Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System: Lessons from the State of Connecticut

In September 2012, the U.S. Department of Health and Human Services awarded five-year demonstration grants to Broward County, FL, Cedar Rapids, IA, Memphis, TN, San Francisco, CA, and the state of Connecticut to test the effectiveness of supportive housing for particularly vulnerable families involved in the child welfare system.

In addition to providing more than 500 families with supportive housing and wraparound services, the demonstration was intended to strengthen partnerships between child welfare, housing, health care, employment, and other local systems, in order to reduce bureaucratic barriers and improve outcomes for the highest-need families. Targeted outcomes included reducing rates of child maltreatment, out-of-home placements, and overall involvement with the child welfare system.

We spoke with Kim Somaroo-Rodriguez, Program Director at the Connecticut Department of Children and Families, and Debra Struzinski, Director of Intensive Supportive Housing for Families at The Connection, about what they have learned so far and their next steps. That conversation is summarized here.

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<th>What made your community decide to apply for the Supportive Housing for Families Demonstration Program? What were your goals?</th>
<th>The Connecticut Department of Children and Families (DCF), which serves as the statewide child protection agency, has been incorporating a housing element into child welfare efforts since 1998. At the beginning of the demonstration, the agency had already served more than 3,000 child welfare-involved families with housing needs. Participation in the federal demonstration was intended to enhance the existing model, as well as improve data collection and targeting.</th>
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<td>As you began your planning process, who were the most important stakeholders to have at the table?</td>
<td>To apply for the federal demonstration, we first had to identify housing resources. In addition to Section 8 housing vouchers, we leveraged the state rental assistance program (RAP), as well as vouchers made available by the state interagency council on supportive housing. Housing advocates also endorsed the grant application, as it would bring increased awareness of and attention to the vulnerability of families with open child welfare cases at risk of being separated.</td>
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| Critical partners included: | • Community housing advocates  
• Front-line child protection staff  
• Schools  
• Department of Housing  
• Department of Mental Health and Addiction Services  
• Department of Education  
• Department of Labor |

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United States Interagency Council on Homelessness
- University of Connecticut and Chapin Hall at the University of Chicago, which served as the program evaluators
- The Connection and other community providers

It was extremely important to get buy-in from the front-line investigation staff early in the process, as these families would represent an addition to their existing caseloads. It was also important to ensure they knew the program existed and could begin making referrals based upon the targeting criteria.

Engaging these stakeholders turned out to be relatively easy. In addition to a shared interest in serving the most vulnerable families, providers and other stakeholders knew they would receive prompt access to evidence-based practices. In addition, the teaming approach that was used during the demonstration (described in more detail below) was a relief for DCF case managers, who often carried up to 20 cases at time.

### How did you design your targeting criteria? Did your criteria evolve over time? If so, how?

DCF implemented a quick housing screen, named Quick Risk Assessment Family Triage, or QRAFT, that would allow families to be enrolled quickly by adjusting existing criteria to align with the requirements of the demonstration project. Those criteria included:

- Families with at least dual vulnerabilities (such as mental health, substance abuse, domestic violence, children with developmental or behavioral concerns in addition to a child welfare case and housing instability) who had:
  - children who had been removed within the past 90 days, or
  - a substantiation of child abuse/neglect within the past 60 days.

### As the 5-year demonstration period comes to a close, what have been some of your most significant outcomes?

Before the demonstration period began, we made an intentional effort to learn about vocational services that would be available to participants in the program. After visiting numerous job centers, and speaking with local Workforce Investment Boards (WIBs), we quickly realized that families were often not enticed by or willing to use these resources. As a result, we decided to use grant funding to hire two vocational specialists who could provide services one-on-one in the home environment.

Providing vocational services in this way proved to be significantly more successful than directing participants to a community job center, as it removed barriers like lack of transportation and child care. As a result, the number of individuals who either kept or gained employment during the program was very favorable.

The use of family teaming in the supportive housing model proved to be a powerful tool for engaging not only the clients, but also the assorted agencies and DCF social workers, as it helped streamline service planning and removed redundancies, while also being client-centered and empowering.

### What is the hardest thing you overcame doing this work?

The targeting criteria required by the demonstration program was restrictive and could be difficult to maintain. In the past, DCF had been able to serve families with a variety of needs and at different points during their involvement with child welfare. However, the specific timing criteria in the demonstration program, particularly the
What surprised you the most?

The most surprising and favorable outcome was the high rates of employment and skill acquisition by the families served by the vocational specialists. In addition, the community found that families’ service needs fluctuated over time. The original expectation was that case managers would meet with families at least twice per week, but as families became stable in housing, many of them could meet with their case managers less frequently. To make that process clearer, a set of case management service intensity guidelines and decision-making protocols was implemented to determine when to step down services.

What is your advice to other communities interested in testing supportive housing for child welfare-involved families who are experiencing or at risk of homelessness?

The family teaming approach was critical to empowering and motivating both clients and case managers. Ensuring that all frontline staff are speaking the same language was also essential. In our case, we employed a highly strengths-based, client-driven approach that required a skill-set in motivational interviewing. We provided training and support when necessary to ensure case managers had the skills needed to serve the target population.

Remember that this is a team effort. Bringing partner agencies together in a meaningful way helps organizations to realize how much they have in common and to identify opportunities to share the work. It is also important to work backwards by looking for gaps that can be filled.

Voucher availability was key to the success of this demonstration; ensure you will have enough housing to serve your target population ahead of time.

How are you planning for sustainability after the demonstration ends?

Participating in the federal demonstration helped bring awareness to and recognition of the effectiveness of this type of intervention. The local evaluation, which will be completed in 2018, is expected to find that supportive housing is more cost effective than shelter stays or placing children in foster care.

As a result of our participation in the demonstration, the Department of Housing created more than 300 new housing certificates, averaging approximately $1,000 per month, for this population. Moving forward, we will be transitioning favorable components of the demonstration into our existing model, and have already begun training employees on the new elements.