Supportive Housing for Families in the Child Welfare System

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Intro: Housing and Well-Being



- Safe, stable housing: determinant of child and family well-being.
- Family instability \rightarrow consequence of economic insecurity
- Poverty \rightarrow little control over housing options, quality, stability
- Housing instability & homelessness linked to disparate outcomes
- Housing/homelessness: linked with child welfare involvement
 - Caseworker judgments of risk and well-being; placement and delayed reunification
- Unequal access to housing, education, health drivers of inequity
- Chapin Hall's Voices of Youth Count: Intergenerational evidence
 - Majority of young people \rightarrow first homelessness experiences in childhood
 - Risk factors for youth homelessness / disproportionality:
 - No HS diploma; Black & Latinx background; LGBTQ; pregnant and parenting; low income
 - Rural homelessness is as prevalent as urban homelessness

Supportive Housing for Families (SHF)

Connecticut's Statewide Model (began C. 1998): SHF

- Family reunification: Prepare to return from care, reduce length/cost of foster care
- Family preservation: Prevent foster care placement, avert family separation
- Target families with housing risks (homeless; inadequate or unstable housing); most parents have mental health and/or substance abuse challenges, trauma; children have array of risks/needs.

The 15+ Year Partnership

- The Department of Children and Families (DCF) funds the program, refers clients, coordinates with the service provider (hub).
- The Connection, Inc. (TCI): service hub; clinical assessment, housing searches, temporary subsidies; and intensive case management. Scattered site housing model.
- Permanent housing vouchers are dedicated from the CT Department of Housing.
- Evaluators (Chapin Hall, UConn) study program (implementation/process, outcomes, and cost).







SHF – Logic & Questions

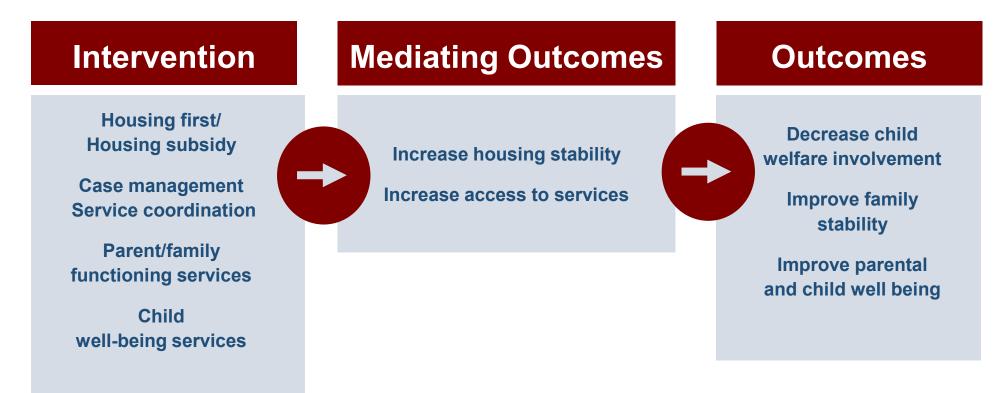
- Logic: Hierarchy of needs: address basics before higher order needs.
- Housing as a platform for other interventions: case management; trauma, substance abuse tx; parenting; ed/vocational support.
- **Promise:** By 2013, CT had a 10+ year history of supportive housing for families in the child welfare system, with research showing promise.

• Questions:

- 1. Can we fully (experimentally) demonstrate effectiveness? Will success be maintained?
- 2. What are the essential components of effectiveness?
- 3. Can cost savings accrue within and across systems?



