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Research Summary

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Cuyahoga Partnering for Family Success Process Evaluation 2017

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This brief reports on the process evaluation of the first two years of Partnering for Family Success (PFS), a five-year randomized control (RCT) study underway in Cuyahoga County, Ohio. The program is a partnership between FrontLine Service, Cuyahoga County Division of Children and Family Services (DCFS), Ohio Department of Jobs and Family Services (ODJFS), Cuyahoga Metropolitan Housing Authority (CMHA), the Domestic Violence and Child Advocacy Center (DVCAC), and Enterprise Community Partners, Inc. Using the evidence-based Critical Time Intervention (CTI) framework, and focusing on homeless caregivers with children in out-of-home placement (OHP), the PFS program seeks to safely reduce the number of days that children spend in OHP. The overall program goal is to safely reunite families[3] quickly by providing families with housing, and offering supportive services, using avoided foster care costs to serve families more effectively. Data from multiple sources indicated that the PFS program helps to stabilize families in the treatment group through providing housing and increased levels of public assistance. Treatment group families also show less involvement with child welfare and decrease their contacts with case management services over time. However, clients' experiences with domestic violence and service coordination across agencies were identified as important challenges.

EVALUATION PURPOSE

The purpose of this process evaluation was to conduct a formative evaluation of the PFS program serving homeless families with children in out-of-home placement (OHP) to understand the characteristics of the clients, important issues related to service delivery, and to share program learning to date, as well as identify any issues related to service delivery that could potentially affect OHP outcomes. The process evaluation seeks to answer four key questions:

1. What are the characteristics of PFS clients?
2. What does PFS do and how are services carried out? What is the content of service contacts, what activities are covered, and what is the dosage of those services?
3. How does PFS have an impact on clients?
4. How has PFS had an impact on service delivery?

METHODS

The overall evaluation developed a methodology to measure the flow of referrals into the program and the relationship between client characteristics, services, and placement outcomes. A mixed methods approach was used to answer the questions. Access to client information was provided by Data Use Agreements (DUAs) between Case Western Reserve University (CWRU) and (1) FrontLine Service, Inc. (for Homeless Management Information System (HMIS) data and Progress Note data); (2) the Cuyahoga County Department of Jobs and Family Services (for public assistance data) and (3) Cuyahoga County Department of Children and Family Services (for child maltreatment and foster care data). **Table 1** (on page 2) details the methods and data source used to address the research questions

FINDINGS

In 2015 and up to mid-December of 2016, 163 participants were randomized into the study, with 90 in the treatment

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[3]*An outcome evaluation based on the RCT is also underway and is set to report results by early 2020.*

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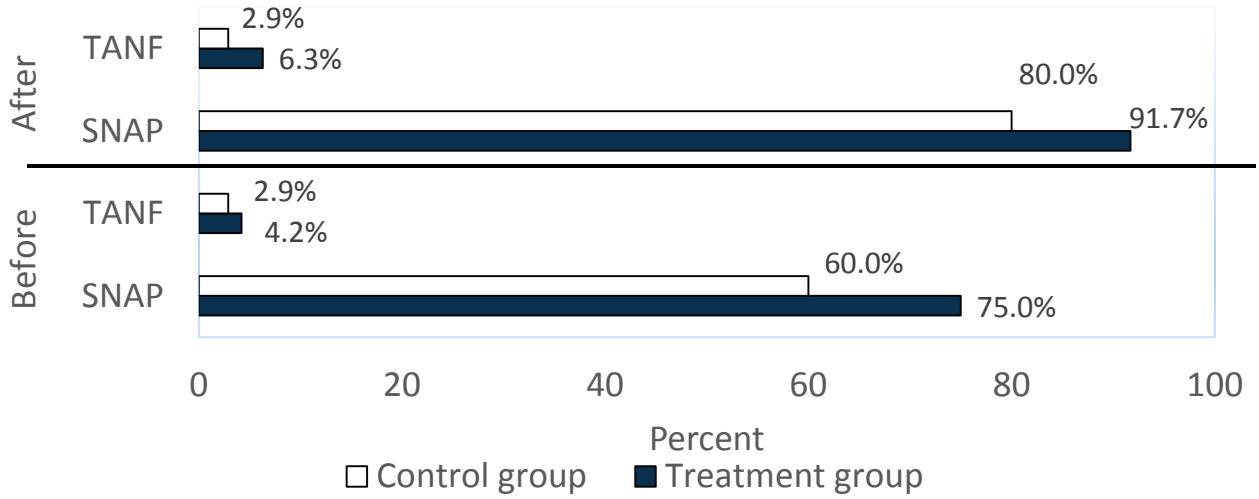
Table 1. Method, Data Source and Focus

