



Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System: *Lessons from San Francisco, CA*

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 Bridgette Lery and Jocelyn Everroad in the Office of Policy and Planning at the [San Francisco Human Services Agency](#), about the lessons 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?

San Francisco has a reputation both for having a significant population of people experiencing homelessness, and for being innovative in responding to homelessness and other social issues. We are also fortunate to have access to a variety of resources and funding streams that other communities may not have access to. To create enough housing to serve families in the program, we leveraged a number of resources, including Section 8 vouchers, Family Unification Program (FUP) vouchers, and funding from the San Francisco Human Services Agency, to assemble housing options that would serve families along a continuum of need.

The first goal was to provide stable housing for families entering the child welfare system who are experiencing homelessness. Almost by definition, these families have multiple service needs, and our theory was that providing them housing would prevent the need for placing children in out-of-home care, or when placement was unavoidable, make family reunification faster and more likely.

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

It is impossible to overstate the importance of strong project management when developing a highly complex, cross-system intervention. Some of our most important stakeholders across the partner agencies were those involved in the planning phase.

What strategies were the most effective in engaging them?

The grant also allowed for the creation of a liaison position within the housing authority that was designed to help anticipate and solve problems associated with the cross-sector work, particularly between child welfare and the housing authority. Creating that position helped foster a stronger spirit of collaboration among agencies.

Key partners included:

- San Francisco Housing Authority
- San Francisco Human Services Agency, including the Department of Policy and Planning, the Department of Family and Children’s Services, and the Department of Homelessness and Supportive Housing, which was then part of the Agency, although it subsequently split to form its own Agency
- Service providers already working with this population (Homeless Prenatal Program, Infant-Parent Program)
- Department of Public Health, Foster Care Mental Health Program
- Chapin Hall at the University of Chicago

Many of these relationships existed prior to the grant, but working together on the demonstration project created more deliberate communication and cooperation. Having the built-in, 9-month planning period enabled us to run a pilot project before the experimental phase began. The pilot phase enabled us to learn more about what the presenting needs of the families would be, and how they would move through the complex eligibility and referral process. This cleared the way for a smoother experimental phase within the demonstration program.

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

Using a Continuous Quality Improvement (CQI) approach, we began developing targeting criteria by defining the underlying problem and identifying baseline issues. We examined local administrative data from a prior period to better understand how many families experiencing homelessness were coming to the attention of the child welfare system, when they did so, what their co-occurring needs were, and what their outcomes were. Using this analysis, we could project the number and needs of families who would be coming into the program, and set expectations for outcomes improvement once families achieved stable housing.

After analyzing the data, we developed our criteria to ensure we were targeting families who were in the greatest need and would benefit most from the program. Families had to be:

- Experiencing homelessness at the time of opening a case in child welfare
- Defined as high needs/high risk (at least 1 co-morbidity in addition to homelessness made it very likely that a child would be removed from the home)
- First child welfare case for at least one child within the household

Early on, we established a theory of change based on research evidence on the importance of early intervention, and hoped to target families before they were separated. The theory was that if families could be reached early, before they accumulated deeper child welfare experiences and worsening co-morbidities, they could avoid the iatrogenic effects of foster care. However, we soon learned that voucher-based housing couldn’t be secured rapidly in a tight housing market, so it was unrealistic in many cases to prevent out-of-home placement, which tends to happen quickly during the child welfare investigation. After tracking data that

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

allowed us to observe this pattern for a couple of months, we shifted from solely focusing on prevention to taking on reunification cases as well.

We also decided to exclude the small but important population of families whose children had been removed within the first 30 days of life and who had permanently lost custody of all prior children. Those conditions often allow child welfare agencies to expedite the adoption process because reunification is highly unlikely.

Over the five years, 79 families were randomized into the treatment group. There are early indications that overall, these families may have been more likely to be re-reported for abuse or neglect (possibly due to a surveillance effect), but less likely to have those claims substantiated than the control group. There is also marginal evidence that families are more likely to be reunified, but the small sample size makes it difficult to draw conclusions at this time. Our evaluation team is following families in both groups for another year to observe longer term child welfare and other well-being-related outcomes for both adults and children.

Because this was a demonstration grant, we focused not only on demonstrating the effectiveness of the supportive housing model within a child welfare context, but also on what we could learn from the process of implementing a highly complex, multi-system intervention. The effort created better service integration and collaboration among some of the partner agencies. For example, the FUP voucher process is now working more smoothly, and we will be leveraging technical assistance from HUD to conduct a regional study about how to port vouchers successfully between different housing authorities across the Bay Area.

