



RESEARCH REPORT

Supportive Housing for High-Need Families in the Child Welfare System

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Supportive Housing for High-Need Families in the Child Welfare System

Supportive Housing is an intervention that combines affordable housing with intensive wrap around services. The intervention has been successful with hard to serve populations, such as chronically homeless adults. Communities are testing the efficacy of supportive housing with high-need child welfare families to learn if:

- Providing supportive housing helps decrease child abuse and neglect, keep families together, strengthen parenting, and improve outcomes for children?
- Providing supportive housing shrinks child welfare agency caseloads and reduces the number of children in foster care?
- Providing supportive housing not only improves child and family outcomes, but also helps spend taxpayer dollars more wisely?
- Bringing together different agencies—housing, homelessness, child welfare—and helping families navigate bureaucratic barriers leads to long-lasting systems change and services integration?

The Partnership to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System is a federal demonstration investigating these important questions. This brief describes the purpose and design of the demonstration and profiles the five program sites.

Introduction

A healthy environment for children starts with a strong family and a home. Without these moorings, children are vulnerable to abuse and neglect, leading to crisis intervention from child protective services. Many families involved in the child welfare system face deep and persistent poverty, depression and mental illness, domestic violence, and drug addiction (Courtney, McCurtry, and Zinn 2004). These intense needs are often exacerbated by homelessness or unstable housing, which increase financial, mental, and physical stressors on children and parents (Min Park et al. 2004). Families sleeping in cars, garages, homeless shelters, or doubled up in untenable situations often wind up “in the system” and at risk of dissolution (Cowan et al. 2002). These families bounce from one social service agency to another, imposing substantial costs to communities, all while their needs remain unmet (Samuels 2014). Children separated from their families and placed in foster care often grow up to lead troubled lives (McDonald et al. 1997).

Despite overwhelming data that shows the challenges child welfare families face are complex and difficult to overcome, practitioners and policymakers are searching for solutions. One promising approach is supportive housing, an intervention that combines affordable housing with intensive wraparound services. Supportive housing uses a Housing First model that focuses on providing housing as quickly as possible; it doesn’t push requirements for housing such as sobriety or agreement to participate in services. The supportive services, which focus on long-term housing stability, recovery from addiction, education, and employment, are voluntary and are provided after housing is stabilized. Stabilizing a family’s housing allows them to focus on participating in services rather than worrying about where they will spend the night.

Supportive housing comes out of the movement to end chronic homelessness among adults with serious mental illness and drug addiction. Previous research conclusively shows that the model works for this population, a group of people experiencing homelessness that were once described as “un-housable” (Tsemberis, Gulcur, and Nakae 2004). Promising evidence from Keeping Families Together, a pilot program that provided supportive housing to homeless families involved in the child welfare system in New York City, suggests that supportive housing can help high-need families too (Tapper 2010). The results from this pilot led policymakers to fund a multisite demonstration—Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System—to test the supportive housing model on a wider scale, understand how to target scarce resources, test efficacy, and measure return on investment.

Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System

In May 2012, the Department of Health and Human Services (Administration for Children and Families, Children’s Bureau), 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—launched the demonstration. The demonstration provides \$5 million five-year grants to each of five sites across the country—Broward County, Florida; Cedar Rapids, Iowa; Memphis, Tennessee; San Francisco, California; and the state of Connecticut—to provide supportive housing to homeless and unstably housed families who are involved in the child welfare system.

The Model

Each site aims to overcome silos and create long-lasting systems change by integrating services across the child welfare agency, the local housing authority, housing- and homeless-service providers, and other partners in the community. Sites have marshalled housing resources in their community and linked them with funding for services provided through the demonstration.¹ Sites are

- developing or **expanding triage** for high-need child welfare families facing housing instability;
- implementing a **supportive housing service model** using community resources that would be useful to the target population;
- providing case management for children and parents using **evidence-based practices** and **trauma-informed care**; and
- **evaluating the effectiveness** of their site-specific service model.

The goals of the demonstration are to reduce child welfare involvement and improve child well-being through increased housing stability, improved family stability, and improved parenting (see the Logic Model in figure 1).

