

# STRONG FAMILIES

The following appendices document progress made on the Commission goal area of Strong Families. This includes two funding subcategories:

- Homeless Prevention
  - Family Support Services
-



APPENDIX 6:  
HOMELESS PREVENTION  
FY 15/16

# Children and Families Commission of Orange County Homeless Prevention Report

*This program report describes the Commission's investments in the Homeless Prevention program and the outcome of those investments. It also documents the current state of homelessness and the Commission's actions, programs and recommendations to maintain a priority focus on this targeted and vulnerable population given the extreme negative consequences for young children, if left unaddressed.*

## Background

The National Center on Family Homelessness' most recently published report describes a staggering statistic of one in 30 children experiencing homelessness in America each year. In Orange County specifically, 31% of all homeless households consisted of families with children under the age of 18.<sup>7</sup> Looking at another data point from the Orange County Department of Education, which identifies homeless children from pre-k through 12<sup>th</sup> grade, there were 1,232 children living in an established shelter, 1,052 living in motels, and 247 living in their parent's vehicles or in parks or campgrounds.<sup>8</sup> Additionally, in fiscal year 2015/16, there were 490 unduplicated households (including 1,624 unduplicated clients) with at least one child younger than age six served by emergency shelters, transitional housing, street outreach, or services as documented in the county's Homeless Management Information System.<sup>9</sup> Although there are many paths to homelessness and not all homeless families fit the stereotype, the typical homeless family consists of a young single mother in her late twenties and two children, one or both usually younger than age six.<sup>10</sup> Lack of affordable housing, poverty and unemployment are the leading causes of homelessness for families with children.<sup>11</sup>

While the economy has experienced overall improvements as the nation recovers from the Great Recession, primary challenges experienced by lower-income populations remain. The National Alliance to End Homelessness found, "the pool of people at risk of homelessness, those in poverty, those living with friends and family, and those paying over half of their income for housing, has remained high."<sup>12</sup> Additionally, the host of negative consequences as a result of homelessness is great. Homeless children are sick four times as often as other children, experience acute and chronic health problems at much higher rates than other children, and have emotional and behavioral problems such as anxiety, depression, withdrawal and aggression at three times the rate of other children. These health and behavioral consequences for children who experience homelessness, coupled with frequent moves between schools, affect children's school performance and ability

---

<sup>7</sup> 2015 Orange County Point in Time Count

<sup>8</sup> Orange County Department of Education

<sup>9</sup> Homeless Management Information System is a locally administered, electronic data collection system that stores person-level information about clients who access the homeless service system. <http://ochmis.org/about-hmis/hmis-history/>

<sup>10</sup> National Center on Family Homelessness. *The Characteristics and Needs of Families Experiencing Homelessness*. December 2011.

<sup>11</sup> The United States Conference of Mayors. *Hunger and Homelessness Survey*. December 2014. <http://www.familyhomelessness.org/resources.php?p=sm>

<sup>12</sup> National Alliance to End Homelessness. *The State of Homelessness in America 2015*.

to build stable and healthy friendships. Homeless children are twice as likely to repeat a grade and have twice the rate of learning disabilities as children who are not homeless.<sup>13</sup>

To improve outcomes for young children in the aforementioned areas and protect the health and safety of young children and their families, the Commission made it a priority to invest in shelter opportunities for families with very young children.

## Commission Investment

Since fiscal year 2005/06, the Commission has expended more than \$20 million to support homeless prevention services in Orange County. An additional investment of \$7 million in catalytic funding was approved in February 2012. Commission funding of homeless prevention services for families with children from birth through age five occurs through two primary strategies: operational and catalytic investments. Operational agreements provide ongoing support to improve the quality of supportive services to families. Catalytic investments are one-time funding projects designed to increase the capacity and infrastructure of the shelter system, which include the construction and/or operation of emergency shelter and transitional housing facilities throughout Orange County. Projects are identified in partnership with HomeAid Orange County<sup>14</sup> and have been significant investments creating more than 400 emergency and transitional shelter beds for pregnant women and families with children ages five years and younger.

