

HEART Alliance for Sustainable Families Preliminary Evaluation Findings



Data available through December 2015 is presented in this report.

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Executive Summary

Overview

This report provides interested stakeholders with a preliminary overview of the outcome and process evaluations for the HEART (Housing, Empowerment, Achievement, Recovery and Triumph) Alliance for Sustainable Families. HEART is one of five national demonstration sites funded by the Children's Bureau of the Administration of Children and Families with the United States Department of Health and Human Services. HEART is a five year demonstration project from October 1, 2012 through September 30, 2017. This report covers two years of HEART research study data.

HEART is a collaborative community-based supportive housing initiative designed to assist 50 high risk and high need families in Broward County, Florida achieve family strengthening as well as housing and economic stability. HEART represents an alliance of 15 child welfare, housing, legal, health, and social service organizations collectively working to improve child protection as well as family permanency and well-being. HEART provides clinical case management, subsidized housing, economic self-sufficiency, life coaching, legal counsel, health/behavioral health support, and domestic violence prevention. HEART employs evidence-based interventions such as Strengthening Families, Trauma-focused Cognitive Behavioral Therapy, and the Center for Working Families.

Using a Housing First model, HEART seeks to stabilize families involved with the child welfare system who are at risk of/or experiencing homelessness. To gauge this impact, Kids In Distress, Inc. (KID) subcontracted with Barry University researchers to conduct the five-year evaluation of HEART.

Research Study Hypotheses

The HEART outcome evaluation is based on both short-term and long-term hypotheses regarding HEART's impact on enrolled families.

Short-term hypotheses include:

- Increase in families' housing stability
- Increase in families' attainment of permanent affordable housing
- Increase in families' healthy parenting skills
- Increase in emotional coping strategies among family members
- Increase in families' employment
- Increase in family financial management and stability
- Increase in legal self-advocacy
- Increase in physical health education knowledge
- Increase in substance abuse knowledge

Long-term hypotheses include:

- Increase in housing stability
- Reduction in subsequent contacts (referrals) to the Florida Abuse Hotline
- Reduction in subsequent child maltreatment investigations
- Reduction in subsequent child removals
- Reduction in foster care placements
- Increase in employment

Research Design

The HEART evaluation uses a randomized control trial that tests impact with families who receive HEART services (treatment group) with families who do not receive HEART services (control group). This design is considered the “gold standard” of research designs. A total of 50 families are in the treatment group, and 110 families are in the control group.

Data collection for the evaluation includes an array of primary assessments (e.g. psychological, financial, legal), archival data (e.g. agency-based), and focus groups.

The process evaluation uses a continuous loop procedure of planning, implementation, data gathering, and feedback. The process evaluation reviews service provision, partner collaboration, and personnel credentials and competency.

Findings

Findings for this report are divided into four sections

- Total Number of Families in HEART Research Study
- Reasons for Referral
- Family Demographic Data
- Outcome Data
- Process Data

Total Number of Families in HEART Research Study

Families in the HEART research study are those families who consent to participate in the outcome evaluation and complete baseline and interval assessments. To date, the following number of families consented to participate in the primary data collection of the HEART outcome evaluation.

- 48 treatment families
- 37 control families

Reasons for Referral

At risk and high need Broward County families involved with the child welfare system and at risk and/or experiencing homelessness were referred to HEART. The most common reasons for family referrals are:

- Having three or more inadequate and unstable housing risk factors
- Incidences of child maltreatment (abuse and neglect)
- Caregiver mental health
- Episodes of domestic violence and caregiver abuse

Findings suggest that randomization worked as both the treatment and control groups have equivalent reasons for referral.

Family Demographic Data

The most common demographic profile of a family for the treatment and control group is as follows:

- African-American/Black female who has one or two children
- Single female with an average age of 29
- Unstable and inadequate housing with friends or relatives

Treatment families report more histories of mental health issues and domestic violence than the control group families.

Outcome Data

This first presentation of findings largely focuses on assessing the short-term outcomes through analysis of available primary and administrative data. Preliminary outcome data indicates the following:

- 100% of treatment families obtained affordable and suitable homes
- 96% of treatment families stabilized and maintained their housing
- 93% of treatment families have effective parenting skills
- 94% of treatment families have healthy trauma response
- 85% of treatment families have emotional health
- 83% of treatment families have healthy child development
- 56% of treatment families are employed with an average hourly wage of \$10.00/hour
- 49% of treatment families self-report effective household budget management
- 52% of treatment families self-report high legal advocacy skills

Through December 2015, HEART has prevented the removal of 88 children from 21 families since its engagement with these vulnerable households. Furthermore, 14 HEART families have reunified representing 33 children returning to their birth parents.

Collectively, these children spent a total of 12,908 days in foster care prior to HEART involvement.

Process Data

The process evaluation focuses on HEART implementation and operations, including service provision (clinical case management, housing coordination, employment counseling, household budget management, and legal assistance). Process evaluation data, which is only gathered on HEART (treatment) families, indicates the following:

- All HEART families are offered clinical case management and ancillary supportive services
- All HEART families received housing vouchers and housing coordination assistance
- HEART services are delivered to families in a collaborative manner by HEART partner agencies
- All HEART staff are appropriately credentialed to provide services to HEART families

Next Steps

As primary data collection continues, there should be increased numbers for both comparisons between the treatment and control groups - as well as comparisons within each group - over time. Such data provides important benchmarks for program efficacy.

Administrative data that examines the long-term outcomes is in the process of being attained from HEART partners. Once attained and analyzed, this data will illustrate the impact of HEART on the overall "system of care."

The first of several focus groups comprised of HEART treatment families occurred in July 2015. Two families participated in the group and offered essential data with respect to positive program impact and program improvement. Once the focus groups are completed, they will provide important qualitative data on HEART service delivery and program efficacy.

Future reports will provide information on the HEART cost study and associated findings.

Research Design

HEART seeks to stabilize families involved within the child welfare system who are at risk of/or experiencing homelessness. To gauge this impact, KID subcontracted with Barry University researchers to conduct the five-year HEART evaluation.

The evaluation is divided into two components, the outcome and process evaluations. The outcome evaluation measures program impact through data collection and analysis with HEART families (treatment group) and non-participating families (control group). The process evaluation assesses service delivery and fidelity with HEART families (treatment group) only. The process evaluation is designed as a continuous loop procedure of planning, implementation, data gathering, and feedback. The process evaluation reviews service provision, partner collaboration, and personnel credentials and competency.

Research Study Hypotheses

The HEART outcome evaluation measures short-term and long-term hypotheses. Nine short-term hypotheses are assessed every six months. Six long-term hypotheses will be fully examined at the end of HEART implementation period.

