	12%	15%
Months Removed					15.85	14.78

Sources: Demographic and family characteristic data are primarily from the referral form collected from each family. Data are supplemented with child welfare data from each sites when data are missing.

Notes: Other race includes all races other than Hispanic, Black, or White. There were few significant differences between the treatment and control groups at the family level. Baseline equivalence tables can be found above. TPR stands for termination of parental rights.

*/**/*** Difference is significant at the 0.05/0.01/0.001 levels.

Missing Data and Imputation

As described above, we were unable to match a small portion of randomized families (8 percent overall) to the child welfare administrative data. These families were not included in our analytical sample. Within the analytical sample, we had low rates of missing data for baseline variables, with no variable missing more than 15 percent. For missing baseline data, we imputed missing values using multiple imputation by chained equations (MICE; Azur et al. 2011). MICE predict the values of missing data using other nonmissing variables based on the relationship between these two variables. A key assumption of MICE is that data are missing at random, which means that after controlling for the observed data, there are no other unobserved characteristics impacting which values are missing. We believe this is a reasonable assumption in our study, because missing baseline values are likely due to random worker errors when filling out the referral data and not due to any systematic missingness among a certain group; however, this assumption is not testable. Because the child welfare data included complete outcome data, we did not have missing data in our outcome variables.

Details on Regression Methodology

We conducted ITT and TOT analyses of the outcomes. The ITT estimate is the difference between the average outcomes for those randomized to FUP (i.e., the treatment group) and those randomized to the control group. All eligible families randomized to the treatment population were counted in the treatment population, regardless of whether they engaged with FUP. All eligible families randomized to the control population were counted in the control population, even if they inadvertently were enrolled in FUP.

The ITT estimate was measured as the average outcome for the treatment population minus the average outcome for the control population. We controlled for prerandomization covariates using a regression framework. Specifically, the ITT estimate, β^T, was measured using the regression equation below:

$$Y_i = \alpha + \beta^T T_i + \sum_{n=1}^{N} \beta^n X_i^n + \varepsilon_i$$

where Y_i is the outcome for each family, *i*, who was randomly assigned; T_i is an indicator equal to 1 for families who were assigned to the treatment group and 0 for families assigned to the control group; β^T is the parameter of the ITT effect on the outcome (Y_i); X^n is a vector of prerandomization covariates; β^n is the vector of coefficients on the covariates, X^n; and ε is the regression error term.

For our ITT analyses, we estimated linear probability regressions for binary outcomes and ordinary least squares regressions for continuous outcomes. As a robustness check, we also estimated probit models for all binary outcomes. Unless otherwise noted, in all models we included only site in the vector of prerandomization covariates.

One key issue when estimating the effects of FUP on child welfare involvement is the level of analysis. The FUP program provides vouchers and services to families; however, the outcomes are at the child level (e.g., removed, reunified). We estimated the impacts at both the family and child levels as a robustness check, but we primarily report outcomes at the family level.

Because the treatment-to-control ratio varied across sites, we created weights to maintain a constant treatment-to-control ratio. All models were weighted, and standard errors were clustered by family in the child-level models.

Additionally, we ran two models for each of our primary and secondary outcomes. The first model is unadjusted, except for weights and stratification variables (indicator for whether the family is preservation, reunification, or both, as well as site). This method is consistent with guidance from the Title IV-E Prevention Services Clearinghouse for low attrition RCTs (Wilson et al. 2024). The second model includes only variables that are statistically significantly different at baseline ($p < 0.05$). Baseline equivalence tables can be found in the prior section (tables A.3 and A.4). This is our primary model and reflects our preregistered evaluation plan.[4]

The samples sizes at the site level are small, so we present unadjusted impact metrics. Because we are not adjusting for covariates, we include only the family-level results because randomization was conducted at the family level, and therefore the treatment and control groups are more likely to be similar.

