BUILDING CHANGES

END HOMELESSNESS TOGETHER

Ending Family Homelessness in Washington State: An Emerging Approach

POLICY PAPER 2011

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The "Ending Family Homelessness in Washington State" policy paper was developed by Building Changes, Seattle, WA.

Building Changes is a non-profit organization that works with government entities, private philanthropy, and community-based service organizations to ensure that housing and vital public services are available to people experiencing homelessness in Washington State. We foster collaborative partnerships and harness innovative, evidence-based strategies to collectively address barriers to housing stability and reduce homelessness.

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Preface

The work of Building Changes benefits approximately 8,000 individuals annually, including families with children and individuals experiencing homelessness and the housing and service providers who support them. Together, we help put a roof over the heads of homeless people and a support network in their lives. Our service models provide people experiencing homelessness with the coordinated support they need to become stable, as well as the training and education they need to sustain that stability over time so that they do not become homeless again.

The development of this paper, "Ending Family Homelessness in Washington State," comes at a pivotal time in our nation's history. We are now seeing the full impact of the ongoing economic recession on families—from the sharp rise in unemployment and poverty rates to an increase in family homelessness. Federal and state governments are facing budget constraints; Washington State has a budget shortfall as well as a political climate in which increasing tax revenue is unlikely.

Yet, the federal government has shown a renewed focus on ending homelessness. In June 2010, the U.S. Interagency Council on Homelessness released the Federal Strategic Plan to Prevent and End Homelessness, which sets the goal of preventing and ending homelessness in ten years for families, children, and youth. The Plan is backed up by the President's budget proposal for FY 2011, which contains new interagency program initiatives and funding increases.

Meanwhile, throughout the country, homeless providers are evolving decades' old practices with promising new ones that better match families with appropriate housing and services, allocate resources more effectively, and assist families before they become homeless. Building Changes, in partnership with Washington State and the three Puget Sound counties—King, Pierce, and Snohomish—is pairing public and philanthropic dollars to change how housing and services are delivered to homeless and vulnerable families.

Through this paper, we hope to harness the federal government's momentum and local communities' initiatives to achieve the goal of preventing and ending family homelessness in Washington State. It is also our expectation that people working in other states will find the framework and recommendations we present useful for aligning policies, resources, and efforts in their own communities.

Executive Summary

When homelessness first became a widespread phenomenon in the 1980s, the resources that arose to meet this need focused on single adults, who made up the majority of the homeless population and were its most visible members. However, for the last decade, families with children have become the fastest-growing homeless population.

Housing and service providers responded to these families in the same way they treated individual adults: In what this paper calls the "Original Approach," the homeless assistance system first came into contact with a family when it was already homeless and seeking entry into an emergency or domestic violence shelter. The small percentage of families fortunate enough to be admitted usually moved from shelter to transitional housing, where stays could last up to 24 months, and parents were required to receive a pre-set bundle of supportive services. The overwhelming majority of families, however, were turned away due to lack of shelter space. This one-size-fits-all model could support only a small number of families at a very high cost. It did not include a focus on preventing homelessness in the first place.

In recent years, dozens of communities across the country began to pilot innovations to this approach, creating a more robust and customizable "Emerging Approach" that incorporated homelessness prevention, sought to rapidly re-house families that had lost their homes, and cultivated partnerships with the "mainstream" system. (Note: In this paper, "mainstream" refers to benefits, services, and supports whose eligibility criteria do not explicitly incorporate housing status, and are not designed to address the specific needs of homeless families. Examples include welfare benefits, food stamps, and employment training.) Developing partnerships with these mainstream programs would allow homeless providers to promptly connect families with services that are tailored to their unique needs. Washington State is home to many of these innovations.

Planning teams in King, Pierce, and Snohomish counties—the three most densely populated counties in the state—have just completed comprehensive plans to re-design systems and services to best meet the needs of at-risk and homeless families. Their plans are rooted in five key strategies:

Prevention: Keeping families that are on the edge of homelessness housed and linked with the right services

Coordinated Entry: Implementing a common way for families to access homeless services and for providers to quickly link families to the resources they need

Rapid Re-Housing: Moving families rapidly into permanent housing, whenever possible

Tailored Programs: Getting the right services at the right level—and at the right time—for each family

Economic Opportunities: Creating stronger connections to family-wage jobs for the recently homeless

The purpose of this paper is to explicitly identify an Emerging Approach to ending family homelessness and to provide policy and systems-change recommendations that both align with the Federal Plan to Prevent and End Homelessness and support the five key strategies being implemented at the regional level. Accordingly:

> The first part of this paper introduces six concepts that provide the practical and philosophical foundation upon which communities seeking to embrace the Emerging Approach should build. The concepts contain several frameworks that are meant to help communities visualize how services can be organized.
>
> The second part offers a set of policy recommendations for federal, state, and local governments that will enhance systems collaboration between the homeless and mainstream systems, increase funding for services where possible, and ensure that the five strategies can be fully realized.

Concepts

In order for a community to incorporate the Emerging Approach into its efforts to end family homelessness, it should refer to the following six concepts. These concepts draw on local best practices and insights from other fields, such as behavioral health. The concepts also examine possibilities for a new partnership with the healthcare system to assist homeless providers in identifying and serving vulnerable and homeless families.

Concept 1: Family Homeless Policy Development and System Design Use a Population-Based Approach that Includes Vulnerable and Homeless Families.

A population-based approach seeks to determine the needs of a specific population, and features a four-step process: 1) defining the target population; 2) understanding the needs of the population; 3) designing and funding a system of care tailored to those needs; and 4) implementing the design and evaluating whether it is working.

When applying the first step, "defining the target population," the paper proposes that the target population includes both homeless and vulnerable families—the latter should be the focus of prevention efforts should they become at risk of homelessness. These families fall into the following categories:

- Safety-net families. These families have incomes at or below twice the Federal Poverty Level (FPL), which research suggests is the average minimum amount required to meet children's basic needs. Although these families are currently stably housed, an emergency could quickly propel them into vulnerability or homelessness. In Washington State, the safety-net families' population consists of approximately 240,800 families.
- Vulnerable families. These families earn less than 30 percent of the Area Median Income (AMI) but spend more than 50 percent of their pre-tax income on housing. They could lose their housing because of eviction, family violence, or other crises. About 78,500 Washington State families fall in this category.
- Homeless families. These families have experienced one or more episodes of homelessness, primarily due to economic reasons or a temporary housing crisis. An estimated 6,800 families in Washington State are homeless each year.
- Homeless, high-needs families. High-needs families have a complex set of physical and/or behavioral health and/or social needs that underlie an inability to achieve housing stability. There are anywhere from 1,350 to 1,700 homeless, high-needs families in Washington State.[a]

It is important to note that the paper's estimates of homeless and homeless, high-needs families are rough. As with the rest of the country, Washington State has historically struggled to establish a system that offers accurate and timely data on homeless families. Washington State is in the process of consolidating a statewide Homeless Management Information System (HMIS), the federally mandated system for states and localities to count and track their homeless populations. While much hard work has gone into this effort, ensuring a system that offers an accurate picture and allows for easy data-sharing among homeless providers will remain a major task in the months and years ahead.

Concept 2: Housing and Services are Organized as Two Related but Distinct Domains of Need.

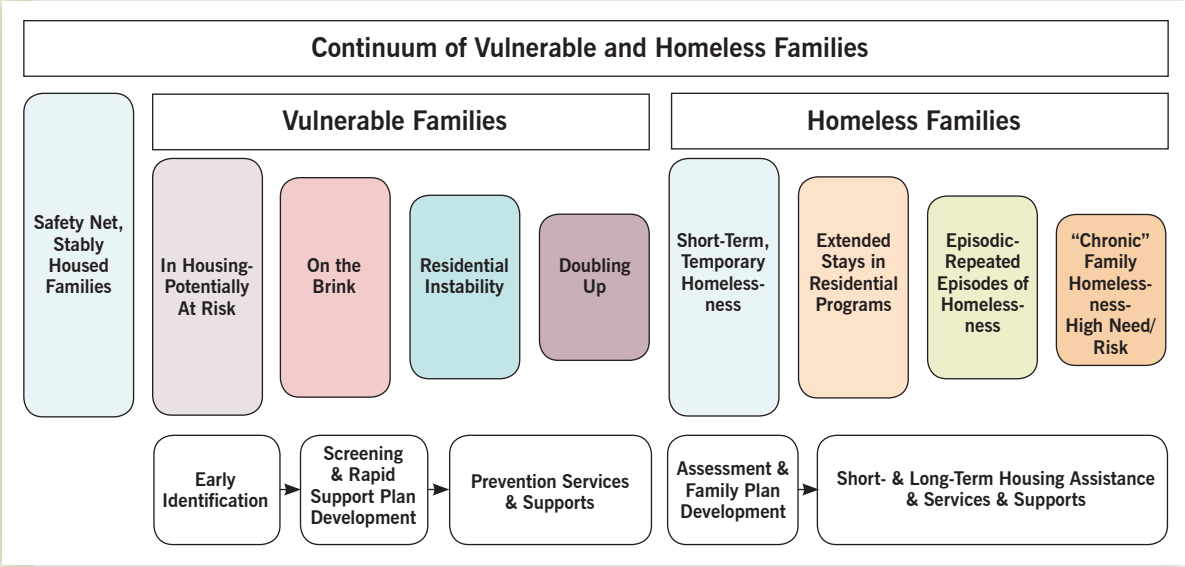
In contrast to the one-size-fits-all Original Approach, this paper proposes families' housing and service needs may not necessarily correspond. For example, a family undergoing first-time homelessness could have vulnerabilities that are as great or greater than another household experiencing an extended episode of homelessness. Instead of offering all families a pre-set package of services, providers should customize each family's services and supports according to the extent and complexity of its needs. This practice would result in savings for the homeless assistance system as resources are allocated more effectively.

[a] The estimates for safety-net and vulnerable families in Washington State are courtesy of the customized calculations from forecast analyst Erica Gardner of the Forecast Division of the Washington State Office of Financial Management. The estimate for homeless families in Washington State is derived by comparing the difference between the Point-in-Time Count (taken one night in January 2010) and the 2009 Annual Count in four counties that have a strong Homeless Management Information System (HMIS). The difference between the 2010 national Point-in-Time and 2009 Annual Count was also factored into the paper's state calculation. For the homeless, high-needs families' estimate, experts say that between 20 to 25 percent of homeless families have high needs. The paper's calculation is based on the 6,800 number of homeless families. For more information on these calculations, please see Endnotes 38-40.