Short-Term Hypotheses

- Increase families' housing stability
- Increase families' attainment of permanent affordable housing
- Increase families' healthy parenting skills
- Increase emotional coping strategies among family members
- Increase families' employment
- Increase in family financial management and stability
- Increase legal self-advocacy
- Increase in physical health education knowledge
- Increase in substance abuse knowledge

Long-Term Hypotheses

- Increase in housing stability
- Reduction in subsequent contacts (referrals) to the Florida Abuse Hotline
- Reduction in subsequent child maltreatment investigations
- Reduction in subsequent child removals
- Reduction in foster care placements
- Increase in employment

The process evaluation measures and reviews the following performance indicators every six months:

- Partner service data
- Partner personnel credentialing and professional development

Design

The HEART outcome evaluation uses a randomized control trial (true-experimental design) that tests the impact on families who receive HEART services (treatment group) with families who do not receive HEART services (control group). This is considered the “gold standard” of research designs. This evaluation design also allows for between-group comparisons as well as within-group comparisons over time.

The process evaluation is designed as a continuous loop procedure to assess HEART implementation and operations. The process evaluations analyzes documentation associated with service provision, partner collaboration, and personnel standards.

Sample

Families are referred to HEART by the Broward Sheriff's Office Child Protection Investigation Section or ChildNet (Broward County's lead child welfare agency) staff. Broward Sheriff's Office refers families who meet “Diversion” and “Diversion - Further Monitoring Needed” categories. ChildNet refers families who meet “Reunification Brand New” or “Reunification Last Step” categories. Families need to meet eligibility criteria to be referred to HEART.

Barry University's national evaluation partner for this federal demonstration is the Urban Institute. The Urban Institute randomizes referred and triaged eligible families into the treatment and control groups. Randomization results are provided to HEART leadership and subsequently to the Barry evaluators. A total of 50 families are in the treatment group, and 110 families are the control group.

Data Collection

The Barry University evaluators supervise graduate research assistants who invite families to participate in the evaluation and complete assessments twice a year. Three assessments are conducted by HEART staff with the treatment group as part of clinical protocol. HEART staff is not in contact with the control group. Additionally, Barry evaluators collect family data to assess the long-term outcomes. The process evaluation data that is collected focuses on service provided to HEART families (treatment group). All data is provided in an aggregate and non-identifying manner by HEART partners. Finally, focus groups with treatment families are being completed.

This research study is approved by Barry University's Institutional Review Board.

Measures

A number of measures are administered with the families by the Barry University evaluation team, KID, and Urban League of Broward County - Center for Working Families (CWF). The name of each measure, followed by its respective author(s), is listed below.

- Adult Self-Report (18-59) (Achenbach)

- Broward Health System Workshop Evaluation
- Budget Management Item (Rosenwald)
- Child Behavior Checklist (6-18) (Achenbach)
- Child Behavior Checklist (1 ½ -5) (Achenbach)
- Developmental Profile Interview Form (Alpern)
- Lam Assessment of Employment Readiness (Lam, Wiley, Siu & Emmett),
- Legal Self-Advocacy Scale (piloted by Rosenwald & Paldino)
- Money Smart Instrument (adapted from FDIC)
- Older Adult Self-Report (60-90) (Achenbach)
- Parenting Stress Index (Abidin)
- Sense of House Item (Anucha)
- Traumatic Attachment and Beliefs Scale – Adult (Pearlman)
- Traumatic Attachment and Beliefs Scale – Children (9-17) (Pearlman)
- Youth Self-Report (11-18) (Achenbach)

The process evaluation reviews documents such as:

- HEART families (treatment group) clinical case management reports and documentation
- HEART families supportive service provision documentation from HEART partners
- HEART personnel credential documentation
- HEART personnel profession development documentation
- HEART training evaluations
- HEART team and partner meeting minutes

Local Evaluation Team

The local HEART evaluation team is comprised of Mitchell Rosenwald, PhD, LCSW, and Agnes Shine, PhD, NCSP. The HEART co-evaluators are from Barry University.

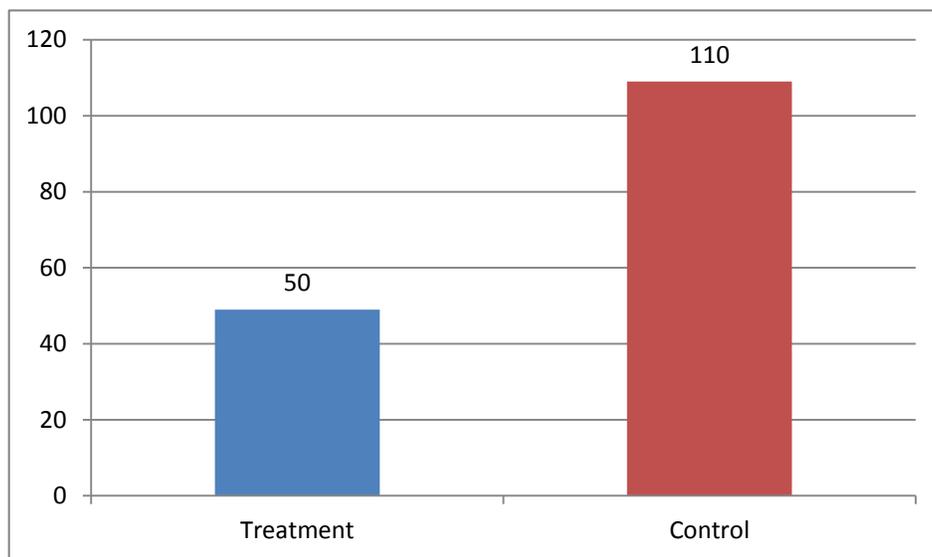
Total Families in Research Study

A total of 160 families have been referred to and randomized into the HEART evaluation - 50 into the treatment group and 110 into the control group. Of those families, 48 treatment families and 37 control families have been assessed.

Findings and Implications

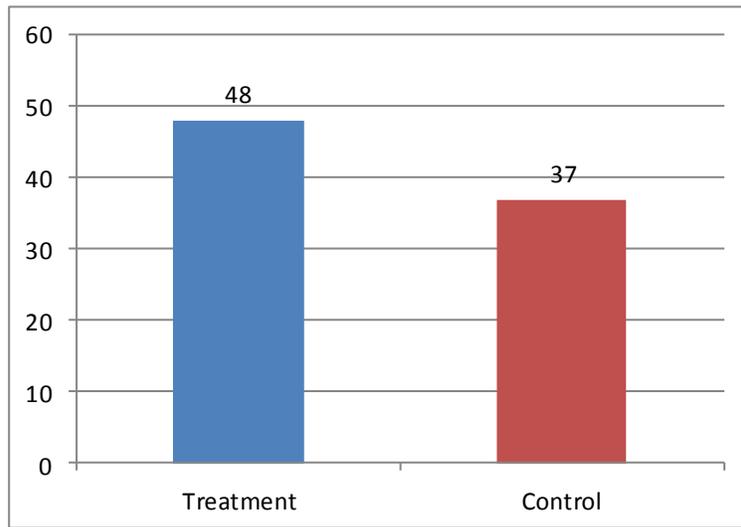
In the approximate year and one half period since project implementation began, HEART has made excellent progress in completing triage and finalizing the number of treatment and control group families. Additionally, sufficient numbers of treatment and control families have been assessed. The Barry University evaluators consistently seek additional ways to increase control group recruitment and retention, working with Urban Institute in this endeavor. As assessments are completed over time with these groups comparative data can be analyzed.

