



Evaluation Report

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 195 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 caregivers report receiving a mix of emotional and material support from their Homeless Prenatal Program case manager.

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 and 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., 2019; 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 at the University of Chicago 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 195 families (248 adult caregivers and 339 children) that enrolled in BFH between July 1, 2017 and June 30, 2023.

PROGRAM DESCRIPTION

Since 2017, San Francisco's Bringing Families Home (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 participation 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 (PSH) and rapid re-housing (RRH). Families enroll in PSH or RRH based on their eligibility for a Section 8 Housing Choice voucher and on voucher availability. PSH families are given a Family Unification Program (FUP) Section 8 Housing Choice 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. RRH families are given time-limited state-funded subsidies for a maximum of two 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, have an open family reunification or family maintenance child welfare case, and 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 the San Francisco Human Services Agency (SF-HSA) during a child protective services 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 PSH must also meet eligibility criteria for Section 8 Housing Choice Vouchers (HCV). 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 registered

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

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 Homeless Prenatal Program (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. PSH families are asked to start gathering income verification and vital documents needed to apply for an HCV.

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 PSH 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 communicate with landlords.

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.

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 PSH families, HPP fills out any necessary HCV 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. Once families move in, they, and their landlords, can use The housing specialist remains a resource to families and landlords once families move in.

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 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. PSH 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.

RRH 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. 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. The timeline for key BFH events is shown in Table 1.

Table 1. Key BFH events

Key BFH Event	PSH Timeline	RRH 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

METHODS

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.

Implementation-Related Questions

- What are the characteristics of BFH families?
- What supportive services did families receive?
- What were families' experiences with the housing process?

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 achieve 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 (CQI). 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. Due to a lag in data availability, this report uses child welfare records through 12/31/2022.

Parent Interviews

Nine primary caregivers (7 mothers and 2 fathers) were interviewed in 2022 to learn about their experiences with the program. All of their families had received PSH and were still active in the program. They received a \$50 gift card for completing an interview. Interviews were transcribed, and the transcriptions were coded and analyzed.

Follow-up Survey

The evaluation team sent a survey link via text message or email to the primary caregiver in 60 families that had successfully completed the program six months after they had exited. 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. Thirty-three of the 60 caregivers completed the survey, resulting in a 55% response rate.

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

RESEARCH QUESTION	INDICATOR(S)	DATA SOURCE(S)			
		Program	Child welfare	Interviews	Surveys
WHAT ARE THE CHARACTERISTICS OF BFH FAMILIES?	<ul style="list-style-type: none"> • 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?	<ul style="list-style-type: none"> • Program enrollment • Case management contacts 	<input checked="" type="checkbox"/>			
HOW MANY FAMILIES WERE HOUSED?	<ul style="list-style-type: none"> • # of families housed 	<input checked="" type="checkbox"/>			
HOW LONG DID IT TAKE FAMILIES TO LEASE UP?	<ul style="list-style-type: none"> • Days to first lease event • Family reports of housing experience 			<input checked="" type="checkbox"/>	
WHAT WERE FAMILIES' EXPERIENCE WITH THE HOUSING PROCESS?	<ul style="list-style-type: none"> • 			<input checked="" type="checkbox"/>	
HOW MANY CAREGIVERS' WELLBEING IMPROVED?	<ul style="list-style-type: none"> • Changes in ANSA scores 	<input checked="" type="checkbox"/>			
HOW MANY FAMILIES SUCCESSFULLY COMPLETED BFH?	<ul style="list-style-type: none"> • Outcome at BFH exit 	<input checked="" type="checkbox"/>			
HOW MANY FAMILY REUNIFICATION FAMILIES REUNIFIED?	<ul style="list-style-type: none"> • # of families reunified • # of children reunified • Time to reunification 			<input checked="" type="checkbox"/>	
HOW MANY REUNIFIED FAMILIES HAD A CHILD REENTER CARE?	<ul style="list-style-type: none"> • # of families whose children reenter care • # of reunified children who re-enter care 			<input checked="" type="checkbox"/>	
HOW MANY FAMILIES MAINTAINED STABLE HOUSING AFTER EXITING BFH	<ul style="list-style-type: none"> • Family report of housing 				<input checked="" type="checkbox"/>

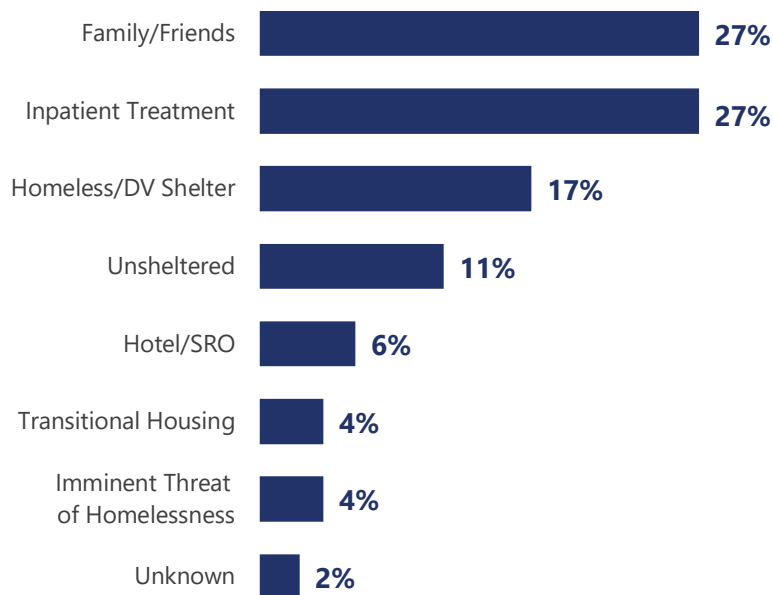
FAMILY AND CHILD CHARACTERISTICS

Family Characteristics

The 195 families enrolled in BFH include 248 adult caregivers and 339 children. The average family included 2.8 members and 79% of BFH families are single-parent households. The average number of children per family is 1.7 and 69% of the families include at least one child under age 5.

Figure 1 shows the type of homelessness families were experiencing at the time of referral. Over one-quarter of the families were living doubled up with family or friends. An equal percentage were in an inpatient substance use treatment program.⁵ Seventeen percent of the families were staying in a homeless or domestic violence shelter and 11 percent were unsheltered, meaning that they were living on the street or in a vehicle.

Figure 1. Most Referred Families Were Staying with Family or Friends or in Inpatient Treatment (N=195)

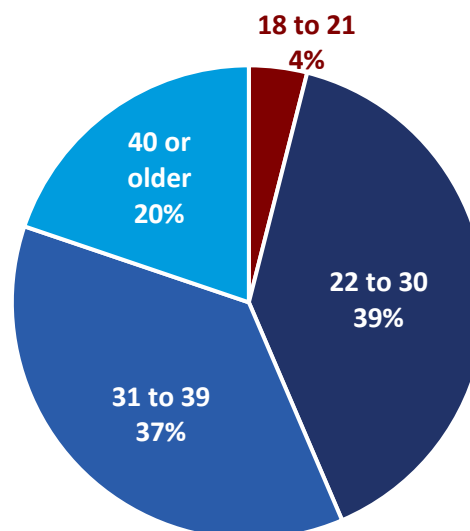


Adult Caregiver Characteristics

Three-quarters of the caregivers were female and most were between 22 and 39 years old (see Figure 2). The caregivers' average age was 34.

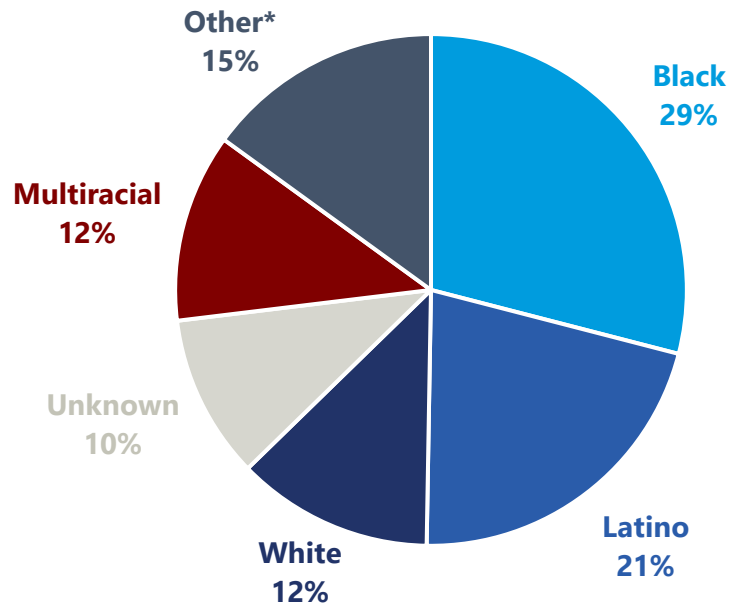
Information about caregiver race/ethnicity and highest education level was available for the 193 caregivers who completed an ANSA. Figure 3 shows that half of the caregivers identified as Black (29%) or Latino/a (21%).

