



# ONE ROOF

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WELCOME



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# WE HAVE PRESSING PROBLEMS

Homeless families...child welfare involvement...

01

Children separated from their parents or aging-out of care

02

Experiencing higher risk for impaired intellectual growth

03

Resulting in mental health problems, substance use, intergenerational poverty, adult homelessness, chronic medical issues, & early death



# THE COSTS ARE GROWING

Taxpayers pay for expensive crisis interventions & children grow into high-risk adults who often have families of their own involved with child welfare

## Families Experience Multiple Complex Needs

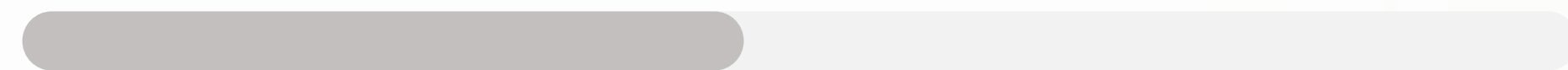
**60%** have mental health issues



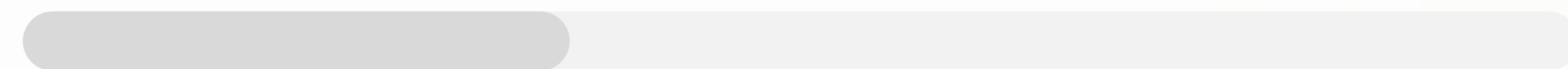
**50%** have history of substance use



**46%** have criminal justice involvement

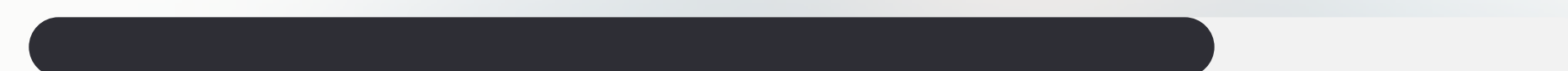


**38%** experienced domestic violence

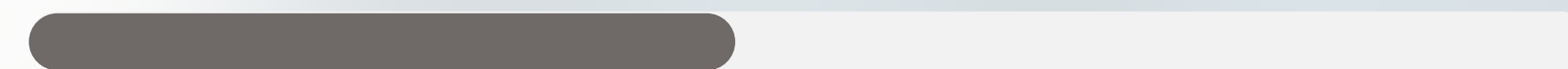


## High Rates of Recurring & Inter-Generational Child Welfare Involvement

**73%** had prior reports of abuse or neglect



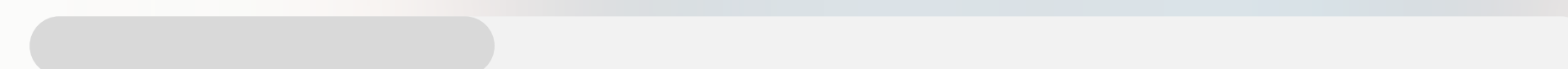
**42%** had a history of child welfare services



**54%** of primary caregivers had a history of abuse or neglect as a child



**25%** of primary caregivers experienced foster care as a child





# WE HAVE THE SOLUTION

It keeps families safely & stably housed together under **One Roof**

01

Bring local child welfare & housing agencies together

02

Provide supportive housing for families struggling with multiple challenges including homelessness & open child welfare cases

03

Save taxpayers money by maintaining or reuniting children with their families in stable, safe homes





# KEEPING FAMILIES TOGETHER

Housing with customized supports

Partners with local governments,  
non-profits & community groups

Identifies, houses, & provides  
services to homeless families  
involved in the child welfare system







# Family Context Indicates Need for Collaboration

High rates of homelessness and housing instability:

- 41% literally homeless
- 35% unstably housed
- 45% have history of frequent moves
- 42% have history of past literal homelessness

Across sites, primary caregivers have high needs:

- High rates of mental health issues (58%)
- High rates of substance use (48%)
- High rates of criminal justice involvement (49%)
- High rates of domestic violence (32%)
- High rates of children with high needs (27%)



# High Rates of Recurring Child Welfare Involvement

- **73%** had prior reports of abuse or neglect
- **42%** had a history of child welfare services
- **54%** of the primary caregivers had a history of abuse or neglect
- **25%** of primary caregivers had experienced placement in foster care as a child.