Method	Focus
1) HMIS data- CoC data on contacts with homeless service providers	Demographic data, "pre" and "post" program, shelter entry/exit stays
2) Review of FrontLine Service client progress notes- case management notes on individual clients contacts	Data on type, frequency, length of service contacts, common service themes
3) Interviews with Staff: FrontLine, DCFS and CMHA staff-in-depth, semi-structured interviews on experiences with PFS	Perspectives on the PFS experience from staff perspective, and the impacts of the program on clients
4) Benefit and Child Welfare Analysis – ODJFS public assistance data and DCFS child maltreatment and OHP data	Explore changes in TANF and SNAP benefits, child welfare involvement since entry into program

group and 73 in the control group. More than two-thirds of the total sample identified as Non-Hispanic Black, over 90% were female, and the average age was almost 32 years old. On average, participants had one child with them at shelter entry. More than two-thirds overall reported being a domestic violence survivor, however, the treatment group had higher rates than the control group in both 2015 and 2016. More than three-quarters of the PFS treatment group clients and less than two-thirds of the control group reported being a domestic violence survivor in both years. With regard to disability status, a mental health diagnosis was the most common disabling condition for both groups. Drug abuse and chronic health conditions were the next most common reported disabilities (17.8%), followed by alcohol abuse (11.7%). One-third of clients had income sources including TANF, earned income, SSI, SSDI, child support or other income at the time of intake. About half of the participants received non-cash benefits, such as SNAP, WIC, TANF transportation, TANF child care, or other sources. Nearly 90% of clients in both groups received emergency shelter services prior to beginning PFS.

Overall, the findings from the program evaluation are positive. According to HMIS data, after the intake date, treatment clients were less likely than control clients to receive rapid re-housing, to enter emergency shelter, and to receive other types of homeless services as compared to treatment group clients. With regard to the indication of stability, an analysis of ODJFS data showed that over half of the clients in both groups received SNAP assistance prior to enrollment, while after entry, nearly all clients in the treatment group (92%) received SNAP assistance (compared to 80% of the control group). Few clients in both groups received TANF assistance before the program. After involvement with PFS, the proportion of clients in the treatment group receiving TANF increased slightly, while the control group remained about the same (see **Figure 1** below). Analyses of child welfare data indicated that more than three-quarters of clients in both the treatment and control groups had substantiated/indicated child maltreatment incidents in the five years before enrollment. After entry, no clients in the treatment group had substantiated maltreatment cases with DCFS, compared to 6% in the control group. Within the six months after entering PFS, the treatment group had less maltreatment reported (19%) compared to the control group (23%). Both groups had open DCFS cases prior to entry, but after entry, more cases closed in the control group (14%), compared to the treatment group (8%). A higher proportion of children exited OHP within nine months after entering the

Figure 1. Public benefits before/after PFS study enrollment



PFS program in the treatment group (35%), compared to the control group (26%). These data point toward positive changes and could indicate increased family stability in the treatment group.