We also conducted TOT analyses. As discussed above, not all families referred for FUP vouchers entered housing. These families were in the treatment group but were not treated. Many program and practice stakeholders will want to know whether the program helped those who did receive vouchers. To estimate the effect of FUP on families who actually enter housing with a FUP voucher, we calculated the TOT estimate using an "instrumental variable" (IV) estimation procedure (Angrist, Imbens, and Rubin 1996). The IV estimate is per family served, among those who comply with their referral assignment, which accounts for the fact that some families randomized to treatment may not enter housing and that some families in the control group may end up entering housing through FUP or another housing voucher program. To demonstrate, all study participants can be divided into three types of families: (1) those who will always enter housing with a FUP voucher regardless of whether they are referred to it or not, (2) those who will never enter housing with a FUP voucher even if they are referred to it, and (3) those who comply with whatever referral assignment they are given, whether it is to sign a lease with FUP or remain in the control group. The IV estimate represents the effect of signing a lease with FUP on study outcomes among

[4] See AEA RCT Registry, available at https://www.socialscienceregistry.org/ (accessed March 13, 2025), RCT ID: AEARCTR-0004670.

this third group, the compliers. In the particular circumstance in which decisions to comply are independent of the study outcomes, the IV estimate also represents the average treatment effect.

The IV estimate scales up the ITT estimate by the difference between the fractions of the treatment and control groups enrolled in FUP. Conceptually, we estimate the effect of referring a family to FUP on the probability of entering housing with FUP in the same manner as calculating the ITT above, except that the dependent variable in the model is enrollment:

$$P_i = \alpha + \delta^T T_i + \sum_{n=1}^{N} \delta^n X_i^n + \varepsilon_i$$

In this equation, P_i is 1 if the family, *i*, enrolled in the program, regardless of whether it was in the treatment group or the control group. Enrollment is defined as whether the family entered into housing with a FUP voucher. T_i is an indicator equal to 1 for families assigned to the treatment group and 0 for families assigned to the control group. δ^T is the parameter of the effect of getting randomly assigned into treatment on actual enrollment (P_i). X^n is a vector of prerandomization covariates, and δ^n is the vector of coefficients on the covariates, X^n. Finally, ε is the regression error term. The IV estimate is the ratio of the two estimates:

TOT estimate = $x = \frac{\beta^T}{\delta^T}$

In practice, the two equations are estimated simultaneously using a two-stage least squares estimation procedure. In the first stage, the dependent variable (enrolling in the program) is regressed on the exogenous covariates plus the instrument (randomization into treatment).

In the second stage, fitted values from the first-stage regression are plugged directly into the structural equation in place of the endogenous regressor (enrolling in the program). We included the same covariates as used in the ITT regression.

Subgroup Analyses

Preservation versus Reunification Groups

We conducted our primary analysis by family type. Specifically, we want to see how the program effects vary for preservation families and reunification families. Preservation and reunification families are different, and there are different mechanisms to help preservation families remain intact than to help reunification families return to being intact. For a preservation family to remain intact, a removal must be prevented. The decision of whether to propose removal is typically based on caseworkers' judgement. In contrast, whether a reunification family reunites is largely based on a court decision.

Site

FUP may affect families differently across sites for many reasons. One is that program implementation varies widely, as discussed in the main report (see "Implementation of FUP in Six Sites" section). We ran regressions separately for each site using the same methodologies described above to explore potential differential impacts across sites. The tables below show the baseline characteristics of the families and children by site.

TABLE A.5

Characteristics of the Families by Site

	Total	Bucks County	Chicago	King County/Seattle	Orange County	Phoenix	Santa Clara County
Sample	**778**	**51**	**101**	**237**	**151**	**135**	**103**
Share of sample	–	7%	13%	30%	19%	17%	13%
Reunification/preservation							
At least one child removed at randomization	54%	0%	42%	79%	68%	24%	52%
Family head characteristics							
Female	83%	96%	94%	78%	80%	87%	75%
Under age 25	9%	6%	14%	6%	9%	15%	6%
Race							
Hispanic	36%	2%	25%	11%	56%	52%	70%
Non-Hispanic Black	23%	14%	70%	24%	7%	22%	4%
Other race	8%	2%	0%	13%	8%	7%	6%
Non-Hispanic white	34%	82%	5%	53%	29%	20%	20%
Family members							
Spouse	6%	4%	2%	5%	14%	6%	4%
Significant other	18%	18%	6%	18%	24%	25%	11%
Any other adult	11%	41%	7%	0%	25%	0%	16%
Number of children, *n* (%)							
1	38%	28%	21%	45%	44%	33%	42%
2	28%	35%	31%	29%	27%	22%	25%
3	17%	24%	21%	16%	14%	16%	18%
4 or more	18%	14%	28%	10%	16%	28%	16%
Child under age 5	66%	73%	75%	60%	62%	78%	55%

Sources: Demographic and family characteristic data are primarily from the referral forms collected from each family. Data are supplemented with child welfare data from each site when data are missing.

