

**Universal Housing Screening of Families Undergoing Child Welfare Investigation:
Technical Report on CT's Pilot of the QRAFT**

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I. Introduction

CT is one of five national demonstration projects engaged in “Partnerships to Demonstrate the Effectiveness of Supportive Housing (SH) for Families in the Child Welfare System,” funded by The Administration for Children and Families (ACF). Under this initiative, families who are in the child welfare system and meet specific targeting criteria are project-eligible and randomly assigned to one of the following three experimental conditions:

- (1) Project Supportive Housing for Families (PSHF); project-eligible families receive the original supporting housing program that The Connection, Inc. (TCI) has been running in the state for 10+ years;
- (2) Intensive Supportive Housing for Families (ISHF): a highly intensive housing and case management program that is funded through the ACF grant. It adds to the SHF model evidence-based interventions for trauma and parenting, vocational services, more favorable case manager: client ratios, more family contacts per week, etc.; or
- (3) Business as Usual (BAU): Typical Department of Children and Families (DCF) process with no focused attention to housing early in the investigation or case management processes. If housing needs present within/across the casework engagement, families are referred to the standard SHF intake processes. Under BAU conditions, this entails placement on a waitlist for SH services.

Targeting criteria include severe housing and high parent and child service needs. Eligible families can be in preventive services or have children placed in out-of-home care, but they must have “open” and relatively new child welfare cases. The CT Housing and Child Welfare Initiative is being implemented in DCF Region 3 of the state, with intention to expand based on conditions. Its plan is to enroll a minimum of 102 families across two of its three experimental conditions and a much higher number of families in the BAU condition.

The CT initiative experienced lower than anticipated referrals in its first three quarters of implementation. As a consequence, the CT Project began applying a universal housing screening within the Investigations Unit of DCF Region 3 for a three-month trial period (November 2014 through January 2015). This entails a rapid appraisal of housing concerns using the Quick Risks and Assets for Family Triage (QRAFT) instrument and, when indicated, a referral to TCI for additional screening for project eligibility.

The QRAFT is an abbreviated version of the RAFT® that focuses mainly on housing needs. DCF intake workers complete a QRAFT on all new cases that undergo an investigation or

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removal of a child. A score of 3 or 4 (indicating significant or severe need, on a 0 to 4 scale) on at least one housing item on the QRAFT results in a referral to TCI. The referral process further includes a triage and referral form developed to assist in determining family eligibility for the ACF-supported housing and child welfare demonstration project. Families who meet criteria are referred to TCI where a determination is made about project eligibility. Eligible families are randomized to one of the three experimental conditions described above (Intensive Supportive Housing for Families [ISHF], Project Supportive Housing for Families [PSHF], or BAU).

As background, when cases move through DCF's investigations unit, they are determined to be unsubstantiated or substantiated or can be referred to Family Assessment Response¹ (FAR). Thus, there are three "decision groups" to be examined among the cases referred. Again, cases to be referred must be open DCF cases, either substantiated or unsubstantiated, and not enrolled in the state's FAR initiative. At the start of this trial period, clients in all three decision groups (substantiated, unsubstantiated, and FAR) were referred to TCI, but as of November 17, 2014, families from the FAR decision group were no longer referred. These clients are deemed ineligible for the ACF-funded housing and child welfare project.

The primary goal of this screening procedure is to ensure that every family undergoes housing review very early in their child welfare involvement, enabling prompt referral of families who appear to have significant to severe housing problems. As indicated above, once a case is referred, TCI staff conducts a more thorough triage to see if the family meets all of the eligibility criteria for the project. It should be noted that the QRAFT is just an initial screen for housing concerns; like any screening method, its best outcome is an accurate prediction of some other phenomenon.

The QRAFT itself can be conceptualized as having two different aims: one, to identify housing concerns accurately in the child welfare population; and two, to predict one aspect of eligibility for the housing and child welfare demonstration project. In this case, project eligibility occurs when a family has substantial enough housing problems to qualify as "significant" or "severe" in this arena, in combination with parent and child concerns, all of which are confirmed upon later examination. Positive findings on the QRAFT should result in a referral to TCI, triggering a more extensive triage of the severity of housing and child welfare problems (that may or may not indicate that a client meets the targeting criteria for the project). This QRAFT screening process is providing important information to DCF and TCI workers earlier in the family's child welfare experience and aims to identify families in need who may have otherwise been missed.

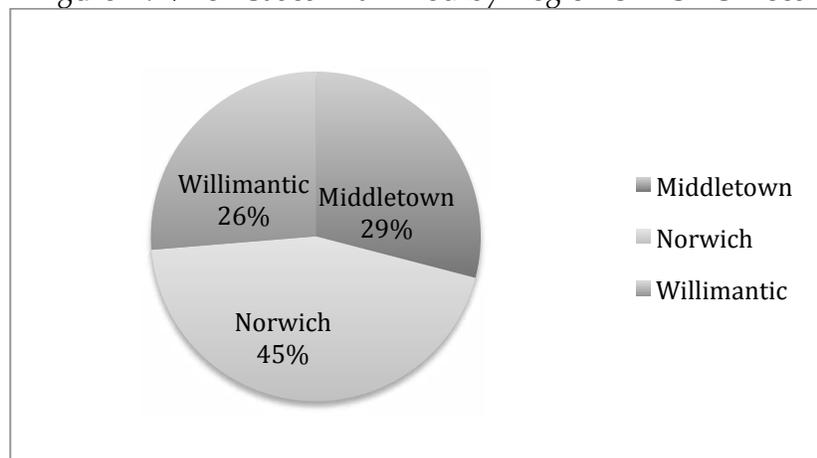
¹ Within CT's Differential Response System (DRS) framework, reports of abuse and neglect result in social work consultation with a supervisor which determines whether a traditional investigation is required or if the family can be assigned to a DRS program called Family Assessment Response (FAR). If eligible, e.g. deemed to be low risk, the family is assigned to FAR. According to DCF, the FAR team works together with families to identify strengths and needs and connect them with community resources with the hope of diverting from future DCF involvement.

In order to monitor and support the processes and outcomes of this pilot, TCI's Project Director for ISHF has followed all of the cases screened by consulting with the staff of the DCF investigations units and gathering contextual data that informs the project. This technical report uses anonymized data provided to the UConn Evaluation Team for the three months of the pilot. In addition, we conducted interviews with various DCF personnel in order to understand the perceived effort and utility of the measure for the purposes of screening. This report includes quantitative and qualitative analysis of the pilot period along with a summary, recommendations, and discussion of implications at the policy, systems, state, and project levels.

II. Overview

From November 3rd, 2014 to January 31st, 2015, DCF staff completed QRAFTs with respect to 616 families in Region 3. Norwich completed the highest number of QRAFTs (275; 45%), followed by Middletown (179; 29%) and Willimantic (162; 26%). The percentage of QRAFTs by regional office is shown in Figure 1 below.

Figure 1: % of Cases Examined by Region 3 DCF Offices



III. Referral Procedures

The QRAFT consists of three housing-focused items from the original RAFT: Current Housing, Housing Condition, and Housing History. The items are scored on a 0 (not a barrier) to 4 (severe barrier) scale. (There are two additional items that relate to parent and child functioning, discussed below). According to QRAFT procedures, clients should be referred to the SH program for additional triage if they receive a 3 or 4 on any of the housing items. Scoring a 3 or 4 on these items does not indicate that a client will meet the additional eligibility criteria for the ACF project; rather, this is the criterion for a client to be referred for TCI staff to be aware of and review the case. Table 1 below shows the number of clients deemed above the referral threshold ("significant or severe") on each of the three items by decision group.