The demonstration includes resources for technical assistance, a local evaluation, and a national evaluation to examine outcomes across each of the five sites. CSH (formerly the Corporation for Supportive Housing) and the Center for the Study of Social Policy provide technical assistance to the sites. The Urban Institute is conducting the national evaluation. The local evaluators in each site are Barry University (Broward County, FL); the University of Iowa and the National Center for Family Homelessness (Cedar Rapids, IA); University of Connecticut (Connecticut); University of Tennessee (Memphis, TN); and Chapin Hall at the University of Chicago (San Francisco, CA).

Target Families

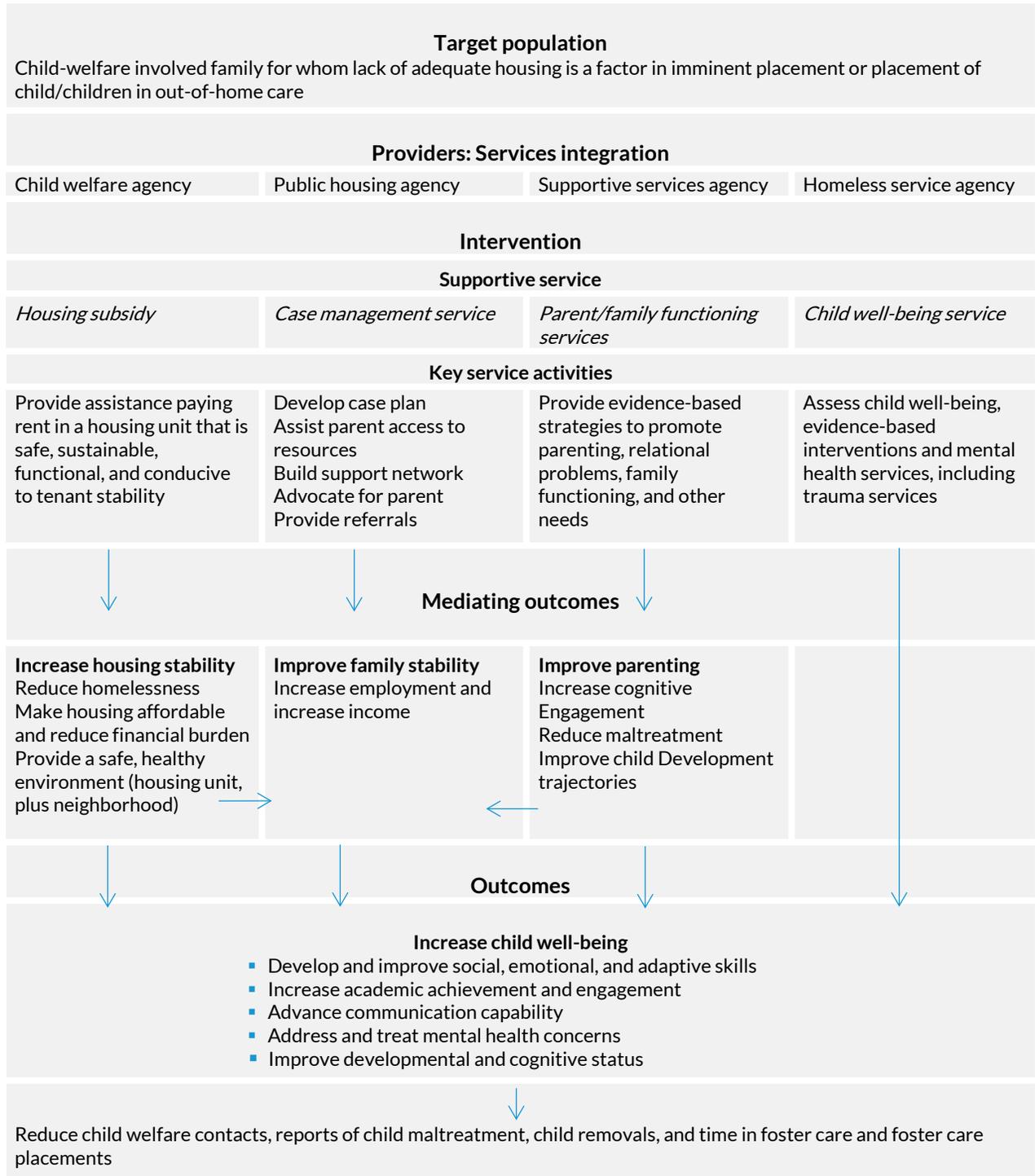
Supportive housing is an intensive intervention and a scarce resource. Only the highest-need families—those facing such complex challenges as substance use and mental health issues and for whom housing is a factor in the imminent placement of children in out-of-home care—should receive supportive housing. Each site designed its own targeting criteria within a federal framework to ensure that supportive housing served families for whom the program would likely have the biggest effect.