Figure 2. Most Caregivers Were between 22 and 39 Years Old (N=248)



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.

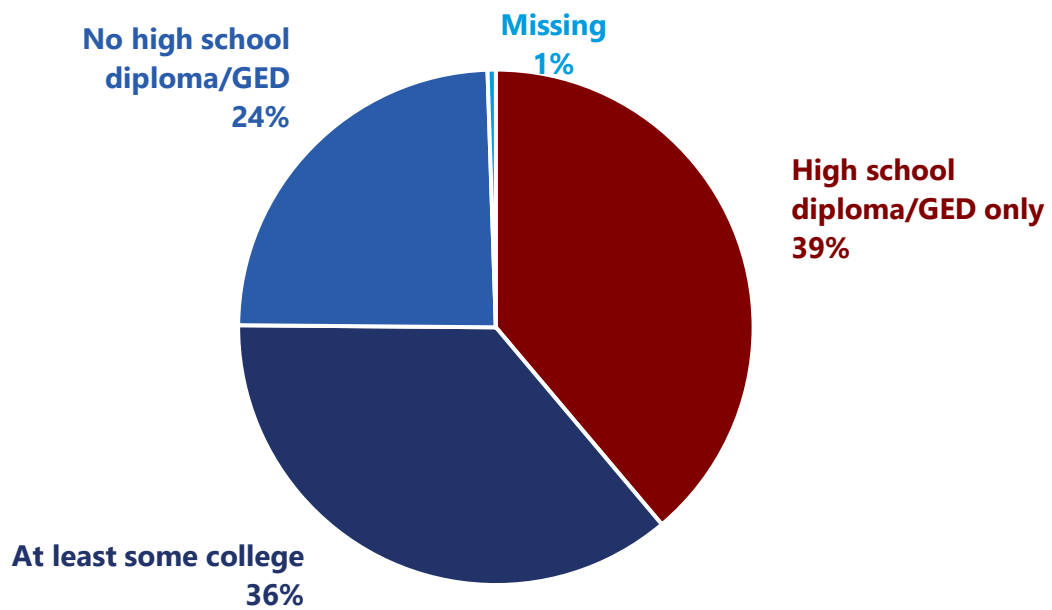
Figure 3. Most Caregivers with a Completed ANSA Identified as Black or Latino (N=193)



* Other includes Asian (7%) and Native American (2%)

Thirty-nine percent of the caregivers had a high school diploma or GED, and 37 percent had completed at least some college (see Figure 4). One-quarter of the caregivers had not completed high school.

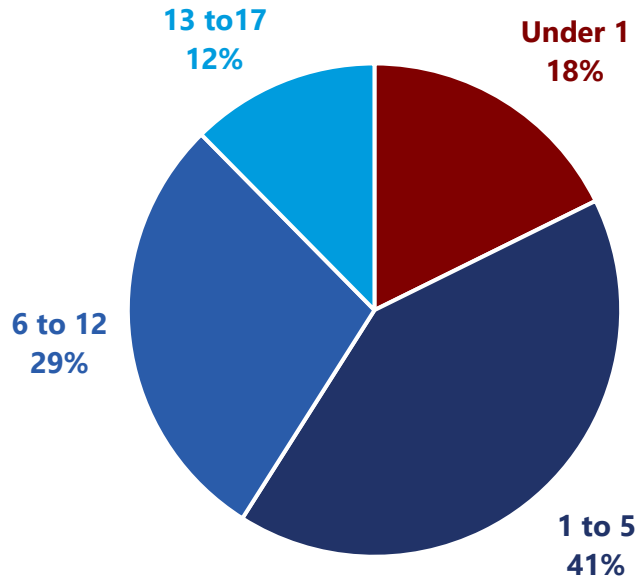
Figure 4. Three-Quarters of the Caregivers with a Completed ANSA Had At Least High School Diploma or GED (N=193)



Child Characteristics

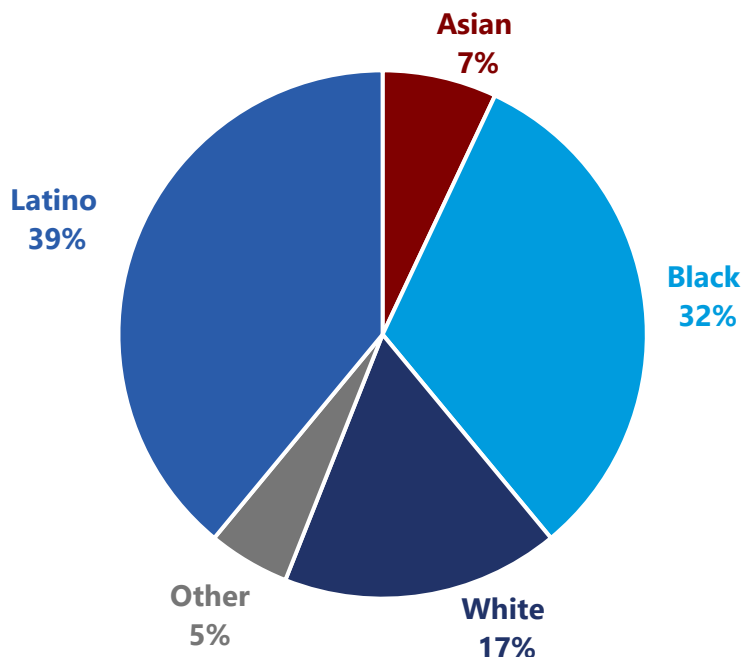
A majority of the children were age 5 or younger when their families were referred to BFH (see Figure 5). Sixty-nine percent of families had at least one child under age 5.

Figure 5. A Majority of Children in BFH Families are Age 5 or Under (N=339)



Information about the race of children is only available from the child welfare administrative data for the 145 children who were placed in out-of-home care. Figure 6 shows that most of these children were either Latino (39%) or Black (32%).

Figure 6. Most Children in Out-of-Home Care Were Latino or Black (N=145)



PROGRAM OUTCOMES

Screening and Referral

Of the 631 families screened for eligibility between July 2017 and June 2023, 225 (36%) were determined to be eligible and referred to BFH. By far, the most common reason families were screened out as ineligible was that reunification services had been terminated (42%; see Table 3). Less common reasons included closure of the family's child welfare case (15%), missing vital documents (14%), or no longer being homeless (11%).

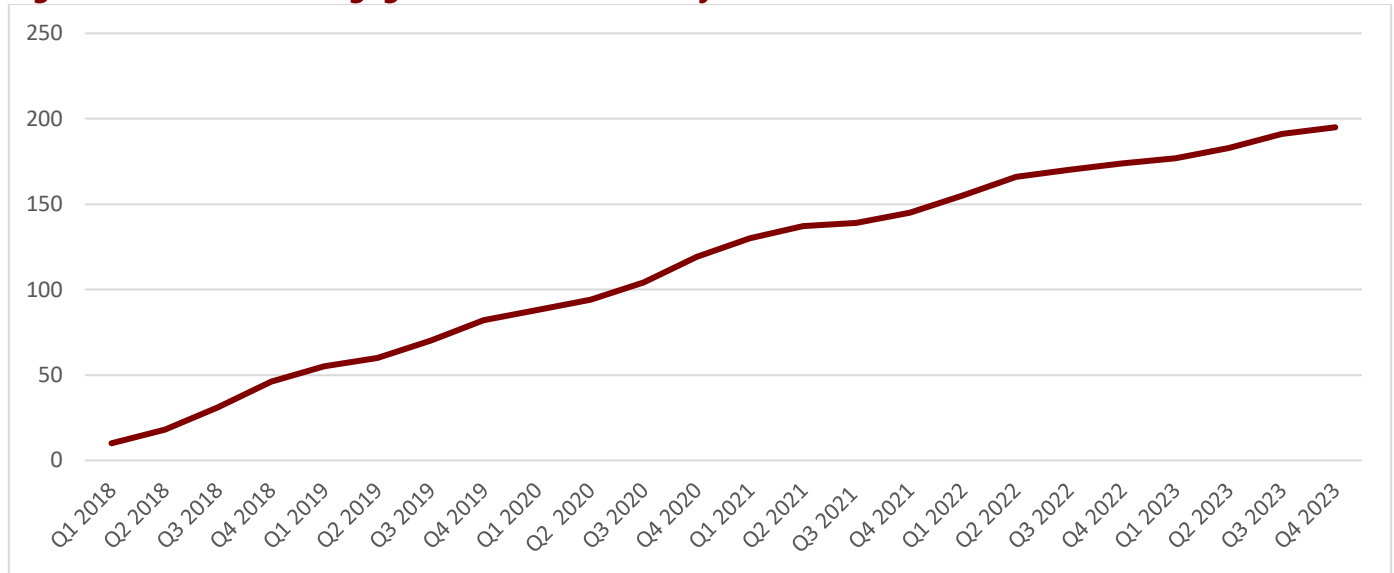
Table 3. Most Common Reason for Ineligibility Was Termination of Reunification Services (N = 406)

