



The Corporation for Supportive Housing
Keeping Families Together Business Plan:
A Roadmap for National Scaling & Replication

Vision: Ending multi-generational homelessness and child welfare involvement for vulnerable families nationally

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A. EXECUTIVE SUMMARY

Scaling/expansion initiative. CSH is seeking financial support to launch the scaled, national replication and expansion of **Keeping Families Together**. Keeping Families Together is a new but effective approach for engaging, housing, and serving high-need families with frequent interaction with the child welfare system, with the ultimate goal of preventing foster care placement, promoting housing stability, and breaking the cycle of inter-generational poverty, homelessness, and systems involvement for parents and children. Keeping Families Together includes these core components: affordable housing for families; strong public-private collaboration to identify, engage, house and effectively serve families; and evidence-based practices for serving families *and* children, including trauma-informed services.

Outcomes/impact to-date. Keeping Families Together began in New York City, with the aim of determining whether supportive housing could prevent family separation, homelessness, and foster care placement among high-risk families. Supportive housing is affordable housing coupled with support services that address the root causes of long-term homelessness. Through the pilot, CSH engaged five city agencies and six supportive housing providers to identify and house 29 chronically homeless families, deemed at-risk of separation and foster care placement. Families in the pilot received a number of supportive services, including the one-on-one assistance of a case manager to help them navigate the multiple services and systems in which the families were involved. In addition, families participated in evidence-based support group on wellness, self-management, and family support. Many Keeping Families Together providers offered employment assistance, clinical assistance, and substance abuse counseling on site. The pilot also included a robust process and outcome evaluation. Three and a half years after the start of the pilot, Keeping Families Together's *evaluation results provide compelling evidence that supportive housing is a cost-effective alternative to chronic neglect, child welfare system involvement, and foster care placements among vulnerable families: 90% of families stayed housed, and child welfare involvement has decreased, as indicated by a case closure rate of 61% and an 87% reduction of reported abuse and neglect cases. 100% of children returned from foster care, and school attendance increased.* These extraordinary outcomes, among the hardest to serve families, suggest that we have identified a way of preventing abuse and ending traumatic foster care placements for families characterized by extreme poverty, disabling conditions, and overall instability.

Capital required for scaling/expansion. CSH has developed a cost projection for the scaled replication of Keeping Families Together, using programmatic and cost assumptions from the New York City Keeping Families Together pilot, while taking into account areas where the New York City model could have been enhanced and conditions in other geographic locations. There are two dimensions of capital needs for scaling. The first is the 'hard costs' of direct program operations for services and housing. These projections estimate that the annual fully loaded per family direct program cost ranges between \$20,131 and \$30,054 per family for services, and between \$7,800 and \$9,600 annually for rental assistance, for a total annual programmatic cost of \$27,931 and \$39,654 per family. Scaled to an initial program size of 50 families, the total annual programmatic cost would range from \$1,396,537 to \$1,982,712 per replication site. CSH believes that tapping mainstream housing vouchers, such as federal Section 8 Housing Choice Vouchers and Family Unification Program Vouchers that are administered by public housing authorities, can cover the rental assistance costs. Moreover, leveraging existing state and local child welfare system resources can likely cover the cost of services. However, in order to generate these child welfare system investments to fund services costs, new grant resources are needed to help "jump start" the redirection of these existing resources. CSH has been working with and encouraging the US Department of Health and Human Services (HHS) – Administration for Children, Youth, and Families (ACYF) and the Robert Wood Johnson Foundation (RWJF) and other foundations to invest new federal and philanthropic resources to leverage and "prime the pump" of state and local child welfare system resource reinvestment. HHS/ACYF

in fact released a funding notice in May 2012 to support programs modeled after Keeping Families Together in five sites.

In addition to these direct program costs, CSH would require approximately \$2.13 million per year for three years to provide implementation technical assistance and facilitate knowledge and practice exchange across 15 implementation sites.

Timetable and proposed locations. CSH aims to begin implementing Keeping Families Together in 5 new communities and conduct replication planning activities in 10 additional communities in the next 12 months. Our intent is to provide varying levels of training and technical assistance to these communities over a 3-5 year period. We anticipate that these communities will include:

- 1) ACYF Demonstration Sites (5);
- 2) State and Locally Funded Sites (4)
- 3) Emerging Opportunity Sites (6)

Each set of communities will have unique needs given their capacity, funding sources, and experience. For instance, those communities that are selected for the HHS/ACYF demonstration project will serve approximately 250 families, and will need intense training and technical assistance to ensure each site is implemented in accordance the model. Additionally, the grantees will need support in order to participate in a rigorous evaluation that will be attached to the initiative. CSH is in discussions with several national foundations, including RWJF, to secure funding to support our work with these 5 sites. The HHS/ACYF RFP was released in early summer 2012, and 86 communities submitted applications in response, demonstrating the great level of national interest in this Keeping Families Together model. CSH provided guidance to HHS/ACYF on the request for proposals and advised many of localities on their proposed project plans and partnership structures.

CSH will also provide assistance to sites replicating the Keeping Families Together using state and local resources. These communities may include New Jersey, Arizona, Rhode Island and Illinois. These communities will continue to need CSH support from planning to implementation and may need support to identify additional local funding sources to ensure their pilots come to fruition. Lastly, CSH will provide **replication planning in communities that not yet ready to launch Keeping Families Together, but where preliminary interest and strategic opportunity exists for future replication.**

Please see the timetable below for an estimate based on what we know about our current planning process, what we anticipate will be part of the HHS/ACYF technical assistance needs and our best guess regarding timeframes for new sites that may come to us seeking assistance.

Site Description	Number of Sites	Planning Phase	Implementation Phase	Maintenance Phase
HHS/ACYF Grantees	5	September 2012-March 2012	April 2013-June 2015	July 2015-September 2017
State and Locally Funded Sites	4	November 2011-July 2012	October 2012-October 2013	November 2013-May 2016
Emerging Opportunity Sites	6	July 2012-June 2013	June-2013-June 2014	June 2015

We expect that the 10 or so sites that do not receive HHS/ACYF funding will need somewhat similar, but less intense technical assistance and training to complete the planning process and begin implementation.

B. INDUSTRY AND MARKET ANALYSIS

Market Context and Need (the “problem”)

Every public child welfare agency in the US grapples with a subset of families who have recurring contacts

with child protective and child welfare services, and who, despite these repeated encounters, experience poor outcomes: untreated parental behavioral health problems, persistent poverty, high rates of child removal and foster care placement, and childhood exposure to trauma. While estimates vary as to the proportion of child welfare system involved families who have recurring encounters (ranging from 16% to 66%), current estimates hold that as many as 20% of families who encounter the child welfare system for the first time will eventually experience recurring involvement. While a smaller subset of the families known to a public child welfare agency, these families consume a disproportionate amount of attention and resources—as much as 50% of agency resources (Loman, 2005).

These families are characterized by persistent poverty, parental mental health issues, parental substance use issues, domestic violence, absence of men, childhood foster care involvement among parents, and cognitive and emotional difficulties (The Center for Community Partnerships in Child Welfare, 2006). A growing body of studies also indicates that a significant proportion of these families experience, in addition to complex parental/caregiver behavioral health problems, homelessness and persistent housing crises. A study by Zlotnick, Kronstadt, and Klee (1998) found that as many as 48.7% children in foster care in one California county were found to have been removed from homeless or unstably housed parents (Zlotnick, Kronstadt, and Klee, 1998). Research by Mark Courtney and Partners for Our Children in Washington State indicates that 37% of the families with a child who experienced an out-of-home placement was homeless in the 12 months prior to the loss of custody (Courtney, 2010).

While homelessness and housing instability may not be the sole or direct cause of families' recurring child welfare system contacts, they remain important contributing factors. Moreover, providing stable housing to families is critical to both the delivery of needed services and may in and of itself help families achieve greater well-being, stability and avoid child maltreatment and further child welfare system contacts. While an obvious solution would involving providing a package of housing assistance with critical services to these high-need families, few examples of this practice currently exists—that is, with the exception of Keeping Families Together. The scarcity of examples where housing and services have been packaged to prevent child maltreatment among families with recurring child welfare system involvement is less a function of the lack of recognition that housing is an important, unmet need among these families; any child welfare system director would readily admit that housing needs are widespread among their most challenging cases and express a hunger for ways to address housing needs among families. Instead, the lack of integrated housing and services models for these families is largely attributable to the fact that the child welfare system and affordable housing sectors operate in silos, preventing both the cross-sector planning and aligning of resources needed to create effective housing and services interventions. Cross-system collaboration is hampered by a vast inter-organizational gulf in culture, language, and knowledge. A “broker” is needed and in high demand that can build bridges across these two systems and assist them to jointly plan initiatives and consider ways to link housing resources with child welfare-funded services into a packaged intervention.

Who cares about this problem? Our target audiences

Keeping Families Together addresses the needs of the many public systems for which high-need families use a disproportionate amount of resources. These services cover many domains, including mental health and addiction services, emergency health care, criminal justice, public assistance. These services are typically used to varying degrees over the course of a lifetime by our target population of families, and too often, across multiple generations. Within each of these systems, CSH will have multiple target audiences for Keeping Families Together education and adoption: including: agency heads and senior level staff (concerned with their ability to meet organization-wide outcome metrics related to family unification and decreasing out-of-home placements for child welfare, reduction of shelter entry and number of days in shelter for homeless system, cost containment for both, etc.), front-line workers and supervisors

(concerned with caseload capacity, taking on new work/responsibilities, and ability to connect clients to needed resources).

The HHS/ACYF funding opportunity is receiving additional support from private philanthropy. This includes the Robert Wood Johnson Foundation and other large foundations focused on the child welfare system. Thus CSH must be prepared to respond to the unique interests of the philanthropic partners by ensuring that they receive a good return on their investment in supportive housing. In addition, we anticipate that the public support of these Foundations will raise national attention to this model and create another audience, the philanthropic community at large - though not included in the HHS/ACYF partnership, they will be watching closely to see how the demonstration project unfolds. CSH must be prepared to communicate our success to this audience and capitalize on the interest of potential new funding partners.

Current and Projected Demand (including ease of market entry)

Relative advantage (how well does innovation address the needs of potential adopters)

CSH has been working for the last year to assess interest in Keeping Families Together in a number of different jurisdictions across the country. What we have found is that there is broad agreement that homeless/housing instability are linked to child welfare involvement, and some believe that one system feeds the other. However, because the homeless and child welfare systems are largely focused on their immediate mandate (housing homeless families and securing the immediate safety of children, respectively) in most places, resources and ability to address the issue in a holistic way is generally not seen. However, through the assessment process, CSH learned that many communities at minimum believe there is need for greater collaboration between the two systems. Some communities, there was not only the understanding that something had to be done, but they actually have existing partnership and collaboration between housing and child welfare and in some rare cases, even had resources to designate to the issue. Even these sites though could benefit from implementation assistance to accelerate their process and to take full advantage of the lessons learned from the NYC pilot.

CSH developed 5 simple criteria to assess community “readiness” to implement a Keeping Families Together pilot. CSH convened meetings with local CSH staff, community stakeholders, public and private service providers, government officials and local philanthropy and gathered information on the following indicators of “readiness”:

- 1) Availability of Housing Resources
- 2) Support of Local government
- 3) Engagement of the child welfare system
- 4) Existing Service Capacity
- 5) Existing collaboration/partnerships

CSH assessed sites primarily within our “footprint” -- New Jersey, New York, Michigan, Minnesota, Arizona, Illinois, Rhode Island and Texas. CSH local offices act as “docking stations” for which CSH incubates new ideas, test innovations and spearhead systems change. The relationships and ability of local staff to understand the needs and capacity of the community and grasp the intricacies of the political landscape are integral to the success of CSH and invaluable to the Keeping Families Together planning/assessment process. In a few states--Washington, Colorado, Vermont--CSH does not have a local office but existing relationships allowed staff to convene stakeholders in more of a limited way. Below please find a chart that provides an overview of our site assessments. Each site has been rated High (H), Medium (M) and Low (L) against each of our stated criteria.

Keeping Families Together Replication Assessment

Site	Housing Resources	Local Government Support	Service Capacity	Child Welfare Participation	Existing Collaboration
Washington	H	H	M-H	H	H
Connecticut	L	H	M-H	H	H
New Jersey	M	H	M	H	M
New York	L	M	M	H	M
Missouri	H	M	H	M	M-H
Minnesota	M	H	H	M	H
Arizona	M	M	H	H	M
Ohio	H	M	M	H	M
Colorado	H	H	M	M	M
Rhode Island	M	N/A	M	M	M
Illinois	M-L	M	H	M-L	H
Florida	M	M	M	H	M-H
Texas	H	M	M	M-H	L

CSH's assessment work indicates that there is significant demand for Keeping Families Together. Every site, at minimum, agreed that there was a need and were anxious to bring the housing/homeless and child welfare systems together to start thinking about Keeping Families Together. In many other sites, interagency groups were already looking at the issue but lacked the resources or political support to move forward. In 1-2 communities, public agencies and private non-profits had already agreed to pull existing resources together to develop a Keeping Families Together – like intervention. In other areas, there was interest and perhaps some political will, but the dearth of local resources prevented the community from moving forward.