Concept 3: A Well-Defined Approach Balances Prevention, Early Intervention, and Housing Stability for Vulnerable and Homeless Families.

Vulnerable and homeless families have a very wide range of service needs, featuring tremendous variability in both the intensity and types of services and supports necessary to achieve and maintain housing stability and to foster resilience and recovery. Those include short- and long-term housing assistance, education and employment supports, income supports, and health and social services.

This paper offers the following two-part typology that can serve as the foundation for defining the range of housing risks and needs for vulnerable and homeless families:



Concept 4: Ending Family Homelessness Requires the Development of a Network of Community Services and Supports.

Nationally, the service delivery systems for at-risk and homeless families are as varied as the communities in which they operate. A new service delivery paradigm would better align the services and resources of the housing and service systems with a focus on effectively responding to at-risk and homeless families. It would include:

- A Community Awareness Plan, whose goal is to enhance public awareness of family homelessness and reduce the stigma associated with imminent housing loss, a major barrier that keeps at-risk families from seeking help. The plan should include outreach to traditionally underserved minority populations as well as immigrants and refugees.
- An Early Warning System, where a wide spectrum of people in the community are equipped with information to set a vulnerable family on the right course for help. Schoolteachers, religious leaders, healthcare professionals, child welfare workers, and utility workers would be part of the formal network, with specific training on interacting with and assisting families. Relatives, friends, neighbors, landlords, and employers would be the informal part of the system.

- Coordinated Entry, Assessment, Prevention, and Early Intervention Systems, in which homeless providers are trained to screen families to determine their level of housing and service needs. They would also have developed relationships with mainstream agencies in order to easily connect families to services and supports.
- Network of Services and Supports, which ensures that all aspects of the new paradigm are functioning effectively. This system would include such job positions as a community organizer who disseminates the Community Awareness Plan or a care manager who creates or strengthens relations between the community's homeless and mainstream systems.

Concept 5: Family Homeless Competency is Embedded in Emerging Healthcare Reform Structures.

The 2010 passage of the Patient Protection and Affordable Care Act (PPACA) has the potential to be a significant stabilizing force for vulnerable and homeless families. With more than 100 grants, demonstration projects, and other funding opportunities to improve quality of care, there is the potential for these to be used to pilot initiatives targeted at vulnerable and homeless families. More significantly, the law provides opportunities to shift the healthcare system from one that rewards the treatment of illnesses—often when health problems have become chronic conditions—to one that rewards preventive care. This paper explains how this new paradigm will create healthcare structures that could bring healthcare providers into a community's network of services and supports for vulnerable and homeless families.

Concept 6: All Interactions with Homeless and At-Risk Families are Based on a Philosophy of Respect, Resilience, and Recovery.

Known as the "3 R's" in the field of mental health, the philosophy of "respect, resilience, and recovery" takes a strengths-based approach to working with families—both in addressing immediate needs as well as resolving underlying conditions that can hinder residential stability. It should serve as the foundation for system design, community awareness, and all interactions among families and homeless and mainstream system workers and providers. Without it, the focus on building resilience to support recovery may be lost in the process of addressing basic needs.

Recommendations

The paper's policy recommendations are largely organized to align with the themes and strategies of the Federal Strategic Plan to Prevent and End Homelessness. Released in June 2010, it provides a roadmap for improving the nation's response to homelessness among families, veterans, youth and children, and people who are chronically homeless, and sets a path for ending all types of homelessness in the United States. Some of the policy recommendations go beyond the federal plan's scope to address additional issues such as child welfare, but overall, they align with the federal plan's goals and vision. The recommendations also draw on the strategies that King, Pierce, and Snohomish counties are taking to end family homelessness. Their programs and initiatives are cited as examples for other communities looking for promising practices.

The recommendations fall under eight issue areas, each of which contains policy and systems adjustments for federal, state, and local governments. A sample of recommendations is included for each issue area.

Area 1: Increase Leadership and Collaboration to Prevent and End Family Homelessness

1A. The Governor should revive the role of the Interagency Coordinator to promote collaborative leadership among state agencies.

1B. The Interagency Coordinator should task the Interagency Council on Homelessness to address the following priorities:

- Convene leaders and providers in the homeless and mainstream systems for cross-systems education, information-sharing, and relationship-building.
- Sponsor the development of a common vocabulary to support cross-agency collaboration and data collection.

1C. The state legislature should study the braiding and blending of existing federal, state, and local funds to support the Emerging Approach of ending family homelessness.

Area 2: Increase the Supply of Stable and Affordable Housing and Improve Access for Vulnerable and Homeless Families

2C. The Washington State Legislature should re-enact the Home Security Fund. Many of the shelters and programs that serve both homeless individuals and families in Washington State are funded through the Home Security Fund (HSF).

2D. Federal, state, and local policies and practices should be revised to reduce housing access barriers for the most vulnerable and homeless families as well as domestic violence survivors. These include barriers that prevent families with poor credit, criminal backgrounds, or histories of eviction from qualifying for housing.

2E. County governments should establish landlord liaison programs to engage private-sector landlords to rent units to homeless families. They should also seek to establish funding pools for support for homeless families, including through public-philanthropic resources.

Area 3: Increase Economic Security for Vulnerable Families by Increasing Opportunities for Meaningful and Sustainable Employment and Improving Access to and Adequacy of Cash Assistance

3A. Federal policy adjustments should be made to the Workforce Investment Act (WIA) reauthorization so that employment and training programs that receive WIA funding address the needs of vulnerable homeless families.

3C. Federal and state policy adjustments should be made to encourage, support, and connect parents in homeless and vulnerable families with post-secondary education opportunities.

3D. Congress should make policy adjustments through the Temporary Assistance to Needy Families (TANF) re-authorization that improve participation rates and cash-assistance levels. Washington State should enact changes that provide more effective and adequate support for vulnerable families.

3G. Washington State should enact and fully fund the Working Families Tax Credit, the state's supplement to the federal Earned Income Tax Credit (EITC).

Area 4: Improve Health and Stability for Vulnerable and Homeless Families and Align Healthcare Reform Policies with Their Needs

4A. The U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA) and Human Resources and Services Administration (HRSA) should co-lead the design of healthcare home pilots for vulnerable and homeless families. The pilots should test clinical and payment reform designs that serve the needs of families with moderate or high levels of service needs.

4F. The state Department of Social and Health Services (DSHS) and the Medicaid Purchasing Administration should sponsor community health centers that are co-locating primary and specialty care for adults with mental illness. The new healthcare law provides $50 million to improve care for adults with mental illness and co-occurring primary care conditions or chronic diseases. A number of Washington State community mental health centers have applied for funding.

4H. DSHS should partner with local organizations to apply for maternal, infant, and early childhood home-visiting program grant funding that is targeted to vulnerable and homeless families. Many families experiencing homelessness are headed by young parents who are pregnant or caring for very young children. This program can provide flexible, family-centered services.

Area 5: Retool the Homeless Family Crisis Response System and Rebalance Homeless Family System Resource Allocations

5A. The WA State Department of Commerce/DSHS Homeless Families Plan and local Ten-Year Plans should be updated to reduce their reliance on transitional housing for families that would be better served by other interventions, such as rapid re-housing assistance or short-term rental assistance.

5B. Federal, state, and local policies should be modified to allow for flexibility in the development and use of housing stock, prevention funds, and services for homeless families.

Area 6: Improve Educational Opportunities for Children in Vulnerable and Homeless Families

6A. Congress should adequately fund the McKinney-Vento Homeless Education Assistance Act so that State and Local Educational Agencies (SEAs and LEAs) can fully implement the Education of Homeless Children and Youth (EHCY) obligations.

6B. The Washington State Department of Commerce, the Office of the Superintendent (OSPI) and the Department of Early Learning should strengthen their partnership to ensure academic success for children from vulnerable and homeless families.

6D. The Washington State Department of Commerce and OSPI should support relationship-building among school districts, providers of early childhood education and child care, and homeless service providers.

Area 7: Strengthen the Linkages between the Child Welfare and the Family Homeless Systems

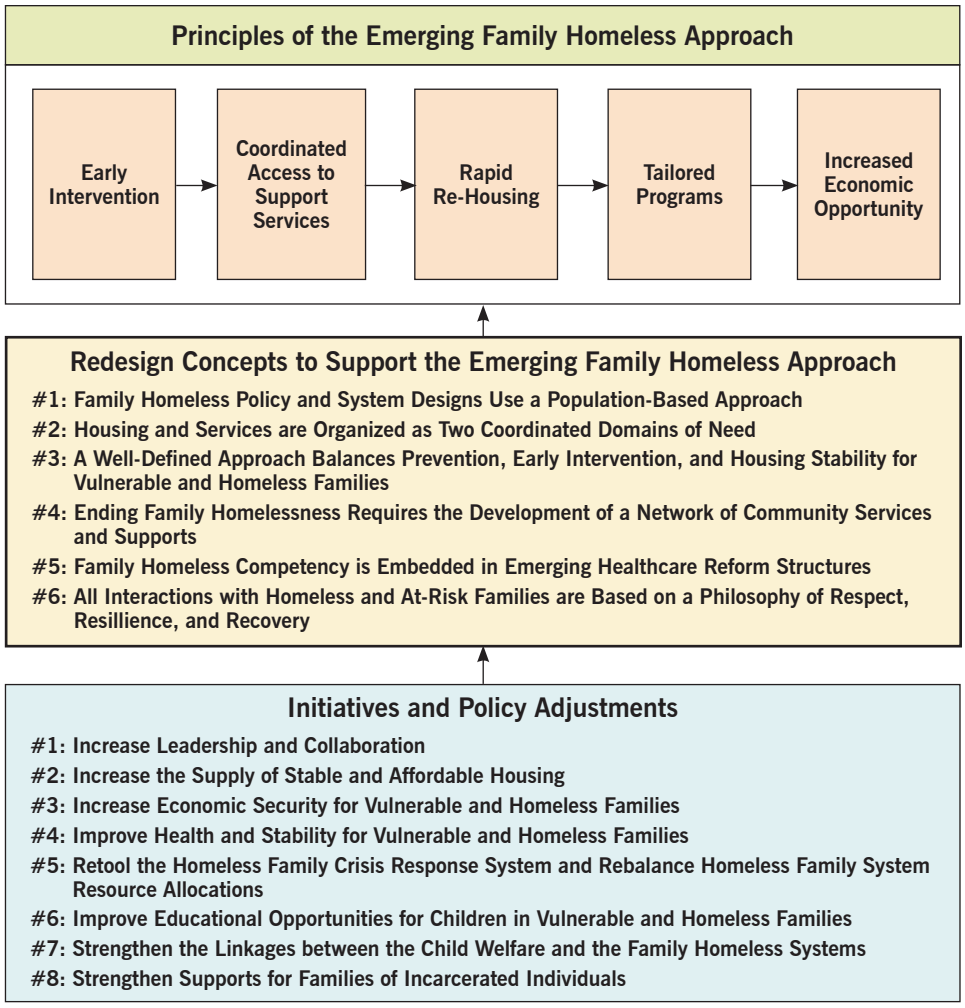
7A. DSHS should incorporate a focus on vulnerable and homeless families into the Washington State Child Welfare Redesign initiative. As part of planning and implementation of efforts to redesign and strengthen the child welfare system in Washington, pilot programs should be established to target family preservation and reunification services to high-needs families that are at risk of homelessness or already homeless.