Following is a list of agencies currently funded through Commission investments in fiscal year 2015/16 (C\* denotes catalytic funding):

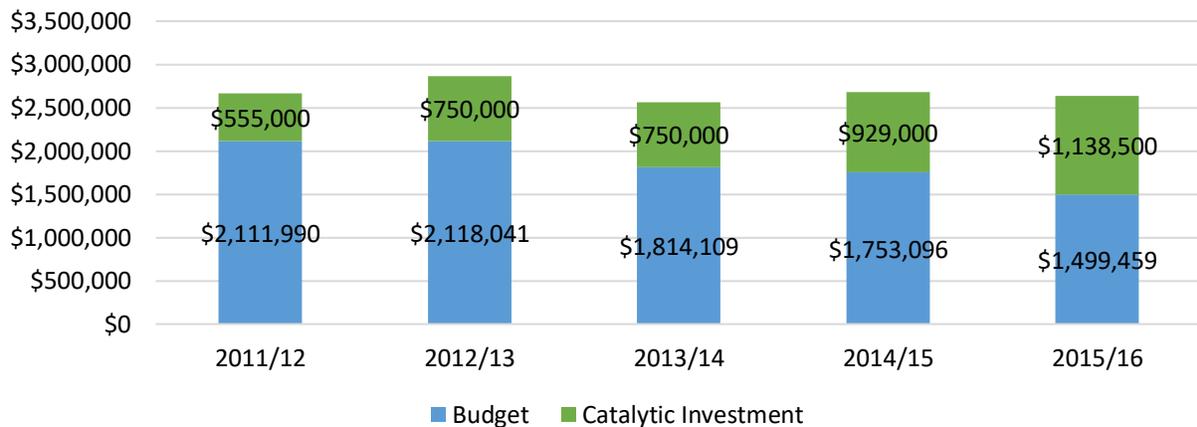
- Casa Teresa- emergency (C\*) and transitional
- Colette's Children's Home, Inc.- transitional
- Families Forward- transitional
- Family Assistance Ministries- emergency (C\*)
- Illumination Foundation- emergency (C\*) and transitional
- Laura's House- emergency (C\*)
- Mercy House Living Centers- emergency (operational and C\*)
- Orange County Rescue Mission- transitional (C\*)
- Pathways of Hope- emergency (C\*) and transitional (C\*)
- Precious Life Shelter- transitional
- Visiting Nurses Association- case management/auxiliary support services

---

<sup>13</sup> See footnote 10.

<sup>14</sup> HomeAid Orange County is a 501 (c) 3 charitable non-profit organization that builds and renovates shelters

**Homeless Program Investments**  
**Children and Families Commission Program Budget, Fiscal Years 2011/12 - 2015/16**



## Commission-funded Services in Orange County

The Commission has identified homeless children as a strategic priority and has developed a partnership with the County’s homeless shelter providers and HomeAid Orange County. To this end, the Commission invested in capital (catalytic) and operational (ongoing) projects to provide direct services to homeless families with young children. In fiscal year 2015/16, the Commission also awarded capacity building funding to a cohort of six agencies in the Orange County homeless service industry that will focus on system level improvements for the provision of services to homeless families with very young children.

### *Catalytic and Operational Projects*

Services include an emphasis on providing for basic needs such as food, shelter and clothing. In addition, the Commission places a special emphasis on providing services for high-risk pregnant women to achieve successful independent living and break the cycle of homelessness.

Beyond the basic needs, the root causes of homelessness and poverty are complicated. Interdisciplinary interventions are necessary, including but not limited to mental health services, substance abuse treatment, job training and education. Shelter providers that receive Commission funding are required to provide these additional services, which are critical for successful outcomes. Many of the services are leveraged through Commission partners and in some cases are funded by other government resources (such as CalWorks, Social Services, Health Care Agency, and Department of Housing and Urban Development). These leveraging partnerships ensure maximization of Commission investments.

Within the capital and ongoing funding models, the Commission is addressing a spectrum of services as follows:

- **Emergency Shelter:** length of stay is no longer than 90 days, with case management and support services to meet basic needs including but not limited to, clothing, food, and personal care items. This also includes augmented emergency services in conjunction with the County-funded Cold Weather Armory program to transition families into more stable

housing. Currently one program is funded through an operational grant and six are catalytic (one of which is currently finishing construction).