Partnerships to Demonstrate the Effectiveness of Supportive Housing Demonstration





5 Demonstration Sites



San Francisco, CA San Francisco Human Services Agency Families Moving Forward



Cedar Rapids, IA Four Oaks Family and Children's Services **Partners United for Supportive Housing**



Memphis, TN Community Alliance for the Homeless Memphis Strong Families Initiative

СТ

State of Connecticut

Department of Children and Families Intensive Supportive Housing for Families

СТ





Demonstration Study: Intensive Supportive Housing Evaluation Comparison Groups

DCF Business as Usual (BAU)

- Community Services
- Intensive Family Preservation Services
- Foster Care

Project SHF

- Housing assistance
- Case Management

Intensive SHF

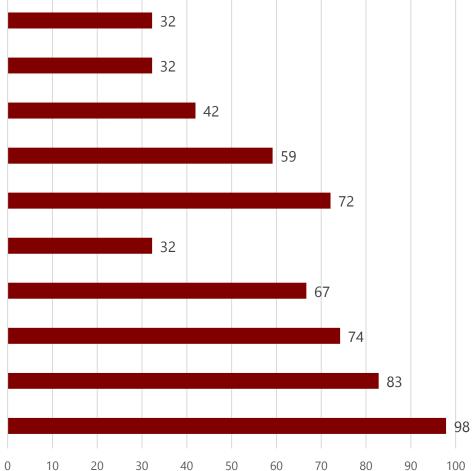
- Housing assistance
- Intensive case management
- Vocational Specialist
- Family Teaming

Randomized controlled trial with 3 arms (n_{Tot} =205, $n_{children}$ =418)

- Business as usual (BAU), n = 104
- Supportive Housing for Families (SHF), n = 50
- Intensive Supportive Housing for Families (ISHF), n = 50

CT Sample (% of families)

Child(ren) with MH, dev-beh, learning issue Domestic violence situation Caregiver history of criminal justice... Caregiver substance abuse issue Caregiver mental health issue Caregiver history of foster care as a child Caregiver history of abuse or neglect as a child Prior history of child welfare services Prior report abuse/neglect Substantiated abuse or neglect











CT Findings

Findings

- Process/implementation study: 4/5 elements of contrast effective.
- Significant differences between treatment and control groups, from 12 months forward (12, 18, 24 months).
- Costs differ, with clear differences in outcome.

Observations

- High rates of prior maltreatment, placement, etc.
- Targeting was effective successfully screened for housing at entry to CW
- We can achieve much better outcomes at lower costs!
- Context and history matter.
- Significant implications for prevention/preservation, esp. in light of new federal legislation (*Family First Prevention Services Act*)

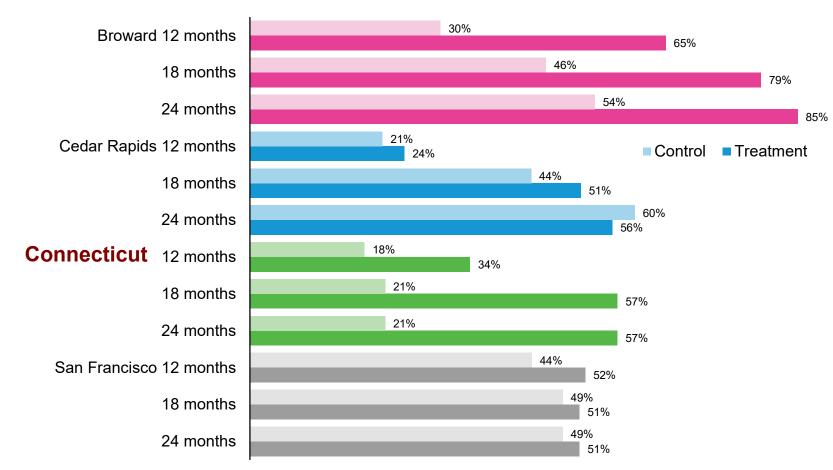
CT Findings

BAU \$59K 40% Child is **PSHF** \$48K 3% removed from family **ISHF** \$56K 21% SHF and ISHF resulted in fewer foster care placements and more reunifications than the business as usual condition. \$59K BAU 9% Child is **PSHF** \$48K 17% reunified with family **ISHF** \$56K 29% 0% 15% 25% 5% 10% 20% 30% 35% 40% Figure: Percent of child removals and family reunifications by intervention group, with median costs, for 24 months

Farrell, A. F., Britner, P. A., Kull, M. A., Struzinski, D. L., Somaroo-Rodriguez, S. K., Parr, K., Westberg, L., Cronin, B., & Humphrey, C. (2018, December). *Final Report: Connecticut's Intensive Supportive Housing for Families Program.* Chicago, IL: Chapin Hall at the University of Chicago.