Table 1: Treatment and Control Families Randomized into the Research Study



<u>Families Randomized into Research Study</u>	<u>Percent</u>
Treatment	31%
Control	69%

Table 2: Treatment and Control Families Consented and Assessed



	<u>Percent</u>
Treatment	96%
Control	34%

Criteria for Referral

Through the HEART triage process, families are selected for HEART based on eligibility criteria. Aside from residency and low-income requirements, families are assessed broadly on four criteria of vulnerability that determine their eligibility for HEART. These criteria are as follows:

- Inadequate Housing
- Child Welfare Involvement
- High Need
- At-Risk

Families are referred to HEART based on inadequate housing needs. Inadequate housing includes residing on the street/in a car, staying at a shelter, living in transitional housing, episodes of homelessness, and/or a variety of other inadequate housing conditions. Families need to meet at least one criterion of child welfare system involvement which includes child maltreatment, verified child abuse and neglect, child risk of family removal, child removal from the family, and/or a history of family recidivism within the child welfare system. “High need” families include those families with caregiver mental health issues, caregiver substance abuse issues, child mental health needs, and/or child development challenges. Families defined as “at-risk” include families experiencing domestic violence, criminal justice involvement, caregivers abused as children, young children in the home, and/or multiple children in the home. (Data based on families triaged through 19 of 21 triages)

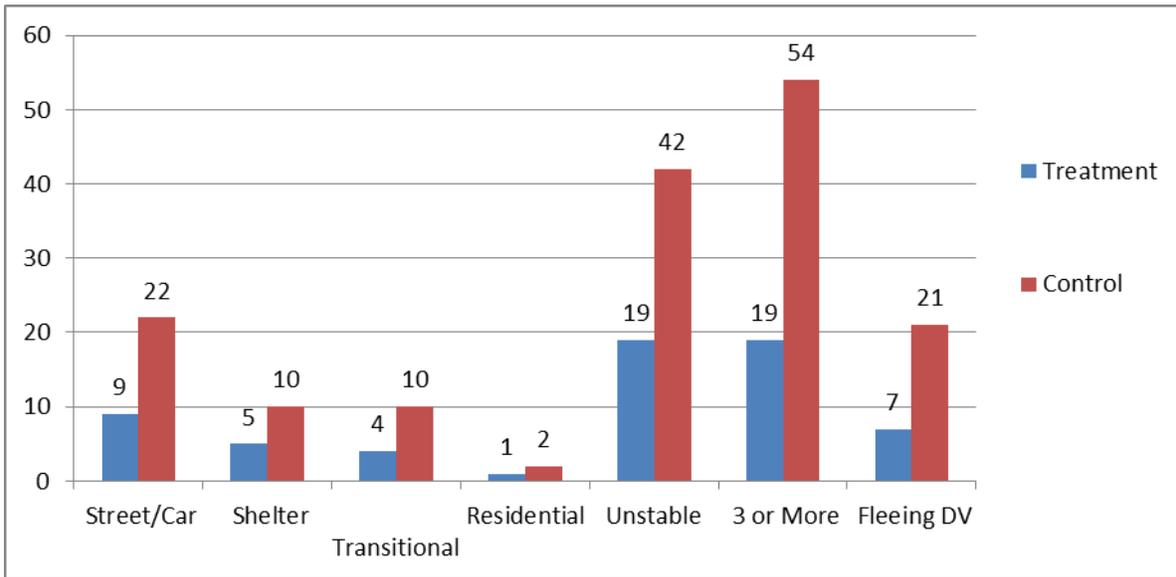
Findings and Implications

The most common reasons for HEART referrals based on the criteria outlined above are as follows:

- Having three or more inadequate housing risk factors (ranked first among control group and tied for top rank among treatment group)
- Unstable housing (tied for top rank among the treatment group)
- Verified child abuse and neglect (ranked first among the treatment and control groups)
- Caregiver mental health (ranked first among the treatment and control group)
- Two episodes of domestic violence (ranked first among the control group)
- Caregiver abuse (ranked first among the treatment group)

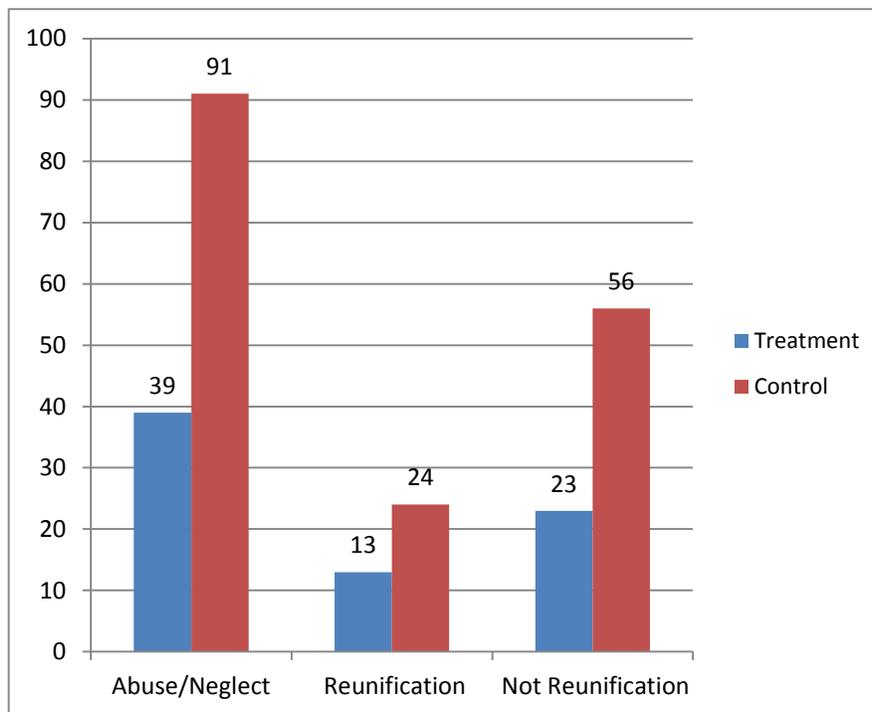
There is no statistically significant difference between the treatment and control group based on referral criteria of vulnerability factors. This suggests that randomization worked and both groups have equivalent reasons for referral.