# COMPONENTS OF PSH

- Resident pays no more than 30 percent of income for rent and utilities
- Resident has a lease
- Services are flexible
- Services are resident-driven they write their story
- Services are voluntary
- Level of services and need changes over time
- Community integration



# HOUSING FIRST PRINCIPLES

- Safe and affordable housing
- All people can achieve housing stability in permanent housing; supports may look different.
- Everyone is “housing ready”
- Improved quality of life, health, mental health, and employment can be achieved through housing
- Right to determination, dignity and respect
- Configuration of housing and services based on participants needs and preferences



# SUCCESSSES & OUTCOMES

Families stay together, reunify, maintain stability, thrive



**100%**

of families with  
children in foster care  
were reunited

**25** more days  
of school  
attended



**87%**

reduction in abuse  
and neglect cases

Reduced homeless  
shelter use by

**491**

days per family,  
2 years after the pilot

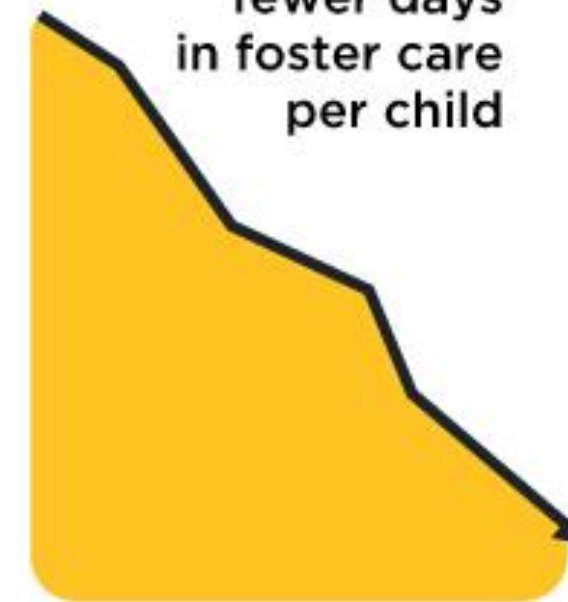


**90%**

of families stayed in housing

**415**

fewer days  
in foster care  
per child



**\$16,000**

saved per family per year



ACTIVITY



1.

•Family Service Association Case Manager

2.

•Public Welfare Office Staff

3.

•Work One Associate

4.

• Sunshine Day Care Center Program Manager

5.

• Any Where Community College Admissions Liaison

6.

•Department of Child Services Case Worker

7.