Needs of Potential System Adopters: Cost Savings

Today, more than ever, state and local agencies are cash-strapped and seeking ways to cut costs without sacrificing outcomes for clients. Given this and that our innovation has resulted in cost savings for public systems, Keeping Families Together directly addresses a critical need of child welfare and homeless system agency heads and senior officials. Findings from Metis Associates' evaluation of the Keeping Families Together pilot were used to compare the cost of the supportive housing intervention with the associated reductions in public service use and associated cost savings. Specifically, this analysis examined the costs associated with the families' use of foster care services and homeless shelters in the two years prior to and two years following families' placement into Keeping Families Together. The changes in public costs associated with the reduced use of these two service systems were then compared with the cost of providing supportive housing to the participating families.

The cost offsets analysis found that families placed into supportive housing through Keeping Families Together reduced their actual and expected use of foster care services by a total of 5,415 days over two years, and their shelter use by 13,703 days over two years. Together, these reductions in foster care and shelter represent a total cost offset of \$1,866,592 over two years, or \$64,365 per family. Assuming a two-year per unit cost of supportive housing of \$66,552, **foster care and shelter reductions alone offset 97% of the cost of supportive housing**. This does not take into account offsets in other emergency public service systems.

Most palpable and immediate, is the benefit to the homeless services system. These benefits have been

documented in numerous research studies that demonstrate supportive housing is one of the most effective ways of ending homelessness among those who have been homeless for long periods of time and have multiple barriers to self-sufficiency. These findings are consistent with those of the Keeping Families Together study. Here, 29 families consumed a total of 14,323 days in family shelter and 618 days in single adult shelter two years prior to their participation in the pilot. Two years following their placement, cumulative shelter use declined to 620 days. Using per diem cost estimates,¹ the resulting per family cost offset from shelter utilization reduction was \$46,253 over two years. Thus, from a cost-savings standpoint, the homeless system has the most to gain from adopting the Keeping Families Together model and is also more familiar than the child welfare or other systems with supportive housing as an intervention for chronically homeless populations. These factors make homeless agencies nationally, and their leadership in particular, very good targets for our efforts to market the Keeping Families Together model and promote its scaled replication.

Keeping Families Together appears to be cost-neutral for the child welfare system at least in the short-term, making the cost-savings argument less salient for this group of potential adopters. However, the New York City study is limited by the small sample size and narrow geographic focus. We believe that the HHS/ACYF pilot and corresponding evaluation will help to provide a more comprehensive assessment of costs and potential savings to the child welfare system.

The costs and cost offsets due to the use of foster care services by the 29 families in the New York pilot take into account both the *avoided* foster care costs resulting from parent-child reunifications, as well as the *prevented* foster care costs resulting from the prevented entry of at-risk children into foster care placement. In total, Metis estimated that 5,415 days of foster care were avoided due to Keeping Families Together two years after placement. At \$97 per day, \$525,255 in total foster care costs was avoided. Averaging this figure, across the 29 families, results in an average foster care cost offset per family of \$18,112.

Needs of Potential System Adopters: Improving Key Agency Metrics

State and local agencies typically are held to meeting a handful of key metrics for client and system-wide outcomes in line with the agency's strategic plan or other goal-setting process. High-need families with seemingly intractable issues can prove a thorn in the side of child welfare and homeless agencies as they struggle to show progress toward their respective key metrics. For homeless agencies, there is pressure from the federal and local levels to show reductions in street homelessness and use of emergency shelters, and to make a shift to rapid re-housing once in shelter and/or to prevent shelter entry. Thus, Keeping Families Together offers the opportunity for homeless systems to improve their performance on a number of these key outcomes. For child welfare agencies, preventing family separation and out-of-home placements, *and* reuniting children in foster care with their biological parents are key outcomes and measures of agency success. Again here, Keeping Families Together aligns perfectly with the needs of child welfare agencies related to these key outcome measures, as detailed below.

- *Reducing shelter days.* For Keeping Families Together, 29 families consumed a total of 14,323 days in family shelter and 618 days in single adult shelter two years prior to their participation in the pilot. Two years following their placement, cumulative shelter use declined to 620 days.
- *Family reunification.* Metis Associates' evaluation found that placement into Keeping Families Together supportive housing resulted in reunifications of all six children who were in foster care placement at the time of move-in and who had the goal of reunification. These six children consumed a total of 3,239 days of foster care in the two years prior to Keeping Families Together placement. Following the placement of families in Keeping Families Together, these children consumed only 744 days of foster

¹ According to the New York City Mayor's Management Report in 2010, the cost of family shelter ranged from \$91 per day in fiscal year 2006 to over \$105 per day in fiscal year 2009. For our analysis, we used a median cost of \$95 per day. In the same period, the cost of single adult shelter ranged from \$62 per day to \$70 per day. We used a median figure of \$64 per day.¹

care. Assuming that these children would have spent as many days in foster care in the absence of Keeping Families Together, a total of 2,495 foster care days were avoided over a two-year period. These days represent a two-year cost offset of \$242,015, or on a per family basis, \$8,345.

- Prevented foster care placements. None of the 37 children who had substantiated abuse/neglect investigations were removed from their parents after Keeping Families Together enrollment. According to the New York City Administration of Children's Services, approximately 11 percent of children with substantiated abuse/neglect report have wound up in foster care placement system-wide for the past three fiscal years.² Therefore, Metis estimated that 11 percent of the 37 Keeping Families Together children with substantiated reports at the time of placement—4 children—would have wound up in foster care placement. Assuming an average length of foster care placement for these children of 3.4 years, these children would have spent a total of 2,920 days in foster care over the two-year period (4 children x 365 days x 2yrs). These prevented foster care days represent a two-year cost offset of \$283,240, or on a per family basis, \$9,767.

Compatibility

Keeping Families Together draws upon and unifies the best practices of the multiple agencies that would be the ultimate adopters of the model. Keeping Families Together encompasses the affordable and supportive housing sectors' current best practices in providing affordable housing or rental subsidies and the prioritization of the most vulnerable residents for assistance. Keeping Families Together is aligned with recent philosophical changes within the child welfare system, which favors 1) keeping children at home with their families except in the most precarious situations and 2) "assessing" rather than "investigating" families where safety risks have been identified. Finally, Keeping Families Together encompasses the type of high-touch care management services that are currently being favored and attempted by the health and behavioral health systems in delivering improved care to populations with complex health conditions. As such, Keeping Families Together is highly compatible with the beliefs and circumstances of adopters, and will be seen by all adopters as being a synergistic combination of the best approaches used by all sectors. At the same time, Keeping Families Together remains a radical departure from the child welfare system's "business-as-usual." Child welfare and housing systems remain fragmented and operate in "silos", both lacking familiarity and fluency with one another's system, resources, culture, language, and approaches. These systems and agencies need a broker or ambassador to help them bridge this cultural and technical divide.

Simplicity/complexity (how simple is it for adopters to understand and how complex for the organization to implement)

Implementing Keeping Families Together is fairly complex. As demonstrated by our community assessment, there are many different components of this work, and if there are components that are lacking or do not exist, the challenges may be insurmountable. The HHS/ACYF funding opportunity may help some communities where they have plenty of housing resources and will but lack services dollars. In these communities, an HHS/ACYF grant for services funding may tip the scale in their favor and allow them to successfully implement a Keeping Families Together pilot. However, we suspect that some sites will not receive this award given the relative dearth of housing resources due to housing availability and/or capacity issues. Because communities are at varying levels of readiness/pilot adoption and may or may not receive the federal grant opportunity, a challenge for CSH will be to develop a strategy and infrastructure to deliver varying levels of technical support and consultation to all of sites going forward.

Ability to Implement. CSH hopes to receive funding from Robert Wood Johnson Foundation and other

² New York City Administration for Children's Services Monthly Flash Statistics November 2010 report, http://www.nyc.gov/html/acs/downloads/pdf/stats_monthly_flash.pdf.

national foundations to continue our work with Keeping Families Together as the national technical assistance provider to the 5 HHS/ACYF grantees. These communities will likely require an intense level of technical assistance and support in order to implement their projects. Funding to support this work would allow CSH to hire additional staff to provide intense training and technical assistance across the country. In addition, we must provide other types of technical assistance and training to support other types of Keeping Families Together replication sites mentioned earlier 1) Keeping Families Together Planning Sites and 2) New communities inspired by Keeping Families Together via HHS/ACYF funding opportunity.

We assume that technical assistance needs of the various groups will fall into 4 broad categories:

- 1) **Planning**—Identification of stakeholders, community needs assessment/data collection, resource identification, peer-to-peer visits
- 2) **Implementation**—Develop target strategy, identify families, evaluation support, refine service model, identify training/capacity building needs, policy trouble shooting, peer knowledge exchange and support
- 3) **Concept refinement**—Provide general consultation on an as-needed basis, provide Keeping Families Together concept template and work plan, facilitate connection to local resources, support use CSH web-based Keeping Families Together toolkit,
- 4) **General information**—Make presentations at conferences, field phone calls and direct to local offices as needed, include on mailing list to provide regular updates on Keeping Families Together and HHS/ACYF demonstration project

CSH believes that we can prepare for the needs of these various groups by borrowing from Everett Rogers' Theory of Innovation Diffusion which proposes that people adopt innovation in a progressive fashion until market saturation is achieved. In addition to naming and defining each group, Rogers' provides the relative market share of each group. For example, the theory asserts that there are a small percent (2.5%) of consumers who will be the first to adopt a new idea; this group is called "Innovators." The group next to adopt the new idea is called, "Early Adopters" representing about 13.5% of the population. The remaining three groups adopt the innovation more slowly and account for most consumers. He calls these groups: Early Majority (34%), Late Majority (34%) and Laggards (16%).

The chart below provides: 1) an estimate of the number of sites that will seek technical assistance from CSH and 2) the level of assistance each site will require based on Rogers' theory.

Chart Assumptions:

- 1) Total population requiring information or technical assistance
CSH assumed that roughly two-thirds of the country or 33 states would have some level of interest in Keeping Families Together over the next 3 years.
- 2) HHS/ACYF Grantees are considered "early adopters"
If 5 grantees are selected then based on our rough estimate of the population, they account for roughly 13.5% of the market share, Rogers early adopter rate

	Innovators (2.5%)	Early Adopters (13.5%)	Early Majority (34%)	Late Majority (34%)	Laggards (16%)
Sites	2	5	10	10	6
Level of Technical Assistance Needs	Low	High	Med	Med	Low
TA Needs	General Information Sharing	Intense, on-going training and support	Implementation Support	Planning Support	General Information Sharing
TA Use & Time Frame	Limited (2012-15)	Intense (2012-17)	Intense (2012-13)	Low (2012-14)	Limited (2013-15) Moderate (2015-

	Innovators (2.5%)	Early Adopters (13.5%)	Early Majority (34%)	Late Majority (34%)	Laggards (16%)
			Intermittent (2013-2015)	Moderate (2014-17)	17)

Try-ability and risk reduction (to what extent are adopters able to test the innovation before committing, to reduce their level of risk)

The recent grant forecast from the US Department of Health and Human Services/Administration for Children Youth and Families stated that there would be \$5 million dollars available for 5 sites to pilot supportive housing for child welfare involved families over a 5-year pilot period. We believe that this generous support will allow organizations to implement the Keeping Families Together model with little risk. Adopters will be able to test the innovation with enough resources to allow them to provide an intense level of wraparound services to families, which should increase the likelihood that families will have positive outcomes. For sites that do not receive an HHS/ACYF grant, there will likely be more risk.

Ecosystem Analysis (partners, competitors, policy levers, etc.)

The Ecosystem Analysis illustrates that there are a variety of factors - both positive and negative - that will influence our ability to replicate Keeping Families Together over the next three years. Most striking are the environmental conditions. Many communities are operating on shoestring budgets and may not have the capacity to take on a new project like Keeping Families Together. On the other hand, the fact that HHS and our private partners are putting substantial resources behind this approach may be enough for a small group of pioneers to experiment with this promising model. As well, the cost savings potential of the model should provide enough incentive for additional localities to pilot the model even on a small scale (i.e., relatively low risk). CSH has used this argument successfully to encourage localities to replicate our FUSE model.

The Analysis also reveals that there are many more resource providers and allies for Keeping Families Together than there are competitors and/or opponents toward our work. The key resource providers in this initiative include: 1) **CSH Staff** who have primary responsibility for developing, refining, promoting, and ultimately embedding the model into the nation’s mainstream policy response to vulnerable families; 2) the two major financial investors (RWJF and HHS/ACYF) in the \$35 million investment to develop 5 new demonstration projects to test the effectiveness of supportive housing on child welfare outcomes. Without this investment, it would be very difficult to embark on a large-scale replication effort in multiple communities in this environment. Other allies and resource providers include:

- **Housing Providers**-provide a substantial in-kind investment. Currently, no new funding has been designated for permanent housing to Keeping Families Together families, thus housing providers must commit to the concept and project without new financial resources.
- **Family Service Providers**-in most cases, family service providers must stretch existing resources to serve very high need, service-intense families. However, if sufficient evidence for the model is demonstrated, additional resources may become available.
- **Public Housing Authorities (PHA)**—provide scarce housing resources to Keeping Families Together families. PHAs may set aside new resources for this project or will find a way to prioritize these families over others, despite their greater risk of housing instability and eviction.
- **National Center on Family Homelessness**—provide information and resources to homeless family service providers; the Keeping Families Together evaluation will add to their knowledge of the needs of homeless families and effective service and housing models.