- **Transitional Housing:** length of stay is up to 24 months with case management and support services to meet basic needs including but not limited to, clothing, food, and personal care items. Some providers are operating programs offering rapid re-housing, a strategy to provide financial assistance and services to prevent individuals and families from becoming homeless and help those who are experiencing homelessness to be quickly re-housed and stabilized.<sup>15</sup> Currently five programs are funded through operational grants and two are catalytic.
- **Case Management/Auxiliary Support Services:** one program, funded through an operational grant, provides case management and support services including linkages to help families identify and use a medical and dental home, and to connect them with the school district and/or appropriate childcare services.

### *Capacity Building Project*

The six agency cohort, A2 (All Together), formalized a partnership to work within a Collective Impact<sup>16</sup> framework to analyze the efficacy of current resources for homeless families and inform systemic changes to end family homelessness. The investment made by the Commission enabled the Cohort to retain the nationally recognized firm, Community Solutions, to provide technical assistance and support to help in achieving its first year goals. Building on their initial momentum, the A2 Cohort will use their assessment findings to develop a Theory of Change for realigning the homeless system in Orange County to better meet the needs of families experiencing homelessness and more effectively position the community to end family homelessness. System improvements will allow the Cohort to increase their capacity to secure new federal funding and other resources that will sustain their initiatives.

## Detailed Program Outcomes

### *Services Provided*

In fiscal year 2015/16, the Commission’s investment in homeless prevention produced the following services for children ages birth through five:

**Table 1. Aggregate Data for Homeless Prevention**

	Children Ages 0-5	Family Members	Service Providers
<b>Number of people receiving services*</b>	452	609	41
<b>Number of services provided</b>	37,306	67,786	221

<sup>15</sup> HUD.Gov/recovery

<sup>16</sup> Collective Impact is framework that requires all participants have a shared vision for change, one that includes a common understanding of the problem and a joint approach to solving it through agreed upon actions.

**Table 2. Description of Children Served in FY 15/16 by Homeless Prevention**

<b>Variable Considered</b>	<b>Category Label</b>	<b>Count</b>	<b>Percent</b>
Total number of children with client-level data		452	100.00
Age at most recent interview	Under Three	256	56.6
	Three through Five	196	43.4
Ethnicity	Amer. Indian/Alaska Native	1	0.2
	Asian	4	0.9
	Black/African American	68	15.0
	Hispanic/Latino	249	55.1
	Pacific Islander	1	0.2
	White	85	18.8
	Vietnamese	1	0.2
	Multiracial	41	9.1
	Other	1	0.2
	Unknown	1	0.2
Primary Language	English	98	77.8
	Spanish	24	19.8
	Vietnamese	1	0.8
	Mandarin	1	0.8
	Farsi	1	0.8
	Other	1	0.8
At or Below 200% Federal Poverty Level		535	97.8

**Table 3. Services Provided by Homeless Prevention Grantees**

<b>Strategic Plan Outcome</b>	<b>Service</b>	<b>Clients Served</b>	<b>Number of Services</b>
HC.2 Increased percent of children receiving developmental / behavioral screenings at milestone ages with linkage to appropriate services	Parents receive informational materials regarding developmental milestones and developmental screening	228	2,025
HC.3 Increased percent of children have and use a health home for comprehensive health services to include physical, dental and mental health	Children are linked with health insurance enrollment	37	78
	Children are linked to a health care home	31	85
SF.1 Increased percent of families are stably housed	Children receive emergency or transitional shelter (bed nights)	372	36,584
	Family members (parents and older siblings) receive emergency or transitional shelter	737	59,058
	Parents receive weekly case management services	275	4,820

