BACKGROUND

- Homelessness and child welfare involvement are interrelated in multiple and complicated ways. Homelessness may precipitate child welfare involvement; families who are homeless, unstably or unsafely housed may have children removed from their care; families may lose their subsidized housing when children are removed; or reunification may be substantially delayed when a family is unstably or unsafely housed (Courtney, McMurtry, & Zinn, 2004; Culhane, Webb, Grim, Metraux, & Culhane, 2003). Homelessness may also exacerbate problems for children, interrupting their education, health care, and enhancing risk of exposure to trauma (Buckner, Bassuk, & Weinreb, 2001; Hong & Piescher, 2012; Hopper, Bassuk, & Alivet, 2010).

- Issues underlying homelessness and child welfare involvement (i.e., mental illness, substance misuse, domestic violence, severe poverty, chronic unemployment) are typically addressed through fragmented interventions rather than a coordinated holistic approach, missing interactive effects of multiple problems and leaving trauma symptoms under-recognized. Supportive housing employs a comprehensive and coordinated service approach.

APPROACH

This study presents findings from an evaluation of a cross-systems approach to ensuring safe, affordable and stable housing for homeless, child welfare involved families with complex needs. Partners United for Supportive Housing – Cedar Rapids (PUSH-CR) is one of five federally funded demonstration projects of supportive housing in child welfare. PUSH-CR combines rapid housing with service coordination and broad community collaboration. Four Oaks Family and Children’s Services is the grantee and lead agency.

- PUSH-CR provides supportive housing for child-welfare involved families who meet ALL of the following criteria:
  - homeless/unstably housed
  - open child welfare case with a goal of family preservation, reunification, or both
  - low income (up to 30% of average median income)
  - complex needs (i.e., substance misuse, mental health, domestic violence, disability, trauma history)
  - children who are all aged 12 and younger at the time of enrollment
  - reside in Cedar Rapids, Iowa

- Supportive Housing involves a cross-system collaboration to ensure safe, affordable and stable housing coordinated with services and supports for homeless families with open child welfare cases with a goal of keeping families together. It offers an array of trauma-informed and evidence-based services to support families in providing a stable, healthy environment for their children. At the larger system level, PUSH-CR seeks to integrate housing with child welfare services, addressing family housing needs as a standard part of child welfare assessment and services.

METHODOLOGY

Data for this study are derived from a mixed-methods process evaluation and an experimental outcome evaluation in which families are randomly assigned to the supportive housing/child welfare initiative or the control condition—standard child welfare services available in the community.

The focus of this presentation is the process evaluation, addressing the following questions:

- TARGETTING: Has PUSH-CR reached its intended target population?
- FIDELITY: Has PUSH-CR achieved model fidelity with respect to enrollment, rapid housing, comprehensive family assessment, and family team meetings?
- INFRASTRUCTURE & INTERAGENCY COLLABORATION: Has PUSH-CR built the infrastructure for a collaborative, complex inter-agency initiative?
- FAMILY RETENTION & PROGRESS: How successful is PUSH-CR in retaining families and helping families to progress?
- SYSTEMS CHANGE: Have sustainable system level practice changes been achieved?

Process data are gathered through multiple sources:

- On-line surveys
- Interviews and focus groups
- Document reviews
- Management information systems

Where is Cedar Rapids, Iowa?
A Cross-Systems Approach to Supportive Housing in Child Welfare

Miriam J. Landsman
The University of Iowa

TARGETING

• PUSH-CR established specific standards for enrolling families, transitioning families into housing, conducting comprehensive family assessment, and convening family team meetings.
• These standards were established to promote urgency in addressing families' and children's need for immediate stability and to expedite permanency through family preservation and reunification.
• These standards have been met in majority of cases, as show in table 3.