The federal framework sets out key eligibility criteria for families in the program. These include the following:

- Child welfare-involved families. Families most likely to experience negative child welfare outcomes (e.g., out-of-home placement, long-term open cases, reentry to the child welfare system in the form of re-reports of abuse or neglect, and repeat open cases).
- Families with high service needs. Families with multiple needs, such as mental or physical health problems, substance use, or disabled children.
- Families with severe housing issues. Families who are homeless or unstably housed.

Using these targeting criteria, case workers at the child welfare agency or homelessness organization identify families for the program.

FIGURE 1
Logic Model



The Research Collaborative

Supportive Housing for Child Welfare Families: A Research Partnership (SHARP) is a collaborative research effort dedicated to understanding the effect of the demonstration and sharing learnings with practitioners, policymakers, and funders. The collaborative includes the Urban Institute, local evaluators from each site, and the philanthropic and government funders. The Urban Institute is conducting the national evaluation, which collects and analyzes data from across the five sites. The local evaluators are contributing to the national evaluation and investigating site-specific research questions. The SHARP national evaluation uses a rigorous, randomized controlled trial research design to help policymakers and practitioners understand the following:

- Do supportive housing programs keep families stably housed, reduce their risk of entering the child welfare system, and improve their health and social and emotional well-being?
- How are the models of supportive housing defined at each site?
- Does each model effectively target services to families at high risk of continued child welfare involvement and family instability?
- Are the models able to integrate their services and get families the services they need from the various systems they must interact with?
- How much do supportive housing models for child welfare-involved families cost, and are they cost effective? Do they produce savings across service systems such as the child welfare and the homelessness systems?

To address these questions, the national study has four main components:

- *Targeting and Prediction Study.* This identifies which types of child welfare-involved families are at highest risk of negative child welfare and housing outcomes and which would benefit most from a supportive housing intervention. This study will use child welfare and homeless system administrative data.
- *Implementation and Process Study.* This helps us understand how each demonstration model works, is put into practice, and develops over time in each site. We will compare model components across sites. This study will use data from annual interviews with program planners, administrators, and frontline staff.

- *Impact Study.* This measures differences in key system outcomes between families in the demonstration and similar families not in the demonstration in each site. This study will use family survey data as well as administrative data from the child welfare system, homeless system, and other systems. To understand how supportive housing drives outcomes, we will conduct in-depth interviews with families.
- *Cost Study.* This measures the financial effect that supportive housing has across multiple systems. This study will use family survey data as well as administrative data from the child welfare system, homeless system, and other systems.

This rigorous study will help policymakers better understand the effectiveness of the supportive housing model for high-need, multisystem, child welfare–involved families. It will also help policymakers make cost-effective decisions that maximize benefits for families and children.

Five Program Sites

The demonstration provides funding for five program sites, selected by the Children’s Bureau. Each site has developed its program based on needs that reflect its community. The initiatives at the five sites are

- Housing, Empowerment, Achievement, Recovery, and Triumph Alliance for Sustainable Families (HEART)—Broward, Florida
- Partners United for Supportive Housing in Cedar Rapids (PUSH-CR)—Cedar Rapids, Iowa
- Intensive Supportive Housing for Families (ISHF)—Connecticut
- Memphis Strong Families Initiative (MSFI)—Memphis, Tennessee
- Families Moving Forward (FMF)—San Francisco, California

Below we provide an overview of each demonstration site and its supportive housing models.