Keeping Families Together has many complementary organizations and allies. Some of the most important include: **Family Court**, which will benefit if child maltreatment and foster care cases are reduced, **Family**

Homeless Advocates, a large and vocal partner, will benefit if homeless families leave shelter and become permanently housed through projects. Also in our favor are **philanthropic organizations focused on poverty, child welfare, and family homelessness**. Together, these groups have a large pool of resources at their disposal, and many are keenly watching the Keeping Families Together replication unfold. These organizations are interested in the project because of the new federal and philanthropic investment and the potential system cost savings and impact on policy and practice in this arena. This interest will spur local investment in Keeping Families Together replication in the non-HHS/ACYF sites.

The most important beneficiaries of the large-scale replication of Keeping Families Together would be the children who will be able to grow up in a safe and stable environment with their own families. The parents obviously benefit greatly as well from on-going support and assistance to help them manage their families, their health, well-being, and financial obligations. The **Child Welfare System**, responsible for the safety, permanency, and well-being of children, will also benefit greatly from the reduction in foster care placements associated with Keeping Families Together. Foster care is the single largest expense for the system; however, there is a federal mechanism in place that allows the local system that accrues foster care savings to repurpose the funding to pay for new interventions that are proven to improve the lives of children and prevent maltreatment. It is our goal to capitalize on this ability to reinvest, and we will prompt local state and county administrators to do so in order to sustain Keeping Families Together projects.

Our competitors are few but have a large presence in the dialogue around homeless families. Specifically, there are non-profit entities pursuing housing subsidies and services funding for programs that are transitional rather than permanent in nature. These programs that have built in “cliffs,” where services or housing ends and families must “graduate” or move-out. The research literature and our own experience suggest that these models are inappropriate for families who have already experienced a high degree of instability and require permanent, stable housing linked to intensive services. Additionally, there are those that believe homelessness is purely a short-term financial issue. While this is true for a large portion of the homeless population, about 20% of homeless families have recurring episodes of homelessness and involvement in child welfare system, and need longer-term social supports and permanent housing subsidies. As we have done successfully for other initiatives, CSH will use data on the target population and evidence from evaluations to make the business case to policymakers and practitioners as to why this particular subset of the homeless population requires a specialized, long-term intervention. CSH will work to ensure that the needs of the most vulnerable families do not get lost in these larger conversations about the broader population of homeless families.

Our primary “opponent” or trouble-maker is the **bureaucratic infrastructure that keeps social services in “silos.”** In order to truly address the needs of vulnerable families in the holistic way that is done in the Keeping Families Together, collaboration among and within public agencies must become embedded in our systemic response to high-need families. The way our large public systems are funded and the nature of the status quo will make it very difficult to make systems work together and operate differently. However, CSH excels at this very type of work; we specialize in bringing disparate systems together to identify a shared problem, and develop and implement a solution that is collaborative in nature.

Bystanders, or those that may not be impacted by Keeping Families Together now, but may be impacted in the future, include residential substance abuse treatment centers, community mental health centers, and the Medicaid System. Residential treatment programs inadvertently become transitional housing placements for mothers and children involved in the child welfare system, while community mental health centers have primary responsibility for treating the mental health issues of parents and children referred by the child welfare system. Medicaid typically pays for both of these large service systems, with mixed results for families.

Resource Providers	Competitors	Complementary Organizations and Allies	Beneficiaries/ Customers	Opponents and Problem-makers	Bystanders
CSH Staff HHS/ACYF RWJF Housing Providers Family Services Providers Public Housing Authorities Research Community Child Welfare System TANF System ³	Other groups pursuing different housing and service resources and interventions for this target population	Family Court Family Homeless Advocates Center on Family Homelessness U.S. Interagency Council on Homelessness (USICH) ⁴ U.S. Department of Housing and Urban Development (HUD) ⁵ Philanthropic Organizations focused on poverty, child welfare, family homelessness, etc. SAMHSA	Very poor families Maltreated children The Child Welfare System The Homeless System Supportive Housing Providers Public Housing Authorities	Advocates of smaller government Bureaucratic infrastructure that keep social services in "silos" Those who believe that family homelessness is a short-term financial problem	Residential substance abuse treatment providers Homeless Advocates Foster Care Providers Community Mental Health Providers Medicaid National Organizations

C. STRATEGY AND THEORY OF CHANGE (THE "SOLUTION")

Organization and Mission

CSH is a national nonprofit organization and Community Development Financial Institution that helps communities create supportive housing. Supportive housing is a highly effective and cost-efficient model for ending long-term homelessness—saving government \$9,000 to \$16,000 per person annually, as compared to providing crisis services. Yet, the nationwide supply does not come close to meeting the need for this important intervention. We advance our mission by providing high-quality advice and development expertise; by making loans and grants to supportive housing project sponsors; by strengthening the supportive housing industry; and by reforming public policy to make it easier to fund and operate. Originally created to help homeless single adults exit homelessness into permanent housing, CSH and our partners have evolved the model to serve people exiting correctional facilities, transition-age youth, and families with children. Successful models include a combination of: affordable housing with deep subsidies; tolerant landlords/property management; services engagement; motivational client-centered counseling; goal setting; services coordination; and evidence-based services rooted in cognitive behavioral approaches. For families with children, supportive housing models must have additional adaptations and features: family-centered focus that encompass the needs of the entire family, rather than just the adults; trauma-informed services delivery that recognizes the enduring effects of violence and other trauma experienced by parents and children; physical designs that provide ample community and recreational space; educational supports and leadership development among children and youth; and mixed-housing settings where families are

³ Primary financial source covering very poor families' basic needs. Typically, TANF provides a shelter allowance for very poor, homeless families without a source of income. This funding typically pays for a portion of a families' rent. If *Keeping Families Together* is successful, families with disabilities will be identified and successfully linked to disability benefits (Social Security Insurance) and TANF will no longer be responsible for paying benefits. Further, on-disabled parents will pursue higher education or be employed and will no longer need these funds.

⁴ Leads federal response to homelessness. Keeping Families Together will help achieve their goal of ending family homelessness.

⁵ Federal agency responsible for funding majority of rental subsidies for extremely poor and low income families and individuals, public housing, homeless housing resources and permanent supportive housing. HUD will gain from evaluation findings, which will help the agency understand how to better allocate resources to invest in what works. Further, HUD currently pays for most services for homeless families. If *Keeping Families Together* is successful, child welfare system partners at HHS and at the state level, will contribute to funding these services.

integrated with other low-income or private market tenants.

Description of Scaling/Expansion Initiative

CSH is seeking financial support in order to launch the scaled, national replication and expansion of Keeping Families Together. The Keeping Families Together model is an effective approach for engaging, housing, and serving high-need families, with the ultimate goal of preventing foster care placement, promoting housing stability, and breaking the cycle of inter-generational poverty, homelessness, and systems involvement for parents and their children. Keeping Families Together includes the following core components: permanent affordable housing units for families; strong public-private collaboration to identify, engage, house and effectively serve vulnerable families; and evidence-based practices for serving families *and* children, including trauma-informed services. Our work will be aimed at bringing best practice to the service and housing provider community in multiple sites nationally and building their capacity to offer responsive, comprehensive supportive housing to high-need families. We will simultaneously seek to impact public policy and systems, engaging state agencies and leaders as pilot partners and educating them on the need for a more streamlined, comprehensive approach for serving high-need families. Ultimately, our work will influence agencies' approach to serving vulnerable families.

How Keeping Families Together advances CSH's Theory of Change. A key vehicle for CSH to catalyze supportive housing creation for high-need populations is to engage new sectors beyond the homeless system. Our target population is well known to these systems (criminal justice, health, child welfare), yet these agencies grapple with how to serve this high-need group and often operate in silos, missing out on opportunities to coordinate their efforts and resources with those of homeless and housing systems. Our 2008-2012 strategic plan calls for a greater focus on partnering with these sectors and bringing supportive housing to the forefront of their efforts to serve the most costly and neediest segments of their client base. Keeping Families Together supports our mission and strategic plan by engaging mainstream systems and increasing interagency coordination in addressing chronic family homelessness.

Evidence of Results To-Date (key outputs and outcomes)

The Keeping Families Together evaluation included an assessment of the pilot's implementation and an evaluation of the pilot's impact on Keeping Families Together families. At the end of the pilot period (May 2010), Keeping Families Together had achieved the following outcomes:

- **Families stayed housed.** At the end of the evaluation period, 26 of the 29 Keeping Families Together families remained in supportive housing. Those 3 families who did not remain housed voluntarily moved out of their supportive housing apartments. The 15 comparison families, who met the Keeping Families Together eligibility but were not placed in supportive housing, did not experience similar housing stability; they spent 15.3 months in homeless shelters on average.
- **Children were reunified with their families.** All six children who were in placement with a goal of reunification were returned to their families. Reunified children had spent an average of 680 days in placement before Keeping Families Together enrollment and only 124 days in foster care after their parents were housed.
- **Child welfare system-involvement decreased.** 61% of the child welfare cases that were open prior to Keeping Families Together have closed. As a result, as indicated by a very preliminary cost analysis of the Keeping Families Together pilot, the pilot led to savings to the shelter and foster care system after entry into supportive housing.
- **Incidences of repeat maltreatment were reduced.** During their time in supportive housing, the number of open abuse/neglect cases decreased from 46 to 13. 63.6% had no subsequent cases after moving to supportive housing.
- **Reduced substance use.** 12 adults participated in substance abuse treatment while in supportive housing and seven received psychiatric treatment to manage their mental illnesses. Nearly all families

that entered with a substance abuse problem were clean and sober by the end of the pilot period.

- **Reduced out-of-home placement.** All Keeping Families Together families had open indicated cases of child abuse and neglect at entry into supportive housing. Two years later, none had a subsequent foster care placement, and the number of open cases dropped by 60%.
- **Increased job readiness/employment.** About one-third of the families also participated in job readiness/employment skills training. Six adults were employed at some point during the project period.

Definition of the Social Value Proposition

Causal logic and assumptions behind Theory of Change

The Keeping Families Together Theory of Change is predicated on the supportive housing model, normally applied in a single-person household context, will be effective in meeting the needs of those poor families most at risk of child-welfare agency involvement and dissolution. A graphic representation of the Theory of Change is on the following page. A narrative description is provided below.

The Theory is based on the following core assumptions:

- Supportive services without stable, safe and affordable housing are insufficient for the most at-risk families
- Housing alone without services, will not result in long term stability and positive family functioning
- Housing instability and behavioral challenges interfere with the capacity of parents to properly care for their children
- Housing stability and long-term support focused on healthy family functioning and parental skill-building can bring an end to child neglect.

The essence of supportive housing, in the context of at-risk families, is that families build a new caring community around themselves. Service providers play a key role in this regard: they must be a continuing presence in the lives of the families and they work continuously to help the families build and sustain a caring community around them.

Success of the model is demonstrated by a marked increase in the following areas: parent well-being, child safety and well-being, and parenting skills.

Success in supportive housing is typically based on housing stability and improvements in primary health/behavioral health of the head of household. The assumption here too, is that, if a parent (the head of household) is achieving long-term stability and self-sufficiency, then the children will benefit. However, unlike traditional models, Keeping Families Together is focused primarily on the children. The main goal is that children will recover from the trauma and neglect they have suffered in the past and go on to form positive social relationships, engage in their community, and achieve educational pursuits and other life goals.

The key prerequisites or interim outcomes on the path to achieving these long-term outcomes for children are to: End or greatly reduce child welfare involvement, and Increase housing stability.

There are several preconditions to achieving these long-term outcomes:

- Families take psychological ownership of their homes and gain the insight needed to recognize their behavioral health needs, make ongoing use of service providers, and work steadily on their goals.
- Parents build child-centered social skills, i.e., parents must recognize and understand their needs and be committed to making family-driven decisions regarding their addictions, relationships, community engagement, health and wellness, etc.
- Each family has a flexible plan that recognizes the family's strengths.
- Families have collaborative, long-term relationships with service providers, for which the families and

service providers must together build and sustain a network of care and empathy around the families.

