



RESEARCH REPORT

# Evolution in Programs Offering Supportive Housing to Child Welfare-Involved Families

## Services Integration and Systems Change at the Half-Way Point

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# Executive Summary

**The Partnership to Demonstrate the Effectiveness of Supportive Housing, funded by the US Department of Health and Human Services, was designed to explore the effects of providing housing and intensive services to high-need families in the child welfare system. Demonstration sites committed to creating new service delivery structures to accomplish their goals, working more intensively than they ever had before with partner agencies, including child welfare agencies, housing providers, and other service organizations, and changing agency policies and procedures to make the demonstration successful. This report examines the progress the five demonstration sites have made toward *integrating services* and *changing systems* to more effectively target and support families.**

By *services integration*, this report refers to a community's ability to provide an individual or family the services it needs, especially when the needs span two or more service systems. *Systems change* refers to changes that two or more service systems make that reorient the systems' activities to support the families the systems have in common, achieving shared goals more efficiently and effectively.

The principal agencies that make up the multi-agency teams within each site include public housing agencies, child welfare agencies, supportive service organizations, and, in some sites, homeless assistance agencies.

## Highlights

These highlights identify the key accomplishments of demonstration sites through the second year of implementation with respect to integrating services and changing how key systems work to facilitate demonstration goals. It is important to note that all sites have different goals and may not be striving for the same things. The purpose of this report is to see if sites are meeting the goals they have set for themselves.

Information on the sites, their goals, and their progress was gathered through review of their semi-annual reports, ongoing conversations with site leaders, and site visits conducted at all sites in October and November 2014 and August 2015. Information from these sources was synthesized and coded to examine themes both within and across sites in terms of systems integration changes.

## Approaches to Services Integration

All sites have established multi-agency teams using grant funding. These teams are able to serve families more immediately and more intensively to better address family issues in a holistic way. Two sites, Broward County and Memphis, facilitate service delivery through colocation, providing shared offices for key members of the multi-agency teams. Several sites are working to expand participation in these teams by including agencies able to offer additional services. All sites are working on ways to fund similar teaming practices after demonstration funding ends and perhaps expand them to serve additional types of child welfare families.

## Changes in Child Welfare Agency Practice

All sites have developed procedures within the child welfare agency for the demonstration to identify families with housing issues. Four sites—Broward, Cedar Rapids, Connecticut, and San Francisco—have instituted procedures to screen families for housing issues, which they apply for demonstration purposes to all families within the child welfare system. In line with hopes for permanent system change, Connecticut and San Francisco have modified agency practice based on learning from the demonstration, using a short version of their housing screener to address housing issues as part of case planning for their general caseloads. Further, child welfare staff attitudes in all sites reflect a new appreciation for what can be accomplished for highly challenged families by coupling housing with wrap-around, holistic services; they want to continue this service delivery structure if at all possible.

## Movement toward Sustainability—Impacts on the Larger Community

### Housing

All sites have worked or are working with local housing authorities to improve demonstration families' access to rent subsidies. Four sites—Broward, Cedar Rapids, Connecticut, and San Francisco—have established preferences for demonstration families during and after the demonstration and negotiated changes to application procedures and eligibility requirements so applications from demonstration families will be approved; Memphis is working toward this goal. Sites have gained access to Housing Choice Voucher programs (Broward and Cedar Rapids), state- or locally funded rent subsidies

(Connecticut and San Francisco), Family Unification Program vouchers (San Francisco), and a US Department of Housing and Urban Development (HUD) Supportive Housing Program (SHP) grant (Memphis), all of which provide families with a permanent rent subsidy. Memphis is also using HUD Continuum of Care rapid rehousing subsidies for families whose only remaining barrier to reunification is inadequate housing.

## **Services**

Under a Title IV-E waiver, Memphis is working to bring to Shelby County federal child welfare resources that are already activated in some other Tennessee counties; the funds would support in-home services to children in active child welfare cases. San Francisco expects to continue providing wraparound services to demonstration-like families after its grant ends, using its discretionary powers under its Title IV-E waiver.

# Evolution in Programs Offering Supportive Housing to Child Welfare–Involved Families

Recent research suggests a strong link between inadequate housing (e.g., substandard housing, doubling up, frequent moves, and homelessness) and family involvement in the child welfare system, including reports of child maltreatment or removal of children to state custody. Early studies using nonexperimental designs showed promise that assuring families of permanent housing by giving them a housing subsidy would reduce the families' involvement with child welfare. One study evaluating the Family Unification Program (FUP) found that receipt of a FUP voucher and related services reduced a family's involvement with the child welfare system and increased child well-being (Rog and Gutman 1997). A study of Keeping Families Together, a pilot program in New York City for homeless child welfare–involved families, found that supportive housing that combines rent subsidies and intensive services improves families' housing stability and decreases their risk of subsequent involvement with child welfare (Swann-Jackson, Tapper, and Fields 2010). An evaluation of Connecticut's statewide Supportive Housing for Families (SHF) program, which has served thousands of child welfare–involved families since 1998, provided additional evidence supporting this connection (Farrell et al. 2010).

All of these early studies focused on child welfare–involved families and the effects of *supportive housing*, an intervention that provides both intensive wraparound services and affordable housing. The goals of the supportive-services component in relation to child welfare–involved families include lasting housing stability, child safety, and resolution of issues that brought the family to child welfare's attention, which may include mental illness and substance use disorders. The supportive housing approach reasons that once a family has stable housing and no longer needs to worry about finding safe shelter, its members are better positioned to address their challenges with child safety with the help of supportive services (Tsemberis, Gulcur, and Nakae 2004).

The promising results of the early studies contributed to the decision by the US Department of Health and Human Services, Administration for Children and Families to launch the multisite Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System (hereafter, "the demonstration"). Supportive housing is the core feature of the demonstration and has two components: (1) housing, which is made affordable to families through rent subsidies, and (2) intensive, wraparound supportive services that help families stabilize in housing. The early studies

provided promising evidence, but none were conclusive in the absence of an experimental design. The demonstration improves on those early designs by using random assignment to create equivalent groups of families that do and do not receive the housing and services intervention.

In September 2012, the Administration for Children and Families announced the five communities selected to participate in the demonstration: Broward County, Florida; Cedar Rapids, Iowa; Memphis, Tennessee; San Francisco, California; and the state of Connecticut. Each community received a \$5 million grant covering a five-year period to provide supportive housing to homeless and unstably housed families involved in the child welfare system and to fund a local evaluation. Shortly thereafter, four private foundations—the Robert Wood Johnson Foundation, the Annie E. Casey Foundation, the Casey Family Programs, and the Edna McConnell Clark Foundation—collaborating with the Administration for Children and Families, provided support for the Urban Institute to conduct a national evaluation to document themes and findings across the demonstration sites. The goals of the demonstration are to (1) increase housing stability, (2) reduce child welfare system involvement, including reduced child maltreatment, child removals, and foster care placements, and (3) improve health and social and emotional outcomes among children and caregivers (Cunningham et al. 2015).

To accomplish these goals, the five grantee communities had to work across systems, including child welfare, housing, social services, and health, to develop procedures for integrating their services to best serve families. In addition to moving toward integrated services, the hope was also that some local systems would change permanently, as procedures developed for the demonstration proved efficacious and useful to their clients. The five grantees used the first year of their grants (summer 2012 through summer 2013) to plan their approach, and the next year (summer 2013 through summer 2014) to implement it. Full practice was expected to be in place by summer 2014, with the grant running through 2017. Sites were up and running soon after implementation began, but, as with all complex change efforts of this type, processes and relationships continue to grow and evolve. Each site works with a local evaluator of its own choosing as part of its grant, and also participates in the Urban Institute's national evaluation, of which this report is a part.