Notes: Other race includes all races other than Hispanic, Black, or white. There were few significant differences between the treatment and control groups at the family level. Baseline equivalence tables can be found above. Less than 3 percent of values were missing; missing values are excluded from the denominator in the percentage calculations reported above.

TABLE A.6

Characteristics of the Children by Site

	Total	Bucks County	Chicago	King County/Seattle	Orange County	Phoenix	Santa Clara County
Sample	**1728**	**110**	**270**	**458**	**321**	**353**	**216**
Share of sample	–	6%	16%	27%	19%	20%	13%
Demographics							
Female	49%	50%	49%	46%	53%	49%	50%
Race/ethnicity							
Hispanic	45%	8%	25%	20%	64%	64%	82%
Non-Hispanic Black	25%	16%	73%	26%	4%	20%	4%
Other race	9%	6%	0%	19%	11%	5%	2%
Non-Hispanic white	22%	71%	2%	34%	21%	11%	12%
Categorical age							
Birth to age 1	16%	16%	12%	18%	18%	18%	12%
2–5	30%	33%	34%	27%	28%	28%	33%
6–10	25%	25%	26%	25%	25%	25%	25%
11–17	29%	26%	29%	30%	29%	30%	30%

Sources: Demographic and family characteristic data are primarily from the referral forms collected from each family. Data are supplemented with child welfare data from each site when data are missing.

Notes: Other race includes all races other than Hispanic, Black, or white. There were few significant differences between the treatment and control groups at the family level. Baseline equivalence tables can be found above. Less than 5 percent of values were missing; missing values are excluded from the denominator in the percentage calculations reported above.

Appendix B. Additional Regressions

TABLE B.1

Impact of FUP Vouchers on Child Welfare Outcomes at Two Years among All Families

	Sample	Unadjusted control mean	Unadjusted treatment mean	Unadjusted ITT	Strata-adjusted ITT	Strata-adjusted TOT
All children at home						
All sites	731	72%	79%	0.07*	0.06*	0.10+^
				(0.032)	(0.030)	(0.055)
King County/Seattle	237	62%	72%	0.09	0.08	0.16^
				(0.061)	(0.060)	(0.109)
Phoenix	135	78%	87%	0.09^	0.09^	0.17^
				(0.066)	(0.061)	(0.151)
Orange County	151	76%	81%	0.05	0.04	0.04
				(0.067)	(0.067)	(0.103)
Bucks County	51	93%	92%	-0.02	-0.02	-0.07^
				(0.081)	(0.081)	(0.240)
Santa Clara County	56	74%	79%	0.05	0.05	0.06
				(0.115)	(0.107)	(0.181)
Chicago	101	67%	74%	0.07	0.06	0.07
				(0.091)	(0.080)	(0.097)
Any substantiated allegation or out-of-home care						
All sites	731	43%	42%	-0.02	-0.01	-0.02
				(0.036)	(0.036)	(0.064)
King County/Seattle	237	65%	59%	-0.06	-0.06	-0.12^
				(0.063)	(0.061)	(0.113)
Phoenix	135	25%	20%	-0.05	-0.05	-0.11^
				(0.072)	(0.070)	(0.172)

	Sample	Unadjusted control mean	Unadjusted treatment mean	Unadjusted ITT	Strata-adjusted ITT	Strata-adjusted TOT
Orange County	151	34%	39%	0.04	0.04	0.09
				(0.079)	(0.078)	(0.123)
Bucks County	51	40%	47%	0.07	0.07	0.22^
				(0.154)	(0.154)	(0.421)
Santa Clara County	56	33%	24%	-0.09^	-0.09^	-0.12^
				(0.123)	(0.121)	(0.206)
Chicago	101	41%	48%	0.07	0.08	0.09
				(0.100)	(0.097)	(0.121)
All cases closed						
All sites	701	71%	76%	0.04	0.03	0.06
				(0.032)	(0.032)	(0.057)
King County/Seattle	237	60%	70%	0.10+^	0.09	0.15^
				(0.062)	(0.061)	(0.111)
Phoenix	115	92%	90%	-0.02	-0.03	-0.11^
				(0.053)	(0.055)	(0.146)
Orange County	149	70%	75%	0.04	0.03	0.00
				(0.074)	(0.073)	(0.108)
Bucks County	43	92%	80%	-0.12^	-0.12^	-0.38^^^
				(0.106)	(0.106)	(0.363)
Santa Clara County	56	74%	83%	0.09^	0.08	0.10^
				(0.112)	(0.109)	(0.194)
Chicago	101	63%	70%	0.07	0.06	0.07
				(0.095)	(0.086)	(0.106)