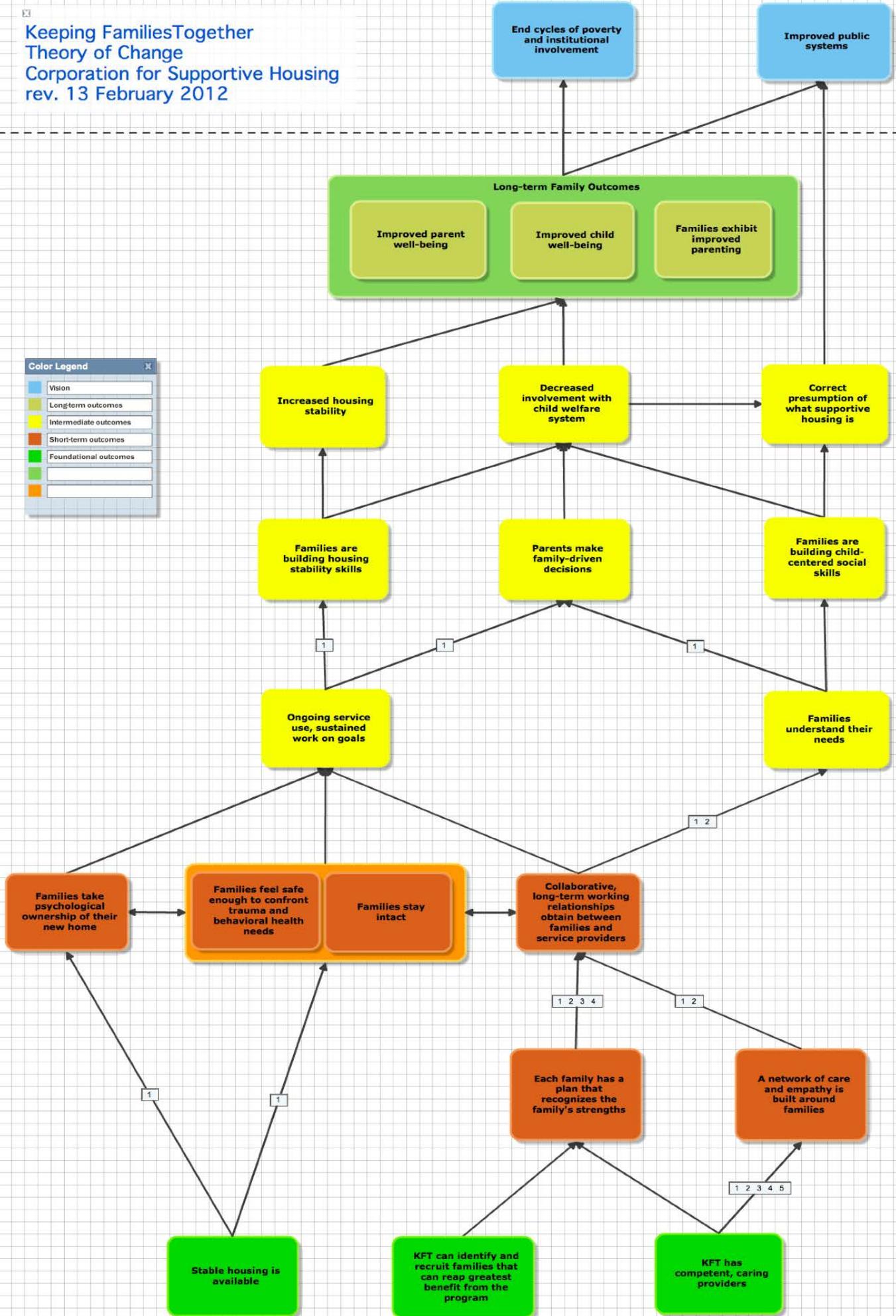
- Families stay intact.

The theory identifies three fundamental preconditions that make all the others possible:

- Permanent, stable, affordable housing is available.
- The program can identify and recruit families who will reap the greatest benefit from this kind of intervention.
- The program has caring service providers of utmost competence.

The "ultimate" outcomes of the theory - those above the long-term outcomes, to which Keeping Families Together will make an important contribution - are ending cycles of poverty and institutional involvement and decreasing unnecessary foster care placement.

Color Legend	
Blue	Vision
Light Green	Long-term outcomes
Yellow	Intermediate outcomes
Orange	Short-term outcomes
Green	Foundational outcomes
Light Blue	
Light Orange	



D. SCALING PLAN

Description of Scaling Plan. CSH is bolstered by the results of Keeping Families Together and the support of the U.S Department of Health and Human Services, Administration for Children Youth and Families. We believe that the unique support provided to parents and children through Keeping Families Together is critical for families who are unstably housed and have trouble meeting their children's basic needs.

CSH is pursuing a national initiative to replicate and test Keeping Families Together to advance systems change by integrating child welfare, housing, and health resources at the state and local levels. This national initiative would encompass the following components:

- Replication of Keeping Families Together in 10 - 15 communities with capacity to implement the model and serve a cohort of between 250 and 750 families over 5 years
 - Intensive assistance to the five HHS/ACYF demonstration sites, with on-the-ground, day-to-day CSH staff involvement and assistance in pilot planning and implementation.
 - Lighter touch (and lower per site cost) assistance to an additional 5-10 sites that are not selected via the HHS/ACYF RFP.
- Implementation technical assistance to replication communities around: a) targeting and recruitment of vulnerable families with repeated child welfare involvement, and b) provision of supportive housing
- Collaboration building and resource alignment between state and local child welfare, housing, public assistance and health agencies and systems
- A rigorous, multi-site evaluation and conducted by a credible university or research institute to measure program impact on child well-being, family stability and self-sufficiency, child welfare system involvement, and cost-effectiveness
- Federal and philanthropic resources to support this effort and catalyze the integration of state and local systems and resources.

Strategy (including roll-out/implementation)

As mentioned, the Robert Wood Johnson Foundation, has worked with HHS' HHS/ACYF to develop a model of services funding that looks very similarly to the Keeping Families Together project. HHS/ACYF released a Federal Grant Opportunity fashioned on Keeping Families Together that would enable 5 new communities to develop supportive housing for child welfare involved families. These grants will allow for Keeping Families Together to be replicated in several new communities beginning in late 2012, *and* will increase national exposure to the model and catalyze the formation of cross-system partnerships between child welfare and housing agencies.

Further, CSH has made substantial progress over the last year to engage state and local officials of child welfare agencies and other stakeholders in an in-depth replication planning and assessment process with our local offices (including AZ, NY, MI, NJ, IL, MN, RI and TX) and we believe these sites are becoming well positioned to respond to the federal funding opportunity.

It is possible that some of these communities will receive the HHS/ACYF grant to demonstrate the effectiveness of supportive housing for child welfare involved families. For those communities that hold the most promise, CSH worked closely with those communities to develop and submit the most competitive proposals to the federal opportunity. To this end, CSH mobilized our staff and resources to provide intense technical assistance and support to these communities prior to the deadline for proposal submission at the end of July 2012.

Immediately following this intense effort, CSH must quickly build our infrastructure to prepare for the

intense technical assistance needs of the HHS/ACYF grantees in addition to other sites that elect to pursue Keeping Families Together with their own local resources. Further, there will be another set of sites who become interested in the model through the Federal funding opportunity and will want to learn more about how they can implement the model in their community.

Overall Objectives

Our objectives include:

1. Educate federal officials at Department of Health and Human Services Administration for Children, Youth, and Families and Department of Housing and Urban Development regarding the Keeping Families Together model to ensure that Keeping Families Together best practice is incorporated into any federal initiative
2. Engage and assist child welfare agencies and partners to successfully plan Keeping Families Together initiatives and respond to a federal funding competition, targeting those communities most likely to embrace and successfully implement the model
3. Educate and increase awareness about supportive housing as an effective tool for preserving families for all of those interested in applying for the HHS/ACYF funding opportunity.
4. Commission and oversee data analysis to estimate need, costs, and identifying characteristics of child welfare-involved families in greatest need of supportive housing nationally

Objective 1: Educate and inform federal officials at U.S. Department of Health and Human Services (HHS) Administration for Children, Youth, and Families (ACYF) and the U.S. Department of Housing and Urban Development (HUD) regarding the Keeping Families Together model. CSH will 1) provide materials and information that explain the philosophy and intent of permanent supportive housing and how it differs from other residential or group care interventions; 2) Demonstrate how existing housing resources can be leveraged to develop a comprehensive housing and services package for child welfare-involved families; 3) Develop and articulate a model of public-private collaboration, multi-system partnerships and propose corresponding resource allocation; and 4) provide relevant research to support Keeping Families Together program elements and costs

Objective 2: Engage child welfare agencies and their partners in states/communities to successfully plan Keeping Families Together initiatives and respond to a federal funding competition. CSH will assemble, train, and deploy teams of CSH staff to engage public and private partners in CSH's three geographic regions. Teams will include a Senior Program Manager and will be led and directed by the Government Affairs and Innovation Team. The teams will engage in a two-tier consultation strategy that will include both light-touch/introductory engagement of stakeholders and more intense, one-on-one guidance and direct support to child welfare agencies on the pilot's design and planning.

Objective 3: Educate and increase awareness about supportive housing as an effective tool for preserving families for all of those interested in applying for the HHS/ACYF funding opportunity. CSH, in conjunction with RWJF, will conduct 2-3 webinars targeted to a diverse group of stakeholders including national advocacy organizations, family service non-profit organizations, homeless service providers and public child welfare administrators, and that would 1) explain goals and intent of child welfare-oriented supportive housing, 2) provide lessons learned from Keeping Families Together pilot in New York City and 3) Explain specifics of public/private funding opportunities that may support new child welfare-focused supportive housing.

Objective 4: Commission and oversee data analysis to estimate need, costs, and identifying characteristics of child welfare-involved families in greatest need of supportive housing. CSH will utilize administrative data from a state, county or local child welfare system to estimate the size of the

subset of families who are both homeless/unstably housed and known to the child welfare system, and better understand these families' child welfare systems usage, costs, and outcomes. We will then disseminate findings to educate and inform communities, service providers, policymakers and researchers about families who can benefit from child welfare-focused supportive housing and help public administrators in child welfare, homelessness, and housing systems to better align their resources and service delivery approaches. This analysis will serve as the backdrop to the multi-site evaluation of a national child welfare-focused supportive housing initiative.

The proposed strategy will result in deliverables and outcomes that range from jurisdiction-specific engagement to national capacity building and communications efforts that will lay the groundwork for the implementation of a national child welfare supportive housing initiative. Our key deliverables and outcomes include:

- i. **Increased jurisdictional collaboration, engagement, and investment.** CSH will sustain and expand interagency collaboration and support for Keeping Families Together potential replication sites. CSH will also support the continued design and implementation of child welfare supportive housing initiatives in additional sites. This effort will result in competitive responses to any new funding opportunities for family preservation services in supportive housing.
- ii. **Development of new research to support the need for child welfare-focused supportive housing.** CSH will successfully complete the state/local child welfare system data analysis (Objective 4) to complement the original Keeping Families Together pilot evaluation, and leverage these findings to impact national replication of a child welfare-focused supportive housing initiative.
- iii. **Alignment of federal and/or private funding opportunities with the goals and intent of Keeping Families Together.** CSH will continue to educate policymakers about the core components of child welfare-focused supportive housing, and will assist jurisdictions in exploring options for accessing new federal and/or private resources to support child welfare-oriented supportive housing initiatives. CSH will work with the RWJF, ACYF, and other partners to help identify and develop appropriate service packages for child welfare-involved families. We will also engage with HUD to leverage housing subsidies for vulnerable families through the Family Unification Program and/or other resources available at the Federal and local levels.
- iv. **Broad distribution of the CSH Child Welfare-focused Supportive Housing Toolkit.** The Toolkit offers jurisdictions nationally a framework to develop local child welfare initiatives, gather appropriate data, and benefit from lessons learned from the Keeping Families Together pilot in New York City.

Structure and Scope of Technical Assistance and Training to Local Sites

CSH will work with local sites to ensure the Keeping Families Together scaling initiative creates a new integrated public response to vulnerable families and children. We will do this by providing intense, hands-on training and technical assistance to five replication sites and more moderate support to 5-10 additional sites over the next 5 years. For both the intensive and light-touch sites, CSH will partner with a national organization to jointly provide TA to the 10-15 sites. This organization will be well known and trusted by the child welfare system and related child serving organizations. Most importantly, our national TA partner will have direct access to state and local child welfare administrators and others who oversee local child welfare funding and program initiatives. The goal of this effort is to produce high-quality programs and provide robust evaluation findings, which illustrate that Keeping Families Together is a cost-effective intervention that improves outcomes for children and families.

CSH will work intensively with the five primary replication sites to facilitate program implementation, provide technical support and training, and ensure each community is meeting program objectives and performance goals. Specifically, CSH will work with local Keeping Families Together working groups to 1) facilitate and support effective implementation of replication projects, 2) ensure participation and

cooperation in the national evaluation, 3) foster knowledge exchange and collaboration across sites, 4) convene and coordinate a public-private advisory council, and 5) manage and implement a comprehensive public communications strategy. CSH will also work with public-private stakeholders to identify representatives to meet on a regular basis to discuss grantee progress, implementation challenges, evaluation requirements, communication, etc., to ensure the projects are meeting the goals of the national replication effort.

We will also provide resources, tools, and advisement to an additional 5 to 10 sites nationally, honing our ability to refine the model's core components and theory of change, and package the model for wider-scale replication through a lighter-touch, more cost-effective approach.

Intense TA Delivery Structure

CSH will lead the provision of information, resources, tools, one-on-one consultation, expert training, and support for five replication sites through the following TA delivery structure:

- A team will be assembled of local "on-the ground" project facilitators and national lead staff. Working at both the national and local levels, the CSH team will work directly with grantees while monitoring and tracking progress across sites nationally, and coordinating and communicating progress to philanthropic and government partners on a regular basis.
- Local CSH staff will be responsible for ensuring individual grantees carry out their proposed plans, effectively collaborate across systems, meet benchmarks and timeframes, and ensure that each site is complying with the national multi-site evaluation.
- National CSH staff will be responsible for the overall management, coordination, and supervision of the TA effort. The team will work with philanthropic partners to promote, through local and national communication channels, the work of the grantees and build local support for the initiative. The TA Team will also work hand-in-hand with child welfare system partners to communicate and promote emerging promising practices and interim outcomes across stakeholders such as: state and county administrators of child welfare, health, and education; judicial leaders; case workers and other direct service providers; and other professionals.

