



RESEARCH REPORT

Stabilizing Families in Supportive Housing

Lessons from a Federal Demonstration for Families in the Child Welfare System

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Contents

Acknowledgments	iv
Executive Summary	v
Background	1
Motivation for the Demonstration	3
National Implementation and Process Study	5
Final Program Models and How They Evolved	10
Common Implementation Themes, Challenges, and Facilitators	24
Sustainability Plans	41
Conclusions	43
Appendix. Evidence-Based and Other Services	45
Notes	47
References	48
About the Authors	49
Statement of Independence	50

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Executive Summary

Children experiencing homelessness or living in inadequate and unstable housing are exposed to many risks, including a heightened threat of involvement with the child welfare system if they face neglect, poor safety, abuse, or other harms. For families involved in the child welfare system who are homeless or at risk of becoming homeless, having stable housing could mitigate these risks and make the difference between staying together as a family or being separated. In 2012, the US Department of Health and Human Services (HHS) launched Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System, a demonstration that provided supportive housing to families experiencing (or at risk of experiencing) homelessness who were also involved in the child welfare system. The demonstration provided \$5 million in five-year grants for intensive wraparound services to be linked with permanent, affordable housing marshalled by each demonstration community. The Urban Institute implemented a mixed-methods randomized controlled trial evaluation of the demonstration across the federal grant projects in five communities.

The implementation and process study aimed to examine each community's supportive housing model and how it functioned over five years. The study compared model components across sites and used data from annual progress reports, other program documents, and yearly interviews with program planners, administrators, partners, and frontline staff. Although sites varied, they often had similar experiences and challenges.

Final Program Models and How They Evolved

When the demonstration started, each site planned its supportive housing models, partners, and organizational roles, responsibilities, and procedures. The models remained consistent with sites' initial plans throughout the five years, with adjustments to accommodate local conditions, such as housing policy requirements, agency-partnership changes, and families' needs and circumstances. The final demonstration models reflected adjustments some sites had made to their target populations, services, and housing when prior plans did not yield the anticipated effects, such as reaching the right number and types of families and achieving projected levels of service engagement or expected results among program partners.

Low Barriers to Entry

Low barriers to entry refers to minimizing the conditions that might ordinarily disqualify a family from supportive housing, such as using substances, having a criminal history, showing little motivation or interest in complying with services, or failing to meet case plan goals. Sites generally felt that the demonstration lowered barriers to entry. All sites accepted families without requiring them to commit to or comply with the supportive services. And evidence of substance abuse, mental health challenges, or domestic violence did not preclude families from qualifying. Several sites worked with housing authorities on set-aside vouchers or preferences. The programs also covered security deposits and other expenses that sometimes posed barriers to entry. The main barriers to entry that required more staff work and time included parents having a criminal history and failing a criminal background check, low credit ratings, prior evictions, and missing documentation. Scattered-site housing programs especially experienced difficulties accommodating tenant requirements imposed by landlords. Although a criminal history was a barrier, some sites found ways to help families work past the obstacle, though these steps could take time.

Making Housing Permanent, Affordable, and Good Quality

Supportive housing models strive to provide housing that is permanent, affordable, and good quality. The demonstration sites had varying success in achieving this goal. Though supportive housing models emphasize permanency, several sites—including those with permanent vouchers—came into the demonstration viewing their housing and services as stepping stones for families who would eventually transition out and free up demonstration resources for other families. Several sites originally anticipated more turnover but had shifted their expectations by the end of the demonstration, after seeing the need for permanent housing options for all families.

Some demonstration sites attributed unanticipated challenges to tight rental housing markets. Helping families lease up in these markets required providing housing search assistance, increasing fair market rental caps for housing vouchers, helping families move to less costly jurisdictions, and offering long-term bridge housing.

True supportive housing aims to provide affordable housing that is also good quality. But housing quality and affordability varied across and within sites. Sites offering clustered single-site housing and sites offering scattered-site housing had challenges ensuring consistent affordability and quality. Larger households tended to be at a disadvantage for finding affordable and high-quality housing.

Demonstration staff either could not serve larger families or could offer those families fewer choices, with housing units not accommodating family size.

Providing Housing Search and Stabilization Services

Supportive housing models help families search for homes and achieve housing stability. All sites devised procedures that expedited the time the demonstration took to house families compared with typical voucher holders. Factors making these strategies possible included family characteristics, housing type, and the relationships sites built with housing authorities and landlords. Several staff observed that they could house families quicker who were unemployed and did not have extensive rental histories, which was often the case. These factors meant staff spent less time on income and rental history verifications. Project-based housing also helped families move in faster because dedicated units were often available and families did not need to search.

Another factor that helped sites with both project-based and scattered-site housing was the relationships and procedures partners built with housing authorities, other agencies, and landlords, including working with housing agencies to streamline the housing application process. Staff described getting to know the appropriate housing authority and human services staff who process the vouchers and conduct the verifications, and being available to answer questions and support the paperwork process.

Despite being able to expedite some steps, the main challenges that impeded the housing process were delays from extensive verifications for some families and the housing search process, especially when families were less engaged.

Coordinating Services and Providing Case Management

Supportive housing models rely on different agencies and organizations that must coordinate services to achieve the overall goals. These models also rely heavily on case management. All five demonstration sites confirmed that agency partnerships and collaboration were essential to the demonstration's functioning. Sites also talked about agencies and organizations operating in silos, which posed challenges.

The supportive housing services in each of the models were voluntary. Housing was not contingent on families participating, but engaging and participating were critical components, and sites discussed

their strategies for determining the right amount of services and the best approaches to delivering the services.

Housing First as an Approach and Philosophy

For many demonstration partners, Housing First was a new concept that took time to learn, understand, and practice. Staff and partners generally agreed with Housing First conceptually, but even those who believed strongly in the model or came to respect it described challenges. The struggles mainly concerned getting other partners and colleagues on board. Attorneys and demonstration staff were both interested in the same outcomes (keeping families stable or reuniting families), but the partners followed different approaches that undermined the demonstration. Some found that getting broader community buy-in on Housing First was challenging, especially among community providers who viewed the practice as rewarding families who had not shown improvements. In response, some pointed to help from constant training and reminders, consistent messages about Housing First coming from leadership, and outside resources and educational materials.

Staff and providers who remained skeptical about Housing First tended to question the theory in practice, not conceptually. They understood treating housing as a basic right. But they struggled with the idea of providing housing to families who were not “motivated” or “committed” to the process and thus had the potential to squander the resource and not fully benefit from the opportunity. Some also raised concerns about potential risks to parents who were not ready to maintain their own homes safely and who may need more monitoring. For example, parents still abusing drugs may put children—especially newborns or medically fragile children—at high risk.

Some demonstration partners thought that intact, or preservation, families are likely to benefit more from Housing First than families looking to reunify. Some staff surmised that reunification cases—especially when the parents were housed early in the case—may still be experiencing the reasons that led to the child’s removal, such as substance abuse, and might not be ready to complete treatment. Many felt that families who were motivated and committed to the program and supportive housing services would also fare better than less motivated, unengaged families. And finally, programs cannot have Housing First if they do not have the housing. Views on Housing First are mixed among demonstration partners. But all agree that Housing First should be implemented with comprehensive wraparound services and with sufficient housing, appropriately trained staff, and buy-in and support among leadership and partners.

Background

Children living in inadequate and unstable housing (i.e., living in substandard housing, doubled up, experiencing homelessness, or moving frequently) are exposed to many risks, including a heightened risk of involvement with the child welfare system if they face neglect, poor safety, abuse, or other harms (Cowal et al. 2002). The child welfare system intervenes to provide and coordinate services intended to keep children safe and stable within family homes and other settings. But child advocates agree that child welfare should be a last resort. For families involved in the child welfare system who are homeless or at risk of becoming homeless, having stable housing could make the difference between staying together as a family and being separated. But research has been limited and inconclusive about whether stable housing can prevent or shorten child welfare system involvement. This unanswered question led the US Department of Health and Human Services (HHS) to launch and rigorously evaluate Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System (hereafter, “the demonstration”), a demonstration that provided supportive housing to families experiencing (or at risk of experiencing) homelessness who were also involved in the child welfare system. The HHS demonstration began in 2012 in collaboration with four private foundations—the Robert Wood Johnson Foundation, the Annie E. Casey Foundation, the Casey Family Programs, and the Edna McConnell Clark Foundation—that funded the national evaluation and a national technical assistance center run by the Corporation for Supportive Housing (CSH) and the Center for the Study of Social Policy.

The demonstration provided \$5 million in five-year grants for intensive wraparound services to be linked with permanent, affordable housing marshalled by each demonstration community. The Urban Institute implemented a mixed-methods randomized controlled trial evaluation of the demonstration across the federal grant projects in five communities:

- Housing, Empowerment, Achievement, Recovery, and Triumph Alliance for Sustainable Families—Broward County, Florida
- Partners United for Supportive Housing in Cedar Rapids—Cedar Rapids, Iowa
- Intensive Supportive Housing for Families—Connecticut
- Memphis Strong Families Initiative—Memphis, Tennessee
- Families Moving Forward—San Francisco, California

Each site also had its own local evaluators who investigated site-specific research questions and contributed to Urban's evaluation of all five sites. The local evaluators were Barry University (evaluating the site in Broward County, Florida), the University of Iowa (evaluating the site in Cedar Rapids, Iowa), the University of Connecticut (Connecticut), the University of Tennessee (Memphis, Tennessee), and Chapin Hall at the University of Chicago (San Francisco, California) (Cunningham et al. 2014).

Motivation for the Demonstration

When you leave a family, you often say to that parent, “We’ve got the children, you’ve got to work this out. You need a home. You can’t be transient. You have to do all the substance use [treatment], get all these things in parenting, and show you’re a good parent.” Yet they don’t have a stable place to live. So it’s extremely discouraging, and it can take a long time to get established. So they often become hopeless, and they often get worse before they get better.
—Connecticut Demonstration Partner

Families involved with the child welfare system who are also homeless or at risk of becoming homeless may have an especially difficult time demonstrating how they will maintain their children’s safety, security, and well-being. In a vicious cycle, some of these same families may also confront challenges that can keep them from securing stable housing (e.g., frequent unemployment, disabilities, drug or alcohol addiction, a criminal record, or exposure to domestic violence). And without stable housing, the parents can also have a hard time getting the jobs, services, or supports they need and have a hard time keeping their families together.

Housing First is the only model. It has to be the central approach. Stability of families [comes first] and then you can concentrate on what those other issues are. It’s hard to concentrate on mental health or substance abuse when you can’t find [the homeless family]. If foster care children don’t have a place to go to visit Mom, how do you assess if Mom is doing better? We cannot expect families to succeed if they are always shifting where they are. If we’ve got that home, we don’t need to bring kids into custody. If that home is stable, we can treat the issues right there.
—Memphis Demonstration Partner

This demonstration was about removing the challenges of unstable housing and evaluating whether housing plus supportive services are a better solution than standard services, which usually do not include housing, to help families address the problems and conditions that contribute to instability and separation.