Area 8: Strengthen Supports for Families of Incarcerated Individuals, Making Families with Children an Explicit Focus of Re-entry Plans and Program Initiatives

8A. The Washington Department of Corrections (DOC) and DSHS should provide targeted support for children who have an incarcerated parent so they can stay enrolled in their schools and remain in their neighborhoods.

8B. The Washington State DOC and DSHS should strengthen efforts to address the risks of HIV infection for family members of incarcerated individuals. They should examine the relationship between incarceration, re-entry, and the risks of HIV infection for parents and children in homeless and vulnerable families, and develop strategies to support housing stabilization.

These policy adjustments and initiatives span an ambitious range of issues as well as multiple systems (e.g., housing, education, employment, and child welfare). Together, they aim to direct much-needed funding to programs that serve homeless and vulnerable families, use existing resources to improve the way families access housing and supports, strengthen collaboration and information-sharing among disparate agencies, and bring the mainstream system that serves low-income families in closer partnership with the homeless system. The following figure demonstrates how they help realize the paper's six concepts, which in turn support the five strategies that King, Pierce, and Snohomish counties have identified in their effort to prevent and end family homelessness:



Conclusion

This policy paper was developed during a particularly challenging time in our nation and state. State budget cuts to vital support services, housing loss, and unemployment are stressing already vulnerable families. Despite the uncertain economic outlook, Building Changes hopes that this work will serve as a roadmap for policymakers, providers, and other stakeholders seeking to prevent and end family homelessness in their communities. The concepts offer several frameworks for visualizing how services should be organized under the Emerging Approach, and point to new potential partnerships with important sectors such as healthcare. The policy recommendations will move both the homeless and mainstream systems to be more responsive to the diverse needs of vulnerable and homeless families.

The recommendations span an ambitious range of issues across multiple systems (e.g., housing, education, employment, and child welfare), and require an extensive amount of relationship-building and information-sharing among disparate agencies that might have little or no history of collaboration. This begs the question: Where to begin?

Where to Begin

Building Changes will use this paper to define its work agenda in the coming years, setting both short- and long-term policy priorities in concert with the political and economic possibilities in Washington State. It will also strengthen existing partnerships and build new relationships.

For others looking to chart their course, below are some general first steps that can be taken to begin the work of preventing and ending family homelessness in their communities:

- Create a shared vision among community leaders and funders with the goal of ending family homelessness within the next ten years.
  - Update local and state Ten-Year Plans
  - Refine, use, and test screening and assessment tools
- Re-prioritize and re-organize existing resources for greater efficiency, cost-saving, and flexibility.
  - Assess the braiding of existing federal, state, and local funds
  - Reduce reliance on transitional housing and increase flexibility for how housing funds can be used
- Strengthen alignment between the homeless and mainstream systems, and ensure that homeless and vulnerable families are a focus of state planning when improving child welfare, workforce development, and other systems that affect those families.
- Prepare the state for recent changes in federal law and programs that could direct funding for housing and services, such as:
  - HEARTH Act's revised definition of "homelessness" that funds newly eligible activities
  - Family Unification Program (FUP) vouchers
  - Veterans' homelessness prevention demonstration program
  - U.S. Department of Labor (DOL) transitional jobs demonstration project (appropriated but not yet allocated)
  - Health reform measures
- Actively support advocacy efforts in partnership with national organizations for continued and expanded federal funding for programs such as the National Housing Trust Fund and TANF.

Ultimately, communities know best how to leverage their existing resources and improve the way they provide housing and services for homeless and vulnerable families. Indeed, it is the many promising developments occurring throughout Washington State that inspire this paper, including Building Changes' own program, the Washington Families Fund, which coordinates housing and services according to each family's level of need and sustains stability and support over time so that families do not become homeless again. It is Building Changes' hope that communities across the state and country develop and learn from one another's best practices as they work together to prevent and end family homelessness.

Introduction

"The persistence of family homelessness in Washington State is primarily due to a combination of poverty, health issues, and other family problems. However, responses to end family homelessness are not as effective because of key system gaps and the absence of supports carefully matched to the disparate needs of each family."

(Scoping the Bill & Melinda Gates Foundation's Family Homelessness Strategy for Washington State, February 2007)

In the last few years, innovative service and housing providers have made important strides in addressing family homelessness—developing new approaches that extend beyond managing the problem to striving to end it. This paper builds on the progress already made, and applies the lessons learned to strengthen emerging models to achieve the goal of preventing and ending family homelessness. It organizes what we have learned into a conceptual framework that can be used to accelerate policy, program, and financing efforts, and begins to articulate specific initiatives and policy adjustments that should be pursued at the federal, state, and local levels to end family homelessness in Washington State and the United States.

It is important to acknowledge that this paper is being written at a challenging time. Most states, including Washington, continue to face budget crises in the midst of the worst economic downturn since the Great Depression. Fifteen million Americans are out of work,[1] and there continues to be an acute and growing shortage of affordable housing in many communities in Washington State and the nation. Now more than ever, it is essential that the best thinking and ideas be brought together to design and deploy the Emerging Approach to addressing and ending family homelessness.

Original Approach

During the 1980s, when homelessness first became a widespread phenomenon, the resources that arose to meet this need were designed for single adults and then adapted to respond to the emergence of growing numbers of homeless families.

Figure 1 illustrates this approach to addressing family homelessness. The arrows describe the various paths that a family can take, from crisis to emergency shelter to transitional housing to permanent housing, or from crisis straight to transitional housing. It is also possible that some families in transitional housing are required to leave due to rule violations and other circumstances.

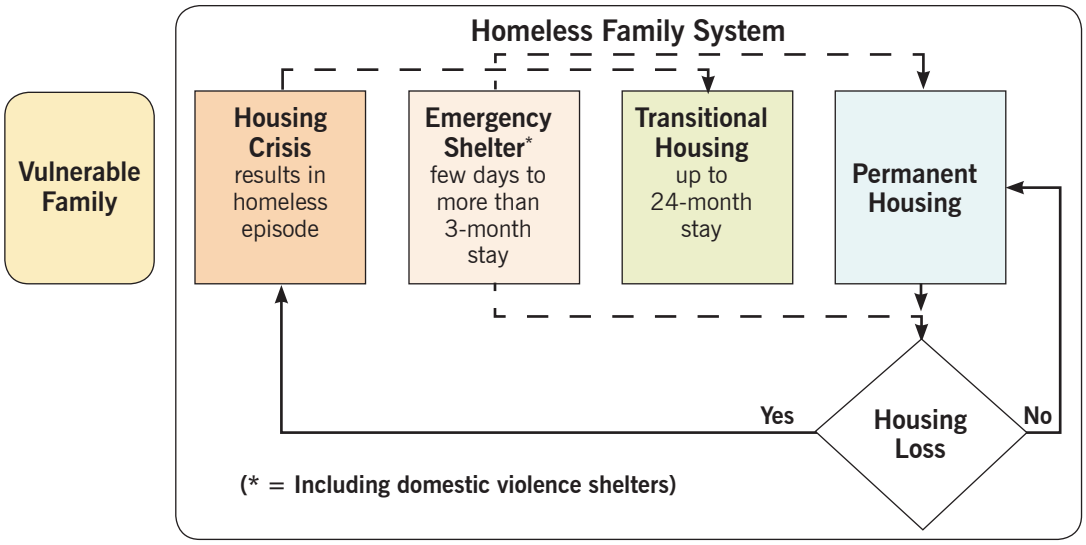


Figure 1: Original approach to family homelessness

Typically, the first contact between a family and the homeless assistance "system" occurred when the family was already homeless and seeking entry into an emergency or domestic violence shelter. If admitted, the family could stay anywhere from a few days to several months.[2] Transitional housing was often the next stop, where stays could last up to 24 months.[3]

With both emergency shelter and transitional housing, the housing provider typically offers families supportive services with varying degrees of connection to mainstream systems and agencies. (Note: In this paper, "mainstream" refers to benefits, services, and supports whose eligibility criteria do not explicitly incorporate housing status, and are not designed to address the specific needs of homeless families. Examples include welfare benefits, food stamps, and employment training.) At the same time, a large share of the resources in the homeless assistance system are spent on transitional housing, even though it often does not serve families with the highest level of service needs.

This combination of long lengths of stay in transitional housing, a requisite bundle of services, and limited prevention funds has concentrated homeless assistance funding toward a relatively small number of families at a relatively high cost. In 2007, Washington State dedicated an estimated 97 percent of the family homeless system's funding to this model, with only 3 percent of funds used for prevention and early intervention activities.[4] While there are currently more dollars being devoted to prevention, there is still over-reliance on transitional housing.