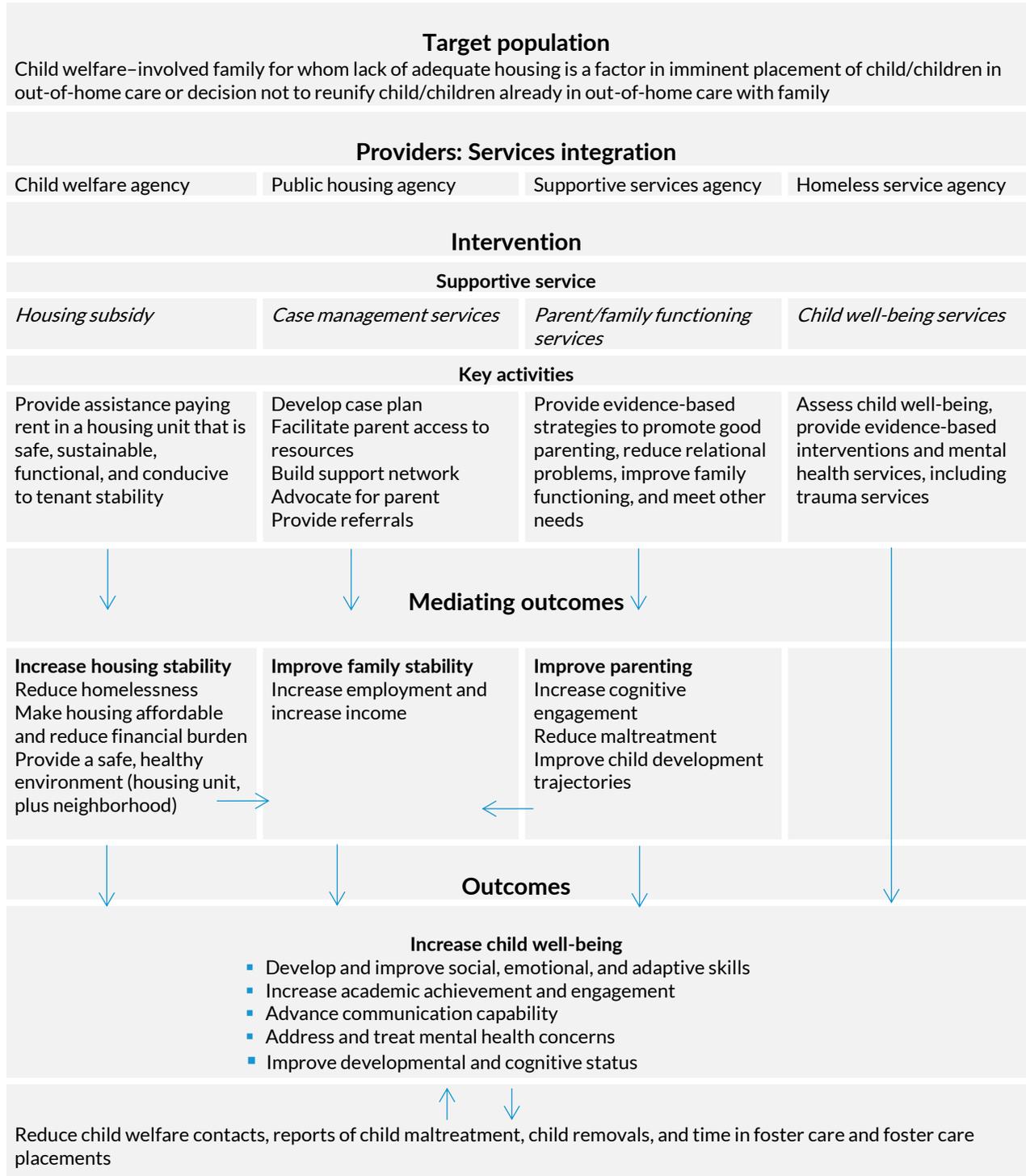
The national evaluation is intended to reveal whether housing with supportive services improves residential stability and well-being in families with housing issues severe enough to threaten removal of a child or to impede reunification with children already in care. In addition to being homeless or at imminent risk of homelessness, target families have at least one of the following challenges: mental illness, disability, substance use disorder, domestic violence, or a child with a disability. Most sites also had other criteria. In reality, most families selected for the demonstration meet two or more eligibility criteria.

The national evaluation uses a randomized controlled trial research design to most rigorously examine the effects of housing with supportive services. Recognizing that the available housing resources for this demonstration would never be sufficient to house all potentially eligible families, the national evaluation team helped demonstration sites establish procedures to randomly allocate the housing resources and supportive services. Each site developed specific procedures to identify families who met the housing and child welfare eligibility requirements. Sites randomized all families eligible for the demonstration into one of two groups: the “treatment” group, who would receive demonstration services and housing, or the “control” group, who would continue to receive the usual options ordinarily available to families, which typically do not include supportive housing. The national evaluation has several components including an impact study, a targeting and prediction study, a cost study, and an implementation and process study (see Cunningham et al. 2015). The information in this report comes from interviews conducted at each site as part of the implementation and process study. Though both treatment and control families are participating in the national evaluation, this report describes progress toward services integration for treatment families (see Cunningham et al. 2015 for more information about the study).

Each site strives to bridge and penetrate the silos that often separate child welfare, local housing agencies, housing- and homeless-service providers and other community partners. As outlined in the logic model below in figure 1, multi-agency partners work together to implement an intervention that includes housing subsidies, case management services, parent/family functioning services, and child well-being services. These services and resources are hypothesized to increase housing stability, family stability, and parenting, which will improve child well-being and reduce families’ risk of becoming involved in the child welfare system.

FIGURE 1

Logic Model



## Methods

This report describes themes from the national evaluation of the progress the five demonstration communities are making toward services integration and systems change. We draw on information we gathered during three site visits and periodic updates and clarifications between research liaisons and site demonstration staff. Site visits occurred early in the implementation year (March 2014), at the beginning of the full practice year (fall 2014), and after a whole year of full service activity (August 2015). The research team interviewed frontline, middle management, and executive-level staff from partner organizations in each site, including child welfare agencies, housing agencies, supportive services organizations, and homelessness agencies. Across all five sites, the research team conducted approximately 45 interviews and focus groups. Interviews covered multiple topics, allowing us to understand the intake process in child welfare for demonstration and non-demonstration families, the development of assessment and services plans, the supportive housing and referral process, services provided in the demonstration, data sharing among organizations in the demonstration, and communication among individuals at all levels of the demonstration. All interviews were coded using a scheme to characterize the level of integration among the partner agencies and other service organizations. The coded interviews were then analyzed for themes within and across sites, including common challenges and site accomplishments (see appendix B for coding scheme).

## Defining Services Integration, Systems Change, and Their Markers

The demonstration brings together at least three types of agencies: (1) child welfare agencies that provide families for the demonstration; (2) supportive services supplied by social services, mental health, and health agencies; and (3) housing or subsidy providers that make housing affordable for demonstration families through various mechanisms. These three types of agencies must work together for the intervention to help families most effectively. Though some of these agencies had histories of coordination before the demonstration, each site had to involve more agencies in more intensive interactions than had happened before the demonstration began. Agencies worked through services integration and systems change to successfully coordinate with one another; these were the intended outcomes of the demonstration:

- **Services integration** refers to the ability of a community to get any individual or family the services it needs, especially when the needs span two or more service systems. A major

demonstration goal was developing new partnerships among child welfare agencies, housing providers, and other service organizations, on the assumption that the families eligible for demonstration services would need a variety of supports and need to have those supports coordinated well to be most effective at helping the families.

- **Systems change** refers to changes in two or more service systems that reorient the systems' activities toward more efficient and effective achievement of common goals and supports for families the systems have in common; the goals may be new or long standing.

To reach the demonstration's ambitious goals, each community proposed to adopt a common approach—the multi-agency casework team—to comprehensively and holistically serve families. At the least, these multi-agency teams in demonstration communities involved agencies offering child welfare services, family services, and housing and housing supports. Other services and agencies that might be involved, depending on family needs, were those offering employment, mental health and substance abuse treatment, criminal justice support, or domestic violence services.

In addition to integrating services at the family case level through multi-agency teams, demonstration communities were expected to set up some system of governance to smooth the way for service delivery and related system changes within individual agencies. Ultimately, if practices developed through the demonstration prove effective for these families with complex needs, the demonstration's governance structure is expected to help establish permanent procedural, policy, and funding changes within and across individual agencies to benefit child welfare-involved families, the agencies, or both. Table 1 provides a snapshot of the core agencies, housing providers, and number of families served in each site. Table 2 presents the eligibility criteria for families at each site. We profile each site in more detail in appendix A, which summarizes each site's services integration plans, goals, and achievements.

TABLE 1

## Snapshot of Demonstration Sites

Demonstration Site	Core agencies involved	Housed by 7/15/15	Subsidy source	Housing type	Services provided
HEART Alliance for Sustainable Families: Broward	Kids in Distress; ChildNet; Broward County Sheriff's Office; five public housing authorities	88%	Housing choice vouchers	Scattered site	Substance abuse treatment, mental health treatment, financial planning, employment services, housing advocate, parenting, cognitive behavioral therapy
PUSH: Cedar Rapids, IA	Four Oaks; Linn County Dept. of Human Services; Affordable Housing Network, Inc.	94%	Rent subsidies supported by renewable grant and housing choice vouchers	Scattered site	Substance abuse treatment, mental health treatment, continuing education, job training, workforce development, parenting, cognitive behavioral therapy
ISHF: CT <sup>a</sup>	Dept. of Children and Families; Connecticut Dept. of Housing; The Connection, Inc.	65%	State and federal vouchers	Scattered site	Substance abuse therapy, mental health therapy, parenting, functional family therapy, cognitive behavioral therapy, vocational services
Strong Families: Memphis, TN	Community Alliance for the Homeless, Inc.; Promise Development Corporation; Tennessee Dept. of Children's Services	94%	HUD family SHP grant	Project-based, five apartment buildings	Substance abuse therapy, mental health therapy, parenting, cognitive behavioral therapy, employment services
FMF: San Francisco, CA	Human Services Agency of San Francisco; San Francisco Housing Authority; Homeless Prenatal Program; Infant-Parent Program	28%	FUP and housing choice vouchers; county-funded rent subsidies	Scattered site	Parenting, access to social programs, cognitive behavioral therapy, peer mentors

**Notes:** FMF = Families Moving Forward; HEART = Housing, Empowerment, Achievement, Recovery, Triumph; ISHF = Intensive Supportive Housing for Families; PUSH = Partners United for Supportive Housing.