This demonstration tests the Housing First model. Housing First means a family is housed as quickly as possible without conditions or restrictions, such as needing to demonstrate sobriety or commit to participating in services. The supportive services are voluntary and are offered once the family is stably housed. The services focus on many needs, including maintaining housing long term, recovering from addiction, strengthening relationships and parenting, and gaining education and employment. Housing First promotes the principle that housing is critical for all people, and a person's quality of life improves as a result of stable housing.

Between 2012 and 2017, the five demonstration communities participated in a rigorous randomized controlled trial evaluation testing whether families randomly placed in housing fared better than similarly situated families who were eligible for services-as-usual but did not receive supportive housing. The Urban Institute's rigorous evaluation also included an implementation and process study that examined how the communities designed and carried out their models and the lessons and challenges they encountered, the solutions they tried, and their general conclusions about supportive housing for families at risk of homelessness involved in the child welfare system. For more information about additional study components, see Cunningham and coauthors (2014). This report describes the findings and conclusions from the implementation and process study.

National Implementation and Process Study

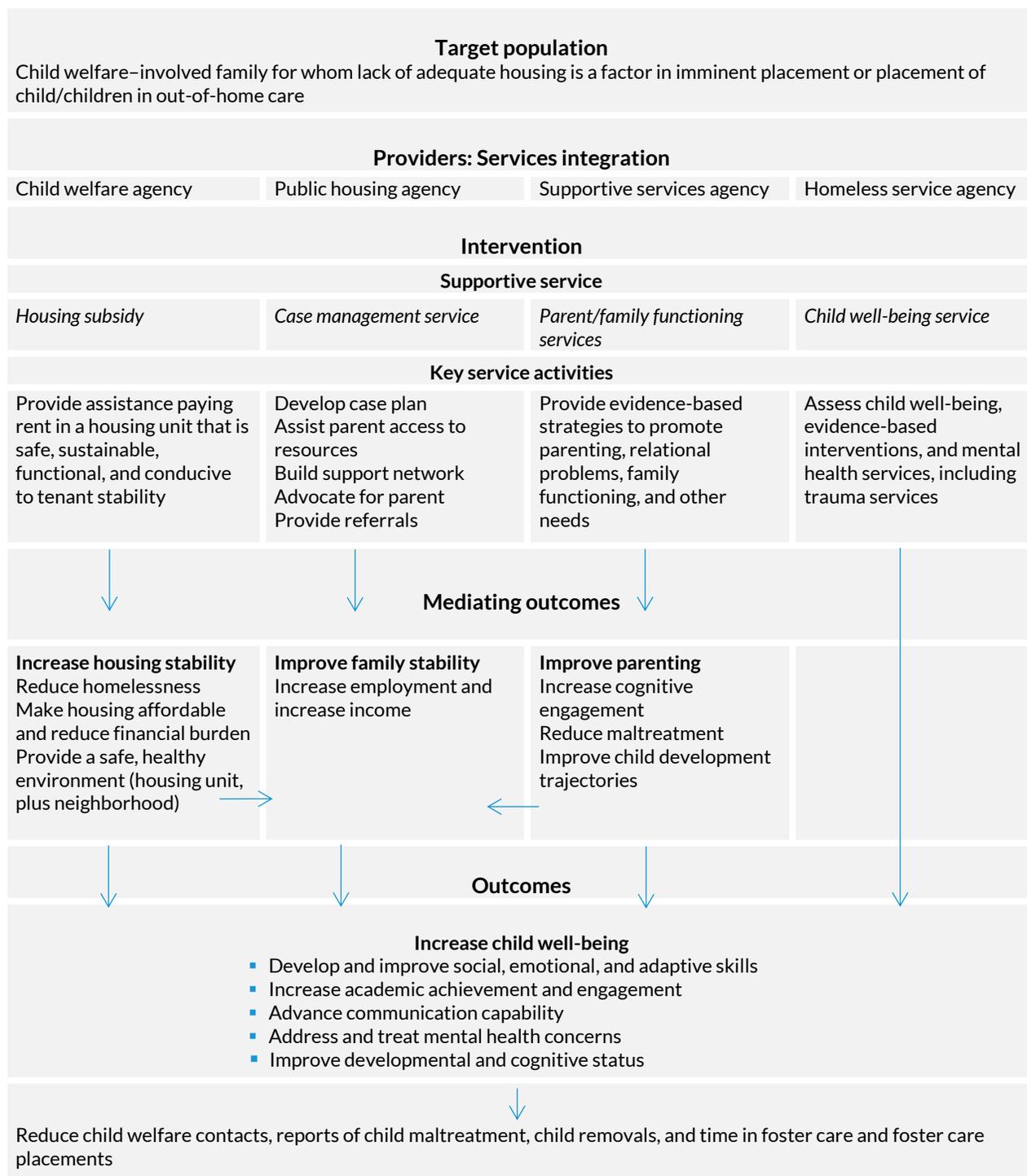
The implementation and process study aimed to examine each community's supportive housing model and how it functioned over the five years. The study compared model components across sites and used data from annual progress reports, other program documents, and yearly interviews with program planners, administrators, partners, and frontline staff. All five sites followed a general logic model (figure 1).

Demonstration Logic Model

The demonstration targeted families involved in the child welfare system who lacked adequate housing and whose poor housing situation contributed to their children being placed in (or in imminent risk of being placed in) foster care. Each model involved a partnership among agencies that could provide housing and supportive services. Those agencies typically included child welfare, public housing, homeless services, or supportive services agencies. The demonstration's theory of change held that agencies would work together providing integrated services that composed the intervention. The intervention involved housing subsidies, case management, and evidence-based services focused on parent and family functioning and child well-being. Families engaging in service activities would experience housing stability and improved family and parenting stability. Over time, children would also show improvements in social, emotional, and adaptive skills, as well as developmental, cognitive, and academic growth. Ultimately, if the demonstration was successful, families would have less child welfare involvement, including fewer reports of child abuse or neglect, and less time in foster care than they would have had they not encountered the demonstration.

For the implementation and process study, we examined how the demonstration operated and whether it would likely produce its intended outcomes. Our study focused on the first part of the logic model: the target populations, the providers and how well they integrated services, and the interventions and how well they were delivered. Previous reports have documented the program models in each demonstration community (Cunningham et al. 2014) and services integration and systems change at the halfway point (Burt, Gearing, and McDaniel 2016) and the conclusion of the demonstration (Burt, forthcoming).

FIGURE 1
Logic Model



Supportive Services and Supportive Housing Defined

The logic model's centerpiece is the supportive services component, specifically supportive housing. Supportive housing is a distinct approach that has helped stabilize single, homeless adults (Tsemberis, Gulcur, and Nakae 2004) but has not been tested as often with families, particularly families involved in the child welfare system. Our study explored how well the demonstration followed the supportive housing approach with high-need families.

Supportive housing is a combination of affordable housing and supportive services designed to help vulnerable individuals and families use stable housing as a platform for health, recovery, and personal growth.

—CSH¹

Supportive housing has several key characteristics summarized in a CSH framework. Supportive housing targets homeless adults and families with multiple barriers to securing stable housing and employment, such as chronic or disabling physical or mental health conditions or substance abuse. The housing must be affordable, with costs to the tenants preferably capped at 30 percent of the tenant's household income. The tenant must hold the lease or sublease, with no tenancy limits, provided the tenant meets the leasing conditions. The housing must come with voluntary services and with providers who engage families with comprehensive and flexible programming that is not a requirement for staying in the housing. Service providers and housing staff must coordinate effectively to address tenants' service needs, focusing jointly on housing stability. Supportive housing must also connect tenants to local resources and community activities to foster and build social support networks (CSH 2013).

Across the five demonstration sites, we examined how their models met the supportive housing standards. We focused on these four characteristics:

- **Low barriers to entry.** We focused on whether families experienced low barriers to entering supportive housing and did not need to demonstrate sobriety or a clean criminal record or need to have met other goals or milestones.
- **Housing permanency, affordability, and quality.** We considered whether the housing was permanent, of good quality, and affordable.

- **Housing search and stabilization services.** We examined the housing stabilization services programs provided, including whether they were voluntary and how that affected families' take-up.
- **Case management and service coordination.** We also explored how providers delivered case management and coordinated services and families' access to benefits and other resources that promote parent and family functioning and child well-being.

Study Methods

Site Visit Interviews and Observations

Between spring 2014 and fall 2017, we visited each demonstration site five times. During the visits, we interviewed program planners and administrators and held focus groups with service providers and other stakeholders. Our main data sources were direct interviews and providers' program reports and other documents each site's local evaluators produced. Our team conducted each visit over two to four days and focused on particular topics. In spring 2014, the goal was to understand each program model, housing subsidy type and duration, the evidence-based practices and trauma-informed approaches the models followed, service provider participation, and early implementation challenges. In summer 2015, the goal was to gather updated information about each program's implementation and to better understand local policy and community contexts. We focused on changes to the program (e.g., new partners, staffing, service delivery, and policy changes within the demonstration and in the larger community) and collaboration between agencies. To collect these data, we primarily interviewed middle management and supervisors at child welfare agencies in each demonstration community and leadership at the agencies managing the grants in each community. Our visits during summer 2016 focused on updates and changes since 2015. In summer 2017, our goal was to confirm our understanding of the program model, gather reflections on implementation challenges and facilitators, and discuss each program's plans for sustaining the work after the demonstration ended. This last round of visits included interviews with frontline staff and management and leadership staff, and it involved interviews with 86 people across all five sites.

Analysis

Our research team recorded and took notes during each interview, capturing study participants' perspectives and experiences. Following the visits, the research team cleaned and coded the notes, drafted memos highlighting themes, and shared the memos with each site for feedback and clarification. Gathering data from all sites, the research team synthesized findings by creating matrices to organize site details, challenges, facilitators, and sustainability plans. We used NVivo qualitative analysis software to code major themes related to services integration and systems change following the summer 2015 site visits, and fall 2017 final interviews focused on program and partnership updates, reflections, and supportive housing challenges, facilitators, and sustainability plans.

About This Report

This report describes overall lessons across the five demonstration sites, including challenges and successes focusing on the following questions:

- What are the basic housing and services components of each community's model, and how did these components evolve as the demonstration progressed?
- How well did communities provide supportive housing that met core aspects of CSH quality standards?
- What facilitated and challenged communities' demonstration efforts?
- What housing and services do communities plan to maintain now that the demonstration has ended?

In the remaining sections, we describe each site's supportive housing model and how and why programs may have changed their original plans. We then focus on four aspects of supportive housing—low barriers to entry, housing quality, housing stabilization services, and case management and service coordination—and present common implementation challenges and facilitators. We next discuss sites' plans for sustaining the work beyond the demonstration and then end with a discussion of policy implications.