Housing, Empowerment, Achievement, Recovery, and Triumph Alliance for Sustainable Families (HEART)—Broward, FL

Community Need

Roughly 2,400 children are in the Broward County child welfare system, and the Broward Sheriff's Office handles 60 child abuse and neglect investigations each day. Housing is a significant barrier to stability for these families; rents rose significantly between 2012 and 2013, but wages were stagnant. Subsidized-housing wait-lists are closed and the shelters are often full. The community partners view HEART as an opportunity to serve its highest-need families by combining affordable housing and long-term services. From a services integration perspective, HEART provides an impetus for greater collaboration between the child welfare and child protective services agencies, housing authorities, and service providers; the program improves service to all families in the system (see tables 1 and 2 for more details).

The Partnership

HEART is led by Kids in Distress, Inc. (KID), a community organization with extensive experience providing family-strengthening and child services. Five public housing authorities—Broward County Housing Authority, Pompano Beach Housing Authority, Deerfield Beach Housing Authority, Fort Lauderdale Housing Authority, and Dania Beach Housing Authority—provide housing choice vouchers to families. KID also partnered with ChildNet, the child welfare agency in Broward County, and the Broward Sheriff's Office, which provides child protective services. Both agencies identify families eligible for the demonstration. KID delivers intensive, clinical case management and serves families in coordination with the Urban League of Broward County, Broward Health, Broward Addiction Recovery Center, and Women in Distress. Other HEART partners include the Broward County Homeless Initiative (the local continuum of care) and HOPE South Florida, which provides emergency shelter and transitional housing. Barry University is the local evaluation partner.

TABLE 1

Who Does the Program Serve?

Targeting criteria	Definition
Child welfare involvement	Two or more of the following: Verified maltreatment; imminent risk of removal; removed at any time; two or more abuse or neglect reports; legal sufficiency for judicial involvement; goal of reunification; and housing as a last remaining barrier to reunification
Homelessness definition	Currently homeless or unstably housed; exiting residential treatment without stable housing; eviction notice; three or more moves in past 12 months; fleeing domestic violence
Indicator of high need	At least one of the following: Primary caregiver has mental health or drug or alcohol problem; child has mental health, behavioral, developmental, learning, or physical disability
Other	Three or more of the following: Two or more domestic violence incidents in past year; chronic health condition or experienced abuse or neglect as child or criminal history (primary care giver); youngest child under age two; four or more children; previously received child protective services

TABLE 2

Program Description and Comparison to Standard Services

Type of housing subsidy	Tenant-based housing choice voucher	
Number of families to be served or housed	50	
Services all families in HEART receive	Case management, life coach for financial planning or employment services, housing advocate	
Access to referral agencies	Women in Distress, Broward Addition and Recovery Center, Legal Aid, Broward Health, Urban League	
Evidence-based practices	Healthy Babies Project, Strengthening Families Program, trauma-focused cognitive behavioral therapy, Center for Working Families	
	Intervention	Standard services
Case management model	Clinical intensive case management team—Clinical case managers, intensive voluntary services. Team-based approach.	Brokerage Model—Referrals to preservation services (BSO), Creating and following a case plan (ChildNet)
Ratio of clients to case managers	10:1	26:1 (ChildNet), BSO varies by program
Frequency of contact	Weekly	Monthly (at most) for ChildNet, Varies for BSO (at least monthly)
Case manager credentials	Master of Social Work (MSW)	Bachelor's degree
Cross-agency coordination	Integrated service provision—partner agencies compose unified team	Referral and linkage

Partners United for Supportive Housing in Cedar Rapids (PUSH-CR)—Cedar Rapids, IA

Community Need

The incidence of children in out-of-home care in the state is high: about 13 children per 1000 are in out-of-home care, almost twice the national rate. Locally, around 700 families are in the child welfare system. On any given day in Linn County, approximately 882 children are homeless. PUSH-CR is designed to help meet the need for housing and coordinated, intensive services for these high-risk families in Linn County, Iowa. Before PUSH-CR, no supportive housing programs served high-risk families in Iowa, though the need for such services had been growing for some time (see tables 3 and 4 for more details).