Sources: Bucks County Children and Youth Social Services Agency; Illinois Department of Children and Family Services; Washington State Department of Children, Youth, and Families; Orange County Social Services Agency; Arizona Department of Child Safety; and Santa Clara County Social Services Agency were the sources for child welfare data. Bucks County Housing Authority, Chicago Housing Authority, King County Housing Authority, Seattle Housing Authority, Orange County Housing Authority, City of Phoenix Housing Authority, and Santa Clara County Housing Authority were the sources for housing status for the TOT analysis.

Notes: ITT = intent to treat; TOT = treatment on the treated; ITT compared outcomes of children (or families) in the treatment group who were referred to FUP (but who may or may not have received housing) with those of children (or families) in the control group who were not referred to FUP. TOT compared outcomes of those in the treatment group who were housed within two years with those of the control group. We used weights to account for different treatment and control ratios across sites. We estimated ITT using a probit model and display marginal effects. We estimated TOT using two-stage least squares. The unadjusted regression models include no controls, only weights. The strata-adjusted regression models included controls for site and whether the family was preservation or reunification or both. Robust standard errors are reported in parenthesis. Child-level regressions used standard errors clustered at the family level.
+/*/**/*** Difference is significant at the 0.1/0.05/0.01/0.001 levels.
^/^^/^^^ Difference has an effect size of small/medium/large.

TABLE B.2

Impact of FUP Vouchers on the Probability of Any Child Removed at Two Years among Preservation Families

	Sample	Unadjusted control mean	Unadjusted treatment mean	Unadjusted ITT	Strata-adjusted ITT	Strata-adjusted TOT
All sites	339	15%	12%	-0.03	-0.03	-0.05
				(0.038)	(0.038)	(0.073)
King County/Seattle	49	20%	14%	-0.06	-0.06	-0.09^
				(0.112)	(0.112)	(0.205)
Phoenix	102	18%	11%	-0.07^	-0.07^	-0.19^^
				(0.071)	(0.071)	(0.179)
Orange County	49	22%	12%	-0.10^	-0.10^	-0.15^
				(0.109)	(0.109)	(0.169)
Bucks County	51	7%	8%	0.02	0.02	0.09^
				(0.081)	(0.081)	(0.225)
Santa Clara County	29	14%	13%	-0.01	-0.01	0.03
				(0.133)	(0.133)	(0.261)
Chicago	59	7%	13%	0.06	0.06	0.08^
				(0.079)	(0.079)	(0.094)

Sources: Bucks County Children and Youth Social Services Agency; Illinois Department of Children and Family Services; Washington State Department of Children, Youth, and Families; Orange County Social Services Agency; Arizona Department of Child Safety; and Santa Clara County Social Services Agency were the sources for child welfare data. Bucks

County Housing Authority, Chicago Housing Authority, King County Housing Authority, Seattle Housing Authority, Orange County Housing Authority, City of Phoenix Housing Authority, and Santa Clara County Housing Authority were the sources for housing status for the TOT analysis.

Notes: ITT = intent to treat; TOT = treatment on the treated; ITT compared outcomes of children (or families) in the treatment group who were referred to FUP (but who may or may not have received housing) with those of children (or families) in the control group who were not referred to FUP. TOT compared outcomes of those in the treatment group who were housed within two years with those of the control group. We used weights to account for different treatment and control ratios across sites. We estimated ITT using a probit model and display marginal effects. We estimated TOT using two-stage least squares. The unadjusted regression models include no controls, only weights. The strata-adjusted regression models included controls for site and whether the family was preservation or reunification or both. Robust standard errors are reported in parenthesis. Child-level regressions used standard errors clustered at the family level.

+/*/**/*** Difference is significant at the 0.1/0.05/0.01/0.001 levels.