Final Program Models and How They Evolved

Over the five-year demonstration, each community had to adapt plans in response to new and sometimes unanticipated realities. We first describe the parameters HHS had given grantee sites for designing the supportive housing models, as well as recommendations the national evaluators and CSH made to accommodate and strengthen the rigorous evaluation. We then describe each site's models in full operation at the fifth year (table 1). Sites often had to reconceive aspects of their models because of housing policy restrictions, demonstration partnership adjustments, and families' differing needs, circumstances, and preferences. We discuss where, how, and why those varying factors came into play.

Demonstration Program Model Parameters

Meeting HHS Demonstration Requirements

The Department of Health and Human Services gave each demonstration grantee flexibility to design and customize the program models. Each site was responsible for identifying housing resources in the community and linking the housing with demonstration funding for services, committing to

- develop or expand the triage for high-need child welfare families facing housing instability,
- implement a supportive housing service model using community resources that would be useful to the targeted families,
- provide case management for children and parents using evidence-based practices and trauma-informed care, and
- evaluate the effectiveness of their site-specific service model.

Sites were also guided to prioritize families with complex needs, such as these:

- Families having a new, open child welfare case with a substantiated report of child abuse or neglect and whose children were at high risk of out-of-home placement absent supportive housing.

- Families experiencing literal homelessness, living in a residential treatment center, imminently losing housing within five to seven days, having had three or more moves in the past year, or fleeing domestic violence.
- Families experiencing at least one of the following: a primary caregiver or child with a mental health challenge, a primary caregiver with a substance use challenge, or a parent or child with a developmental, learning, or other disability.
- Families experiencing other risk factors associated with child welfare involvement, such as a recent domestic violence incident, having children younger than 2, having more than four children in the house, and having a history of criminal arrest or history of abuse, neglect, or child welfare involvement.

Implementing a Rigorous Evaluation

When the demonstration started, the Urban Institute developed a cross-site randomized controlled trial framework. To maintain evaluation integrity, rigor, and the capacity to refer and enroll appropriate families for the demonstration, the evaluation team and CSH, the technical assistance provider, worked with each site to define and implement precise referral and eligibility procedures. Sites had to develop, articulate, and monitor their procedures, including who can make referrals, what steps referring partners follow, and how partners determine who to refer. Sites also needed detailed procedures for determining a family's eligibility, including who makes the decision and what steps they follow next and how families get randomized into the treatment and control groups. Among its recommendations, the evaluation team encouraged all sites to refer families as early as possible in the child welfare case to improve the opportunity to detect the demonstration's effects on child welfare outcomes.

Demonstration Program Models

Following the demonstration guidelines, sites defined which families they would target and the supportive services and type of housing they would provide. No two sites were the same, though they shared some common elements. Sites' program designs were dictated in large part by the child welfare systems each demonstration operated in. The child welfare agencies varied in how, when, and who carried out investigations; the criteria they used to determine whether to substantiate a report of child abuse and neglect; and what steps they followed after making that determination. Families eligible for

the demonstration had to be involved in the child welfare system, but the systems define involvement differently.

Targeting High-Need Families

CHILD WELFARE INVOLVEMENT

Most demonstration sites targeted two categories of families involved in the child welfare system. All sites included families at imminent risk of having a child removed and put into an out-of-home care setting or foster care. For these “preservation cases,” the demonstration aimed to prevent a child’s removal from home. All sites except Memphis (because of housing subsidy eligibility restrictions we describe later) also included families who were in the child welfare system and had already had a child or children removed from their care. For these “reunification cases,” the demonstration hoped to speed up the time it took agencies to reunite parents and children and to prevent parents from losing custody altogether.

In Broward County, Connecticut, and San Francisco, the child welfare cases also had to be substantiated, meaning a child welfare agency had concluded an incident of child abuse or neglect had occurred, or that the future risk was high enough to open a case. In Memphis and Cedar Rapids, the case could be unsubstantiated, meaning the child welfare agency had insufficient evidence of abuse or neglect but still determined that services were needed. The families in these two sites were required to have had a child welfare investigation, though. Families directly referred to services without an investigation were not eligible.

Four of the five also targeted families who were early in the child welfare case or had a new case that the demonstration might help resolve as soon as possible. Connecticut aimed to identify families whose cases were substantiated within the past 60 days or who had had a child removed within the past 90 days. Memphis looked for cases opened within the past 90 days. San Francisco looked for brand new cases each month. Broward County included families new to the child welfare system in addition to two other categories (table 1). Cedar Rapids chose not to restrict eligibility based on how recently the case had opened but did require that families’ children must all be 12 years old or younger.

HOMELESS OR AT RISK OF BECOMING HOMELESS

Connecticut and Memphis followed the strictest definition among the sites, requiring that families meet the US Department of Housing and Urban Development (HUD) definition of literally homeless, which includes living on the street or in another place not meant for human habitation, living in transitional

housing, or living in emergency shelter (box 1). Broward County, Cedar Rapids, and San Francisco defined the population more expansively, and while each of the sites were slightly different, they included some of the following criteria: families were at risk of homelessness or in crowded, doubled up, temporary, or otherwise inadequate housing. Connecticut and San Francisco used specific standardized tools to assess family housing and homelessness status. Connecticut designed and implemented the Quick Risks and Assets for Family Triage, which the state eventually used to assess housing needs among all child welfare-involved families, regardless of their eligibility for the demonstration (which was limited to Connecticut's Regions 3 and 4).² San Francisco used the Structured Decision Making Risk Assessment tool to capture data on homelessness. Although Memphis did not use a standardized tool to assess housing needs, it (like San Francisco) used the Structured Decision Making Risk Assessment tool, mainly to understand families' other complex, nonhousing needs.

BOX 1

US Department of Housing and Urban Development Definition of Homelessness

Four federal defined categories:

- literally homeless
- imminent risk of homelessness
- homeless under other federal statutes
- fleeing or attempting to flee domestic violence

Source: "Homelessness Assistance," US Department of Housing and Urban Development, accessed March 7, 2019, https://www.hud.gov/program_offices/comm_planning/homeless.

COMPLEX SERVICE NEEDS

All five models targeted families with multiple needs, including mental and physical health, substance use, or other disabilities. Connecticut and San Francisco also included families experiencing domestic violence or criminal justice involvement among the demonstration's eligible families. Nevertheless in all five sites, some housing subsidy requirements, set by HUD, restrict households who exceeded income limits, were sex offenders, or had certain drug offenses.

TABLE 1

Supportive Housing Models by the Demonstration's Fifth Year

Demonstration site	Target population	Supportive services	Housing
Housing, Empowerment, Achievement, Recovery, and Triumph Alliance for Sustainable Families (Broward County, Florida)	<p>Child welfare involvement including preservation and reunification cases referred from ChildNet and the Broward Sheriff's Office (BSO)</p> <ul style="list-style-type: none"> ■ Preservation families new to the child welfare system who have not had their children removed (BSO) ■ Preservation families being diverted from engagement with the lead child welfare agency (BSO) ■ Reunification families new to the child welfare lead agency who have recently had their children removed (ChildNet) ■ Reunification families with children in the foster care system whose reunification was pending housing (ChildNet) ■ Experiencing homelessness or at risk, have previous episodes of homelessness or shelter stays ■ Income below 30 percent of the area median income ■ Meet any criteria for multiple high needs (e.g., economic, housing, legal, physical or mental health, disability, substance use) ■ Meet housing authority criteria, (e.g., no sex offense, aggravated felony charge in the past five years) 	<ul style="list-style-type: none"> ■ Clinical case managers ■ Center for Working Families curriculum on economic stabilization and self-sufficiency (Urban League of Broward County) ■ Legal assistance (Legal Aid Services of Broward County) ■ Strengthening Families: 14-session evidence-based program covering parenting skills, children's life skills, and family life skills ■ Interdisciplinary team meetings and colocation of services ■ Dosage leveling system—service intensity decreases over time 	50 housing choice vouchers from partnership of five public housing authorities led by Broward County Housing Authority
Partners United for Supportive Housing (Cedar Rapids, Iowa)	<ul style="list-style-type: none"> ■ Housing status at referral: Homeless, unstably housed with eviction imminent (within two weeks) or fleeing domestic violence with no resources, transitional housing, emergency shelter ■ Child welfare status: Voluntary or court-ordered involvement ■ Child welfare goal: Family preservation, reunification, or both ■ Complex service needs: Physical disability, developmental disability, chronic health condition, mental health condition, alcohol or drug abuse, domestic violence ■ Income up to 30 percent of the area median income 	<ul style="list-style-type: none"> ■ Service coordinators: Use a progress management index to tailor service intensity and timing ■ 11 memoranda of agreement with community service providers for wide-ranging services ■ Evidence-based programs: Parents as Teacher, Strengthening Families, Parent-Child Interaction Therapy, trauma-focused cognitive behavioral therapy 	Housing choice vouchers (City of Cedar Rapids Housing Services) and project-based Section 8 housing (Affordable Housing Network), Tenant-Based Rental Assistance

Demonstration site	Target population	Supportive services	Housing
	<ul style="list-style-type: none"> All children 12 and younger. Exclusions: Registered sex offender, known terrorist, wanted on felony charges 		
Intensive Supportive Housing for Families (Connecticut)	<ul style="list-style-type: none"> Open substantiated child welfare cases in DCF Regions 3 and 4 with score of 3 or 4 (indicating significant or severe need, on a 0-to-4 scale) on the QRAFT housing screen Case opened within 60 days or within 90 days of removal Homeless (federal definition of literally homeless) and housing is a barrier to reunification or preservation Multiple high-need indicators, including physical or mental health problems, substance use, disability, domestic violence, criminal arrest history; prior child welfare involvement Meets income requirements for voucher (50 percent of area median income) Exclusions: Termination of parental rights pending, current or history of running a meth lab, adult sex offender 	<ul style="list-style-type: none"> Case manager: Initially two meetings per week and maximum caseload of seven families, with protocol for stepping down; family team meetings and interdisciplinary team meetings Vocational specialist Evidence-based programs: Multisystemic therapy, trauma-focused cognitive behavioral therapy, Child FIRST, family-based recovery, and Positive Parenting Program 	50 permanent state rental assistance program vouchers for scattered-site housing (Connecticut Department of Housing)
Memphis Strong Families Initiative (Memphis, Tennessee)	<ul style="list-style-type: none"> Child welfare involvement within past 90 days Federal definition of homeless High or very high need as indicated by the Structured Decision Making model Income at or below 30 percent of the area median income One household member with a disability One child in the household 	<ul style="list-style-type: none"> Family advocates: Use family team meetings and interdisciplinary team meetings Colocated services: <ul style="list-style-type: none"> Cognitive Behavioral Therapy (Alliance Healthcare) Nurturing Parenting Program (LeBonheur Children's Hospital) Basic needs, health care fairs, partnership with workforce training programs 	Single-site permanent housing owned by Promise Development Corp. Operating subsidy funded by renewable Continuum of Care-administered HUD Supportive Housing Program grant

