



BRINGING FAMILIES HOME SAN FRANCISCO

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Disclaimer

The points of view, analyses, interpretations, and opinions expressed here are solely those of the authors and do not necessarily reflect the position of Homeless Prenatal Program or the San Francisco Human Services Agency.

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ABSTRACT

Since 2017, San Francisco's Bringing Families Home (BFH) has been providing supportive housing to homeless families involved with the child welfare system. The program aims to prevent foster care placement among families whose children are in the home (maintenance cases) and increase the likelihood of reunification among families whose children are in foster care (reunification cases) by stabilizing their housing and addressing other service needs. This report is based on data for the 236 families that have enrolled in the program since its inception. These data suggest that BFH is successfully engaging families, helping families stabilize their housing, and addressing families' other needs. Few families with a maintenance case have had a child placed in foster care, many families with a reunification case have been reunified, and only a handful of children have reentered foster care after being returned home. Caregiver well-being has improved in some domains, and most caregivers report maintaining stable housing and access to needed services after successfully completing the program.

INTRODUCTION

Research has consistently found a higher rate of child welfare system involvement among families that are homeless or otherwise precariously housed than among low-income families with stable housing (Cowal et al., 2002; Culhane et al., 2003; Font & Warren, 2013; Slack et al., 2007). Compared to low-income stably housed families, families experiencing homelessness are more likely to be the focus of a child protective services (CPS) investigation, to have an open child welfare case, or to have a child placed in out-of-home care, even after controlling for other factors associated with an increased risk of child welfare system involvement (Bassuk et al., 1997; Cowal et al., 2002; Culhane et al., 2003). Studies also show that housing problems are common among child welfare system-involved families and can become a barrier to reunification among families with children in out-of-home care (Bai et al., 2023; Cohen-Schlanger et al., 1995; Courtney et al., 2004).

Addressing the housing needs of homeless or precariously housed families may reduce or even eliminate the risks that inadequate housing can pose to children's health and safety, thereby preventing their placement in out-of-home care (Fowler & Schoeny, 2017). It may also allow parents to focus on other problems—such as mental health or substance use disorders or domestic violence—that can precipitate or contribute to child welfare system involvement. Indeed, providing child welfare system-involved families with housing-related services can significantly reduce the incidence of subsequent maltreatment. It can also facilitate reunification for families with children in out-of-home care even if inadequate housing is not what brought those families to the attention of CPS (Choi & Ryan, 2007; Pergamit et al., 2017; Ryan & Schuerman, 2004; Swann-Jackson et al., 2010).

This report presents findings from an evaluation of Bringing Families Home (BFH), a supportive housing program for child welfare system-involved families experiencing homelessness in San Francisco County. BFH is a state-funded collaboration between the San Francisco Human Services Agency (SF-HSA) and Homeless Prenatal Program (HPP), a community-based organization. The program provides housing assistance in the form of a permanent voucher or time-limited subsidy and supportive services to homeless families with an open child welfare case. It aims to prevent out-of-home care placement or facilitate reunification by stabilizing families' housing and addressing their other service needs.

Since 2017, Chapin Hall has been working closely with SF-HSA and HPP to monitor the implementation of BFH and evaluate the outcomes of participating families in three key domains: housing stability, caregiver well-being (measured using the Adult Needs and Strengths Assessment), and child welfare system involvement. While some families referred to BFH are still in the program, preliminary outcomes data are available for 236 families (303 adult caregivers and 425 children) that enrolled in BFH between July 1, 2017 and March 31, 2025.

PROGRAM DESCRIPTION

Since 2017, San Francisco's BFH has been providing housing and supportive services to child welfare system-involved families for whom housing is an underlying reason for their child welfare system involvement. BFH is a state-funded program that grew out of Families Moving Forward, a federally funded housing demonstration project (Haight et al., 2018).

Theory of Change

BFH is based on the theory that the absence of stable housing exacerbates problems with family functioning, mental health, and substance use; limits the effectiveness of case management services to address those problems; is a barrier to reunification for families with children in out-of-home care; and prevents families from being able to take the necessary steps to successfully close their child welfare case. An early focus on housing is expected to help families stabilize and address the compounding factors that led to their child welfare system involvement (see Theory of Change, Appendix A). The BFH theory of change is consistent with the Housing First approach, which holds that people need access to stable housing before they can address their other needs and that participating in services to address those needs should be voluntary and not a condition of housing (Tsemberis et al., 2004).

Housing Assistance

BFH offers families two types of housing assistance: permanent supportive housing and rapid re-housing. Families enroll in permanent supportive housing or rapid re-housing based on their eligibility for a Section 8 Housing Choice Voucher (HCV) and on voucher availability. Permanent supportive housing families are given a Family Unification Program (FUP) Section 8 HC voucher that they can keep for as long as they remain eligible; they typically contribute 30 to 40% of their monthly net income towards rent. Rapid re-housing families are given time-limited state-funded subsidies for a maximum of 2 years and typically contribute 40% of their net income towards rent. All families are provided with voluntary supportive services regardless of the type of housing assistance they receive.

Eligibility

To be eligible for BFH, families must be experiencing homelessness and have an open family reunification or family maintenance child welfare case. They must also demonstrate one or more of the following risk factors based on the Structured Decision Making risk assessment: child physical or developmental disability, medically fragile child, caregiver or child mental health problem, caregiver substance use problem, caregiver criminal arrest history, or domestic violence. Families are assessed for homelessness by the Emergency Response Protective Services Worker at SF-HSA during a CPS investigation. San Francisco defines homelessness more broadly than the U.S. Department of Housing and Urban Development (HUD); San Francisco's definition includes families living doubled-up or in single-room occupancy housing.¹

Families receiving permanent supportive housing must also meet eligibility criteria for Section 8 HC vouchers. Specifically, family income must be below 50% of the area median income, at least one family member must be a U.S. citizen or have another eligible immigration status, no family member can be a

¹ https://www.acf.hhs.gov/sites/default/files/ece/homelessness_definition.pdf

registered sex offender, and no family member can have been convicted of a drug crime related to the manufacturing of methamphetamine on federal housing property.^{2,3}

Program Model

The BFH program model includes several components.

Referral

Eligible families are referred to HPP by SF-HSA and assigned to both a case manager and a housing specialist. Referrals are typically made 6 months after a case opens. The housing specialist and case manager have a “parallel relationship” with the family. The case manager focuses on the family’s child welfare case and the service needs of adult family members; the housing specialist focuses on finding housing for the family. The HPP case manager and housing specialist meet weekly to review the family’s case and work together to resolve issues related to the family’s housing instability.

While the family’s child welfare case is open, the case manager may also participate in monthly child and family team meetings with SF-HSA to help coordinate the family’s child welfare case. These meetings provide an opportunity for the family, their HPP case manager, their SF-HSA social worker, and, if needed, other HPP service team members to engage in service planning and discuss issues that might jeopardize progress toward housing stability or child welfare case closure.

Orientation and Early Engagement

The case manager schedules a 1-hour orientation meeting with the family within 3 to 5 business days of receiving a referral. During that meeting, the case manager explains the program to the family and reviews the family’s housing status and the status of its child welfare case. If a family is housed or their child welfare case has been closed, it is no longer eligible for BFH. Families are also screened to determine if they have immediate housing needs. Those in need of immediate housing may be referred to Holloway House for transitional “bridge” housing during the housing search and lease-up process. If a parent is in residential treatment for substance use, HPP will coordinate services with the treatment court. Permanent supportive housing families are asked to start gathering income verification and vital documents needed to apply for an HC voucher.

Following the orientation meeting, the case manager works with the family to develop a case plan. This includes completing a baseline Adult Needs and Strengths Assessment (ANSA) with each adult family member.⁴ The ANSA, which covers the domains of substance use, mental health, family functioning, and residential stability, helps identify the family’s service needs. BFH also helps families address employment needs and connects them to other income supports (such as Supplemental Security Income [SSI]).

Housing Search

Families meet for 1 hour each week with their housing specialist to search for housing and are encouraged to search for housing on their own between meetings. For permanent supportive housing families, the housing specialist reviews the documents needed to apply for an HCV with the family and works with the housing authority to obtain a voucher. The housing specialist also helps families develop a “landlord packet” that includes references and a credit report, goes to viewings with families, and helps families

² https://www.hud.gov/topics/housing_choice_voucher_program_section_8#hcv02

³ <https://www.ecfr.gov/current/title-24/subtitle-B/chapter-IX/part-982/subpart-L>

⁴ HPP only works directly with adult family members; SF-HSA coordinates services for the children.

communicate with landlords. Throughout the housing search, a family's case manager works with the housing specialist and remains a primary support.

Once families find a unit, HPP may provide deposit assistance to secure it. HPP also provides move-in assistance, including \$1,500 in home goods, a move-in kit containing items such as bedding and cooking supplies, and furniture, including a mattress and dresser for Title IV-E-eligible children. For permanent supportive housing families, HPP fills out any necessary HC voucher paperwork (for example, forms for Request for Tenancy and Housing Assistance Payments forms). Once families sign the lease, they can move in with assistance from their case manager. After this point, the housing specialist remains a resource to families and landlords.

Ongoing Case Management

While families are active in the program, they check in weekly with their case manager and have at least 3 hours of face-to-face contact with their case manager each month. This includes monthly home visits once families are permanently housed. Their case manager conducts follow-up ANSAs every 6 months and develops an action plan with goals informed by the assessment results. The action plans may include internal referrals for services provided by HPP (for example, trauma-informed support for families experiencing mental health or substance use disorders, domestic violence, or high-risk pregnancies; individual, couples, family, and group therapy; parenting classes; fatherhood groups) and external referrals to other service providers (such as financial coaching or legal assistance).

Program Goals

BFH families are expected to achieve short-, medium-, and long-term goals. In the short term, families are expected to stabilize their housing and address parenting and child safety issues so that children remain in or return to their home. In the medium term, families are expected to improve their functioning and address behavioral health issues that negatively affect their housing stability. In the long term, families are expected to maintain their housing by continuing to pay rent on time, avoiding new substantiated maltreatment allegations or child welfare case openings, and achieving economic stability.