SF.3 Increased parent knowledge and skills to help prepare children to reach their optimal potential	Parents receive follow up on referrals and services are accessed	173	2,876
EL.1 Increased all children's developmental skills to be proficient learners in school	Parents participate in a program designed to increase the frequency of reading at home	201	3,093
CB.1 Maximize all sustainability activities	Dollar amount raised from program fees/revenue	N/A	\$242,661
	Dollar amount raised from individual donations	N/A	\$1,016,333
	Dollar amount raised from Foundation donations	N/A	\$1,199,816
	Dollar amount raised from government funds/grants	N/A	\$1,163,527
	Dollar amount of in-kind contribution generated	N/A	\$542,660
	Dollar amount received by leveraging Commission dollars	N/A	\$15,987
CB.2 Increase access and efficiency, quality and effectiveness	Developing partnerships, coordinating and collaborating with other agencies to improve service delivery	N/A	16

**Table 4. Service Outcomes (SOQs) for Homeless Prevention Grantees**

Key Strategic Plan Objectives	SOQ Results
<b>Healthy Children</b>	
<ul style="list-style-type: none"> <li>Increase to 100% the number of children with health coverage</li> </ul>	<ul style="list-style-type: none"> <li>98.3% of children served had health insurance at the end of services (compared to 97.0% at the beginning of services)</li> </ul>
<ul style="list-style-type: none"> <li>Increase to 100% the proportion of children who have a health care home</li> </ul>	<ul style="list-style-type: none"> <li>96.9% of children had a medical health home at the end of services (compared to 94.6% at the beginning of services)</li> </ul>
<b>Strong Families</b>	
<ul style="list-style-type: none"> <li>Reduce the number of children who are homeless to zero</li> </ul>	<ul style="list-style-type: none"> <li>64.9% of children were unstably housed or at risk for homelessness at the end of services (compared 97.9% at beginning of services)</li> </ul>
<ul style="list-style-type: none"> <li>Reduce the number of children who are homeless to zero</li> </ul>	<ul style="list-style-type: none"> <li>89.8% of children 3 or older were attending school on a regular basis or most of the time at the end of services (compared to 19.4% at the beginning of services)</li> </ul>
<ul style="list-style-type: none"> <li>Reduce the number of children who are homeless to zero</li> </ul>	<ul style="list-style-type: none"> <li>33.5% of children had a regular childcare arrangement at the end of services (compared to 31.7% at the beginning of services)</li> </ul>

### ***Program Highlights and Outcomes***

The investment in Homeless Prevention is having an impact in several areas including increased capacity of the county's homeless system of care through additional beds and access to services to meet the needs of families with young children. Commission staff have taken an active role in the local planning efforts through participation in the Commission to End Homelessness. This participation provides an opportunity to give a voice to the needs of the Commission's target population. In addition, it provides access to the most current data and federal requirements to inform funding priorities to better align with federal standards.

In the area of capacity building, A2's initial Collective Impact work included the development of a common agenda and developing and implementing an assessment of needs and assets of homeless families in Orange County. In April 2016, they began with a Board of Director's meeting followed by a two-day workshop focused on Agile Problem Solving (APS). With a goal to collectively end homelessness in Orange County by 2020, the Cohort established three drivers to be addressed *en route* towards achieving the goal; developing a By Name List (BNL), a more comprehensive housing inventory, and shared systems. Over the course of about five weeks, at least 275 families were identified as literally homeless and in need of housing resources. Combining this data with an analysis of the current homeless shelter system's utilization and performance, the Cohort will make public recommendations for more efficient use of shelter resources.

## **Next Steps**

Proposition 10 funding, allocated by the Commission, is making a difference in meeting children's basic needs including additional access to quality shelter programs preparing families to succeed in independent living. Still, several challenges remain, from assessing the issue of homelessness among children and families to access to affordable housing.

### ***Advocacy for Unique Needs of Pregnant/Parenting Women***

Most definitions of "homeless children" are grounded in one of two primary Federal definitions—the Department of Housing and Urban Development (HUD) definition<sup>17</sup> and the Department of Education's definition<sup>18</sup> that is mandated by the McKinney-Vento Homeless Assistance Act, Title X, Part C. There are some limitations to these definitions, which do not fully represent the needs and unique challenges of pregnant and parenting women. Research using data culled from over 11,000 families applying for shelter found that certain characteristics put families at a higher risk of having to enter a shelter including but not limited to the following: female-headed household, pregnancy, child under two years old, history of public assistance, eviction threat, among other factors.<sup>19</sup> With the additional stressors faced by parents of young children, this population may require additional support systems or increased lengths of stay. Commission staff and funded programs can contribute to the discussion and decision-making efforts impacting program design. This would include continuing participation in relevant committees and work groups as well as providing relevant data on families with young children.