10

Differences in Reunification by Site



Impacts

Broward

12 months: 35.0%*** 18 months: 33.3%*** 24 months: 31.5%***

Cedar Rapids

12 months: 3.4% 18 months: 7.7% 24 months: -3.4%

Connecticut

12 months: 16.3%† 18 months: 36.1%*** 24 months: 36.1%***

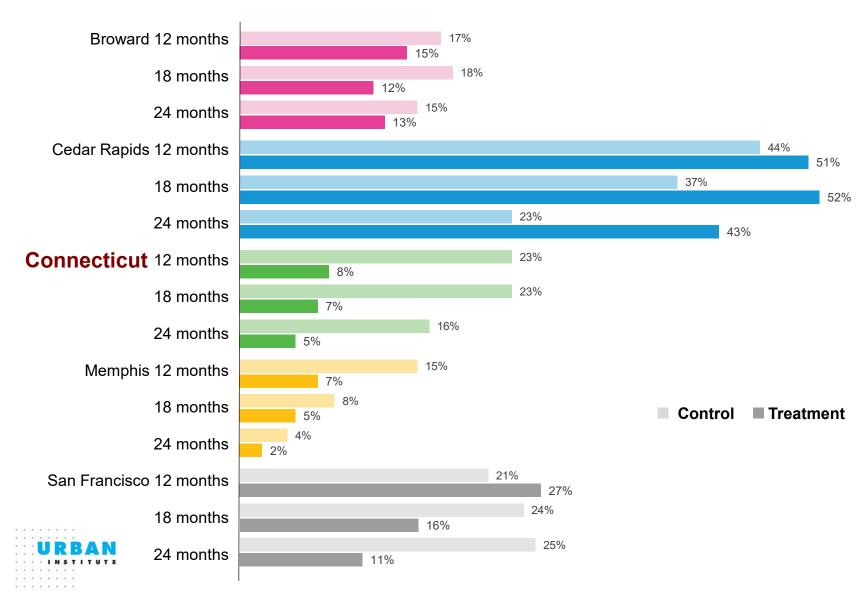
San Francisco

12 months: 8.4% 18 months: 2.7% 24 months: 2.7%



(Memphis did not serve reunification families)

Differences in Removals by Site



Impacts

12

Broward

12 months: -2.2% 18 months: -5.9%† 24 months: -2.0%

Cedar Rapids

12 months: 20.1%** 18 months: 15.5%† 24 months: 7.6%

Connecticut

12 months: -10.6%* 18 months: -16.5%*** 24 months: -15.2%**

Memphis

12 months: -1.6%† 18 months: -2.2 % 24 months: -8.3%†

San Francisco

12 months: -14.5%** 18 months: -7.8%† 24 months: 5.9%

Conclusions and next steps

- National model from CT, from observational study to RCT
- Clear evidence of effectiveness; superior outcomes, less cost than BAU
- Higher "dosage" of case management produces marginal benefit
- Housing screening tool identifies housing concerns early in child welfare involvement \rightarrow target resources promptly
- Incorporate lessons into practice: screening, SH model
- Instructive on:
 - Prompt identification (screening) and intervention; practice elements (family empowerment)
 - Importance of housing as platform in families at the "deep end" of services
 - Use of program and administrative data to examine program effectiveness
 - Effective services can *prevent* foster care placement
- Submit to Families First Clearinghouse?

Thank you | Questions and Discussion

- Thank you for the opportunity to share this work.
- Questions and Discussion

- Thanks to colleagues, state and community partners, Urban Institute.
 - Preston Britner, UConn; Kate Parr, UConn; Melissa Kull, Chapin Hall
- Contact information

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