PSH families move from "active" status into "check-in" status once (1) they have been stably housed and successfully paying rent for at least 3 months, (2) their child welfare case has been closed, and (3) the adult members have no significant outstanding needs based on the ANSA. This typically occurs about 6 months after families have been housed. While in check-in status, families meet monthly rather than weekly with their case manager. Permanent supportive housing families successfully complete the program by maintaining check-in status for a minimum of 6 months. Families may return to active status and resume case management services if needs arise after they complete the program.

Rapid re-housing families are also expected to (1) stabilize their housing, (2) close their child welfare case, and (3) improve their ANSA scores. However, they do not move into "check-in" status because they need additional time to prepare for a transition to affordable housing after their housing subsidy ends. Instead, they remain in active case management until they complete the program. During this time, families focus on increasing their income and employability and improving their credit and rental history. Income is documented every 6 months as part of the ANSA assessment. Families that cannot afford to pay 100% of their rent when their housing subsidy ends may be connected to below-market-rate housing or other affordable housing options. Families may also transition to a housing voucher if one becomes available. The timeline for key BFH events is shown in Table 1.

Table 1. Key BFH Events

Key BFH Event	Permanent Supportive Housing Timeline	Rapid Re-housing Timeline
Referred/screened into BFH	Month 1	Month 1
Orientation meeting with HPP	Months 1–2	Months 1–2
Housing search	Months 2–6	Months 2–6
Secure housing	Months 4–6	Months 4–6
Child welfare case closure	Month 12	Month 12
Check-in status	Month 12	N/A
Subsidized housing	Permanent w/ voucher	Up to 24 months

METHOD

Research Questions

The evaluation addresses two sets of research questions: one set related to the program's implementation and another set related to program outcomes (see Table 2). The questions for both sets are as follows:

Implementation-Related Questions

- What are the characteristics of BFH families?
- What supportive services did families receive?
- What have been the implementation successes and challenges?

Outcome-Related Questions

- How many families were housed?
- How long did it take those families to lease up?
- How many caregivers experienced improved well-being?
- How many families successfully completed BFH?
- How many families with a family maintenance case experienced an out-of-home care placement?
- How many families with family reunification cases achieved reunification?
- How long did it take families to reunify?
- How many families had a child reenter out-of-home care after they reunified?
- Did families maintain stable housing after they exited BFH?

Data Sources

The data sources used to answer these questions are described below.

Program Administrative Data

Data on program enrollment, housing events, case management and supportive housing services, and ANSA assessments are captured in HPP's *Henri* database. These data are transferred to Chapin Hall monthly and analyzed for continuous quality improvement. They are also used to measure certain outcomes, such as the amount of time it takes families to lease up.

Child Welfare Administrative Data

Child welfare outcomes are assessed using data from SF-HSA's Child Welfare Services/Case Management System (CWS/CMS) database. These data are used to create a longitudinal out-of-home care placement spell file based on an analytic file developed by the California Child Welfare Indicators Project at University of California, Berkeley (Webster et al 2025). Due to a lag in data availability, this report uses child welfare records through 9/30/2024.

Staff Interviews

Five program administrators and staff (2 from SF-HSA and 3 from HPP) were interviewed in 2024 and 2025 to learn about their experiences with the program. The staff were asked open-ended questions about the challenges and successes of implementing BFH. Interviews were transcribed and the transcriptions were coded and analyzed for common themes.

Follow-up Survey

Approximately 6 months after a family exited, the evaluation team sent a survey link via text message or email to the primary caregiver in 93 families that had successfully completed the program. The survey included questions about a range of topics, including: (1) current housing situation and satisfaction with it; (2) food insecurity and difficulty paying bills; (3) caregiver well-being; (4) help-seeking behavior; (5) employment; and (6) optimism about the future. Caregivers who completed the survey were given a \$50 gift card. Fifty of the 93 caregivers completed the survey, resulting in a 54% response rate.

Table 2. Most Research Questions Were Answered Using Program Data and Child Welfare Data

RESEARCH QUESTION	INDICATOR(S)	DATA SOURCE(S)			
		Program data	Child welfare data	Staff interviews	Surveys
What are the characteristics of BFH families?	Homelessness type Caregiver & child age Caregiver & child race Caregiver education level	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
What supportive services did families receive?	Program enrollment Case management contacts	<input checked="" type="checkbox"/>			
How many families were housed?	# of families housed	<input checked="" type="checkbox"/>			
How long did it take families to lease up?	Days to first lease event Family reports of housing experience	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
What are the implementation challenges?				<input checked="" type="checkbox"/>	
How many caregivers' well-being improved?	Changes in ANSA scores	<input checked="" type="checkbox"/>			
How many families successfully completed BFH?	Outcome at BFH exit	<input checked="" type="checkbox"/>			
How many family reunification families reunified?	# of families reunified # of children reunified Time to reunification		<input checked="" type="checkbox"/>		
How many reunified families had a child reenter care?	# of families whose children reentered care # of reunified children who reentered care		<input checked="" type="checkbox"/>		
How many families maintained stable housing after exiting BFH?	Family report of housing				<input checked="" type="checkbox"/>

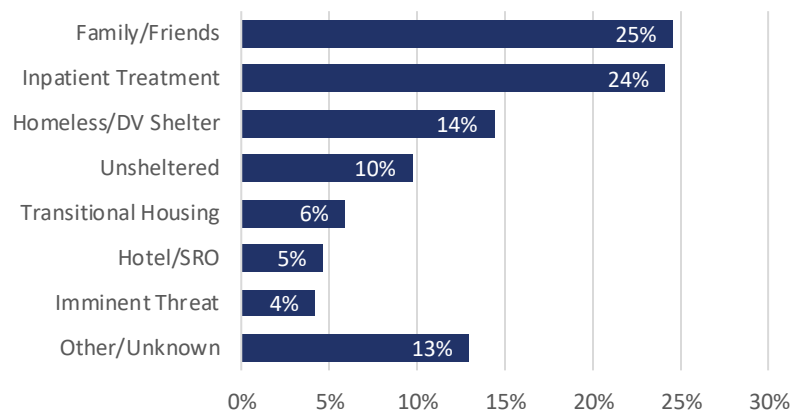
FAMILY AND CHILD CHARACTERISTICS

Family Characteristics

The 236 families enrolled in BFH include 310 adult caregivers and 425 children. The average family includes 3 members and three-quarters of BFH families are single-parent households. The average number of children per family is 1.8, and 72% of the families include at least one child under age 6.

Figure 1 shows the type of homelessness families were experiencing at the time of referral. One-quarter of the families were living doubled up with family or friends. Another quarter were in an inpatient substance use treatment program.⁵ Fourteen percent of the families were staying in a homeless or domestic violence shelter and 10% were unsheltered, meaning that they were living on the street or in a vehicle.

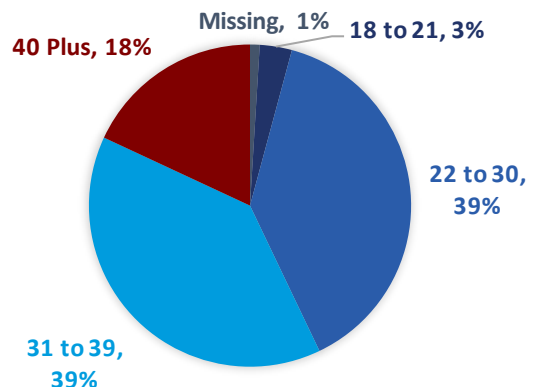
Figure 1. Most Families Were Staying with Family or Friends or in Inpatient Treatment (N = 236)



Adult Caregiver Characteristics

Most of the caregivers were female (78%) and between 22 and 39 years old when they were referred to BFH (see Figure 2). The caregivers' average age was 34.

Figure 2. Most Caregivers Were 22 to 39 Years Old



⁵ Some substance use treatment programs in San Francisco allow children to stay with their parents while their parents are receiving treatment. Children may also have been in out-of-home care while their parents were receiving in-patient substance use treatment.

Figure 3. Most Caregivers Identified as Black or Latino/a

Information about caregiver race/ethnicity and highest education level was available for the 224 primary caregivers who completed an Adult Needs and Strengths Assessment (ANSA). Figure 3 shows that more than half of the caregivers identified as Black (30%) or Latino/a (24%).

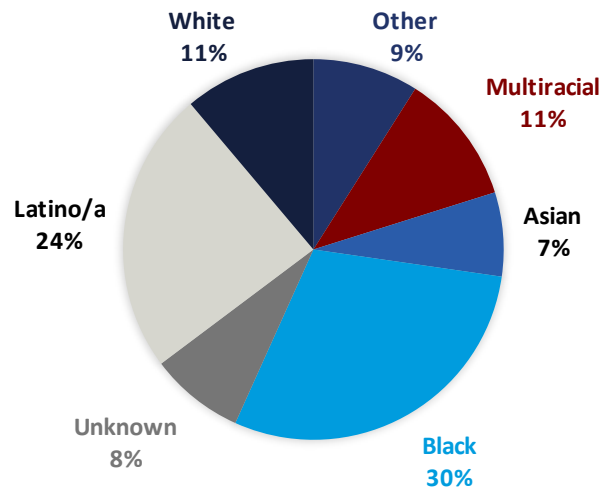
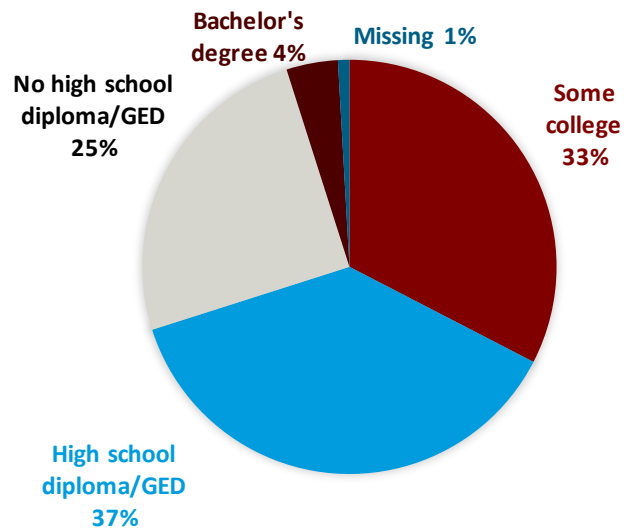


Figure 4. Three-quarters of Caregivers Had At Least a High School Diploma/GED

Based on the ANSA, one-quarter of the caregivers had not completed high school, 37% had a high school diploma or GED, and one-third had completed at least some college (see Figure 4).