Table 1. N and % of Clients Above and Below Referral Threshold, All QRAFT Items

Decision Group QRAFT Item	Housing problems				
	None to moderate (below threshold) n (%)			Significant to severe (above threshold) n (%)	
	0	1	2	3	4
FAR Cases (48.0% of total)					
Current Housing	241 (82.0)	30 (10.2)	9 (3.1)	13 (4.4)	1 (0.3)
Housing Condition	254 (86.4)	31 (10.5)	7 (2.4)	2 (0.7)	0 (0.0)
Housing History	260 (88.4)	24 (8.2)	7 (2.4)	3 (1.0)	0 (0.0)
Unsubstantiated (35.9% of total)					
Current Housing	169 (76.8)	33 (15.0)	5 (2.3)	8 (3.6)	5 (2.3)
Housing Condition	185 (84.1)	27 (12.3)	3 (1.4)	4 (1.8)	1 (0.5)
Housing History	172 (78.2)	29 (13.2)	4 (1.8)	15 (6.8)	0 (0.0)
Substantiated (16.0% of total)					
Current Housing	57 (58.3)	11 (11.2)	14 (14.3)	13 (13.3)	3 (3.1)
Housing Condition	63 (64.3)	23 (23.5)	3 (3.1)	7 (7.1)	2 (2.0)
Housing History	53 (54.1)	21 (21.4)	14 (14.3)	9 (9.2)	1 (1.0)

A score of 3 or 4 (significant to severe housing problems, frank or chronic homelessness, safety concerns, imminent eviction, current shelter stays, chronic instability, imminent danger) on any of the three housing items triggers a referral for additional triage, so the number and percent of scores above the threshold is not the same as the proportion eligible. (Recall that, to be referred, clients need to score above the threshold and have an open, new DCF case; eligible cases also have significant parent and child difficulties such as mental illness, trauma, substance abuse, developmental/learning problems, and/or domestic violence.) The majority of cases in all three decision groups had no or moderate housing problems at the time of the child protection investigation.

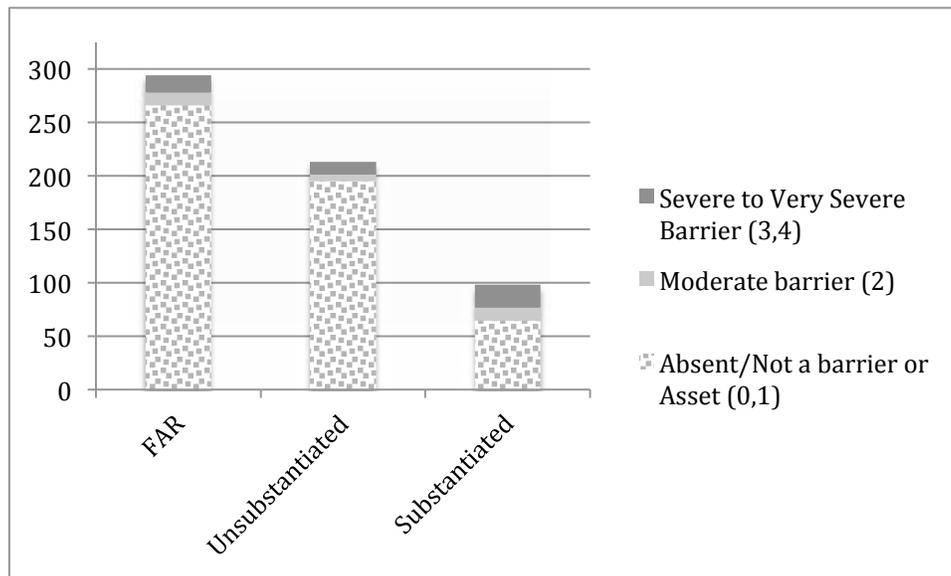
Figure 2 below depicts the proportion of families with varying degrees of housing risk or asset in each decision group.² Of the 294 FAR determinations, 16 (5.4%) were above this threshold on at least one item. Of the 220 unsubstantiated determinations, 18 (8.1%) were above this threshold on at least one item. Among the 98 families with substantiated cases, 21 (21.4%) met the “significant to severe” threshold. Another 12 (12.2%) of substantiated cases had housing challenges considered to be unsustainable (e.g., above 30% of income, emergent safety concerns, current instability, history of moves).

In total, there were 28 cases that met the referral criterion (“significant to severe” housing and an open case). Of the 28 cases eligible for referral, all but two were referred. Table 2

² These figures are consistent with the referral threshold that includes a positive indication on any of the three housing items.

indicates that, among the 26 cases who were eligible and were referred, 10 were project eligible and randomized; six were assigned to Business as Usual, two were assigned to ISHF, and two were assigned to PSHF.

Figure 2: N of Families Evidencing Various Degrees of Housing Difficulty



With respect to its two aims, it appears that the QRAFT identifies housing problems quite adequately; none of the cases referred were later deemed to be without housing concerns, and there were relatively few who were referred in spite of scores below 3 on RAFT items. With respect to the second aim, screening for project eligibility, the QRAFT does not predict project eligibility with high accuracy as it tended to result in some over-referral (see Table 2 below). It is important to note that one reason for this is the fact that the QRAFT relates only to just one of three areas targeted for the study (housing, parent problems, child problems). Additionally, over-referral in this case is not problematic, especially because (a) it provides an opportunity to examine family needs closely and (b) there is supportive housing capacity beyond the demonstration project (e.g., SHF). At the time of this writing, we did not have access to comprehensive information about parent and child status, so we are not able to determine whether the parent and child yes/no QRAFT items are useful in discerning difficulties in those areas (see below).

In short, there were 28 cases that met referral criteria; 26 of these were referred to TCI. It is unclear why two seemingly eligible cases were not referred and are being examined at this writing. TCI received an additional 10 referrals on cases that did not meet the threshold for automatic referral (i.e., they scored in the 0-2 range on the housing items). The QRAFT threshold is used to identify cases that should be referred *automatically*; however, DCF social workers (and Program Managers) are not precluded from referring cases with lower scores if they appraise the referral to be otherwise indicated. Of these ten cases, two were eligible for randomization; one was assigned to Business as Usual (BAU)

and one was assigned to ISHF.

Table 2. Client Referral Eligibility by Referral Status

Determination	Referred	Not Referred
Eligible for Referral	26	2
Not Initially Eligible	10	578
TOTAL	36	580

Another means of assessing the utility of the QRAFT (together with the monitoring and technical assistance provided by the project director) is to compare the number and characteristics of referrals before and during the pilot. The proportion of referrals that were appropriate was considered greater. Additionally, the number that were ultimately randomized to the project was higher during that pilot than in the months prior, in spite of several months in which higher numbers of cases were investigated earlier in the year.

IV. Additional Information on Families

In addition to querying about housing, the QRAFT includes additional case information that is both of general relevance to the investigation and specific relevance for the housing and child welfare targeting criteria. The table below presents the limited information that was gleaned from the QRAFT. The parent risk item is: Does parent have current/past history of mental illness, chronic health conditions, substance abuse, or related difficulties? The child risk item asks: Are there one more child(ren) with developmental, learning, behavior, and/or emotional problems?