Ineligibility reason	Number of families	Percentage of families
Termination of reunification services	170	42%
Child welfare case closed	62	15%
Missing vital documents	55	14%
Housed	43	11%
Missing reason	25	6%
FUP ineligible	22	5%
Out of county	17	4%
Unaccompanied minor	5	1%
Does not meet risk criteria	4	1%
Other	3	1%

Engagement

Of the 225 families referred to BFH between July 2017 and June 2023, 195 (87%) engaged with HPP and completed an orientation meeting (see Figure 7). Of those 195 families, 186 enrolled in BFH while permanent housing vouchers were available. Vouchers were not available when the other 9 families enrolled.

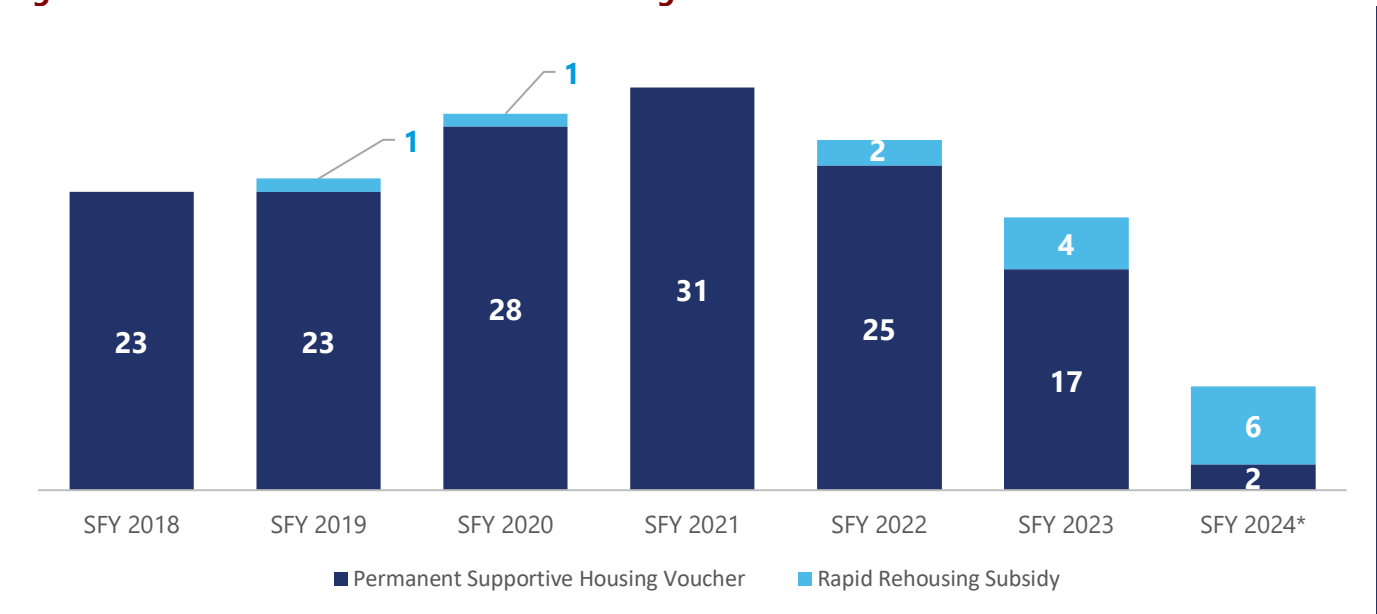
Figure 7. 195 Families Engaged with HPP Since July 2017



Housing

A total of 163 families had been housed as of September 30, 2023 (see Figure 8). Ninety-one percent (n = 149) of these families were housed with permanent supportive housing vouchers. The other 14 families were housed with rapid rehousing subsidies.

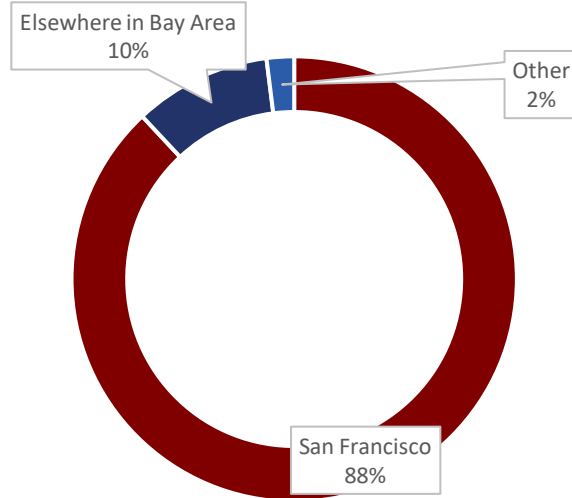
Figure 8. Most Families Were First Housed Using Permanent Vouchers



*Only includes data for the first quarter of state fiscal year 2024

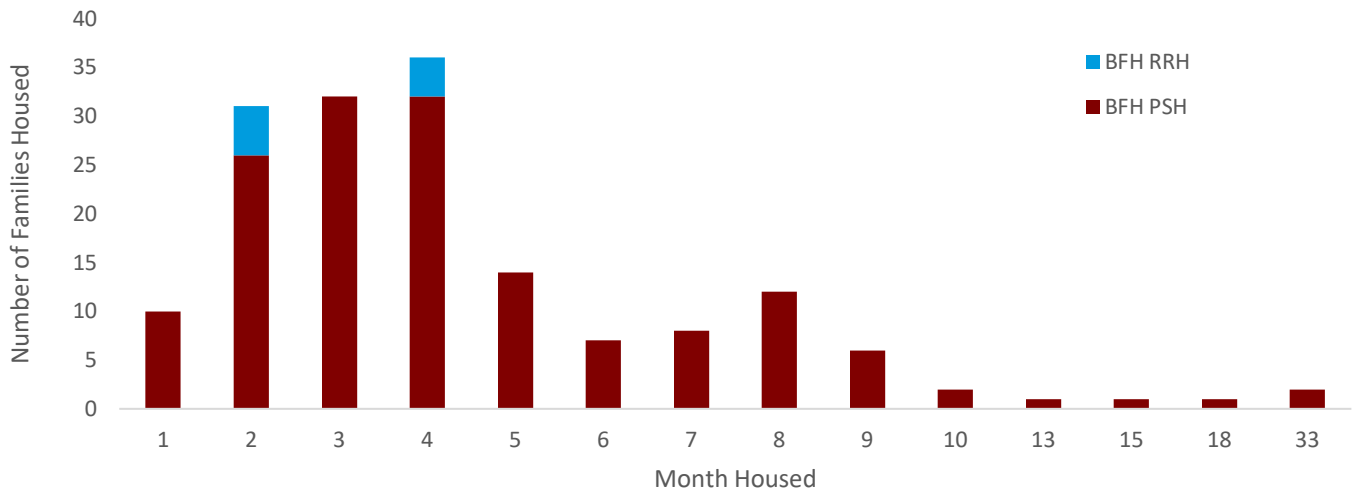
Most families (88%) are housed in San Francisco (see Figure 9). Another 10% are housed elsewhere in the Bay Area, most commonly in Oakland (4%). Two families were housed in Sacramento and one family ported its voucher out of state.

Figure 9. Most Families are Housed in San Francisco (N=163)



In general, it takes families a median of 120 days (3.8 months) and an average of 140 days (4.4 months) to lease up after their HPP orientation meeting (see Figure 10). However, it took only 2.9 months, on average, for the nine families in the rapid re-housing (RRH) program to be housed. This difference probably reflects the fact that families with RRH subsidies don't need to complete a voucher application before being housed.