---

<sup>17</sup> Definition mandated by the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009.

<sup>18</sup> See footnote 8.

<sup>19</sup> Shinn, M., & Greer, A. (2012). Targeting Homelessness Prevention Services More Effectively: Introducing a Screener for Home Base.



Children & Families  
Commission  
of Orange County

APPENDIX 7:  
FAMILY SUPPORT  
SERVICES  
FY 15/16

# Children and Families Commission of Orange County Family Support Services Report

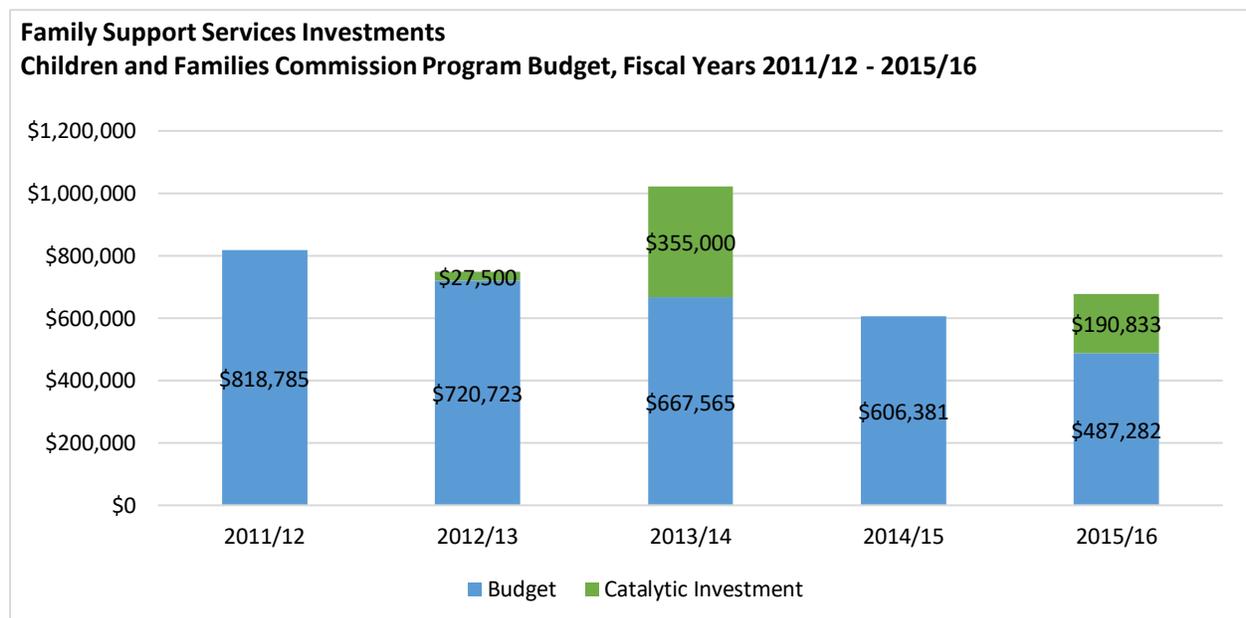
*This program report describes the Commission's investments in family support services, which include Family Support Network, the Early Childhood System of Care, and the Child Guidance Center. It documents the outcome of those investments, as well as next steps for this program area.*

## Background

A key outcome sought by the Commission is that children receive early screening, and when necessary, assessment for developmental, behavioral, emotional, and social conditions, and referral and linkages to services as appropriate. This screening, and related referrals and treatment, are the primary focus of the Commission's Family Support Services investments.