^/^^/^^^ Difference has an effect size of small/medium/large.

TABLE B.3

Impact of FUP Vouchers on the Probability of All Children Reunifying at Two Years among Reunification Families

	Sample	Unadjusted control mean	Unadjusted treatment mean	Unadjusted ITT	Strata-adjusted ITT	Strata-adjusted TOT
All sites	392	59%	69%	0.10*^	0.11*^	0.18*^
				(0.050)	(0.049)	(0.085)
King County/Seattle	188	57%	69%	0.12+^	0.12+^	0.23+^
				(0.070)	(0.070)	(0.129)
Phoenix	33	60%	61%	0.01	-0.03	0.08
				(0.176)	(0.175)	(0.400)
Orange County	102	75%	78%	0.02	0.02	-0.02
				(0.085)	(0.085)	(0.137)
Santa Clara County	27	54%	71%	0.18^	0.19^	0.31^^
				(0.191)	(0.191)	(0.431)
Chicago	42	32%	55%	0.23^	0.23^	0.28^^

	Sample	Unadjusted control mean	Unadjusted treatment mean	Unadjusted ITT	Strata-adjusted ITT	Strata-adjusted TOT
				(0.153)	(0.155)	(0.174)

Sources: Bucks County Children and Youth Social Services Agency; Illinois Department of Children and Family Services; Washington State Department of Children, Youth, and Families; Orange County Social Services Agency; Arizona Department of Child Safety; and Santa Clara County Social Services Agency were the sources for child welfare data. Bucks County Housing Authority, Chicago Housing Authority, King County Housing Authority, Seattle Housing Authority, Orange County Housing Authority, City of Phoenix Housing Authority, and Santa Clara County Housing Authority were the sources for housing status for the TOT analysis.
Notes: ITT = intent to treat; TOT = treatment on the treated; ITT compared outcomes of children (or families) in the treatment group who were referred to FUP (but who may or may not have received housing) with those of children (or families) in the control group who were not referred to FUP. TOT compared outcomes of those in the treatment group who were housed within two years with those of the control group. We used weights to account for different treatment and control ratios across sites. We estimated ITT using a probit model and display marginal effects. We estimated TOT using two-stage least squares. The unadjusted regression models include no controls, only weights. The strata-adjusted regression models included controls for site and whether the family was preservation or reunification or both. Robust standard errors are reported in parenthesis. Child-level regressions used standard errors clustered at the family level.
+/*/**/*** Difference is significant at the 0.1/0.05/0.01/0.001 levels.
^/^^/^^^ Difference has an effect size of small/medium/large.

TABLE B.4

Impact of FUP Vouchers on Child Welfare Outcomes at One and Two Years among All Children and Families

	Sample	Unadjusted control mean	Unadjusted treatment mean	Unadjusted ITT	Strata-adjusted ITT	Differences-adjusted ITT	Differences-adjusted TOT
All children							
At home							
1 year	1628	72%	71%	-0.01	-0.01	-0.02	-0.02
				(0.023)	(0.030)	(0.031)	(0.054)
2 years	1628	79%	82%	0.03	0.03	0.02	0.05
				(0.020)	(0.029)	(0.029)	(0.053)
Any substantiated allegation or out-of-home care							
1 year	1628	40%	41%	0.01	0.01	0.01	0.02
				(0.025)	(0.036)	(0.036)	(0.065)

	Sample	Unadjusted control mean	Unadjusted treatment mean	Unadjusted ITT	Strata-adjusted ITT	Differences-adjusted ITT	Differences-adjusted TOT
2 years	1628	36%	36%	0.01	0.01	0.01	0.02
				(0.024)	(0.037)	(0.038)	(0.069)
Original case closed							
2 years	1528	75%	77%	0.02	0.01	-0.01	-0.00
				(0.022)	(0.033)	(0.033)	(0.062)
All families							
All children at home							
1 year	731	64%	68%	0.04	0.03	0.02	0.04
				(0.036)	(0.031)	(0.031)	(0.054)
2 years	731	72%	79%	0.07*	0.06*	0.06+	0.10+^
				(0.032)	(0.030)	(0.030)	(0.055)
Any substantiated allegation or out-of-home care							
1 year	731	48%	46%	-0.02	-0.02	-0.01	-0.02
				(0.038)	(0.034)	(0.034)	(0.060)
2 years	731	43%	42%	-0.02	-0.01	-0.01	-0.02
				(0.037)	(0.036)	(0.036)	(0.064)
All cases closed							
2 years	701	71%	76%	0.05	0.04	0.03	0.06
				(0.034)	(0.032)	(0.032)	(0.057)