<sup>a</sup> Connecticut has a second treatment condition (Supportive Housing for Families), which enrolled 24 families with 79 percent of families housed by July 15, 2015.

TABLE 2

Eligibility Criteria

Demonstration Site	Housing criteria	Child welfare criteria	Indicators of high need	Other criteria
HEART Alliance for Sustainable Families: Broward	Literally homeless, exiting residential treatment without stable housing, facing an eviction notice, has had three or more moves in the last 12 months, or is fleeing domestic violence	Two or more of the following: family has verified maltreatment; child is at imminent risk of removal; child has been removed at any time; two or more abuse or neglect reports; legal sufficiency exists for judicial involvement	Primary caregiver has mental health or drug/alcohol problem; child has mental health, behavioral, developmental, learning, or physical disability	Two or more of the following: domestic violence incidents in last year; primary caregiver has (1) chronic health condition or (2) experienced abuse/neglect as a child; or (3) has a criminal history; youngest child is under 2 years old; family has four or more children
PUSH: Cedar Rapids, IA	Literally homeless, in an emergency shelter, or in transitional housing, unstably housed and at imminent risk of losing housing within 14 days, or fleeing domestic violence without resources to access permanent housing	Open child welfare case with a permanency goal of family preservation and/or reunification	At least one parent or child has a history of one or more disabling conditions or vulnerabilities: physical and/or developmental disabilities; chronic health issues; serious and persistent mental health problems; substance abuse; history of trauma; and/or domestic violence	All children are age 12 or under Extremely low income of no more than 30% area median income
ISHF: CT	One or more of the following: Sleeping in place not meant for human habitation, in an emergency shelter, in transitional housing, unstably housed and imminently losing housing within seven days, has had three or more moves in past year, is fleeing domestic violence	Open child welfare case with substantiated abuse or neglect. Referral happens within 90 days of removal for reunification families and within 60 days of substantiation for preservation families	One or more of the following: Primary caregiver has mental health concern or diagnosis, had a substance abuse issue within the past 12 months, has a chronic health condition, has a criminal history, or a history of abuse or neglect as a child. Child has mental health, emotional, or behavioral problem or learning, developmental, physical disability. Youngest child is under 2; four or more children in household. Previous receipt of child protective services	No registered sex offender living in the household Income below 30% of area median income Never produced methamphetamine in public housing or elsewhere

TABLE 2 CONTINUED

Demonstration Site	Housing criteria	Child welfare criteria	Indicators of high need	Other criteria
Strong Families: Memphis, TN	Score of 2 or higher on the Housing Barrier Screen and initial presentation of literal homelessness as defined by HUD, or living in single room occupancy (SRO) hotel	Current child welfare case opened within the past 90 days because of the following: Substantiated abuse/neglect, child in foster care, or services recommended post assessment. Reunification cases eligible only if within 30 days of removal.	Families with complex needs are prioritized, including lack of financial resources, repeated reports to child protective system, repeated episodes of homelessness, unsafe housing, serious and chronic substance use disorders, mental health and/or physical health problems, exposure to traumas	Family must have at least one child currently at home, as decided by the CoC's definition of family SHP and target criteria for the program
FMF: San Francisco, CA	Living in a shelter or on the street, living in a vehicle, doubled up because unable to find other suitable housing, living in substandard conditions, or living in transitional housing	New child welfare case with at least one child on the case who does not have any prior child welfare involvement	Family scores "high" or "very high" on Structured Decision Making tool and has one or more of the following: domestic violence, parental addiction or substance abuse; parental mental illness; or medically fragile child or child with mental illness, developmental or physical disability	

**Notes:** CoC = Continuum of Care; FMF = Families Moving Forward; HEART = Housing, Empowerment, Achievement, Recovery, Triumph; ISHF = Intensive Supportive Housing for Families; PUSH = Partners United for Supportive Housing.

The national evaluation team analyzed information gathered from sites in relation to several markers of services integration and systems change. These markers include changes in communication, coordination, and collaboration among demonstration partners and changes in commitments of leadership and people in power, funding commitments, knowledge, skills, habits, and attitudes (Burt and Spellman 2007; Greiff, Proscio, and Wilkins 2003). These markers are central to organizational functioning and should look different over the course of the demonstration if services have become more integrated and if systems have changed. For example, cross-agency communication, coordination, and collaboration would likely increase in ways that meet families' needs more smoothly or seamlessly. Agencies would also likely change their commitments of staff and funding in detectable ways that reflect new cross-agency activity. An example of a change in commitments of leadership and people in power might include an agency dedicating key staff to assuring the new activity's success. Funding commitment change could include an agency earmarking routine funding for the new activity in a new way. Changes in knowledge, skills, habits, or attitudes might include staff across different partner

agencies knowing more about what their partner agencies do and understanding their partner agency's constraints. Or there may be a new and shared understanding across agencies about the families they jointly serve and the problem the new activity aims to solve. The national evaluation team analyzed examples of communication, coordination, and collaboration; changes in commitments of staff and funding; and changes in staff knowledge, skills, habits, and attitudes in the information gathered from sites.

# Approaches to Services Integration

After two years of implementation, we see common themes and important differences across the five sites in how each designed and carried out its supportive housing demonstration and tackled services integration. We describe each of five core themes in this section. First and foremost, every site needed and created a mechanism for child welfare agencies to identify appropriate families and connect families to the new supportive housing resource. Second, to accomplish this task and several others, each demonstration site established multi-agency teams at the direct service level. Third, all sites found themselves clarifying each agency partner's roles and responsibilities midstream and ensuring that every partner was aware of "who does what." Sites' efforts to clarify these roles often happened well after the programs had formed the multi-agency teams—typically when team members recognized inefficiencies or reached conflicting decisions about the same families—and were successful because of improved communication across agencies. Fourth, all sites developed governance structures, with these structures supporting frontline, middle management, and executive functions to varying degrees and leading to increased coordination. And fifth, all sites have faced challenges in formalizing and automating data sharing, though sites also tend to share the view that current systems of in-person, telephone, and e-mail communication serve their needs.

## Identifying Target Families

For some sites, the biggest obstacle in the early days of the demonstration was making the demonstration work at all—Broward, Connecticut, and San Francisco were not receiving anywhere close to the number of referrals they anticipated. Sites developed various methods of identifying appropriate families, including screeners, supervisor review, training, and in-person promotion, all from the need to recruit families for the demonstration.

Although child welfare investigation and case planning procedures in place before the demonstration often identified housing situations that put children at risk, the agencies did not have a systematic way to identify these families. Nor was housing part of typical service plans; as agencies rarely had access to housing resources to which they could refer families, they limited their options to making decisions about whether to remove a child or keep a child in care rather than reunify the family. The demonstration changed that situation with its ability to offer housing, so the agencies needed to develop new procedures to identify eligible families.

Introducing any new procedure into established agency routines will always take some time to succeed, both in terms of having everyone use it and it being executed as intended. This demonstration is no exception. Child welfare agencies (and, in the case of Broward County, the Sheriff's Office) introduced the demonstration's intent, opportunity for housing, and criteria for target families through training and word of mouth, and awaited referrals.

Lack of referrals to the demonstration soon made it apparent that more was needed. Broward, Connecticut, and San Francisco developed a formal screener to improve identification of families and end with an action step—refer or do not refer. In Cedar Rapids, a supervisor reviewed all cases to identify appropriate families. Memphis colocated a demonstration staff person in the child welfare office to review all cases and discuss their appropriateness for the demonstration with caseworkers. Officials from Connecticut visited all local child welfare offices in the region participating in the demonstration to introduce the project, begin accustoming child welfare workers to the concept of Housing First, provide training on selection criteria for families, increase referrals, and answer questions. These visits have continued and have proven to be useful in developing positive attitudes toward the demonstration and in getting more families referred to the demonstration.

Timing was also an issue. The intent of the demonstration is to get families into housing quickly, but investigation and case processing often take a couple of months and exceed the time frame that some sites set on when a family can be referred. Broward and San Francisco addressed this issue by identifying families early in the process as “probably” demonstration-eligible families and referring them before investigations are complete; Cedar Rapids changed the referral period so that families are referred after a child welfare case is opened rather than at the time of assessment.