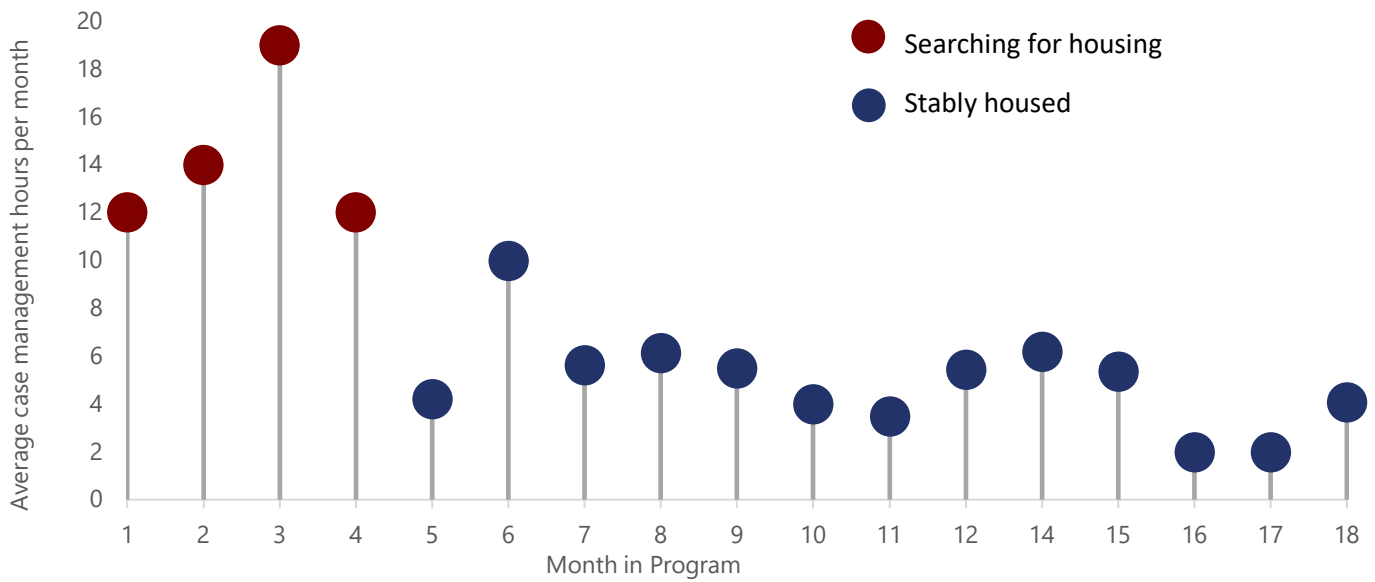
Figure 10. Families Typically Leased Up in About Four Months



Case Management

Families receive an average of 7 hours of services per month from HPP during their first 18 months in BFH. This includes services from both their case manager and their housing specialist. Families receive more intense services while they are actively searching for housing (an average of 14 hours per month) than after they are stably housed (an average of 5 hours per month; see Figure 11).

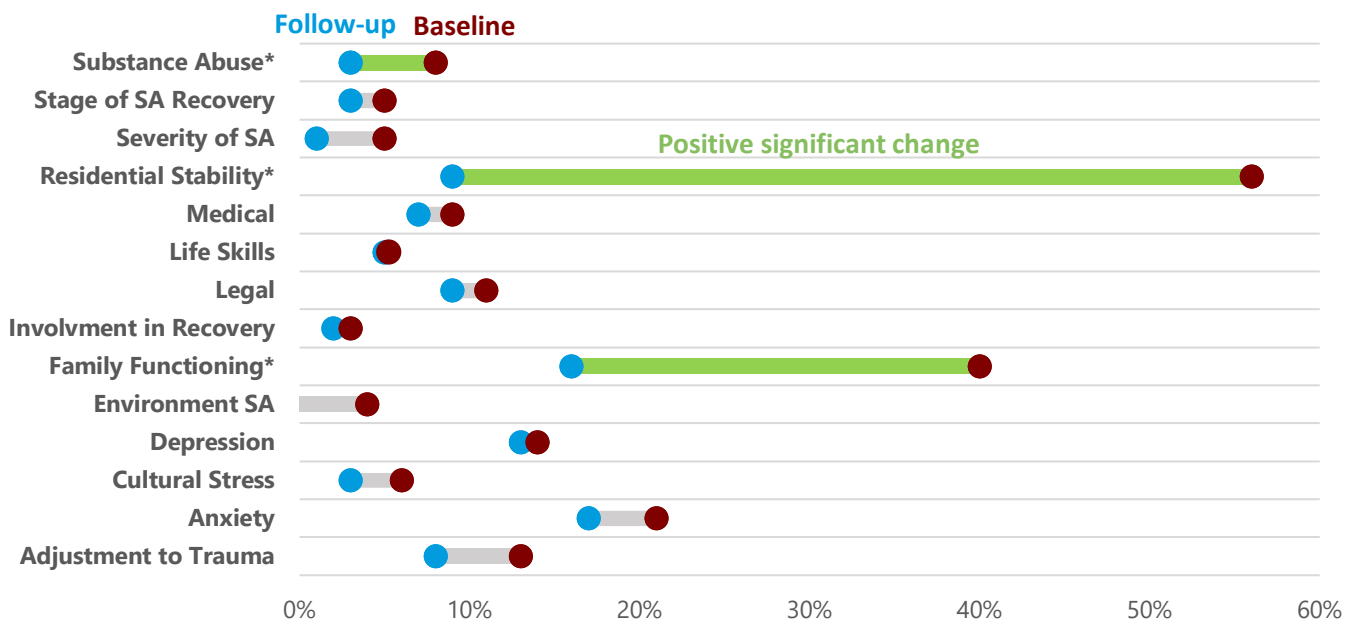
Figure 11. Services Are More Intensive While Families Search for Housing (N=201)



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 the program. Figure 12 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=147). 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. Conversely, the proportion of adults demonstrating social connectedness strengths increased over time, suggesting that BFH may help families make social connections.

Figure 12. Residential Stability Increased and Family Functioning Improved Over Time (N=147)

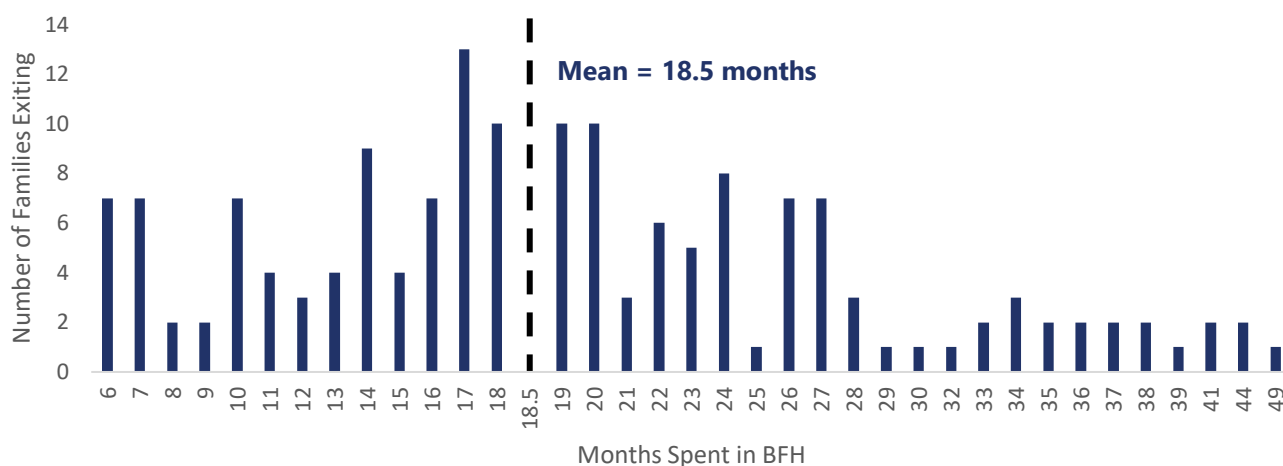


* Difference between baseline and follow up is statistically significant at $p < .05$.

Duration in Program

Families spend an average of 563 days, or about 1.5 years, in BFH (see Figure 13). However, families have stayed in the program for as little as 6 months and for as long as 49 months.