Intense TA Tasks and Strategies

CSH will provide technical assistance through the following vehicles:

- On-the-ground, one-on-one project facilitation, coordination and troubleshooting to each site;
- A national Learning Collaborative where sites will convene by conference calls/webinars, and exchange resources and information through a web-based knowledge exchange network;
- Trainings from experts to support implementation of evidence-based practices;
- Annual conferences where sites will receive group training; and share experience, strategies, successes, and challenges in person with TA staff and consultants; and
- Documentation of best practices to advance the replication of effective models.

The scope and content of technical assistance will include but not be limited to the following areas:

- Securing resources needed for program operations (e.g. rental subsidies, additional services funding, etc.)
- Obtaining and analyzing data to support data-driven family identification
- Family outreach and recruitment
- Trauma informed service delivery
- Tracking client housing approvals and placement
- Project facilitation, including coordination and collaboration of multiple partners

- Navigating housing, homelessness, child welfare systems, services and culture
- Engaging systems in identifying and addressing programmatic and regulatory barriers
- Refining or improving services delivery and coordination
- Training in Evidence-based practices
- Supportive housing operations
- Developing/utilizing existing systems for tracking performance
- Evaluation data collection
- Communications and public relations
- Engaging relevant state and local policymakers, agencies, and philanthropies
- Disseminating models, lessons, and outcomes to other communities to encourage replication beyond the initial five sites.

The TA Team will work with the Public/Private Partnership Advisory board to plan, coordinate, and review TA activities on a regular basis. CSH will develop tools to support sites to comply with core program components, financial management, and reporting.

Moderate/Light Touch Technical Assistance Strategies

CSH will develop a partnership with a national organization recognized as a leader in the field of child welfare and among child welfare system administrators to develop and implement a strategy to build awareness and provide tools and materials to encourage and support replication in communities beyond the five federal grantee sites. We will work with our partner to 1) develop new materials aimed at a state and local child welfare administrators, local policy makers and elected officials, 2) jointly present information about supportive housing for child welfare involved families at national conferences and convenings, 3) co-host and conduct workshops on supportive housing and child welfare, and 4) jointly develop and pursue public and private investments in our collective work and engage with our national partner networks of supporters at the federal and legislative levels. In addition, CSH will also leverage the support and resources of private, non profit and public agencies with in-depth knowledge of the following: family court, health care, early childhood development, education, mental health, substance abuse, corrections and research.

This approach will allow CSH to identify sites that have interest and capacity to replicate Keeping Families Together and provide support without dedicated staff in those communities. These sites will have access to all of the tools and materials we develop for the federal grantees and be invited to participate in bi-annual “milestone” webinars that will offer lessons learned and interim evaluation findings from the federal demonstration project sites. In addition, these sites would have access to some limited one-on-one consultation by the National Keeping Families Together Project Lead in coordination with staff from our partnering organization. It is anticipated that this one on one consultation will include, general feedback and advice on project concepts, support identifying agency partners, assistance using on-line tools, and work-planning for pre-operational planning through to implementation.

Through both our intense and moderate technical assistance and support strategies, CSH will develop a new technical assistance and training network that will serve as the hub for all resources, information, training and tools needed to implement successful Keeping Families Together projects. CSH will ensure that partners’ expertise informs the overall TA strategy and is coordinated with other relevant, child welfare-related initiatives, trends, and the latest research.

Long Term Goals (2012-2015)

CSH has an unprecedented opportunity to lead a federal initiative that supports a new and groundbreaking

concept in the field of child welfare. With this great opportunity come new and daunting challenges for CSH. CSH is in the process of building the internal infrastructure necessary to ensure that 1) Replication sites consistently produce improved outcomes for families, 2) CSH has the internal capacity and cost-effective approach to support all sites that want to pursue a Keeping Families Together pilot, and 3) ensure that the 5-year, HHS/ACYF demonstration leads to broad adaptation and integration of supportive housing as an intervention for at-risk children and their parents after the grant period.

CSH seeks to accomplish the following over the next 3-5 years: 1) Refine and package the model for scaled replication; 2) develop a comprehensive strategy for efficiently and effectively providing training and technical assistance to multiple geographic locations; and 3) develop a feasible and sustainable approach to creating organizational capacity to lead Keeping Families Together expansions.

1. Refine and package the model for scaled replication. Our primary approach for refining the model will be to pilot Keeping Families Together in 10-15 additional sites nationally beginning in the next 12 months. Bringing the model to new jurisdictions will allow CSH to clearly determine which components of the model most directly contribute to housing stability, family functioning, and reduced child maltreatment for the families. As well, we will continue to learn from the ongoing NYC pilot and the long-term outcomes realized for clients over the next year. We will also conduct a rigorous evaluation of the pilot sites to enhance our knowledge of what works and how to account for variation in local implementation contexts. While the early findings should encourage child welfare agencies to embrace the model, additional evidence will bolster our case and facilitate the model's widespread replication.

Aside from fine-tuning the service model, our work will center on determining the best way to engage child welfare and homeless systems as pilot partners to institutionalize inter-agency coordination and collaboration to serve vulnerable families. CSH will bring disparate government systems and nonprofit service providers together in order to jointly problem-solve and collaborate to effectively house and serve high-need homeless *and* child-welfare involved families. Through collaborative interagency planning, CSH will guide these agencies in identifying ways to develop a more integrated and comprehensive response at multiple levels ranging from how to improve family case planning at the front-line level to troubleshooting bureaucratic barriers that work at cross-purpose to coordinating funding and resources for vulnerable families. CSH will combine capacity-building and technical support for housing and service providers to develop supportive housing units and policy work to link and reform the systems that touch these highly-vulnerable groups.

2. Develop a comprehensive strategy for efficiently and effectively providing training and technical assistance to new sites in multiple geographic locations. CSH has developed a number of initiatives in the past that have led to national replication in multiple sites. However, each time we have embarked on this process, CSH was fully responsible for designing and managing the expansion and relied on the capacity of our regional offices to utilize their local expertise to implement the expansion effort. The HHS/ACYF funding announcement will create an unparalleled opportunity for CSH to lead a national demonstration project if we are funded to become the national technical assistance provider for the grantees. However, we also must be sure that we have enough resources to provide similar levels of training and technical assistance to non-grantees that have already begun to plan for Keeping Families Together replication.

CSH anticipates that 5-10 of these sites will continue the replication process with existing or other local funding sources. Further, the HHS/ACYF awards may stimulate new sites to want to develop their own pilots. In order to respond to this demand, CSH is creating and quickly implementing a plan for delivering intensive technical assistance to the HHS/ACYF grantees as well as the 5-10 other sites who may need "intermediate" level of technical assistance, and finally, we will need to be able to respond to the 4-6 new sites who many need lighter touch – education and consultation to help them develop their program

concepts. CSH is devising strategies for how to best package the model and implementation guidance in order to empower our local partners to take the lead in planning and implementing the model locally.

A key part of making scaled replication possible for the model is the availability of adequate funding for housing vouchers, capital for new housing creation, and services funding. Accordingly, a major part of our work in the next two years will be to educate policymakers about Keeping Families Together's efficacy and the business case for public investment. The federal government can play a key role not only in providing resources to incentivize and support efforts at the local level to improve collaboration and systems integration between child welfare, housing, and health systems. They can also model that collaboration through increased federal interagency coordination, namely between the housing side (US Department of Housing and Urban Development), and on the human services and child welfare sides, (US Department of Health and Human Services). CSH would also educate and urge state and local policymakers to invest in Keeping Families Together and better coordinate their programs and funding to support replication at scale.

3. Develop internal capacity to lead Keeping Families Together expansion. CSH is uniquely positioned to provide training and technical assistance to new HHS/ACYF grantees because of our demonstrated success with the Keeping Families Together project in New York City, and because of our expertise developing supportive housing at large. However, if CSH is funded to facilitate implementation of the HHS/ACYF funded projects, we will have to play catch up in several areas. As an organization, our knowledge of the child welfare system and of child welfare-involved families is low to moderate. There are pockets of expertise in the organization that we hope to capitalize on, but there will need to be new investment in staff that have a child welfare background as well as an investment in existing staff to help them develop their professional growth in the area of child welfare policy and practice. As in any other field, child welfare has a distinct approach and philosophy that CSH must be poised to understand quickly. Our ability to relate the intervention to the needs, strengths, and weaknesses of the child welfare system will be integral in our ability to sustain replication beyond the pilot grant period and ultimately integrate supportive housing into a mainstream solution for child welfare involved families.

Timetable, Milestones & Measurable Three-Year Performance Goals

Goal	Milestone(s)	Date
Objective 1: Refine and package the model for scaled replication		
Identify core components & package for wide-scale replication	Theory of Change refined / core model components identified & articulated in written materials	Mar-12 – July 12
Facilitate Implementation of 8 KFT replication sites	Provide technical assistance and support to communities who elect to respond to the Notice of Funding Availability from HHS/ACYF	Mar 12 - July-12
	Facilitate replication workgroups to plan and develop pilot concepts	Mar 12 – Jul 12
	5 HHS/ACYF grantees are selected	Sep -12
	2 non-ACYF grantees begin implementation	January 13
	90 -100 child welfare-involved families are placed into supportive housing across the country	Sep-13
Demonstrate the model's impact & cost-savings	MOUs signed; evaluators get access administrative data from shelter & child welfare	Dec-12
	New families identified, placed and baseline interviews begin	Jan-13-Dec 13
	Collect evidence of HHS/ACYF grantees and provide report/highlights of findings every 6 months	Jun 13 – Mar 15
Objective 2: Develop a comprehensive strategy for efficiently and effectively providing training and technical assistance to new sites in multiple geographic locations		
Develop and implement a 3-tiered technical assistance approach that allows for both intense TA required by HHS/ACYF grantees and	Develop protocol/assessment for providing technical assistance to non-ACYF grantees	Sep 12
	Develop technical assistance "packages" for proposed 3-tiered T/A structure to meet the needs of replication sites at varying levels of adoption—	May 12-Dec 12

Goal	Milestone(s)	Date
lighter-touch work to other sites	Utilize the internet and social media to educate and promote knowledge exchange across existing and potential sites	Revise every 6 month or as needed
Develop new ways of integrating resources across systems to support model and/or create new resources	Advance local and federal policy work to attract and re-allocate public resources to finance housing and services for vulnerable families; use interim evaluation findings/analysis to engage/educate policymakers and demonstrate KFT impact	Oct-11 - Mar-15
	HHS/HUD regulatory change facilitates new unit creation for high-need families	Mar-15
	Local systems shift resources to support initiative in at least 2 communities	Ongoing – Mar 2015
Identify plan for replicating KFT at scale, including implementation options & financing scenarios	Identify different options/mechanisms for bringing KFT to additional sites utilizing a lighter-touch/franchise model	Feb 12
	Create financial model that lays out costs for scaled replication, includes options/ varying levels of CSH support to replication sites, leverage cost data from NYC & 3 new sites & level of effort expended (high vs. light touch)	May 12
	Develop tools, templates, guidebooks & other resources to facilitate widespread national replication via a lighter touch approach	Aug 12
Objective 3: Create organizational capacity to lead KFT expansion		
Develop staffing structure that supports expansion effort	Develop a professional development “track” for staff who want to lead local KFT efforts Invest in professional development for existing CSH staff Hire new talent with expertise in the child welfare system	Mar 13-Mar 15

How it advances the organization’s Theory of Change

CSH believes that stable, permanent housing and supportive services is essential for ensuring that the most vulnerable people in society are able to recover, heal, and become healthy and stable members of society. For 20 years, CSH has successfully integrated the intervention of permanent supportive housing into the “go-to” intervention for chronically homeless individuals and families. Supportive housing is now widely used by a number of different public systems like mental health, corrections and substance abuse treatment to stabilize and improve the health and well-being of their most challenging and frequent service recipients. Today, CSH is embarking on a new era of permanent supportive housing that goes beyond chronic homelessness. Research demonstrates that supportive housing improves not only housing stability but also health and behavioral health outcomes, increases employment, improves public safety, and improves child well-being. We now know that supportive housing has the potential to be part of the solution to many different social problems and think that our most important work going forward, is to embed supportive housing into the array of interventions offered to vulnerable families and individuals wherever they are—not just those in the homeless system.

Keeping Families Together is a perfect example of how we see the future of supportive housing unfolding. As mentioned previously, a recent grant forecast by HHS/ACYF announced they would fund 5 sites to develop supportive housing for child welfare involved families. This demonstrates that the child welfare system sees the value of supportive housing for their highest need clients as so many other service sectors have found. We believe that CSH and the work we do through out innovations and research team, is creating new demand for supportive housing.

CSH’s Competitive Advantage and Barriers to Entry

CSH is uniquely positioned to facilitate the development and implementation of the 5 new child welfare focused supportive housing initiatives funded by HHS/ACYF and to 10-20 sites in other communities who have secured other funding to develop Keeping Families Together pilot programs. We have dedicated the last 5 years to studying and implementing supportive housing for child welfare involved families. CSH's investment in this area has led to an understanding of the challenges faced by the families and children who live in supportive housing and have been impacted by child maltreatment and other traumatic events. We have also developed a keen awareness of the challenges faced by housing providers and the child welfare

system to integrate resources and support these families. Lastly, we have learned a bit about what does and does not promote the most promising outcomes for families.