Another issue is the nature of child welfare casework. Child welfare agencies in demonstration sites have many frontline workers. Each has a high caseload of families, of which few might qualify for the demonstration, and, of those, only a smaller proportion will get a housing subsidy and the accompanying special demonstration services. It has been hard in some sites to get child welfare caseworkers to focus on identifying and referring families to the demonstration since the demonstration is such a small part of their daily routine. San Francisco has responded to this challenge by creating a few “early adopter” caseworkers, who handle the cases of most demonstration families. High turnover of child welfare caseworkers in Broward has compounded this issue there, which the site is taking steps to address.

The challenges posed to demonstration sites by the need to recruit target families have resulted in some permanent changes in agency procedure, as was hoped by demonstration sponsors. The most significant changes to date are the institutionalization of housing screeners in Connecticut and San

Francisco and their use of housing information for case planning purposes with all agency families (not just those in the demonstration). Also important are child welfare staff's growing awareness of housing issues, interest in and acceptance of Housing First principles for child welfare families, and enthusiasm for what can be accomplished for families with multiple challenges through the demonstration's multi-agency teams.

## Teaming and Expedited Service Delivery

All demonstration communities have established well-functioning multi-agency teams at the direct service level to promote more efficient and effective assistance to families placed in housing. The multi-agency teams are expected to include representatives from all agencies involved with a family, work out a coordinated service plan, ensure that the family receives the services needed, and assess periodically to determine if the plan is having the desired effects or needs to be adjusted. Families are also part of the team and help to develop service plans. Members of such teams are able to marshal the resources of their respective departments efficiently and effectively, to overcome the more typical siloed structures of systems and service delivery and prevent families from falling through cracks between systems.

The core of teaming is the relationships among child welfare, demonstration, and other supportive service providers. Communication occurs in person at team meetings, by phone, and via e-mail; as noted below, sharing information electronically through joint access to family case records does not happen in most places. In Cedar Rapids, Connecticut, and San Francisco, the relationship between child welfare and demonstration caseworkers is direct and effective. In Memphis, a liaison from the demonstration agency and a child welfare resource staff member mediate the relationship, but both are colocated in the child welfare office and with demonstration caseworkers. In Connecticut, the relationship is strained because of staff turnover at the child welfare agency and the resulting need for continual training of new staff about the demonstration.

The teams incorporate connections to housing in a number of ways. Broward and San Francisco teams include a housing liaison who works with local participating public housing authorities to smooth the way during the application and lease-up process. For teams in Cedar Rapids and Connecticut, the housing component is a function of the demonstration lead agency and is incorporated in service plans. In Memphis, early difficulties between the housing and service providers have been resolved by a change of service provider, and relationships are now working smoothly, with service caseworkers located at housing sites and in regular communication with property management.

Sites report that their multi-agency teams are able to work out and track service plans for families more efficiently than happened before the teams were formed. Plans are also more comprehensive and more coordinated, thanks to involving the relevant service providers in creating them and committing themselves to fulfilling them. In many cases this also means being able to get families into services more quickly because priority access has been negotiated with agencies, such as mental health and substance abuse treatment, that are part of the larger multi-agency team. In Cedar Rapids, for instance, service providers have worked with child welfare to use one common service plan, speeding service delivery and improving coordination.

Colocating staff of partner agencies is an excellent way to facilitate communication and coordination among multi-agency team members. Broward and Memphis appear to have adopted this approach effectively. In Broward, the demonstration's service staff, the housing liaison, and a representative of the agency that provides employment services all work out of the demonstration offices. In Memphis, the demonstration caseworkers, a resource person from the child welfare agency, and staff of the mental health partner agency work out of the same offices, which are located at housing sites. Memphis also colocates a demonstration liaison (supportive service provider) within the child welfare office, which facilitates family identification, access to case information about families, and coordination with child welfare caseworkers when needed. Staff from all key agencies participating in colocation report that it helps them recognize family challenges more effectively and quickly and then act expeditiously to help families meet these challenges.

With the exception of Connecticut, which already had some teaming in place and expanded it for the demonstration, sites have not yet institutionalized the multi-agency team approach for all or part of their child welfare caseload. Demonstration staff in San Francisco expect to continue their present teaming practices after the grant ends and do not think it will take more resources than they have available. Other sites are working to determine what it would take to continue demonstration practices, which might include reducing caseloads for some staff so they have the time to participate in teaming activities, creating special units for particularly challenging cases or institutionalizing the "early adopter" role, setting aside some treatment slots for demonstration-like families.

## Clarifying Roles

Clarifying who is responsible for what is an important task for new ventures, such as multi-agency teams, especially when new roles are involved, such as housing or child welfare liaisons. Some

demonstration sites encountered more issues with role clarification than others, but all have found ways to move forward.

Clarifying new roles took precedence in some sites. The role of housing liaison with public housing authorities was the focus in Broward and San Francisco; in Broward, the person occupying this role works for the demonstration agency and needed to learn about housing authority rules, procedures, and allowable uses of the agency's rental assistance options. After some early misunderstandings, the partners in the demonstration were able to work with the liaisons to clarify what they could and could not do and how they could do what was possible most effectively. Processes have been working smoothly since, and partners have housed families more efficiently. In San Francisco, the housing liaison is a housing authority employee and thus was already familiar with housing authority rules and procedures, but she needed to understand the demonstration and the nature of demonstration families before she could begin to help the program access housing authority resources. In Memphis, the demonstration service provider placed a liaison in the local child welfare office to help identify relevant families, work with child welfare caseworkers, and gain access to child welfare case information. The early identification of families described in an earlier section of this report is another adjustment of initial procedures that has improved role clarity in the sites that use this approach.

An issue that has proved challenging in some sites is determining a chain of command for providing services and service coordination for families. Whose service plan dominates when the two conflict? In general, the better the teaming relationship between the demonstration service provider and child welfare, the less this is an issue and the more amicably any issue that does arise is resolved. When to place families in housing remains a recurring question in some sites. In Broward the issue revolves around resistance to Housing First principles, but timing of placement can also be affected by a parent's need for residential drug treatment, even when agreement with Housing First is not an issue. San Francisco still struggles with the practicalities of providing housing when the parent will be absent in treatment for a number of months and with housing authority requirements for issuing a voucher. Another concern that has sometimes caused friction is eviction policies. Cedar Rapids and Memphis have negotiated between housing and service providers to develop a shared understanding and policies governing warning signs and what to do about them, eviction-prevention measures to take and when to initiate them, and what to do when eviction proves necessary.

A final issue involves the timing of child welfare case closures. Child welfare agencies have their own carefully detailed time frames for doing things, many of which must be aligned with federal requirements. The idea behind the demonstration is that child welfare agencies and the service and housing providers will work together to support some of child welfare's most difficult cases (see table

2). Broward and Memphis close cases quickly after a family becomes a treatment family (in one case after 30 days and in another case after 90 days), on the grounds that the family is now in good hands with the demonstration service provider and the children are no longer at risk. Other sites assume that the comorbidity criteria for demonstration eligibility are such that the families will need longer-term support from child welfare as well as housing and supportive service agencies. The impact component of the demonstration's national evaluation will speak to which of these assumptions is more correct. Shortening the time a family spends as an active child welfare case is one of the demonstration's goals. There are, however, some things to think about with regard to multi-agency team functioning and timing of case closures. One concern might be that rapid case closure removes the leverage that the child welfare agency has with the family, as an official government agency, but that the demonstration service provider does not, to induce the family to fulfill its service plan. Early case closure might also increase the complexity of revising a service plan should that become necessary and should the family need a service that the child welfare agency could pay for but for which other resources do not exist. Impact evaluation results should help identify the right balance between these concerns and the goal of shorter open cases.

## Project Governance

Project governance refers to the procedures and structures partner agencies have developed to work with each other and to direct and make decisions concerning the demonstration. There is no single governance structure that is "best" for all situations. There are, however, goals that demonstration projects are intended to accomplish and challenges that any effort to increase services integration and systems change are likely to encounter. We look at demonstration governance structures at three levels: (1) the frontline, case-by-case level, (2) the middle management level, and (3) the executive level.

### Frontline Level

When service delivery to families runs into challenges, this lowest level of governance helps resolve difficulties one at a time. Demonstration sites established multi-agency teams to coordinate services for families. In general, caseworkers feel comfortable discussing issues with their colleagues at other agencies. When that approach does not produce agreement, caseworkers in each agency inform their supervisors of the problem. Again, in general, either one of the supervisors is able to resolve the issue within her agency or the two supervisors discuss and decide how to proceed. These resolution

strategies occur at the level of the individual family. That is, for the most part they have not yet been translated into significant changes in agency policy that affect case handling for all families these agencies serve, or even for all treatment families.

## **Middle Management Level**

This is the governance level with authority to make changes for the entire agency or division in some *policy, practice, lack of knowledge, or attitude* that is *consistently* creating the same bottlenecks and barriers for many families. Changes could include using existing information in new ways, creating a new form to get better specific information than previously available (about housing, in the case of this demonstration), instituting a new review procedure, developing new training for all staff (e.g., about Housing First), and changing the order or timing of case processing.