Figure 13. Families Spent an Average of 18.5 Months in BFH (N=170)



Program Outcomes

Achieving housing stability is the most common outcome when families leave BFH. Overall, 66% of all families that exited BFH had achieved stable housing.⁶ That figure was even higher (81%) among families that were housed when they exited the program (see Table 4). Other outcomes include the termination of reunification services (9%) and disengagement (8%). Nearly one-third of families that were not housed exited BFH because they failed to reunify, compared to only 4% of the families that were housed. As of 9/30/2023, 25 families were still in the program, so their outcomes have not yet been observed.

Table 4. Majority of Families Exiting BFH Achieved Stable Housing

	<i>Housed</i>		<i>Not Housed</i>		<i>Total</i>	
	#	%	#	%	#	%
Achieved housing stability	112	81%	0	0%	112	66%
Reunification failed	5	4%	10	31%	15	9%
Disengaged	7	5%	7	22%	14	8%
Didn't achieve goals	2	1%	5	16%	7	4%
Partially achieved goals	4	3%	3	9%	7	4%
Moved out of county	2	1%	2	6%	4	2%
No longer eligible	3	2%	2	6%	5	3%
Other	4	3%	3	9%	7	4%
Total	138	100%	32	100%	170	100%

⁶ Housing stability is defined as being in "check-in" status for approximately 6 months after being housed and having no actionable needs on the ANSA.

CHILD WELFARE OUTCOMES

Of the 189 families enrolled in BFH as of December 31, 2022, 53% were referred with family maintenance cases and 47% were referred with family reunification cases (see Table 5).⁷ Although some families had more than one child, the number of children in each group is about the same.

Table 5. Slightly More Families Referred to BFH Had Family Maintenance Cases

	Families		Children	
	N	%	N	%
Family maintenance	101	53%	149	51%
Family reunification	88	47%	145	49%
Total	189	100%	294	100%

We measured one set of child welfare outcomes for families referred with a family maintenance case and another set of child welfare outcomes for families referred with a family reunification case.

Outcomes of Families with Family Maintenance Cases

The main child welfare outcome measured for families 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 12/31/2022, only 7 families and 15 children had experienced an out-of-home care placement. The jump in the number of children placed in OOH care between 3 and 4 years post-referral is due to the placement of six children from one family.

Table 6. Few Families with Maintenance Cases Had Children Placed in Out-of-Home Care

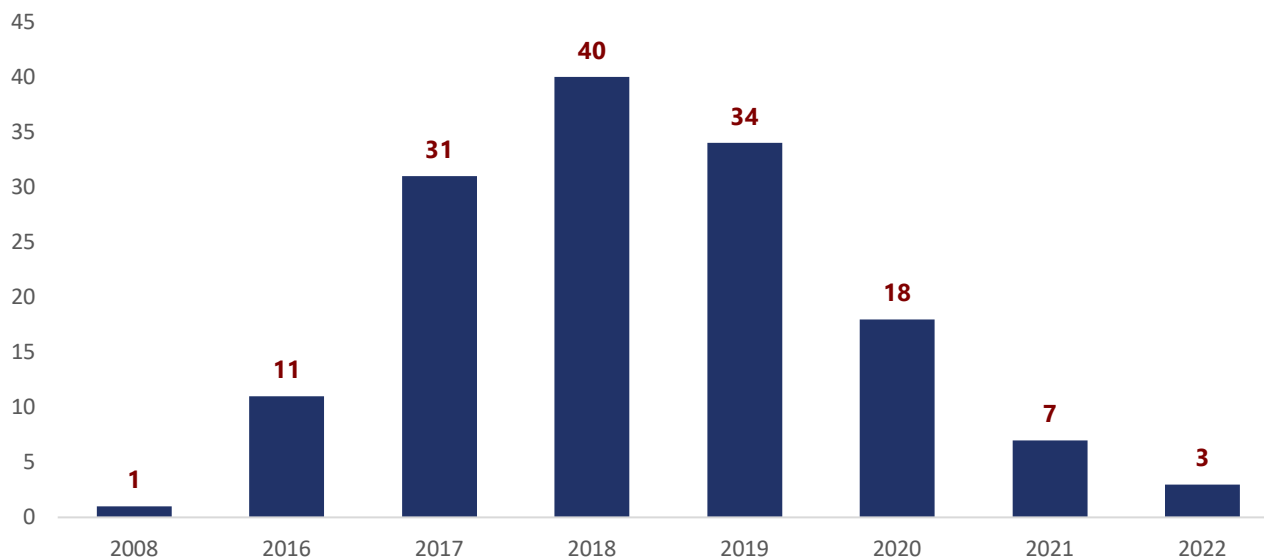
Time from referral to placement	Families (N=101)		Children (N=149)	
	N	Cumulative %	N	Cumulative %
6 months or less	3	3%	5	3%
Within 1 year	4	4%	6	4%
Within 2 years	5	5%	8	5%
Within 3 years	6	6%	9	6%
Within 4 years (as of 12/31/2022)	7	7%	15	10%

⁷ As noted above, child welfare administrative data were only available through 12/31/2022.

Outcomes of Families with Family Reunification Cases

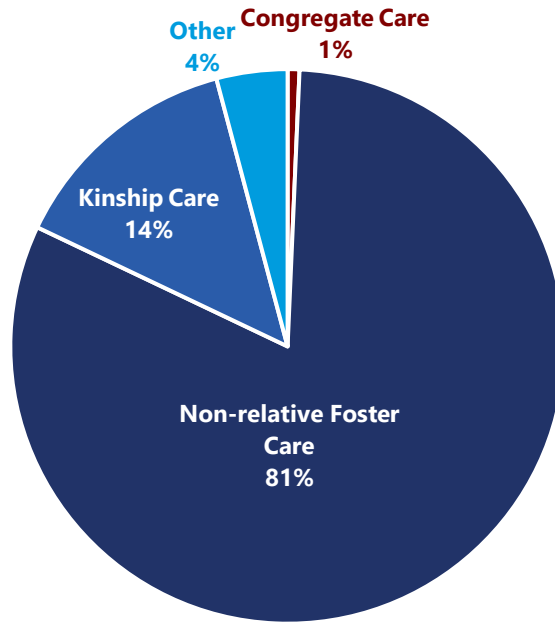
Figure 14 shows the number of children in families with family reunification cases who entered out-of-home care by year of entry. Most of these children entered care during the first three years of BFH (2017–2019).

Figure 14. Most Out-of-Home Care Entries Occurred in 2017 - 2019 (N=145)



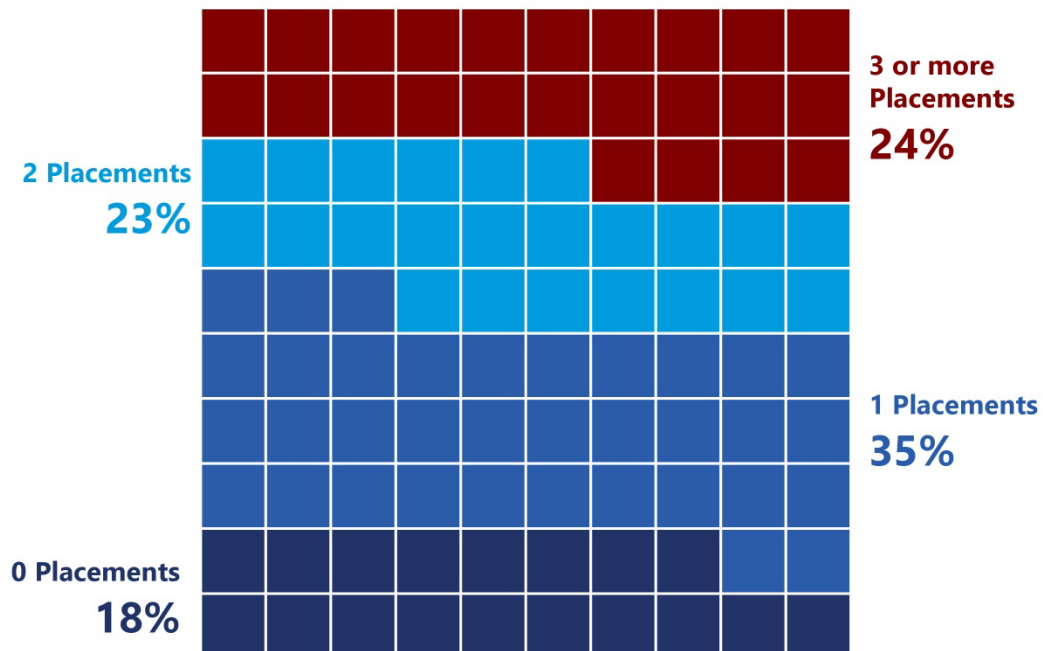
Most of the children were initially placed in nonrelative foster care. A much smaller percentage were placed in kinship care (see Figure 15).