The Partnership

PUSH-CR is led by Four Oaks, a Cedar Rapids-based, statewide nonprofit agency with extensive experience providing child welfare and behavioral health services. Four Oaks is partnered with the Cedar Rapids Service Area Department of Human Services, the Affordable Housing Network (a subsidiary of Four Oaks), Waypoint (a community family homeless and domestic violence shelter provider, experts and evaluators from the University of Iowa, and others. Referrals are made by the Iowa Department of Human Services and local shelters. The PUSH-CR team has expertise providing human service, conducting outreach with vulnerable populations, and collaborating across public and private organizations. The University of Iowa and the National Center for Family Homelessness are the local evaluation partners.

TABLE 3

Who Does the Program Serve?

Targeting criteria	Definition
Child welfare involvement	Open child welfare case
Homelessness definition	One of the following: currently homeless or unstably housed; fleeing domestic violence
Indicator of high need	One of the following: physical disability, developmental disability, chronic health condition, mental health condition, or alcohol or drug abuse
Other	All children must be under age 12; family income qualifies for a Section 8 or other housing choice voucher

TABLE 4

How the Case Management Model Differs from Typical Service Model

Type of housing subsidy	Project-based	
Number of families to be served or housed	125	
Services all families in PUSH-CR receive	Critical time intervention; family team decision-making	
Access to referral agencies	Substance abuse treatment; mental health treatment; continuing education, job training, and workforce development	
Evidence-based practices	Parents as Teachers; Strengthening Families; Parent-Child Interaction Therapy	

	Intervention	Standard services
Case management model	Team-based service coordination	Case management and referral
Ratio of clients to case managers	12:1	37:1
Frequency of contact	Weekly	Monthly
Case manager credentials	Bachelor's degree and two years of experience; ideally master's degree	Bachelor's degree
Cross-agency coordination	Holistic coordinated care	Limited coordination

Intensive Supportive Housing for Families (ISHF)—Connecticut

Community Need

In 2010, there were 4,462 children in care, the vast majority of whom (92 percent) came to the attention of child welfare authorities because of neglect, with housing as a major contributor (Harburger and White 2004). Further, about 2,700 children were served in shelters in Connecticut in 2012. Connecticut has a long-standing supportive housing program for families involved in child welfare called Supportive Housing for Families. However, the waitlist for the Supportive Housing for Families program is over 800 families long and growing. Through this demonstration, Connecticut seeks to expand and augment the current supportive housing services to test a more intensive model of supportive housing (ISHF) to meet the extensive needs in the state (see tables 5 and 6 for more details).

The Partnership

The Grantee is Connecticut's child welfare agency, the Department of Children and Families. Department of Children and Families caseworkers refer families for ISHF, and the department contracts out to provide ISHF participants with services. The Connecticut Department of Housing and the Department of Children and Families both provide housing vouchers for ISHF participants. The Connecticut Department of Housing dedicated some of its existing vouchers to the program, and the Department of Children and Families bought some additional vouchers. The Connection, Inc. provides intensive case management; they have been providing case management for the Department of Children and Families for the existing supportive housing program for over 10 years. The University of Connecticut is the local evaluation partner.

TABLE 5

Who Does the Program Serve?