## Commission Investment

Since fiscal year 2011/12, the Commission has expended more than \$3.8 million to support family support services in Orange County. In addition, an investment of \$5.5 million in one-time catalytic funding was approved in 2012 to support community-based developmental/behavioral screening and linkage to services. It is anticipated that the majority of this catalytic funding will be expended in the next two fiscal years and will result in continued services for a minimum of five years after.



## Commission-funded Services in Orange County

Programs funded by the Commission that provide developmental screenings and linkage to services include Family Support Network, The Child Guidance Center and the Early Childhood System of Care.

The **Family Support Network** provides comprehensive developmental and behavioral screening for children birth through age five at various Orange County sites in order to identify children with symptoms of developmental, cognitive or speech delays, and/or lack of healthcare coverage. Based on the screening results, Family Support Network refers children for further evaluation, intervention, and linkage to care.

In 2015/16, more than 790 children received screenings at multiple screening events, with many community resources and referral agencies at the events for the intake of these children including the Regional Center of Orange County. Parent referrals with the families and the linkage to those services was followed up by a phone call to the family to determine if services were attained.

**The Child Guidance Center** provides quality outpatient mental health, trauma and child abuse related counseling. Through Commission investment, the Child Guidance Center provides training to parents with children from birth through age five living in central Orange County using the Parent-Child Interactive Therapy (PCIT) program with the objective of having 75% of the parents who complete the PCIT program show a 30% improvement in their parenting skills as reflected on pre and post evaluation instruments developed by the University of California Davis, Medical Center Child Abuse Research and Evaluation Center (CAARE). In 2015/16, over 150 parents were trained using this successful model. The Child Guidance Center leverages Commission funds by annually training mental health therapists in PCIT methodology, five of whom were trained in 2015/16.

The **Early Childhood System of Care** (ECSOC) program is jointly funded by the Commission and the Orange County Social Services Agency to address the health and development needs of children birth through age five entering the child welfare system. Public Health Nurses provide intensive case management to ensure that children receive developmental screenings and have access to primary care providers, primary dental services, and linkages to other community resources to maximize their potential. In 2015/16, the ECSOC provided more than 490 developmental screenings using the AAP-approved developmental screening tools and connected these children to community resources to address their identified developmental needs. In addition, parent referrals and follow up with each family were also provided with over 475 parents receiving these services in 2015/16 in order to provide the needed care for these children.

In 2015/16, the Commission began a new initiative, the **Neighborhood Resource Network** (NRN). In April 2015, a Request for Response was released for a two-year pilot program with a focus on families with at least one child age 0-5, which had an initial Child Abuse Registry report. The ultimate goal of the program is to reduce the risk of subsequent abuse. Criteria for eligibility for the NRN are:

- families for which there is a first Child Abuse Registry Report (CAR);
- one or more children in the household are under the age 5; and
- families whose CAR report, based on the determination of the Social Service Agency (SSA), will not receive further intervention by the Child Welfare Agency.

The program is creating a voluntary support structure for families by connecting them to community services that will help them manage the circumstances that are putting stress on their family unit, thereby reducing stress and the potential for abuse. The Children’s Home Society of California was the successful respondent to the Commission’s Request for Response. In addition, Dr. Emily Putnam-Hornstein (USC School of Social Work) has been engaged along with the Children’s Data Network to develop an evaluation design for the program that includes a Randomized Control Trial. The payment structure for this agreement will be based on the achievement of key milestones including: engagement of family, completion of services, family does not re-enter Child Welfare System with an additional substantiated CAR report for six months post services.

## Detailed Program Outcomes

### *Services Provided*

In fiscal year 2015/16, the Commission’s investment in family support services programs produced the following services and outcomes for children ages birth through five:

**Table 1. Aggregate Data for Family Support Services**

	Children Ages 0-5	Family Members	Service Providers
<b>Number of people receiving services*</b>	2,182	2,110	0
<b>Number of services provided</b>	7,727	10,919	0

\*Although each grantee reports an unduplicated count, clients served by more than one program may be counted more than once when data from multiple grantees are added together.