Table 3: Characteristics of Families Screened Using the QRAFT

Item		FAR (n=294)	Unsubstantiated (n=220)	Substantiated (n=98)
Removal of Child	Yes	0 (0.0%)	4 (1.8%)	13 (13.3%)
	No	294 (100%)	216 (98.2%)	85 (86.7%)
Parent Risk Indicated	Yes	98 (33.3%)	92 (41.8%)	71 (72.4%)
	No	196 (66.7%)	128 (58.2%)	26 (27.6%)
Child Risk Indicated	Yes	80 (27.2%)	80 (36.4%)	28 (28.6%)
	No	214 (72.8%)	140 (63.6%)	69 (70.4%)
Domestic Violence ³	Yes	33 (11.2%)	13 (5.9%)	26 (26.8%)
	No	260 (88.8%)	207 (94.1%)	71 (72.4%)

V. Descriptives for QRAFT Items

The QRAFT has 3 Housing items scored on a 0 to 4 scale, with higher scores reflecting greater risk. To obtain a measure of overall housing risk, we created a QRAFT Total score

³ N=97; one missing value

by summing the 3 items. The QRAFT Total score can range from 0 to 12. The descriptives on the 3 items and the Total score are presented in Table 4 below. The mean scores for all 616 cases on the three items are relatively low, all falling below 1 (mild barrier or asset).

Table 4: QRAFT descriptives, all families

Decision Group	QRAFT Question	Minimum	Maximum	Mean (SD)
FAR (n=294)				
	Current Housing	0	4	.31 (0.76)
	Housing Condition	0	3	.17 (0.48)
	Housing History	0	3	.16 (0.49)
	QRAFT Total	0	9	.67 (1.48)
Unsubstantiated (n=220)				
	Current Housing	0	4	.40 (0.88)
	Housing Condition	0	4	.22 (0.61)
	Housing History	0	3	.37 (0.83)
	QRAFT Total	0	11	.99 (2.05)
Substantiated (n=98)				
	Current Housing	0	4	.92 (1.24)
	Housing Condition	0	4	.59 (0.99)
	Housing History	0	4	.82 (1.06)
	QRAFT Total	0	11	2.33 (3.00)
All (N=616)⁴				
	Current Housing	0	4	.44 (0.93)
	Housing Condition	0	4	.26 (0.66)
	Housing History	0	4	.35 (0.78)
	QRAFT Total	0	11	1.05 (2.10)

VI. Characteristics of Families Randomized Into the Project

Out of 616 families screened, 12 were ultimately determined to be eligible for the project and were randomized. The QRAFT item scores and total score for these clients are presented in Table 5 below. At the time of referral, most cases were indicated as substantiated (n=9), but two were unsubstantiated and one was FAR. The unsubstantiated and FAR cases had the decision changed at some point to substantiated, and this change made them eligible for the project. Domestic violence was indicated in 3 (25.0%) of the cases. At the initial QRAFT screening, parent risk was indicated in all cases and child risk was indicated in five of the twelve cases (41.7%). Both parent and child risk are inclusion criteria for the ACF Project. It appears that a single item (yes/no) query on the QRAFT may be insufficient to generate full consideration of child needs.

⁴ Four cases did not have a decision; they are not included in the by group analyses but are included in the full sample.

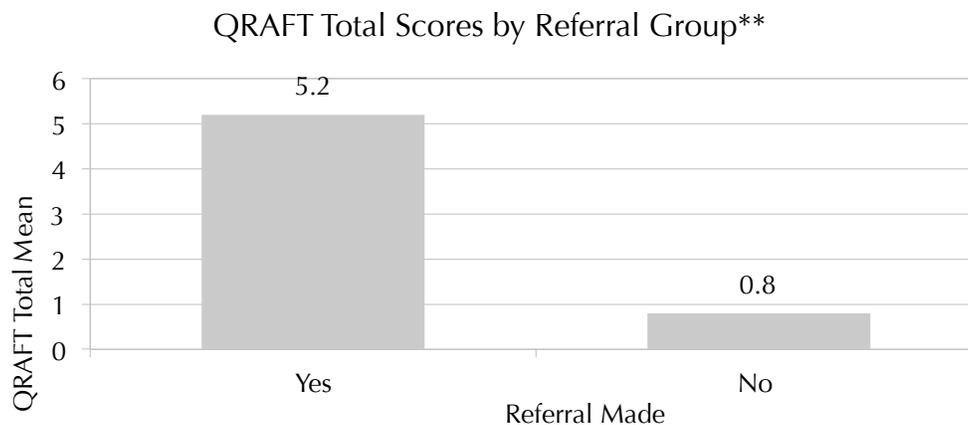
Table 5: QRAFT Descriptives, Families Randomized into Project

QRAFT Question	N	Minimum	Maximum	Mean (SD)
Current Housing		0	3	2.17 (1.15)
Housing Condition	12	0	3	1.33 (1.16)
Housing History		0	3	1.92 (1.17)
QRAFT Total		0	9	5.42 (2.19)

VII. Comparisons Across Groups

To understand better how QRAFT scores varied across groups, we compared the means of the QRAFT Total scores on different groups. First, as a validity check, we compared QRAFT Total scores of those who were referred to the program to those who were not. As expected, the referred group has significantly higher scores ($M= 5.2$, $SD= 2.66$) compared to those not referred ($M=0.79$, $SD=1.73$). In addition to the QRAFT Total score, the groups were also significantly different on each of the three individual items. These differences were in the expected direction with the referred groups scoring higher, indicating increased risk and suggesting that, at the group level, the QRAFT discriminated high versus low risk well. Figure 3 below depicts mean comparisons across referral groups.

Figure 3: QRAFT Scores in Referred and Non-Referred Cases



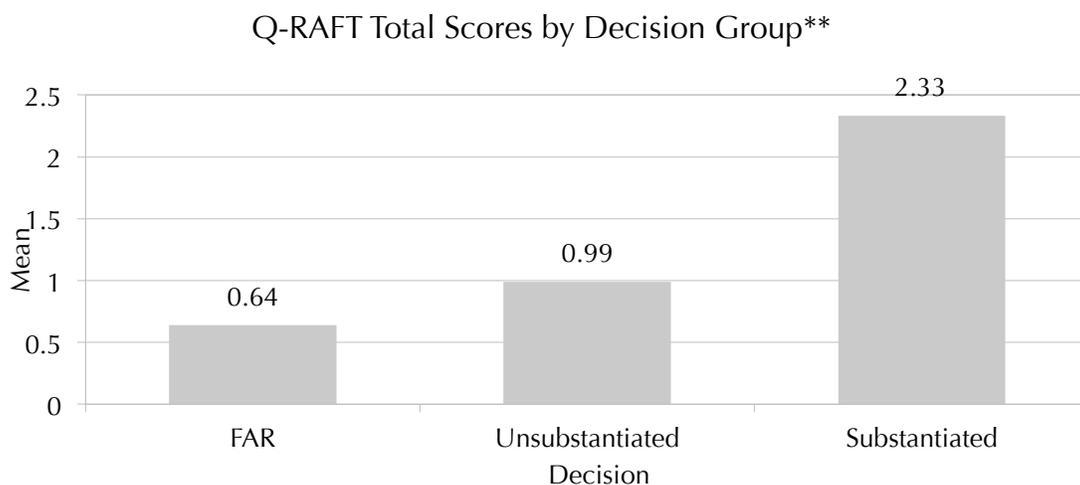
We also compared QRAFT scores between cases where domestic violence was present or absent. There was no difference between the groups (DV, no DV) on any of the item scores or on the QRAFT Total score. We also compared across the three DCF offices and found no significant differences on the QRAFT items or the QRAFT Total.

Finally, we compared scores across the three decision categories: Family Assessment Response (FAR; DCF's Differential Response Program), unsubstantiated, and substantiated. There were significant differences across groups on all three items and the total score. The QRAFT Total scores are shown in Figure 4 below; substantiated cases had the highest scores ($M=2.33$, $SD=2.99$), followed by unsubstantiated cases ($M=0.99$, $SD=2.05$), and

FAR cases ($M=0.64$, $SD=1.48$). The same pattern of results is evident for items tapping Current Housing and Housing Condition, but the FAR group had the lowest mean Housing History item score.