Advantages

- **Experience** - As stated above, CSH has unparalleled experience in developing supportive housing for child welfare-involved families. CSH understands the needs of families and systems and has been developing and piloting solutions to these challenges for the last 5 years.
- **Evidence** - Supportive Housing has a proven success record of improving stability in the lives of individuals and families. This has been demonstrated through a number of studies. Improvement in child well-being as a result of supportive housing has been documented less but findings are promising.
- **Support structure** - the flexible, wrap-around, comprehensive service array provided in supportive housing is unmatched by other types of service interventions. Most agree that this level of support is necessary for very high need caregivers whose children are involved in the child protection system.

Barriers

- **Supportive housing is not an established solution to the problem of child maltreatment—** Supportive housing is seen as a homeless intervention not a child welfare intervention. There is a logical association between the problem of homelessness requires a solution that includes housing. However, a similar association does not exist between child neglect and housing. If CSH is to be successful in engaging new partners in the child welfare system, we will have to make a clear and coherent connection between 1) child neglect and housing instability and 2) supportive housing and the goals of the child welfare system: child safety, permanence, and well-being.
- **Housing resources are scarce.** Subsisted housing is a required component of this model and is not included in current funding sources for this expansion effort. We will have to rely on local housing resources to link the services funding.
- **It's new.** Although many people like innovation there are many others who will feel like this initiative is receiving undue attention and resources. Many will feel that these resources could have been used more efficiently and effectively to support a more conventional intervention. Further, there is a learning curve to adopting any new practice. There will be some communities that pick it up quickly and others where implementation lags because of confusion or resistance.

Core Program Elements and Success Factors

The design of the programs to be supported through a national replication of Keeping Families Together are informed by and integrate two areas of practice that have been found to be effective in preserving and strengthening families, increasing child safety and well-being, and reducing child welfare system involvement: family supportive housing and trauma-informed services. In this intervention, affordable housing and supportive services are provided in a single integrated package, wherein access to safe and affordable housing provides a platform for improved family stability and the delivery of supportive services, while the services help to ensure housing stability address the underlying service needs that contribute to neglect and child welfare system involvement. As in other family supportive housing, the supportive services approach is founded on a care management and care coordination approach, enhanced with evidence-based, trauma-informed service strategies.

Programs will have the following program elements:

- **Quality permanent and affordable housing** – Supportive housing is affordable rental housing with no time limits on residency. Families in supportive housing have leases and rights and responsibilities of tenancy. Rent is adequately subsidized such that extremely low-income families can pay no more than

30% of their gross monthly income for rent. The design, construction, appearance, physical integrity, and maintenance of the housing units provide an environment that is, safe, sustainable, functional, appropriate for the surrounding community, and conducive to tenants' stability and community integration.

- **Informed property or landlord management** – In the case of developed apartment buildings operated as supportive or affordable housing, property management effectively maintains a balance between ensuring the effective operation and management of the physical facility and asset (including the maintenance and safety of the building) and fostering families' housing stability and independence. Property management policies and procedures will reflect this dual orientation, including emphasizing tenant education around rights and responsibilities, rent payment contingency arrangements, and procedures for ensuring clear communications with tenants around due process. In the case of scattered-site supportive housing models where apartments are leased on the private rental market and subsidized using a rental assistance voucher, programs actively communicate, engage, advocate on behalf of families, and mediate conflicts with landlords.
- **Intensive, voluntary supportive services** – In addition to and linked to their housing, families are engaged into care management services that encompass and attend to a broad range of service needs, and are effective in assessing and addressing complex service needs. These services, which are provided without any preset term limits, are built upon a care management model, in which families work primarily with a skilled service staff person (e.g. care manager or family advocate), who, working as part of and supported by a clinical supervisor and team, creatively engages the entire family into services, helps the family to identify service needs and goals, and help the family to achieve these goals. The complexity of service needs among targeted families necessitates that the services will have a broad scope, but should emphasize three primary objectives:
 - **Family functioning, parenting, and child well-being** – Services staff are trained and skilled around assertive and creative engagement techniques (including Motivational Interviewing and client-centered counseling) and trauma-informed services designed to help families address trauma, improve family functioning, improve parenting skills, and increase child safety and well-being.
 - **Housing stability** – Families are assertively engaged and offered services to maximize their tenure in housing; increase their ability to maintain their household and finances, independently perform activities of daily living, and uphold the terms of their lease; prevent lease violations and intervene and mitigate crisis situations; maximize tenant safety and security; build community among tenants; and prevent avoidable evictions.
 - **Building a network and system of care** – In addition to services focused on helping tenants maximize housing stability, services in family supportive housing also assist families to connect to, navigate, and coordinate needed health and social services with the goal of creating a responsive network and system of care. Services engage tenants to identify and define their own service goals and needs, and then assist with obtaining and coordinating health, behavioral health, vocational/educational, transportation, medication management, nutrition education, assistance with activities of daily living, and other services. Services may also include assistance with enrollment in entitlements, benefits, and health insurance; assistance with navigating public systems; advocating on behalf of tenants with service providers; and coordination of services.

Guiding Principles

In addition to the program elements described above, the programs should also incorporate the following set of principles, which prior practice have found to be critical to achieving the desired programmatic outcomes of the model:

1. Housing stability is a platform and precursor to the preservation, stability, and well-being of families and children

A lack of stable housing negatively impacts child safety and well-being, and contributes to the inability of families to engage and benefit from a system or network of care. Frequent moves or homelessness affect children's ability to attend and perform well in schools, as well as obtain a feeling of security and stability. Moreover, homelessness and housing crises exacerbate health conditions for caregivers and children, while also preventing participation in services that can help address symptoms of trauma and other mental health and substance use conditions.

On the other hand, safe, stable, and affordable housing can serve as a platform for engaging families into care, not to mention having protective benefit in and of itself. Therefore, a core principle underlying the programs to be supported through this opportunity is that the services must be linked to safe and affordable housing. Services must encompass assistance that maximize families' tenure in housing, such as assistance around maintaining household and finances; performing activities of daily living; and upholding the terms of their lease; preventing lease violations and intervene and mitigate crisis situations; maximizing tenant safety and security; building community among families; and prevent avoidable evictions. In addition, services will be provided within and around families' homes, including through regular (agreed-upon) visits to the family's home.

2. Trusting relationships promote positive change and growth in families

An underlying assumption of the program is that trust and relationships is essential for service staff to fully comprehend, anticipate, and respond to family needs. Service staff encourages open communication and cultivate trust and relationships with families. Families must view services providers as a source of support and assistance both for routine services as well as in moments of crisis. Such relationships are critical in order to both develop a deeper understanding of the complex service needs that contribute to neglect, as well as to anticipate and readily respond in situations of crisis. Every interaction with families should be seen as an opportunity to engage families and strengthen the alliance with them. Program staff should have training and competence around non-judgmental communication and engagement skills that can help to cultivate strong alliances and relationships with families. Furthermore, effective supervision can help to reinforce skills and practices that promote relationship building, and can also guard against judgmental attitudes and communication patterns that decrease families' trust and engagement with service providers.

3. Services staff must be viewed "system-neutral" advocates for families

Related to the principle of building trust and relationships with families, effective services approaches must also be viewed as "system-neutral" with respect to the child welfare system. If families view service staff as an extension of the child welfare system, families may not be willing to share or disclose information that could be essential to effective services delivery for fear of consequences with respect to child welfare cases. In order to maintain neutral non-threatening relationship with tenants; it is essential that "protective" job functions remain in the child welfare field office. Supportive housing staff will communicate and coordinate with child protective staff as needed but functions should be separate.

4. Services are long-term and voluntary

Given the complexity and persistence of service needs among families, the services provided should have no fixed time limits. It is anticipated that after achieving stability and improved outcomes, some families may no longer needs these supports or may need and desire less frequent contact with service staff. Such decisions should be made based upon mutual agreement between the service provider and the families, and if families seek re-engagement or increased services contacts, services will be offered and available to them. In addition, to support families' engagement into services and perception that these services are a source of support rather than punishment, services should not offered in a coercive manner or through mandates. Instead, assertive and creative engagement practices that make services attractive to families

and reinforce a culture of open communication and trust. Motivational Interviewing and other evidence-based engagement strategies have been found effective in helping families voluntarily engage in services. In addition, peer supports and peer-based services can also be built in to the structure of the program.

5. Team-based approach to staffing produces positive outcomes for families

The safety, stability, and well being of vulnerable children and families are complicated, requiring wide ranging information and practice knowledge. One worker practicing alone with an individual caseload cannot know and do everything that needs to be done. Thus it is suggested that applicants develop interdisciplinary teams to work with families. The team is a source for information, understanding, consultation, *joint practice*, and accountability. Practices like team case conferencing, or team clinical supervision allow staff and supervisors to help troubleshoot difficult situations and cases as well as to reinforce a non-judgmental and supportive culture. Each member of the team should bring a variety of skills, life experiences, and perspectives. Service teams could also include a legal advocate and/or peer advocate for the family to ensure representation of family needs and rights.

6. Supportive housing provides an opportunity to build a community of support and safety

Stress and isolation undermine health and parenting. Staff should actively work to build community and a culture of support and interaction among client families as well as their neighbors. However, there will be many families who have learned not to trust their neighbors and would rather engage in activities outside the immediate community. Opportunities to connect to other families both in the program and in the community should be provided on an-ongoing basis.

7. Adopt a “whatever it takes” and “no wrong door” approach to services

The strength of the supportive housing model is that it provides unique opportunities to work with and directly witness family circumstances in real-time and on a daily basis. This ability to deliver services contributes to supportive housing’s ability to attend to the wide range of needs experienced by families with complex needs. Service programs must be prepared in advance that the expectation is that their work goes beyond their desk, and typically does not take place within the hours of 9-5. The scope of services may be wide-ranging and should encompass assistance and “troubleshooting” around things viewed as not typically part of social service practice. These forms of assistance and troubleshooting further reinforce families’ perception and experience of services as being a true source of help. With this expectation, must come with it the appropriate resources and support for which staff can do the job. Cell phones, laptops and cars/access to transportation are critical tools required for staff to feel as if they can do what sometimes feels impossible. Moreover, service interactions should not be limited between families and their assigned care managers/family advocates, and families should not be turned away based on caseload assignments. Instead, families should be able to seek assistance and help from any member of the services team.

Marketing Plan

As the centerpiece of CSH’s work around vulnerable families, Keeping Families Together will be an important part of our communications efforts during 2012-15.

Objectives

- Build the case for using supportive housing as an intervention for families involved with child welfare systems
- Inform and engage child welfare professionals and providers on how integrating supportive housing can improve their outcomes
- Elevate CSH’s leadership role in developing innovative solutions to community problems
- Stimulate conversation and learning between supportive housing and child welfare stakeholders
- Share outcomes and progress of the CSH Keeping Families Together Initiative and child welfare

work.

Audiences

- Child welfare professionals
- Supportive housing, homelessness and other housing professionals
- HHS/ACYF grantees and related organizations
- CSH stakeholders, partners, funders

Tactics

- *csh.org/kft*: CSH will create an online home for Keeping Families Together that features community profiles, funder announcements and highlights, recent blog posts and information about the initiative. The site complete with a landing/splash page will use imagery and graphics to engage site visitors. All communication materials will direct people to the site.
- *Blog Outreach*: CSH will develop a calendar of blogging opportunities around Keeping Families Together, including blog topics, authors and outlets. CSH's blog, *The Pipeline*, will serve as the primary location for news, updates and findings, but blog outreach will include placements on partner, funder and industry sites.
- *Social Media*: CSH will expand our social media contacts (mainly Twitter). We will use social media to engage in conversations with child welfare professionals and organizations, as well as to increase the reach of our other communications efforts.
- *Direct Email Updates*: CSH will write and design 2-3 email updates per year, featuring news, evaluation findings, partner events, blogs, tenant stories and more, for distribution to CSH's Homefront list, as well as an Initiative-specific list. CSH will maintain and expand that mailing list.
- *Webinars*: CSH will hold occasional "milestone webinars" at key progress points throughout the project (approximately 3 total). Topics could include new initiative evaluation findings or significant community successes.
- *Media Relations*: CSH engage a public relations firm to pitch op-ed stories and subgrantee/human interest stories where and when appropriate. CSH will also service this press list with press releases when evaluation findings or other news is available
- *Paid Advertorial*: CSH will write and design a magazine-style piece that provides an overview of Keeping Families Together, CSH's work and that of HHS/ACYF grantees for paid placement in trade publications. Distribution will also include printed versions available for events and meetings, and an electronic version for email marketing and posting at csh.org.
- *Documentary Video*: CSH will produce a video that gives an update on work around child welfare and features select HHS/ACYF grantees. CSH will use this piece to bolster the csh.org/kft web presence, share with CSH stakeholders through email marketing, social media and use at speaking engagements and conferences.
- *Infographic/Data Visualization*: CSH will gather data points that demonstrate the case for the integration of child welfare and supportive housing. CSH will use this infographic/data visualization in meetings, speaking engagements and in overall promotion of the initiative.
- *Story Share Database*: Using the CSH story template, CSH will create profiles of the HHS/ACYF grantees that will be available both as hard copy versions and placed in a CSH database, which will be used to inform CSH presentations, materials, media pitches, etc.
- *Speaking Engagements*: CSH will make our experts available for conferences, speaking opportunities, panel participation or networking. CSH will engage a public relations firm to maximize exposure at events through strategic placement of commentary pieces, a feature story, or radio/TV interviews, and CSH will follow-up with our own commentary on social media, csh.org or other blogs.

