



Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System: *Lessons from Memphis, TN*

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 Chere' Bradshaw, Executive Director, and Kellie Cole, Project Director for the Memphis Strong Families Initiative, at [Community Alliance for the Homeless \(CAFTH\)](#), about what they have learned and next steps. That conversation is summarized here.

What made your community decide to apply for the Supportive Housing for Families Demonstration Program? What were your goals?

The Community Alliance for the Homeless is both the lead agency for the demonstration and for the Continuum of Care. The demonstration project fit the mission of the agency and the goals of both preventing family homelessness and reducing family separations.

As you began your planning process, who were the most important stakeholders to have at the table?

As we began the planning process, identifying housing was the most critical piece of the puzzle. We were fortunate to partner with a local agency that owned several apartment complexes that had previously been used as transitional housing. These units, funded by HUD, were repurposed to fit the goals of the grant. Another vital partner was child welfare. At the beginning of the demonstration, it was not common knowledge that many families with open child welfare cases also struggled with homelessness. Child welfare struggled to find access to housing resources to prevent family separation or reunify families. The demonstration project brought the two systems together to connect housing resources with child welfare-involved families. Other organizations in the community also realized the importance of keeping families intact, and the grant served as an impetus to pull people together that hadn't previously worked closely.

What strategies were the most effective in engaging them?

Key partners included:

- Department of Children Services
- The Shelby County School District
- Service providers within the community (Alliance Healthcare Services, Promise Development Corporation, Metropolitan Inter-Faith Association)
- University of Tennessee Health Science Center

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

We initially planned to target reunification families, but due to housing limitations within our funding, we had to shift our focus to preventing family separations. The criteria were designed to look for the most vulnerable families, using a structured decision-making tool. These were families that had open child welfare cases, were at risk of being separated, were experiencing chronic homelessness, and also had high needs and a disability within the family.

We were unable to identify families experiencing chronic homelessness in our community so we shifted to families who weren't experiencing chronic homelessness. Housing limitations also meant that it was a struggle to house large families, since no large units were readily available.

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

Results from the demonstration project are preliminary and still being evaluated, however the program served 87 families in the intervention group and 43 in the control group. The available housing units were filled, and both the rate of retention and length of stay of families in supportive housing were higher than expected.

Preliminary findings also show a decrease in the likelihood of child maltreatment, a decrease in mental health symptoms, an increase in access to child care, and an increase in likelihood that children would attend school and pass classroom requirements. There was also a significant cost savings, as the average cost of out-of-home-care per child, per night was more than double that of supporting a family in the program, per night.

The program also increased cross-sector collaboration between organizations focusing on housing, child welfare, mental health, and the school system. As the program progressed, the Department of Children's Services also altered how they interacted with and assessed families experiencing homelessness and became champions for supportive housing with a focus on keeping the family together.

What is the hardest thing you overcame doing this work?

The most significant challenge we faced was shifting to a Housing First and harm reduction approach in the context of working with families with child welfare involvement. The difficulty in making this shift ultimately led us to change service providers midway through the demonstration to a PSH provider with a long history of working with high-risk, high-need individuals. It was also difficult to maintain evidence-based practices, ensure effective case management, and provide ongoing training without burning out case managers.

Because of the decision to leverage units in apartment complexes, we were also somewhat limited in the housing options available for families; the units were spread

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| | <p>across five apartment complexes within a 5-mile radius, and did not include either large apartments or 1-bedroom apartments.</p> |
| <p>What is the thing that surprised you most?</p> | <p>Originally, having entire apartment complexes dedicated to families in the demonstration was considered a positive aspect, but it turned out not to be the best fit. The apartments were not gated, and some residents reported safety concerns. In general, it would have been better to have families integrated in the community through scattered-site supportive housing.</p> <p>Other surprises were the amount of time it takes for the families to become stable in housing, and the number of large families without stable housing that CAFTH was unable to serve within the community because of a lack of units of suitable size.</p> |
| <p>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?</p> | <p>It's important to have conversations among the different systems that impact child welfare. The more you learn about one another and build relationships, the more that can be accomplished.</p> <p>The lead agency should be adept at putting together effective collaborations and should have access to more than one type of housing.</p> <p>A detailed, fully developed case management training plan provides structure, especially with ongoing turnover of case managers. Ideally, case managers would also have a smaller case load.</p> |
| <p>How are you planning for sustainability after the demonstration ends?</p> | <p>CAFTH has ongoing funding for housing support through a Continuum of Care (HUD) grant, but is struggling to find money for services. A recent grant of \$150,000 from the Department of Child Welfare will cover some salaries and development of a rapid re-housing element, but will not support the current level of services offered. A liaison from child welfare is working with service staff to find available housing, as the Department of Children's Services has discretionary funding that can be used for rent and utilities. Once results from the program are finalized and show the cost savings of supporting and triaging intact families vs. placing children in foster care, it is anticipated that continuing funds will be made available.</p> |