Demonstration site	Target population	Supportive services	Housing
Families Moving Forward (San Francisco, California)	<ul style="list-style-type: none"> ▪ Child welfare case opened within past two months ▪ At least one child with no prior child welfare cases ▪ Homeless, including doubled up, temporary, and inadequate housing (SF definition—broader than HUD’s) ▪ Score of “high or very high” on Structured Decision Making Risk Assessment tool ▪ Caregiver experiences a co-morbidity, such as domestic violence, alcohol or substance abuse, mental health challenges ▪ Ineligible if child is a newborn removed within first 30 days of life and if all other siblings have been permanently removed 	<ul style="list-style-type: none"> ▪ Housing search: Voucher application, search, porting, lease-up, housing retention ▪ Case management and family team meetings (assessment, initial rapid team meeting, weekly meetings during search, and monthly meetings once housed) ▪ Infant Parent Program: Child and parent cognitive behavioral therapy ▪ Parenting and child well-being: Positive Parenting Program ▪ SSI benefits acquisition (Public Consulting Group) ▪ Connection to SF programs like Jobs-Now and Dependency Drug Court 	Section 8 housing choice voucher and project-based housing, local operating subsidy program (permanent supportive housing units), SHARE local subsidy program, deep and shallow rental subsidies, temporary housing as bridge to permanent housing

Note: DCF = Department of Children and Families; HUD = US Department of Housing and Urban Development; QRAFT = Quick Risks and Assets for Family Triage; SF = San Francisco; SSI = Supplemental Security Income.

Supportive Services

All five models used case management, though each site named and designed the function differently: “clinical case managers” in Broward County, “service coordinators” in Cedar Rapids, “case managers” in Connecticut and San Francisco, and “family advocates” in Memphis. Four sites provided weekly case management. Connecticut provided case management twice a week and had the lowest ratio of clients to case managers at seven families, though caseloads varied for all sites. The other four sites’ target ratios ranged from 12 to 17 families per case manager. In each site, standard ratios for child welfare-involved families not in the demonstration ranged from 16 to 37 families per case manager (Cunningham et al. 2014). The final models in four of the five sites included formal procedures for stepping down case management as families became more stable. In Connecticut, the case managers’ caseloads increased by one family when case managers had two cases that moved to one visit per week. Broward County also created a dosage leveling system as families’ needs decreased, and Cedar Rapids developed a progress management index to tailor service frequency and intensity to each family over time. Similar to CTI, the “CTI-informed” service coordination model included three stages, with parameters and protocols for each stage, to provide less coordination and prepare clients for greater responsibility and community engagement at each higher stage. Family functioning and related service needs, and not a particular time frame, determined a family’s movement through the stages. Before

graduating a family from the program, San Francisco moved the family to a lower level of case management or “check in” status for six months. When some families moved to check-in status, case managers increased their caseloads with additional families.

All sites offered an evidence-based parenting program and other evidence-based services designed to improve family well-being and connected families to other community-based services. Table 2 summarizes these programs and services, which are defined in more detail in the appendix.

TABLE 2

Evidence-Based Programs and Key Services Incorporated into the Supportive Housing Models

Site	Parenting skills	Child well-being	Mental health	Income and employment	Legal assistance
Broward County	Strengthening Families	N/A	Trauma-focused cognitive behavioral therapy	Center for Working Families	Legal Aid Services of Broward County
Cedar Rapids	Strengthening Families	Parents as Teachers	Trauma-focused cognitive behavioral therapy, Parent-Child Interaction Therapy	Job readiness assessment and job training	N/A
Connecticut	Positive Parenting Program	Child FIRST	Individual therapy and counseling, multisystemic therapy, family-based recovery	Vocational specialists	N/A
Memphis	Nurturing Parenting	N/A	N/A	N/A	N/A
San Francisco	Positive Parenting Program	SafeCare	N/A	N/A	N/A

Evolution of Demonstration Program Models

Housing Subsidies

Each site set its own target for how many families to house based on available subsidized housing. By the end of the national evaluation, the demonstration sites had housed 320 families: 84 in Memphis, 100 in Cedar Rapids, 50 in Broward County, 47 in Connecticut, and 45 in San Francisco.³ Cedar Rapids, Memphis, and San Francisco each reduced their original housing enrollment targets during the demonstration for reasons we discuss in the next section.

BOX 2

Housing Subsidy Terms and Definitions

- **Housing Choice Voucher Program.** A federal program that provides “tenant-based” rental assistance to eligible families so they can obtain housing from private landlords
- **project-based Section 8 housing.** A federal program that provides rental housing to low-income households in privately owned and managed rental units
- **permanent state rental assistance vouchers.** Similar to housing choice vouchers but designed and administered by a state
- **scattered-site housing.** Rental subsidies connected to rental units dispersed throughout a geographic area
- **single-site housing.** Rental subsidies connected to rental units centrally located within a single building or housing site
- **temporary housing.** Temporary affordable housing sometimes connected to supportive services and sometimes intended as a bridge to other more permanent housing solutions

The sites secured different types of housing subsidies. Broward County and Connecticut had permanent housing vouchers for all families, and Memphis had permanent project-based housing for all families. Broward County used housing choice vouchers, Connecticut used permanent state rental assistance vouchers, and Memphis had single-site permanent housing funded by a renewable federal supportive housing grant. Cedar Rapids and San Francisco had a mix of permanent and temporary housing options. Cedar Rapids started with time-limited subsidies, operating from private sources, but were focused on moving as many families as possible to permanent housing subsidies by the end of the demonstration using housing choice vouchers and project-based Section 8 housing. San Francisco had a mix of housing choice vouchers, project-based Section 8 housing, local housing subsidies, deep and shallow rental subsidies, and temporary housing while families searched for housing to rent with a permanent subsidy or were waiting for inspection and lease finalization.

In addition to different subsidies, sites used different types of housing. Some housing was scattered across different locations, while other housing was clustered in one or more areas. Connecticut and Broward County had scattered-site housing only, Memphis had single-site housing only, and Cedar Rapids and San Francisco had both scattered- and single-site housing, though San Francisco’s single-site housing served as bridge housing while families were searching for housing.

When the demonstration started, each site had planned its models, partners, and organizational roles, responsibilities, and procedures. Generally, the models remained consistent with sites' initial plans throughout the five years, with adjustments to accommodate local conditions, such as housing policy requirements, agency-partnership changes, and families' needs and circumstances. The final demonstration models reflected adjustments some sites had made to their target populations, services, and housing when prior plans did not yield the anticipated effects, such as reaching the right number and types of families or achieving projected levels of service engagement or expected results among program partners. Below, we describe how programs expanded and restricted eligibility, refined supportive services, revamped the housing subsidies, reduced their target housing enrollment numbers, and found bridge housing for families waiting for housing applications to clear (see table 3 for a summary of changes).

Expanding and Restricting Eligibility

Memphis and San Francisco made adjustments that increased the number of eligible families. Memphis had originally intended to include only families whose cases opened within the past 60 days but increased the time frame to 90 days to accelerate the number of referrals to the program and make more families eligible. San Francisco had originally proposed to target families with no prior cases with the child welfare system but modified this condition in early implementation to include families with at least one child in the family with no previous cases, which made more families eligible.

A second reason sites adjusted their eligibility criteria was to accommodate housing and child welfare policy rules. Memphis changed prior plans to include mothers aging out of foster care because the Memphis housing subsidy was available only to families meeting the federal definition of literally homeless, and mothers aging out of foster care, by definition, resided with foster families or in residential programs. San Francisco added a criterion to screen out families with a newborn removed within the first 30 days of life and whose siblings were also permanently removed from the same mother, because under California law, those families were likely to bypass reunification services and move straight to termination of parental rights.

Refining Supportive Services

Two reasons sites modified their supportive services were to adjust case management frequency to fit families' evolving needs and to increase family participation and access to services. Programs arranged to meet weekly (twice weekly in Connecticut). But initial designs had not included procedures for

stepping down the frequency of case management, which eventually happened in Connecticut and Broward County. In both locations, sites created formal procedures reflecting programs' judgement that families tended to need less regular contact over time and that case managers needed flexibility to meet families more often or less often depending on family circumstances.

Across several sites, partners also adjusted the parenting and evidence-based programs. Some sites added new programs based on families' needs, and several sites modified how they delivered the evidence-based programs. We provide examples when we discuss supportive housing implementation challenges and facilitators in the next section.

Both Memphis and San Francisco shifted their service approaches. About two years into the demonstration, Memphis revamped its supportive services, ending its partnership with the original provider and arranging for the site's housing provider, Promise Development Corporation, to also deliver services. The site leaders thought the original service provider never fully understood permanent supportive housing and Housing First and had conflicts with the housing provider, even after training in blended management. Few program families were participating in services, and several had ongoing issues with violence or threats of violence on the housing properties. With this change in service provider, the child welfare colocated position was eliminated and resources were reallocated to hire an additional family advocate, and a dedicated data entry position was created. Mental health services were increased and available on-site three or four days a week.

In San Francisco, challenges locating housing for demonstration families prompted several changes. The project intensified its focus on housing search services by creating a new position and adjusting agency-partner responsibilities. The site hired a full-time housing specialist to support families with the voucher application, housing search, and lease-up processes. The program also shifted some family case plan duties to the child welfare worker so the demonstration's case managers could focus on the housing search immediately upon enrollment.

Securing Housing Subsidies

Memphis and Cedar Rapids had challenges securing permanent housing subsidies. Memphis initially proposed to use housing choice vouchers, but after the federal budget sequestration in 2013, vouchers were more difficult to obtain. So Memphis secured rental subsidies for donated project-based housing through the HUD Supportive Housing Program, a renewable Continuum of Care program grant.

Cedar Rapids initially provided operating subsidy from a private source for affordable units but acknowledged this would not provide a permanent subsidy, so the site worked to secure additional housing resources. In 2014, the program received funding from a tenant-based rental assistance program through the Iowa Finance Authority that provided up to two years of rental assistance per family. The site also worked with the City of Cedar Rapids and HUD to approve a limited housing and child welfare preference for Section 8 HUD vouchers. The preference ensured that all families in Cedar Rapids who were homeless and had an open child welfare case with Department of Human Services were a priority on when the city's waiting list reopened. The waiting list reopened twice during the project, in February 2015 (the first time in three years) and in November 2016. The program worked to support as many families as possible through the preapplication and interview process. As of 2018, 43 of the 100 families housed by the program had a permanent housing choice voucher. Another 14 active families were transitioned to project-based Section 8 housing, and 20 families were able to pay their own rent without subsidies. Families with vouchers and project-based housing were housed in properties owned by the program's housing partner and properties operated by other landlords in the community.