Child Characteristics

Figure 5. 60% of Children Were 5 or Younger At Out-of-Home Care Entry

Demographic information for children is only available from the child welfare administrative data for the 165 children who were placed in out-of-home care. Sixty-one percent of these children were age 5 or younger when they were placed, 27% were 6 to 12 years old, and 12% were teenagers (see Figure 5).

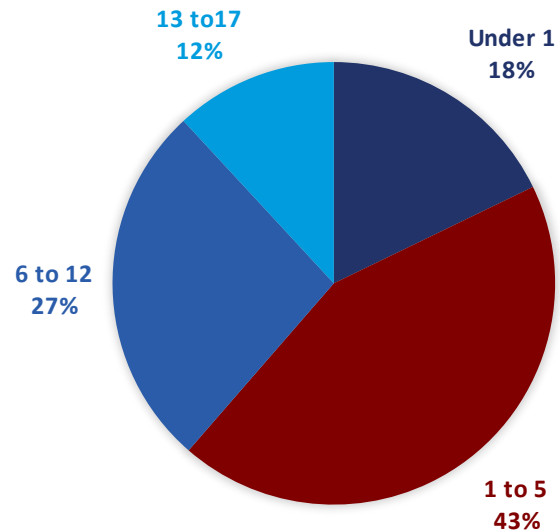
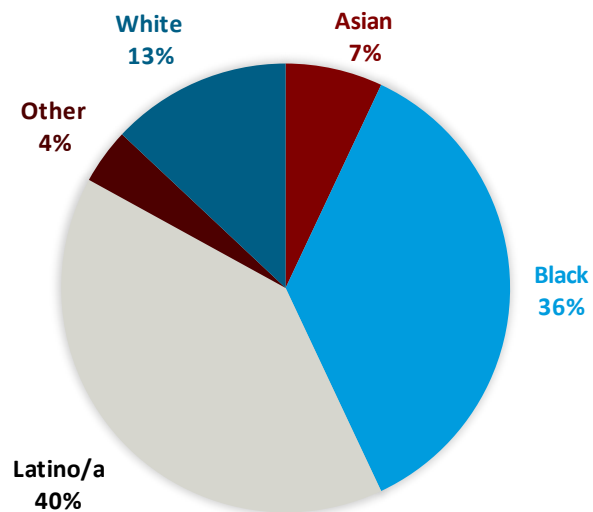


Figure 6. Most Children in Out-of-Home Care Were Latino/a or Black

Figure 6 shows that most of these children were either Latino/a (40%) or Black (36%).

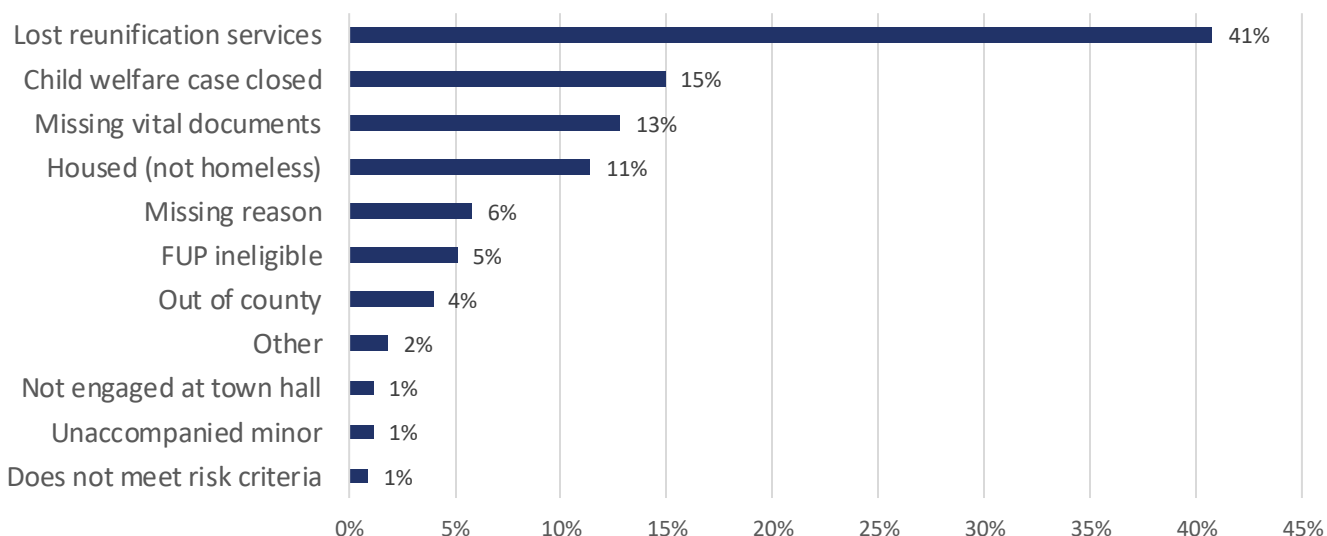


PROGRAM OUTCOMES

Screening and Referral

Of the 791 families referred to BFH between July 2017 and March 2025, 277 (35%) were determined to be eligible after screening and sent to HPP for enrollment. Another 429 families (54%) were determined to be ineligible. The remaining 85 families (11%) were not screened because a program slot was not available. By far, the most common reason families were screened out as ineligible was that reunification services had been terminated (41%; see Figure 7). Less common reasons included closing the family's child welfare case (15%), missing vital documents (13%), or no longer experiencing homelessness (11%).

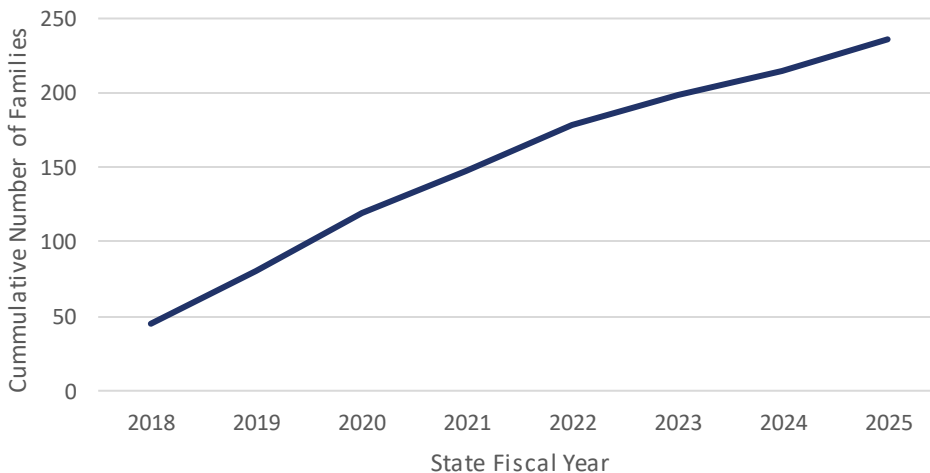
Figure 7. Most Common Reason for Ineligibility Was Termination of Reunification Services (N = 429)



Engagement

Of the 277 families screened in as eligible for BFH between July 2017 and March 2025, 236 (85%) engaged with HPP and completed an orientation meeting (see Figure 8). Of those 236 families, 190 enrolled in BFH while permanent housing vouchers were available and 46 families enrolled in the rapid re-housing program to receive time limited subsidies.

Figure 8. 236 Families Engaged with HPP Since July 2017



Housing

A total of 199 families had been housed as of June 30, 2025 (see Figure 9). Seventy-seven percent ($n = 154$) of these families were housed with permanent supportive housing vouchers. The other 45 families were first housed with rapid re-housing subsidies. In the early years of BFH, several families were housed with subsidies because they were not eligible for vouchers. Since the rapid re-housing program began in 2023, an increasing number of families have been housed with subsidies. These families may later transition to vouchers if they become available. To date, seven families in the rapid re-housing program have transitioned to vouchers.

Figure 9. Most Families Were First Housed Using Permanent Vouchers ($N = 199$)

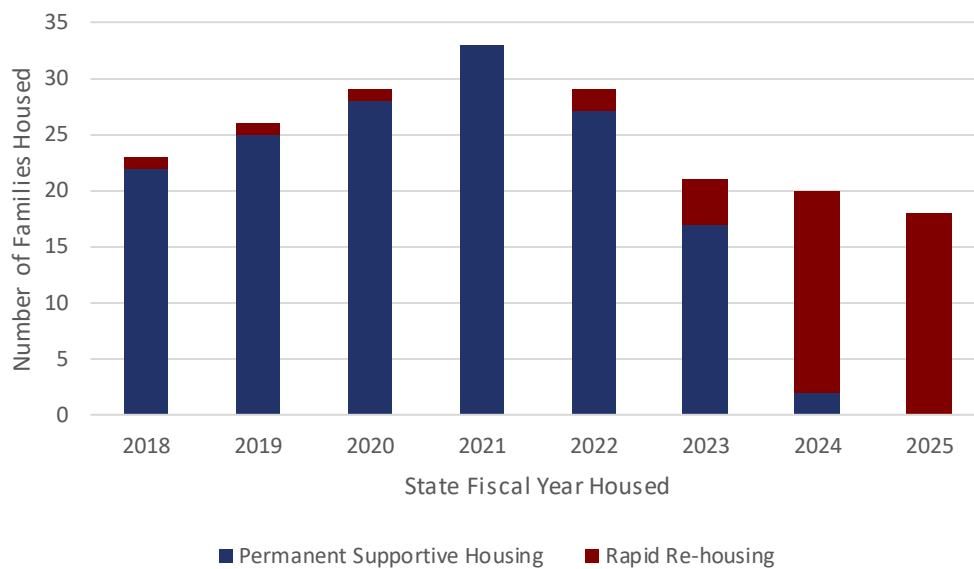
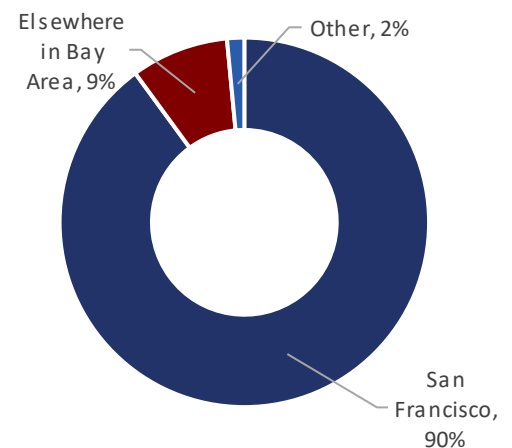