•Molly/mom

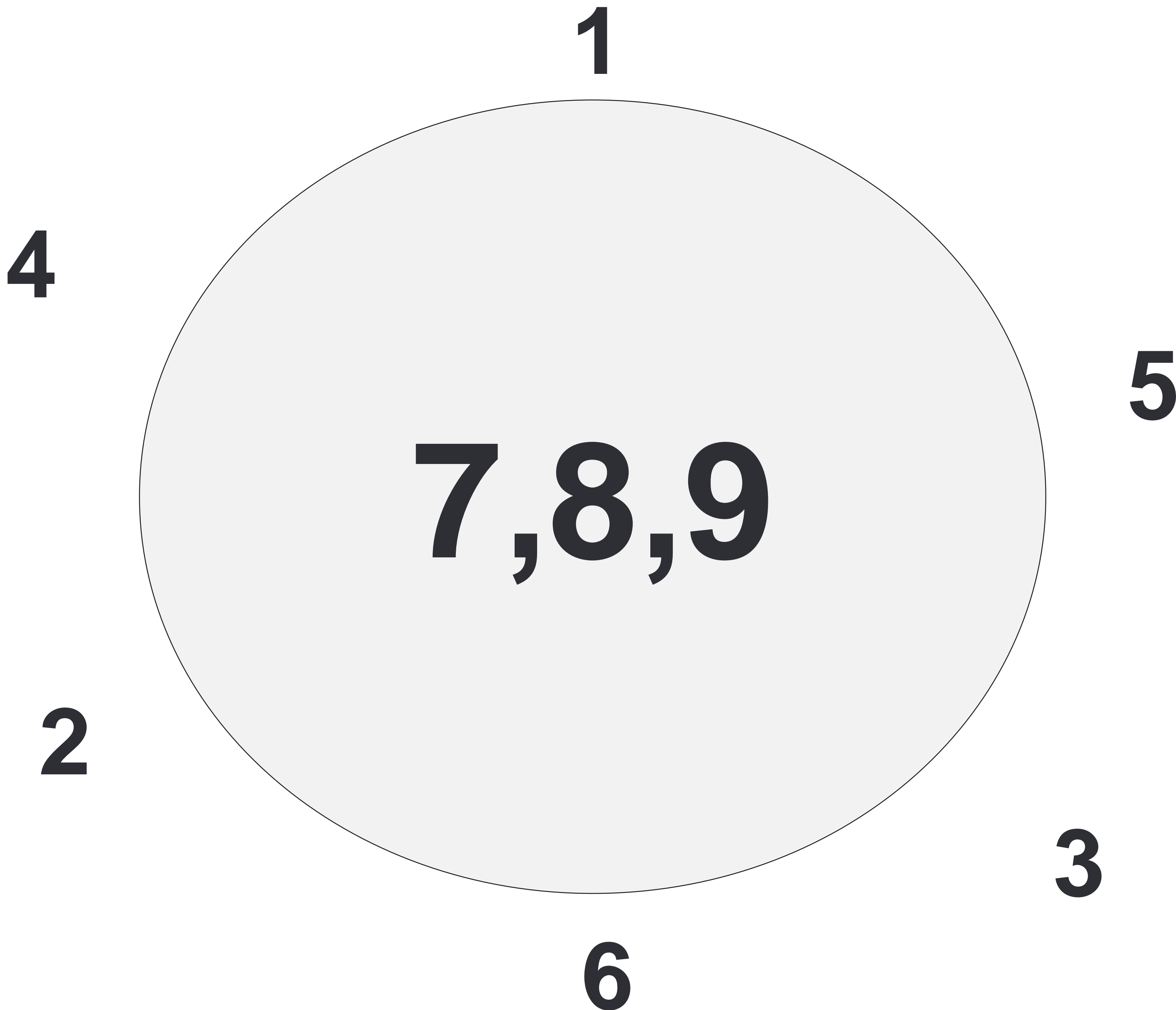
8.

•Bridgett/child

9.

•Jamie/child





# Questions

1. What is happening here? What do you notice by looking at the pattern of the yarn?
2. Molly, Bridgett, Jamie – what was this experience like for you?
3. How can the providers in this circle better support a path to permanent housing for this household?
4. What players who are not in this circle may exist and be supportive to this family?
5. What thoughts do you have on coordination between partners and the household?
6. How does choice fit into this hypothetical scenario? In what ways may a lack of choices hinder a survivor of abuse?
7. Other reactions to this exercise?