Reducing Housing Enrollment Targets

Cedar Rapids and Memphis both reduced their housing enrollment targets. The original goal in Cedar Rapids was to serve 125 families over four years. But in 2015, the site reduced the goal to no fewer than 100 families to ensure that all families enrolled in the program received at least 12 months of housing and service coordination before the project ended. Cedar Rapids stopped taking new referrals in August 2016 when it met its 100-family target enrollment.

In 2013, Memphis originally estimated it would serve 100 families. Over the next couple of years, it recognized it had overestimated how many families would move into mainstream housing and free up turnover units for new families by the end of the program in 2017. Further, the eligibility criteria requiring families meet HUD's literally homeless standard reduced the number of qualified participants. Memphis also suspected that not having large units for large households factored into reduced enrollment. In 2014, Memphis decreased its target to 94 families and then to 90 families in 2014. Memphis ultimately served 87 families by the end of the demonstration.

Finding Alternative “Bridge Housing”

When families needed immediate housing even before their housing applications were completed and approved or their permanent units were ready for moving in, some sites arranged for families to stay in motels. Memphis and San Francisco experienced challenges housing families in motels and changed their bridge housing strategies. Memphis turned one of its permanent units into a hospitality apartment that housed families before a permanent unit was available, avoiding the need for nights in a motel. San Francisco’s lengthy housing search process led project managers to place families in motels, which was not a good environment for families and took time and focus away from the search for permanent housing. After the demonstration began, San Francisco acquired Holloway House, a property with on-site service staff that temporarily and simultaneously housed up to five families who were searching for permanent housing.

TABLE 3
Demonstration Program Model Changes during Implementation

Site	Changes
Broward County	The program model for HEART did not change significantly over the course of the program, and the HEART partners, services, and goals remained the same. The only changes were tweaks to the delivery of the evidence-based parenting program and service intensity.
Cedar Rapids	The program transitioned away from using CTI for the first year to a progress management approach, which did not prescribe time frames over phases but instead matched service intensity to family needs.
Connecticut	The project began using a universal housing screener for all DCF families that revealed the need to expand referrals into another region to meet enrollment targets. The project also developed guidance for stepping down service intensity for some families.
Memphis	An early change in the housing subsidy source triggered a change in eligibility criteria, and ongoing referral issues caused several changes to enrollment targets. Services changed significantly in 2015 when the original supportive services provider was terminated and the housing provider also became the supportive services provider, with changes to the model designed to better engage families.
San Francisco	San Francisco’s housing market shaped the city’s program. The program focused more on housing search services and identified appropriate subsidies and helped families secure and use their subsidies. This included creating a temporary housing option for families, reallocating child welfare funds for deep housing subsidies, working with regional housing authorities, helping families port vouchers out of San Francisco, and reducing the number of families housed in the program.

Note: DCF = Department of Children and Families; HEART = Housing, Empowerment, Achievement, Recovery, and Triumph Alliance for Sustainable Families.

Common Implementation Themes, Challenges, and Facilitators

As all sites carried out their models, they had some similar experiences, successes, and challenges implementing supportive housing and Housing First. We discuss common implementation themes, challenges, and facilitators as sites worked to ensure low barriers to entry; deliver housing that was permanent, affordable, and good quality; offer housing search and stabilization services; and coordinate and provide services and case management. We then discuss sites' experiences and conclusions about Housing First as model for families involved in the child welfare system who are also homeless or at risk of becoming homeless.

Low Barriers to Entry

Low barriers to entry refers to minimizing the conditions that might ordinarily disqualify a family from supportive housing, such as using substances, having a criminal history, showing little motivation or interest in complying with services, or failing to meet case plan goals. Generally, the sites minimized the typical hurdles that can block a family's entry into housing.

Programs Provided Supports That Minimized Barriers

Sites generally felt that the demonstration facilitated low barriers to entry. All sites accepted families without requiring them to commit to or comply with the supportive services. And evidence of substance abuse, mental health issues, or domestic violence did not preclude families from qualifying. Several sites worked with housing authorities on set-aside vouchers or preferences. The programs also covered security deposits and other expenses that sometimes posed barriers to entry.

Tenant Screening Tended to Remain a Barrier

The main barriers to entry that required more staff work and time included criminal history and failing a criminal background check, low credit ratings, prior evictions, and missing documentation. Because of housing requirements, a household member also could not be a registered sex offender. San Francisco, unlike the other four sites, tended to cite challenges related to immigration status: "Although they can apply, the voucher is useless with mixed immigration status. We work with many [families with mixed

immigration statuses] and that means they can get a voucher issued, but for family members with no residential documentation, their portion of rent was not subsidized. They could have a voucher, but they would have to make 70 to 110 percent of income toward rent, making the voucher kind of useless.” So despite having a voucher, families with mixed immigration status could not benefit in the same way as other families.

Scattered-site housing programs especially experienced difficulties accommodating tenant requirements imposed by landlords or the city (e.g., criminal history). Demonstration administrators in Broward County, Connecticut, and San Francisco discussed this frequently. Broward County’s program partnered with Legal Aid, which helped some families address criminal records and other challenges. One administrator said, “Legal Aid helped [families] clean up their record[s] so they could pass a background check. Having Legal Aid present was really helpful. Legal Aid did a presentation and provided a handbook on understanding landlord-tenant laws in Florida. Families didn’t realize their rights. It is an educational process, and that is where families can fall through the cracks of not knowing their rights or how to communicate them.” Although a criminal history was a barrier, some sites helped families work past the obstacle.

Making Housing Permanent, Affordable, and Good Quality

Supportive housing models strive to provide housing that is permanent, affordable, and good quality. The demonstration sites had varying success achieving this goal. Common themes included not being able to provide permanent housing to all families, adjusting to tight rental housing markets, and locating housing that varied in affordability and quality.

Some Sites Struggled to Access Permanent Housing for All Families

Cedar Rapids and San Francisco were working to provide housing for families. Initially, Cedar Rapids relied on private resources to provide the housing subsidy and had to work to identify longer-term subsidy options. An administrator in Cedar Rapids explained, “We did not start with promised subsidies for families from the state, so we had to fundraise to provide subsidies for ourselves and then work to get them Section 8 eligible. So if we had the subsidy from the beginning, it would have been helpful.” Offering advice to future supportive housing programs, the administrator added, “I definitely think you should try to get the city or state to give you Section 8 vouchers at the front end.”

San Francisco had permanent vouchers but struggled to find housing in the private market to use them. One San Francisco administrator saw its demonstration model falling short of the Housing First ideal: “[We’re] still falling short of the Housing First idea since [we] didn’t have ready-made housing. Envy other sites that already had designated housing. [It’s] the problem of not being able to...hand them a key, and [they] have a lot of instability before being able to get Section 8, get the lease, [and] get moved in.”

Though supportive housing models emphasize permanence, several sites—including those with permanent vouchers—came into the demonstration viewing their housing and services as stepping stones for families who would eventually transition out and free up demonstration resources to more families. Memphis had envisioned more turnover in its units as families reached stability and moved into their own private housing. And though Connecticut supplied families with permanent vouchers, the site had anticipated families would eventually graduate from the program within no set time frame but within the five years. All three sites had changed these expectations by the end of the demonstration, seeing the need for permanent housing options for all families.

Tight Rental Markets Affected Housing Prospects

Two demonstration sites attributed unanticipated challenges with the model to tight rental housing markets. San Francisco experienced the most dramatic effects, but Cedar Rapids also described difficulties with tight markets. “When vacancy rates are low,” an administrator in Cedar Rapids explained, “landlords can be more selective. Some landlords don’t rent if you’ve ever had an eviction.” Cedar Rapids, by the end of the demonstration, reported a 5 percent vacancy rate, which meant there were few available units for families searching for homes.

San Francisco is one of the country’s most expensive rental markets. San Francisco used 100 Family Unification Program (FUP) vouchers from the San Francisco Housing Authority to house the majority of families in Families Moving Forward. Some FUP vouchers were available at the outset of the project, and the San Francisco Housing Authority agreed to free up additional vouchers, if needed, for project families. The program realized that the process of applying for a voucher and using it to rent a property is lengthy and complicated, and families might not have immediate access to a housing voucher. To accommodate this, the San Francisco Human Services Agency (the lead grantee) realigned child welfare funds to create a limited number of deep bridge subsidies to allow clients to immediately occupy available units that would eventually be funded with a FUP voucher. These subsidies would match the dollar amount of the anticipated FUP voucher. In addition, Families Moving Forward had 10 permanent

supportive housing units through the city's local operating subsidy program. These were valuable for some of the project's highest-need families but proved difficult to time. Clients identified as candidates for supportive housing units often had to wait months while the units were finished and the leasing process was complete. Fifty shallow rental subsidies were available but proved to be too little money for all but a handful of the most economically stable families. A new local housing subsidy became available in January 2016. Although not permanent, the subsidy was for three years, with a higher dollar amount and the intention to work with families until they successfully transitioned into stable and sustainable housing. Some families received project-based housing if they were already on the waiting list when enrolled in the program. Together, these formed the funding sources families used at the end of program implementation. Even with these subsidies, higher rents and more limited housing options in San Francisco than initially anticipated led the program to place more emphasis on housing families outside the county. Reluctantly, all partners recognized the need to "port," or transfer, vouchers, the process by which families could use their subsidies for housing outside San Francisco. As a result, more program families were housed outside San Francisco than originally intended, and the service provider played a large role in helping families port their housing vouchers, working with regional housing authorities to accept these vouchers, locate housing units, and identify services in families' new communities.

The model that was set up, I can't explain how no one was prepared for the explosion of housing prices. [The Homeless Prenatal Program] gave coaching on how to meet with landlords, put together a binder for them about here's how to put your best foot forward. And then housing just exploded. So Section 8 were worth, like, pennies. No one really liked [Section 8 subsidies], but they used to be price competitive. And then you have a program that is [really difficult]—no one is taking it.

—San Francisco Demonstration Partner

"Eighty percent of our families who are placed in city subsidy are out of county. That was not conceived of when we started this project. That was a big scramble," several staff in San Francisco recounted. Porting vouchers ensured the demonstration could house more families than would have been possible in San Francisco. But some described porting as a "bureaucratic nightmare." Landlords wanted the process to move quickly so families were housed and paying for the units right away, but

getting another county to accept San Francisco's vouchers could take weeks. Staff needed to submit a request to the San Francisco Housing Authority, which in turn submitted a packet to the out-of-county housing authority. As one person described, "I was able to speed things along by physically going and telling them, 'You can increase your utilization rate,' etc.... They know I won't leave until I get what I want."

A second solution took effect in 2017, when HUD increased San Francisco's fair rental housing rate by 30 percent as a result of a fair market rent study commissioned by San Francisco Housing Authority and two neighboring housing authorities: "[HUD's] fair market rent was so low, ours increased by 30 percent. Went into effect January 2017. So we found that our success rates have gone through the roof. One bed[room] [is now] \$2,300. Before, it was \$1,800 to \$1,900. So such a large increase, people were more successful." A third solution for some families as they waited for housing was the Holloway House we described previously, which could house up to five families at a time.