Table 3: Inadequate Housing



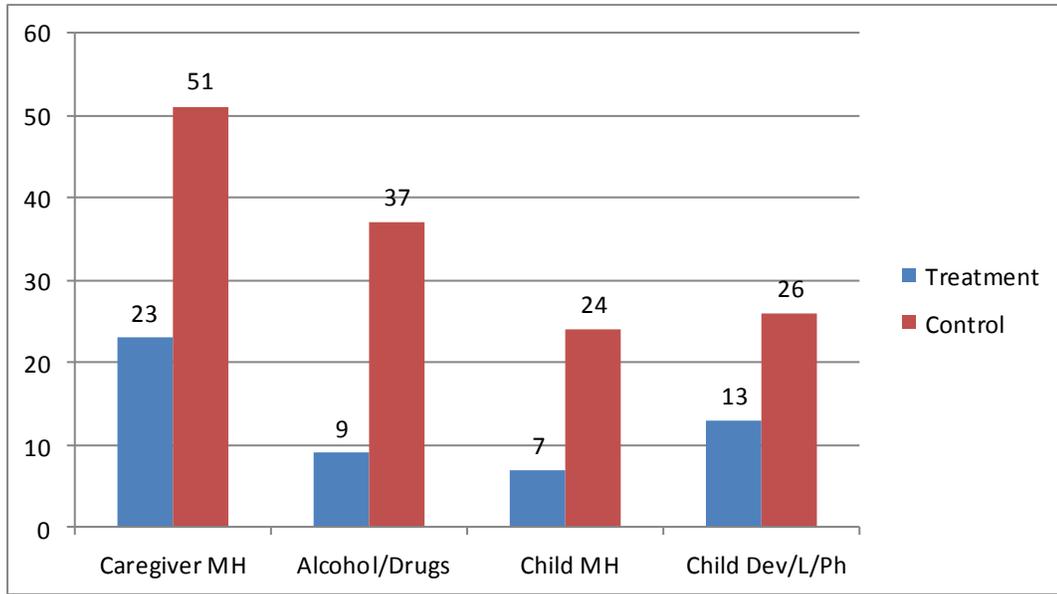
Inadequate Housing	Street/Car	Shelter	Transitional	Residential	Unstable	3 or More	Fleeing DV
Treatment	18%	10%	8%	2%	39%	39%	14%
Control	20%	9%	9%	2%	39%	50%	19%

Table 4: Child Welfare Involvement



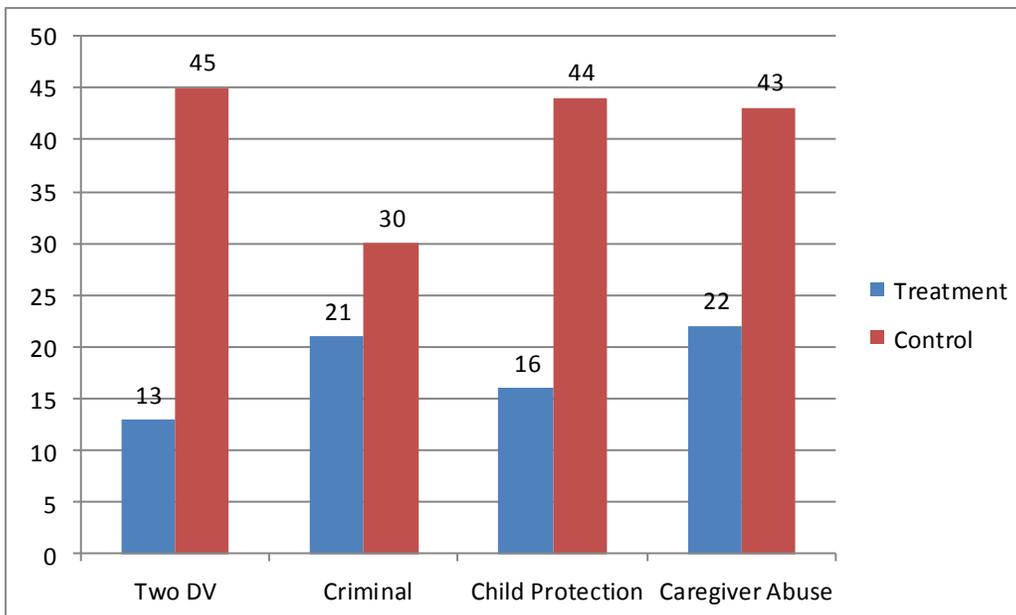
Child Welfare Involvement	Abuse/Neglect	Reunification	Not Reunification
Treatment	80%	27%	47%
Control	83%	22%	51%

Table 5: High Need



	<u>Caregiver MH</u>	<u>Alcohol/Drug History</u>	<u>Child MH</u>	<u>Child Development</u>
Treatment	47%	18%	14%	27%
Control	47%	34%	22%	24%

Table 6: At-Risk



	<u>Minimum of 2 DV</u>	<u>Criminal History</u>	<u>Child Protection</u>	<u>Caregiver Abuse as Child</u>
Treatment	27%	43%	33%	45%
Control	41%	28%	40%	39%

Family Demographics

The outcome evaluation collects a range of demographic data on the treatment and control families who consented to participate in the primary data collection.

Findings and Implications

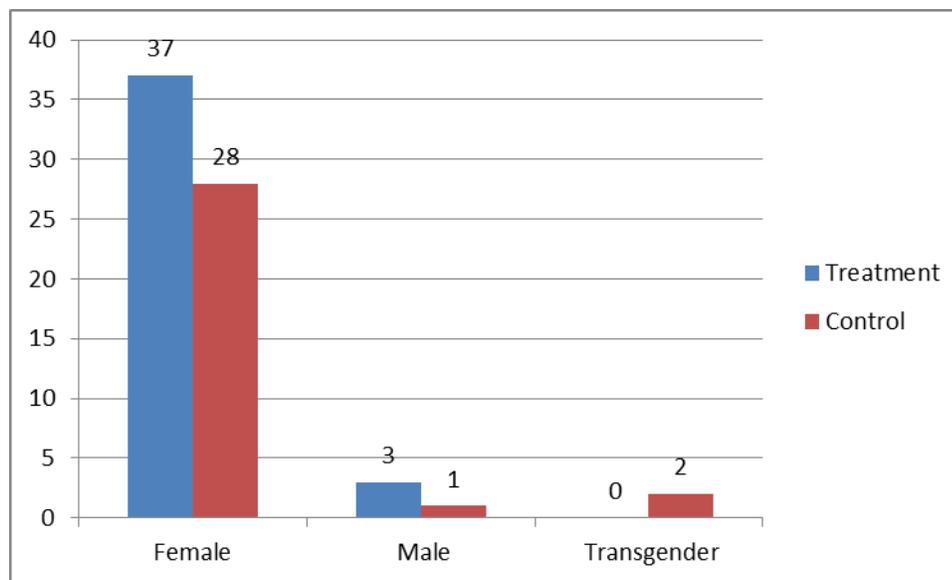
The most common demographic profile of a family for the treatment and control group is as follows:

- African-American/Black female who has one or two children
- Single female with an average age of 29
- Unstable and inadequate housing with friends or relatives

Interestingly, treatment families have a higher frequency than control families to report histories of mental health and domestic violence. This may be because treatment families provide this information in the course of a clinical interview with HEART case managers while control families provide this information to research assistants in a research setting. Perhaps the stigma associated with discussing these histories is lessened when a clinically-supportive environment is established.