Figure 15. Most Children Were Placed in Nonrelative Foster Care (N=145)



Most of the children (82%) experienced at least one placement change; 35% changed placements once, 23% changed placements twice, and 24% changed placements three or more times (see Figure 16).

Figure 16. Most Children Experienced At Least One Placement Change (N=145)



Eighty-six percent ($n = 125$) of the 145 children in families referred with an family reunification case had exited out-of-home care by December 31, 2022 (see Figure 17). A majority of these children were reunified with family; most of the other children exited via adoption or legal guardianship.

Figure 17. Just Over Half the Children in Out-of-Home Care Were Reunified (N=145)

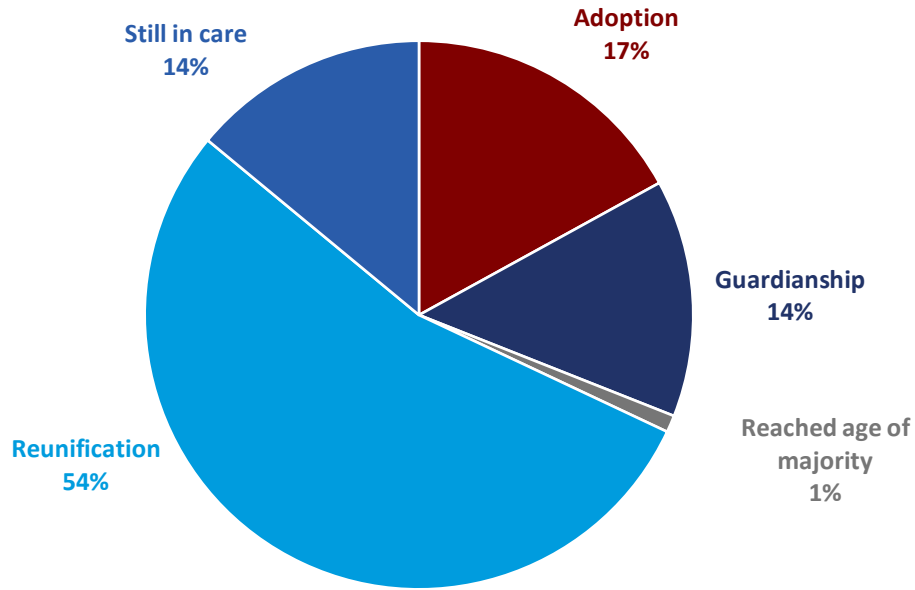
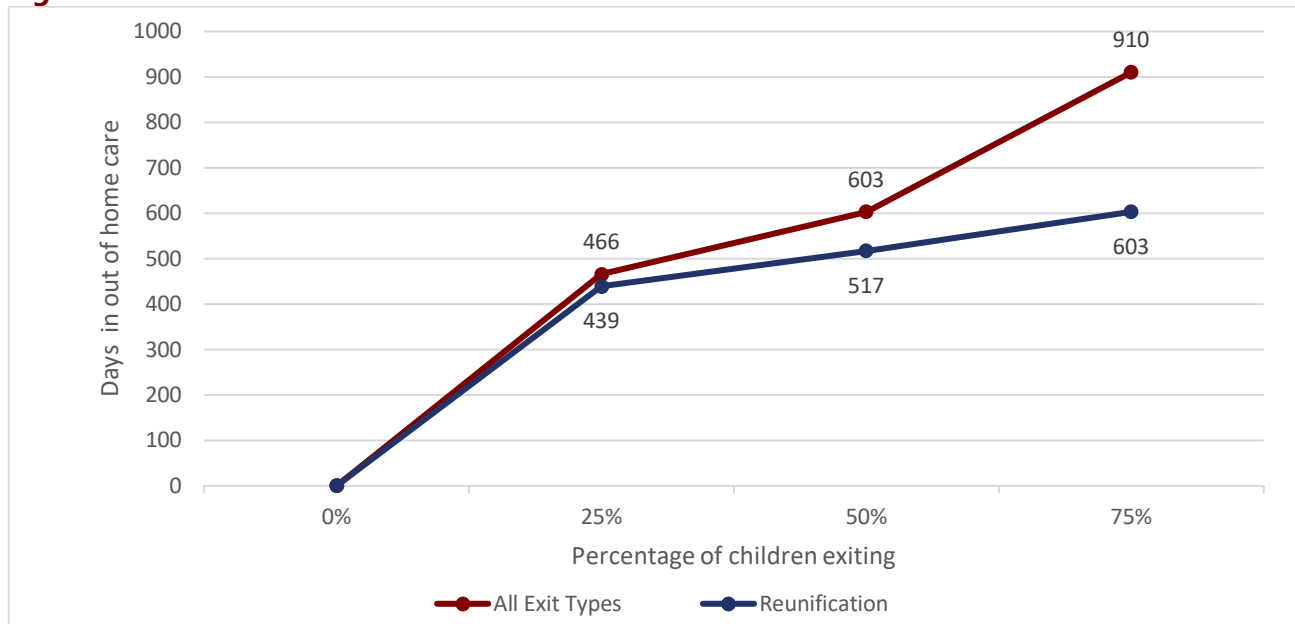


Figure 18 shows the rate at which the children exited out-of-home care. One-quarter of the 145 children exited within 466 days of entry, half exited within 603 days of entry, and three-quarters exited within 910 days of entry. Figure 18 also shows the rate at which children exited out-of-home care via reunification. One-quarter of the 78 children were reunified within 439 days of entry, half were reunified within 517 days of entry, and three-quarters were reunified within 603 days of entry. These data suggest that children who are going to reunify do 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 18. Most Children Who Reunified Returned Home Within 15 Months



Children in BFH families take longer to reunify than is the norm for children in San Francisco County. The median time to reunification for all children who entered out-of-home care in San Francisco County between 2017 and 2021 was 189 days compared to 517 days 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, and it typically takes about 4 months for BFH families to be housed.

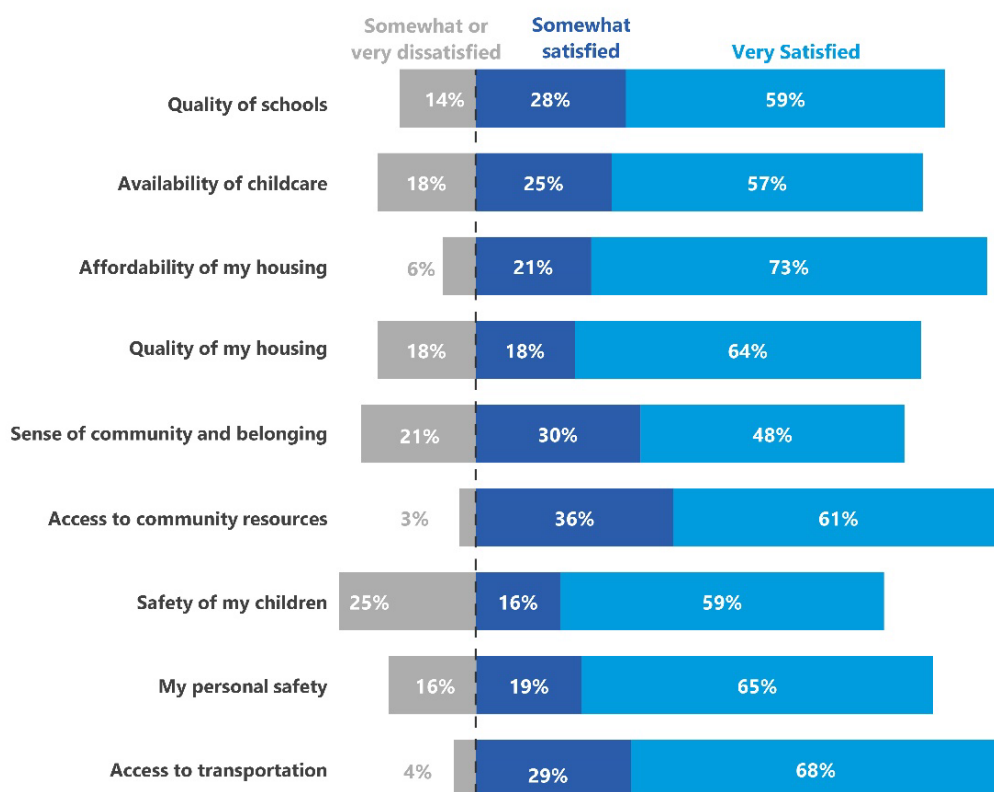
Finally, the re-entry rate among children who are reunified with family is very low. Only 6% of the children who were reunified re-entered out-of-home care within 1 year of reunification and only 9% had reentered out-of-home care as of December 31, 2022.