Projected Social Impact

CSH seeks to create a new policy response to the needs of families and children involved in or at-risk of recurring use of child welfare services. With expansion and corresponding data and research, we seek to create the evidence necessary to change federal policy/pass new legislation to support greater adoption and integration of this model by 2017.

Through this expansion effort, CSH believes that will decrease the number of children in high need families who suffer from repeated neglect, foster care. This decrease will lead to a decrease in the number of children facing poor outcomes typically associated with the trauma of family instability as adults - low educational attainment, unemployment, poverty, homelessness, substance use-. Keeping Families Together is different from any intervention designed for very poor and vulnerable children because it is focused on both the long-term needs of the caregivers and the well-being of the child. Families with deep-rooted, intractable challenges do not typically benefit from short-term crisis oriented interventions - Keeping Families Together is a long-term investment in the lives of very high-need families and has the potential to change the life course of the children. Keeping Families Together will build capacity among families and systems to provide a safe stable environment for children to thrive, and with this, the intergenerational cycle of child welfare involvement and trauma will be broken.

Vision for Influencing Sector or System Change

Currently, our child protective system must struggle between two terrible choices: removing children from their homes or allowing children to remain living in unstable environments. CSH believes that Keeping Families Together creates another option for the child welfare system. Keeping Families Together will integrate and better utilize resources from public agencies that already serve these families. Via Keeping Families Together, CSH will work across systems, and redirect resources to the comprehensive assistance provided in supportive housing. When one considers the long-term expense of failing these families, in public expenditures, there is a cost-savings case for a long-term solution like Keeping Families Together.

E. EVALUATION PLAN & KNOWLEDGE DISSEMINATION PLAN

Plan for Assessing Outcomes/Impact

Programs that receive grant support from HHS/ACYF will be subject to a national evaluation that will measure the success of the intervention in improving housing stability, improved health and social outcomes among children and caregivers, and reduced contacts and involvement in the child welfare system. To measure this impact, the evaluation will require both administrative data as well as primary data collected on participants, as well as data on program activities

A multi-site evaluation would be commissioned and conducted by a university or qualified research institute. This evaluation would incorporate rigorous methods (e.g. matched comparison groups, baseline and multiple follow-up measurements, primary and administrative data collection) that could measure the impact of the supportive housing model on improving housing, health and social outcomes among families, as well as reducing child welfare system contacts. In addition, the evaluation would also measure the economic impact of the model in terms of the model's potential for reducing public expenditures through a lower-cost intervention.

Key evaluation criteria near term and long term

1. Decreased involvement with the child welfare system, as indicated by:
 - Fewer number/decreased frequency of reports
 - Case plan with child welfare agency/order from family court has been satisfied
 - Separated families are reunified/no reentry in care
 - Foster care placements avoided (which will be measurable if we are able to do an

experimental/quasi-experimental evaluation)

2. Increased housing stability, as indicated by:
 - No returns to homelessness
 - Family remains in stable housing situation (i.e. in own housing with a lease and not in temporary situations)
 - Decrease in frequency of moves
3. Improvements in caregiver outcomes, as indicated by:
 - Improved health and mental health
 - Decreased substance use
 - Increased access to needed health, behavioral health, and supportive services
 - Increased education/employment/earnings and/or access to income supports/benefits (SSI, TANF, etc.)
 - Increased parental functioning and decreased parental stress
 - Increased social support system
4. Child well-being improves, as indicated by:
 - Improved health and behavioral health
 - Increased access to needed health, behavioral health, educational services
 - School attendance and achievement improves (school-age kids)
 - Decreased involvement with juvenile justice system (if applicable for older kids in household)
5. System improvements:
 - Shared mandate to improve child well-being among vulnerable families across public systems and community-based service providers (long-term)
 - Integration of services/funding streams across public systems to improve outcomes for vulnerable families
 - Cost offsets associated with decreased use of the child welfare systems and the homeless services system

Knowledge Dissemination

Over the course of the 5-year demonstration program, the national evaluator will develop reports on a regular basis that provide interim findings from the project. These interim reports will be used to develop “snapshots” and fact sheets about the implementation of the projects, profiles of the program providers and families, descriptions of local collaborations, service models, etc.

CSH will disseminate these “snapshots” in various formats and using a variety of communications vehicles. For instance, we may post fact sheets on our website and use twitter and other social media outlets to dispense interesting facts about the initiative as they arise. In addition, we will use this interim information to develop opinion pieces and blogs. We will also keep the field abreast of the progress of our study through presentations at national conferences that draw participants from a variety of disciplines: child welfare, homelessness, mental health, and substance abuse. We will also develop talking points and materials suitable for government officials, policy makers and leaders in philanthropy to ensure that they are being briefed on the demonstration and its success on a regular basis and laying the ground work for sustainable change.

F. ORGANIZATION

Organization History

For twenty years, CSH has led the national movement to prevent and end homelessness. CSH helps communities create supportive housing—affordable housing linked to accessible mental health, substance addiction, employment, and other support services. CSH provides the following core services: **Capacity building**: Offer grants and training to increase nonprofit capacity to develop high-quality supportive housing; **Project-specific assistance**: Provide project sponsors with the financial support and TA needed to overcome funding gaps and other challenges in building supportive housing; **Systems change**: Promote policy reform, increased funding, and systems coordination to make supportive housing easier to develop and operate; and **Innovation**. Develops innovative supportive housing models, tests them through national demonstration pilots, and partners with evaluators to document lessons learned and impact.

Since 1991, CSH has accomplished the following:

- Committed nearly \$300 million in loans and grants to support the creation of 50,000 supportive housing units. The units in operation have ended homelessness for 42,000 adults and children.
- Reshaped public policies and systems to improve the nation's response to the complex problem of long-term homelessness, resulting in new funding for another 110,000 supportive housing units.
- Leveraged billions in public/private funding for capital, operating and service dollars for CSH-backed projects.
- Trained thousands of practitioners annually to develop, manage, and operate supportive housing.
- Strengthened the industry through the creation of dozens of new tools, trainings, and resources.

Replication/Grantmaking Initiatives

CSH has a long and successful track record of designing and implementing complex, multi-site demonstration initiatives that include replication, sub-granting, grantee oversight, and rigorous evaluation. CSH has successfully overseen a range of supportive housing expansion/replication efforts. CSH's successful, large-scale national grant-making and replication initiatives include the Returning Home Initiative (RHI), Taking Health Care Home (THCH), and the Frequent Users of Health Services Initiative (FUHSI). For instance, for RHI, in 2006, CSH developed the Frequent Users of Services Enhancement (FUSE) model in New York City, which brought together the criminal justice, homeless, and emergency services systems together with supportive housing providers in order to identify, engage, and house the highest utilizes of all three public systems. Based on the pilot's strong evaluation results, CSH secured public sector and philanthropic support to double the number of participants in NYC, and to replicate the FUSE model in 10 additional locations nationally.

Evaluation Experience. CSH is an outcome-driven organization that measures our impact through a variety of vehicles. CSH regularly commissions independent evaluations of our initiatives, including 20 evaluations since 2002. We are in the process of completing another seven in-depth reports showing efficacy, cost-effectiveness, and results of CSH initiatives and supportive housing models. Evaluation results inform CSH decisions to expand and replicate successful models. Based on the initial, strong results of FUSE grantees in NYC, CSH expanded the program to 100 more participants. The strong NYC FUSE results also provided the impetus for bringing this model to other jurisdictions, with FUSE pilots now underway in 10 locations.

Organizational Structure and Governance

In the past three years, CSH made several structural changes to better position us to expand our reach to new, high-need communities and to maximize our impact. CSH instituted a regional staffing model, which empowers three Managing Directors to nimbly deploy staff to communities throughout each region and to prioritize staff allocation based on the level of unmet need in a given community. Also, in 2009, CSH created a national Consulting and Training unit, charged with providing time-limited technical assistance (TA) and training engagements in new communities nationally. This unit has pioneered a more outcome-focused approach to our work. In the same year, CSH created the new Innovations and Research unit,

which is charged with centrally identifying and capitalizing on opportunities to develop innovative program models and replicate successful programs in sites nationally. Innovations pioneered the Keeping Families Together model and its NYC implementation, and is now leading efforts to scale Keeping Families Together nationally. Also, in 2009, with The Bridgespan Group, CSH developed a tool, the Community Scorecard, to guide our entry into new markets *and* objectively assess the need for CSH to remain in a given market. This tool allows CSH to consistently collect and assess data on the level of need in each community (level of homelessness and local industry capacity, number of supportive housing units) and potential for CSH to add value (presence/absence of other intermediaries, level of funding for supportive housing creation, and political will to support scaled supportive housing creation). In the past two years, this tool has driven CSH's decisions to enter new markets and sectors (including child welfare), deepen work in a handful of current sites, and scale-back work in more mature sites. Annually, each Managing Director leads his/her staff to complete the Scorecard for all existing CSH sites in the region and a handful of additional high-need markets. Attached is a detailed organizational chart.

Board structure and role. The 17 members of CSH's Board of Directors collectively have deep and wide-ranging experience in affordable housing, housing finance, serving vulnerable populations, state and local government, real estate development, philanthropy, and the criminal justice system. Standing committees of the Board include: Executive, Governance, Audit, Project Review, and Policy. Our Board provided input on and formally approved our strategic plan, which is providing a roadmap for our work towards achieving our mission over five years. The Board is actively engaged in monitoring and advising on the plan's implementation. Our Board and CSH's senior management tracks our progress toward achieving numeric targets associated with our strategic plan quarterly and uses this information to trouble-shoot and drive management decisions. The Board advises on and formally approves our annual operating budget, reviews quarterly financial statements, and must approve all changes to fiscal and accounting policies and procedures. CSH's Board also plays a critical role in guiding the overall direction of our lending. The Board reviews, provides input on, and ultimately approves policies that guide our due diligence and underwriting policies and procedures. A list of CSH's board members and their roles and affiliations is enclosed.

Organizational commitment. Keeping Families Together is a major focus for the organization as a whole. Our senior leadership is closely involved in discussions with the federal government and with philanthropy to bring Keeping Families Together to new markets and for this innovation to influence policy and practice nationally. Our leadership has also encouraged other CSH field offices to learn more about the model via webinars and conference calls, and to assess whether developing a local Keeping Families Together pilot would make sense for a given location. As part of CSH's approach to implementing our strategic plan, the Board is deeply committed to and excited by the prospect of replicating the Keeping Families Together model nationally. Our President has apprised the Board of our progress with the Keeping Families Together pilot in NYC, the great level of national interest in the model, and most recently the federal government's interest in bringing this innovation to several communities through a competitive grant-making process. The Board is extremely supportive of these developments and excited by the prospects they offer for allowing CSH to reach more high-need families in communities nationally.

Current Size and Reach. CSH has 100 staff in 20 U.S. locations (AZ, CA - 3 offices, CT – 2 offices, D.C., IL, IN, MI – 2 offices, MN, NJ, NY, OH, OR, RI, TX – 3 offices, and WA). CSH operates under a regional structure, dividing the country into 3 regions—each with a managing director empowered to deploy staff flexibly and nimbly to high-need communities. CSH provided services in 29 states in 2011.

Management Team. CSH has a strong management team with deep tenure at CSH and in the supportive and affordable housing, and social work fields. Our senior management guides the creation of our strategic plans, providing a roadmap for working towards our mission. The team has long tenures in the field and with CSH, with all but one member having been with CSH for at least seven years. Our management team

members have dedicated their careers (20 plus years on average) to serving low-income communities, including significant experience in providing technical assistance and capital to affordable housing and community development projects. Deborah DeSantis, President and CEO, provides leadership for all CSH activities; cultivates ties with funders, government, and partners. David Provost, Chief Financial Officer (CFO) leads business operations and finances. Constance Tempel, Chief Operating Officer (COO) sets direction for all CSH Programs, including Keeping Families Together. Brigitt Jandreau-Smith, Chief Lending Officer, oversees CSH's lending; monitors the pipeline; and provides and oversees our Project Development and Finance and its assistance to field office staff as they underwrite projects. Nancy McGraw, Chief Development Officer, provides strategic direction for all of CSH's communications, marketing, and fund development efforts, including fundraising and funder stewardship. Our President and Board are currently developing a succession plan.

Staffing plan. The Keeping Families Together replication and business planning process will be supervised by CSH's Innovation Director, Richard Cho, and the head of our Government Affairs and Innovations Managing Director, Andy McMahon. Alison Harte, Senior Program Manager, who pioneered the Keeping Families Together model and led its NYC implementation, will serve as the project lead, coordinating the efforts of the full team of staff assembled to pursue this replication effort. See below for a full description of the team and the staffing structure for the Keeping Families Together national expansion effort.