This model of serving a low number of families at a high cost is not working, as demonstrated in Figure 2. In the past decade, the number of shelter requests from families increased, but the actual number of families residing in shelters decreased. This is primarily due to longer lengths of stay in emergency shelters and transitional housing, resulting in fewer turnovers of beds or units.[5] In 2006,

there were 53,700 requests for shelter from families in Washington State.[b] Given that there are only approximately 6,800 homeless families in the state per year, this high volume of requests shows the sheer number of attempts each family made to find a place to stay. That year, family shelters were able to offer assistance to only 6,116 requests, and turned down the overwhelming majority—47,584 or 89 percent.[6]

Because the bulk of spending is targeted toward a low-volume, high-cost shelter and transitional housing model, Washington State has not had the funding to develop adequate prevention resources. Of the 41,334 requests for prevention assistance, such as help with rent or utility bill payment, in 2006, only 19 percent (7,792) received assistance, and 81 percent (33,542) were turned away.[7]

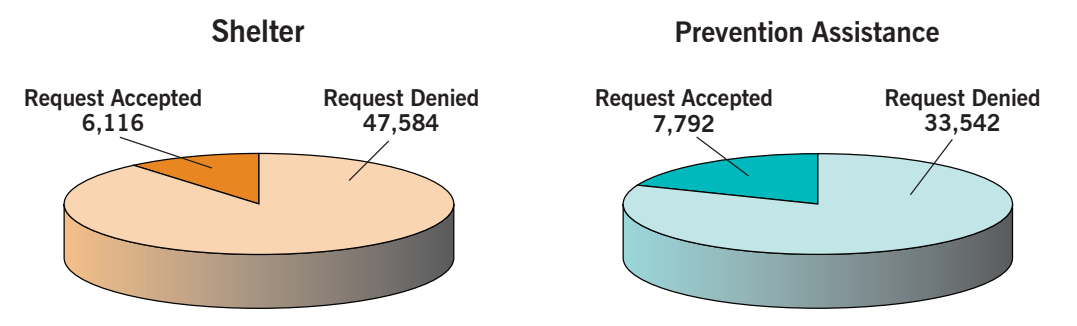


Figure 2: Percentages of families seeking shelter or prevention assistance in 2006. Please note the data are unduplicated. They represent the total number of requests, not the number of families.

Dennis Culhane, PhD, a leading homelessness and housing policy professor at the University of Pennsylvania, has described this low-volume, high-cost approach as a "one-size-fits-all" model that is incapable of providing "the correct amount and type of resources necessary to extricate a family from homelessness or prevent them from becoming homeless."[8]

"There is an increasing number of Iraq and Afghanistan Veterans who are women and who are homeless or at risk of becoming homeless. Many are caring for young children, and many have experienced sexual abuse and trauma during and/or prior to military service. For all Veterans, greater attention is being paid to the needs of their families and children."

Opening Doors: Federal Strategic Plan to Prevent and End Homelessness 2010

A separate system administered by the Department of Veteran Affairs (VA) serves homeless veterans. Some families that experience or are at risk of homelessness include a parent who is a veteran—and therefore eligible for additional

[b] Please note that this figure does not indicate the number of families seeking assistance but the number of assistance requests in the state. Due to challenges in data collection that this paper addressed, the state was not able to unduplicate the numbers for families seeking shelter and prevention assistance.

assistance from the VA. As with the civilian population, VA programs for homeless veterans were primarily designed to serve single men without children, and only four percent of homeless persons served by VA programs were women. There are between 4,000 and 6,800 homeless veterans in Washington State.[9] Programs for homeless veterans were often not well-aligned with other homeless assistance programs. Nationwide, approximately 2.1 percent of the adults in homeless families served in shelters or transitional housing programs in 2009 were veterans.[10]

Emerging Approach

In recent years, dozens of communities across the country piloted innovations to the Original Approach. Their results have begun to make their way into the research literature, creating a picture of a more robust and customizable approach "that emphasize(s) the prevention of at-risk individuals and families from becoming homeless and the placement of homeless households into permanent housing arrangements as quickly as possible."[11]

There are several characteristics of the Emerging Approach that differentiate it from the Original Approach (See Figure 3 on the following page). First, communities are broadening the scope of their response to include vulnerable families at risk of becoming homeless, while better understanding different patterns of family homelessness and the diversity of risks, needs, and strengths among homeless families.

Second, the homeless system is cultivating partnerships with the "mainstream" programs that serve a broader group of needy families and whose eligibility criteria do not explicitly include housing status. While these mainstream programs are not designed to meet the specific needs of homeless families, building robust ties with them is key to helping families get the services and supports for which they are eligible—and that they need to achieve stability.

In Washington State, King, Pierce, and Snohomish counties are each implementing family homelessness plans that incorporate these efforts. While each county has its own roadmap based on existing resources and systems, they all seek to fulfill the same five strategies: 1) prevention; 2) coordinated entry; 3) rapid rehousing; 4) tailored services; and 5) economic opportunities.[c]

[c] **Prevention:** Keeping families that are on the edge of homelessness housed and linked with the right services

Coordinated Entry: Implementation of a common way for families to access homeless services and for providers to quickly link families to the resources they need

Rapid Re-Housing: Moving families rapidly into permanent housing, whenever possible

Tailored Programs: Getting the right services at the right level—and at the right time—for each family

Economic Opportunities: Creating stronger connections to family-wage jobs for the recently homeless

"It is impossible and inappropriate for our local homeless service delivery system to provide or fund all the services needed to support families facing housing instability... The housing stabilization system needs to build relationships and form partnerships with a broad range of community and mainstream programs. This helps to reduce the burden on the homeless service delivery system and shares the responsibility for preventing and ending homelessness within the community.... The homeless service delivery system will not duplicate or replace services that mainstream systems are already responsible for providing."

Moving Forward: A Strategic Plan for Preventing and Ending Family Homelessness in King County, 44–45.

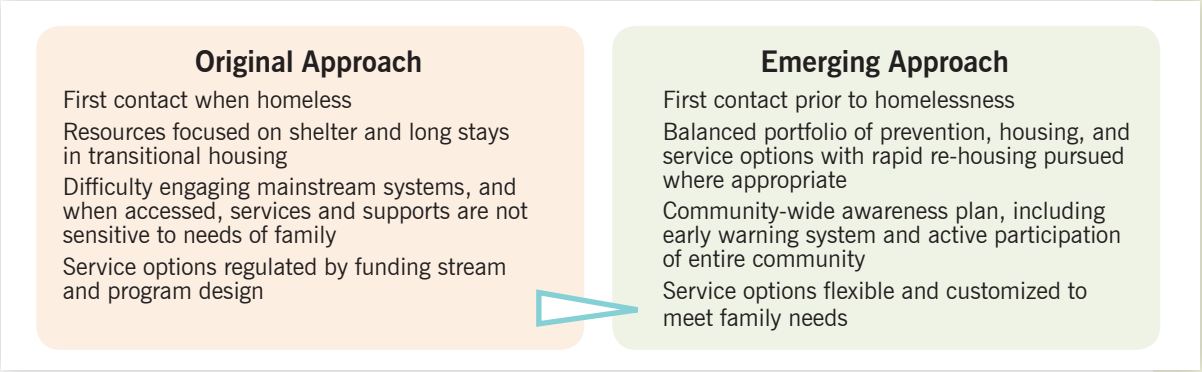


Figure 3: Comparison of Original and Emerging Approaches

In 2009, two major federal acts were signed into law that support this Emerging Approach—the Homelessness Prevention and Rapid Re-housing Program (HPRP), which was part of the American Recovery and Reinvestment Act (ARRA), and the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act. These new programs and other changes in federal law are already transforming how the family homeless system is organized and funded, accelerating the pace of innovation in the field.

Figure 4 on the following page provides an illustration of the Emerging Approach, which shows a workflow of what a family might experience if they were to move from being stably housed to housing instability ("vulnerable family") to actual housing loss. This figure represents a composite of the system designs, strategies, and resource shifts occurring throughout the country.[12]

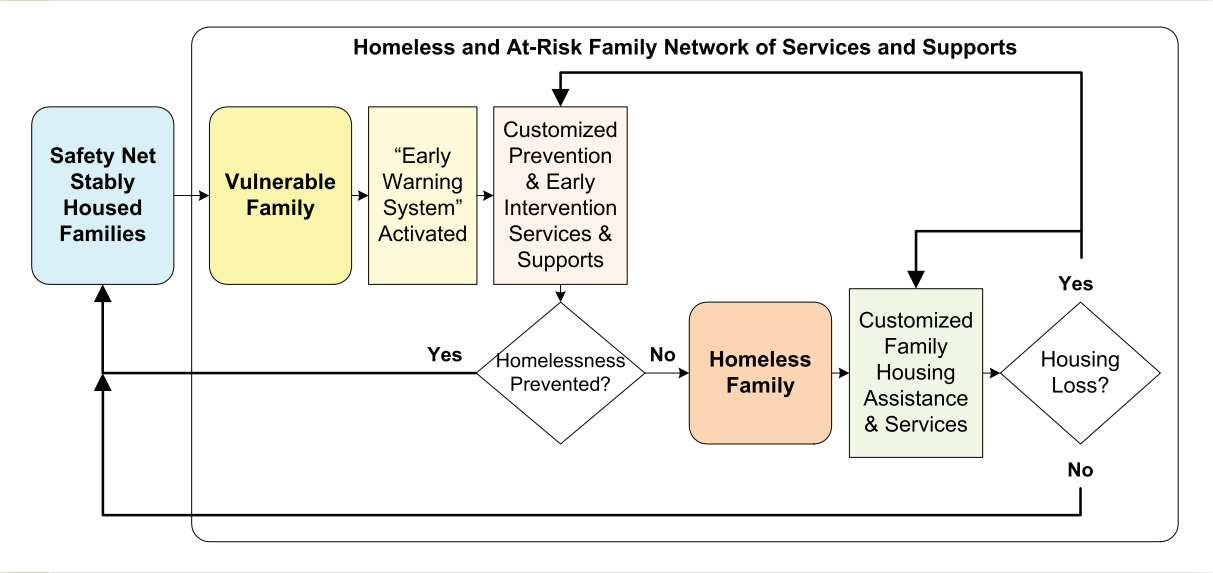


Figure 4: Emerging Approach to family homelessness

Safety Net families, defined as families below 200 percent of the Federal Poverty Level (FPL) ($36,620 for a family of three in 2010),[13] can transition to a vulnerable state when a variety of life events results in loss of income, pending loss of housing, residential instability, or doubling-up.

Communities are developing "early warning systems" supported by community awareness efforts to overcome the stigma of potential housing loss and facilitate family engagement *prior to housing loss*. These efforts include rapid deployment of customized prevention and early intervention services and supports, such as temporary rent supports, payment of utility bills, and addictions counseling, provided from a strengths-based, culturally competent, trauma-informed perspective.

If housing loss does occur, new assessment tools and approaches are being used to identify specific family needs that result in the development of a customized family plan to promote housing stability. These plans can draw on a wide range of services and supports, including short- and long-term housing assistance, income assistance, education and employment supports, and health and social services.

