



## **KEEPING FAMILIES TOGETHER: Supportive Housing Program**

### **Background**

Family homelessness reaps devastating effects on families. National research shows that, absent comprehensive intervention, these families often confront out-of-home placements for their children, family dissolution, ongoing substance abuse and mental health disorders, intergenerational poverty, and long-term homelessness. In order to fully address the complex needs of families with recurring child-welfare-involvement, housing instability, and other co-occurring challenges such as mental illness, substance use disorders, and domestic violence, a comprehensive model (i.e. supportive housing) is needed.

The New Jersey Department of Children and Families (DCF) is investing in Keeping Families Together (KFT) to meet the needs and help change the trajectory of some of our most vulnerable child welfare involved families. KFT is a model of supportive housing designed specifically for child welfare involved families who present with an array of co-occurring challenges. The goal of KFT is to keep families together and stably housed, reduce their child welfare involvement, and improve child and family well-being. KFT enables parents to provide a safe and stable home for their children, while families are provided with support and guidance to manage their lives and improve their overall well-being. Supportive housing has been identified as an effective, evidence-based practice in stabilizing other vulnerable populations including adults with serious mental illness. Furthermore, a growing body of research indicates that stabilizing individuals in supportive housing can also reduce their use of expensive public crisis services such as emergency rooms, psychiatric hospitals, and jails.

The first KFT pilot took place in New York City from 2007-2010. Most families enrolled in the pilot had either a history of substance abuse and/or mental health challenges, and all had long and complex trauma histories. Highlights from an independent evaluation of the pilot include:

- 90% of the pilot families remained housed;
- 61% of child welfare cases closed in an average of 10 months after move-in;
- 100% of children returned to their families from foster care and stayed with their families;
- Abuse and neglect reports decreased dramatically; and,
- Roughly 63% had no further involvement with the child welfare system.

These results offer evidence that supportive housing can be an effective alternative to recurring child welfare system involvement and foster care placements among unstably housed families with high service needs. Moreover, five additional sites across the country are participating in a five year federal demonstration, *Partnerships to Demonstrate the Effectiveness of Supportive Housing for Families in the Child Welfare System*, to support the development of and increase the evidence base for supportive housing models for child welfare-involved families. Each of these sites are engaging in local evaluations of their initiatives as well as participating in a national cross-site evaluation being conducted by the Urban Institute.

## Keeping Families Together in New Jersey

DCF's KFT program provides supportive housing and services for a subset of families involved with the Division of Child Protection and Permanency (CP&P). More specifically, this supportive housing intervention targets families experiencing homelessness or housing instability, whose children are at risk for out-of-home placement or are in out-of-home placement with a case goal of reunification, and who are facing a number of other co-occurring challenges including but not limited to substance use disorders, medical and/or mental illness, and domestic violence. Once enrolled in the program, families have access to housing subsidies as well as an array of supportive services including case planning with a team of clinical and case management staff and coordination of services to include evidence-based and trauma-informed services. Long term goals for KFT families include increased housing stability, decreased recidivism within CP&P, and improvements in caregiver outcomes and child wellbeing.

DCF launched its first KFT pilot in July 2014 and has continued to expand the program thanks to a number of partnerships and collaborations. As of October 2016, DCF has 3 pilot programs with capacity to serve a total of 48 families across 6 counties: Essex, Passaic, Hudson, Monmouth, Atlantic, and Gloucester. The Department also recently awarded funding for a fourth KFT program in Camden County that will serve an additional 25 families. These programs include a mix of single and scattered site housing models and are supported by a range of housing subsidies provided by the NJ Department of Human Services, NJ Department of Community Affairs, and NJ DCF. Along with housing subsidies, each program also receives DCF funding for supportive services and case management. DCF's contracted KFT service providers currently include Family Connections, Robins Nest, and 180 Turning Lives Around.

In March 2016, NJ KFT service providers completed a baseline survey for each family being served by their KFT program. The results provided a snapshot of families upon entering the program. Of those 44 families (including 48 parents and 111 children):

- 91% of families were single parent households
- 48% of families were living doubled up with friends/family prior to the program
- 91% of families had been experiencing homelessness/housing instability for 1+ years
- 52% of families were living on > \$5,000 a year and 23% of them had ZERO income
- 58% of parents had a mental health diagnosis and 38% had a substance use disorder
- 50% of children were under 6 years old and 80% were under 10 years old

## What's Next in New Jersey

DCF is committed to ensuring quality implementation of the NJ KFT model statewide and continues to provide technical assistance, training, and support to KFT grantees in partnership with the Corporation for Supportive Housing (CSH). This year, the Department also began undertaking an internal evaluation of the impact of NJ KFT on targeted outcomes. The purpose of the KFT evaluation is to provide information about implementation across sites and to determine factors that support and/or deter the program from achieving its set goals and outcomes. Data collection methods will include administrative data, baseline family surveys, quarterly grantee reports, systems partner interviews, family focus groups, and assessment tools administered by KFT service providers.

DCF will continue to strengthen current partnerships and foster new ones in the community, with the hope of expanding this initiative to more families involved in the child welfare system.

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