Targeting criteria	Definition
Child welfare involvement	Open case; substantiated abuse or neglect; referral within 90 days of removal of the child (reunification) or within 60 days of substantiation (preservation)
Homelessness definition	One of the following: sleeping in a place not designed for sleeping accommodation for human beings; emergency shelter; transitional housing; unstably housed and imminently losing housing within seven days; three or more moves in past year; fleeing domestic violence
Indicator of high need	One of the following: primary caregiver has mental health concern or diagnosis or substance abuse issue within the past 12 months; child has mental health, emotional or behavioral problem or developmental, learning, or physical disability and two of the following: domestic violence (two or more incidents in the home in the past year); primary caregiver has chronic health condition; youngest child is under age two; four or more children in household; primary caregiver has criminal arrest history; household has previously received child protective services; primary caregiver has history of abuse or neglect as a child

TABLE 6

Program Description and Comparison to Standard Services

Type of housing subsidy	Project-based	
Type of housing subsidy	Housing voucher	
Number of families to be served or housed	50	
Services all families in ISHF receive	Intensive case management, vocational services	
Access to referral agencies	Community-based services for all clinical services	
Evidence-based practices	Trauma-focused cognitive behavioral therapy, Positive Parenting Program, Intensive Family Preservation, Child FIRST, Family-Based Recovery, Functional Family Therapy, Multisystemic Therapy, Multidimensional Family Therapy	
	Intervention	Standard services
Case management model	Teaming model	Case management and referral
Ratio of clients to case managers	7:1	20:1
Frequency of contact	Eight home visits each month	Two home visits each month
Case manager credentials	Bachelor's in social work and two or more years' experience	Bachelor's in social work and two or more years' experience
Cross-agency coordination	Department of Children and Families workers and The Connection, Inc. case managers work together to serve families while the family has an open case	Referral

Memphis Strong Families Initiative (MSFI)—Memphis, TN

Community Need

The Shelby County Children’s Bureau handled 15,320 cases in 2012, committing 816 children to protective services. Homelessness in Memphis plays an all-too-prevalent role in child abuse; locally, more than one in five substantiated maltreatment cases cite housing as the primary concern. Affordable housing is often difficult for families to find, and the Department of Children’s Services frequently struggles to assist families working to reunite with their children. In 2012, 528 families in Memphis became homeless, and data from the homeless system shows that 25 percent of children who received emergency housing assistance are at high and very high risk of child maltreatment based on a research-based instrument known as Structured Decision Making. MSFI was established to bridge the gap between the Department of Children’s Services and the Central Intake for Homeless Families office to prevent the lasting legacy of child maltreatment and homelessness by creating additional resources that are evidence based and address both the housing and service needs of families (see tables 7 and 8 for more details).

The Partnership

MSFI is led by the Community Alliance for the Homeless, the region’s Continuum of Care program lead organization. Community Alliance for the Homeless’s key partners include Tennessee Community Services Agency, the Department of Children’s Services, the Memphis Interfaith Association, Promise Development Corporation, Alliance Healthcare Services, and experts and evaluators from the University of Tennessee’s Health Science Center. MSFI seeks to coordinate the homeless and child welfare systems to address the housing and service needs of high-need families to achieve better outcomes for child and family well-being. The University of Tennessee is the local evaluation partner.

TABLE 7

Who Does the Program Serve?

Targeting criteria	Definition
Child welfare involvement	Current or open case within the past 90 days due to the following: substantiated abuse or neglect; services recommended post-assessment Reunification cases: referral within 30 days of removal of child
Homelessness definition	Score of 2 or higher on the Housing Barrier Screen and an initial presentation of literal homelessness or unstably housed
Indicator of high need	Lack of financial resources; repeated reports to child protective system; repeated episodes of homelessness over time or long stays in shelter; unsafe housing; housing problems that threaten reunification; serious and chronic substance use disorders, mental health or physical health problems, exposure to traumas
Other	Income less than 30 percent of area median income by household size; at least one family member is disabled as defined by “a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment” (HUD definition); at least one child currently at home.