The Context Behind Family Homelessness

The economic recession

It is impossible to discuss family homelessness without discussing the economic crisis that began to unfold in December 2007. A bleak picture has continued to unfold, and the outlook for economic recovery remains uncertain, with unemployment and poverty at disconcerting highs:

- From late 2007 to 2009, the national unemployment rate climbed steadily from five to ten percent. Since August 2009 through 2010, it has remained near ten percent. Economists predict that it will take years to create enough new jobs to replace those lost during this recession.[14]

- About 6.4 million more Americans fell into poverty—nearly 2.6 million in 2008[15] and nearly 3.8 million in 2009.[16] The latter brought the nation's poverty rate to a 15-year high. With a total of 44 million Americans in poverty, that means one in seven adults and one in five children are struggling to meet their basic needs.[17]

Not surprisingly, the number of homeless families also increased in 2009 through most of the country. The U.S. Department of Housing and Urban Development's (HUD) most recent Annual Homeless Assessment Report (AHAR) revealed that:

- On one night in January 2009, 231,721 people in families were homeless, compared to 225,602 in the previous year.[18] That means between 37 to 39 percent of homeless individuals were in families.
- From September 2008 to October 2009, more than 170,000 families were in emergency shelter or transitional housing—a 30 percent increase since 2007.[19] These individuals made up one-third of the 1.56 million people who stayed in such shelters.

(For more information on recent homelessness trends, please see Appendix II.)

Significant racial disparities

But the recession alone is not to blame for the rise in family homelessness. Even during flush economic times, the legacy of institutionalized racism continued to keep entire segments of the American population teetering on the edge or in poverty. For many racial and ethnic minorities, their economic status was always more dire than that of white Americans. Due to a legacy of racism and discrimination in hiring and housing practices, African-Americans, Latinos, and Native Americans are disproportionately represented among low-income and homeless families.

- African-American employment was already declining before the recession: From 2000 to 2007, unemployment among African-Americans remained persistently at about twice the level of whites—even among African-American college graduates. In fact, it rose by 2.4 percent during those seven years.[20]
- In the last ten years, Latino unemployment was consistently higher than white unemployment, sometimes by as many as four percentage points.[21]
- In 2006, 29 percent of African-American, 24 percent of Hispanic, and 30 percent of Native American families with children were in poverty, in comparison to 11 percent of white families with children.[22]
- In 2006, 33.4 percent of African-American children, 26.9 percent of Hispanic children, and ten percent of white children were poor.[23] More than one-third of Native American children were poor.[24]
- The recession has made life even more precarious. The African-American unemployment rate surged past ten percent in July 2008 and hovered near 17 percent through 2010. The gap between the white and Latino unemployment rates also widened in the last two years, with the latter fluctuating between 12 and 14 percent in 2010.[25]

- Predatory lenders have traditionally targeted African-American, Latino, and immigrant communities for subprime mortgages, so the foreclosure crisis hit these families hard. Job loss and foreclosures "have combined to destroy black wealth and income, and erase two decades of slow progress" in parts of the country.[26] The wealth gap between whites and African-Americans or Latinos has not only widened but done so dramatically: "As of December 2009, median white wealth dipped 34 percent ... median black wealth dropped 77 percent."[27] As a result, "For every dollar of wealth owned by a white family, a black or Latino family owns just 16 cents."[28]
- In 2009, one in fifteen African-Americans living in poverty entered a homeless shelter or transitional housing program.

Shortage of affordable housing

Family homelessness is "largely due to a structural imbalance between the supply and the demand for affordable housing," leaving vulnerable families "less able to compete for the scarce supply of available affordable housing."[29] In fact, "The threat of homelessness looms constantly over most poor families who struggle to meet their rent or mortgage payments."[30]

- In 2007, before the recession, 2.2 million families were renting without housing assistance even though their incomes were below 50 percent of the Area Median Income (AMI) and they were paying more than half their income in rent.
- In 2008, half of all low-income, single-parent households spent 63 percent or more of their incomes on housing.[31]
- In the State of Washington, there are only:
  - 63 units for every 100 very low-income households with incomes below 50 percent of AMI.
  - 31 affordable and available rental units for every 100 Extremely Low Income (ELI) families, defined as having incomes below 30 percent of AMI.[32]
- Among children living in poverty, 1 in 38 became part of the sheltered homeless population at some time during the year.[33]

Other Causes of Family Homelessness

Families become homeless for a variety of reasons. Sometimes, a single crisis creates a domino effect that results in housing loss. There are also complex reasons that stem from systemic, socioeconomic factors that this paper cannot begin to fully address.

They include lack of access to educational and meaningful employment opportunities—the overwhelming majority of homeless families are led by an economically disadvantaged single female head of household. The high school graduation or GED rates for homeless mothers range from 35–61 percent,[34] consigning them to minimum-wage jobs with little or no prospect for professional development and increased wages. Domestic violence is another major factor that drives families into homelessness. According to the 2010 Washington Families Fund program evaluation, 66 percent of the mothers in its moderate-needs families experienced domestic violence.[35] Among the high-needs families, 93 percent of mothers had suffered physical or sexual abuse in their lifetime.[36]

Six Concepts that Support the Emerging Approach to Ending Family Homelessness

The scope and mission of this paper is to support and strengthen the five strategies that characterize the Emerging Approach to ending family homelessness. It identifies six concepts that form the foundation for implementing the Emerging Approach. They draw on best practices arising out of Washington State as well as perspectives from other fields, such as behavioral health, that can offer insight for homeless providers. These concepts will help communities improve their existing homeless assistance systems, manage resources more effectively, and collaborate with mainstream systems.

Concept 1: Family homeless policy development and system design use a population-based approach that includes vulnerable and homeless families.

Concept 2: Housing and services are organized as two related but distinct domains of need.

Concept 3: A well-defined approach balances prevention, early intervention, and housing stability for vulnerable and homeless families.

Concept 4: Ending family homelessness requires the development of a network of community services and supports.

Concept 5: Family homeless competency is embedded in emerging healthcare reform structures.

Concept 6: All interactions with homeless and at-risk families are based on a philosophy of respect, resilience, and recovery.

Concept 1: Family Homeless Policy Development and System Design Use a Population-Based Approach that Includes Vulnerable and Homeless Families.

"A population health perspective encompasses the ability to assess the health needs of a specific population; implement and evaluate interventions to improve the health of that population; and provide care for individual patients in the context of the culture, health status, and health needs of the populations of which that patient is a member."[37]

Association of American Medical Colleges [AAMC], 1999

As suggested by the Association of American Medical Colleges' description, a population-based approach to addressing the needs of homeless and at-risk families uses a four-step planning process that includes:

1. Defining the target population
2. Understanding the needs of the population
3. Designing and funding a system of care tailored to those needs
4. Implementing and evaluating the system of care

Defining the Population of Homeless and At-Risk Families

As with the rest of the country, Washington State has historically struggled to establish a system that offers accurate and timely data on homeless families. Only a handful of counties possess a strong HMIS, the federally mandated system for states and localities to count and track their homeless populations. Washington State is in the process of consolidating a statewide HMIS. While much hard work has gone into this effort, ensuring a system that offers an accurate picture and allows for easy data-sharing among homeless providers will remain a major task in the months and years ahead.

The emerging family homeless approach broadens the target population from those who experience one or more episodes of family homelessness to include a broader population of vulnerable families that might become at risk of homelessness.

Safety-Net Families have incomes at twice the FPL, which research suggests is the average minimum amount required to meet children's basic needs. In Washington State, this population consists of approximately 240,800 families.[38] Although they are currently stably housed, changes in economic, health, behavioral health, exposure to violence, and/or social circumstances can quickly propel a family into a state of vulnerability or homelessness. It is from this group that we can further draw three sub-populations of potentially at-risk or homeless families.

Vulnerable Families are potentially at risk of homelessness because they are extremely low-income, with family earnings less than 30 percent of the AMI and because they also spend more than 50 percent of their pre-tax income on housing. The most vulnerable of these families risk losing their housing because of

eviction, foreclosure, family or neighborhood violence, or other crises, and may be forced into a series of moves or temporary stays with friends or relatives. There are about 78,500 vulnerable families in Washington State.[39]

Homeless Families have experienced one or more episodes of homelessness. For most of these families, homelessness is due primarily to economic reasons or a temporary housing crisis. It is difficult to accurately gauge the exact number of families that are homeless every year. The 6,800 cited in Figure 4 on the following page is an estimate based on the total number of families staying in emergency shelter, transitional housing, or living unsheltered. However, the state Department of Education has a broader definition of homelessness that includes families that are doubled-up. According to the data it collects, the majority of homeless families in Washington State are living in doubled-up arrangements. In the 2008–2009 academic year, out of 20,780 homeless school-age children, nearly 13,000 were doubled-up. Given that the average homeless family consists of a single mother and two children, we can extrapolate that there are more than 10,000 homeless families in the state if doubled-up families are included.[40]

Homeless, High-Needs Families have a complex set of health, behavioral health, and/or social needs that underlie an inability to achieve housing stability. Such families constitute about 20 to 25 percent of all homeless families.

Figure 5 provides estimates on the number of Washington State families in each category.

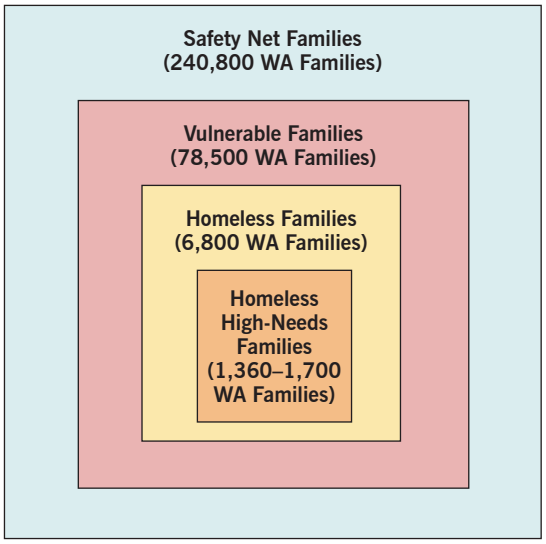


Figure 5: Four population subgroups[41]

Understanding the Needs of the Population

Population-based planning principles dictate that the needs of each group must be considered when designing and funding a system that services homeless and at-risk families. This approach helps ensure that when there are not sufficient funds to meet the need, the system design is revised in order to achieve the best resource allocation balance to achieve the desired outcomes. This includes answering the following questions:

- How many families are estimated to be in each subgroup of the target population?
- What are the *desired outcomes* that will best meet the needs of the target population?
- What *community prevention infrastructure* should be put in place to prevent vulnerable families from becoming homeless?
- What *crisis response infrastructure* should be put in place to support families that become homeless to help them achieve housing stability?

- What is the *projected cost* of meeting the needs of homeless and at-risk families, assuming emerging best practices are used to design and operate the entire system?
- What *funds are available* from homeless initiatives and mainstream systems to support the needs of homeless and at-risk families?
- If there is not sufficient funding to cover projected costs, what design changes can be made to maintain the integrity of the system design while balancing the budget?

