Interim Evaluation Findings of Bringing Families Home

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Emily Rhodes

Amy Dworsky

CHAPIN HALL
AT THE UNIVERSITY OF CHICAGO

Introduction

Counties participating in California's Bringing Families Home (BFH) program have the difficult task of designing and implementing rapid housing and supportive service programs for child welfare-involved families experiencing homelessness. These programs are often designed and implemented in a very short period of time. San Francisco County is the only BFH county that had previously developed and tested a supportive housing program for child welfare-involved families experiencing homelessness as part of a federal demonstration project (see text box). An evaluation of that project showed that such programs can be effective, but serving high-need families in places where affordable housing is scarce requires significant planning, cross-system collaboration, and time. This paper describes the BFH program, presents data on early outcomes, and offers recommendations for moving forward.

In 2012, the Children's Bureau funded five sites across the U.S. to design and test models for providing permanent housing along with supportive services to child welfare-involved families experiencing homelessness. The purpose of the demonstration was to reduce the need for foster care using a housing-first approach. The San Francisco Human Services Agency (SF-HSA), which was one of the grantees, created a scattered-site housing program called Families Moving Forward (FMF). FMF coupled intensive supportive services and housing search assistance with a mix of housing resources, but primarily Family Unification Program (FUP) Housing Choice Vouchers. Homeless Prenatal Program (HPP), a community-based partner, provided supportive services.

Chapin Hall used a randomized controlled trial to evaluate the effects of FMF. Families with newly opened in-home cases (Family Maintenance) and families with newly opened out-of-home care cases (Family Reunification) were separately randomized to a treatment group (*n* = 79) that was offered an opportunity to participate in FMF or a control group (*n* = 75) that received usual services.

BFH is the sustained version of FMF.

Key Findings from FMF Evaluation

Housing

"Housing first" in San Francisco did not mean "housing fast." Obtaining permanent housing took FMF families an average of 10 months; nearly one-third of the families left the program before being housed. However, the absence of immediate housing did not prevent families from participating in FMF and benefiting from the program. Ultimately, FMF families were more likely to become and stay permanently housed than control group families. FMF families with in-home cases were more likely to secure housing than families with reunification cases

Child Welfare

FMF improved short-term child welfare outcomes. Among families with reunification cases, FMF families reunified faster than control group families. However, the percentage of families that reunified was the same, and 85% of all reunifications occurred before families were permanently housed. FMF families with in-home cases were marginally less likely than control group families to have their children removed within the first 6 months after randomization, but this difference had disappeared after 1 year.