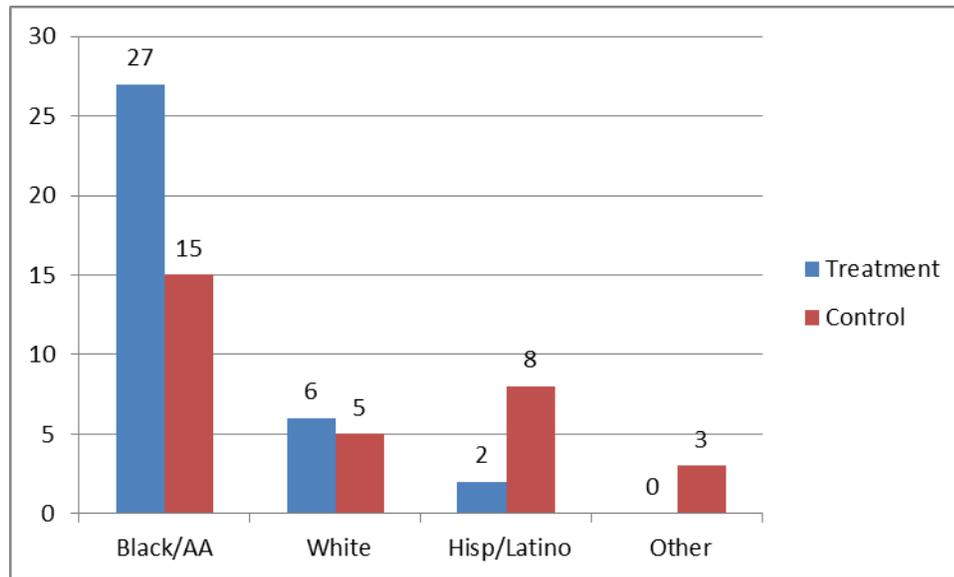
The amount of complete information attained from each family varies which explains why the total numbers differ when examining the demographic categories and do not add up to the complete number of treatment and control families in the evaluation. Percentages are provided based on the total number attained per demographic variable. (Rounding may make the categories approximate 100%) (Data based on families triaged through 19 or 21 triages)

Table 7: Gender



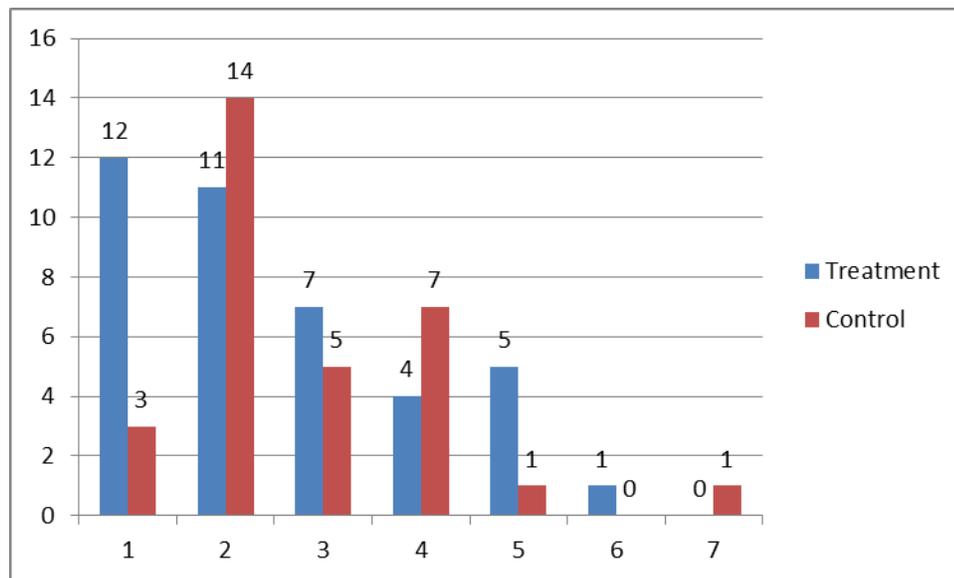
<u>Gender</u>	<u>Female</u>	<u>Male</u>	<u>Transgender</u>
Treatment	93%	8%	0%
Control	90%	3%	7%

Table 8: Race



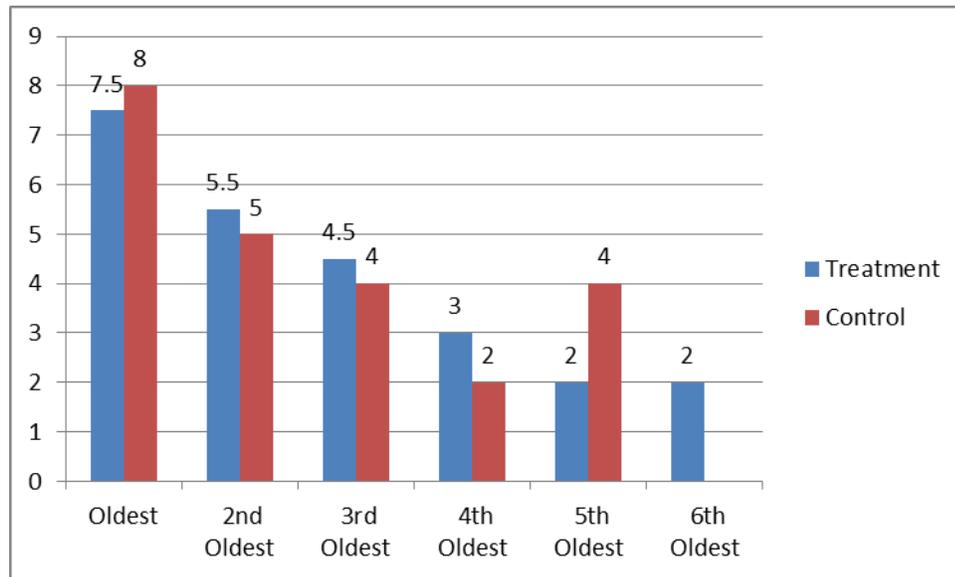
<u>Race</u>	<u>Black/AA</u>	<u>White</u>	<u>Hispanic/Latino</u>	<u>Other</u>
Treatment	77%	17%	6%	0%
Control	48%	16%	26%	10%