The next several concepts lay out how communities can accomplish Step 2, "Understanding the needs of the population," Step 3, "Designing and funding a system of care tailored to those needs," and Step 4, "Implementing and evaluating the system of care."

Concept 2: Housing and Services are Organized as Two Related but Distinct Domains of Need.

Vulnerable and homeless families have a range of service needs that accompany housing instability. Each family's level of need may or may not correspond to its level of housing instability. For example, a young single parent undergoing short-term, first-time homelessness could have vulnerabilities that are as great or greater than another head of a household experiencing an extended episode of homelessness. This family should not be prevented from accessing the full range of services simply because their housing status did not rise to a certain level of instability. On the other hand, not all homeless families have the same level of service needs.

This paper proposes a two-axis framework of housing and service needs (see Figure 6 below) that should form the basis for the development of individualized plans. These plans can be tailored to provide the right services and supports in the right amounts at the right times, resulting in a system that uses resources effectively.

	Low Service Need	Moderate Service Need	High Service Need
Low Housing Need	Family 1		
Moderate Housing Need			Family 2
High Housing Need	Note A	Family 3	

Figure 6: Two domains of family homeless need

Note A: The Low Service Need/High Housing Need box is shaded grey to designate that this is an unlikely combination.

Family 1: Low Housing, Low Service. Family 1 received an eviction notice after it did not pay the current month's rent due to financial difficulty and building safety concerns. Its members have low service needs: The parent lacks after-school child care, transportation to allow the child to avoid changing schools, and a bus pass in order to travel to and from work. The family needs: 1) rental assistance to pay back rent; 2) assistance in finding safer housing; 3) school-based services for the child; and 4) wraparound supports through a welfare-to-work program.

Family 2: Moderate Housing, High Service. Family 2 is staying with relatives who have asked them to leave because of overcrowding and conflict. Its members have high service needs: The mother is depressed, has diabetes, and is dependent on alcohol. She recently experienced domestic violence at the hands of the children's father, who is currently in jail. One of the children frequently missed school due to asthma, and is now far below his grade level in reading and math. Integration and coordination across service sectors are necessary for a family with this level of vulnerability. This family could use: 1) a housing voucher through a partnership between the local child welfare agency and public housing authority (PHA), with the goal of securing housing and preventing an avoidable out-of-home placement for the children; 2) trauma-informed family stabilization services that are linked to the housing voucher; and 3) integrated medical and behavioral health services provided through a person-centered healthcare home (see Concept 5) that has the capacity to effectively engage families with complex needs.

Family 3: High Housing, Moderate Service. Family 3 has lived in transitional housing for more than a year. Before entering the program, the young mother was fleeing a violent boyfriend, and was abusing alcohol and drugs. As a teenager, she spent time in foster care, and cannot rely on support from her relatives. While in transitional housing, she was highly engaged in treatment services, and is now motivated to sustain her recovery from addiction. She worked a series of low-paying jobs but is currently unable to find a job that pays enough to cover rent for herself and her young child. This family could be assisted with a more cost-effective solution than remaining in transitional housing: 1) a housing voucher; 2) a transitional job with high-quality child care; and 3) wraparound supports that would help the mother sustain her recovery. Time-limited service models that facilitate ongoing connections to community resources, such as Critical Time Intervention (CTI),[d] might be cost-effective for this family.

[d] Critical Time Intervention "was designed to prevent homelessness among people suffering from severe mental illness," offering nine months of support during the "extremely vulnerable period" when one transitions from institutional living to housing. It is meant to complement existing services that the mental health system in each community offers these individuals.

"The Critical Time Intervention Training Manual." New York Presbyterian Hospital and Columbia University. Page 3. Available at: http://www.hrsa.gov/homeless/main_pages/lcw/materials/transition/7ctimanual.pdf

Whether dealing with a vulnerable family that needs immediate support to prevent housing loss or working with a homeless family with multiple barriers to housing stability, providers should have an array of housing and services at their disposal to develop and deploy rapid support plans and homeless-family stabilization plans. The goal is to provide the right level and types of services at the right time. Figure 7 illustrates this important idea with workflows based on a family's housing status. Note that each of the services in the workflow for homeless families should be available to vulnerable ones as well.

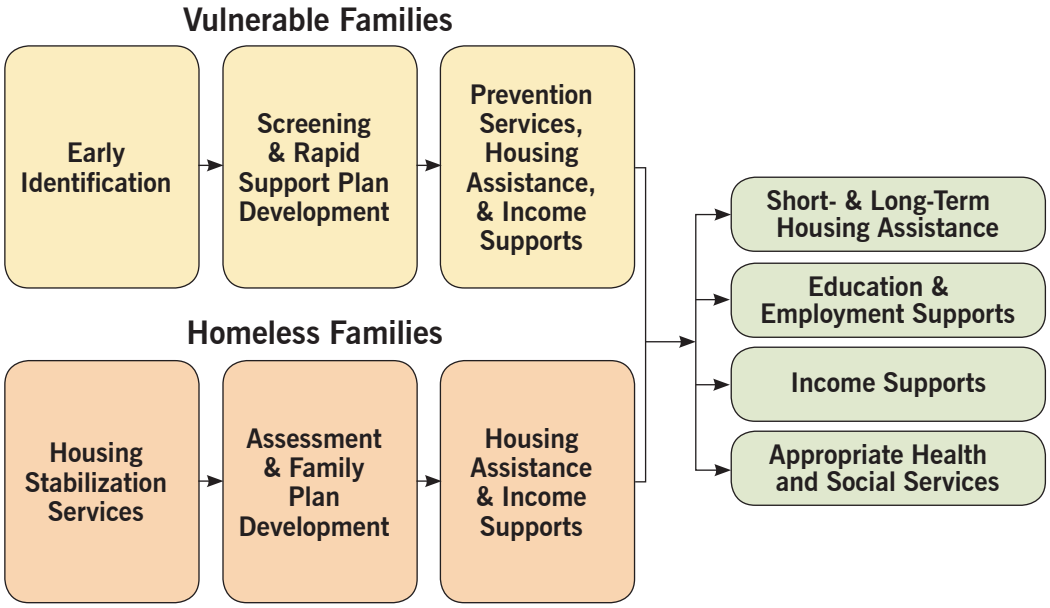


Figure 7: Vulnerable and homeless family housing, services, and supports

Categories of Housing and Service Needs

Housing needs will be explored in greater depth in Concept 3. The sidebar on the following page offers a list of housing solutions for vulnerable and homeless families. For families that experienced multiple housing crises, prolonged residential instability, and repeated episodes of homelessness—often with disabling health conditions or involvement in the child welfare and/or criminal justice system—permanent supportive housing may be the best solution to connect them with the supports they need to achieve stability. For young families with very young children, home visiting programs can be effective if tailored to the needs of families who may be in temporary living situations, and linked to homelessness prevention and rapid re-housing resources. For families with moderate service needs, models such as CTI may be linked to housing assistance, helping families connect with services and supports that will be available to them after their homelessness has ended.

Families have a wide range of service needs (see sidebar). All parents and children need access to appropriate healthcare, but individuals with behavioral health challenges need integrated medical and behavioral healthcare that incorporates motivational interviewing and harm-reduction strategies. Behavioral healthcare and services to address child abuse and family preservation should be trauma-informed and designed to help children, youth, and young parents establish sustained connections to caring adults and foster resilience. For families with complex needs and high levels of vulnerability, the rules and procedures in welfare-to-work or benefits programs need to be adapted to accommodate their barriers to employment. (Please see Appendix 4 for a more in-depth analysis of pairing housing with service needs.)

"When services are adequately tailored, families get the right services, at the right level, at the right time. Agencies will no longer require components of their program if they are not needed by an individual family."

Pierce County Departments of Human and Community Services' Plan to End Family Homelessness, 17.

Crafting Rapid Support and Homeless Family Plans

Crafting rapid support plans for vulnerable families and homeless family plans for those that have lost their housing are complicated tasks requiring several "raw ingredients." Working relationships between the homeless and mainstream systems must be well-established and organized into a network of community services and supports. A broad-based, well-functioning early warning system must be in place to prevent homelessness and to support rapid re-housing. Adequate resources must be available to respond effectively to families in need. These ingredients create the foundation to support homeless-system professionals and peer counselors.

Housing Needs

- Emergency Shelter
- Transitional Housing
- Permanent Supportive Housing—moderate or intensive level of support services onsite or closely linked to housing
- Affordable Housing—including service-enriched housing and housing opportunities in neighborhoods that provide access to school- and community-based services
- Other forms of housing assistance, including short-term or long-term assistance with rent and/or moving costs

Services Needs

Income Supports

- Temporary Assistance for Needy Families (TANF)
- Food Stamps/SNAP (Supplemental Nutrition Assistance Program)
- Women, Infants and Children (WIC) Program
- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- General Assistance
- Student Financial Aid
- Emergency Cash Assistance
- School Lunches
- Daycare Vouchers

Education and Employment Supports

- Adult Education/Post-Secondary Education
- Job Training and Employment Support

Health and Social Services

- Case Management
- Healthcare
- Mental Health and Trauma Services
- Substance Use Treatment and Recovery Supports
- Family Supports/Child Welfare Services
- Family Violence Intervention
- Life Skills Training
- Transportation
- Parenting Skills
- Youth Development and Resiliency Building
- Child Education Supports
- Child Care
- English as Second Language Courses

Other Prevention and Support Services

- Housing Search
- Landlord Negotiation
- Legal Services
- Credit Repair

Concept 3: A Well-Defined Approach Balances Prevention, Early Intervention, and Housing Stability for Vulnerable and Homeless Families.

"...the goal of prevention is to keep the family in housing. Services focus on doing what is necessary to prevent homelessness; resolution of underlying factors that contributed to the housing instability is secondary."

Moving Forward: A Strategic Plan for Preventing and Ending Family Homelessness in King County, 29.

Dennis Culhane tested a typology of family homelessness. Other researchers and policy experts have suggested the need for a second typology that describes vulnerable families who are at risk of homelessness.[42] This paper builds on these ideas with the proposed two-part typology illustrated in Figure 8 below.

