

MAKING USE OF WHAT'S HERE:
LINKING CWS/CMS AND SDM
DATA TO FUEL A CQI PROCESS

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BACKGROUND

- **Child welfare didn't really address homelessness.**
 - No standardized definition of homelessness
 - Need felt overwhelming compared to resources
- **Homeless families are among the hardest to serve.**
 - Between 72% and 89% risk of placement
 - Only 40% reunified
- **ACF supportive housing grant**
 - Demonstration project with 5 sites to try intensive “housing first” intervention with homeless families in the child welfare system.
 - Prevent placement, re-abuse, or speed reunification
 - Improve family functioning

BACKGROUND

A partnership formed to address the challenge.

- San Francisco Human Services Agency
- Homeless Prenatal Program
- San Francisco Housing Authority
- San Francisco Department of Public Health
- UCSF Infant-Parent Program
- Chapin Hall at the University of Chicago

SERVICE MODEL

- Rapid engagement
- Housing as a platform for stabilization
- Low or no barriers to entry
- Seamlessly coordinated service delivery among multiple public and non-profit agencies
- Available when families want for as long as they need

PROGRESS

- Stably housed nearly 60 families
 - Half in San Francisco, half out-of-county
- Used a mix of funding
 - FUP vouchers
 - City supportive housing units
 - Other subsidy programs
- Early outcomes
 - Reunification *may* be more likely
 - Re-reports are more likely but substantiations are less likely
- Sustaining the program under CDSS's new Bringing Families Home grant

TARGETING AND TRIAGE

“...evidence that the target population includes only families who are **most in need** of and who would **derive the most tangible benefit** from receiving assistance...”

- Triage:

- “the assigning of priority order to projects on the basis of where funds and other resources can be best used, are most needed, or are most likely to achieve success”

TARGETING AND TRIAGE

■ Triage:

1. Those likely to live, regardless of care;
2. Those likely to die, regardless of care;
3. Those for whom immediate care might make a positive difference in outcome.

WHO: WHAT DO HOMELESS FAMILIES LOOK LIKE?

	Number		Percent	
	Homeless	Not Homeless	Homeless	Not Homeless
Total (9,303)	557	8,746	6%	94%
Race/Ethnicity				
Asian/PI	41	1,487	7%	17%
African American	250	2,727	45%	31%
Hispanic	159	3,001	29%	34%
White	102	1,091	18%	12%
Other/Unknown	5	406	1%	5%
Gender				
Female	275	4,332	49%	50%
Male	282	4,383	50%	50%
Age				
0	197	798	35%	9%
1-5	157	2,382	28%	27%
6-12	120	3,435	22%	39%
13-17	83	2,127	15%	24%

WHO: WHAT ARE THE MAJOR RISK FACTORS?

Prevalence of Risk Factors Among Homeless and Not Homeless Families

	Number*		Percent	
	Homeless	Not Homeless	Homeless	Not Homeless
Total n=9,303				
Risk Factors				
Domestic Violence	117	1,062	21%	12%
Mental Health	200	974	36%	11%
Substance Abuse	255	1,377	46%	16%
Medically Fragile Child	52	104	33%	67%
*Risk factors are not mutually exclusive.				

WHEN DO HOMELESS FAMILIES USE THE CHILD WELFARE SYSTEM?

Sample Trajectories

TWO EVENTS

A: REPORT NO SECOND

B: REPORT REPORT

C: REPORT OPEN

D: **HOMELESS** REPORT

THREE EVENTS

E: REPORT OPEN NO THIRD

F: REPORT OPEN REPORT

G: REPORT OPEN PLACE

H: **HOMELESS** REPORT OPEN

I: REPORT OPEN **HOMELESS**

WHEN DO HOMELESS FAMILIES USE THE CHILD WELFARE SYSTEM?

Timing of Homelessness	Number	Percent
Total children	557	100%
1st Event	353	63%
2nd Event	67	12%
3rd Event	48	9%
4th Event	12	2%
5th Event	16	3%
>5th Event	61	11%

FOSTER CARE PLACEMENT RISK

Probability of Placement for Program Eligible Children by Risk Factor

Total Eligible (n=282)	Total*	Placed	Not Placed	Placed	Not Placed
Risk Factor					
Domestic Violence	79	57	22	72%	28%
Mental Health	157	128	29	82%	18%
Substance Abuse	187	160	27	86%	14%
Medically Fragile	45	39	6	87%	13%

*Total adds to more than 100% because risk factors are not mutually exclusive.

PROGRAM CRITERIA

- Currently homeless
- Beginning their first child welfare case
- Children are not yet in out of home care or recently placed
- One or more comorbidities such as:
 - Domestic violence
 - Mental health problems
 - Substance abuse

DO: INVESTIGATIVE NARRATIVE

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	<u>Family Meets San Francisco Definition of “Homeless.”</u>
<input type="checkbox"/>	<input type="checkbox"/>	<u>A Family Maintenance (FM) child welfare case (Court or Non-Court) will be opened.</u>
<input type="checkbox"/>	<input type="checkbox"/>	At least one (1) child on this referral has NO prior open child welfare case. (see CWS/CMS Case History)
<input type="checkbox"/>	<input type="checkbox"/>	<p>One or more of the following risk factors are present on the <u>SDM Risk Assessment</u>:</p> <p>Caregiver:</p> <ul style="list-style-type: none"> Domestic Violence Substance Abuse Criminal History Mental Health Problem <p>Child:</p> <ul style="list-style-type: none"> Medically fragile Developmental Disability Physical Disability Mental Health Problem
<input type="checkbox"/>	<input type="checkbox"/>	Caregiver(s) cleared; RAP sheet does not list a conviction of producing methamphetamine on public housing premises.
<input type="checkbox"/>	<input type="checkbox"/>	Caregiver(s) cleared; RAP sheet does not list that the caregiver is subject to lifetime sex offender registration.

STUDY: QA ALERTS AND REPORTS

Safe Measures alert when eligible family comes in:

- Referral ID
- Referral Name
- Referral Open Date
- Referral Close Date
- Eligibility Flag

CRC report on 3rd of the month about prior month:

- Referral ID
- Referral Name
- Referral Open Date
- Referral Close Date
- Indicators for 8 risk factors
- Case Component
- Indicator for prior case

FINAL THOUGHTS ON TARGETING

- Timing:
 - Align intervention with expected outcomes.
 - Consider history before the intervention.
- Dosage:
 - Provide enough, and early.
 - Find the neediest, yet not the rarest.

FINAL THOUGHTS ON TARGETING

“...evidence that the target population includes only families who are **most in need** of and who would **derive the most tangible benefit** from receiving assistance...”

MORE SOURCES FOR BETTER TARGETING

Assessments

- Child and Adolescent Needs and Strengths (CANS)
- Adult Needs and Strengths Assessment (ANSA)

Other administrative data systems

- Homelessness Management Information System (HMIS)
- Welfare (CalWORKs)

POSSIBLE IMPACT OF HOMELESSNESS SCREENING

- In 2012 (before the demo), **6%** of risk-assessed kids in SF were homeless.
- By 2015, **21%** were homeless, ...and over **50%** of babies.