FOLLOW-UP SURVEY

Housing Stability

The 33 caregivers who responded to the survey all 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 very satisfied with the affordability and quality of their housing (see Figure 19). A majority were also very satisfied with their access to transportation and community resources, the availability of child care, and the quality of schools. Caregivers were 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 19. Overall Parents Were Very Satisfied with Their Housing and Community (N=33)



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.”

Sustained Well-being

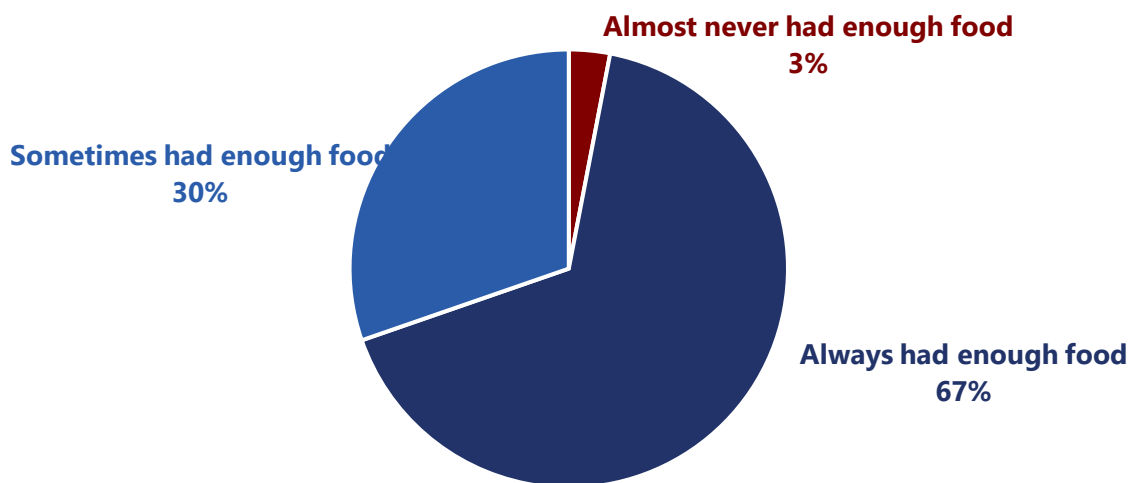
Although these caregivers had no actionable needs when they exited BFH, 55% reported at least one concern related to their well-being 6 months after exiting (see Table 7). The most common concerns were about physical health (45%) and mental health (27%). However, only half of the caregivers who reported 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, 27% of the caregivers reported stressors or triggers in their lives that made them want to use substances.

Table 7. More Than Half of Caregivers Expressed Well-being Concerns (N=33)

	<i>Number</i>	<i>Percent</i>
Are you or a family member experiencing any legal problems?	6	18%
Are you or a family member at risk of going to jail? (<i>n</i> = 6)	3	
Do you have any concerns about your physical health?	15	45%
Are you receiving treatment for your physical health condition? (<i>n</i> = 15)	8	
Do you have any concerns about your mental health?	9	27%
Are you receiving treatment for your mental health? (<i>n</i> = 9)	3	
Do you have any concerns about your own use of alcohol or drugs?	2	6%
Are you receiving any alcohol or drug treatment services? (<i>n</i> = 2)	2	
Any stressors or triggers that make you want to use substances?	9	27%
Are you experiencing domestic violence?	1	3%
At least one concern	18	55%

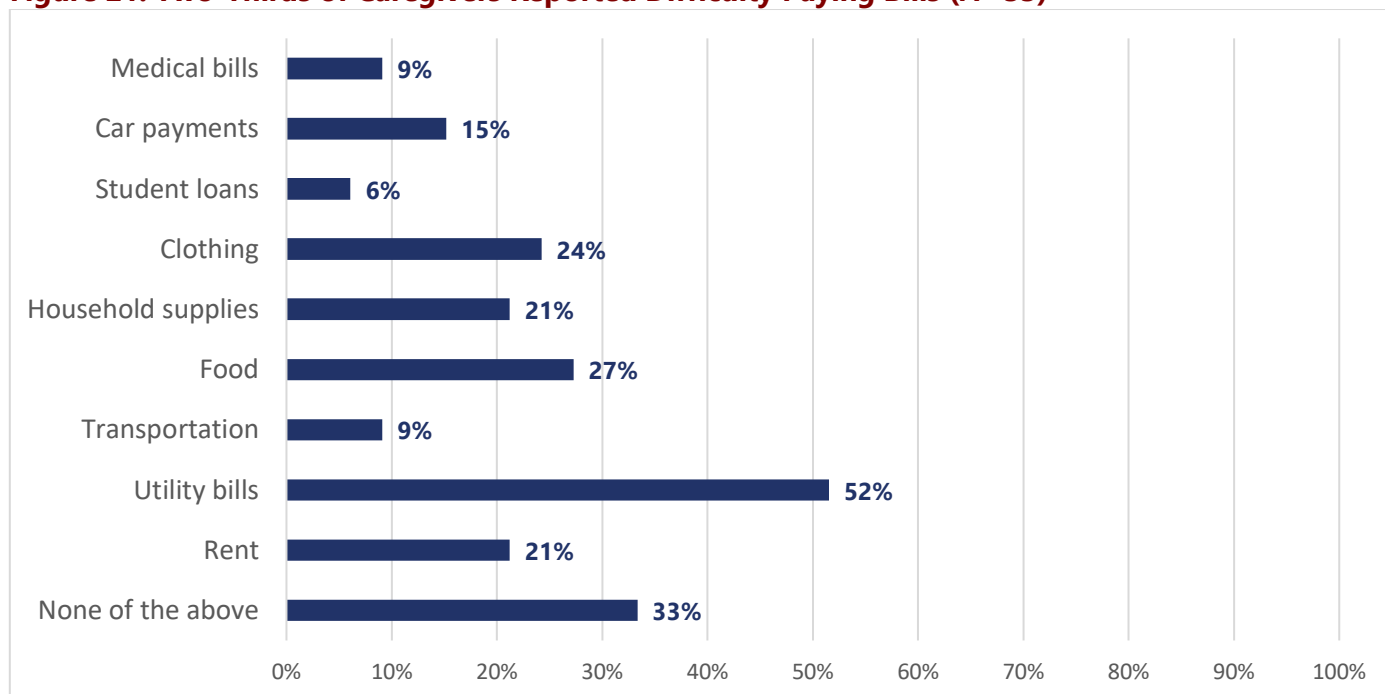
About two-thirds of the caregivers reported that their family always had enough food to eat last month and 30% reported that their family sometimes had enough food. One parent said that their family almost never had enough to eat (see Figure 20).

Figure 20. One-Third of Families Did Not Always Have Enough Food (N=33)



Although families are expected to be financially stable when they exit BFH, more than half the caregivers reported difficulty paying utility bills and about a quarter reported difficulties paying for food and clothing (see Figure 21). One in five caregivers reported difficulty paying rent, suggesting that housing costs were a burden for some families even with a rent subsidy. Only one-third of the caregivers reported no difficulties paying bills.

Figure 21. Two-Thirds of Caregivers Reported Difficulty Paying Bills (N=33)



When caregivers were asked from whom they would seek help for different types of needs, their responses depended on the need for which they were seeking help (see Table 8). For most problems, a majority of the caregivers would seek help from a service provider other than HPP. Caregivers would most likely seek help from another service provider if they had a physical or mental health condition, a problem with substance use, or legal trouble. They would also turn to another service provider if they needed help paying rent or utility bills. However, caregivers would most likely seek help from HPP if they were experiencing domestic violence or needed help feeding their family. They would also be more likely to turn to HPP rather than another service provider if they needed help with household management. Although caregivers would be least likely to turn to family or friends for most needs, at least 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 facing legal trouble.