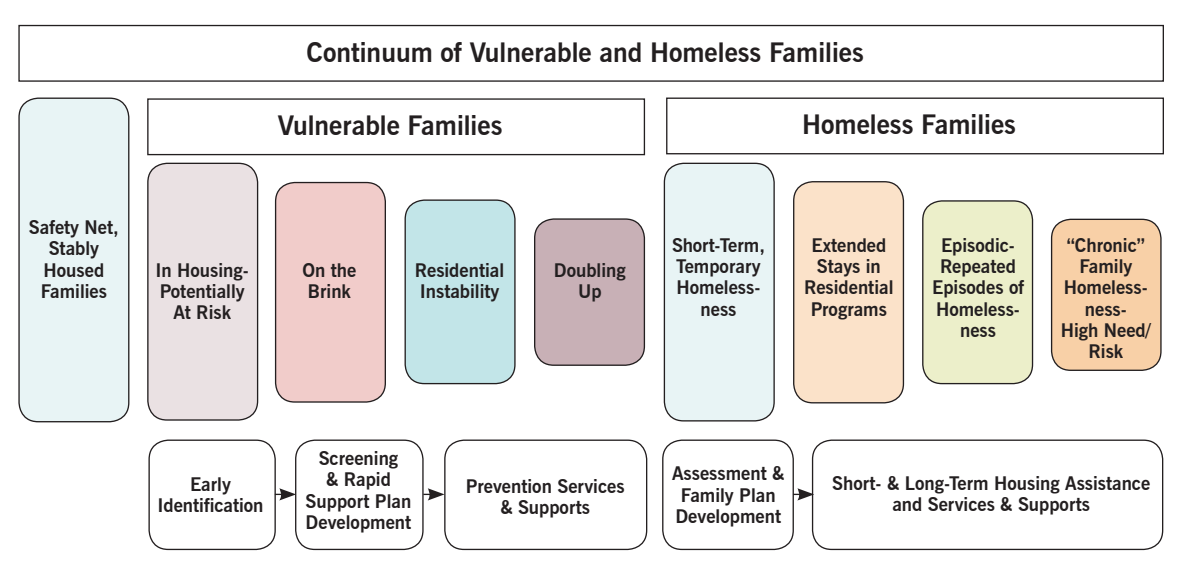


Figure 8: Continuum of vulnerable and homeless families, and corresponding community services and supports that should be available to prevent and end family homelessness

Each part of the continuum contains four subgroups that can serve as a foundation for defining the range of housing risks and needs for each group. The definition of each subgroup in the two-part typology is described on the following pages.

The Characteristics and Housing Needs of Vulnerable Families

Experts generally agree that homelessness can be prevented if families are offered an effective combination of housing assistance, connections to community-based services, and flexible supports that help with housing stabilization. A key problem is that, historically, it has been difficult to identify the small percentage—approximately 10 to 20 percent—of vulnerable families that will become homeless without prevention assistance. As a result, prevention resources could easily be spent on families that would have avoided homelessness anyway, resulting in a large amount of money and services missing the real target.

Given resource limitations, missing the target is a significant concern of the homeless assistance system. However, from a public-health perspective, preventing homelessness (particularly among some target populations) also contributes significantly to preventing other serious harms that are associated with high costs, including HIV-infection, avoidable hospitalizations, incarceration or other poor outcomes. Factoring in these risks and costs can change the calculus when considering the cost-effectiveness of interventions that help families avoid homelessness.

If a community were to have an early warning system supported by broad community awareness among service providers and a wide range of people who are connected to vulnerable families in any of the subgroups in this portion of the continuum, it could assist with early identification and family engagement *prior to housing loss*. These efforts would include the development of a rapid support plan, deployment of services and supports including prevention services, such as addictions counseling; prevention housing assistance, such as temporary rent supports; and prevention income supports, such as temporary rental assistance and payment of utility bills—all provided from a perspective of respect, resilience, and recovery. These service and support interventions are discussed in both Concepts 2 and 4.

As with homeless families, vulnerable families have a wide range of service needs. There is tremendous variability in both the intensity and types of services and supports parents and children need to achieve and maintain housing stability and to foster resilience and recovery. The services may include food, financial assistance, medical and behavioral healthcare, education, employment, and legal counseling. Some families may need intensive services both during and after a housing crisis, while others may need very few services or only temporary help during a short-term crisis. Some family members may have strong connections to community-based services to manage their health problems or reduce the level of risk in their lives while others do not have these linkages.

In Housing—Potentially at Risk

Level of Housing Risk and Need: **Low**

These families are ELI: They have incomes below 30 percent of the AMI, and spend more than 50 percent of their pre-tax income on housing. As defined by federal law, they have "worst-case housing needs,"[43] and are potentially at risk of homelessness if they experience a loss of income or unexpected expenses.

An analysis of the Fragile Families and Child Wellbeing Study, a Princeton University study that followed nearly 5,000 children nationwide between 1998 and 2000, showed that 8 to 22 percent of parents with incomes below the federal poverty level became homeless at least once in three years after the birth of a child.[44] Nearly twenty-eight percent were doubled-up at some time in the three-year period but never became homeless.[45] Prevention for this group can be successful, but effective screening tools are necessary to ensure that assistance reaches only those families that would become homeless without it.

On the Brink

Level of Housing Risk and Need: **Low**

A subset of the potentially at-risk families are those that are about to lose their housing due to a pending eviction or a change in household circumstances, or because their housing unit is being sold, foreclosed, or condemned. Some families in this group face homelessness due to economic circumstances beyond their control. Others are fleeing domestic violence, undergoing a behavioral health crisis, or experiencing severe family conflict.

Nationwide, about one in five families who entered emergency shelters or transitional housing in 2008 came from a home or apartment they rented or owned. A robust community awareness plan and early warning system can support the identification of many of these families before they become homeless, and rapid re-housing combined with appropriate services would represent a more appropriate support plan than transitional housing for many in this group.

Residential Instability

Level of Housing Risk and Need: **Low/Moderate**

These families have experienced frequent moves because of financial difficulty, family conflict, safety concerns, and/or landlord-tenant disputes. The Fragile Families study identified 41 percent of those with ELI as "residentially at risk," which is defined as having two or more moves in a year or one or more risk indicator(s), such as inability to pay rent or utilities.

Similar to those on the brink, many families with residential instability can be identified before they become homeless by a robust community awareness plan and early warning system. Rapid re-housing combined with appropriate linkages to community-based services is generally the preferred strategy for helping these families achieve housing stability.

Doubling-Up

Level of Housing Risk and Need: **Low/Moderate**

This is a complex housing status that may or may not indicate a housing crisis. Families can live in doubled-up arrangements for a variety of reasons: Some do it as a temporary, money-saving measure. Some immigrant families come from cultures where several generations live within the same household, and they continue this practice in the United States. Such families are not at risk of homelessness.

For the purposes of this paper, "doubled-up" refers to families that are living with friends or relatives because their income has fallen so far that they are unable to pay their housing costs. Were it not for their current arrangement, they would be homeless. Their living situation ranges from safe and supportive to overcrowded, stressful, and chaotic, where parents and children could be exposed to conflict, abuse, or sexual exploitation. Two-thirds of homeless students identified by schools are doubled-up, and 42 percent of families entering shelters or homeless residential programs were staying with friends or families the previous night. Prevention services fall into two areas: 1) providing services and supports to resolve conflicts that have arisen in the doubled-up situation, and 2) rapid re-housing in an independent living situation.

Figure 9 below illustrates vulnerable family characteristics, services, and supports.

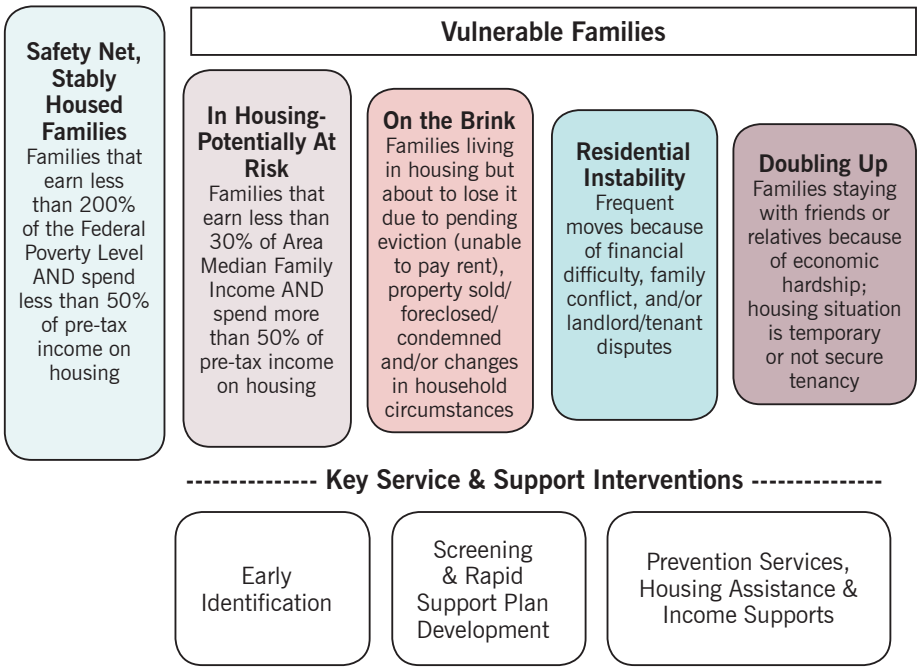


Figure 9: Vulnerable family characteristics, services, and supports

Doubled-Up Families: The 2009 HEARTH Act added to the HUD definition of homelessness doubled-up persons who were losing their nighttime residence in 14 days and lacked the resources to remain in housing. The change offers communities new flexibility in serving doubled-up families. Especially in this time of scarce resources, it is crucial that assistance reaches those most at risk of homelessness.

The Characteristics and Housing Needs of Homeless Families

When housing loss occurs, engagement with the family should include an assessment that leads to the development of a family plan that brings about housing stability and draws on a wide range of services and supports. These include short- and long-term housing assistance, education and employment supports, income supports, and health and social services. Figure 10 below describes the experiences these families encounter, and can serve as a foundation for defining the range of needs for each group.