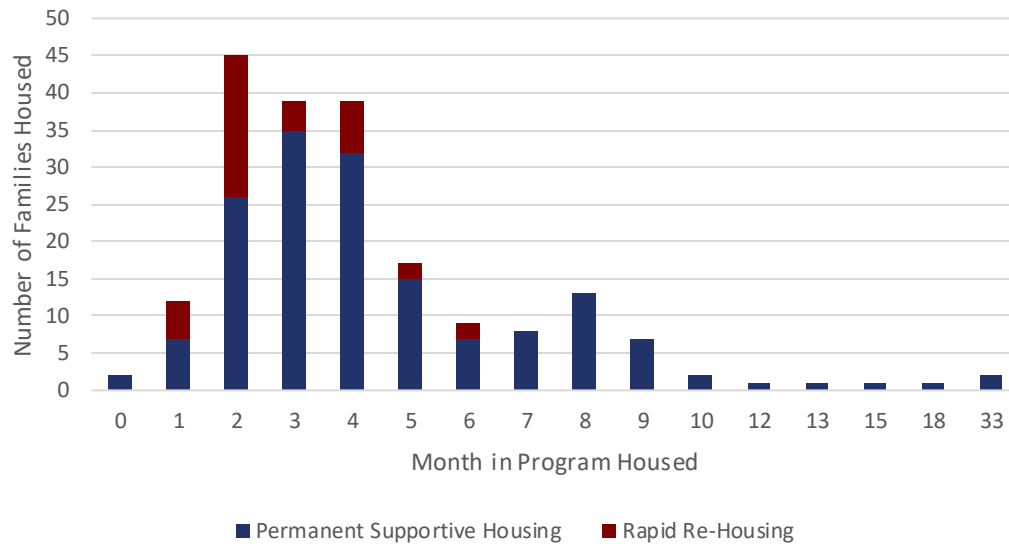
Figure 10. Most Families are Housed in San Francisco ($N = 199$)

Most families (90%) are housed in San Francisco (see Figure 10). Another 9% are housed elsewhere in the Bay Area, most commonly in Oakland (4%). Two families were housed in Sacramento and one family ported its voucher out of state.



In general, it takes families in BFH a median of 3 months and an average of 4 months to lease up after their HPP orientation meeting (see Figure 11). On average, families with vouchers needed more time to be housed (4.9 months) than families with subsidies (2.7 months). This difference probably reflects the fact that families with RRH subsidies do not need to complete a voucher application before being housed.

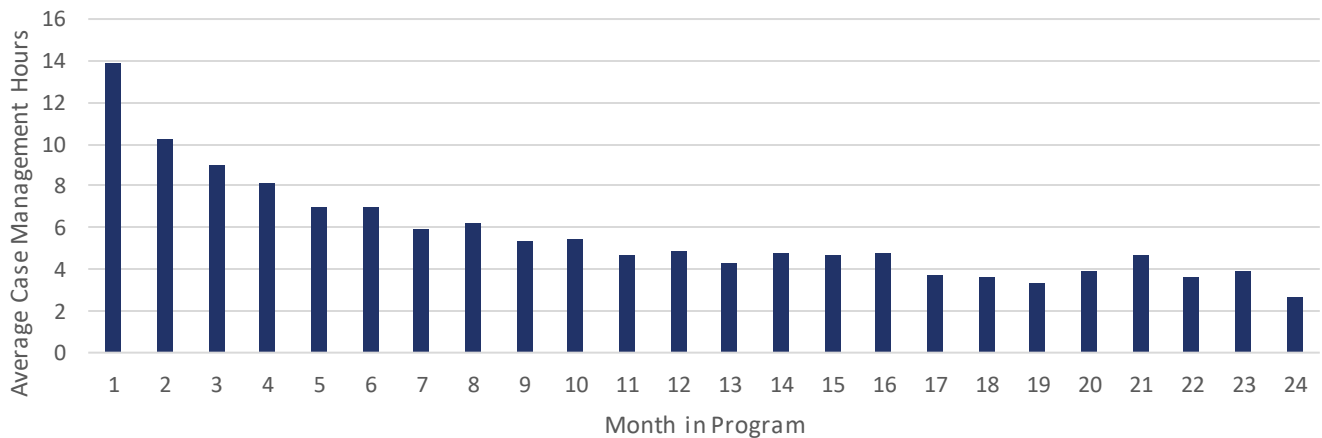
Figure 11. Families Typically Leased Up in About 4 Months (N = 199)



Case Management

Families receive an average of 7.6 hours of services per month from HPP during their first year in BFH. This includes services from both their case manager and their housing specialist. Case management services are more intensive while families are first engaging in BFH (an average of 14 hours during the first month) and while they are actively searching for housing (an average of 10 hours during their first 4 months; see Figure 12). Case management services become less intense (an average of 5 hours per month during months 5 to 24) after families are stably housed

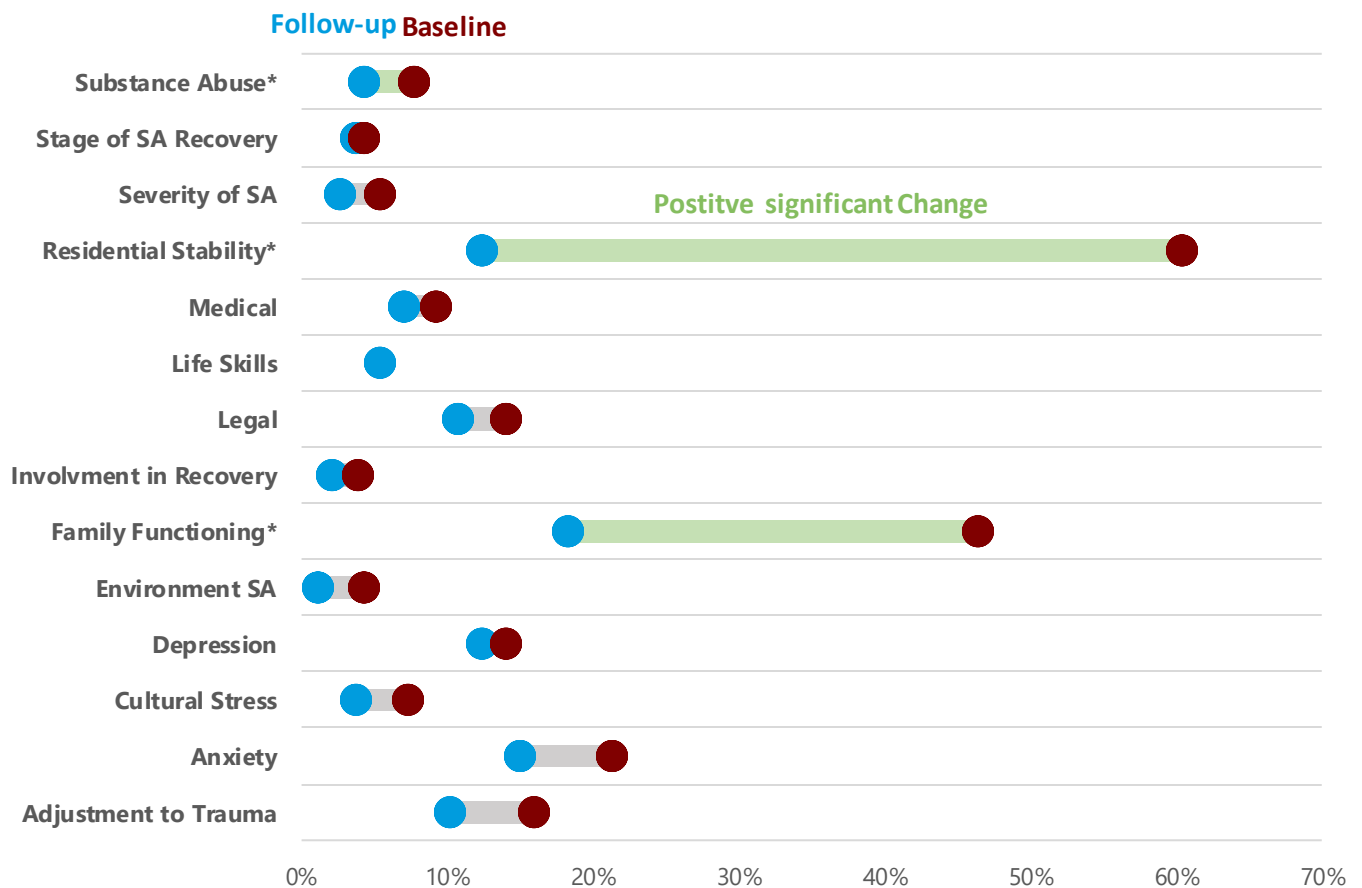
Figure 12. Services Are More Intensive While Families Search for Housing (N = 236)



Caregiver Well-being: Adult Needs and Strengths Assessments

Adults in BFH complete an Adult Needs and Strengths Assessment (ANSA) and a follow-up assessment every 6 months for as long as they remain in the program. Figure 13 shows the proportion of adults demonstrating actionable needs at baseline and at their most recent follow-up assessment for all adults who completed at least two assessments ($N = 186$). An ANSA domain is considered “actionable” if the family needs immediate services in that domain. The proportion of adults demonstrating service needs related to housing stability, family functioning, and substance abuse declined significantly over time.