Well-being

Families with reunification cases were less likely to engage in FMF than families with in-home cases. In fact, all the families with in-home services cases engaged in FMF. Nearly all the families with reunification cases that failed to engage in FMF had substance-exposed newborns. Their reunification services were terminated after they failed to engage with the child welfare worker.
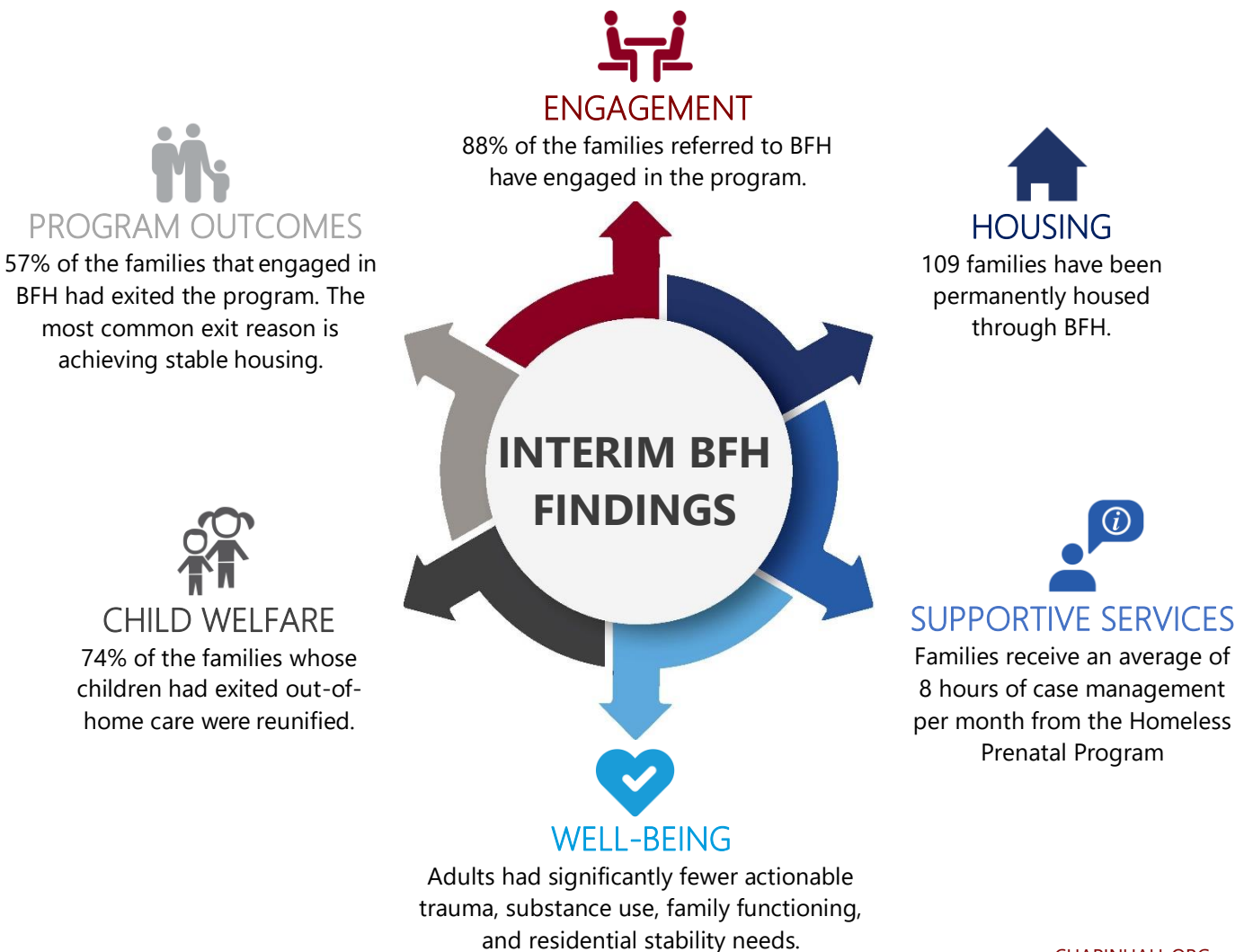
Engagement

FMF improved family functioning, increased residential stability and social connectedness, and reduced parental substance use. Child well-being outcomes tended to improve, but the changes were small.

Bringing Families Home (BFH)

San Francisco began implementing Bringing Families Home (BFH) in July 2017 and families continue to enroll. Like FMF, BFH serves two groups of child welfare system-involved families experiencing homelessness: families receiving in-home services to prevent their children from being placed in foster care and families with children in foster care receiving reunification services. These are referred to as family maintenance cases and family reunification cases, respectively. To be eligible for FMF, families must be identified as homeless or at risk for becoming homeless on a Structured Decision Making risk assessment conducted by HSA and have at least one other risk factor such as substance use, mental health, or disability.

All eligible families whose case has been open for at least 6 months are referred to BFH. By the end of this 6-month period, families have typically been assigned a long-term protective service worker, the family's case status (i.e., family maintenance or family reunification) has been determined, and the parent who will receive in-home maintenance or reunification services has been identified. At this point, HPP can reach out to the protective service worker and primary parent to engage them in BFH. Currently, BFH has a waitlist of approximately 45 families and time to program enrollment is longer than 6 months.

Figure 1. Bringing Families Home Interim Findings Summary

ENGAGEMENT
88% of the families referred to BFH have engaged in the program.