Housing Locations Varied, and Some Were More Affordable and Better Quality Than Others

True supportive housing aims to provide affordable housing that is also good quality. But housing quality and affordability varied across and within sites. Sites offering clustered single-site housing and sites offering scattered-site housing had challenges ensuring consistent affordability and quality. The clustered housing meant families were restricted to a set location with several families in similar circumstances living in close proximity. Families would complain the housing was unsafe, and staff attributed some of those concerns to families seeing fewer examples of others living stably. More often, the families saw others like them experiencing conflicts, or being victims of or participating in criminal activity and property damage. Cedar Rapids and Memphis raised these concerns.

Despite downsides to clustered housing, some also saw advantages that enhanced quality. Memphis's housing complexes had gates that some thought helped protect residents from outside threats; though property managers sometimes struggled to monitor guests and it was not as secure as intended. Also, the demonstration partners could bring services directly to the community and reach more families at once. The housing quality and property management tended to be more consistent in the clustered-housing sites.

Families living in scattered-site housing typically had more choices, but they also had to make trade-offs, such as choosing a community closer to support systems versus one they perceived was

safer with less crime. Landlords would not always accept the vouchers, which posed a second challenge limiting families' options. The sites with scattered housing and vouchers—including Broward County, Connecticut, and San Francisco—also tended to have fewer affordable housing options. But staff also noted that families who lived near support systems, even at the expense of better-quality housing, tended to benefit from what several sites identified as the most important variable for family stability: access to a strong support system.

Large households tended to be at a disadvantage for finding affordable and high-quality housing. Demonstration staff reported not being able to serve large families or that families had fewer choices with housing units not accommodating family size. Some families were turned down or had to be split across two units. Often, the housing was too expensive. All sites except San Francisco noted challenges of large households as a recurring issue. As a solution, some sites worked with housing authorities to arrange for large units in advance.

Sites improved affordability by forming partnerships or developing ways to help families receive assistance for housing utilities (e.g., water, heat, gas) to avoid arrears. Most sites had this, but Memphis and San Francisco established formal protocols.

In addition to physical structures and well-managed properties, staff identified other measures of quality, including proximity to children's schools and other resources. An administrator in Broward County explained, "Families [were] able to find communities that work for their kids.... People can stay in [their] support system and stay in schools...keeps people in the neighborhoods they know." For this staff member, the demonstration's ability to keep families in chosen, familiar neighborhoods was a notable success.

Providing Housing Search and Stabilization Services

Supportive housing models provide services to help families search for homes and achieve housing stability. All five demonstration sites delivered these services. Common themes included sites devising strategies to house families quickly, differences in the search and stabilization services for scattered-site and clustered-site housing, how working with landlords and housing agencies was essential, and the challenges and assets families brought to the process.

Sites Devised Strategies to House Families Quickly

All sites devised procedures that expedited the time the demonstration took to house families compared with typical voucher holders. Factors making these strategies possible included family characteristics, housing type, and the relationships sites built with housing authorities and landlords. Staff observed that they could more quickly house families who were unemployed and did not have extensive rental histories, which was often the case. These factors meant staff spent less time on income and rental history verifications. Clustered housing also contributed to families moving in faster because dedicated units were often available and families did not need to search.

Another factor that helped sites with both clustered-site and scattered-site housing was the relationships and procedures partners built with housing authorities, other agencies, and landlords, including working with the housing agencies to streamline the housing application process. Staff described getting to know the appropriate housing authority and human services staff who process the vouchers and conduct the verifications and being available to answer questions and support the paperwork process. One staff member in Cedar Rapids said, “[We] had [a] direct line to [the Department of Human Services] to get employment [and] child support information. Made it quicker.”

Despite being able to expedite some steps, the main challenges that impeded the housing process—when they occurred—were delays from extensive verifications for some families and the housing search process, especially when families were less engaged.

Search and Stabilization Services Differed for Scattered-Site and Clustered-Site Housing

Sites with similar types of housing (whether clustered-site or scattered-site) tended to name similar pros and cons regarding search and stabilization services. Generally, the housing search process was faster and smoother in sites that had single- or clustered single-site housing as options. With clustered-site housing, families typically had fewer choices and fewer variables to consider (e.g., could not select the neighborhood) and could usually move into a home soon after completing the housing application. But large households were the exception. Sites with clustered-site housing sometimes reported obstacles to helping families stabilize, with so many families with similar challenges living in close contact.

The search took longer for scattered-site housing, though families had more choices. In San Francisco, the housing search process varied for each person, and staff had to match the search to each

family's needs. When there was a large number of families to house at one time, the San Francisco site held weekly workshops for families to come to the computer lab and search with the housing specialist. The searches were also one on one and sometimes took up staff members' personal time if they had leads. In addition to "cold-calling" landlords, San Francisco developed "landlord packets so [they didn't] have to pitch the program verbally." A staff member added, "A large part of my work is calling on behalf of the family. [I] have a family in mind when talking about the opportunity. I normally did [it] in a one-on-one so they have a voice of knowing who I'm calling. Usually the family was with me in the room—[with] me calling. Then, they call and get them practicing on that skill, so they can call themselves." Connecticut and San Francisco assisted families with transportation for searching for housing and appointments, which softened some of the other housing search challenges.

Staff generally felt that families who located their own housing (or had help from staff) tended to be more satisfied with their choices—whether because of the housing or neighborhood or because it was located near (or away from) family members and others they chose. Staff also felt that families in scattered-site housing had more freedom and experienced less stigma in the communities they chose. With scattered-site housing, one staff member remarked that the demonstration was better able to attend to families' housing needs and preferences "rather than the other way around"—that is, limiting families regardless of their preferences and needs to the housing that was available. But the biggest drawback, noted in Connecticut and San Francisco, was how time consuming the searches were because families had to locate housing in the private market and find a landlord willing to rent to them, which extended the lag time between referral and administering services.

Concerning stabilization services, staff serving families in scattered-site locations mostly described needing to travel more to reach families, but few identified the travel as an issue. San Francisco, as well as other sites with families who ported vouchers to other counties, tended to need to travel greater distances, which limited services—both in the time to provide and the access to available resources and services. Broward County, Connecticut, and San Francisco—all with housing vouchers—hired additional staff to accommodate housing search and stabilization services.

Working with Landlords and Housing Agencies Was Essential

The four sites that provided at least some scattered-site housing described essential relationships with landlords and housing agencies. Housing coordinators and case managers in Broward County, Cedar Rapids, Connecticut, and San Francisco developed relationships with private landlords who were willing to accept vouchers from several program families as those landlords came to trust the program. San

Francisco spent “a lot of effort to [bring] forward to the landlord that the agency is backing the family. We have been able to re-house families with the same landlord if [they have] problems.” San Francisco and other sites reassured landlords that their programs were available to respond to issues. Landlords also appreciated the guaranteed rent payment and knowing the programs could help families with other housing-related expenses, such as security deposits and utilities.

A lot of companies, because the families were involved in a program that was helping to pay expenses (security deposits, etc.) were more likely to participate. Having that guaranteed money made them more open to renting to our families.

—Broward County Demonstration Partner

Thanks to the relationships, sites had landlords who took chances with families who might not have otherwise received housing, given the added support and accountability the demonstration provided. “A lot of it has to do with the good relationship we’ve built with prior landlords and our reputations and building new relationships,” an administrator in Connecticut explained. Cedar Rapids and Connecticut used strong relationships with particular landlords to help families build and improve their tenant history.

There’s landlords that we work with that understand the program, and I tell my clients, “If you have a long history, it’s hard to house you.” Maybe we can get you in there for a year, and maybe you can get a good record, and then it can be a stepping stone to get in good graces with people.

—Cedar Rapids Demonstration Partner

Sites also established relationships with housing authorities, which had several advantages, including having vouchers set aside for families in the demonstration and streamlining voucher processing. One administrator in San Francisco said, “Now streamlining on who the right contact people are; [have] shortcuts [and] tricks to renew a voucher, [and] supporting the porting process. Working a

lot better than they were early on. Also, [we're] working with the housing authority to relax their policies, so that's been a blessing as well." Each of these steps made housing families more feasible, especially in San Francisco.

Broward County, Cedar Rapids, and San Francisco worked with housing or housing funding providers to establish preferences for families. The Broward County Housing Authority prioritized program families on the waiting list for housing vouchers. The Cedar Rapids Department of Human Services and the housing department created a preference for child welfare-involved families for housing vouchers, a system-level change that extended beyond the immediate demonstration. San Francisco caseworkers also worked with the housing authority to keep voucher eligibility requirements aligned with the federal requirements, without any additional local screening criteria, ensuring as many vulnerable families as possible would be eligible. And, in an effort that was separate but complementary to the demonstration, the local public housing authorities worked with HUD to raise the fair market rental value, which made the vouchers more competitively priced and increased landlords' willingness to accept them.

Families Brought Challenges and Assets to the Process

Families were key agents in the demonstration, bringing challenges and assets to the search and stabilization process. Challenges for families included not participating in the housing search process, while other families were proactive. One administrator in Broward County explained, "A lot are in fantasy houses and [are having a] wonderful experience. The families we had to push on housing search and drag along by hand and those that didn't and struggle with early search, they ended up accepting something they were not as happy with."

Some families also did not make payments or follow the rules. Staff sometimes saw conflict between the demonstration goals and housing policies. "Sometimes, the goals and laws conflicted," an administrator in Cedar Rapids said, referring to the goals of giving families second chances and other opportunities to stabilize, which often conflicted with the business policies and rules for maintaining housing. Several felt that families needed greater support and more education about how to properly maintain housing. Cedar Rapids implemented a Quality Service Team composed of Partners United for Supportive Housing in Cedar Rapids and Affordable Housing Network staff that focused on eviction prevention and problem resolution.

A lot of our clients aren't going to make payments on time, follow the rules, [will] sell drugs. And sometimes [the housing agency] didn't understand trying to give [the families] another chance, and [the housing agency] didn't see the benefits. Sometimes [the families] would get kicked out.

—Cedar Rapids Demonstration Partner

In addition to challenges, families also had notable assets, including some who searched and found housing that best met their families' needs. Some families also had strong support systems that helped drive the housing search process. Staff discussed the importance of social support and the lengths families would go to maintain it (e.g., moving out of the county, choosing housing that might be a little less desirable but in the right location).

[Families] sign an agreement in one program that says, "I am responsible for any damage I do." One tenant brought in two cats, no litter box, and the carpet was destroyed.... People who have not been successfully housed need a lot of education. In addition to dealing with all the psychosocial problems [they] have, someone needs to teach them what is a successful tenant-landlord relationship.