Figure 13. Residential Stability Increased and Family Functioning Improved Over Time ($N = 186$)

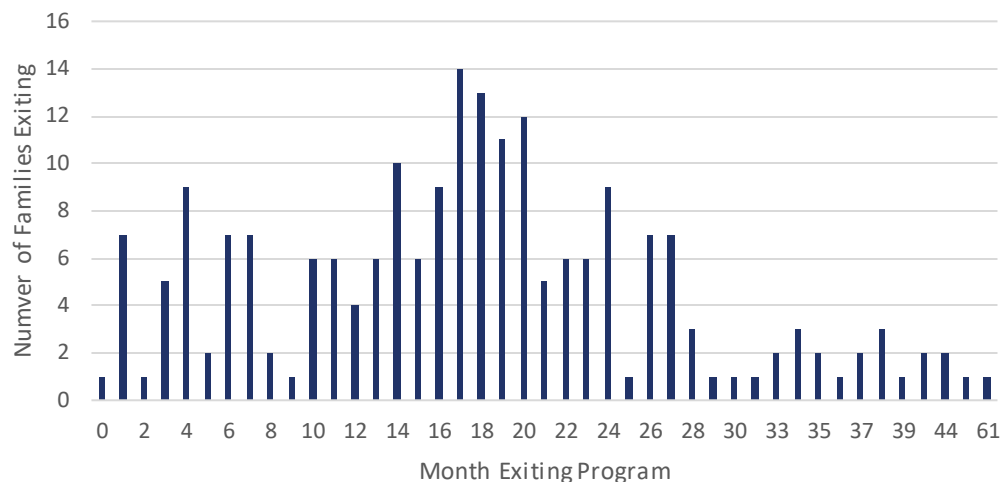


* Difference between baseline and follow-up is statistically significant at $p < .05$.

Duration in Program

Families spend an average of 18 months, or about 1.5 years, in BFH (see Figure 14). However, families have stayed in the program for as little as 1 month and for as long as 61 months.

Figure 14. Families Spent an Average of 18 Months in BFH (N = 206)



Program Outcomes

Achieving housing stability is the most common outcome for families leaving BFH. Overall, 83% of families were housed with a lease when they exited BFH. Most of those families (82%) achieved housing stability, meaning that in addition to being housed, their child welfare case successfully closed and they had no actionable needs on the ANSA (see Table 4). Other outcomes for housed and not-housed families include the termination of reunification services (7%) and disengagement (9%). Twenty-nine percent of families that were not housed exited BFH because they failed to reunify, compared to only 3% of the families that were housed. As of 4/30/2025, 21 families were still in the program, so their outcomes have not yet been observed.

Table 3. Majority of Families Exiting BFH Achieved Stable Housing

	Housed		Not Housed		Total	
	#	%	#	%	#	%
Achieved housing stability	140	82%	0	0%	140	68%
Reunification failed	5	3%	10	29%	15	7%
Disengaged	8	5%	10	29%	18	9%
Didn't achieve goals	3	2%	6	17%	9	4%
Partially achieved goals	4	2%	0	0%	4	2%
Moved out of county	2	1%	2	6%	4	2%
No longer eligible	3	2%	3	9%	6	3%
Other	6	4%	4	11%	10	5%
Total	171	100%	35	100%	206	100%

CHILD WELFARE EXPERIENCES AND OUTCOMES

Of the 215 families enrolled in BFH as of September 30, 2024, 54% were referred with family maintenance cases and 46% were referred with family reunification cases (see Table 5).⁶ Although some families had more than one child, the proportion of children and the proportion of families in each group are similar.

Table 4. Slightly More Families Referred to BFH Had Family Maintenance Cases

	Families		Children	
	<i>N</i>	%	<i>N</i>	%
Family maintenance	116	54%	178	52%
Family reunification	99	46%	165	48%
Total	215	100%	343	100%

Outcomes of Families and Children with Family Maintenance Cases

The main child welfare outcome we measured for families and children with family maintenance cases is out-of-home care placements following the BFH referral. Table 6 shows the cumulative number of families and children who experienced an out-of-home care placement within 6 months, 1 year, 2 years, 3 years, and 4 years of being referred. Out-of-home care placements were infrequent. As of 9/30/2024, only 10 families (9%) and 16 children (9%) had experienced an out-of-home care placement.

Table 5. Few Families with Maintenance Cases Had Children Placed in Out-of-Home Care

	Families (<i>N</i> = 116)		Children (<i>N</i> = 178)	
	<i>N</i>	Cumulative %	<i>N</i>	Cumulative %
Time from referral to placement				
6 months or less	4	3%	6	3%
Within 1 year	5	4%	7	4%
Within 2 years	7	6%	12	7%
Within 5 years	9	8%	14	8%
To date (as of 9/30/2024)	10	9%	16	9%

Experiences of Families with Family Reunification Cases

Figure 15 shows the number of children in families with family reunification cases who entered out-of-home care by year of entry. Most of these children entered care either the year before BFH was implemented (state fiscal year 2017) or during the first 3 years of BFH implementation (state fiscal years 2018–2020).

⁶ As noted above, child welfare administrative data were only available through 9/30/2024.

Figure 15. Most Out-of-Home Care Entries Occurred in State Fiscal Years 2017–2020 (N = 165)

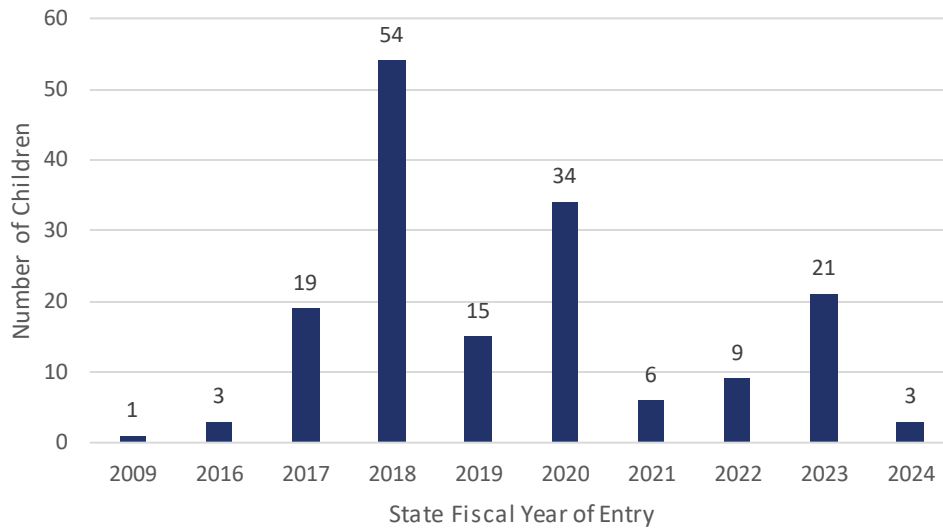
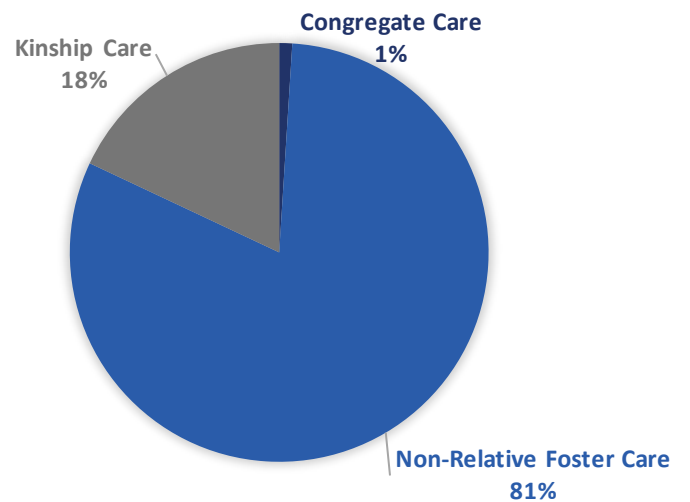
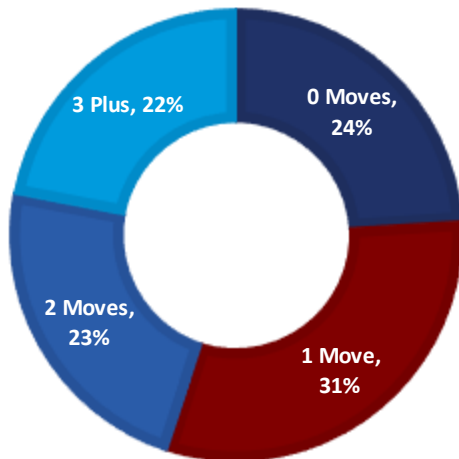


Figure 16. Most Children Were Placed in Non-Relative Foster Care (N = 165)



Most of the children were initially placed in non-relative foster care. A much smaller percentage were placed in kinship care (see Figure 16).

Figure 17. Most Children Experienced At Least One Placement Change (N = 165)



About three-quarters of the children in out-of-home care experienced at least one placement change; 31% changed placements once, 23% changed placements twice, and 22% changed placements three or more times (see Figure 17).

Outcomes of Families with Family Reunification Cases

The three main child welfare outcomes we measured for families and children with family reunification cases were discharge type, timing of reunification, and reentry. Eighty-eight percent ($n=146$) of the 165 children in families referred with a family reunification case had exited out-of-home care by September 30, 2024 (see Figure 18). A majority of the children who had exited care were reunified with family; most of the other children exited via adoption or kin guardianship.