HOUSING
109 families have been permanently housed through BFH.

PROGRAM OUTCOMES
57% of the families that engaged in BFH had exited the program. The most common exit reason is achieving stable housing.

INTERIM BFH FINDINGS

SUPPORTIVE SERVICES
Families receive an average of 8 hours of case management per month from the Homeless Prenatal Program

CHILD WELFARE
74% of the families whose children had exited out-of-home care were reunified.

WELL-BEING
Adults had significantly fewer actionable trauma, substance use, family functioning, and residential stability needs.

Interim BFH Outcomes

While most families referred to BFH are still in the program, some early outcomes data are available.

Engagement

Eighty-eight percent (*n* = 144) of the 163 families referred to BFH have engaged in the program as of July 1, 2021 (see Figure 1). The remaining 19 families were ineligible or did not engage. To increase engagement, HPP started holding "town halls" with protective service workers at SF-HSA to clarify referral criteria, involve protective service workers in gathering the vital documents needed for the housing voucher application, and share information about BFH. Families stay in BFH for a median of 435 days.

Housing

One hundred nine families have been permanently housed through BFH as of July 1, 2021. Ninety-eight percent (*n* = 107) of these families were housed with a FUP voucher.

Two families have a long-term housing subsidy provided by the county. The majority of these families (89%) have been housed in the city of San Francisco. Families have taken a median of 121 days, or approximately 4 months, to secure permanent housing after their case opens with HPP.

Supportive Services

Families receive an average of **8 hours of case management per month** from HPP in their first 15 months in BFH. Services are the most intensive in the first 4 months (14 hours on average, see Figure 2), when HPP engages the family in the housing search. This includes gathering vital documents for the housing voucher application, assessment and service referrals, and helping the family find housing. Families typically receive fewer case management hours after they are stably housed (5 hours on average, see Figure 2). HPP increased outreach to families during the COVID-19 pandemic, including providing families with food baskets and conducting well-being check-ins.

Figure 2. Average Homeless Prenatal Program (HPP) Case Management Hours per Family, by Month in Program. Families enrolled between 7/1/2017 and 6/30/2021 (*n* = 144).
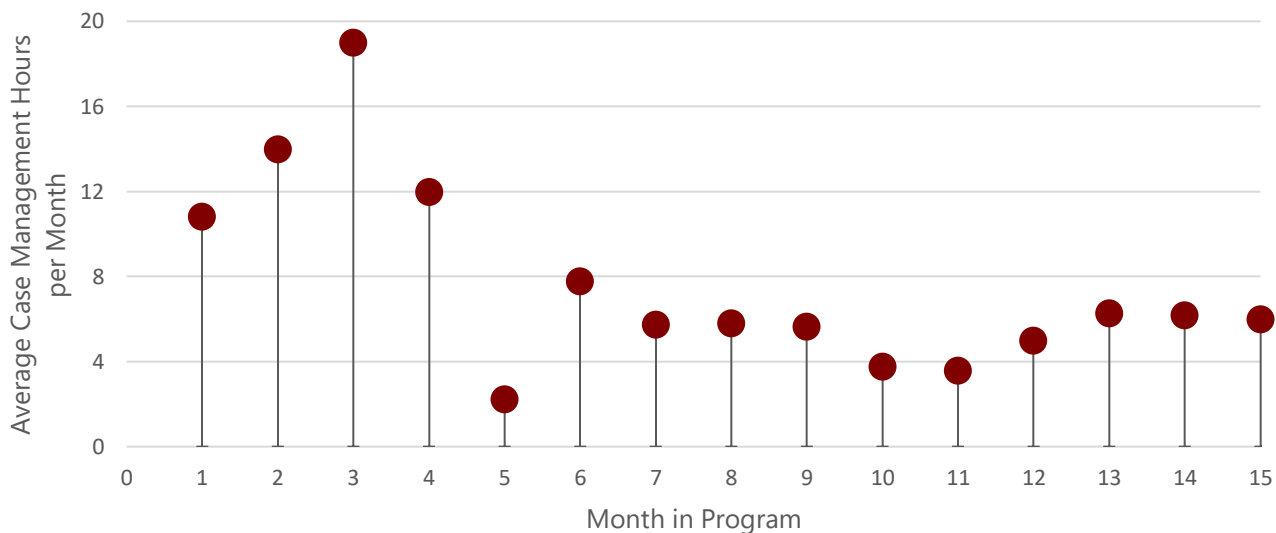
Well-being