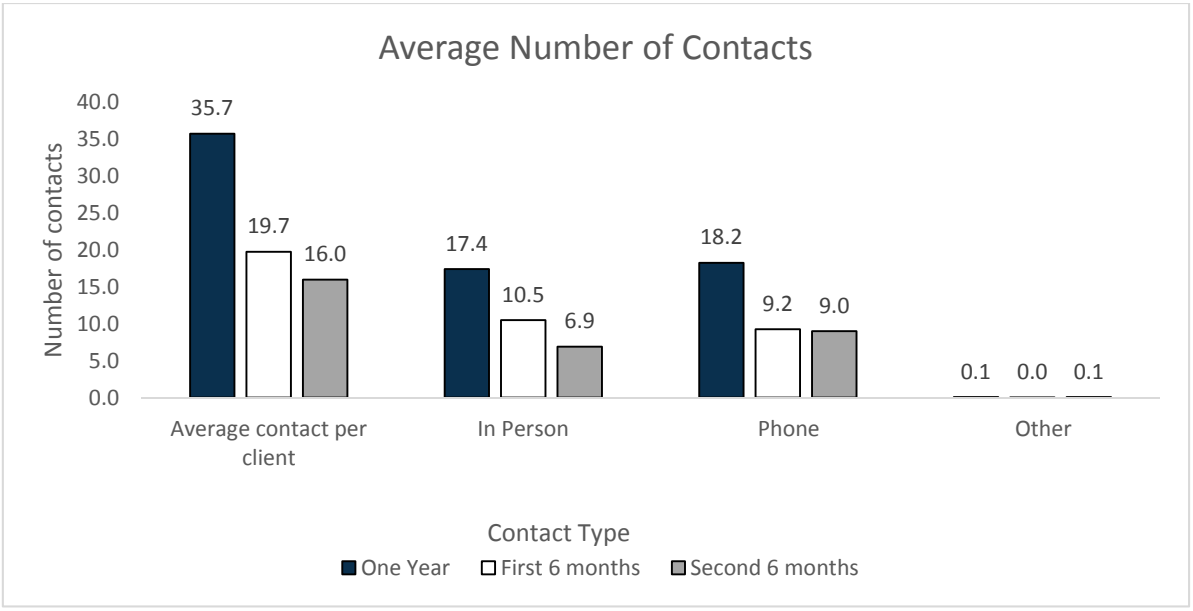
Progress note data were analyzed to better understand the content and frequency of these CTI case management services. A total of 48 clients' data were examined (all clients who entered PFS in 2015). The most common topics in the progress notes included child-related topics, independent living skills, and housing. Domestic violence was the least frequently mentioned topic. Dosage data were examined in six-month intervals. During the first six months, after a client entered PFS, more than half of FrontLine worker/client contacts were in person (53%), and each contact occurred on average, every five days for an hour. As would be expected given the CTI model, during the second six months, FrontLine workers had fewer in-person contacts (43%), and each contact lasted less time (30 minutes), but the contacts still occurred on average, every five days (see **Figure 2** below).

Interview data revealed a number of issues around collaboration and system coordination. It appears that when the collaborations work, they are effective, but there tends to be a lack of consistency across staff members, DCFS, and FrontLine with regard to how cases are handled and how the staff communicate with one another. While the relationship between FrontLine and DCFS is mixed, collaborations between FrontLine and ODJFS and Frontline and GALs appear to be weak, and those between CMHA and FrontLine are strong. Also, in the interviews, staff suggested that domestic violence cases are some of the most challenging cases. Because domestic violence cases can lead to longer reunification times or recidivism, particularly when clients hide their domestic violence situation from their workers, these cases tend to be more difficult.

CONCLUSIONS & RECOMMENDATIONS

Our recommendations include the following. First, implementing and enforcing consistent practices between FrontLine and DCFS could smooth and improve collaborative relationships. Specifically, having workers meet with one another prior to beginning work on cases, having consistent practices around visitation (who attends and how often), and clarifying FrontLine workers' roles for DCFS workers. Some of these practices are already being implemented. Second, education about the housing first philosophy might benefit some of the PFS partners as would learning about the early successes of the program. Lastly, improving responses to domestic violence cases also appears to be a useful area of exploration, particularly in potentially reducing recidivism.

Figure 2. Average number of contacts between FrontLine worker and Client, per client in PFS group



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