Post-hoc analyses enabled us to discern which groups differ meaningfully from each other. They reveal that for QRAFT Total, Current Housing, and Housing Condition items, the differences were driven by the substantiated group having higher scores than the FAR and unsubstantiated groups; the FAR and unsubstantiated groups were not significantly different from each other. On the Housing History item, however, all three groups were significantly different from each other with substantiated cases showing the most risk ($M=0.82$, $SD= 1.06$), followed by unsubstantiated cases ($M= 0.37$, $SD= 0.83$), and then FAR cases having the lowest risk scores ($M= 0.16$, $SD=0.49$). This indicates that both housing history and current housing status are significantly related to DCF conclusions regarding cases and how they are assigned for further follow up.

Figure 4: Mean Total QRAFT Scores in FAR, Unsubstantiated, and Substantiated Cases



VIII. Interviews with DCF Staff, Program Managers, and Administrators

In addition to analyzing quantitative QRAFT data to determine its effectiveness as a screening tool, we sought to understand whether the time and effort required to complete it (respondent burden and acceptability) as well as its apparent utility in focusing social work efforts on housing as a consideration.

Interviewees. In order to obtain qualitative information about the use of the QRAFT, we conducted interviews with DCF employees who have significant experience with the measure and surrounding procedures: Kim Somaroo-Rodriguez, the DCF central office lead; Allon Kalisher, regional administrator (DCF Region 3); 3 program managers; and 4 social workers.

Rationale for Interviews: We interviewed DCF staff about their experiences with the

implementation of the QRAFT assessment within Region 3. They were given the opportunity to provide feedback on what worked, challenges experienced, and recommendations for future implementation at other sites across the state. [See the Appendix for the interview questions for social workers (who are directly involved in the completion of the QRAFT on their clients) and for program managers/administrators (who facilitated the process).] The interview questions were designed to tap the screening experiences of DCF staff thus far and to gain their insights into how the screening process might best occur statewide, both for eligibility for CT's housing and child welfare demonstration project and for broader "non-project" SHF referrals (and assessment of needs) throughout the state. The QRAFT pilot's primary aim was to improve screening for housing/child welfare needs and determine whether appropriate referrals to the ACF project were being made; it has also proved useful as a tool to understand the housing needs (beyond the scope of the project) that exist in the region.

Coding for Themes: Detailed summaries of all interviews were read and compared. Frequently occurring and consistent responses were pulled out as overarching themes for the QRAFT assessment and implementation process. Additional and illustrative comments are included to reflect the perspectives of those administering the program.

Findings – Interviews: The overall findings were that the QRAFT was quick and easy to use (less than 5 minutes to complete), brought housing stability to the forefront of the initial assessment process, facilitated conversations about housing history, and gave staff a concrete measure to use when referring clients to I/SHF. Overall, the measure and procedures were clear and not burdensome.

Program managers in the three regional offices thought that the presence of the Project Director (from TCI) facilitated the DCF staff's learning and implementation of the QRAFT. Program managers also agreed that any difficulties encountered had to do with their staff remembering to complete the QRAFT with clients and the lack of an internal tracking system to ensure that every client was screened.

Some workers suggested that the QRAFT should identify at the top of the form which families are eligible for the program, so that new users can keep that in mind when working with families who are in/eligible. It was also suggested that staff who work at subsidized housing be trained or made aware of the eligibility requirements for supportive housing. Another suggestion was for workers to have access to client housing records (e.g., prior or impending evictions) before the point of referral. This is perceived as a means to save case management time and increase the likelihood of appropriate referrals to the project.

Program managers and social workers agreed that the QRAFT screened for clients who had significant or severe barriers to housing and child well being. They expressed frustration that some families with significant needs were nonetheless ineligible for the ACF project. Program managers and social workers stated that the QRAFT was beneficial

in bringing awareness to available housing programs and in giving a tool to screen for housing stability. One manager reported that, overall, the screener was easy to use and that assigning scores was straightforward, and added that DCF staff sometimes “agonized” over families whose housing situation posed a moderate challenge (scaled as a 2 on the QRAFT, and not eligible for referral). That is, social workers were concerned that, without some additional support or intervention, a “two would become a three,” that is, unsustainable housing conditions would end in family crisis. This brings to light a larger, systems-level concern about the scarcity of resources and the extent to which they might be applied to families in crisis versus the application of a prevention model. Specifically, families who are not “project eligible” but nonetheless have moderate to severe housing concerns will likely be queued on a waitlist for SH services (currently the waitlist is over 500 families).

Some program managers and workers felt that it might be unnecessary in the long run to use the QRAFT because social workers might make the same appraisals in their minds, without a formal process. In contrast, the regional administrator and central office lead saw the utility of routine screening for the project and, more importantly, for the documentation of statewide need and for a “systems change” of prompting workers to be thinking about basic needs (like housing) in addition to parenting issues.

All respondents agreed that staff orientation and buy-in are integral to successful statewide implementation of the QRAFT. Workers need to understand why they are using the QRAFT, how it was beneficial at other sites, and how it is a case management asset to with respect to appraising and addressing clients’ housing stability.

We note that this pilot of the QRAFT was intended to apply a “housing lens” early in the process, encouraging workers to refer to TCI all families with “positive” screens. Project eligibility is determined at TCI; as such, in spite of the enthusiasm workers have about the housing and child welfare demonstration, the intent is not for the investigations unit to screen project eligibility. The intent is to screen for (significant to severe) housing concerns, which are one component of project eligibility. This distinction is important so that DCF staff may explain to their clients that immediate services are not guaranteed, whether they are referred into the project or to the pre-existing SHF program. [Clarification about eligibility for the housing and child welfare demonstration versus the pre-existing “regular” SHF referral and capacity is an important theme.]

The regional administrator and central office lead both expressed that coordination in planning/messaging at central office and regional levels would be important in order to roll out a QRAFT process to other regional offices. They also emphasized the importance of bringing support and “lessons learned” from Region 3 to meetings with the other regional directors and the need to streamline processes and consider logistics when expanding use of the tool.

IX. Summary

In the period of November 2, 2014 to January 31, 2015, DCF social workers completed the QRAFT on 616 families in Region 3. Overall, 56 (9.1%) clients scored high on at least one housing item; 28 of these also had an open DCF case and therefore warranted a referral to TCI for potential eligibility for the ACF-funded housing and child welfare demonstration project. Initially, there were 10 referrals that did not meet criteria, but after a second review the families were referred. A total of 580 families were not referred at any point. This pilot utilized the QRAFT with two aims in mind: screening for housing concerns (effective) and assisting identification for the state's housing and child welfare demonstration (effective, even if it resulted in referral of cases that were not project eligible). Average numbers of referrals showed a trend of increasing during the months of the pilot period.

Among the 98 families with substantiated cases, 21 (21.4%) were above the referral threshold, indicating significant to severe housing concerns. Another 12.2% had housing challenges considered to be unsustainable (e.g., above 30% of income, emergent safety concerns, current instability, history of moves). Thus, over one-third of substantiated cases had unsustainable, significant, or severe housing concerns.

This new, shortened version of the RAFT is aimed at assessing urgent housing needs quickly and will continue to be used. With this new measure, families in need may be referred for housing services as soon as possible. Interviews with DCF Managers and Social Workers indicate that the QRAFT is easy to use, takes little time to complete, and provides a concrete measure of housing need.