Table 2

<table>
<thead>
<tr>
<th>Children</th>
<th>N=132</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-3</td>
<td>63</td>
<td>48%</td>
</tr>
<tr>
<td>4-6</td>
<td>32</td>
<td>24%</td>
</tr>
<tr>
<td>7-9</td>
<td>24</td>
<td>18%</td>
</tr>
<tr>
<td>10-13</td>
<td>13</td>
<td>10%</td>
</tr>
<tr>
<td>Average age X=4.4 SD=3.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Race

- Caucasian: 75 (57%)
- African-American: 32 (24%)
- Multi-racial: 25 (19%)

Ethnicity

- Hispanic: 16 (12%)
- Non-Hispanic: 116 (88%)

Gender

- Male: 80 (61%)
- Female: 52 (39%)

Child complex needs

- mental health: 18 (14%)
- domestic violence: 29 (22%)
- trauma: 55 (42%)
- disability: 26 (20%)

PUSH-CR is reaching its intended target population of homeless/unstably housed families with open child welfare cases where the goal is family preservation or reunification; families with very low income; children 12 and under at the time of enrollment; and at least one parent or child with a complex health or mental health need. Nearly half of children are aged 3 or younger, and there is a disproportionate number of African-American and multi-racial children.

PROGRAM FIDELITY

- Families are referred to PUSH-CR within 48 hours of randomization: 58 (88%)
- Families are contacted by Service Coordinator within 1 day of DHS referral: 66 (100%)
- Families are transitioned into housing within 14 days of intake OR on the day they are discharged from a treatment facility: 59 (89%)
- All families that enrolled in PUSH-CR have been housed: 66 (100%)
- Family assessment is completed within 16 days of intake: 61 (92%)
- Families develop service plan with Service Coordinator within 19 days of intake: 54 (82%)
- First Family Team Meeting is convened within 20 days of intake: 55 (83%)

Multiple teams guide project implementation and sustainability planning:

- Advisory Board: composed of senior management of 22 collaborating organizations, meets quarterly to monitor progress and plan for sustainability. Subcommittee of the Board leads a sustainability work group.
- Interagency Implementation Team, representing all organizations involved in the demonstration, meet monthly to review progress and discuss challenges and successes.
- Core Management Team (PUSH-CR, child welfare, housing): develops and implements integrated work plan.
- Quality Service Team meets monthly to examine collaboration between housing and PUSH-CR and to address issues needing immediate attention.
- PUSH-CR/DHS collaborative team convenes monthly to review families’ progress.
- Evaluation team meets monthly to review data collection, results, and coordination with a cross-site evaluation.
A Cross-Systems Approach to Supportive Housing in Child Welfare

Miriam J. Landsman
The University of Iowa

INTERAGENCY COLLABORATION

Four Oaks (grantee)
Community Development
Courts
Family/Peer Support
Education
Cedar Rapids Comm. Schools

Iowa Dept of Human Services
Affordable Housing Network, Inc.
City of Cedar Rapids Housing
Area Substance Abuse Council
Abbe Center for CMH
Foundation 2
Horizons / Waypoint
Eastern Iowa Health Care
Linn Co. Public Health
Linn Co. Continuum of Care

Community Partners’ Perceptions of Collaboration

0% 20% 40% 60% 80% 100%

I understand PUSH-CR’s goals
I understand how I can effectively interact with PUSH-CR to support families
Staff at my organization and PUSH-CR communicate well
My organization is engaged with PUSH-CR

Agree DK/No opinion Disagree

SYSTEM LEVEL PRACTICE CHANGES

• DHS workers now assess housing status for all children and families entering the child welfare system.
• Housing agency changed criteria to accept families with problems that previously would have been barriers to housing (prior evictions, lack of employment, poor credit, prior non-violent criminal charges, etc.)
• In collaboration with the City of Cedar Rapids and DHS, Child Welfare Preference language was introduced into available Housing Choice Vouchers (Section 8).
• One family plan now guides child welfare and supportive housing services.
• In collaboration with Community Partners, PUSH-CR has facilitated conversations on cultural biases that include poverty, race, and system-involved families—with a goal of broadening community support for vulnerable families.