—Memphis Demonstration Partner

Some of the families that moved out of the county had an important reason or social support person that motivated the move. In San Francisco, one demonstration partner explained that a parent's child welfare goal included living close to her mother, who had custody of her children.

The value of connection to what's familiar is so powerful. Even if you are in a beautiful apartment and your children have space, if your kid is across town and can't come and see you, the family is going back to what's familiar, where you are connected and supported. There were times when I had to educate our partners on the value of connection and how it's important to value our connection.

—Memphis Demonstration Partner

Coordinating Services and Providing Case Management

Supportive housing models rely on different agencies and organizations that must coordinate services to achieve goals. These models also rely on case management. All five demonstration sites confirmed that agency partnerships and collaboration were essential. Common themes included the need for staff across agencies and roles to work together, the ways the housing (scattered-site versus clustered-site) affected case management and services, sites' experiences determining the appropriate level of engagement and services for families, how the intensive case management and navigation lightened child welfare staff members' loads, and how some service needs were harder than others to address.

Staff at Different Agencies and with Differing Roles Needed to Work Together

The demonstration sites emphasized how agency staff and other partners had to work together to meet families' needs. Offering advice to other potential supportive housing programs, an administrator in Connecticut instructed programs to “really try to [collaborate].... You can't do anything without being collaborative, without working together, without communicating well, and often, and building a relationship. So many things are done [through] relationship[s] and trust.”

Several sites discussed having team meetings so that everyone would know what was happening with families. The meetings and procedures were not always easy to establish. “In the beginning, feelings got hurt. People were confused about who was involved with what,” an administrator in Broward County recalled, while describing how the teams were working effectively by the end of the demonstration. Connecticut similarly described team meetings, which also included the families. “They'd have monthly meetings with us at the home with the families, and it was helpful to get

everybody on the same page. I think it was successful because of the collaboration and being able to work together to best help the family.”

Sites also talked about agencies and organizations operating in silos, which posed challenges. Broward County, Cedar Rapids, and San Francisco all had challenges coordinating service delivery. In Cedar Rapids, “there’s lots of stakeholders that hold the key” to the different services families need to maintain safe housing and parent successfully, “and everyone is very siloed into providing their individual services.” This administrator gave the example of the health care system, HHS, and the housing systems, which each provide transactional services but do not typically work together in ways that ease access for families needing the different services. Case managers would see the different services families needed and could help with referrals and bringing people together. One Cedar Rapids partner said, “[Partners United for Supportive Housing] allowed all those people to come to the table and talk about integrating our services more smoothly.” But the systems themselves were ill equipped to work beyond their firmly established boundaries to coordinate on behalf of the families the systems served jointly. Burt (forthcoming) examines the challenges and successes of services integration and systems change throughout the demonstration.

Sites Adjusted the Intensity and Types of Services as Programs Progressed

The supportive housing services in each of the models were intended to be voluntary, meaning that housing was not contingent on families participating. But engaging and participating were critical components of the models, and sites discussed their strategies for determining the right amount of services and the best approaches to delivering them (e.g., motivational interviewing or offering services in the home).

Several sites discussed how they determined how often to meet with families. One stakeholder in Broward County described deciding on a “level of intrusion” in the families’ private lives. Would caseworkers go to the homes once a month? Call families once a week? The Memphis site typically saw families once a week and used scores on a self-sufficiency matrix to determine the number of visits per month: “So the highest scores, they have one visit and one call per month. Group two is a visit and two phone calls, and group three is two visits per month.” Connecticut modified its approach as the project progressed: “So the expectation when they [came] into the program was a minimum of two times per week per family, but as the project progressed, we discovered not everyone might need that prescribed amount, so we developed an internal protocol for stepping families down or up so if they passed through that process and if it was determined they wouldn’t need that two [days], it was stepped down.”

Connecticut and other sites also discussed the quality of the meetings and how they used motivational interviewing as a key to engaging and building trust with families.

I think the [motivational interviewing] skills and training on effective engagement are essential. I can't speak enough to how valuable I find the motivational interviewing. There are times the clients want to give up, and the right case manager who has built a trusting relationship with the client—a lot of our clients have a history of trauma and challenging lives where trusting others is a difficulty—so building...professional trusting relations so [they] can effectively engage and walk them [through] the process is essential. Having a mind-set that's not ignorant or condemning or anything of that nature, by any means, but an empathetic and empowering approach, is essential.

—Connecticut Demonstration Partner

Sites also discussed changing the location and types of services to increase families' engagement. In Broward County, a program administrator pointed out that "families tend not to show up when we try to schedule group services, so a lot of the services we provided are in-home." A staff member in one of the sites varied her approach depending on the family: "It really depended on the client in terms of being a clinician versus [a] case manager. Some of them I had a relationship with where they felt comfortable disclosing how they were feeling, and there were others where I needed to make referrals because the client looked at me differently than a clinician. Personally, when it comes to doing therapy, some of my clients don't think I can do it because of the nature of our relationship."

Several sites emphasized how offering voluntary services meant more work engaging families and providing services the families would use. Broward County made "a concerted effort to engage families and promote their success and self-sufficiency." One administrator in Connecticut said, "Some of [the families] were like 'Ok, you housed me. Let's get started on everything else.' Others were like 'Ok, you housed me. Now, I don't want to see you.'" Broward County focused on career services to improve income and employment and offered education assistance. Broward County also partnered with Legal Aid and had an attorney who focused on preventing evictions, understanding tenants' roles and rights, and checking for problematic clauses in leases. Other challenges included the high needs of clients but low intensity of services, which stakeholders in Connecticut, Memphis, and San Francisco noted.

The Case Management and Navigation Lightened Child Welfare Staff Workload

The demonstration's case managers supported child welfare staff in Cedar Rapids, Connecticut, and Broward County. Demonstration staff responded to families quickly, provided more one-on-one time, and filled other gaps. One child welfare agency worker in Connecticut explained, "We're so busy that we don't have time to run a family to [the Department of Social Services], for example, and [the demonstration caseworkers] did a lot of the footwork. Sometimes you can't get [out] of the office." Child welfare and demonstration staff agreed that families in the demonstration were able to get their needs met more quickly and completely because of the demonstration.

Connecticut also pointed out that the demonstration's case managers had access to assessment tools that the child welfare agency did not, which meant the case managers could detect and refer families to services: "DCF (the Department of Children and Families) doesn't do an assessment, so we may be able to pick up a developmental issue that DCF wouldn't be able to pick up.... We've been able to detect these things much earlier, and we don't have to be in the home to see the interactions because the assessment can just be the parent and the child, reporting."

Some Service Needs Were Harder Than Others to Address

Several sites discussed substance abuse and domestic violence as especially challenging to address, particularly because they were ongoing, and a parent and family may not be ready to address it. Most sites cited underreported domestic violence and substance abuse as constant issues with the families they served. Other challenges included transportation, mental health services, and child care. Concerning transportation and child care, an administrator in Memphis lamented, "When you look at all the other factors, child care is huge, and we don't have any funds to take care of that. Transportation is difficult too. It could take you two hours to get to a \$7[-an-hour] job. And then you can't afford to put two kids in child care. Somehow, we're going to have to figure out, as a community, subsidized day care." Administrators in Broward County and Memphis spoke at length about the need for sustainable child care. Staff in Memphis and Cedar Rapids discussed losing needed after-school programming.

Connecticut and Memphis raised concerns about the available intensity of mental health services. A staff member in Connecticut thought that more intensive clinical support and fewer referrals off-site might better meet the needs of families less able or willing to follow up on referrals. A staff member in Memphis described challenges of losing access to a clinical person on-site. Families referred to a clinic for services may receive as little as 15 minutes a session: "Basically, you have clients with things already going on, and then things are piling on. They need more than 15 minutes twice a month."

The sites also described factors that eased challenges associated with limited service capacity, including having all staff trained in trauma-informed care. Cedar Rapids noted that having housing agency staff, police, and case managers trained this way was particularly effective for better supporting families.

Housing First as an Approach and Philosophy

For many demonstration partners, Housing First was a new concept that took time to learn, understand, and practice. At least one site felt its team misunderstood the model initially, focusing on assessing parents' housing readiness before realizing the programming should focus on housing all families, regardless of perceived readiness. Generally, staff and partners agreed with Housing First conceptually. Many commented that housing is a basic need and all people have a right to it; housing is not a reward for good behavior; people need stability, particularly stable housing, to work on the other issues; Housing First does not mean housing only (the supportive services are equally critical); and no family should be left homeless on the street.

But even those who believed strongly in the model or came to respect it described challenges. The struggles mainly concerned getting other partners and colleagues on board. Staff felt they were working at cross-purposes when colleagues were not operating under the same philosophy. In San Francisco, attorneys and child welfare workers advocating for residential treatment instead of Housing First were a challenge for the site implementing its program. Although attorneys and demonstration staff were both interested in the same outcomes (keeping families stable or reuniting them), the partners followed different approaches that undermined the demonstration. Some found that getting broader community buy-in on the Housing First approach was challenging, especially among community providers who viewed the practice as rewarding families who had not shown improvements. Solutions included constant training and reminders, consistent messages about Housing First coming from leadership, and outside resources and educational materials helping.

Staff and providers who remained skeptical about Housing First tended to question the theory in practice, not conceptually. They understood treating housing as a basic right. But they struggled with the idea of providing housing to families who were not motivated or committed to the process and thus squandered the resource and did not fully benefit from the opportunity. Some also raised concerns about risks to parents who were not ready to maintain their own homes safely and who may need more monitoring. For example, parents using drugs may put children—especially newborns or the medically fragile—at high risk. One person described needing a middle ground that included minimal housing rules

and requirements. Several people felt that parents needed more pressure put on them, including housing requirements, to improve engagement. The voluntary nature of services was also frustrating, as families were getting housed but did not engage and receive supportive services.

Some demonstration partners thought preservation (intact) families were more likely to benefit from Housing First than families looking to reunify. Some staff surmised that reunification cases, especially when the parents were housed early, may still be experiencing the reasons that led to the child's removal (e.g., substance abuse) and might not be ready to complete treatment. Many felt that families who were motivated and committed to the program and supportive housing services would also fare better than less motivated, unengaged families. And finally, especially in San Francisco, staff pointed out that having actual housing in place was a key requisite for the model to work. Essentially, programs cannot have Housing First if they do not have the housing.

Views on Housing First are mixed among demonstration partners. But all agree that Housing First should be implemented with comprehensive wraparound services and with sufficient housing, appropriately trained staff, and buy-in and support among leadership and partners. Without these important pieces, Housing First could have unintended negative consequences.

Sustainability Plans

The demonstration was funded for five years, so grantees were required to think about sustainability. The national evaluation looked at sustainability in different forms: sustaining different system reforms or program elements and sustaining the program for existing families (both housing and supportive services) through different funding sources. A separate evaluation report (Burt, forthcoming) examines sustainability from the former perspective and examines the success of demonstration projects in maintaining the policies and practices that *changed systems and integrated services* to more effectively target and support families. In the final section of this report, we look at each community's plan for continuing the demonstration program models and the families they served after federal funding ended.