This report is the final, formal report and the last in a series that covers the pilot period of November 2014 through January 2015. In January 2015, following team discussion and consultation with the project methodologist and the national evaluation staff at the Urban Institute, we recommended altering the randomization ratio so as to enable a higher proportion of eligible cases to enter the ISHF and PSHF conditions. Such alteration enables the maximal use of federal and state resources, e.g., permitted the ISHF "slots" (e.g., openings in case management) to be filled. This change was made and eligible cases began being assigned using a 0:1:1 randomization ratio (PSHF: ISHF: BAU) until ISHF filled on February 11, 2015. The randomization ratio has now been shifted to 1:0:1 until another ISHF slot becomes available.

This adjustment of the randomization ratio is the best possible solution from the standpoint of statistical power for two group comparisons, that is, comparing ISHF/PSHF combined to the BAU condition (as opposed to making primary comparisons across all three groups). The fact that there is zero probability of being randomized to ISHF for a period of time is irrelevant for ISHF + PSHF vs. BAU comparisons (the primary experimental question as determined at the outset of the project). However, this approach disadvantages PSHF vs. ISHF comparisons from the standpoint of statistical power. The

PSHF data obtained during this phase of the project would be tainted due to the fact that there was zero probability of being randomized to ISHF as opposed to PSHF during this phase. We believe that this is an acceptable “cost” that maximizes the overall ability of the evaluation to compare families receiving supportive housing services to those who do not.

X. Policy, Systems, State, and Project-Level Implications

Implications of this pilot emerge at the policy, systems, state, and project level.

Policy and systems level implications. Quantitative and qualitative data combine to suggest that the use of a very brief housing screen (five minutes or less to complete) enhanced the capacity of child welfare workers to consider housing as one of several areas of focus within their initial contacts with families. Among all the families referred to the investigations unit (substantiated, not substantiated, and diverted to CT’s differential response system), the proportion of significant to severe housing problems was less than 10%. Considering only the children whose child welfare cases were substantiated, the proportion of significant to severe housing concerns is approximately 21%. When unsustainable housing conditions are considered as well as significant to severe concerns, the proportion of families identified rises to about one-third (33.7%). We believe that these are the first “population level” data (e.g., all cases in a geographic region, albeit a very small one) on housing as a concern in families referred to Child Protective Services. It is critical that these findings be replicated within a larger region and timeframe, the findings interpreted within a nuanced understanding of the conditions of the appraisal, and the implications considered with care.

The QRAFT pilot suggests a low respondent burden and a slight tendency toward over-referral for the funded demonstration in housing and child welfare and adequate to good ability to identify housing concerns within the population of cases referred during the 3-month interval; however, without additional examination of family characteristics over time, it is difficult to ascertain just how accurately the tool appraises housing concerns along with child and family service needs. These case level data are available elsewhere, however, and may further illuminate the screening process.

The vast majority of families involved in the child welfare system live with limited means (i.e., in poverty); unstably housed and homeless families usually have incomes that are too low to sustain acceptable housing without a housing subsidy⁵. Whereas there is ample evidence that housing problems are coincident with child welfare concerns⁶, a note of caution is warranted. Specifically, poor housing conditions *per se* should not be

⁵ Rog, D., & Buckner, J. C. (2007, March). *Homeless families and children*. Paper presented at the 2007 National Symposium on Homelessness Research, Washington, DC. Retrieved from <http://aspe.hhs.gov/hsp/homelessness/symposium07/rog/>.

⁶ Courtney, M., McMurtry, S., & Zinn, A. (2004). Housing problems experienced by recipients of child welfare services. *Child Welfare*, 83, 389–392; Dhillon, A. (2005). *Keeping families together and safe: A primer on the child protection–housing connection*. Washington, DC: Child Welfare League of America.

confounded with the family's underlying capacity to promote the well being of children, even if they are associated with increased risk of child welfare involvement and/or child removal. At the same time, housing conditions *both reflect and promote* family stability.

Parents and children benefit from safe, affordable housing. Compared to families in unstable conditions, children in stable housing evidence better educational, developmental, and health outcomes, and their parents demonstrate less parenting stress, better health, and greater parenting satisfaction. Housing condition is but one component of a systemic approach to shoring up vulnerable families, and it may be an important tool for promoting family autonomy and service engagement.⁷ Because the data are as yet emerging, and the effects of SH programs are as yet to be determined in controlled trials, it is premature to suggest that housing should be considered formally as a risk factor. Further, there is potential for biased decision making throughout child welfare investigation and intervention processes, so it is essential to consider the implications of assessing and monitoring housing concerns. Nevertheless, there may be national implications with respect to the data items that States report annually⁸.

This pilot underscored the field's reaction to managing the limited housing resources available for families in the child welfare system. Social workers expressed concern over long waitlists for SH outside the funded demonstration, as well as implying that there is some inherent tension between the desire to intervene fully with families experiencing crisis and to provide preventive resources for families whose living situations seem tenuous and unsustainable. One implication of this is the continuing need for the housing and child welfare systems to explore means to co-conduct and monitor assessment of and intervention with specific subsets of the population. Whereas there is ample data that suggest the co-occurrence of housing instability and child welfare involvement, the field is some distance from realizing a continuum of supports that include primary prevention, secondary intervention, and tertiary services for vulnerable families that are fully tailored to individual family risks and assets. What may emerge over time is a capacity to better differentiate housing and child welfare services by component/service, dosage/intensity, and level of program support.

State implications. In Region 3 during this pilot, the number of referrals in a 3-month period was 616. Annualizing that rate suggests that the year-long total for this region might be 2,464. A substantiation rate of approximately 16% would suggest that 394 children might have substantiated cases. Applying the rate of 21% with significant to severe housing concerns and 34% with moderate to severe concerns, Region 3 might observe 83 and 134 cases in those risk categories, respectively. Although this figure might appear modest, this is but one of six CT DCF Regions, and one of the less densely populated ones.

⁷ Farrell, A.F., Lujan, M., Britner, P.A., Randall, K., & Goodrich, S. (2012). "I am part of every decision": Client perceptions of engagement within a supportive housing child welfare programme. *Child and Family Social Work, 17*(2), 254–264.

⁸ For example, The Child Abuse Prevention and Treatment Act [(CAPTA), amended as PL 111-320, The CAPTA Reauthorization Act of 2010] requires states to report a range of child and family factors related to abuse and neglect. Additionally, a number of child- and family-oriented research and advocacy groups collect, monitor, and analyze data related to maltreatment

According to DCF,⁹ FY 2014 observed 30,577 accepted reports and allegations and 4,930 substantiations, for a rate of 16% (equivalent to what was observed in Region 3 during the pilot). If 21% of these cases were to evidence significant to severe housing concerns this would suggest 1,035 families with substantiated child protective services cases and significant to severe housing problems. An additional 641 families might present with moderate housing concerns. For the remainder of families referred, housing conditions either do not present a barrier to well being or operate as an asset.

This exercise in extrapolation is useful to the extent that it might assist the state in assessing and allotting resources with respect to housing and child welfare. Specifically, the CT DCF has allocated resources to state Rental Assistance Program (RAP) vouchers beyond what is available through Section 8 and Family Unification Program vouchers. The state typically experiences a long waitlist for SH services both due to limits in service capacity and restricted rental assistance within a state that is home to some of the most expensive housing corridors in the nation.

See below for project implications with statewide import.

Project implications. The use of the QRAFT appears to have increased the appropriateness of referrals for triage and can be replicated in support of project expansion. As recommended below, the QRAFT can assist in estimating likely number of project eligible cases in other regions. Likewise, when adopted outside of the randomized trial, universal screening will enable projections for the likely number of families who will benefit from SH and who may require housing subsidy/vouchers to attain stability, enabling an appraisal of statewide need. This information may help support the maximal expansion of the housing and child welfare demonstration and allow caseflow to move unhindered by limited access to vouchers. DCF and TCI have committed resources to support expansion beyond the federal funding and intended to produce maximal caseflow going forward. Assuming that expansion occurs with good implementation fidelity, the research aims of the demonstration are best supported by high enrollment in the randomized trial.

