Pay for Success & Partnering for Family Success

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The Cuyahoga County Pay for Success Team has an “A-List” Roster of Local and National Partnerships

<table>
<thead>
<tr>
<th>Local Service Providers</th>
<th>Local Funders</th>
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<tbody>
<tr>
<td>Domestic Violence &amp; Child Advocacy Center</td>
<td>SISTERS OF CHARITY FOUNDATION OF CLEVELAND</td>
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<tr>
<td>Emerald Development &amp; Economic Network, Inc.</td>
<td>CASE WESTERN RESERVE UNIVERSITY</td>
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<td>famicos FOUNDATION</td>
<td>CLEVELAND Foundation</td>
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<tr>
<td>COUNTY OF CUYAHOGA</td>
<td>THE GEORGE GUND FOUNDATION</td>
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<tr>
<td>FrontLine Service</td>
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<td>CMHA</td>
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<table>
<thead>
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<th>National Service Providers &amp; Funders</th>
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<tr>
<td>TRF</td>
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<td>Nonprofit Finance Fund</td>
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The Pay for Success Model

STEP 1: GOVERNMENT
Identifies a critical social issue with historically poor outcomes such as recidivism, chronic homelessness, or early childhood education.

STEP 2: PRIVATE FUNDERS
Such as foundations, banks, and businesses, provide upfront capital to a high-performing social service provider that is helping a specific, at-risk target population.

STEP 3: SERVICE PROVIDERS
Deliver services to key at-risk communities, in an effort to reach or exceed predetermined outcomes for success.

STEP 4: EVALUATOR
Rigorously measures outcomes to ensure providers achieve impact.

STEP 5: GOVERNMENT
Repays private funders initial investments only if project is successful in achieving positive outcomes.

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Pay for Success is Everywhere!

Projects Launched (in Implementation)
1. Massachusetts – Justice & Recidivism
2. Cuyahoga County, OH – Homelessness/Child Welfare
3. Santa Clara County – Chronic Homelessness
4. New York City (Rikers Island) – Recidivism
5. New York State (CEO) – Recidivism/Workforce Development
6. City of Chicago, IL – Early Childhood Education
7. Salt Lake County/Utah – Early Childhood Education
8. Massachusetts – Chronic Homelessness Reduction

Project Construction
1. State of New York State – Juvenile Recidivism
3. Santa Clara County – Acute Mental Health
5. Salt Lake County PFS Initiative – (1) Homelessness, (2) Child & Maternal Health, and (3) Criminal Justice
6. Denver, Colorado – Homelessness
7. Commonwealth of Massachusetts – Adult Basic Education
8. State of South Carolina – Health (Pre-natal Care)
What Factors Guide us to Pursue a PFS Initiative?

PFS presents a unique opportunity when the following factors are present:

- A significant, unmet social need
- A well-defined and measurable target population
- A service provider whose method is proven and has capacity to scale
- Government leadership displayed at the local/state/federal level
- Demonstration that fiscal savings are available for the government
- Credible administrative data that is available and inexpensive to collect
- Ability to work with independent evaluators

Given the rigorous standards required for PFS projects, the model is not appropriate for every social program.
Pinpointing Child Welfare as Service Area

LANDSCAPE ANALYSIS

• Child Welfare stood out as an area to pursue a PFS project for the following reasons:
  ❑ Mental and Behavioral Health for Young Adults was determined to be an area of high need and savings for the County with $119 million in associated County budget areas
  ❑ $53 million of the $119 million associated budget areas were estimated to stem from our county HHS levy (DCFS Board & Care)

RFR PROCUREMENT

• County received 17 provider responses on serving youth and reuniting families with child welfare involvement

• After a two-phase RFR evaluation process, the County signaled it would explore a pilot related to mothers in the homeless system with child welfare involvement with the following partners:
  a. FrontLine’s response on reuniting DCFS-involved families through CTI and Trauma-based treatments
  b. CWRU’s analysis of the families in the homeless system and their involvement with the Child Welfare system our job is to find the target group
Mapping the Target Population with Data

1618 mothers in HMIS
N 2010= 1546
N 2012= 1690

1327 mothers target age
N 2010= 1232
N 2012= 1409

Mothers are in SACWIS and children are not in foster care.

We know that 7% of these children will end up in foster care, but we don’t know how to target them.