HPP administers the Adult Needs and Strengths Assessment (ANSA) with parents at program entry as part of case planning. The ANSA is administered again every 6 months thereafter to monitor case progress. An ANSA domain is considered "actionable" if the family needs immediate services in that domain. As of July 1, 2021, 135 adults had completed baseline ANSAs and 101 had completed at least one follow-up ANSA. Of the adults with follow-up ANSAs, **significantly fewer had actionable environmental influences for substance use, adjustment to trauma, family functioning, and residential stability needs at follow-up than at baseline** (see Figure 3). Adults also experienced a decrease in their social connectedness strength at follow up, a change that may in part be explained by the COVID-19 pandemic. Adults continue to have needs related to anxiety, depression, life skills, and medical conditions, and may still be receiving services in those domains.

Figure 3. Differences in Adult Needs and Strengths between Baseline and Follow Up: Adults Engaged in BFH with at Least Two Assessments between 7/1/2017 and 6/30/2021 (n = 101)
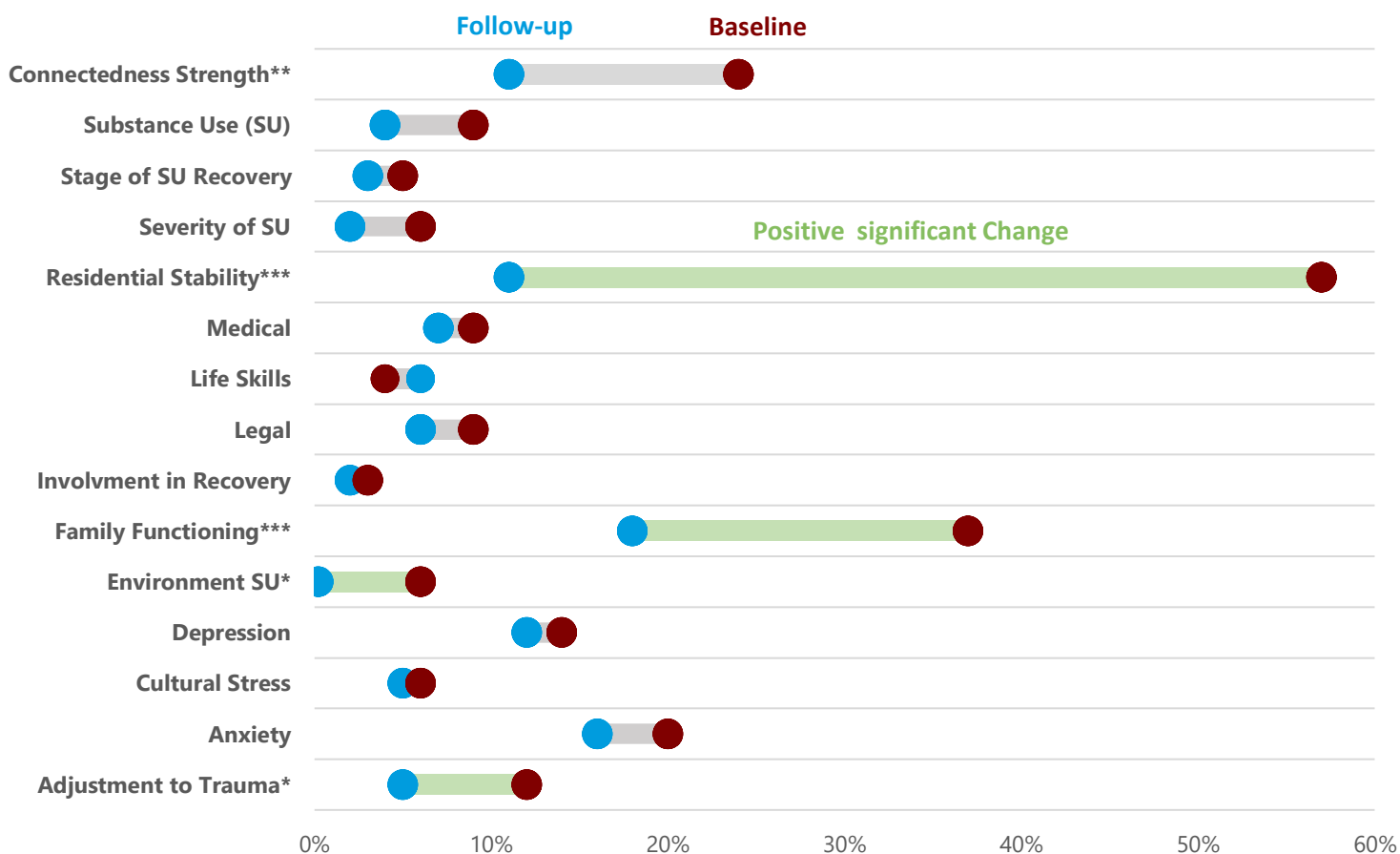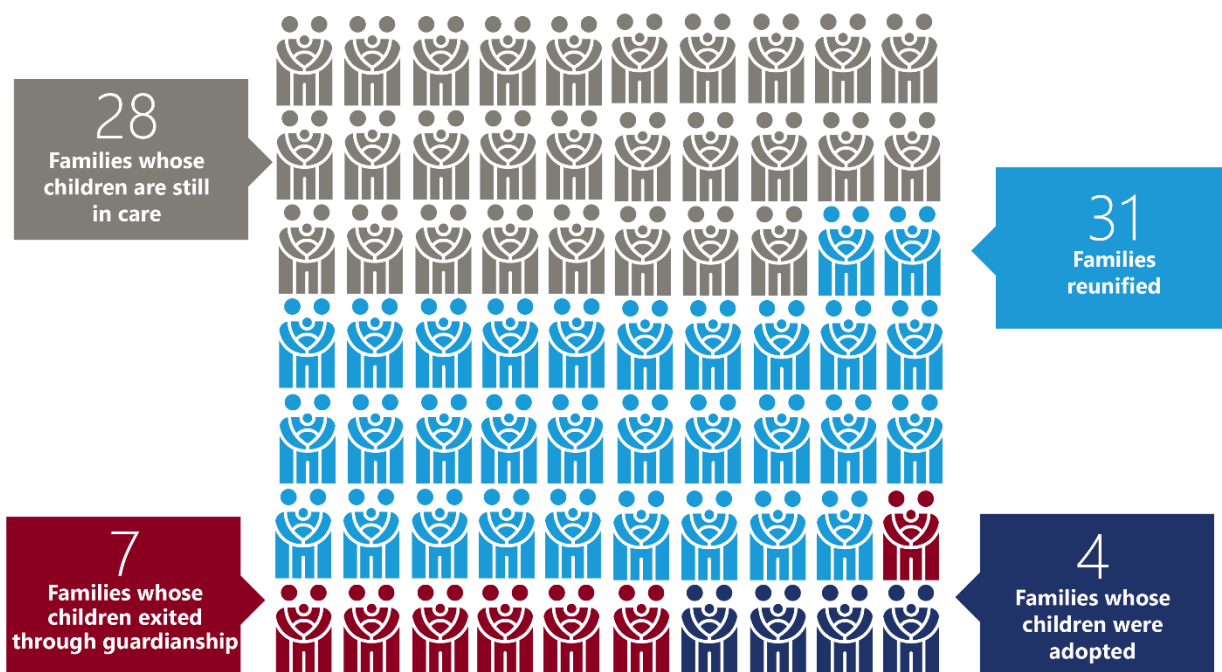