In some sites, this middle management function is quite strong, with supervisors from two or more agencies deeply involved in demonstration activities and policies over and above resolving issues that arise in individual cases. Other sites have less activity at the middle management level that focuses on policy change, and they mostly continue to resolve bottlenecks in individual cases. Some sites have multiple structures at the middle management level. San Francisco, for instance, has housing, continuous quality improvement (CQI), and family support committees in addition to its steering committee. The CQI and Family Support committees pay the most attention to service delivery performance and the systematic adjustments to be made to practice as needed, and the steering and housing committees focus most on building resources for present and future needs. Cedar Rapids has four middle management teams that meet monthly: an interagency implementation team, the quality service team, the core management team, and demonstration staff-Department of Human Services collaborative team.

## **Executive Level**

At this highest governance level, executives of the agencies involved pursue major policy changes to turn demonstration-specific policies and services into sustainable standard procedures. These might include public funding commitments to continue demonstration practices once the demonstration ends, changed housing authority rules or priorities to accommodate child welfare-involved families, housing needs recognized as a legitimate child welfare concern, staff restructuring or reassignments, wide acceptance of a Housing First strategy, and changed performance standards and training content.

All sites have a structure in place that represents the executive level—called variously a steering committee, executive committee, and other terms—made up of directors or chief executive officers of partner organizations. These committees, which meet monthly in some sites and quarterly in others, usually have sustainability as their main focus, along with strengthening the bonds that hold the partners together and attracting new partners and resources to the demonstration.

Securing commitments from local housing authorities and other sources of rent subsidies has been high on the list of goals. Sites have experienced some success here, especially with respect to establishing preferences for demonstration-like families in public housing authorities, and continue to seek expanded and enduring sources of rent subsidies. Sites are also exploring sources of support for other demonstration functions, such as the multi-agency teams, but are not as far along in this quest as they are with housing resources. Staff from San Francisco believe their agency will continue practices developed for the demonstration after it is over without the need for additional resources, as they are currently supporting parts of the demonstration with a Title IV-E waiver and plan to continue to do so. Child welfare executives in Memphis are working to get federal funds under the state’s Title IV-E child welfare waiver activated in their county to provide in-home services to children in child welfare families. Other accomplishments at the executive level include establishing priority access for treatment families with specialty service agencies, such as mental health and substance abuse treatment. Memphis’s executive committee is also pursuing use of rapid rehousing dollars through the HUD Continuum of Care to provide short-term rental assistance to preservation families now and in the future.

## Data Sharing

With multiple agencies serving the demonstration’s target population of child welfare-involved families with major disabilities and challenges, the questions of who knows what, about which families, and when arise. Staff of each agency involved with a particular family is likely to know different bits of information, from different interview and other data-gathering techniques, which is protected in some instances by different privacy/confidentiality requirements. This information varies in relevance to staff of other agencies trying to help the family. The underlying assumption of the demonstration’s focus on multi-agency teams is that team members should each know what the others know, because that will help the team understand the whole picture and develop the most efficient service plan for the family. Thus, data sharing is an US Department of Health and Human Services goal (HHS 2012). However, data sharing is one of the most difficult aspects of services integration and systems change to accomplish, as

it is affected by privacy restrictions and by different data systems used (and required) by different agencies and their contracted community partners, different software and hardware considerations, and concerns about who really needs to know what about each family.

Thus, not surprisingly, data sharing is the area in which demonstration sites have made the least progress. The data systems most sites use produce monthly reports that let demonstration staff track the progress of demonstration families with respect to recruitment, enrollment, random assignment, and placement in housing. They feel the in-person, telephone, and email connections they have established for working with families allow them to do what they need to do and get families the services they need. Although some sites are working toward greater data access and sharing, others report that they are not planning to move further in the direction of greater sharing as they feel their current arrangements serve them well.

# Progress toward Systems Change

To date, the demonstration sites have made some progress toward systems change and have numerous plans in place to do a lot more in the last two years of the demonstration, as part of their sustainability efforts. We focus here on emerging shifts in child welfare practice and sites' efforts to secure sustained housing resources and other supportive services.

## Effects on Child Welfare Practice

Two years into the demonstration, there have been some effects on child welfare agency practice. The major change in Broward, Cedar Rapids, Connecticut, and San Francisco is the institutionalization of screening practices for the demonstration to identify families for whom housing is a factor in child placement or reunification. In these sites, information on the housing needs of all child welfare–involved families is now being collected. Connecticut and San Francisco are also using this information for projects beyond the demonstration, with both already using the information gathered through the screener to develop case plans for all child welfare families, both during and after the demonstration. The communications with child welfare staff designed to identify families for the demonstration paved the way for acceptance of these new procedures, which make the issue of housing potentially salient for all child welfare–involved families in these departments.

A second area of change in child welfare agencies is not in procedures but in attitudes. The idea of Housing First was initially foreign to many child welfare caseworkers, who were more likely to believe that families had to address some of their major barriers to both housing and parenting before being “ready” for housing. These attitudes are not surprising given that, before the demonstration, child welfare workers had not had housing resources to offer and, thus, had not had to do much thinking about when they should be made available. Further, it is common in many helping professions to think of housing as a reward for good behavior and to demand that behavior before providing the reward. Studies of Housing First have shown, however, that many behaviors have little chance of improving *without* housing, and that housing is the platform on which improvements in health and behavioral health can occur (Tsemberis, Gulcur, and Nakae 2004). In theory, by putting housing first, families have the opportunity to stabilize and subsequently attend to other issues. Demonstration staff have worked with child welfare staff through training, personal contacts, informal discussions, and documentation of results with families to change these attitudes. In Broward, the liaisons have, in particular, noted

dramatic changes in child welfare practice. They and staff from other sites report that they can see a change in the behavior of child welfare caseworkers through the ways they refer families and work in the teams to support families. Pragmatic concerns will still influence the timing of housing placement, of course. For example, if a parent must enter residential drug treatment for a number of months, it may not be feasible to reunify a family and place it in housing until the parent is able to live with the children again. Child welfare agencies also struggle with applying Housing First principles because their chief responsibility is the safety of children, which they must consider as they develop case plans along with the desirability of quickly providing housing.

## Effects on the Larger Community—Movement toward Sustainability

If the demonstration provides evidence that child welfare-involved families receiving supportive housing achieve substantially better child welfare and other outcomes than families receiving the usual array of child welfare services, it will be important news for child welfare practices nationally. For the demonstration sites, it will signal the importance of finding the resources to continue the new practices. Some of the needed resources will have to come from within child welfare, but significant components, housing chief among them, will have to come from other community agencies. In addition to housing, resource commitments to sustain the new approaches will probably involve staff time to participate in multi-agency teams. Other changes might involve adopting practices developed for the demonstration into standard agency practice (e.g., priority access to certain services) or achieving changes in payment rules that allow providers to participate in teaming activities (e.g., changes in Medicaid rules so mental health providers can get paid for staff time devoted to teaming activities as well as for direct care delivery).

# Implications

Demonstration communities are now more than two years into their projects. They have accomplished much in this time, resolving immediate issues, such as recruitment of eligible child welfare families and clarifying roles on multi-agency teams. The teams are functioning smoothly following the early days of implementation, allowing demonstration communities to focus their attention more on institutionalizing effective practices and finding continuation funding to serve demonstration-like families after the demonstration ends.

Some communities have already institutionalized significant changes in

- Funding commitments, most importantly, establishing priorities within housing agencies and programs for demonstration-like families to receive rent subsidies;
- Commitments of leadership and people in power, with executive or steering committees established in all sites that engage top-level agency staff in commitments to the new approach and efforts to secure the resources to continue it;
- Policies, most importantly universal screeners in child welfare agencies to identify housing needs and use of housing information in case planning;
- Attitudes and knowledge, as awareness of and focus on the role of housing or its lack in resolving child maltreatment situations has increased and understanding and acceptance of Housing First principles has spread; and
- Attitudes at housing agencies as their awareness of the ways that the more intensive supportive services available to treatment families improves their stability in housing and makes the housing authorities look good.

Demonstration sites have increased the effectiveness of communication among core agencies in the demonstration at frontline, middle management, and executive levels. In some communities, communications with ancillary partner agencies have also begun or, if already happening, have increased in effectiveness. All demonstration communities have established strong communication among agencies that had never worked together before, bringing at least one new agency into the demonstration to provide expanded or different services that families need. Increases in coordination are evident in colocation, priority access to specialized services, and effective functioning of multi-agency teams. These are big changes and appear to be important ones for future child welfare

investigation and case handling processes. In some sites, bottlenecks and barriers within partner agencies that appear to affect casework systematically have led to changes in agency practice, such as colocation, contracts for additional resources, practices to identify families early in investigations, or caseworkers who specialize in demonstration cases.

Some sites have begun the collaboration process, which requires permanent changes in at least two agencies to assure more efficient and effective services to families served by both agencies. In the next two years, sites can expect an increased focus on permanent changes that demonstration communities can make in multiple systems.