Sources: Bucks County Children and Youth Social Services Agency; Illinois Department of Children and Family Services; Washington State Department of Children, Youth, and Families; Orange County Social Services Agency; Arizona Department of Child Safety; and Santa Clara County Social Services Agency were the sources for child welfare data. Bucks County Housing Authority, Chicago Housing Authority, King County Housing Authority, Seattle Housing Authority, Orange County Housing Authority, City of Phoenix Housing Authority, and Santa Clara County Housing Authority were the sources for housing status for the TOT analysis.

Notes: ITT = intent to treat; TOT = treatment on the treated; ITT compared outcomes of children (or families) in the treatment group who were referred to FUP (but who may or may not have received housing) with those of children (or families) in the control group who were not referred to FUP. TOT compared outcomes of those in the treatment group who were housed within two years with those of the control group. We used weights to account for different treatment and control ratios across sites. We estimated ITT using a probit model and display marginal effects. We estimated TOT using two-stage least squares. The unadjusted regression models include no controls, only weights. The strata-adjusted

regression models included controls for site and whether the family was preservation or reunification or both. Robust standard errors are reported in parenthesis. Child-level regressions used standard errors clustered at the family level.
+/*/**/*** Difference is significant at the 0.1/0.05/0.01/0.001 levels.
^/^^/^^^ Difference has an effect size of small/medium/large.

TABLE B.5

Impact of FUP Vouchers on the Child Welfare Outcomes at One and Two Years among All Children at Home at Baseline and Preservation Families

	Sample	Unadjusted control mean	Unadjusted treatment mean	Unadjusted ITT	Strata-adjusted ITT	Differences-adjusted ITT	Differences-adjusted TOT
Children at home at baseline							
New removal							
1 year	903	5%	10%	0.05**	0.05+	0.05+	0.09^
				(0.019)	(0.029)	(0.030)	(0.058)
2 years	903	9%	11%	0.02	0.02	0.02	0.03
				(0.021)	(0.033)	(0.033)	(0.064)
Any substantiated allegation or removal							
1 year	903	27%	28%	0.01	0.01	0.01	0.02
				(0.031)	(0.044)	(0.046)	(0.088)
2 years	903	32%	33%	0.01	0.01	0.01	0.02
				(0.032)	(0.046)	(0.047)	(0.089)
Original case closed at 2 years							
2 years	813	90%	86%	-0.04	-0.04	-0.05	-0.09^
				(0.023)	(0.036)	(0.040)	(0.071)
Preservation families							
Any children removed							
1 year	339	9%	10%	0.01	0.01	0.01	0.02
				(0.033)	(0.032)	(0.033)	(0.064)
2 years	339	15%	12%	-0.03	-0.03	-0.03	-0.05

	Sample	Unadjusted control mean	Unadjusted treatment mean	Unadjusted ITT	Strata-adjusted ITT	Differences-adjusted ITT	Differences-adjusted TOT
				(0.038)	(0.037)	(0.038)	(0.073)
Any substantiated allegation or removal							
1 year	339	29%	32%	0.02	0.02	0.04	0.07
				(0.052)	(0.047)	(0.047)	(0.090)
2 years	339	35%	37%	0.02	0.01	0.03	0.07
				(0.054)	(0.049)	(0.049)	(0.093)
All cases closed							
2 years	312	88%	88%	-0.01	-0.00	0.00	0.01
				(0.038)	(0.037)	(0.037)	(0.074)

Sources: Bucks County Children and Youth Social Services Agency; Illinois Department of Children and Family Services; Washington State Department of Children, Youth, and Families; Orange County Social Services Agency; Arizona Department of Child Safety; and Santa Clara County Social Services Agency were the sources for child welfare data. Bucks County Housing Authority, Chicago Housing Authority, King County Housing Authority, Seattle Housing Authority, Orange County Housing Authority, City of Phoenix Housing Authority, and Santa Clara County Housing Authority were the sources for housing status for the TOT analysis.