**Table 2. Description of Children Served in FY 15/16 by Family Support Services**

Variable Considered	Category Label	Count <sup>1</sup>	Percent
Age at most recent interview	Under Three	754	62.4
	Three through Five	454	37.6
Ethnicity	Amer. Indian/Alaska Native	0	0.0
	Asian	69	5.7
	Black/African American	4	0.3
	Hispanic/Latino	606	50.2
	Pacific Islander	4	0.3
	White	58	4.8
	Vietnamese	15	1.2
	Multiracial	38	3.1
	Other	7	0.6
Unknown	407	33.7	
Primary Language	Arabic	0	0.0
	English	264	21.9
	Farsi (Persian)	5	0.4
	Filipino (Tagalog)	0	0.0
	Korean	19	1.6
	Mandarin (Putonghua)	3	0.2

Spanish	467	38.7
Vietnamese	19	1.6
Other	11	0.9
Unknown	420	34.8
At or Below 200% Federal Poverty Level	412	75.8

<sup>1</sup>The counts for specific demographic variables may be less than the total number of children entered into the Commission's Data Collection and Reporting System. This typically occurs because survey respondents decline to answer a specific question, or an error in data entry results in an out-of-range value that must be deleted.

**Table 3. Services Provided by Family Support Services Grantees**

Strategic Plan Outcome	Service	Clients Served	Number of Services
HC.2 Increased percent of children receiving developmental / behavioral screenings at milestone ages with linkage to appropriate services	Children receive developmental and/or behavioral screening using AAP recommended tools (e.g. PEDS, ASQ, ASQ-SE, MCHAT, Child Behavior Checklist)	793	793
	Children receive comprehensive screening (Includes: vision, hearing, height, weight, health, and developmental milestones using PEDS or ASQ)	893	893
	Parents receive referrals regarding their child's health and developmental concerns	485	1,618
HC.3 Increased percent of children have and use a health home for comprehensive health services to include physical, dental and mental health	Children are linked to a health care home	86	86
	Children are linked to a dental home	111	111
SF.4 Increased access to and availability of family support services and resources	Parents receive follow up on referrals and services are accessed	908	1,518
	Children receive behavioral health treatment services	43	264
	Providers receive training on behavioral health treatment services for children 0-5	3	287
	Parents receive education, resources, referrals, and support regarding their child's behavioral health issues	197	859
	Parents receive behavioral health screening	70	70
CB.1 Maximize all sustainability activities	Dollar amount raised from individual donations	N/A	\$4,800
	Dollar amount raised from Foundation donations	N/A	\$275,000
	Dollar amount raised from government funds/grants	N/A	\$68,184,119
	Dollar amount of in-kind contribution generated	N/A	\$31,500

Strategic Plan Outcome	Service	Clients Served	Number of Services
	Dollar amount received by leveraging Commission dollars	N/A	\$233,421
CB.3 Promote data to support decision making and program improvement	Children with special needs served	747	747

**Table 4. Service Outcomes (SOQs) for Family Support Services Grantees**

Key Strategic Plan Objectives	SOQ Results
<b>Healthy Children</b>	
<ul style="list-style-type: none"> <li>Increase to 100% the number of children with health coverage</li> </ul>	<ul style="list-style-type: none"> <li>97.3% of children served had health insurance at the end of services (compared to 97.9% at the beginning of services)</li> </ul>
<ul style="list-style-type: none"> <li>Increase to 100% the proportion of children who have a health care home</li> </ul>	<ul style="list-style-type: none"> <li>99.6% of children had a medical health home at the end of services (compared to 99.0% at the beginning of services)</li> </ul>

## Next Steps

Future work in the area of family support services will focus on sustainability beyond Commission funding and integration of services with larger initiatives. Important considerations as the Commission works on the issue of sustainability include:

- a continued focus on programs that are sustainable and scalable;
- the value of maintaining Commission-aligned services for extremely vulnerable populations like those served in the ECSOC program;
- existing integration efforts underway such as the Developmental Screening Network and plan for a countywide screening registry to track developmental screenings in the future; and

This investment area has traditionally provided a testing ground for innovative and research-driven interventions or funding, such as The Child Guidance Center’s PCIT and the Neighborhood Resource Network’s “pay for success” type funding model.