Table 9: Number of Children



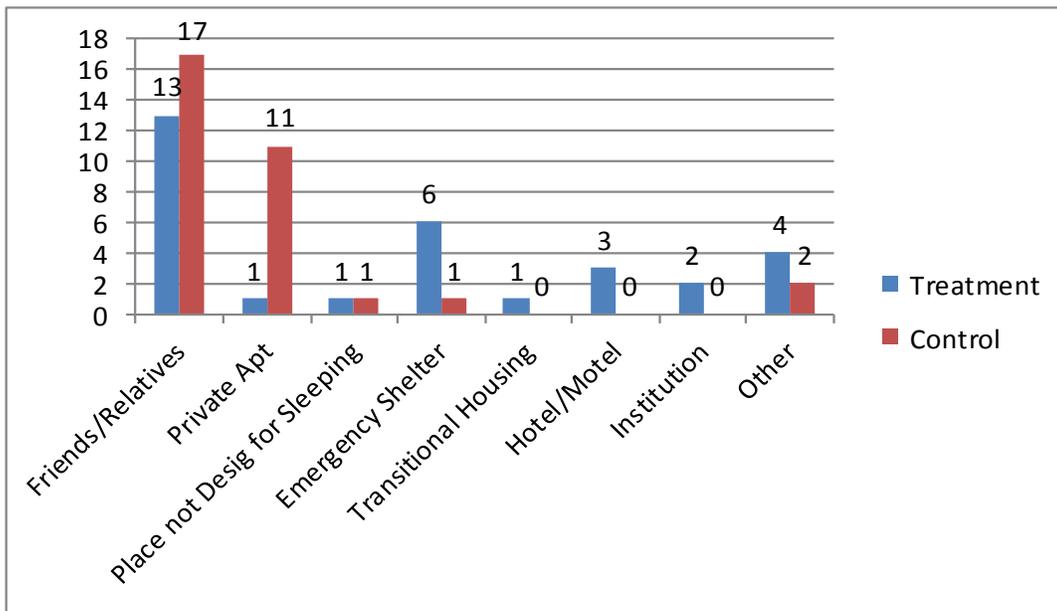
<u># of Children</u>	<u>One</u>	<u>Two</u>	<u>Three</u>	<u>Four</u>	<u>Five</u>	<u>Six</u>	<u>Seven</u>
Treatment	30%	28%	18%	10%	13%	3%	0%
Control	10%	45%	13%	23%	3%	0%	3%

Table 10: Average Age of Children based on Birth Order



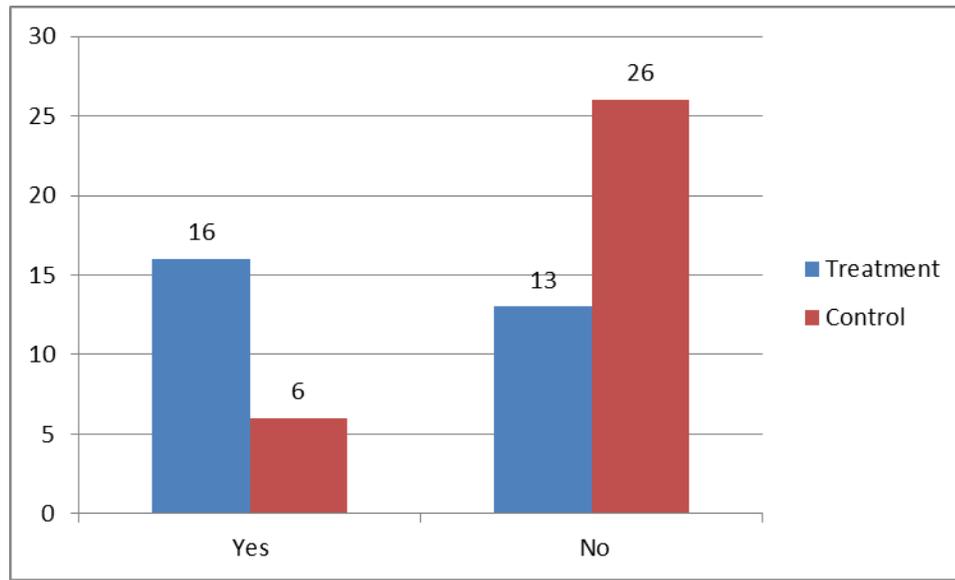
(Children's age ranged from birth to 17 years old)

Table 11: Current Living Situation



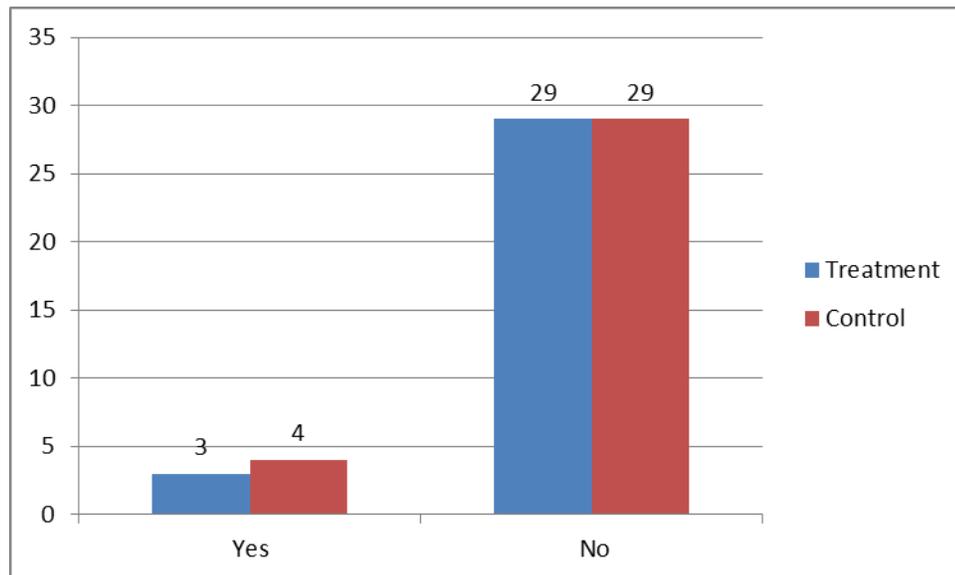
<u>Current Living Situation</u>	<u>Friends/Relatives</u>	<u>Private Apt.</u>	<u>Place not for Sleeping</u>	<u>Emer. Shelter</u>	<u>Trans. Housing</u>	<u>Hotel/Motel</u>	<u>Institution</u>	<u>Other</u>
Treatment	42%	3%	3%	19%	3%	10%	6%	13%
Control	53%	34%	3%	3%	0%	0%	0%	6%

Table 12: Mental Condition



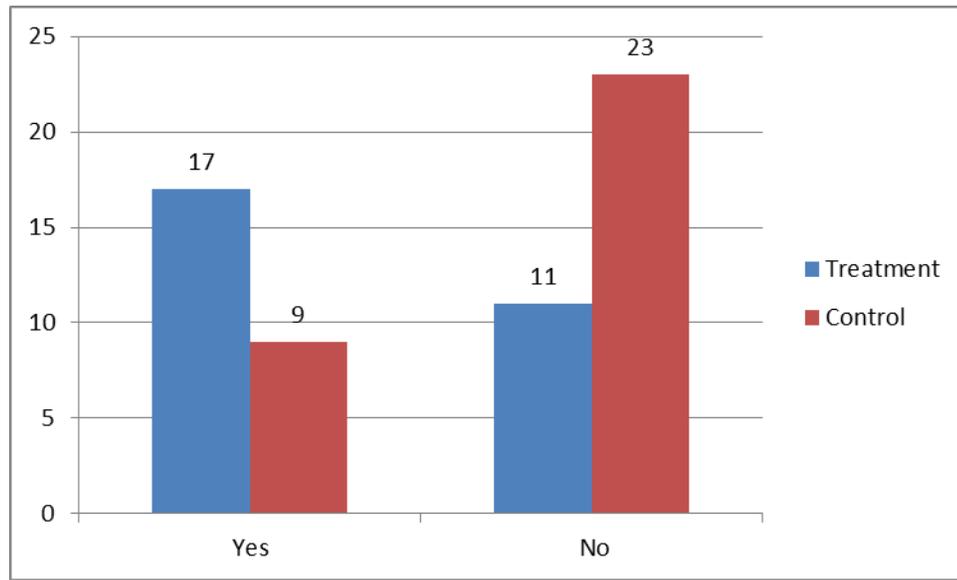
<u>Mental Condition</u>	<u>Yes</u>	<u>No</u>
Treatment	55%	45%
Control	19%	81%