# Appendix A. Snapshots of Demonstration Sites

## Broward County, Florida: Housing, Empowerment, Achievement, Recovery, and Triumph Alliance for Sustainable Families Initiative

### **Intake Flow and Randomization into the Study**

Families are referred to the Housing, Empowerment, Achievement, Recovery, and Triumph (HEART) Alliance through two organizations: the Broward Sheriff's Office (BSO) and ChildNet. BSO and ChildNet staff consider HEART eligibility for families with BSO or ChildNet involvement, a precarious housing situation, and high needs (as defined by the eligibility criteria). If BSO or ChildNet staff determine that the family may be HEART eligible, the staff complete the HEART family application and gather documentation. ChildNet, Public Housing Agency (PHA) liaisons, and the HEART director review all family applications; those coming from BSO are also reviewed by a supervisor at that agency. If more information is needed at this point, it is gathered from the family. If the family is deemed eligible, the HEART director contacts the Urban Institute with information for randomization into treatment and control.

### **Systems Change Goals and Achievements**

HEART laid out several systems change goals in its implementation plan. Foremost among them was integration of agencies through collocation of Urban League and ChildNet staff with HEART staff. The implementation plan also laid out goals of shared accountability for results and performance measures and regular all-partner meetings.

Progress has been made toward these goals. HEART has established a strong team, with collocation of a housing coordinator with HEART staff. Family life coach positions have also been created for the Urban League to be colocated with HEART. BSO staff are heavily tied in but not colocated. Staff from all

key agencies report daily interactions as well as weekly meetings, helping the HEART partners to become more effective at raising any family challenges quickly and acting expeditiously to help families meet these challenges.

One priority going forward involved closer systems integration between ChildNet caseworkers and HEART caseworkers at the frontline. Staff have identified a need for greater role clarity between frontline workers at different organizations, as well as more training in Housing First principles. Some progress has been made in role clarification in regards to the referral process from BSO and ChildNet, which now operates smoothly. Similarly, initial confusion about the role of the housing coordinator (a new position created with the grant) has been resolved, leading to more efficient housing of treatment families. In general, the team exhibits improved communication and coordination.

HEART also coordinates at the middle management level across organizations. The middle managers at partner agencies have monthly meetings where they address challenges and troubleshoot any problems. The partners are working on systems to share information from these meetings to frontline workers; as yet, mechanisms to address family challenges remain informal. The executive level of participating organizations holds quarterly steering and advisory council meetings, addressing governance, sustainability, and communications. The partners have been working on finding means for continuing the work of HEART beyond the period of the grant; they have already secured an unrestricted \$25,000 grant from a local community foundation that will help HEART cover families' emergency expenses that cannot be paid for through the demonstration grant.

HEART uses Efforts to Outcomes for data sharing. HEART has had some success in using Efforts to Outcomes to collect data from all service providers, but it is still working on getting information out of the system to the frontline workers in a meaningful way. Right now, most communication is still verbal, through group or one-on-one meetings.

The demonstration has led to some changes in local agencies' attitudes and policies. ChildNet has begun tracking which of its families are homeless or unstably housed as part of its initial assessment. The Broward County Housing Authority established a limited number of vouchers set aside for HEART families. Also, as HEART has continued, the housing authority has seen the benefit of sustained case management and services for HEART families as opposed to the lighter, time-limited services available to families with Family Unification Program (FUP) vouchers. Arranging for continued provision of more intense services may follow. Kids in Distress, Inc. is exploring the possibility of using its endowment to directly invest in affordable housing for child welfare-involved families.

Overall, the HEART program exhibits communication and coordination across most domains, with movements toward collaboration in teaming and the beginnings of collaboration in sustainability. In terms of building blocks, if further role clarification can be achieved between HEART and ChildNet in terms of the development of the service plan, there will be a shift in power through collaborative interface. Greater acceptance of Housing First principles among ChildNet staff will also represent a change in knowledge and attitudes and values.

## **Major Policy Achievements**

HEART has achieved some important policy victories, particularly in the area of sustainability and teaming. The colocation of the ChildNet housing coordinator with HEART staff has increased the understanding of the housing market in Broward and eased access to housing for HEART families as well as ChildNet-involved families in need of affordable housing. Further, ChildNet has established an agency-wide policy of including housing status as part of its initial family assessment. Finally, the partners are making a sustained effort to identify funding to continue services for HEART families once the grant ends.

# **Cedar Rapids, Iowa: Partners United for Supportive Housing in Cedar Rapids**

## **Intake Flow and Randomization into the Study**

There are two ways that a family may be referred to the study. First, a newly opened case can be referred, which begins when the Department of Human Services (DHS) has opened a case following a confirmed child abuse assessment for neglect or abuse. The child may be living with the family or in foster care, and the case goals must be family preservation and/or reunification. For existing cases, DHS caseworkers may refer a family if a change in housing (most likely a loss of housing) makes the family eligible for the program. Each month, every supervisor reviews the entire caseload with each DHS caseworker, using the universal screening form (see table 2 for full criteria). All families who meet all screening criteria for Partners United for Supportive Housing in Cedar Rapids (PUSH-CR) are assigned a project-specific ID and referred for the randomization process. One supervisor reviews and compiles

all referrals and sends the screening forms to Four Oaks. Four Oaks and the Urban Institute then randomize cases between the treatment and control groups.

## **Systems Change Goals and Achievements**

The PUSH-CR implementation plan set out three major systems change goals: (1) form a strong interagency team and develop strong coordination among agencies; (2) institute cross-system training among these agencies; and (3) implement universal screening of potential child welfare cases for homelessness in Linn County.

Progress has been made toward these goals. PUSH-CR has established a strong team, with DHS and PUSH-CR caseworkers most closely linked. DHS and PUSH-CR have collaborated to use one common family service plan to ensure consistent practice and reduce duplication of effort. Family team meetings include DHS caseworkers and PUSH-CR service coordinators as well as representatives from other agencies as needed, including mental health, substance abuse, and domestic violence providers. Cross-training occurs regularly, and all partner organizations are involved in an initiative that Diversity Focus leads to increase the broader community's understanding of diversity issues, including those the PUSH-CR population face.

Four middle management teams meet monthly to help guide PUSH-CR's work. All organizations involved in the demonstration participate on the interagency implementation team (IIT), which reviews the progress of the demonstration and discusses challenges and successes. The quality service team meets monthly to examine collaboration between housing and PUSH-CR and to manage any issues that arise and help with further integration of services and systems. The core management team develops and implements an integrated tactical work plan that guides implementation in a manner supportive of the strategic vision of the advisory board. The PUSH-CR-DHS collaborative team meeting convenes monthly to discuss families' progress.

As demonstrated by the IIT and other teams, there is strong coordination among agencies at the middle management level. Middle managers from Four Oaks and DHS speak almost daily. Collaboration with agencies on the IIT has resulted in reduced waiting periods for PUSH-CR clients to access services. Their communication helps to facilitate referrals and service delivery, keep track of family progress within plans, and smooth out any problems of communication at other levels that may arise. There is also good coordination at the frontline level, with caseworkers communicating via phone, e-mail, and in person to share information on case progression. This frontline coordination is largely on an individual

basis, but caseworkers feel comfortable discussing any communication problems with their colleagues at other agencies or informing their supervisors if a problem needs to be addressed at an administrative level.

The PUSH-CR team is actively planning for the sustainability of the project beyond the life of the grant. The advisory board at the senior management level is dedicated to sustainability, and all the organizations involved have committed to continued dialogue and cooperation in the future; a subcommittee of the advisory board has sustainability as its specific charge. Stakeholder input has identified key features of the PUSH-CR model to be sustained, including rapid housing, expeditious and frequent family team meetings, and intensive service coordination. Expanding to other communities and extending the age of children served to 21 are among other desired goals for sustainability.

PUSH-CR uses Efforts to Outcome as the data system to input child, parent, and family information, produce detailed reports, and export data files for the local evaluation. Monthly reports the IIT reviews consist of adherence to quality standards, client demographics and housing status, summaries of service delivery and use, and program outcomes. Individual information on family treatment and outcomes is also shared, and service providers communicate with each other to learn about other services families receive.

Overall, the PUSH-CR program coordinates across most domains, with movements toward collaboration in teaming and sustainability. In terms of building blocks, changes in money can be seen in the inclusion of preference language for PUSH-CR-like families in local PHA guidelines (discussed more below), and in the resulting vouchers going to PUSH-CR families.

## **Major Policy Achievements**

PUSH-CR has achieved several important successes in moving towards systems change. First, the project has been able to get preference language into the Cedar Rapids PHA guidelines for families with open child welfare cases. The waiting list for vouchers opened for a brief period of time and the first families are beginning to receive vouchers. The project is hopeful that the list will re-open, which will help to ensure housing for vulnerable families after the end of the grant.

Universal screening of all child welfare cases in Linn County has also been a significant achievement. All families with an open welfare case in Linn County are now assessed for homelessness and unstable housing, which did not occur systematically before the demonstration.