Notes: ITT = intent to treat; TOT = treatment on the treated; ITT compared outcomes of children (or families) in the treatment group who were referred to FUP (but who may or may not have received housing) with those of children (or families) in the control group who were not referred to FUP. TOT compared outcomes of those in the treatment group who were housed within two years with those of the control group. We used weights to account for different treatment and control ratios across sites. We estimated ITT using a probit model and display marginal effects. We estimated TOT using two-stage least squares. The unadjusted regression models include no controls, only weights. The strata-adjusted regression models included controls for site and whether the family was preservation or reunification or both. Robust standard errors are reported in parenthesis. Child-level regressions used standard errors clustered at the family level.

+/*/**/*** Difference is significant at the 0.1/0.05/0.01/0.001 levels.

^/^^/^^^ Difference has an effect size of small/medium/large.

TABLE B.6

Impact of FUP Vouchers on Child Welfare Outcomes at One and Two Years among Children out of Home at Baseline and Reunification Families

	Sample	Unadjusted control mean	Unadjusted treatment mean	Unadjusted ITT	Strata-adjusted ITT	Differences-adjusted ITT	Differences-adjusted TOT
Children out of home at baseline							
Reunified							
1 year	725	46%	51%	0.05	0.05	0.05	0.08
				(0.038)	(0.051)	(0.050)	(0.084)
2 years	725	64%	73%	0.09*	0.09+	0.07	0.12^
				(0.035)	(0.047)	(0.047)	(0.084)
Any substantiated allegation or never reunified							
1 year	725	57%	56%	-0.01	-0.01	0.00	0.01
				(0.038)	(0.051)	(0.050)	(0.084)
2 years	725	41%	39%	-0.02	-0.02	0.00	0.01
				(0.037)	(0.052)	(0.052)	(0.092)
Original case closed at 2 years							
2 years	715	60%	67%	0.07+	0.07	0.05	0.05
				(0.036)	(0.052)	(0.052)	(0.091)
Reunification families							
All children reunified							
1 year	392	42%	50%	0.08	0.08+	0.08	0.13^
				(0.051)	(0.048)	(0.049)	(0.082)
2 years	392	59%	69%	0.10*^	0.11*^	0.11*^	0.19*^
				(0.050)	(0.049)	(0.050)	(0.084)
Any substantiated allegation or never reunified							
1 year	392	61%	57%	-0.04	-0.04	-0.04	-0.06
				(0.051)	(0.048)	(0.049)	(0.081)

	Sample	Unadjusted control mean	Unadjusted treatment mean	Unadjusted ITT	Strata-adjusted ITT	Differences-adjusted ITT	Differences-adjusted TOT
2 years	392	47%	43%	-0.04	-0.04	-0.04	-0.07
				(0.051)	(0.051)	(0.052)	(0.091)
All cases closed							
2 years	389	58%	66%	0.08	0.08+	0.06	0.11^
				(0.050)	(0.049)	(0.049)	(0.088)

Sources: Bucks County Children and Youth Social Services Agency; Illinois Department of Children and Family Services; Washington State Department of Children, Youth, and Families; Orange County Social Services Agency; Arizona Department of Child Safety; and Santa Clara County Social Services Agency were the sources for child welfare data. Bucks County Housing Authority, Chicago Housing Authority, King County Housing Authority, Seattle Housing Authority, Orange County Housing Authority, City of Phoenix Housing Authority, and Santa Clara County Housing Authority were the sources for housing status for the TOT analysis.

Notes: ITT = intent to treat; TOT = treatment on the treated; ITT compared outcomes of children (or families) in the treatment group who were referred to FUP (but who may or may not have received housing) with those of children (or families) in the control group who were not referred to FUP. TOT compared outcomes of those in the treatment group who were housed within two years with those of the control group. We used weights to account for different treatment and control ratios across sites. We estimated ITT using a probit model and display marginal effects. We estimated TOT using two-stage least squares. The unadjusted regression models include no controls, only weights. The strata-adjusted regression models included controls for site and whether the family was preservation or reunification or both. Robust standard errors are reported in parenthesis. Child-level regressions used standard errors clustered at the family level.

+/*/**/*** Difference is significant at the 0.1/0.05/0.01/0.001 levels.

^/^^/^^^ Difference has an effect size of small/medium/large.

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