Figure 18. The Majority of Children in Out-of-Home Care Were Reunified (N = 165)

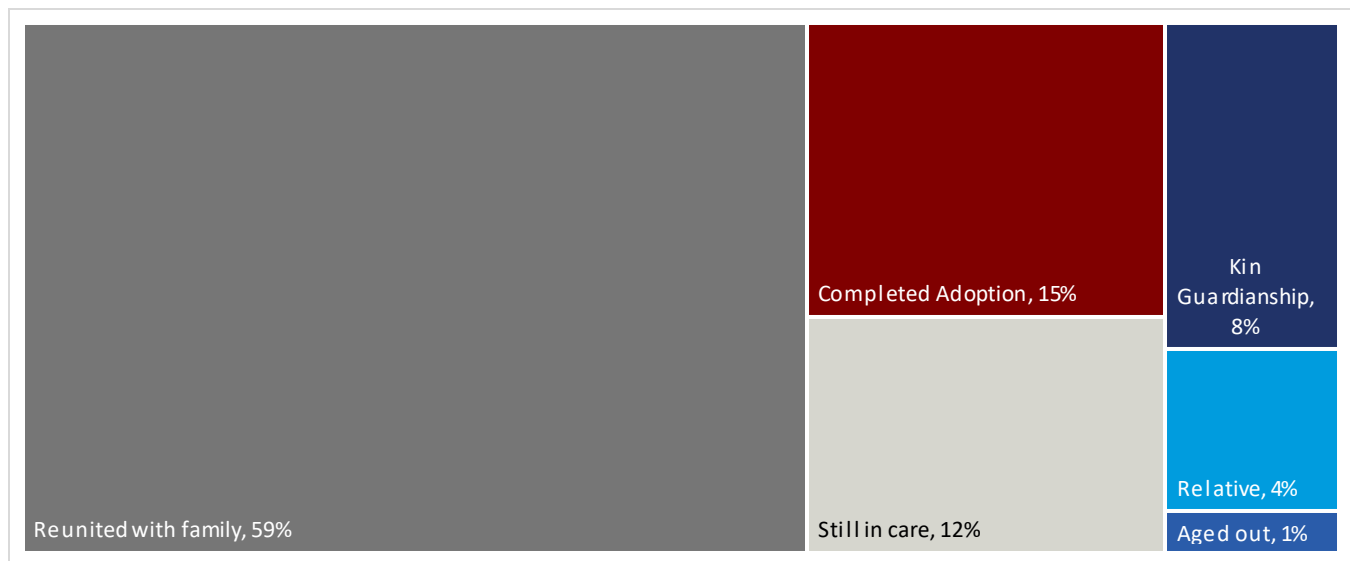
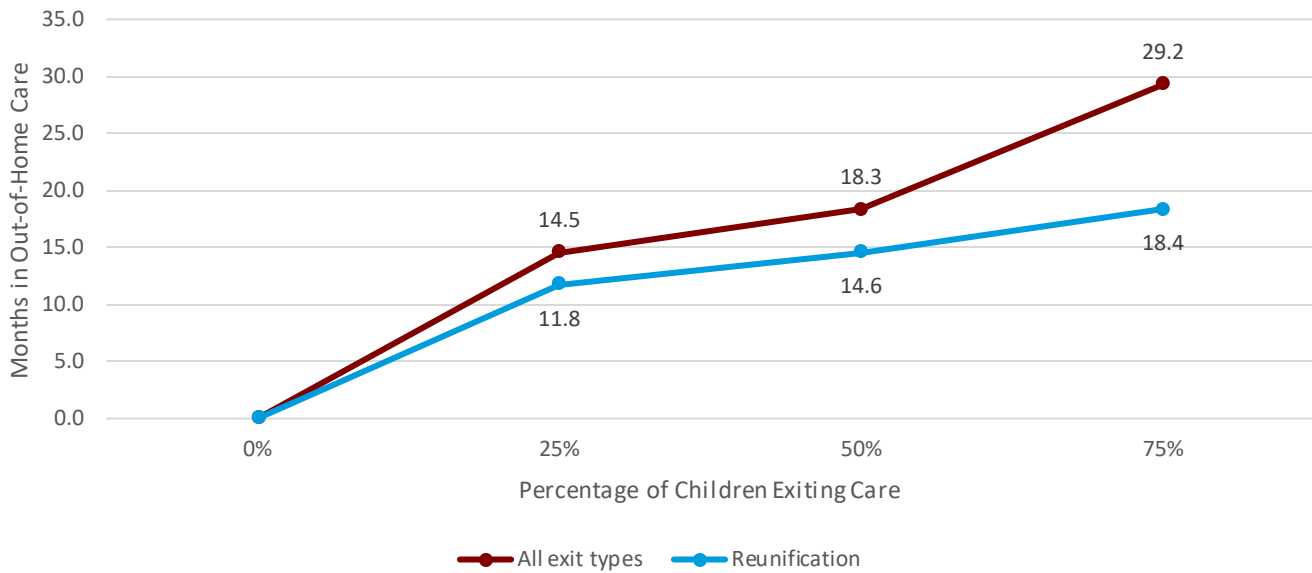


Figure 19 shows the rate at which children exited out-of-home care, using survival analysis. One-quarter of all children who entered out-of-home care exited within 14.5 months of entry, half exited within 18.3 months, and three-quarters exited within 29.2 months. Figure 19 also shows the rate at which children were reunified. One-quarter of the 98 children who reunified did so within 11.8 months of entry, half were reunified within 14.6 months, and three-quarters were reunified within 18.4 months. These data suggest that children who are going to reunify do so within the first 15 months after they are placed in out-of-home care. After 15 months, reunifications slow, and most children exit via adoption/guardianship.

Figure 19. Most Children Who Reunified Returned Home Within 15 Months



Children in BFH families take longer to reunify than is the norm for children in out-of-home care in San Francisco County. The median time to reunification for all children who entered out-of-home care in San Francisco County since 2017 was 6 months, compared to 14.6 months for children in BFH families. Two factors likely contribute to this difference. First, families are not referred to BFH until their child welfare case has been open for 6 months. Half the children who enter out-of-home care in San Francisco County are reunified by this point. Second, families are only eligible for BFH if they are experiencing homelessness. Children cannot be reunified if their families lack stable housing; it typically takes about 4 months for BFH families to be housed.

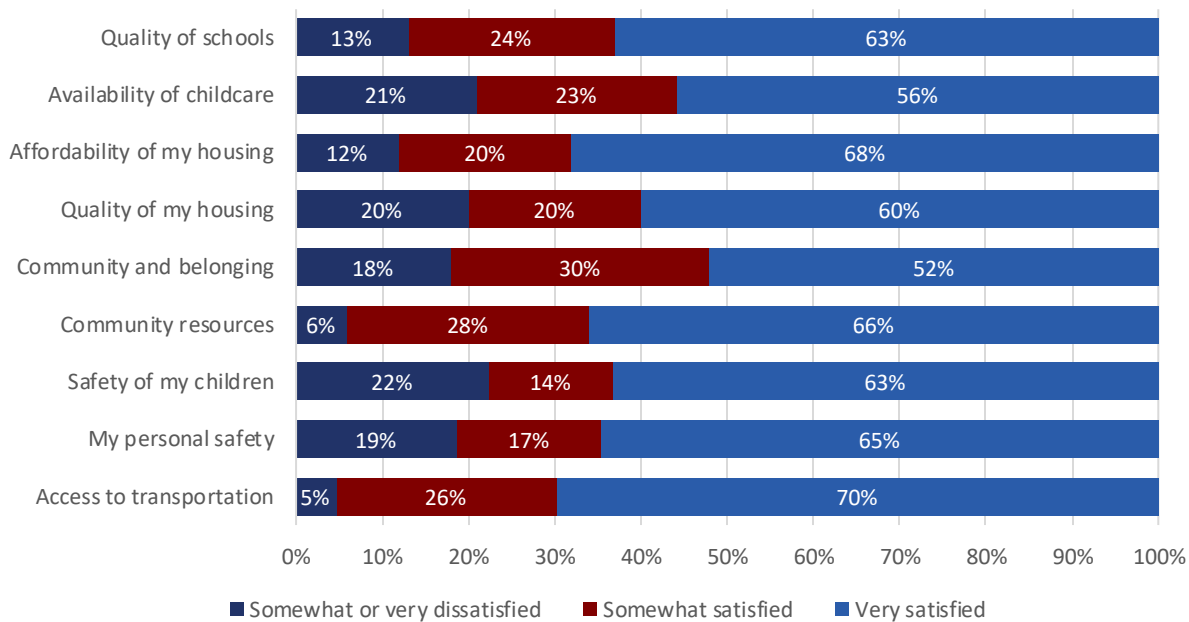
Finally, the reentry rate among children who are reunified with family is very low. Only 6% of the children who were reunified reentered out-of-home care within 1 year of reunification and only 14% had reentered out-of-home care as of September 30, 2024.

FOLLOW-UP SURVEY

Housing Stability

All but one of 50 caregivers (98%) in the Permanent Supportive Housing program who responded to the survey indicated that they still had their voucher and were living at the same address where they were housed by HPP. They also indicated that all of the children listed on their lease were still living with them. Most parents were satisfied with their access to transportation and community resources (see Figure 20). A majority were also very satisfied with the affordability and quality of their housing, the availability of child care, and the quality of schools. Caregivers were slightly more likely to be very satisfied with their own safety than with the safety of their children and were least likely to be very satisfied with their sense of community and belonging in the neighborhood where they were housed.

Figure 20. Overall, Parents Were Very Satisfied with Their Housing and Community (N = 50)



Caregivers were given an opportunity to respond to an open-ended question that asked “What else would you like to share about your family’s current living situation?” Most of those who responded had positive things to say. However, one parent lamented that “my family lives far. I don’t really get to see them.”

“We are so grateful for our home and love where we live now. It is a new life.”
-BFH Parent

“We are grateful for finally getting our own place!”
-BFH Parent

“I am happy that me and my kids are stable.”
-BFH Parent

Sustained Well-being

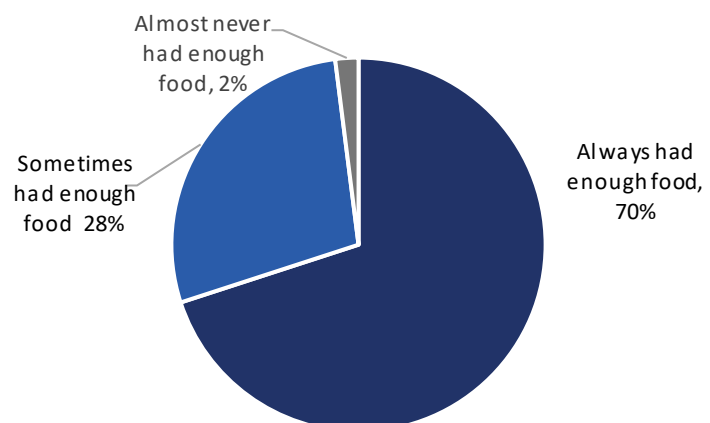
Although these caregivers had no actionable needs when they exited BFH, 46% reported at least one concern related to their well-being 6 months after exiting (see Table 7). Caregivers who reported a concern were asked a follow-up question about their concern. The most common concerns were about physical health (42%) and mental health (22%). However, only two-thirds of the caregivers who reported concerns about their physical health and only a third of the caregivers who reported concerns about their mental health were receiving treatment. Additionally, although concerns about their own alcohol or drug use were rare and all of those with concerns reported receiving treatment, 18% of the caregivers reported experiencing stressors or triggers in their lives that made them want to use substances.