Table 13: Medical Condition



<u>Medical Condition</u>	<u>Yes</u>	<u>No</u>
Treatment	9%	91%
Control	12%	88%

Table 14: Domestic Violence History



<u>Domestic Violence History</u>	<u>Yes</u>	<u>No</u>
Treatment	61%	39%
Control	28%	72%

Short-Term Outcomes

The short-term outcomes provide a benchmark to gauge HEART efficacy. Particular outcomes assess families' housing stability, attainment of permanent housing, healthy parenting, emotional coping, employment, and legal self-advocacy. This first report provides important benchmarks upon which further data will be compared.

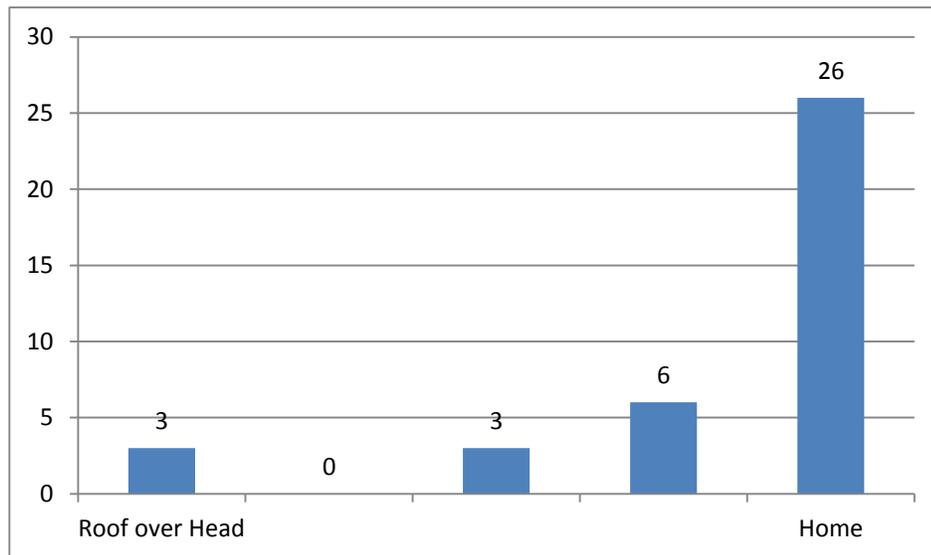
Findings and Implications

Increase Housing Stability

The first short-term outcome is to increase housing stability. Executed leases serve as a data source. All 50 HEART families (100%) entered leases and rented homes. These findings suggest that, overall, 100% of families have found suitable homes to increase their housing stability.

Additionally, the "Sense of House" measure asks treatment families to what extent does their house feel like "Roof Over Head" (score=1) vs a "Home" (score=5). Participants who feel like their house is a "home" suggest greater housing stability. The average score is 4.23 (n=22) which suggests participants feel like their house is a home.

Table 15: Sense of House

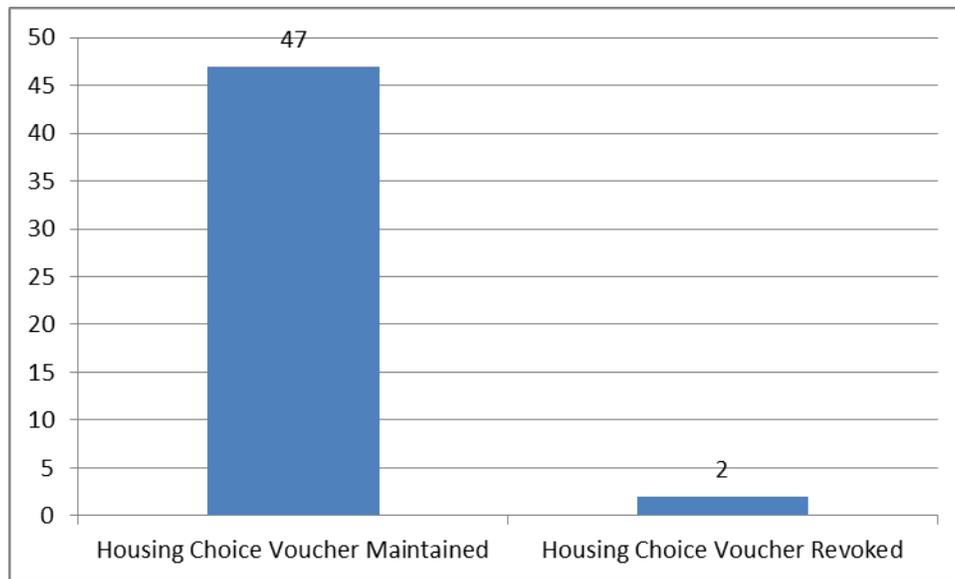


<u>"Sense of House" Score</u>	<u>Percent</u>
House is "Roof Over Head" Score = 1	8%
Score = 2	0%
Score = 3	8%
Score = 4	16%
House is a "Home" Score = 5	68%

Increase Attainment of Permanent Affordable Housing

The second short-term outcome is to increase the attainment of permanent affordable housing. Housing Choice Vouchers maintained, revoked, and voluntarily relinquished serve as sources of data. Since the beginning of implementation, 48 of the 50 families in the treatment group have maintained their vouchers; two families have had their vouchers revoked. Given the challenge of voucher maintenance among vulnerable families, this number suggests a 96% HEART success rate in helping families maintain their vouchers.

Table 16: Housing Voucher Status



<u>Housing Choice Status</u>	<u>Percent</u>
Maintained	96%
Revoked	4%

Increase Healthy Parenting Skills

The third short-term outcome is to increase healthy parenting skills. The Developmental Profile 3 serves as an instrument to measure this outcome. For the Developmental Profile 3, both treatment and control groups' average score on children's development are in "normal" range

Increase Emotional Coping among Families

The fourth short-term outcome is to increase emotional coping strategies among family members. The Trauma and Attachment Belief Scale is used to calculate both treatment and control groups' average score on trauma and attachment beliefs; these scores are in "normal" range. Cautious interpretation suggests randomization following triage worked as the groups did not differ on this measure at baseline.

Increase Family Employment

The fifth short-term outcome is to increase family employment. The Urban League of Broward County CWF Job Verification (asked of treatment families only and in consultation with HEART clinical staff), and the Lam Assessment on Stages of Employment Readiness (asked of treatment and control families who are unemployed) serve as instruments to assess this outcome for data collection. Additionally, CWF provides wage data and additional information on HEART families who are seeking formal education opportunities.