2010 mothers = 43 (7%) = 88 children
2012 mothers = 15 (2%) = 32 children

703 mothers with system-involved children

647 mothers with at-risk children

56 mothers with OHP children

45 mothers

~50 mothers

Do you have children < 18, not in permanent custody, at time of intake, in SACWIS or HMIS?
N 2010= 665 (54%)
N 2012= 747 (53%)

Do you have at least one child <18 years old, in out of home placement at time of intake?
N 2010= 56 (8%)
N 2012= 52 (7%)

Need a robust measure of the size of this target group and the children’s length of stay in foster care.
# Data Match for N HMIS-Foster Care Mothers*

<table>
<thead>
<tr>
<th>Monthly unduplicated number of new eligible mothers, 2012</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>Total</th>
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<tr>
<td>2010</td>
<td>9</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>7</td>
<td>9</td>
<td>11</td>
<td>5</td>
<td>6</td>
<td>6</td>
<td>3</td>
<td>4</td>
<td>69</td>
</tr>
<tr>
<td>2011</td>
<td>9</td>
<td>6</td>
<td>5</td>
<td>8</td>
<td>5</td>
<td>10</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>12</td>
<td>75</td>
</tr>
<tr>
<td>2012</td>
<td>3</td>
<td>5</td>
<td>4</td>
<td>2</td>
<td>5</td>
<td>6</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>47</td>
</tr>
<tr>
<td>average</td>
<td>7</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>7</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>7</td>
<td>63</td>
</tr>
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</table>

*Mothers who had a child in placement at the end of the month, and were in HMIS any time in that same month.

2011 mothers not in 2010, 2012 not in 2010 or 2011
In Cuyahoga County, Homelessness Contributes to a Longer Foster Care Length of Stay for Vulnerable Children

Cuyahoga County has a growing number of homeless families.*

With FrontLine’s Intervention, the County will improve its ability to reunify mothers with their children.

The average out-of-home placement stay for children from homeless families is 2.35 years or 858 days**

61% of children are under the age of 5***

88% of children are African American***

* Source: Cuyahoga County Office of Homeless Services; 2014. Continuum of Care Resources;
**Source: Case Western Reserve University; 2014. CWRU conducted a file dive in of 75 cases in the Cuyahoga County Department of Children and Family Services where the homeless spell began before placement of the child.
*** Source: Case Western Reserve University; 2014. CWRU analysis looked at children entering OHP in 2010, not in permanent care at beginning of spell, mother aged 18-54.
Serving a Small, Specialized Population by Getting Systems to Speak with Each Other in Coordinated, Real-Time Way

<table>
<thead>
<tr>
<th>From…</th>
<th>…to</th>
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<tbody>
<tr>
<td>Limited ability to know the overlap in population with OHS</td>
<td>Integrated data to show exact overlap and staff person to coordinate services between agencies</td>
</tr>
<tr>
<td>Limited ability to know the overlap in population with DCFS</td>
<td>New data-sharing agreement with County; access to integrated data and services with DCFS</td>
</tr>
<tr>
<td>Limited ability to know the overlap in population with DCFS</td>
<td>Becoming housing partners in comprehensive effort to boost family reunification</td>
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<tr>
<td>Unsure how to support reunification</td>
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- **Division of Children and Family Services**
- **Office of Homelessness**
- **Domestic Violence Shelter**
- **Cuyahoga Metropolitan Housing Authority**
What We Know about Homelessness and Foster Care

• Strong and bidirectional relationship between foster care and homelessness
• Foster care rate for homeless children is more than 34 times the rate of same-aged U.S. children (Zlotnick, 2009)
• Related to co-occurrence of mental illness, substance abuse, trauma and family violence
What do we know about Typical Case Plans for these families?

Visitation 1 x per week
Counseling 1 x per week
Parenting classes 1 x per week
Outpatient treatment 1 x per week
12 step program 2 x per week
Drug testing 2 x per week

A Perfect Storm

HEAVILY LOADED CASE PLANS

PARENTS' PROBLEMS

SERVICE ACCESS
- Availability
- Transit
- Cost
How can we better coordinate our “help”? “colocation”
How Could We Reach These Families Differently?

On an Annual Basis

Referral Point

Domestic Violence Shelter

90 mothers

50/50 Randomization Takes Place

45 Mothers
Control Group

Referral Point

Norma Herr Women’s Shelter

45 Mothers
Treatment Group

• Integrate data system to highlight population overlap
• Facilitate access to housing through housing resources
• Provide customized housing support using evidence-based Critical Time Intervention
• Provide customized trauma support as prescribed by FANS-TEA assessment
• Reunify families quicker or accelerate decision to place child with alternative permanent family

FrontLine Service
Reaching out. Resolving crisis.

CMHA

Other Housing Providers
Pay for Success Evaluation Design

- 5-year Randomized Control Trial under an Intent-to-treat model
- 3-year enrollment period; 5-year observation period
- 270 mothers eligible over 3 years
  - ~135 mothers will be in treatment group
  - ~135 mothers will be in control group
  - 97% forecasted consent
  - 20% annual attrition
  - 25% anticipated reduction in foster care length of stay for children
- Impact will calculated by a weighted 5-year average at project windup (Q21) as well as analysis completed throughout the project

So what services will they get?
Introduction to FrontLine Service

FrontLine operates the most comprehensive single-agency continuum of care services for homeless people in Ohio, serving more than 25,000 adults and children each year. FrontLine is the sole provider of 24-hour mobile crisis intervention in Cuyahoga.