Table 8. Caregivers Would Seek Help from Different Sources Depending on the Need (N=33)

	<i>HPP</i> (%)	<i>Another agency</i> (%)	<i>Family or friends</i> (%)	<i>Don't know</i> (%)
Domestic violence	55%	45%	39%	15%
Physical health	15%	64%	21%	9%
Mental health	30%	58%	24%	15%
Substance Use	27%	64%	27%	15%
Finding employment	36%	55%	21%	15%
Household management	45%	39%	21%	21%
Legal trouble	24%	52%	15%	24%
Paying rent	48%	52%	24%	21%
Paying utility bills	45%	52%	15%	15%
Feeding my family	58%	52%	33%	21%

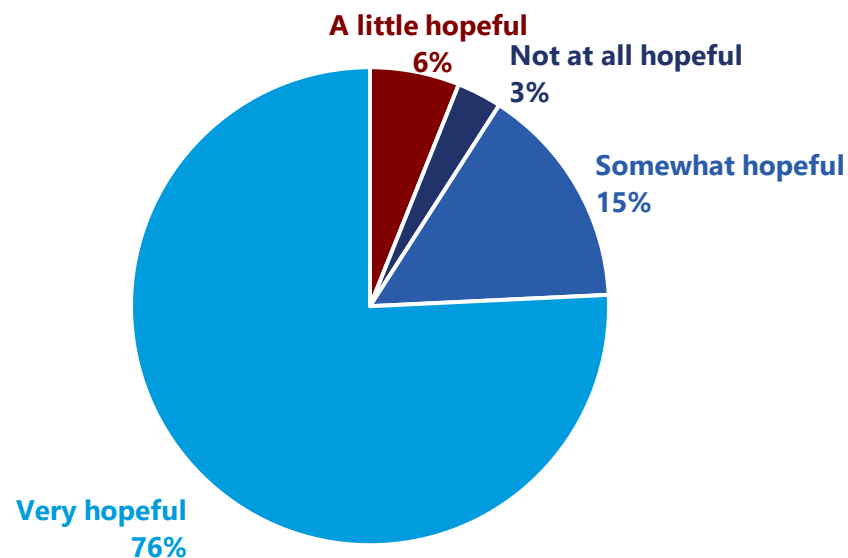
Thirty-six percent of caregivers reported that they were currently employed and just over half indicated that they were not experiencing any employment related challenges (see Table 9). However, about one in five parents were having trouble finding a job or were concerned about low wages (or both).

Table 9. Most Caregivers Did Not Report Employment-Related Challenges (N=33)

	<i>n</i>	<i>%</i>
Trouble finding a job	7	21%
Worried about losing my job	3	9%
Low wages	6	18%
Trouble finding transportation to work	2	6%
Trouble finding or paying for childcare	3	9%
None of the above	17	52%

Three-quarters of the caregivers were feeling very hopeful and 15% were somewhat hopeful about their family's future (see Figure 22).

Figure 22. Most Caregivers Were Very Hopeful about Their Family's Future (N=33)



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 truly help[ed] our family find and keep stable housing. Creating this safe and stable home has helped us focus on other aspects of our lives that need support such as our recovery services, mental health, and creating a positive, loving, and enriching environment for our daughter." -BFH parent

"Very nice people and such a nice organization. They helped me out so much." -BFH parent

Other caregivers expressed a desire to continue receiving supportive services from HPP.

"BFH has been a true gift to our family, I just wish there was in-person or over the phone follow up after our case was closed." -BFH parent

"After I moved into my place I never saw or spoke with my worker again. I could have really used that support." -BFH parent

EXPERIENCES WITH BFH

Our interviews covered three main domains related to caregivers' experiences with BFH: housing, case management, and child welfare case coordination.

Housing

All of the caregivers we interviewed reported that BFH helped them obtain housing. This included help completing applications, meeting with landlords or building managers, or finding suitable properties. Many spoke positively about the amount of housing-related support they received. One participant described what her housing specialist did to help her get housed:

She told me about what to look for. And she told me where to go to pick up my voucher. And she told me about the certain thing like the dos and don'ts of having an apartment. She helped a lot because I didn't know a lot.

Most participants reported receiving their housing voucher within a year of enrolling in the program. This was especially important to families with children in out-of-home care because stable housing was critical to regaining custody.

Finding stable housing was challenging even with the support participants received from their housing specialist. One major challenge was the reluctance of landlords or property managers to accept vouchers or rent to families with a rental subsidy. One caregiver described the stigma attached to receipt of government assistance:

You're house searching and you find the place that you want. And once you talk to the landlord and you mention you have a section eight voucher. I had a lot of people tell me, "We don't take section eight." So that was one of the biggest challenges. . . getting past that little part where you have to tell them it's a Section 8.

Other challenges families experienced included the extremely high cost of rental units in the Bay Area and poor credit records.

Most caregivers reported being happy with their housing. They liked having their own space and a safe space for their children. This may be due, in part, to caregivers' unwillingness to just take the first available property. All the caregivers we interviewed had looked for housing with specific criteria in mind. The most common criteria were a yard for their children, a "nice" neighborhood, and enough bedrooms for each child to have their own. These caregivers recognized that finding housing that met their criteria could be a challenge, but they wanted to feel comfortable where they lived.

The caregivers all spoke in very positive terms about the support they received from HPP once their lease was signed and they were ready to move in. They described the move-in process using terms like "smooth" and "easy." HPP secured movers for several families to transport their belongings to their new residence. Several caregivers reported that HPP purchased furniture and arranged to have it delivered.

Case Management

Most of the caregivers we interviewed reported having positive experiences with their HPP case manager. They typically had contact with their case manager once a week by phone, via Zoom, or in person. Even during the height of the COVID-19 pandemic, caregivers were still in contact with their case manager by phone or via Zoom at least once a week.

Caregivers reported receiving both emotional and material support from their HPP case manager. Material support included everything from furniture and household goods to toiletries and gift cards. One caregiver commented: "She's helped me with more than just housing. Daycare, child care, some training, looking into some training for work, anything. She tells me anything I need, *I could ask her for, really.*"

Caregivers reported having a good relationship with their HPP case managers, but it took time for those relationships to develop. Any time they were assigned a new case manager due to staff turnover, the trust they had established with their former case manager had to be built up again. Caregivers also expressed concern about the continuity of information flow between the HPP case manager and the SF-HSA PSW when a new HPP case manager was assigned although they generally viewed the two agencies as working together and being on the same page.

Child Welfare Case Coordination

Caregivers reported different experiences with child and family team meetings. The number of child and family team meetings they reported ranged from just one to several, and the frequency with which the meetings were held was inconsistent. Also, some meetings were virtual while others took place in person.

All the caregivers reported that their case manager and other professionals were present at their initial child and family team meeting and some said other family members also attended. A number of caregivers reported needing time to get comfortable not only with everyone who was present but also with the process. Several caregivers described the meeting as a second chance or "turning point" in their trajectory. Those who were trying to regain custody of their children believed that the support they received during the meeting helped put them back on track. One caregiver put it like this:

I was losing hope in getting my baby back. I thought it was over. And when I saw everybody sitting there. It was over Zoom, but when I looked at everybody's face on the screen, I was like, "I have a chance. I can do it." . . . I felt like I had some sort of power again. It felt really nice.

Caregivers reported that their HPP case manager provided transportation to appointments or court proceedings. Case managers also served as advocates during court proceedings, especially for participants who were trying to regain custody of their children. In fact, several caregivers reported that working with BFH was the catalyst that led to their children being returned home.

DISCUSSION

Summary of Findings

San Francisco's Bringing Families Home was first implemented in 2017 and 195 families have participated in the program since its inception. 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 and continued to receive supportive services for about a year after they were housed. Their experiences with these services were uniformly positive. 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.

Families typically remain in BFH 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 were still housed, but some were struggling to pay bills and facing employment-related challenges. Some families also 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 and most families receiving reunification services successfully reunified and their children did not re-enter 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 into 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, a primary goal of the Family First Preservation Services Act of 2018. This 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.

Although the U.S. Department of Housing and Urban Development's Family Unification Program provides housing vouchers for some homeless families with child welfare system involvement, the demand for vouchers outstrips the supply in some communities, including San Francisco. That is why BFH recently switched from offering families permanent supportive housing to offering families time-limited rapid rehousing subsidies. Moreover, even when families have a voucher, finding housing and leasing up can take several months, 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.

Additionally, families aren't 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 terminated by the time they were referred. Intervening earlier could potentially keep more families together and reduce the amount of time children spend in foster care by removing lack of stable housing as a barrier to reunification.⁸

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, 45% 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, many families that enrolled in BFH are still in the program; their outcomes have not yet been observed.

⁸ 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: BFH 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 (RRH 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