# Example

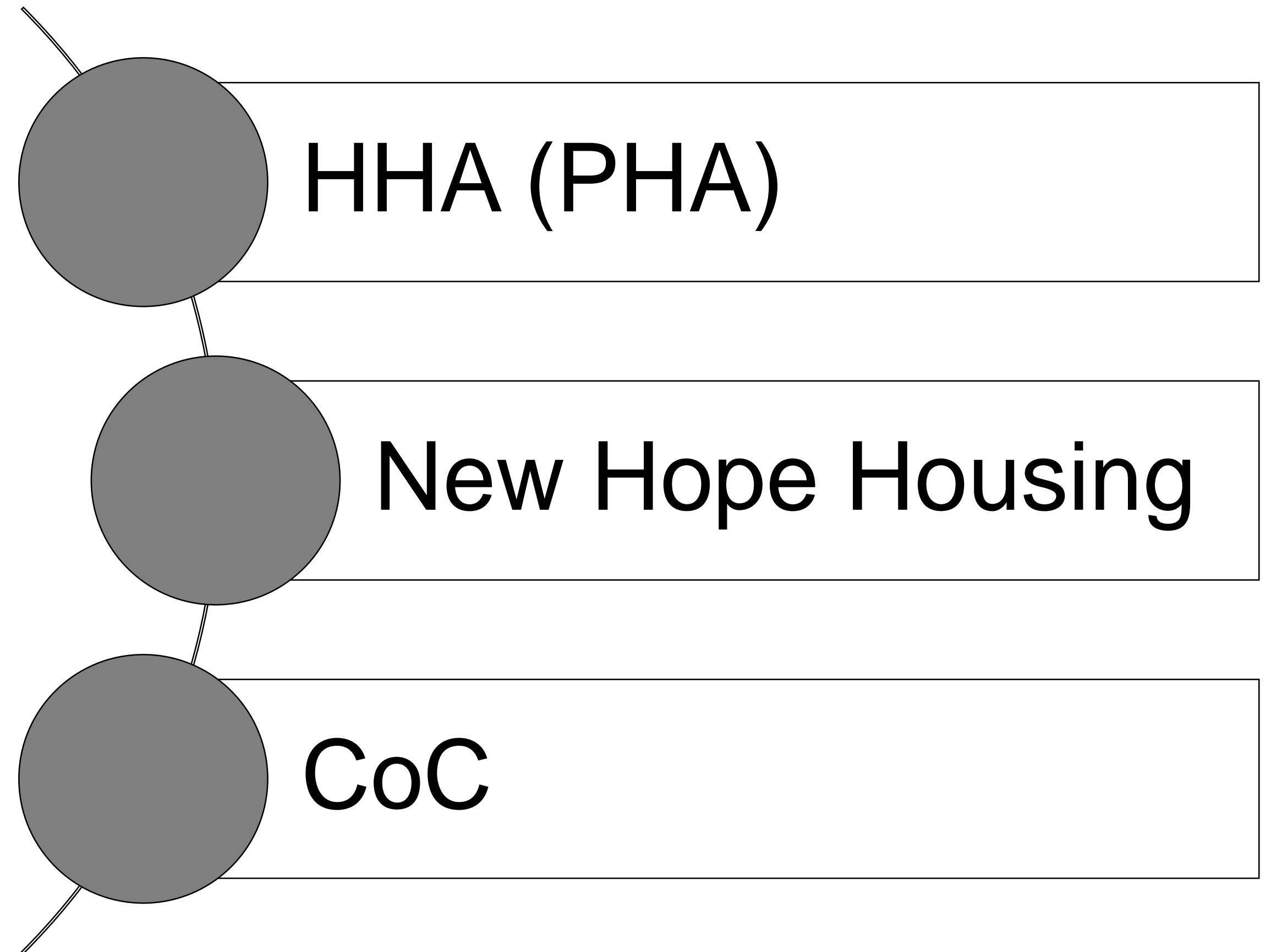