The project has also strengthened bonds among agencies. Although the organizations involved in the demonstration worked together before the program, their current efforts to integrate have led to a greater understanding of the roles of different agencies and their contributions toward families.

Finally, the broad support for sustainability demonstrated by PUSH-CR agencies offers great promise for long-term systems change. At the executive level of the program, agencies discuss ways to continue to serve families. Changes are being accomplished in the building blocks of money and power, laying a foundation for permanent services and housing for vulnerable families.

## State of Connecticut: Intensive Supportive Housing for Families

### Intake Flow and Randomization into the Study

Families find their way into Intensive Supportive Housing for Families (ISHF) typically after a report of child abuse or neglect is made to the Department of Children and Families (DCF) referral hotline, known as the Careline. Staff at the Careline determine whether an investigation is needed. If an investigation is deemed warranted, the report is transferred to the investigations and intake team. The intake workers determine whether the case is substantiated and conduct a universal housing screen (using the Quick Risks and Assets for Family Triage, a 3-items screening tool). If investigation workers substantiate the case and determine that the family has significant housing concerns, they refer the family to the service hub for the housing and child welfare demonstration, The Connection, Inc., which determines whether the family meets project eligibility (targeting criteria). Eligible families are randomized into (ISHF), Supportive Housing for Families (SHF), or control (child welfare business as usual).

### Systems Change Goals and Achievements

In their implementation plan, the ISHF team focused their systems change efforts on universal screening for housing in the system and the development of strong interagency teams at multiple levels to facilitate services to families. They have made progress on both of these goals and have, in addition, convened a statewide collaborative intended to extend and sustain the work of the demonstration.

DCF investigators and The Connection workers coordinate on service delivery and intake. Workers at both organizations work on developing service plans for families. Any problems that arise in coordinating among agencies are raised to the supervisor level, which seems to work adequately. No formal middle management structure exists for troubleshooting problems or making policy changes. Though the lack of a cross-agency group of middle managers limits some teaming, there is regular communication between the directors at The Connection and DCF, providing additional avenues for troubleshooting and policy change. In general, officials at all participating organizations are clear on their roles in the demonstration. Data sharing has proved a challenge, as it has at all sites. As of now, all information is shared via phone, e-mail, and in person.

The biggest progress has been made in universal screening. As above, DCF has instituted a housing screener in state the two state regions, where the demonstration is happening. The “housing lens” is applied to an understanding of family assets and needs early in child welfare involvement. The screener was implemented both to gain a better understanding of housing needs and to increase the number of referrals to ISHF. The screener has accomplished both purposes, and DCF staff hope to expand the screener to the entire state and continue using it after the demonstration ends. There is discussion under way about the adoption of this screener, first piloted within the demonstration, within and across a range of systems that reach vulnerable families. Additionally, DCF has made a significant financial commitment to housing vouchers, which is rather exceptional among child welfare agencies nationally.

Overall, the ISHF program displays communication and coordination in most domains, with important steps toward collaboration in the universal housing screener, which represents a change at DCF.

As mentioned above, the CT demonstration has developed a cross-systems initiative intended to sustain and extent the current work. The mission of the CT Collaborative on Housing and Child Welfare is to enable the development, quality, and sustainability of collaborative efforts to promote family economic and housing stability in service of child and family well-being. There are three working groups: systems integration and sustainability, policy and outreach, and family economic security and well-being.

The systems integration and sustainability working group focuses on developing and maintaining collaborative partners, including leaders from an array of public and private systems that are concerned with economic and housing stability and child and family well-being. The intent is to promote sustainable efforts and programs, support evaluation efforts, assist the development of cross-systems data sharing, and enable the design and support of long-term (longitudinal) evaluation of interventions

and collaborations intended to promote child and family outcomes. In coordination with the policy and outreach working group, the systems integration and sustainability working group seeks as well to ensure the availability of resources in service of the overarching mission of the Collaborative. This includes and is not limited to grants development and procurement.

The policy and outreach working group addresses issues related to information sharing with the public, policymakers, community providers, clients, and others. The intent is to leverage broad and deep support for family well-being through targeted communication efforts, engagement with public officials, dissemination of policy-relevant information to all stakeholders, and an integrated approach to promoting family economic security.

The family economic security and well-being working group is concerned with the overall economic security of families, with a particular emphasis on vulnerable families, and attention to critical processes and outcomes, such as educational attainment, vocational productivity, housing stability, and support for subpopulations such as young parents, families with complex needs.

## **Major Policy Achievements**

The major policy achievements of ISHF are undoubtedly the implementation of the universal housing screener in two regions of the state, with plans to move statewide, as well as the state child welfare agency's commitment of funds to housing vouchers. The Quick Risks and Assets for Family Triage screener increases the awareness of housing issues among DCF caseworkers generally and offers opportunities to spread information on Housing First principles. It makes a concrete effort on the community by directing attention to the problem of homelessness, documenting need, and laying the groundwork for directing resources towards matching families with affordable housing. The CT demonstration aims to increase its policy impact through the Collaborative in addition to and in order to augment the impact of project innovations.

# Memphis, Tennessee: Memphis Strong Families Initiative

## Intake Flow and Randomization into the Study

Families first enter the child welfare system through referral to the Department of Children's Services (DCS) from a central hotline of potential child welfare cases run from Nashville. Nashville assigns the case to the DCS office in Memphis, which then investigates the case. Either the DCS caseworker or the DCS Strong Families Initiative liaison (a grant-funded position colocated at the DCS office) may refer the case to Strong Families if the family has a housing problem and the caseworker or liaison thinks the family is eligible for the demonstration. The DCS housing liaison then works with DCS caseworkers to gather documentation and complete the application for Strong Families. Eligible families are then randomized into treatment and control.

## Systems Change Goals and Achievements

The Strong Families team set out several ambitious goals for systems change in its implementation plan: implementing universal screening for housing issues at child welfare, establishing navigators to help families find services and housing, creating multidisciplinary teams at the program level to facilitate services, and colocating among housing providers, child welfare, and service providers. The navigator function proved unnecessary when the approach to housing switched from housing choice vouchers to apartments in five specific buildings using a HUD family PSH grant. What has proved useful is a grant-funded housing coordinator colocated at DCS, who is able to help DCS screen for families eligible for Strong Families, facilitate joint case planning, and link Strong Families case managers to DCS data about families.

Great progress has been made on the remaining goals during the last year, demonstrating the contribution of strong leadership to making the demonstration work after a shaky start. In fall 2014, Community Alliance for the Homeless hired a new director. She promptly hired a full-time program director for Strong Families and enlisted the aid of the Center for the Study of Social Policy. Community Alliance for the Homeless also hired a consultant to help Memphis Strong Families Initiative (MSFI) through the service provider transition that took place in July 2015. Problems with multi-agency teaming were resolved by a change in providers, and teams were expanded to include the active participation of mental health and child welfare staff as well as Strong Families' housing and supportive

services staff. The team's functioning was further enhanced by adding colocated mental health and child welfare staff at the housing sites. Funding for this colocation is shared among the demonstration grant, child welfare, and Medicaid (for direct service provision).

The new demonstration configuration has established three levels of coordination and communication. At the frontline level, colocation has been implemented in two ways. An employee of the demonstration's service provider has served as the DCS housing liaison and been colocated at the DCS office from the beginning of the project. The DCS housing liaison has strengthened communication between the service providers and DCS to ensure all eligible families are referred to the program. She also facilitates data sharing, as she has access to all case information available to the DCS caseworkers and can share these files with Strong Families case managers.

In addition, child welfare and mental health staff are now colocated with Strong Families case managers in one of the Strong Families apartment buildings. The DCS staff person supports communication and coordination among DCS caseworkers and Strong Families case managers. One way she does this is during the initial child and family team meeting held when a family enters the program. This meeting includes DCS, Strong Families, and other relevant service providers to review the DCS assessments and service plans and discuss how the family would like to incorporate the existing service plan into its goals with Strong Families. The DCS housing liaison provides case information to Strong Families staff to prepare for and follow up from this initial meeting. The colocated mental health staff person is on site three days a week, with the goal to increase that time to five days a week. Planning is also underway to bring health care and other services on site, such as a computer lab and tutoring program.

Promise case managers meet twice a month with frontline representatives from DCS and mental health, and the DCS liaison, to facilitate case planning and problem-solving at the family level.

At the middle management level, managers and supervisors from all partners meet monthly to clarify and, if necessary, modify or enhance program policies for issues that cannot be solved by frontline staff. Property management and caseworker supervisors, at the middle management level, resolved of differences about housing retention and eviction, including how to manage the issues of visitors to resident apartments and late rent payments.

Finally, much has been accomplished by activating a demonstration executive committee of the executive directors from all partner agencies, which also meets monthly. It has focused on restructuring service delivery to ensure communication and coordination of specialized services for helping families in Strong Families, bringing in new community partners and services, and sustainability.