*p < 0.05; **p < 0.01; ***p < 0.001

FMF generated many changes in how systems collaborate to serve child welfare system-involved families experiencing homelessness. Efforts to improve the identification of homeless families included training child welfare workers on a single definition of homelessness and monitoring the data to ensure that homeless families were identified and served. Child welfare workers are now expected to record the housing status of families and incorporate housing into case plans. The collaboration between SF-HSA and the San Francisco Housing Authority improved, making it easier to serve child welfare system-involved families experiencing homelessness and accelerating the issuance of housing vouchers. Prior to the FMF project, San Francisco was not making full use of FUP vouchers. Now all of its FUP vouchers are being used.

Child Welfare

As of December 31, 2020, 132 families had an open child welfare case at the time they were referred to HPP. This includes 62 families (47%) with a maintenance case and 70 families (53%) with a reunification case. Of the 62 families with a maintenance case, five (8%) had experienced the removal of a child who was placed in foster care. Of the 70 families with a family reunification case, 31 (44%) were reunified, 28 (40%) still had at least one child in foster care, and 11 (16%) had children exit care through guardianship or adoption (see Figure 4). Of the 31 families that reunified, 2 (6%) had children re-enter foster care within 1 year of discharge.
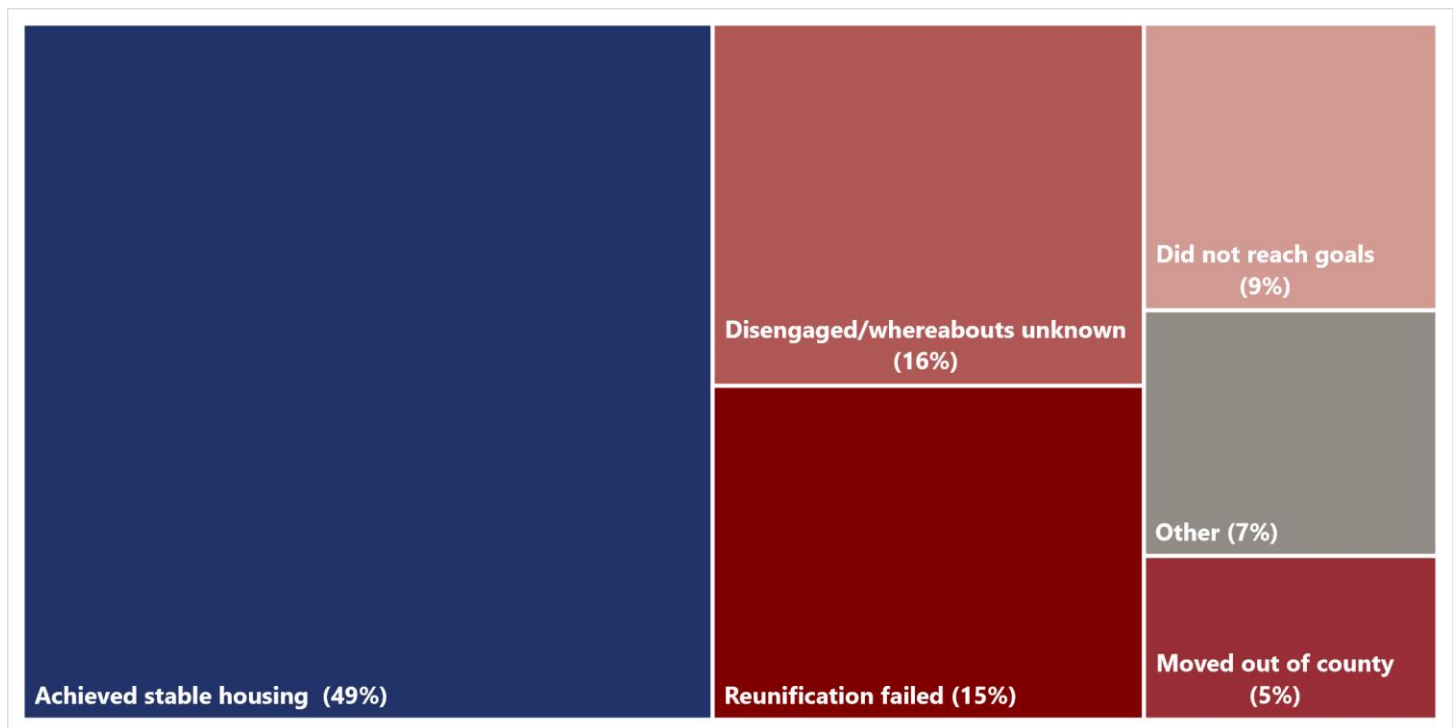
Figure 4. Exit Outcomes for BFH Families Enrolled between 7/1/2017 and 12/31/2020 with Reunification Cases (*N* = 70), observed through 12/31/2020