FAMILY RETENTION AND PROGRESS

RETENTION
• Out of 66 families housed, 60 are still active with PUSH-CR, a retention rate of 91%
• 93% of PUSH-CR families remain stably housed
• Of the 6 families that exited, 4 are living with family/kin, 1 is deceased, 1 whereabouts unknown
• Parent surveys at 6 months(96% responding) and one year (83% responding) indicate overall satisfaction by 98 and 97% of families, respectively.

CHILD WELFARE PROGRESS
• Reunification: out of 52 children in foster care at the time of enrollment, 25 (48%) are now back with family, 1 moved to kinship care.
• Placement Prevention: Out of 64 children living at home at the time of enrollment, 46 (72%) are still with family, 4 (6%) are with relatives, and 14 (22%) are in foster care.
• Child Welfare Case Closure: 18 families have child welfare cases closed; out of these, 12 families continue to participate in supportive housing services after child welfare case was closed.

HOUSING PROGRESS
• Housing First: all 66 families that enrolled in PUSH-CR were housed – 89% of these families were housed within the target of <14 days from enrollment.
• Housing Stability: Of 60 currently active families, 57 (95%) are stably housed, 2 are not stably housed, and 1 family is in an emergency shelter. Among the 6 that exited services, 4 families are living with family/kin, 1 died, 1 whereabouts unknown.
• Housing Choice Vouchers: 20 families now have Housing Choice vouchers.
A Cross-Systems Approach to Supportive Housing in Child Welfare

Miriam J. Landsman
The University of Iowa

North Carolina Family Assessment Scales
Overall Domain Scores at Baseline and One Year

All NCFAS domains increased significantly over a 1-year period. All domains were initially assessed, on average, in problematic ranges (negative values). One year later, averages in all domains except self-sufficiency are in a range of mild strength (positive values). These changes are based on paired-samples t-tests, p < .001 for most domains; p < .01 for the child well-being domain.

REFERENCES

CONCLUSIONS
TARGETING
PUSH-CR is reaching its intended high-need population of homeless/unstably housed, child welfare involved families with complex needs and young children.
FIDELITY
For the majority of families, PUSH-CR has met its program fidelity standards. Case-specific factors sometimes interfere with meeting time frames (i.e., a parent is in jail or completing a treatment program), but all families enrolled in PUSH-CR were transitioned into housing.
INFRASTRUCTURE & INTERAGENCY COLLABORATION
The initiative has engaged a coalition of more than 20 organizations, at multiple organizational levels, in implementing supportive housing and planning for sustainability. In addition, smaller functional teams meet regularly to focus on more immediate problem solving.
FAMILY RETENTION & PROGRESS
Family retention in supportive housing is high (91%), and parents express high levels of satisfaction with the program. Most families are making progress on child welfare related issues and housing stability.
SYSTEMS CHANGE
The larger goal of system change is being realized in practice changes in child welfare (such as screening all families for housing issues), housing (changing restrictive criteria that create barriers to housing stability; adding preference language for child welfare-involved families for Housing Choice vouchers), and stronger interagency collaboration.
NEXT STEPS
In the next stage of this study, the impact evaluation will compare outcomes between families receiving supportive housing and families randomized into the control group; and estimate the cost of providing supportive housing.

ACKNOWLEDGEMENT
Funded through the Department of Health and Human Services, Administration for Children and Families, Children’s Bureau, Grant #90-CA-1789. The contents of this publication do not necessarily reflect the views or policies of the funders, nor does mention of trade names, commercial products or organizations imply endorsement by the U.S. Department of Health and Human Services.

Questions? Please contact Miriam J. Landsman, Ph.D., M.S.W., Associate Professor of Social Work at miriam-landsman@uiowa.edu