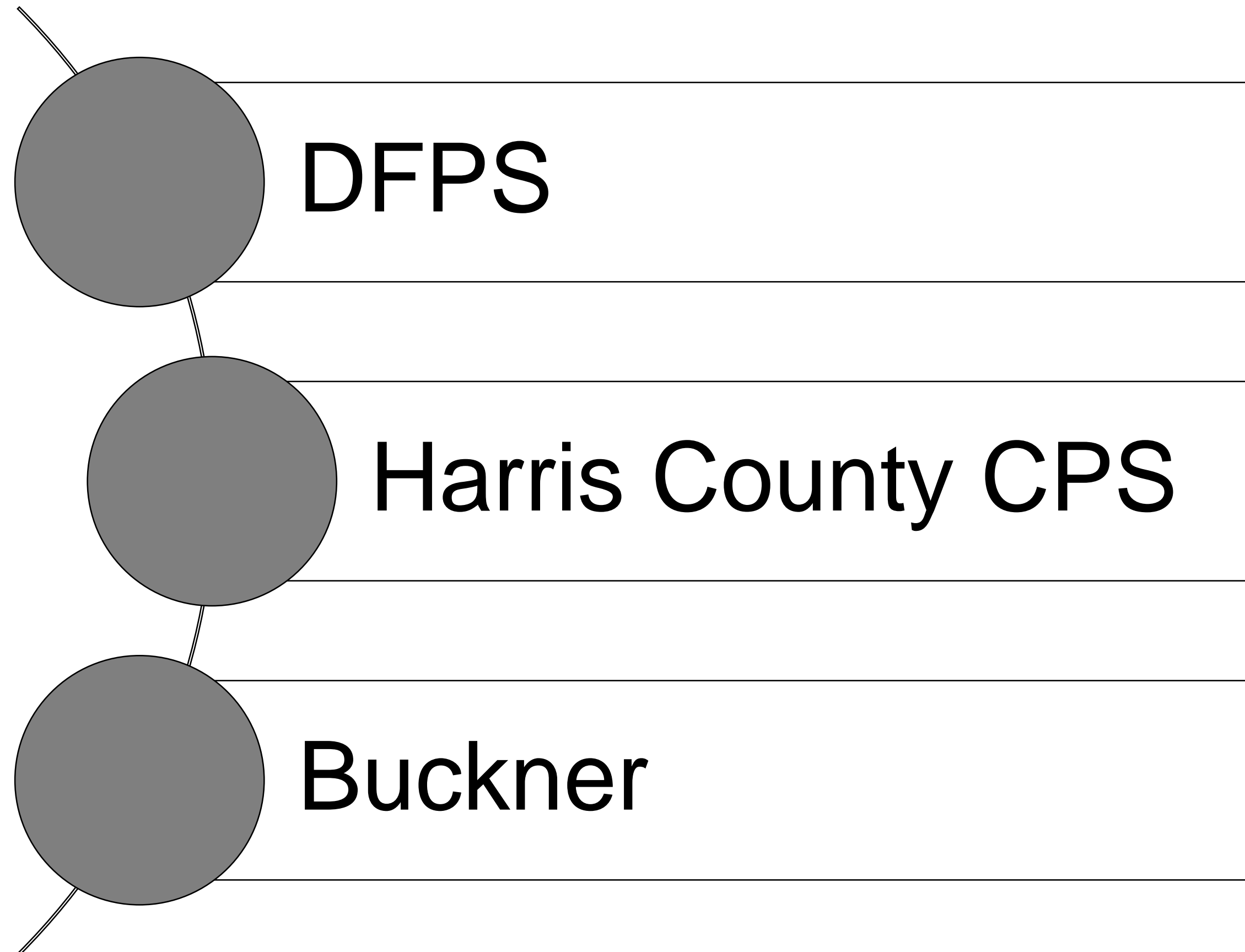