Table 17: Job Verification and Wage Data

Number Employed	28
Average Hourly Wage	\$10.00

The Lam Assessment on Stages of Employment Readiness gauges unemployed individuals' readiness to work. While small sample sizes preclude assessing statistical significance, for information purposes, those in the treatment group are further along in considering employment than those in the control group.

Twenty-eight HEART family heads of households are employed with an average hourly wage of \$10.00/hour. The hourly wage ranges from \$8.05/hour to \$12 hour. Individuals work in a range of positions including customer service, retail, childcare, teaching assistance and fast food industries. This information serves as an important baseline for CWF's work with families on vocational readiness leading to employment.

Increase Family Financial Management and Stability

The sixth short-term outcome is to increase family financial management and stability. Financial literacy data from the *MoneySmart* measure, client self-report on budget management, CWF report on client's budget management and credit scores serve as measures to assess this outcome. Additional measures in the future will include CWF assessment of clients' financial behavior, credit scores and checking/savings account balances.

MoneySmart Instrument (adapted)

Twelve family head-of-households completed the pre-test on the *MoneySmart* measure which assesses financial literacy. This data establishes an important baseline and suggests there is room for much growth in financial literacy among the HEART families. Module specific post-tests will be administered and that data will be reported in future reports.

Participant Self-Report and HEART Life Coach Report of Budget Management

On a scale of 1 to 5, with a "1" representing managing a budget "very well" and a "5" signifying poor budget management, the average score for the treatment group is a 2.4 while the average score for the control group is a 1.9. The low numbers in the control

group preclude statistical comparison. However, when the HEART life coaches are asked about their client's budget management, they estimate an average of 3.5 which suggests life coaches might assess clients' budget management skills poorer than the HEART families do themselves.

Increase Legal Self-Advocacy

The seventh short-term outcome is to increase legal self-advocacy. The Legal Self-Advocacy Scale serves as an instrument that is being piloted for this evaluation. While smaller sample sizes preclude statistical testing at this point this information shows that the treatment group has fairly high legal self-advocacy and has room for continued growth.

Increase Physical Health Knowledge

Data on increasing physical health knowledge (eighth short-term outcome) will be reported in subsequent reports.

Increase Knowledge of Substance Abuse

Data on increasing knowledge of substance abuse (ninth short-term outcome) will be reported in subsequent reports.

Focus Group Quotes

The following two comments were provided by HEART families participating in a focus group:

"They're doing a great job. I appreciate being in the program, I appreciate the people there, and I thank you very much."

"Well, it's like the housing is the foundation, stable housing would be your foundation. So if you have that stable foundation and you feel stable then you would subconsciously pass that on to your children and they are going to feel stable, and if you're not stressed out about the day to day needs of housing and things like that. You can devote more time and focus your attention on them and they appreciate that."

Process Evaluation Findings

During the first year of HEART implementation (10-01-13 to 9-30-2014), 33 HEART families were enrolled with a ratio of 1 clinical case manager to approximately 5 to 6 families. Clinical case managers provided over 1300 hours of face-to-face contact with HEART families and over 400 hours in answering HEART families' email, phone calls, and text messages.

In the second year of implementation (10-01-14 to 9-30-15) an additional 17 HEART families (for a total of 50 families) were enrolled with 1 clinical case manager to every 10 families. Clinical case managers provided over 1600 hours of face-to-face time with the

HEART families and over 3200 hours in answering families' email, phone calls, and text messages.

Each HEART family is given a "legal aid check-up" where their legal needs are assessed. Since 10-01-13, over 370 hours of legal services have been provided to HEART families. Services provided include a "legal aid check-up", review of housing leases, counsel on child welfare and child support issues, and training on tenants' rights. In addition, HEART lawyers create and distribute a newsletter for HEART families.

HEART life coaches provide the HEART families with information regarding finances; budgeting; strategies for developing a savings plan; educational planning for gaining and/or improving employment; enrolling in educational opportunities such as vocational schools, local colleges, universities, and ESOL classes; and employment opportunities. During 10-01-14 to 9-30-15, HEART life coaches provided over 250 hours of services to HEART families.

From 4-01-15 to 9-30-15, HEART has engaged/sponsored over 85 hours of training for HEART personnel and families. HEART personnel have engaged in site visits to other grant-funded programs, presented the HEART model at state and national conferences, and attended convenings sponsored by the U.S. Department of Health and Human Services.

HEART can be found on the KIDS in Distress, Inc. website <http://www.kidinc.org/>.

Information about HEART can be accessed through a pull down menu entitled "what we do" and clicking HEART <http://www.kidinc.org/what-we-do/children-family-support/>.

On the Kids in Distress, Inc. home page there is a news section and a video about HEART can be found at <http://kidinc.org/kid-on-the-heart-beat/>. The video introduces HEART with testimonials from HEART partners and families.

Conclusion

This report provides a preliminary overview of the HEART outcome and process evaluations. Outcome data is presented and discussed to inform stakeholders of HEART’s impact to date. The total number of families in the HEART outcome evaluation is 160. HEART referrals reflect a broad range of families’ vulnerabilities. The HEART referral and triage process indicates that randomization worked overall as 16 of 18 comparisons on referral data were not statistically significant. The most common demographic profile of a family in the HEART evaluation is an African-American/Black single female with one or two children who resides in an unstable housing situation with friends or relatives.

Since October 2013, HEART has provided essential housing and supports to assist families with their leases as well as help families in maintaining their housing choice vouchers. Additionally, emotional coping, healthy parenting skills, employment, financial data, and legal self-advocacy now have important established baselines.

As primary data collection continues, there should be increased numbers for both comparisons between the treatment and control group - as well as comparisons within each group - over time. Such data provides important benchmarks for program efficacy.

Administrative data that examines the long-term outcomes is in the process of being attained from HEART partners. Once attained and analyzed, this data will illustrate the impact of HEART on the overall “system of care.”

The first of several focus groups comprised of HEART treatment families occurred in July 2015. Two families participated in the group and provided essential data with respect to positive program impact and program improvement. Once all focus groups are completed, this qualitative data will inform HEART service delivery and program efficacy.

Future reports will provide information on cost study and associated findings.

HEART Partner	ROLE
Kids In Distress	Project Lead Agency; Clinical Case Management
ChildNet	Family Referral & Triage; Housing Coordinator
Broward Sheriff's Office	Family Referral & Triage
Public Housing Authorities	Housing Choice Voucher Provider & Liaison (50 Vouchers)
HOPE South Florida	Emergency & Transitional Housing
Urban League of Broward County	Economic Self-Sufficiency Provider
Legal Aid of Broward County	Legal Counsel & Guidance
Broward Health	Health & Behavioral Health Access, Education & Screening
Women in Distress	Domestic Violence Prevention
Broward County Homeless Initiative Partnership	Local Homeless Continuum of Care Lead Agency
Barry University	Local Evaluation
Group Victory LLC	Project Planning, Implementation & Sustainability Support

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