Over time, collecting and examining DCF data (e.g., Structured Decision Making, child and family well being, family reunification, preservation, recidivism, etc.) and service data (program engagement) may enable a clearer understanding of family needs and support a process for assigning families to different levels of service based on these appraisals, e.g., a differentiated response to SH needs in which screening and assessment enable triage into different levels of support. This notion, which has been under discussion with DCF and TCI for some time, has the potential to inform a more careful allotment of resources based on need. The QRAFT and other means of screening may inform a demonstration of differentiated SH assignment, however, this approach cannot feasibly be piloted within regions that are also part of the national demonstration.

⁹ CT DCF (2015). Town Pages: Number of accepted reports and allegations to DCF. Retrieved from http://www.ct.gov/dcf/lib/dcf/positive_outcomes/pdf/dcftownpages2014.pdf

XI. Recommendations

1. *Continue QRAFT in Region 3.* The consensus among DCF, TCI and the UConn evaluation team is to continue using the QRAFT and to expand its use.

One possible modification discussed was replacing the yes/no items on parent and child functioning with Likert-type items so that a slightly more elaborated picture of family functioning is available. There was no opportunity to pilot this approach, which would maintain the same number of questions and require social workers to select a score of 0-4 (not a challenge to significant challenge, as in current housing questions) rather than “yes/no” on two items. Some DCF staff expressed concern that this change to response option would be overly burdensome and time consuming and would be of unknown benefit; thus, they did not support the modification.

2. *Conduct in-depth analysis* of the screening process and how it relates to other processes and data.
 - 2a. Examine the small number of families (n=2) whose RAFT scores did not reach the referral threshold, but who were referred (and accepted into the project) because DCF staff considered them to be otherwise likely eligible. This may illuminate family attributes that are not currently tapped by the QRAFT and enable modifications.
 - 2b. In collaboration with TCI and DCF, through observation and documentation, develop a more formal protocol for completing the RAFT, such that a replication can be informed by a clear articulation of procedures. This will help ensure that there is fidelity to the intended use and will increase the likelihood of reliable and valid use of screening.
 - 2c. Obtain additional family data in order to examine whether the QRAFT relates to other, more detailed appraisals of family risks and assets, including: Structured Decision Making data (collected by DCF); the family assessment that is completed by TCI (which includes the RAFT, measures of parent and child functioning, and a biopsychosocial assessment); family engagement, program enrollment duration, and family outcomes. Some of these measures are proximal in nature and can enable a fairly prompt examination of the QRAFT, whereas others await family’s program enrollment across time.
3. *Expand use of QRAFT to the entire state, in the Investigations Units.* Using the QRAFT statewide will enable CT to approximate the overall prevalence of severe housing problems. This will be of assistance in planning for services, projecting demand for supportive housing services generally, estimating the proportion of cases that might be eligible for the housing and child welfare project, and enable estimates of voucher use. Additionally, it accomplishes a critical systems change objective of the federal

demonstration: applying a housing “lens” early in each family’s child welfare involvement.

4. *As planned, adopt the targeting and referral form that is currently used only in Region 3.* Currently, Region 3 is using a referral form that was developed for the housing and child welfare project (it appears in the Appendix). There is consensus that expanding the use of this form to all regions will enable a systematic approach to understanding family needs and, when used in combination with the QRAFT, permit a fuller examination of the effectiveness of the QRAFT.
5. *Provide orientation to DCF social workers to use both the QRAFT and the referral form.* In so doing, offer a rationale that portrays the demonstration project as only one part of the context for housing support, e.g., indicate that the QRAFT is a means of applying a housing lens early in each family’s child welfare involvement rather than presenting the QRAFT solely or primarily as a means of entering the housing and child welfare project (or the ISHF program). In addition, the QRAFT offers opportunity to “flag” parent and child strengths and difficulties that may inform case management regardless of whether the case is substantiated or not. There are as well logistical and resource concerns with respect to administration of the RAFT, collecting the data produced, and providing support and technical assistance. (Note that this pilot benefited from the presence of the ISHF project director at all three DCF offices.)
6. *Within the housing and child welfare demonstration, continue with the altered randomization ratio of 1:0:1 so as to permit referrals to enter PSHF.* This condition would continue until TCI can hire and train a new ISHF case manager, which would enable an additional seven slots to open, likely by the beginning of April 2015. This enhanced capacity would again force an alteration in the randomization scheme; assuming that these alterations are acceptable from the standpoint of analyses (and/or with corresponding adjustments), it is possible for the project to complete its case enrollment on schedule in spite of an initial slow start.

XII. Appendices

Appendix 1: QRAFT Version, Current

Appendix 2: Interview Questions (Manager, Social Worker Versions)

Appendix 3: Referral and Triage Packet

Appendix 4: Revised Caseflow Plan

APPENDIX 1: QRAFT

Quick Risk Assessment for Family Triage (Q-RAFT)

The Q-RAFT is a rapid way to assess the suitability of clients for housing and child welfare intervention. Please complete this form on all clients prior to a decision about substantiation. Return forms to your Supportive Housing Liaison. See instructions below.

Date: _____

Office: _____

LINK#: _____

Social Worker: _____

Phone#: _____

Social Work Supervisor: _____

Phone#: _____

Decision: Substantiation Unsubstantiated Family Assessment Response (FAR) Not Applicable

Transfer to Ongoing Services? Yes No Already Active CPS Case

Removal of Child(ren)? Yes No

Factor	0 Asset/Not a barrier	1 Mild barrier	2 Moderate barrier	3 Significant barrier	4 Severe barrier
1 Current Housing	<input type="checkbox"/> Safe, adequate, unsubsidized housing	<input type="checkbox"/> Safe, adequate, subsidized housing	<input type="checkbox"/> Stable, barely adequate; or costs unsustainable (>30% of income)	<input type="checkbox"/> Transitional, temporary or unsafe housing; exiting residential, hospital or institution; eviction notice	<input type="checkbox"/> Undomiciled (living on street, in car); shelter; homeless; property condemned
2 Housing Condition	<input type="checkbox"/> Housing is safe and adequate for family needs	<input type="checkbox"/> Safe, but future uncertain or threatened, or other barrier	<input type="checkbox"/> Marginally safe home, but maintenance needed, or stability unlikely, or neighborhood unsafe	<input type="checkbox"/> Potential for threat or harm; safety planning essential; unsustainable housing for any reason	<input type="checkbox"/> Unsafe; immediate danger/risk; CPS call; needs urgent safety planning; or chronic, severe problems
3 Housing History	<input type="checkbox"/> No significant history of housing problems before current episode	<input type="checkbox"/> Family factors pose barrier (e.g., family size, prior damage, instability, disability, language, income)	<input type="checkbox"/> 1 explainable eviction; head of household <18; no rental history; evictions/judgments in the past	<input type="checkbox"/> Chronic housing instability, for example, multiple shelter placements; 3 or more moves in the past year	<input type="checkbox"/> Two or more shelter stays; multiple episodes of being undomiciled; chronic homelessness; history of living on the street.
Comments:					

4. Is **domestic violence** currently present in household? Yes No

5. Does **parent** have current/past history of **mental illness, chronic health conditions, substance abuse,** or related difficulties? Yes No

6. Are there one or more **child(ren) with developmental, learning, behavior, and/or emotional problems?** Yes No

Comments: _____

Please submit this form to your Supportive Housing Liaison. If a family has a **score of 3 or 4** in any housing factor please refer the family by completing the Supportive Housing for Families referral packet. You will receive a follow-up contact from The Connection, Inc. when families score below 3.