Table 6. Nearly Half of Caregivers Expressed Well-being Concerns (N = 50)

	Number	Percentage
Are you or a family member experiencing any legal problems?	7	14%
Are you or a family member at risk of going to jail? (n = 7)	3	
Do you have any concerns about your physical health?	21	42%
Are you receiving treatment for your physical health? (n = 21)	13	
Do you have any concerns about your mental health?	11	22%
Are you receiving treatment for your mental health? (n = 11)	4	
Do you have any concerns about your own use of alcohol or drugs?	3	6%
Are you receiving any alcohol or drug treatment services? (n = 3)	3	
Any stressors or triggers that make you want to use substances?	9	18%
Are you experiencing domestic violence?	2	4%
At least one concern	23	46%

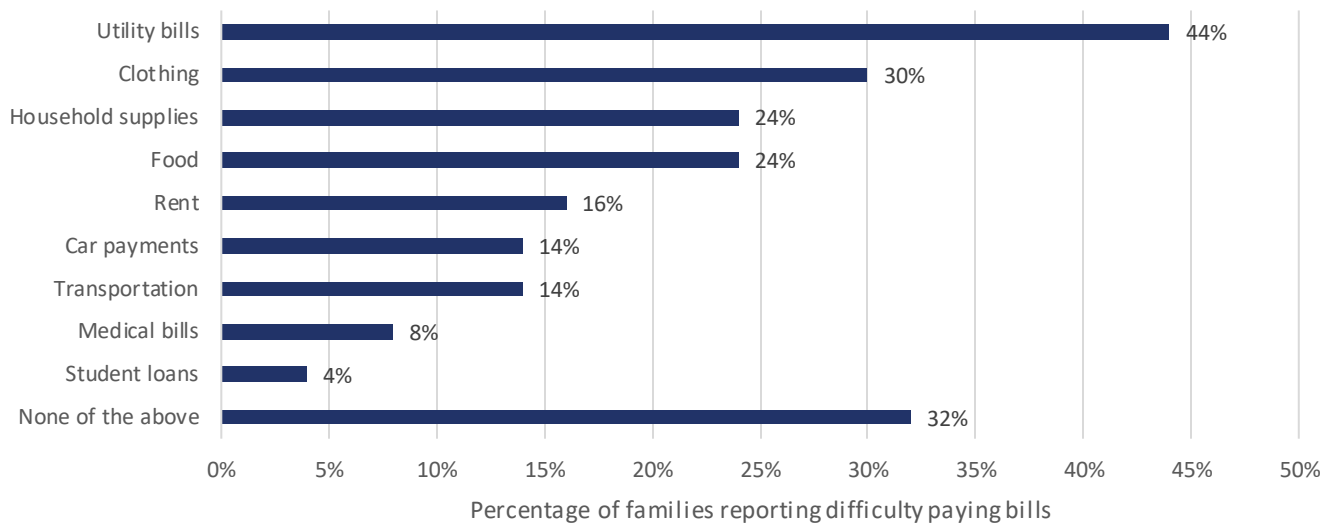
Figure 21. Nearly One-Third of Families Did Not Always Have Enough Food (N = 50)

About two-thirds of the caregivers reported that their family always had enough food to eat last month and 30% reported that their family sometimes had enough food. One parent who responded to the survey during the COVID-19 pandemic said that their family almost never had enough to eat (see Figure 21).



Although families are expected to be financially stable when they exit BFH, 44% of the caregivers reported difficulty paying utility bills, 30% reported difficulty buying clothing, and about a quarter reported difficulties paying for food and household supplies (see Figure 22). One in six caregivers reported difficulty paying rent, suggesting that housing costs were a burden for some families even with a voucher. Only one-third of the caregivers reported no difficulties paying bills.

Figure 22. Two-Thirds of Caregivers Reported Difficulty Paying Bills (N = 50)



When caregivers were asked whom they would seek help from for different types of needs, their responses varied depending on need type (see Table 8), and some caregivers indicated that they would seek help from multiple sources. Caregivers reported being most likely to seek help from HPP for needs related to domestic violence, household management, paying rent and utility bills, or feeding their family. A majority of the caregivers would seek help from a service provider other than HPP for needs related to physical health, mental health, substance use, finding employment, and legal trouble. Although caregivers would be least likely to turn to family or friends for most needs, more than a third would turn to family or friends if they were experiencing domestic violence or needed help feeding their family. Caregivers were most likely not to know from whom to seek help if they were having difficulty paying rent.

Table 7. Caregivers Would Seek Help from Different Sources Depending on the Potential Need

	HPP	Another agency	Family or friends	Don't know
Domestic violence	48%	46%	42%	10%
Physical health	18%	62%	24%	8%
Mental health	34%	60%	30%	10%
Substance Use	28%	56%	26%	16%
Finding employment	34%	56%	22%	14%
Household management	48%	44%	24%	16%
Legal trouble	28%	56%	14%	18%
Paying rent	50%	44%	22%	22%
Paying utility bills	48%	46%	16%	18%
Feeding my family	60%	48%	36%	14%

Caregivers also had an opportunity to respond to the question, “What else would you like to share about the challenges your family is facing right now?” Several caregivers shared challenges with managing their household and paying bills, especially when they are unable to work and care for young children. One parent with medical concerns shared that HPP helped lessen their financial burden. The boxes below show selections of parents’ comments.

“My kids are still too young for me to find a full-time job. My rent was just more than doubled so I'm very concerned about having considerably less money each month.”
-BFH parent

“As a single parent of two toddlers I struggle to keep the household in order, laundry, dishes, etc. I'm fearful if I gain employment I would have zero time to keep up our home as I am already struggling day to day .” -BFH parent

“As both parents are not working, due to medical reasons, it's been difficult to pay bills with the assistance we received through CalWORKs. But recently, HPP help[ed] lessen the burden.”
-BFH parent

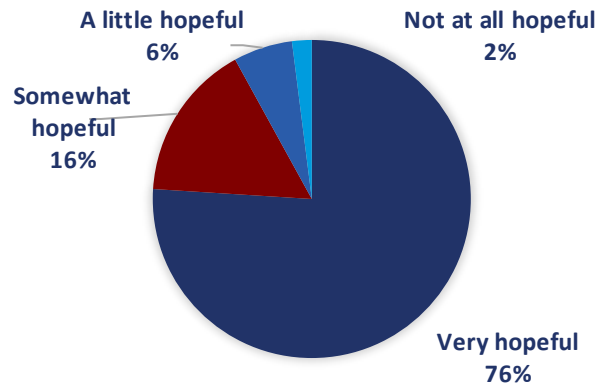
Forty percent of caregivers reported that they were currently employed. All caregivers were asked if they were experiencing any employment-related challenges regardless of current employment status. Just under half of all caregivers (48%) indicated that they were not experiencing any employment-related challenges (see Table 9). However, more than a third of caregivers (37%) who were not currently employed reported trouble finding a job. Of the currently employed caregivers, 30% were worried about losing their job and a quarter had concerns about low wages.

Table 8. Half of Caregivers Reported One or More Employment-Related Challenge

	Employed (N = 20)		Not Employed (N = 30)		Total (N = 50)	
	#	%	#	%	#	%
Trouble finding a job	0	0%	11	37%	11	22%
Worried about losing my job	6	30%	1	3%	7	14%
Low wages	5	25%	5	17%	10	20%
Trouble finding transportation to work	2	10%	1	3%	3	6%
Trouble finding or paying for childcare	2	10%	3	10%	5	10%
None of the above	9	45%	15	50%	24	48%

Three-quarters of the caregivers were feeling very hopeful and 16% were somewhat hopeful about their family's future (see Figure 23). Three caregivers indicated that they were only a little hopeful, and one caregiver was not at all hopeful.

Figure 23. Most Caregivers Were Very Hopeful about Their Family's Future (N = 50)



When asked if they wanted to share anything else about their experience with BFH, several caregivers expressed appreciation for the program and how it helped them.

“BFH has changed the quality of life I have with my family. We have a roof over our head at a price that is manageable. I am extremely grateful to have participated in this program, we no longer have housing instability, and Homeless Prenatal is extremely supportive.” -BFH parent

“I'm absolutely grateful for this program, my housing case manager and housing specialist were both great! They made themselves easily available and helped make everything so simple as far as receiving the voucher, application process, move-in, signing the lease. I will be forever grateful to these wonderful people.” -BFH parent

Other caregivers expressed a desire to continue receiving supportive services from HPP after they completed the program.

“The whole process was amazing, and I'm very satisfied. The only problem is that I graduated from everything so I have very little support and my children are still very young so it's hard for me to do all the things I need to do.” -BFH parent

“I feel like all the support we had to make sure that our family never ended up in the system again disappeared, and whenever I reached out to people for help I feel like nobody really listens or that everyone is just overwhelmed due to COVID and is mostly just spread thin.” -BFH parent

STAFF EXPERIENCES WITH BFH

We asked HPP SF-HSA staff ($N = 5$) about the challenges they had experienced while implementing BFH. All of the interviews were conducted after the transition from the permanent supportive housing to the rapid re-housing model. Their experiences are not necessarily representative of the experiences of all staff involved with BFH implementation. However, the interviews do add a perspective that is important to the evaluation.