# Partners

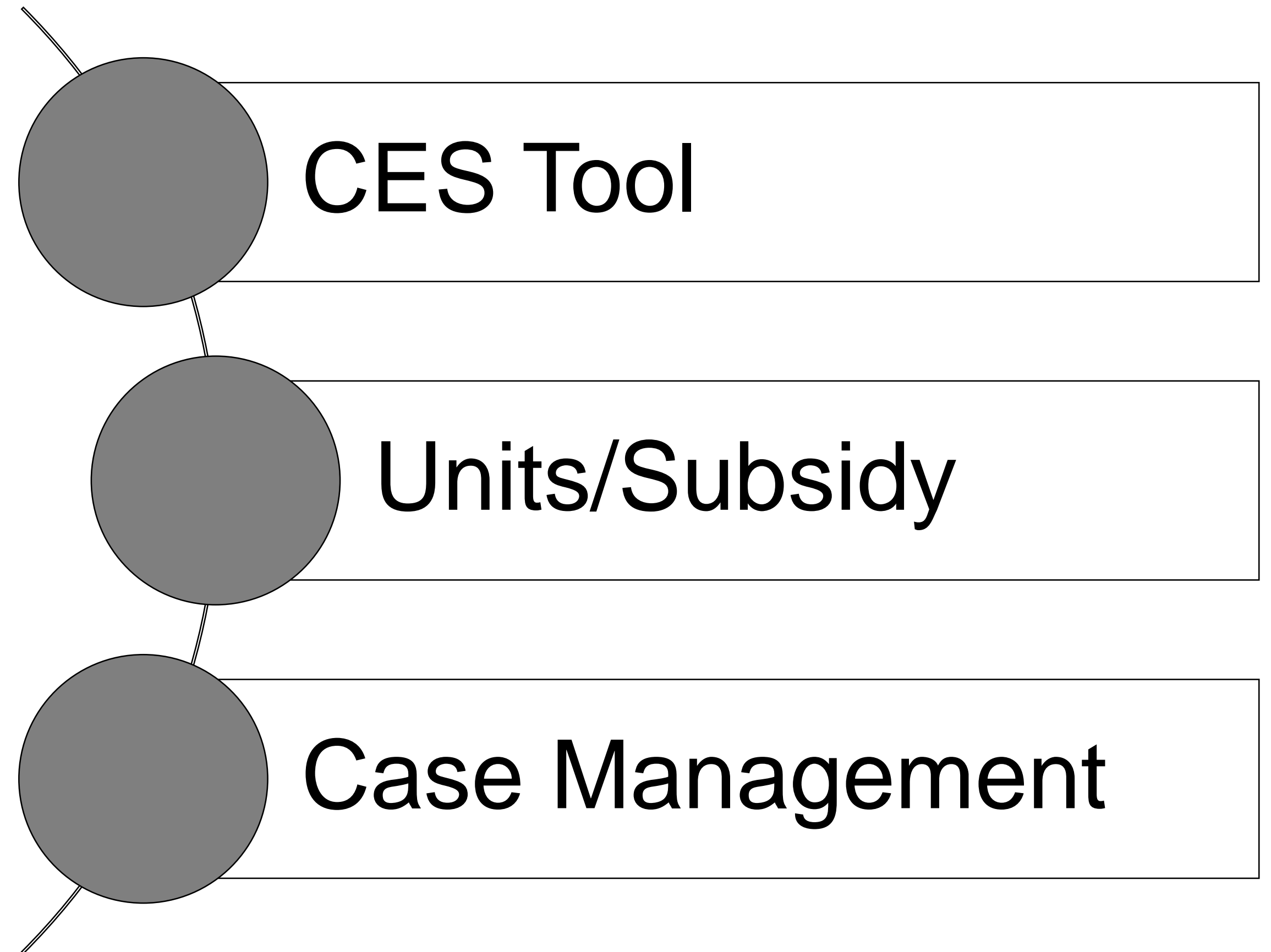
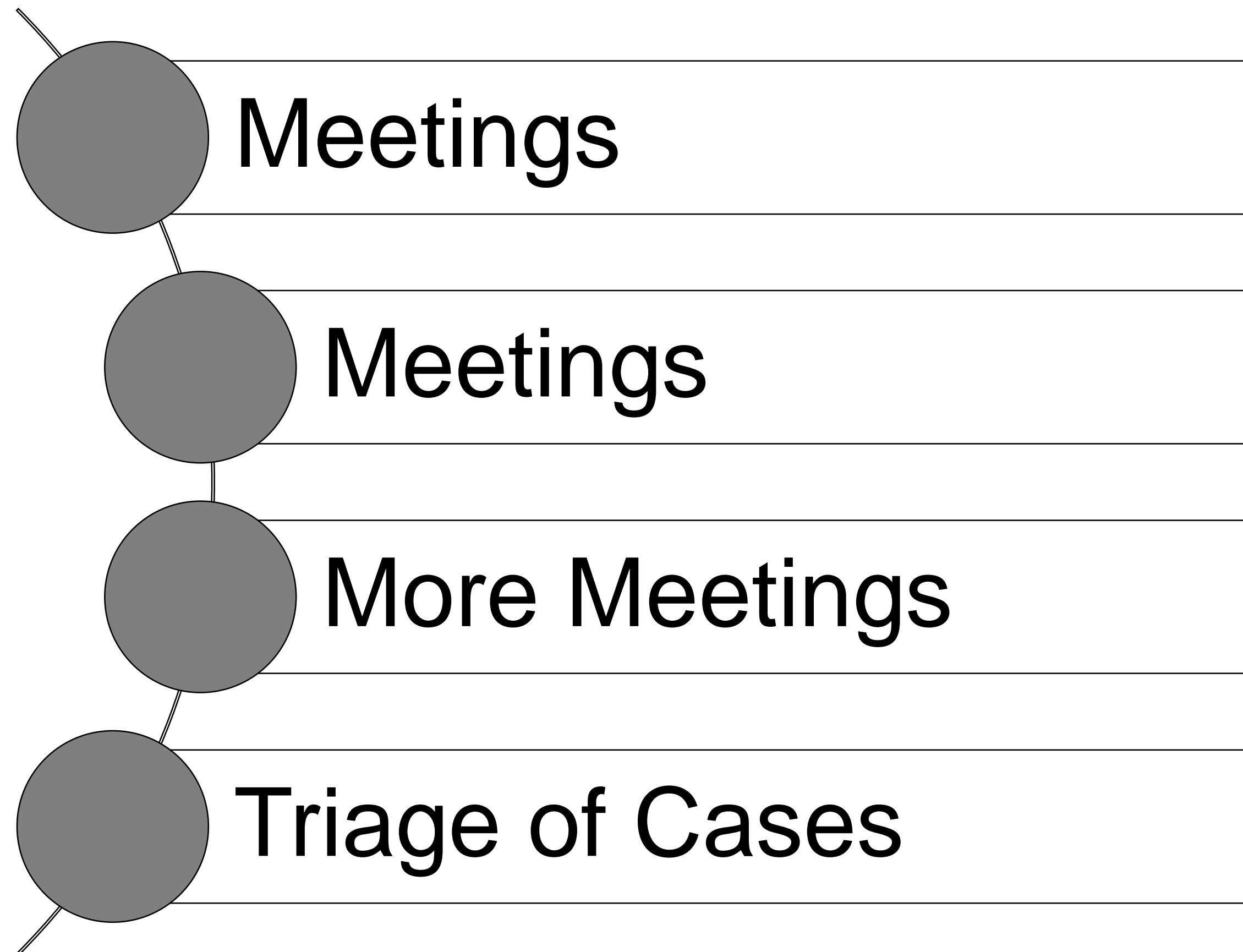
It takes a team





# Beginning steps

It takes a team



# NOW

We lease!!!!!!

## Weekly Meetings

Who

- All partners

When

- Weekly

Where

- At the property

Why

- Because this is NEW





**Missing Documents**

**Basic Needs**

**Cribs**

**Lease**

**Homeless Documentation**

**Referrals**

**Rules**

**Furniture**

**Inspections**

**PHA Process**

**Reasonable Accommodation**

**First time having own apartment**

**New Language**

**School**

**Food**

**What it means to be a good tenant**

**Tenant Portion**

**Coordinated Access**

**Open cases**

**Timelines**

What words/word phrases come to you when you think of partnerships between child welfare and housing systems?



ACTIVITY







THANK  
YOU

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