Please check this box if you have submitted already or will submit a Supportive Housing for Families Referral Packet

Appendix 2: Interview Questions | DCF Staff



UConn Housing and Child Welfare Evaluation Team Questions for DCF Supervisors After QRAFT® Pilot

Instructions:

This is an informal conversation between you and the DCF supervisor. Introduce self, make sure the person knows who you are on the UConn team, ensure them that their comments will not be associated with them in any way, rather, that we will report general impressions about the use of the QRAFT as part of a report on its use so far. Ask them if they have a copy of the QRAFT handy for reference. Thank them for being willing to talk with you.

What have you heard from staff about their preparedness to complete the QRAFT? (prompts, as needed)

- time/effort required
- easy/difficult (if difficult, why?)

Has completing the QRAFT in Region 3 affected:

- engagement with the clients/families?
- the way staff are thinking about housing issues in their work with families?

What do you see as the purpose of having workers fill out a QRAFT on all new clients? (prompts)

- It helps DCF to look at families with a housing lens as early as possible (systems change)?
- It ensures that all eligible families are referred to the ISHF project in the prescribed time frame?
- It provides useful data on housing barriers and child welfare needs on all families at intake regardless of their eligibility in ISHF?

What are your thoughts about the ease of rolling the QRAFT out statewide?

- Do you think that DCF staff need additional training on its use?
- If so, how might this best be provided?

Is there anything else you'd like to add?

Thanks so much for taking the time to talk. We really appreciate your feedback and contributions.



UConn Housing and Child Welfare Evaluation Team
Questions for DCF Staff
After QRAFT® Pilot

Instructions:

This is an informal conversation between you and the DCF staffer. Introduce self, make sure the person knows who you are on the UConn team, ensure them that their comments will not be associated with them in any way, rather, that we will report general impressions about the use of the QRAFT as part of a report on its use so far. Ask them if they have a copy of the QRAFT handy for reference. Thank them for being willing to talk with you and explain that the conversation should be

About how many QRAFTs have you completed?

On average, how many minutes does it take you to complete a QRAFT?

How did you prepare to complete the QRAFT? How much time/effort was required?

How easy or difficult is it to complete a QRAFT on/with a family? [very easy, easy, neither, difficult, very difficult]. Please explain.

To what extent did completing the QRAFT affect your engagement with the client/family?

To what extent did the QRAFT process affect the way you think about housing issues in your work with families?

Did you learn anything about clients that you would not have normally known through the QRAFT process? Can you think of specific examples?

What are your thoughts about the ease of rolling the QRAFT out statewide? Do you think that DCF staff need training and if so, how might this best be provided?

Is there anything else you'd like to add?

Thanks so much for taking the time to talk. We really appreciate your feedback and contributions.

APPENDIX 3: REFERRAL AND TRIAGE PACKET***Supportive Housing for Families® Referral***

The Supportive Housing for Families® Program, is a voluntary program and is a partnership between The Connection, Inc. and its associated agencies and DCF, which provides eligible DCF clients with Intensive Case Management services. Through weekly home visits, apartment search assistance, advocacy, crisis intervention and referrals to counseling services as needed, the case manager assists the family to meet their needs and to accomplish the goals on their DCF service plan. Additionally, the program assists in locating permanent, safe and adequate housing and access to housing subsidies as available.

**To Make a Referral, please fax the following 6 pages and attachments to:
SHF® Admissions Department at 860-344-1542.**

- The SHF Referral Form completed on your computer by the referring DCF worker. Please do not hand-write referrals.
- Recent (within 30 days) state criminal record check(s) for the client and all other adults (18 years and older) who plan to reside with client
- The most recent DCF Case Plan and the DCF Release of Information must also be forwarded with the referral.
- Questions? Please check with your DCF supervisor or call The Connection, Inc. Intake and Admissions Department at 860.344.0682.



SUPPORTIVE HOUSING FOR FAMILIES®

Referral Form

Fax to: 860-344-1542

Referral Date		Referring Office:		DCF Region:	
Referring worker		Phone		Email	
DCF Supervisor		Phone		Email	
DCF Link #				Fax	

CLIENT CONTACT INFORMATION			
Name:	DOB:	SS#:	
Address:	Town:	State: CT	Zip:
Phone 1:	Type:		
Phone 2:	Type:		
One town in which client wishes to live:			

CLIENT DEMOGRAPHICS			
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Race:	<input type="checkbox"/> African American	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic/Latino
	<input type="checkbox"/> Hawaiian/PI	<input type="checkbox"/> Native Am /Alaskan	<input type="checkbox"/> Other
	<input type="checkbox"/> Asian	<input type="checkbox"/> Undisclosed	
Hispanic Origin:	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Mexican	<input type="checkbox"/> Cuban
	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> South/Central American	<input type="checkbox"/> Latino
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
Citizenship:	<input type="checkbox"/> Citizen	Immigrant: <input type="checkbox"/> Documented	<input type="checkbox"/> Undocumented
		Is any family member a citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Veteran Status (veteran in household?)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Primary language at home:	Primary language outside home:		

HOUSEHOLD BACKGROUND (Y) Yes, No (N), or Unknown (U)	Y	N	U
Is there a convicted sex offender in the household? If yes, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does anyone in the household have a pending conviction or conviction of running a methamphetamine lab? If yes, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a TPR or TOG planned or pending for ALL children: If yes, specify:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a pending felony or a non-drug related felony conviction within past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there a drug related charge for manufacturing, sales, distribution or possession with intent for these activities? If yes, has the individual completed an approved drug rehab program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOUSEHOLD BACKGROUND (Y) Yes, No (N), or Unknown (U)	Y	N	U
Is there a felony conviction for a violent crime within the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, has the individual completed an approved anger management program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the client been evicted from a housing authority property in the past 3 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was there an eviction prior to 3 years ago but the client still owes money to the HA?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT CHILD WELFARE STATUS			
Y	N		
<input type="checkbox"/>	<input type="checkbox"/>	Client has an open DCF case	
<input type="checkbox"/>	<input type="checkbox"/>	Substantiated report of abuse or neglect (most recent)	Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Child(ren) removed (most recent)	Date: _____
<input type="checkbox"/>	<input type="checkbox"/>	Prior abuse investigations	Number: _____
<input type="checkbox"/>	<input type="checkbox"/>	Prior neglect investigations	Number: _____
<input type="checkbox"/>	<input type="checkbox"/>	Prior foster care placements of any children in family	
<input type="checkbox"/>	<input type="checkbox"/>	Type of report (current): <input type="checkbox"/> Abuse <input type="checkbox"/> Neglect	
<input type="checkbox"/>	<input type="checkbox"/>	Case type (current): <input type="checkbox"/> Reunification <input type="checkbox"/> Family Preservation	
Number of children in household:		_____	Number of children in foster care: _____