TABLE 8

Program Description and Comparison to Standard Services

Type of housing subsidy	Project-based	
Number of families to be served or housed	68	
Services all families in MSFI receive	Nurturing Parenting, trauma-focused cognitive behavioral therapy, Safe and Together strategies to reduce family violence, employment services, and child well-being services	
Access to referral agencies	If a family requests a service not directly provided by a partner, the family advocate will locate an appropriate provider and can provide funding if the family cannot afford the service.	
Evidence-based practices	Nurturing Parenting	
	Intervention	Standard services
Case management model	Clinical intensive interdisciplinary case management	Brokerage model
Ratio of clients to case managers	17:1	16:1 (assess), 18:1 (invest); 12:1 (foster care)
Frequency of contact	Weekly	Monthly
Case manager credentials	Bachelor’s degree in social service-related field	Approximately 25 percent paraprofessional, 75 percent bachelor’s degrees
Cross-agency coordination	Part of one team	Fragmented

Families Moving Forward (FMF)— San Francisco, CA

Community Need

Relative to the number of children in the city, San Francisco children have high rates of substantiated abuse and neglect allegations (58.3 per 1,000) and high rates of foster care placement (10.1 per 1,000 children) when compared with many other California counties (including Los Angeles County). Low-income families in San Francisco experience significant housing instability because of the lack of affordable housing and extremely high prices in the housing market. An examination of child welfare cases from 2010–11 found that 16 percent of child welfare-involved families had a parent who, at some point during the case, was homeless. Many of these families may also experience issues with domestic violence, physical health, mental health, or substance abuse. FMF is designed to improve collaboration across San Francisco agencies and service providers to better address the needs of such families. The program brings together community partners that have experience serving families with complex service needs to help stabilize families' housing situations, provide supportive services, and improve child welfare outcomes.

The Partnership

San Francisco Human Services Agency (SF-HSA), the local child welfare agency in San Francisco, is the organizing partner and grantee for FMF. SF-HSA partnered with the San Francisco Housing Authority to acquire a commitment to provide 20 housing choice vouchers per year to FMF. A nonprofit service provider, the Homeless Prenatal Program, works in partnership with other public and private agencies, including the Infant Parent Program, SF-HSA's Foster Care Mental Health, and the Public Consulting Group to provide supportive services to families. Caseworkers from SF-HSA work together with caseworkers from the Homeless Prenatal Program to coordinate care for FMF participants. Chapin Hall at the University of Chicago is the local evaluator and will examine the outcomes of families participating in the FMF program.

TABLE 9

Who Does the Program Serve?

Targeting criteria	Definition
Child welfare involvement	New child welfare case opened; at least one child on the case has had no prior child welfare involvement
Homelessness definition	Living in a shelter or on the street; living in a vehicle; doubled up because they are unable to find other suitable housing; living in substandard conditions; transitional housing
Indicator of high need	Scores “high” or “very high” on Structured Decision Making tool
Other	One of the following: domestic violence; parental addiction or substance abuse; parental mental illness; medically fragile child; child with mental illness, development disability, or physical disability

TABLE 10

Program Description and Comparison to Standard Services

Type of housing subsidy	Family Unification Program vouchers or housing choice vouchers, local subsidies, and project-based housing units	
Number of families to be served or housed	140	
Services all FMF families receive	Homeless Prenatal Program intensive case management; Child and Adolescent Needs and Strengths assessments through Foster Care Mental Health	
Access to referral agencies	Infant Parent Program; SF-HSA (which provides access to Temporary Assistance for Needy Families and the Supplemental Nutrition Assistance Program); Public Consulting Group (which provides Supplemental Security Income assessments)	
Evidence-based practices	Trauma-focused cognitive behavioral therapy; child-parent psychotherapy; Positive Parenting Program; peer mentors; Safety-Organized Practice; SAFE meeting; Family Team Meetings	
	Intervention	Standard services
Case management model	Intensive case management	Case management and referral
Ratio of clients to case managers	15:1	30:1
Frequency of contact	Weekly	Weekly tapering to monthly
Case manager credentials	Master’s (ideally)	Based on availability
Cross-agency coordination	Monthly steering committee meetings connecting case managers and decision-makers	Referral and individual relationships between case managers

Notes

1. Grant funding from the Department of Health and Human Services did not include housing resources; the grantees were required to develop partnerships that brought funding for a housing subsidy (tenant-based or project-based) before they applied for the grant.
2. "Disability Rights in Housing," US Department of Housing and Urban Development, accessed November 3, 2014, http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/disabilities/inhousing.

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