Our CQI approach to designing, implementing, and evaluating the intervention contributed to our improved systems integration, collaboration, and other outcomes. As a result, the San Francisco Human Services Agency adapted the approach to other major and minor service and policy interventions.

Our failures brought important lessons as well – for instance, we struggled to establish a consistent partnership with the Department of Public Health in order to improve the processes of mental health assessment and treatment for these multi-system families. Working together through the demonstration allowed us to identify specific reasons for this failure that we could deliberately address as the project moved into the sustainability phase following the demonstration grant. For example, we learned the critical importance of each partner agency designating an accountable contact committed to participating in regular CQI meetings. Doing so brings to light administrative, data sharing, and service barriers, and facilitates their resolution.

Another notable result was that approximately 30% of families either never engaged or they disengaged before they were successfully housed. In part, this verified our success in targeting the highest-need families. Rather than “creaming,” we sought to give every family in our target population the opportunity to benefit from the program, knowing that some would not. It also offered a valuable lesson about timing an intervention. Families who initially engaged but disengaged before being housed may have fatigued from the lengthy process of securing voucher-based (i.e., affordable) housing in the Bay Area. It will be important to consider this as we move

to the sustainability phase.

What is the hardest thing you overcame doing this work?

The housing market in San Francisco spiked between our planning period and the time the first families came through the lottery process. This made it much more difficult to find affordable housing in the Bay Area than we had previously anticipated.

One of the tensions inherent in this intervention is that we were trying to be very responsive to the immediate, often urgent, needs of the families, while at the same time supporting them as they built toward a number of long-term goals. The families' day-to-day struggles were real and compelling and reacting to them left minimal time to focus on longer-term strategic goals and the project resources that accompanied them.

It took nearly three years before we were truly implementing a Housing First program. In theory, we had adopted Housing First as a guiding principle, but in practice, our service provider case managers were doing traditional case management—responding to crises and dealing with housing as best they could along the way. To address this challenge, Homeless Prenatal Program and the CQI team developed a housing-specific case management model that reorganized and defined responsibilities between child welfare workers and case managers. Child welfare workers were to manage the tasks related to families successfully closing their child welfare cases, allowing the service provider to focus on the complex process of applying for and obtaining vouchers, developing and maintaining landlord relationships, finding affordable housing, and stabilizing families once housed, including after their child welfare cases have closed.

What surprised you the most?

Something surprising happened nearly every day. We were unprepared for the degree of nuance in each family's situation. There are infinite permutations of custody arrangements, needs, strengths, and personalities playing out, so it can be difficult to predict what the 'right' approach will be. The goal is always to get families housed as quickly as possible, but these complicated factors (especially custody situations, where it's unclear with which parent the children will reside and who should receive the housing intervention) can often delay the time to housing placement.

Second, while we knew housing prices were on the rise, we did not anticipate just how competitive the housing market in San Francisco would become over the five years. The lack of affordable housing stock has driven us to look at a more regional model of housing and of support services. We will be working with technical assistance from HUD to develop a more efficient process for porting vouchers between regional housing authorities.

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?

- Take the time to develop a strong theory of change. Who should you serve? How will your program help them? Why will it work? How will you know? Be clear about the units of analysis you plan to use to measure effectiveness. Create a CQI team to regularly gather data with which to revisit these questions and adjust the program model.
- Fund a person whose job it is to form, develop, and maintain the cross-system collaboration.
- Map out the implementation details ahead of time. You can never anticipate the variety of roadblocks that will arise, but you can be ready for major areas of risk by designing accountability structures, CQI processes, and longitudinal databases, and bringing those resources to bear on the unanticipated challenges.
- Be clear on what housing resources are available and what, if any, time delay those resources have (in this case, it realistically took 9 months on average to house families), and where families will go in the meantime. At the beginning, we used hotels and motels as bridge housing, and it became incredibly time consuming and disruptive to families to move them around.
- To the extent possible, use available data and research evidence to understand how long on average you should expect to work with families and how many families each case manager should serve at one time. Be prepared for it to be longer and more resource intensive than you might expect.
- Create informal spaces for partners to interact; this encourages innovation and collaboration.
- Shift the focus from addressing barriers first, to housing families first. That is difficult and takes time. Be patient and know that you will likely need to spend time educating and correcting misinformation.

How are you planning for sustainability after the demonstration ends?

San Francisco received a grant from the California Department of Social Services that sustains the program for two and a half years. Under this new funding source, the program is scaling up to serve all families that meet the criteria. In addition, the city has several pending proposals to develop a regional approach to housing.