**Homeless Continuum**
- Homeless Outreach
- Homeless Prevention and Diversion
- Emergency Housing
- Transitional Housing
- Permanent Supportive Housing
- Supportive Services

**Overcoming Trauma**
- Cuyahoga County Defending Childhood Initiative
- Children Who Witness Violence (CWWV)
- Traumatic Loss Response Team (TLRT)
- DCFS Child and Family Focused Services

**Resolving Crisis**
- The Mobile Crisis Team
- 24/7 Mobile Crisis Hotline
- Crisis Intervention Services
- Crisis Stabilization Unit
- Crisis Chat
The Logic Behind our Intervention Design

Collaboration will engage families, improve services, and encourage timely decision making.

**Problem**
- Parents in these families experience high rates of family violence, mental health concerns, substance abuse, trauma and housing instability.
- Children may also experience trauma.
- Parents may have insufficient income and/or knowledge about how to rent an apartment.
- Child safety and parenting concerns are exacerbated

**Tools**
- Permanent/Temporary Supportive Housing
- Critical Time Intervention
- Case management
- 24 hour mobile crisis hotline
- Trauma Services: Child Parent Psychotherapy; Trauma Adapted Family Connections; Trauma–Focused Cognitive Behavioral Therapy; Cognitive Behavioral Therapy

**General Outputs**
- Families have stable housing
- Basic needs are met
- Reduced Family crises
- Strengthened Parent-child relationships
- Increased child safety

**Short-term Outcomes**
- Reduced trauma symptoms
- Families remain housed for 3-6 months
- Parenting competency improves
- Family Functioning improves

**Long-term Outcomes**
- Decrease the length of time children spend in foster care
- Increase the safe reunification of children with their families
- Finalize other permanent living arrangements
- Prevent reentry into the foster care system.
- Improve family functioning, housing stability and access to income.
FrontLine’s 12 -15 Month Intervention Plan for Families

0

Case Assignment

1

Engage

2

Pre-CTI

3

Critical Time Intervention

4

Comprehensive Assessment

5

Cognitive Behavioral Therapy (CBT)

6

Trauma Focused-CBT

7

FANS-Trauma Assessment

8

Trauma-Adapted Family Connections

9

Child-Parent Psychotherapy

10

Ongoing DCFS Case-management & Oversight

11

12

13

14

15
Critical Time Intervention (CTI)

- Evidence-based psychosocial intervention to reduce risk of homelessness for vulnerable populations (Herman & Mandiberg, 2010; SAMHSA, 2014)

- Strengthens ties to range of supports (formal services, family, friends)

- Time-limited (9-12 mos) direct emotional (e.g., relaxation skills) and practical support (e.g., parenting skills) while transitioning to housing.

- Attempts to shore up the continuum of care during transition while primary responsibility gradually passes to community supports.
CTI (Herman & Mandiberg, 2010)

- Phase 1: *Transition to Community* focuses on providing intensive support and assessing existing resources (at least weekly visits)

- Phase 2: *Tryout* focuses on evaluating and modifying the systems of support that were developed in Phase 1 (less regular visits)

- Phase 3: *Transfer of Care* is devoted to transferring care to community resources that will provide ongoing support for the Client.
Trauma Adapted-Family Connections (TA-FC)

• Six-month, manualized, family- and trauma-focused practice to reduce risk factors for child maltreatment, bolster protective factors, improve child safety, and foster family cohesion (Collins et al., 2009; National Child Traumatic Stress Network, 2014).

• All families receive a comprehensive family assessment, emergency assistance, service plan, advocacy, and coordinated referrals

• TA-FC families show significant reductions in caregiver/child trauma symptoms and parenting stress and improvements in caregiver well being (National Child Traumatic Stress Network, 2014)
Trauma Adapted Family Connections

**Phase 1**
- Engagement
- Assessment
- Enhancing/Building Emotional and Physical Safety
- Service Plan

**Phase 2**
- Family Psychoeducation
- Emotion Identification and Affect Regulation
- Building Family Cohesion and Communication-Strengthening Family Relationships

**Phase 3**
- Family Shared Meaning of Trauma
- Case Closure and Endings

Meaning Making
- Transparency
- Reflection
- Collaboration

NCTSN, 2014
Partnering for Family Success
Client Story:

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Ashley Hovancsek
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Carrie Wagner
cwagner@enterprisecommunity.org