28 — Families whose children are still in care

31 — Families reunified

7 — Families whose children exited through guardianship

4 — Families whose children were adopted

Program Outcomes

As of July 1, 2021, 57% (*n* = 82) of the 144 families that engaged in BFH had exited the program (see Figure 5). The most common exit reason is achieving stable housing (*n* = 40). These families had permanent housing, their child welfare cases were closed, and the parents had no actionable needs as measured by the ANSA. The next most common exit reasons are disengagement or whereabouts unknown (*n* = 13) and discontinuation of reunification efforts (*n* = 12). Less common exit outcomes include not reaching program goals (*n* = 7), moving out of the county (*n* = 4), engaging in another housing intervention (*n* = 1), being incarcerated (*n* = 1) and losing eligibility due to children aging out (*n* = 1).

Figure 5. BFH Program Outcomes for Families that Exited the Program between 7/1/2017 and 6/30/2021 (*N* = 82)

Achieved stable housing (49%) | Disengaged/whereabouts unknown (16%) | Reunification failed (15%) | Did not reach goals (9%) | Other (7%) | Moved out of county (5%)

Summary

The results of these interim analyses suggest that BFH is successfully engaging, housing, and providing supportive services to most referred families. Adult well-being improves for families that persist in the program on some ANSA domains, especially residential stability and family functioning. BFH is also helping families stabilize their housing and address their other needs. Three out of four families with a closed reunification case reunified with their children, and few of their children have re-entered care. Additionally, few families with a maintenance case had a child removed from home. Finally, achieving housing stability is the most common reason families exit BFH. Evaluators will continue to monitor process and outcome indicators, including child welfare outcomes, as more families successfully complete the program.

BFH Projections and Recommendations

Based on the pace of eligible referrals and the experiences of referred families to date, our expectations for the coming year are for 57 eligible families to enroll, 50 eligible families to engage with HPP, and 40 families to be housed.

Narrow the target population to in-home services (family maintenance) families and reunification families for whom the case plan goal is likely to remain reunification.
In other words, exclude families whose children are in out-of-home care and likely to be fast-tracked to adoption or guardianship and create a housing solution for these families that is better tailored to their needs.

Enhance cross-systems collaboration.
Continue coordinating with the Housing Authority on the voucher application, lease-up, and renewal processes. Formalize agreements with the Housing Authority to ensure that enough vouchers are available for eligible families identified as homeless using the Structured Decision Making risk assessment when their child welfare case opens.

Continue to offer temporary housing and subsidies as a bridge to permanent housing.
Bridge housing is likely an essential ingredient in any program operating in a housing market where the supply of affordable housing is low and families are likely to experience a protracted housing search.

Ensure that families are enrolled soon after case opening.
BFH's theory of change is based on the assumption that the best chance of success for families is early intervention.

Continue to improve communications about the program.
BFH recently started "town halls" between SF-HSA and HPP to clarify program referral criteria, engage protective service workers in gathering vital documents needed to apply for housing vouchers, and encourage collaboration on providing supportive services.

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