- Housing, Empowerment, Achievement, Recovery, and Triumph Alliance for Sustainable Families—Broward County, Florida
 - » Families who received housing vouchers through the demonstration will continue to receive housing assistance. The board of Kids in Distress committed to funding the program's supportive services for up to two more years. To serve additional families in the future, the Broward County Housing Authority is interested in applying for Family Unification Program vouchers from HUD, with Kids in Distress providing case management. ChildNet would continue to provide referrals.
- Partners United for Supportive Housing in Cedar Rapids—Cedar Rapids, Iowa
 - » To sustain housing, families participating in Partners United for Supportive Housing who do not have ongoing housing subsidies have submitted preapplications to the City of Cedar Rapids, which recently opened its waiting list for housing assistance. Program staff are investigating project-based assistance for families who may not be eligible for housing vouchers. Families will receive ongoing supportive services from Four Oaks' TotalChild Program, which helps families with parenting skills, financial literacy, job training, housing assistance, and education. The focus is on helping the child become a successful adult, and the work is accomplished through service coordination and family team meetings.
- Intensive Supportive Housing for Families—Connecticut
 - » The Connecticut Department of Children and Families will implement a new Statewide Automated Child Welfare Information System (SACWIS) within the next 18 months, and the Quick Risks and Assets for Family Triage assessment will become part of the new automated system. In addition, some elements of the Intensive Supportive Housing for

Families model, such as the role of a vocational specialist and team meetings, are being incorporated into the existing supportive housing program and the service intensity guidelines that were developed in the Intensive Supportive Housing for Families model to determine how frequently a case manager should have contact and when to step down services.

- Memphis Strong Families Initiative—Memphis, Tennessee
 - » Housing assistance will continue for families currently enrolled in the Memphis Strong Families Initiative through renewable HUD Continuum of Care funding for permanent supportive housing. In addition, Community Alliance for the Homeless is securing housing vouchers to set aside for families who are interested in moving out of permanent supportive housing. The supportive services will not be funded at the same intensity level as they were during the demonstration. Community Alliance for the Homeless has received approval for \$150,000 from the Department of Child Services to continue the work of Keeping Child Welfare–Involved Families Together. This funding is not enough to sustain services, so the alliance is seeking additional funding.

- Families Moving Forward—San Francisco, California
 - » The San Francisco Human Services Agency received a grant from the California Department of Social Services to continue many aspects of the Families Moving Forward (FMF) program under a new program called Bringing Families Home (BFH). Implementation has begun, and the Human Services Agency has begun admitting families. BFH, which many partners call “FMF 2.0,” is largely an extension of FMF. But BFH will place less emphasis on supportive services. The Human Services Agency caseworkers will be primarily responsible for case management and supportive services. BFH will emphasize housing services. The Homeless Prenatal Program will continue to provide housing search support, which partners identified as critical to families’ ability to secure housing. The housing model will also be largely the same as under FMF. But BFH will not have access to Local Operating Subsidy Program subsidies, which FMF used to house families for which documentation was a barrier. For this reason, undocumented families will be ineligible for BFH. Partners are excited about BFH’s possibilities, noting they are eager to apply the processes they have streamlined during FMF to BFH.

Conclusions

This report describes supportive housing models in five communities and explores whether those communities were able to implement a Housing First approach with families experiencing (or at risk of experiencing) homelessness who were also involved in the child welfare system. We conclude the answer is principally yes when communities have essential components in place: housing, housing search resources and supports, and coordinated case management and services. When sites struggled, the struggle often involved fulfilling families' immediate housing needs and maintaining strong engagement by families in the voluntary supportive services. Though each site navigated the demonstration in unique ways fitting their contexts, constraints, and partnerships, we highlight several common lessons and conclusions.

Permanent housing is necessary. By the end of the demonstration, all sites, even those that had previously anticipated families would graduate or transition out of the demonstration housing, saw the need for permanent housing options for all families. Most partners no longer expected families' housing needs to be resolved within five years.

No particular housing arrangement is best for all. Though demonstration sites had different housing arrangements—some scattered site, some clustered site, and some both—no one arrangement offered the perfect fix. Each arrangement boasted supporters and detractors among families and providers alike. In the end, arrangements that worked for some families did not work as well for others.

Expedited housing procedures help but do not guarantee a fast process. All sites found ways to expedite the time to house families (once the housing was available) compared with typical voucher holders. But despite the expedited steps, housing could still take longer than expected. Typically, housing search activities and families needing extensive verifications were the main challenges that delayed the housing process.

Strong relationships with landlords and housing agencies are essential. Most sites provided at least some scattered-site housing, and those that did felt strong relationships with landlords and housing agencies were essential. The relationships led some landlords to take chances with families they might not have otherwise accepted without the trust and added support and accountability from demonstration partners. And relationships with housing agencies sometimes led to preferences and earlier notice when housing became available.

Deliberate collaboration among partners is key. All sites held firmly that agency partnerships and collaboration were essential. Staff from different agencies and across roles needed to work together and ran into problems when agencies and organizations operated separately in silos.

Many, but not all, are sold on Housing First. For several demonstration partners, Housing First was a new concept that took time to learn, understand, and practice, and five years into the demonstration, sites and partners disagreed whether the approach was the right one. Many felt Housing First was the best and only way, while others did not feel it was suitable for all families. Despite differing support, partners consistently expressed that Housing First should be implemented with comprehensive wraparound services and with sufficient housing, appropriately trained staff, and buy-in and support among leadership and partners. Without these important pieces, Housing First could have unintended negative consequences.

At the end of demonstration, no site is fully sustaining the models it designed and implemented, though each plans to maintain some elements moving forward. Companion Urban Institute reports discuss whether the demonstrations had a significant impact on families (Pergamit et al. 2019), how much the demonstrations cost (Leopold et al. 2019), and whether and how the collaborations changed services and systems (Burt, forthcoming). While the future of supportive housing for families like those in the demonstration is yet unknown, five communities have shown what it takes and what work remains to support families separated or on the verge of separation in the face of homelessness and child welfare system involvement.

Appendix. Evidence-Based and Other Services

Name	Population	Intervention	Desired outcomes
Strengthening Families (parenting program in Broward County and Cedar Rapids)	High-risk families with children ages 3 to 17	14 sessions, including parent and child practice time learning positive interactions, communication, and effective discipline; children's skills training; parenting skills	Increased family strengths and resilience, reduced risk factors for problem behaviors in high-risk children
Positive Parenting Program (parenting program in Connecticut and San Francisco)	Families with children up to age 12	Five-level system: (1) communications strategy raising awareness of need to support parents, (2) light-touch intervention providing one-off assistance to parents, (3) targeted counseling for parents of a child with mild to moderate behavioral difficulties, (4) group and online help for parents of children with severe behavioral difficulties, and (5) intensive support for families with serious problems	Reduce problem behavior in children, improve parent well-being, increase parenting skills, reduce rates of child abuse, reduce foster care placements
Nurturing Parenting (parenting program in Memphis)	Families with children from birth to age 18	Three levels: (1) prevention programs (awareness, community resources), (2) intervention programs, (3) treatment programs; or a combination of group-based and home-based programs (12 to 48 sessions)	Reduce child emotional abuse, exposure to domestic abuse, physical abuse, and physical neglect
Parents as Teachers (parenting program in Cedar Rapids)	Families with children from before birth to kindergarten entry	At least two years of service for families; home visit; assessment plan; set goals in such areas as parenting, child development, and family well-being; 1 to 2 visits per month; connection to resources	Increase in healthy pregnancies and improved birth outcomes; increase in knowledge of child development; improved parenting capacity, parenting practices, and parent-child relationships; improved family health and functioning; prevention of child abuse and neglect; increased school readiness
Child First (parenting program in Connecticut)	Families with children from before birth to age 6	Two-generation approach, psychotherapy for parents and children together in their homes, connection to other services, clinical team consisting of licensed mental health or developmental clinician and a care coordinator	Reduction in child externalizing symptoms, reduction in language delays, improvement in maternal mental health, reduction in involvement in child protective services, improvement in access to services, improvement in parent satisfaction

Name	Population	Intervention	Desired outcomes
SafeCare (parenting program in San Francisco)	Families with children from before birth to age 5	Home visitation program with a four-step process: (1) Explain: rationale for each behavior, (2) Model: each behavior, (3) Practice: parent practices skill, and (4) Feedback: provider gives positive and corrective feedback; modules include health, home safety, parent-child interaction, and problem solving and communication	Increase in parent-child interaction, reduction in home hazards, increase in health care skills, reduction in child maltreatment
Trauma-focused cognitive behavioral therapy (mental health program in all five sites)	All ages 3 and up	Incorporates elements from cognitive therapy, behavioral therapy, and family therapy; 12 to 18 sessions; individual sessions with child and parent separately; then joint sessions	Reduce negative emotional and behavioral responses to trauma, correct maladaptive or unhelpful beliefs and attributions related to the traumatic experience, provide support and skills to cope effectively
Parent-Child Interaction Therapy (mental health program in Cedar Rapids)	Families with children ages 2 to 7 who have been diagnosed with disruptive behavior disorders	Two sequential phases: (1) child-directed interaction and (2) parent-directed interaction; average of 15 weekly sessions	Improve quality of parent-child relationship, increase effective discipline training
Multisystemic therapy (mental health program in Connecticut)	Families with children ages 12 to 17 who are chronic and violent juvenile offenders	Therapist works with family to develop treatment plan, meet in home, work with both parents and children, connect family to other resources	Reduce out-of-home placements, reduce truancy and dropping out, reduce rearrest rates, improve family relations and functioning, decrease adolescent psychiatric symptoms, decrease adolescent drug and alcohol use
Family-based recovery (mental health program in Connecticut)	Families with children where parents have substance abuse issues	Three in-home visits per week: two targeting parental sobriety and psychological well-being and one with the parent and child to strengthen bonding and promote child development; group meetings; case management services	Minimize risk of child abuse or neglect; improve developmental outcomes; reduce rates of child removal
Center for Working Families (employment program in Broward County)	Low-income families	Combine multiple services focusing on workforce, work support, and asset building, such as tax preparation, benefits screening, financial literacy, and digital literacy	Improve employment, reduce debt, improve credit scores, improve financial literacy, improve access to benefits

Notes

- ¹ “Supportive Housing Quality Toolkit,” CSH, accessed March 7, 2019, <https://www.csh.org/qualitytoolkit/>.
- ² The Connecticut Department of Children and Families is administratively divided in six regions for service provision.
- ³ Final numbers of families housed for the national evaluation may be slightly different than those reported by each demonstration community because of different sample specifications for the final analysis of the national evaluation.

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