CURRENT HOUSING STATUS			
Where is the family currently living?			
<input type="checkbox"/>	Private house/apartment of own (explain)		
<input type="checkbox"/>	With friends or relatives		
<input type="checkbox"/>	In place not designed for sleeping accommodation for human beings (e.g. car, park, abandoned building, bus or train station, airport, camping ground)		
<input type="checkbox"/>	Emergency shelter		
<input type="checkbox"/>	Transitional housing		
<input type="checkbox"/>	Hotel or motel		
<input type="checkbox"/>	Residential substance abuse treatment*		
<input type="checkbox"/>	Hospital (includes psychiatric hospitals)*		
<input type="checkbox"/>	Jail/incarcerated*		
<input type="checkbox"/>	Other, specify*		
*If client is an institution (Residential SA treatment, psychiatric hospital, jail/incarcerated):			
Location/Program:		Admit Date:	Discharge Date:
ADDITIONAL HOUSING QUESTIONS (Y) Yes, No (N), or Unknown (U)			
For each of the following questions, check (Y) Yes, No (N), or Unknown (U)			
	Y	N	U
Is the client currently receiving a housing subsidy? If yes, explain type and source:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing loss imminent within 7 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT HOUSING STATUS			
3 or more moves in past year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Currently living in condemned housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fleeing domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exiting residential treatment of any kind without access to stable housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family has had <i>at least one</i> past episode of living in any of the following: (a) on the street, in car, or other places not meant for habitation, (b) emergency shelter, (c) transitional housing, (d) hotel/motel, (e) institution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has client been evicted or asked to leave housing? If yes, how many days before they need to vacate housing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Severe Risk of Homelessness:			
The client owes the equivalent of three months of arrears in rent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lacks sufficient resources or natural support networks immediately available to prevent move to emergency shelter or otherwise become homeless. Please explain prior attempts and supports:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of moves in the past 60 days:	<input type="checkbox"/> unknown		

FAMILY NEED			
For each of the following questions, check Yes (Y), No (N), or Unknown (U)	Y	N	U
4 or more children in household	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youngest child is under 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least one child with a mental health, emotional, or behavioral problem Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At least one child with a developmental, learning, or physical disability Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household has previously received child protective services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary caregiver has a history of abuse or neglect as a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary caregiver was in foster care as a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2+ domestic violence incidents in past year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary caregiver has a history of criminal justice involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary caregiver has had a substance abuse issue within the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary caregiver has a chronic health condition (i.e. physical health problem that impacts daily functioning). Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary caregiver has a mental health concern/diagnosis. Describe:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOUSEHOLD FINANCES	
What is the combined annual household income?	\$

HOUSEHOLD FINANCES	
What is the source of the income?	
What is the monthly income? _____	\$
What is the client's current monthly rent?	\$

INSURANCE	Y	N	U
Client currently covered by medical insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOUSEHOLD COMPOSITION				
Will there be any other adults (age 18 or over) living in the household? Indicate name, DOB, SSN, and relationship to caregiver.			Y <input type="checkbox"/>	N <input type="checkbox"/>
Name	DOB	SS#	Relationship	

Children expected to live with client when housed with TCI: For "Current living situation" choose one of the following: *With Parent, Foster Care, Family Foster Care, Housed w/ Family, Residential Care, Safe Home, Star Home, Hospital, Removed from Home, or Incarcerated.* List from youngest to oldest.

	Name of child (last, first)	SEX (M/F)	DOB	Current Living Situation	Placement Date (or n/a)	Projected Reunification Date
1						
2						
3						
4						
5						
6						
7						

Parent and/or family have received or are in need of any of the following services?			
Service	Received or Receiving	When service began (and ended if appropriate)	Need
Housing Assistance	<input type="checkbox"/>		<input type="checkbox"/>
Individual Therapy/Counseling	<input type="checkbox"/>		<input type="checkbox"/>
Trauma-focused CBT (TF-CBT)	<input type="checkbox"/>		<input type="checkbox"/>
Child FIRST	<input type="checkbox"/>		<input type="checkbox"/>
Multi-Systemic Therapy (MST)	<input type="checkbox"/>		<input type="checkbox"/>
Family Based Recovery	<input type="checkbox"/>		<input type="checkbox"/>
Triple P (Parenting)	<input type="checkbox"/>		<input type="checkbox"/>
Home Visiting (e.g. Nurturing Families)	<input type="checkbox"/>		<input type="checkbox"/>
Vocational/Employment Assistance	<input type="checkbox"/>		<input type="checkbox"/>

Parent and/or family have received or are in need of any of the following services?			
Head Start	<input type="checkbox"/>		<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>		<input type="checkbox"/>
Substance Abuse Services	<input type="checkbox"/>		<input type="checkbox"/>
Domestic Violence Services	<input type="checkbox"/>		<input type="checkbox"/>
Supervised Visitation	<input type="checkbox"/>		<input type="checkbox"/>
Family Reconnection Services	<input type="checkbox"/>		<input type="checkbox"/>
Other:	<input type="checkbox"/>		<input type="checkbox"/>
	<input type="checkbox"/>		<input type="checkbox"/>

ATTACHMENTS		
Applications without these 4 items will be considered incomplete and may delay services.	Y	N
(1) State Police criminal check for ALL adults who will be a part of the household (done within the past 30 days). <i>This is required for all individuals 18 and over to confirm initial eligibility for housing.</i>	<input type="checkbox"/>	<input type="checkbox"/>
(2) The most recent DCF treatment plan is attached. <i>This is required for all referrals to assist in determining eligibility and to provide information about service needs.</i>	<input type="checkbox"/>	<input type="checkbox"/>
(3) Has a completed and legal Release of Information been sent with the referral inclusive of parents and all children?	<input type="checkbox"/>	<input type="checkbox"/>
(4) Did the client sign the consent to release their information to the survey firm (RTI)? (Urban Institute form). Send consent form.	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX 4: REVISED CASEFLOW PLAN

CT Demonstration Project - Housing and Child Welfare

Projected Referral Rates,
Project Capacity, and Census

COMMENTS

Revised February 2015

This sheet presents census (# cases enrolled) within ISHF and PSHF and notes the number of cases in the BAU comparison group. It assumes that the project expands to Region 4 beginning July 1, 2015. As well, the project may expand beyond that as stated in the IP. The project targeting and referral form will be adopted statewide in March of 2015. In June 2015, Region 4 will begin using the QRAFT to screen all new cases.

QUARTER		January - March 2015		April - June 2015		July - September 2015		October - December 2015		January - March 2016	
NOTES:		ISHF Fills to Capacity; Clients randomized to PSHF and BAU until April 1 when R3 capacity increases		New ISHF CM Starts in R3, allowing clients to be randomized to ISHF.		Region 4 opens up with 2 ISHF CMs, 3 PSHF CMs, and 1 vocational specialist, increasing caseload capacity.		Clients begin discharging in Region 3; assuming 6 this quarter in ISHF and 7 in PSHF		Project reaches and exceeds full enrollment in the first quarter of 2016. With projected project enrollments averaging 18m, this enables families to be followed through the end of the project.	
	Program	Census	To Date	Census	To Date	Census	To Date	Census	To Date	Census	To Date
Region 3	ISHF	21	21	27	27	28	28	28	34	28	40
	PSHF	20	23	24	27	24	27	24	31	24	38
	BAU	44	44	52	52	53	53	65	65	77	77
Region 4	ISHF	-	-	-	-	6	6	12	12	14	14
	PSHF	-	-	-	-	6	6	12	12	18	18
	BAU	-	-	-	-	12	12	24	24	36	36
Total Served	Program	IP Projection	To Date	IP Projection	To Date	IP Projection	To Date	IP Projection	To Date	IP Projection	To Date
	ISHF	33	21	39	27	39	34	45	46	50	54
	PSHF	40	23	48	27	48	33	50	43	52	56
	BAU	73	44	87	52	87	65	95	89	102	113

Assumptions

	Region 3	Region 4
Randomized cases per month	6	8
Avg Length of Stay (projected)	18m	18m
Capacity:		
ISHF (client:case manager ratio)	21 (7:1)	14 (7:1)
PSHF (client:case manager ratio)	24 (12:1)	24 (12:1)

Served to date numbers are presented along with the original target numbers in the IP (Census/IP).

This plan enables the project to meet (and surpass) enrollment goals stipulated in the Revised Implementation Plan.