Board oversight: The 17 members of CSH's Board of Directors collectively have deep and wide-ranging experience in affordable housing, housing finance, serving vulnerable populations, state and local government, real estate development, philanthropy, and the criminal justice system. Standing committees of the Board include: Executive, Governance, Audit, Project Review, and Policy. Our Board provided input on and formally approved our strategic plan, which is providing a roadmap for our work towards achieving our mission over five years. The Board is actively engaged in monitoring and advising on the plan's implementation. Our Board and CSH's senior management tracks our progress toward achieving numeric targets associated with our strategic plan quarterly and uses this information to trouble-shoot and drive management decisions. The Board advises on and formally approves our annual operating budget, reviews quarterly financial statements, and must approve all changes to fiscal and accounting policies and procedures. CSH's Board also plays a critical role in guiding the overall direction of our lending. The Board reviews, provides input on, and ultimately approves policies that guide our due diligence and underwriting policies and procedures. A list of CSH's board members and their roles and affiliations is enclosed.

G. INFRASTRUCTURE REQUIREMENTS

Investments in Infrastructure Required to Support Expansion

During the current 6-12 month planning phase of the Keeping Families Together expansion effort, CSH is utilizing the talent and expertise of existing staff to develop technical assistance tools, create public awareness about expansion, disseminate Keeping Families Together materials, and manage our proposed research effort. However, in order for CSH to be well prepared to deliver training and technical assistance to the 5 HHS/ACYF grantees as well as the 5-10 other sites, we must 1) invest in building our staff capacity per the staffing plan described below; 2) implement a fundraising strategy to support CSH technical assistance in non-HHS/ACYF sites, detailed below in the Financial Model section; and 3) Improve our communications infrastructure.

To provide this TA, training, and grantee support, CSH is assembling a team comprised of staff from both the national Government Affairs and Innovations team, who is leading the overall Initiative, and staff in CSH's local hub offices. This TA team will specifically be comprised of:

- **CSH National** – centrally guiding and monitoring implementation and providing advisement and support to local CSH staff and HHS/ACYF grantees and other sites. Key roles include:
 - Constance Tempel, Chief Operating Officer, provide high-level oversight and guidance for the initiative, assist with fundraising and funder stewardship
 - **Project Lead** - CSH Senior Program Manager, Alison Harte – train all local CSH staff on model's core components and guiding principles, develops tools and resources for replication, organize national training webinars and grantee convenings, raise funds for initiative's scaling, provide central oversight and monitoring for local staff, liaison with child welfare TA provider and evaluator. The Project Director would also be responsible for managing consultants, supervising program staff, assessing overall technical assistance needs, and ensuring the pilots meet program benchmarks
 - Director of Innovations, Richard Cho, provide overall guidance and direction of the initiative's design, implementation, and evaluation.
 - CSH Senior Program Manager for Research and Evaluation, Jacquie Anderson, guide the initiative's evaluation, advise on data-matching approaches and appropriate metrics for the evaluation
 - CSH Senior Policy Advisor, Peggy Bailey, to serve as a liaison with HHS and advise on avenues to expand the initiative's impact beyond the direct program participants, informing broader child welfare policy and practice
 - Susan Donley, Communications Director, develop publications to raise visibility of initiative, reach out to media, and assist in the development of educational resources and tools
- **CSH Local** – on-the-ground face of the initiative for grantees/replication sites, directly providing training and TA on a day-to-day basis. Key roles include:
 - 5 Program Managers in the hub offices, one near each of the grantees, serves as day-to-day contact for local grantee and 1-2 additional, light-touch replication sites, provides intensive training, TA and sites to assigned grantee, lighter assistance to other sites
 - 5 Program Directors in hub offices, one near each of the grantees, supervises and helps set the direction for the day-to-day work of the local Program Manager, participates in training, TA, and site visits to local grantee
 - 3 Regional Managing Directors to oversee and provide strategic direction for the training and TA work of local hub staff

Detailed in the chart below and the attached financial model, CSH's business model for scaling Keeping Families Together centers on using the core CSH Team, detailed above, to support replicate efforts in 5-15 sites over three years. While the FTE per staff position changes somewhat as the number of sites increases, the basic team roles and staff structure holds. The Team is comprised of staff members who represent variable and fixed costs under the expansion plan. Noted in the chart below, regardless of how many sites are added, our COO will dedicate .1 FTE to the initiative annually, with no additional marginal cost as we add sites. The same is true for our Project Lead, Communications Director, Research Manager, Senior Policy Advisor, and Director of Innovations, and Managing Directors. Their assistance will be provided at the initiative level rather than the per-site level; thus, their costs do not increase as we add sites. On the other hand, at the local level, as we add more sites, the Director and Program Manager FTEs dedicated for supporting these light-touch sites will increase. However, it is important to note, that there are significant economies of scale in our model, and that as we double the number of sites, we will not double the number of local FTEs for the initiative. The light-touch models assumes that less FTEs are needed to provide this more limited level of assistance and that each existing staff can take on 1-2 additional sites. Thus, CSH would not need to hire new staff after the initial staff investment associated with expanding to

the first five sites (HHS/ACYF grantees).

Position	Number of Sites/Level of TA		
	Intensive HHS/ ACYF Sites	Light-to-Moderate Touch Sites	
	5	10	15
Chief Operating Officer (<i>fixed</i>)	0.10	0.10	0.10
Managing Directors (3) (<i>fixed</i>)	0.10	0.10	0.10
Director of Innovations	0.25	0.25	0.25
Project Director (<i>fixed</i>)	1.00	1.00	1.00
Research Director (<i>fixed</i>)	0.25	0.25	0.25
Communications Director (<i>fixed</i>)	0.20	0.20	0.20
Senior Public Policy Advisor (<i>fixed</i>)	0.20	0.20	0.20
Program Director (East) (<i>fixed</i>)	0.30	0.30	0.30
Program Manager (East)	1.50	1.75	2.00
Program Director (Central) (<i>fixed</i>)	0.30	0.30	0.30
Program Manager (Central)	1.50	1.75	2.00
Program Director (West) (<i>fixed</i>)	0.30	0.30	0.30
Program Manager (West)	0.75	0.85	1.00
Total Personnel	6.75	7.35	8.00

H. FINANCIAL PLAN FOR THE SCALING/EXPANSION INITIATIVE

CSH will require significant resources to provide technical assistance and support required for a scaling initiative of this magnitude. It is especially important for CSH to invest in what is needed quickly so that we do not lose this important opportunity to “jump-start” our expansion effort via new resources provided by HHS/ACYF, the Robert Wood Johnson Foundation and other philanthropic institutions. Further, CSH must have the resources to capitalize on the high profile nature of this partnership and the corresponding national attention that Keeping Families Together will receive. We will need to be proactive as we seek and are sought out by new interested partners and philanthropic groups.

Capital Required

We estimate (see attached financial model) that CSH will need just over \$2.13MM per year in staffing and other direct costs to support a 15-site expansion effort. Personnel costs are the largest portion of the budget, estimated at \$844,062 annually for 15 sites. It is important to note that the bulk of this cost is associated with the first five replication sites, the HHS/ACYF grantees who will receive intensive CSH assistance. This leaves a modest \$113,750 in annual costs for staffing the TA for the remaining 10 sites. CSH is reliant on dedicated and talented staff to act as ambassadors for the initiative and to ensure that roll-out and implementation of the pilots are successful. This is a brand new initiative and many communities will require a great deal of one-on-one support. This kind of intense consultation requires a substantial investment over the next 3 years to ensure that implementation occurs swiftly and that replication sites are adhering to the values set forth in the Keeping Families Together pilot. Lastly, intense work needs to be done locally to ensure that infrastructure is being developed to support and sustain long term adoption of Keeping Families Together.

In terms of other costs, the model includes direct operating costs (rent, telephone, insurance, duplication, and printing); all calculated using standard CSH rates applied directly to the personnel costs for the initiative. The model also includes \$10,000 annually for the development of publications (a fixed cost for the entire initiative), travel, which grows proportionally as we add more sites, and \$20,000 in meeting expenses for the entire initiative, with most meetings to be held with the HHS/ACYF sites. Finally, the budget includes costs for our partners and consultants, including \$250,000 annually for our child welfare TA provider partner (a fixed cost); \$500,000 annually for the HHS/ACYF third-party evaluation (plus a marginal amount

of additional cost for less formal evaluation in the other 5-10 sites); training consultants for national webinars, \$50,000 annually for the HHS/ACYF grantees (plus a marginal amount of additional cost for less intensive training in the other 5-10 sites); and \$25,000 annually for a data consultant to develop approaches for using data to identify child-welfare-involved and homeless families (a fixed cost).

Types of Support and Fundraising Plan

While raising funds to cover an initiative with a \$2.13MM annual budget at first appears daunting, CSH is well-poised to realize this goal. First, \$1.915MM of this annual amount is directly associated with the HHS/ACYF demonstration project, which represents a collaboration between HHS and a group of private foundations. RWJF is the lead philanthropic partner and has assembled a group of peer funders to invest in and fully cover the cost of this *five-site* replication of Keeping Families Together. RWJF and the other funders are expected to make funding awards to CSH in late 2012. In the meantime, RWJF just made a \$203,000 grant to CSH to cover our work in the meantime.

After accounting for the HHS/ACYF expansion and the identified funding for this intensive work, this leaves an annual budget of \$212,225 for CSH to cover in order to expand to 10 additional sites. CSH would leverage the investment by RWJF and the other funders in order to share resources with the additional sites and enjoy economies of scale in this process. CSH has conducted detailed research of private foundation prospects at the national level and in several potential replication sites. As a result, we have identified numerous prospects for supporting Keeping Families Together replication and have already begun to reach out to these potential funders and submitted letters of inquiry. We will continue this work in earnest over the next six months. As well, we plan to approach government agencies who unsuccessfully applied under the HHS RFP, marketing our light-touch services, with the potential for these agencies or their philanthropic partners to pay CSH to provide these services in their jurisdiction. Finally, given the human interest appeal of the model and its early success, we see great potential to raise funds from individual donors to supplement these foundation grants and government contracts.

Focus on Grantee/Expansion Site Sustainability

Throughout the project, CSH will ensure that each grantee develops and is implementing its sustainability plan, and assisting them to build an infrastructure within and among the public system partners to ensure that funding sources are developed or redirected to embed supportive housing into their local system. CSH anticipates that we and our child welfare partner together will be well positioned to advance child welfare system policy change and lead the charge for integrating the model into the child welfare continuum of services. Our child welfare partner will be knowledgeable about complicated city, state, and federal funding streams and have access to, and credibility among federal policy makers and local child welfare administrators. Thus, they will be well-positioned to provide guidance and encourage change at the federal policy level and advise local jurisdictions about how to reallocate / redirect resources to sustain their projects. As mentioned above, there is a mechanism in place that allows local child welfare agencies that accrue foster care savings to repurpose the funding to pay for new interventions that are proven to improve the lives of children and prevent maltreatment. It is our goal to capitalize on this ability to reinvest, and we guide prompt local state and county administrators to do so in order to sustain Keeping Families Together projects.

I. RISK ASSESSMENT & CONTINGENCY PLAN (INCLUDING EXIT STRATEGY)

Risks:

Demonstration funding is contingent upon federal approval. Because federal funds are subject to multiple approvals there is always a risk that the funds will not be available. However, because HHS recently released an announcement that funding for this demonstration would be available in late May, we

feel confident that we can count on these resources. **Contingency:** CSH will seek support from our philanthropic partners to fund a small scale replication effort.

Housing resources are scarce. The lack of affordable and subsidized housing is a problem nationwide. Thus there is a concern that there may not be enough of these resources to match to the services funding provided through the HHS/ACYF demonstration program. CSH has been working closely with many jurisdictions over the last 9 months and believe that there are communities that will have sufficient housing resources over the next 12 months to produce enough units for the proposed demonstration. **Contingency:** CSH will work closely with local offices, housing authorities, and philanthropic partners to identify a strategy to produce subsidies within 12 months to match these grants.

Child welfare agency administrative oversight could produce an intervention that is intimidating to families. As discussed earlier, obtaining the trust of the family is essential to the success of the program, and may be diminished if the programs are viewed as an extension of child protective services. If service staff in the family supportive housing models funded by HHS/ACYF are employed directly by the public child welfare agency, there is a risk that families will negatively perceive the program. Moreover, staff employed by a public child welfare agency may face role conflicts. CSH believes that we can mitigate the risk by educating local replication planning groups about the values and intent of Keeping Families Together and by encouraging the child welfare agency to partner with multiple non-profit service providers. **Contingency:** If demonstration projects are designed in this way, or if models become punitive, CSH will focus our training and technical assistance efforts on the value of a system-neutral advocate for families in supportive housing. In addition, we would work closely with the interagency implementation groups to communicate and address the issue.

Exit Strategy: CSH sees its role in advancing the replication and adoption of Keeping Families Together as that of a catalyst. As an intermediary, CSH works to promote systems integration among the set of public sector partners in child welfare, housing, health, and social services to coordinate and align resources and expertise, and services integration among the housing and social services providers who will directly implement the Keeping Families Together model. Accordingly, CSH intends to exit and transition in its intermediary and technical assistance role once both systems and services integration has been achieved in each site. CSH will work to continually assess the level of systems and services integration within each replication site to determine whether such a transition is merited and appropriate. If such integration has been achieved, CSH will work with the public sector and non-profit agencies in this site to develop and implement a transition, after which CSH will make itself available to provide assistance only on an as-needed basis, shifting our focus on other replication sites. Moreover, CSH will work to foster an active peer-to-peer network among replication sites, which will serve as an ongoing resource and community of support for established replication sites from which CSH has formally exited.