Changing the Strong Families supportive services provider was a major change that has had beneficial effects. DCS now colocates a DCS staff person who is familiar with community resources at the housing sites to help families access what they need. Knowledge and attitudes among child welfare caseworkers has also changed, with caseworkers now more sensitive to housing needs. Other service-related changes include negotiating to get mental health and health care staff on site at housing locations and, subsequently, to increase the availability of mental health services on site from three to five days a week. The Community Alliance for the Homeless has expanded its partnerships to include LeBonheur Children’s Hospital Project Launch team in Shelby County. Procedures for MSFI participant recruitment initially lacked coordination; however, a recruitment protocol was developed, which allows for coordinated recruitment by the MSFI case managers as well as the Neighborhood Partnership Program teaching team.

With respect to sustainability, continuation of housing resources is not an issue for the families currently in Strong Families housing; as HUD-funded family PSH, families may continue to live there as long as they need it. The Strong Families executive team is focused on expanding housing resources to be able to serve additional child welfare families. Exploratory discussions are also under way for two approaches that would extend supports to families already in Strong Families as well as other child welfare families. The first is the DCS director’s efforts to activate federally funded child welfare services available in some Tennessee counties but not in Shelby County, to cover the costs of supportive services for preservation families. The second is the use of some rapid rehousing resources for child welfare–involved families for which reunification is being delayed because of unstable or unsafe housing arrangements, or to grandparents who would like to take grandchildren out of foster care but would have to move out of senior housing to do so.

In addition, the executive committee is looking at options for vouchers, especially for larger units, and at how to develop more affordable housing for families ready to leave Strong Families housing. The team is planning to enlist the aid of representatives of several PHAs currently using innovative practices as it works with the local public housing authority.

## **Major Policy Achievements**

Strong Families’ greatest achievement has been creating a strong governance structure and using it to realign grant resources and attract additional supports for Strong Families. Overall, Strong Families now exhibits communication and coordination across most domains. New teaming structures at all levels are helping move the project toward greater coordination among systems. Changes in staffing,

including colocation of housing, child welfare, and service providers, are also important steps toward systems change. Strong Families has increased understanding of housing needs in the child welfare population, the importance of housing in achieving child and family outcomes, and Housing First principles. It has also helped smooth the referral process to the program to ensure that eligible families are identified from both the homeless assistance and child welfare systems. Going forward, Strong Families plans to continue integrating additional service partners for more robust coordination of care, strengthening the ability of the project to use data for service planning, acquiring more housing and services resources, and maintaining executive leadership's focus on long-term sustainability.

## San Francisco, California: San Francisco Families Moving Forward

### **Intake Flow and Randomization into the Study**

Intake into Families Moving Forward (FMF) begins when an emergency response worker at the San Francisco Human Services Agency completes a Structured Decision Making risk assessment tool. As a part of this assessment, a family's housing status is determined through a screening form. If the emergency response worker decides from the risk assessment tool that the case warrants the opening of a child welfare case and that the housing status would potentially qualify the family for FMF, the worker or his or her supervisor will refer the family to FMF. The supervisor then sends the family's information to FMF's technical staff. The technical staff then confirms eligibility and randomizes the family into treatment or control.

### **Systems Change Goals and Achievements**

The FMF team laid out multiple goals for systems change in its implementation plan. These include more rapidly identifying families in need of housing upon entry to the child welfare system, improving coordination among agencies, creating a formal liaison between the Housing Authority, and a commitment to a continuous quality improvement (CQI) model of operations, which means that managers routinely review procedures to identify ways they can be improved for greater efficiency, appropriateness for families, and effectiveness.

Progress has been made toward several of these goals as well as others identified through the CQI process. A strong interagency team has been created, including the Human Services Agency (HSA), Homeless Prenatal Program, Public Consulting Group, and Infant-Parent Program. Though the HSA, Homeless Prenatal Program, and Infant-Parent Program had worked together before FMF, all agree that their relationship has improved and they are more coordinated now. These relationships have been aided by clear roles laid out in the demonstration. Any problems with individual cases are addressed in interagency teams or move up to the supervisor level. The grant also funds about 60 percent of the time of a housing authority employee (chosen by the housing authority) to be a liaison between the authority and FMF. This liaison has facilitated access to vouchers for FMF families and rule changes within the housing authority and has helped establish and solidify relationships between HSA and the housing authority. She attends the monthly steering and housing committees and participates in strategies to increase housing resources.

Systematic attention to how FMF is doing and what could make it work better happens regularly through the four committees established for FMF (steering, CQI, housing, and family support) that oversee the demonstration and strategize for the future. Relationships among agencies are particularly strong at the executive level. The four governing committees have made important policy changes at HSA and at the housing authority and have worked with other systems, such as Temporary Assistance for Needy Families to access relevant resources. One major change at HSA involves adaptation of the housing screener used for FMF to become part of routine case investigation for all HSA cases and inclusion of a housing assessment as a required part of the case narrative for all new cases. FMF staff have also been successful in changing administrative rules at the San Francisco Public Housing Authority to reduce barriers so FMF families can access FUP vouchers more quickly and easily. Another service now available to FMF families through cross-agency negotiation is the use of the housing search coordinator within the Temporary Assistance for Needy Families program to help FMF families find housing.

As with the other demonstration sites, data sharing remains a challenge. HSA controls both the child welfare and the homelessness data systems, which makes it more straightforward for staff to check on housing status for potential FMF participants. The Homeless Prenatal Program also expanded their client services database under the grant, which helps provide greater case-level information. However, concerns about client confidentiality have slowed progress on data sharing from the Department of Public Health to HSA.

Overall, the FMF team exhibits communication and some coordination, particularly at the executive level. There are also important movements toward collaboration in the creation of the universal

screeener and other changes in child welfare policy. The universal screener also represents a change in habits, an important building block toward systems change. The concern for sustainability within the FMF team is also an important step toward true collaboration and helps lay the foundation toward systems change.

## **Major Policy Achievements**

Several changes FMF has achieved represent major policy changes. As mentioned, the universal screener and early adopters are crucial changes that will help more families find housing during the demonstration and beyond. The screener in use throughout the agency now is able to identify families with housing issues who may not also exhibit the comorbidities required for FMF eligibility (FMF-eligible families make up only about 9 percent of all new child welfare cases). HSA is in the process of identifying other housing resources to use with the families the screener identifies, as part of its increasing commitment to address housing issues as important to resolution of many child welfare cases. FMF staff expect that HSA will be able to maintain the teaming and supportive services changes made for the demonstration after the demonstration ends, as they are in line with the general direction of change happening within the agency. Attention to and assistance with housing is particularly important in San Francisco, where finding housing, even within the demonstration, is so difficult. The demonstration is working hard to find landlords who are willing to rent for the low dollar amounts of the vouchers. But, in the meantime, it is heartening to see the strong team building and policy changes within the child welfare system and other demonstration partners.

# Appendix B. Systems Integration Brief: Coding Scheme

## Services Delivery

1. Integration between child welfare, care coordination agency, and housing
  - a. Integration in service delivery
  - b. Other agencies integrated in service delivery
  - c. Organizations which should be integrated in service delivery but are not
  
2. Core services included
  - d. Mental health
  - e. Substance abuse
  - f. Domestic violence
  - g. Job training
  - h. Financial education
  - i. Parenting education
  - j. Other
  
3. Organizations sharing information about service delivery
  - k. Sharing information from providers to care coordination agency
  - l. Sharing information from coordinators to providers
  - m. Sharing information between providers
  
4. Challenges in service integration or care coordination
  
5. Characterize service integration
  - n. Isolation (no recognition of need to communicate; no communication)
  - o. Communication (talking to each other; sharing information)
  - p. Coordination (staff from different agencies work together on a case-by-case basis and may cross-train)
  - q. Collaboration (joint analysis, planning, and accommodation; shared goals and protocols; organizational commitments)
  
6. Building blocks in service delivery
  - r. Money
    - i. Change in money

- s. Power
  - i. Change in power
- t. Knowledge, technology, and skills
  - i. Change in knowledge/technology/skills
- u. Attitudes, ideas, and values
  - i. Change in attitudes/ideas/values
- v. Habits
  - i. Change in habits

## Systems Level

1. Decisionmaking structure
  - a. Executive level
  - b. Midlevel
  - c. Frontline level
  - d. Frontline workers involved in decisionmaking/have a way to get issues resolved for clients
2. How are decisions made/troubleshooting completed?
3. Data used to analyze progress and provide feedback
4. Characterize systems integration
  - e. Isolation
  - f. Communication
  - g. Coordination
  - h. Collaboration
5. Building blocks in systems
  - i. Money
    - i. Change in money
  - j. Power
    - i. Change in power
  - k. Knowledge, technology, and skills
    - i. Change in knowledge/technology/skills
  - l. Attitudes, ideas, and values
    - i. Change in attitudes/ideas/values
  - m. Habits
    - i. Change in habits

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