Challenges Serving Families with Complex Needs

One implementation challenge staff discussed was serving families with complex needs. BFH families often present with an array of needs in addition to housing. They need help with workforce development and job placement, child care and education, and navigating the child welfare system. Some also need assistance for undocumented family members. However, the three most common needs among BFH families are those related to mental health, (chronic) substance abuse, and domestic violence. Because the rental subsidies are limited to 2 years, staff are under immense pressure to help families stabilize their housing—sometimes after a long period of housing instability—while simultaneously addressing all their other needs.

“And so it's been hard, because a lot of times we're seeing within these 2 years is that within the 1st year, we're just prioritizing stabilization.” -BFH Staff

Another challenge staff face when it comes to serving BFH families is their general lack of trust in the system due to their experiences with child protective services. This lack of trust can prevent families from engaging in other services, or at the very least, prevent them from engaging in a way that will help them become more stably housed.

“... child welfare services, you know, nationwide, we have...a reputation. We've been changing practices for decades and trying to get better and better. But we have a reputation for doing things that we probably should not have, you know, removed children in situations when we shouldn't have and how many of those removals, and how many of those poor decisions made are related to, you know, institutional racism, and you know, implicit bias. So there's a trust issue.” -BFH Staff

Staff also believe that cultural awareness and sensitivity are essential. Understanding and addressing cultural differences, as well as navigating language barriers, are crucial for effectively supporting diverse families. However, hiring staff who represent the language needs of families is a challenge.

“You know we have challenges with hiring with the county, and our partners and CBOs have the same, probably more difficult challenges because of the level of pay they can provide, but we try to. We try to do things like have, you know, a representative staff at all these agencies when they can, and you know, we try to offer languages that are needed. Spanish, Tagalog, and I think Mandarin are like the three big ones for San Francisco, when it comes to language needs.” -BFH Staff

Staff also shared challenges related to domestic violence, which is a growing problem among BFH families and can adversely impact their housing stability. Staff believe that being able to recognize and respond appropriately to the unique challenges faced by victims of domestic violence is vital.

Challenges Related to the Transition to Rapid Re-housing

Another implementation challenge staff discussed was transitioning from a program that provided permanent supportive housing vouchers to a program that provides time-limited subsidies (rapid re-housing). Under the new model, families are only provided with 2 years of housing assistance. This can be daunting for families given the complexity of their needs.

“So one challenge is kind of having an off ramp for families if they're not going to be able to afford where they're staying.” -BFH Staff

The rapid re-housing model can also be daunting for staff. Dealing with families that are not able to maintain their housing at the end of the subsidy period is a challenge, one they did not experience when families were receiving permanent vouchers.

“A lot of clients feel like they're scrambling by the end of the program, and I think you know, not having that sense of security can be tough. Yeah. And can also, you know, make our jobs harder, too.” -BFH Staff

Staff also noted that because rapid re-housing does not necessarily provide a pathway to permanent supportive housing, some eligible families choose not to take the subsidy.

“The rapid re-housing model is not as enticing as a permanent structure. So we've actually had—I don't know the numbers, but I know we've had some families who've.. ..declined.” -BFH Staff

Staff also struggle to find reasonably priced housing that meets families' needs. Collaborating with more private landlords could help, but San Francisco's high housing costs make meeting families' housing needs very difficult.

Resources and Sustainability

The program has faced funding uncertainty in state budgets, which makes it difficult to provide services and plan for the sustainability of the program. Staff talked about the difficulties of effectively responding to families' needs without enough resources.

**"I mean, I think it all comes down to sometimes budgeting and manpower. We are just one team. There's like 12 of us on the team, and there are things that sometimes we want to be able to support with. But the reality of it is, we just don't have the budget to do it."
-BFH Staff**

The uncertainty of funding beyond 2026 has been another source of stress for staff.

"I know budgeting will be changed, changing as of 2026. So, I think, yeah, now, there's a push to our new referrals that we just got for them to be housed by June of 2025...which I think is a very extra strenuous burden on our housing specialists." -BFH Staff

The sustainability of the model also depends on the child welfare system recognizing and addressing the housing needs of families, which has been a success of the program. This shift requires a re-evaluation and re-education of the existing staff, particularly the protective service workers. Staff mentioned that housing needs are being noted more deliberately and addressed sooner, with more support provided.

"In my experience with child welfare, I do think that there has been more emphasis on getting families housed. . . " -BFH Staff

Staff also reported that protective service workers are "asking us if they're [families are] eligible, and you know, and pursuing housing resources."

DISCUSSION

Summary of Findings

San Francisco's BFH was first implemented in 2017. Since its inception, 236 families have participated in the program. BFH families are predominantly single-parent households, and a majority include young children. Most of these families found stable housing, usually within 4 months of enrolling in the program. BFH housed a larger portion of families, and housed them in less time, than Families Moving Forward, the demonstration project that preceded BFH (Haight et al., 2018).

Families received intensive case management services and housing search assistance while they were actively searching for housing. They continued to receive supportive services for about a year after they were housed. However, staff reported that some families do not engage in services due to a lack of trust in "the system" and that serving families with complex needs is challenging, especially when families are limited to 2 years of subsidized housing.

Family and caregiver well-being improved while families were engaged in the program, especially in the domains of residential stability, family functioning, and substance use problems that require treatment. These findings are consistent with findings from the evaluation of Families Moving Forward, although BFH families did not experience significant improvements in caregiver well-being in as many domains.

The families that have exited BFH so far typically remained in the program for a year and a half, and most had stable housing at exit. However, some families exited the program because reunification efforts were terminated or they became disengaged. Six months after exiting BFH, families that successfully completed the program were still housed, but some were struggling to pay bills and facing employment-related challenges. Families shared positive experiences with the services they received, although some families expressed a desire for longer term support from HPP.

Few families receiving in-home services when they were referred to BFH experienced an out-of-home care placement. Most families receiving reunification services successfully reunified and their children did not reenter foster care. However, BFH families reunified more slowly than is typical for San Francisco County families or than families that participated in Families Moving Forward (Haight et al., 2018). Additionally, children who were still in out-of-home care beyond 15 months were likely to exit out-of-home care via adoption or legal guardianship rather than reunification.

Policy and Practice Implications

Our findings suggest that supportive housing interventions may help homeless families stabilize and successfully close their child welfare case. Most BFH families found and maintained stable housing. Most also avoided having their children placed in out-of-home care or successfully reunified without a subsequent child removal. Fewer children in foster care—either because they never entered or because they were returned to their families—translates to cost savings for state and county child welfare systems.

Thus, our findings are consistent with prior studies that suggest that public child welfare agencies should embrace supportive housing as an effective strategy to keep families together. This is also a primary goal of the Family First Preservation Services Act of 2018. That legislation aims to prevent children from entering foster care by providing families with mental health, substance abuse, or parenting services. Such

services are essential to a supportive housing program, but families experiencing homelessness also need access to safe and affordable housing.

The U.S. Department of Housing and Urban Development's Family Unification Program provides housing vouchers for some families experiencing homelessness with child welfare system involvement. However, finding housing and leasing up can take several months for families that have a voucher, in part because landlords are often unwilling to rent to voucher holders (Cunningham et al., 2018). The housing search assistance BFH provides may help families with vouchers successfully lease up.

Moreover, the demand for vouchers outstrips the supply in some communities, including San Francisco. That is why BFH recently switched from offering permanent vouchers to offering time-limited rapid re-housing subsidies. In interviews, staff reported multiple challenges serving families with complex service needs under the new model.

Additionally, families are not referred to BFH until their case has been open for at least 6 months. Consequently, many families initially identified as homeless by SF-HSA were screened out, primarily because reunification efforts had been (or were likely to be) terminated or their case had already been closed by the time they were referred. Intervening earlier could remove lack of stable housing as a barrier to reunification, potentially keeping more families together and reducing the amount of time children spend in foster care.⁷

Finally, during interviews, staff noted a large challenge: the sustainability of BFH. The program is not able to serve all eligible families and stopped enrolling new families in March 2025. There has been uncertainty with additional state funding available for the program, and applications for more Section 8 vouchers have been unsuccessful. Without stable funding, the program is unable to plan for the future and serve families that may benefit.

Limitations

It is important to acknowledge several limitations of this study. First, although our findings are consistent with the results of prior randomized controlled trials, the absence of a comparison group means that we cannot attribute any of the outcomes we observed to BFH. Second, 46% of the primary caregivers did not respond to our follow-up survey; the families of the caregivers who did respond may be more stable than the families of those who did not. Third, the sample of staff ($N = 5$) interviewed are not necessarily representative of all program staff. Finally, most families that enrolled in rapid re-housing are still in the program; their outcomes have not yet been observed.

⁷ Families Moving Forward, BFH's predecessor, did not have a 6-month waiting period before families could be referred (Haight et al., 2018).
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APPENDIX A. THEORY OF CHANGE

CURRENT STATE

- Homeless families are at risk and have comorbidities that may lead to child welfare involvement
- Homelessness prevents families from successfully closing their child welfare case



ASSUMPTIONS

- Housing acquisition and retention leads to successful child welfare case closure
- Housing increases protective factors
- Housed families are more able to remediate comorbidities that complicate their child welfare case
- Time-limited housing helps move families out of crisis (rapid re-housing only)
- Families can become financially stable and connected to community-based services



INTERVENTION

- Early focus on housing for child welfare system-involved families
- Assessment for and awareness of housing issues at SF-HSA
- Time-limited, needs-based housing subsidy with support
- Integrated case management between HPP and SF-HSA
- Services to increase income, including employability, to help prepare families for successful exit
- Steps to close child welfare case
- Families will be able to exit to housing that is affordable for them



PRECONDITIONS

- Families adhere to the requirements of HPP's housing program
- Families complete the leasing process and engage in services
- Families complete their child welfare case plan and benefit from supportive services
- SF-HSA and HPP collaborate to reach "a level of alignment"



OUTCOMES

- Families are successfully housed and maintain stable housing
- Children and parents are matched to services
- Families linked to mainstream services for ongoing needs
- Child safety issues are addressed
- Children reunify or remain at home
- Closed child welfare cases with no new referrals
- Families are strengthened and family functioning improves
- Families secure steady income and are able to afford rent