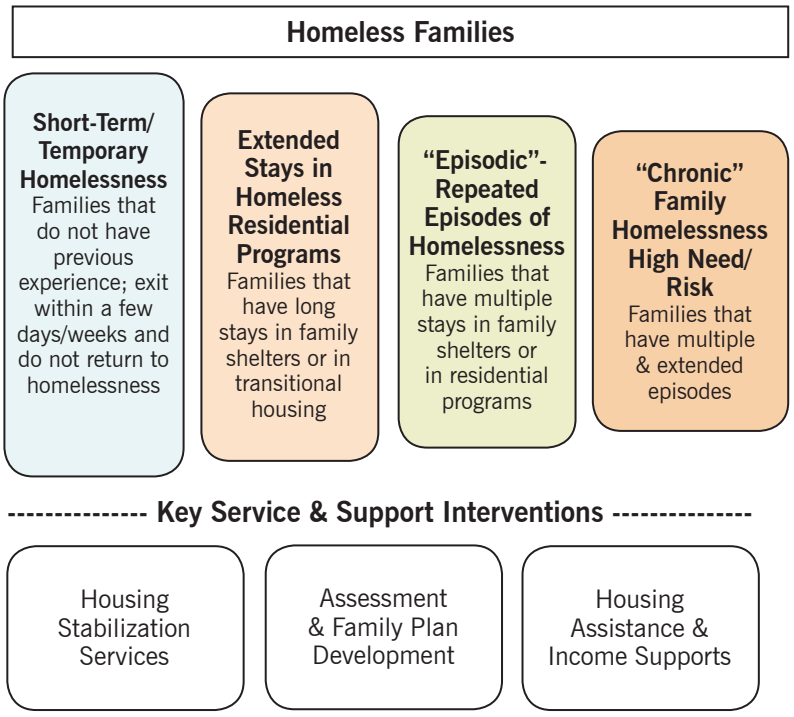


Figure 10: Homeless family characteristics, services, and supports

Short-Term/Temporary Homelessness

Level of Housing Risk and Need: **Moderate**

Families in this group do not have a previous experience of homelessness. They could enter into shelter or transitional housing, or may have short bouts of being unsheltered (e.g., living in a car) before finding assistance. Typically, they exit within a few days or weeks, and do not return to homelessness. Many of these families are made up of younger adults with young children. The parents often have recent attachment to work and housing. Their primary reason for homelessness may be extreme poverty plus lack of support. They often have lower levels of mental health and substance use disorders and less involvement in the criminal justice system than other families.

While most of these families experience only temporary homelessness, some will have extended or repeated episodes. In a recent HUD study, 58 to 72 percent had only one shelter or transitional housing stay in 18 months,[46] and 33 to 66 percent had one or two stays totaling ten days to three months.[47]

The federal HPRP has targeted a portion of these families for rapid re-housing assistance, particularly if they have only financial barriers to housing stability. If these families receive housing vouchers, they rarely return to homelessness. Employment and income supports also reduce their risk of returning to homelessness.

Extended Stays in Homeless Residential Programs

Level of Housing Risk and Need: **Moderate/High**

These families have long stays in family shelters or transitional housing. The latter allows stays of up to 24 months, and may offer support for substance abuse recovery, parenting, education, and job training. Sobriety and service participation are likely to be requirements for entry and extended stays in most residential programs.

The families' service needs vary widely, reflecting differences in individual programs' policies and practices in targeting and screening criteria. Some parents are high users of mental health and/or substance use services before, during, and/or after their extended stay. Most frequently, they are dealing with depression or anxiety disorder, not thought disorders or serious mental illness. The 2010 Washington Families Fund evaluation of nearly 1,000 moderate-needs families revealed that 66 percent of mothers had experienced domestic violence and 34 percent reported a disabling condition, such as a mental health problem or chemical dependency.[48]

Nationwide, in 2008, approximately 134,000 families used transitional housing only, and 26,000 used both transitional housing and emergency shelter. The median length of stay was 160 days. Fifteen percent left in less than one month. Up to 25 percent of first-time homeless families have extended stays in shelters and/or transitional housing, averaging eight to 18 months, and 20 percent of all families in transitional housing in 2008 stayed for more than a year. Incomes remain low, and the need for rental assistance is high after families leave transitional housing, despite more positive education and recovery-oriented outcomes associated with longer stays.

For those families with long histories of homelessness and high levels of service needs, permanent supportive housing is a more appropriate intervention and may be more cost-effective. For families with low levels of service needs (whose primary challenge is housing affordability), rent subsidies (vouchers) or access to affordable housing may be a less costly intervention and a better match to family needs and preferences.

"Episodic;" Repeated Episodes of Homelessness

Level of Housing Risk and Need: **High**

This group is made up of families that have multiple stays in homeless shelters or residential programs. Long gaps between stays are often associated with parental incarceration and/or children living in out-of-home placement. Families may also be unsheltered (living outdoors or in a car) between stays in shelters.

For this population, their outcomes after using the homelessness system are "unambiguously negative." They have high levels of involvement in the criminal justice and/or child welfare system. Among the high-needs families serviced under the Washington Families Fund, 42 percent have at least one child living apart from the parent, and 25 percent have an open Child Protective Services (CPS) case, according to the Washington Families Fund 2010 program evaluation. There is often substance abuse and/or intimate partner violence: Ninety-three percent of parents experienced physical or sexual violence. [49]

The longer these families are homeless before entering transitional housing, the more likely they will not have their own place to live in the year following a "successful" exit. As a result, this group has the highest rates of using crisis services (e.g., inpatient mental health or inpatient substance abuse treatment). They face high rates of criminal justice involvement before, between, and after stays in the homeless system and high rates of change in family composition and/or child welfare system involvement. Often, there are changes in household composition between episodes of homelessness. Experts estimate this group represents about five to ten percent of homeless families. They have high needs for alternative service and support models such as intensive case management with motivational interviewing and assertive engagement.

"Chronic" Family Homelessness—High Needs and Risk

Level of Housing Risk and Need: **High**

Families in this group experience multiple and extended episodes of homelessness. Often, a parent/adult in the household has one or more disabilities that may include a substance use disorder. Members are likely to have special needs, including mental health, substance abuse, chronic health, and/or trauma, and the parents may have first experienced homelessness as a child or youth. According to the 2010 Washington Families Fund evaluation, high-needs families have an average of 10 episodes of homelessness and 16 incidents of being doubled-up. Seventy percent report a mental health condition or chronic or ongoing medical problem, and 63 percent received substance abuse treatment.[50]

Chronically homeless families often "blow out" of transitional or supportive housing settings because they are unable to comply with the rules and requirements. For most of them, permanent supportive housing with intensive levels of support is necessary to achieve housing stability. Experts estimate this group represents about five percent of homeless families.

Concept 4: Ending Family Homelessness Requires the Development of a Network of Community Services and Supports.

"Among poor children who were living in single female-headed families, 28.2% were in households that received government cash aid in 2008. The share of poor children in single female-headed families receiving cash aid is well below historical levels. In 1993, 70.2% of these children's families received cash aid. In 1995, the year prior to passage of sweeping welfare changes under PRWORA,[e] *65% of such children were in families receiving cash aid."*

(Poverty in the United States: 2008, April 2010)

Ending family homelessness is a daunting task. Over the last few decades, federal and state policies have shredded the overall safety net. Now, states and local governments are coping with sharp declines in tax revenues, and many families throughout the country have incomes far too low to cover housing costs. Clearly, this task requires a careful examination of current structures and development of a new service and support paradigm aimed at ending family homelessness.

Current Organizational Structures

Nationally, the service delivery systems for at-risk and homeless families are as varied as the communities in which they operate. There is very little written in the policy literature to provide guidance to communities on how to best organize the service delivery infrastructure for at-risk and homeless families.

Currently, these services are provided by a combination of organizations that specialize in addressing the needs of homeless individuals and families and mainstream agencies and programs. These mainstream programs offer such benefits as cash assistance (TANF), food stamps (SNAP), employment training (under the WIA), and child care support. Many at-risk and homeless families and their advocates have been frustrated and stymied by a tone-deaf response from some existing economic, education, social, and health service providers that do not recognize or understand the needs of at-risk and homeless families. It is typically up to the individual case manager to knit together a comprehensive package of supports for their clients.

Unfortunately, the systems serving these families evolved over many decades in separate state departments and divisions, operating under a multitude of federal and state funding requirements and silos. In addition, very few of the safety net systems were designed with the needs of homeless families in mind. This combination of factors is costly and creates significant obstacles to addressing the barriers many at-risk and homeless families must overcome to achieve housing stability.

[e] PRWORA = The Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which was the welfare reform act that created the Temporary Assistance to Needy Families (TANF) program.

As a response to this fragmentation, and the mainstream service system's inflexible or inadequate response to homeless families, the homeless "system" often operates separately. The result may be costly duplication or a "one-size-fits-all" package of services in programs for homeless families.

Adding to family and advocate frustration is the fact that a subset of at-risk and homeless families has complex service needs, with greater cross-system involvement occurring as family needs increase. They face multiple barriers to housing stability, including trauma from domestic violence, mental health needs, substance use, and a history of incarceration.

Figure 11, drawn from data in the 2010 Washington Families Fund High-Needs Family Program Baseline Evaluation Summary, illustrates this phenomenon. The Washington Families Fund defines "high-needs" as having substantial histories of homelessness and residential instability along with co-occurring disorders. "Barriers" in the table below are defined as barriers to achieving housing stability.

High-Needs Family Barriers	% of Families
Physical and Sexual Abuse	93.0%
One or More Mental Health Indicator	70.2%
Chronic or Ongoing Medical Condition	67.9%
Ever Received Substance Abuse Treatment	63.2%
Spent Time in Jail or Prison	62.5%
At Least 1 Child in Out-of-Home Placement	42.1%
Open Child Protective Services (CPS) Plan	24.6%

Figure 11: Washington State high-needs, homeless family barriers

This population represents a group of Washington State families with very complex needs. Nearly fifty-five percent of the high-needs families in the study had four or more barriers.

Ending Family Homelessness Requires a New Service Delivery Paradigm

"Any high-performing system for families experiencing homelessness and families at risk of homelessness needs to have strong early warning, outreach, and diversion strategies in place to ensure that the needs of these families are readily and systematically identified ... [F]amilies will be identified and referred by a variety of sources including current housing providers and a host of partners including but not limited to community services offices, schools, family support centers, energy assistance, property management companies, apartment complexes, mortgage companies, food banks, corrections units, housing authorities, WorkSource, mental health and substance abuse agencies, the faith-based community, and immigrant and refugee service providers."

Snohomish County Investing in Families Strategic Plan, 13, 8.

A new service delivery paradigm would better align the services and resources of the housing and service systems with a focus on effectively responding to at-risk and homeless families. This paradigm would not create a parallel system alongside the "mainstream" system but would build on existing community resources and bring in additional partners to strengthen prevention efforts. It would draw on public-private partnerships to maximize funding and coordination of efforts. Individual communities have already devoted much work and attention to ending homelessness, shaping Ten-Year Plans to increase public awareness, garner political support, and serve homeless individuals and families.

In the following diagram (Figure 12 below), the paper offers one example of a framework—informed by the Federal Strategic Plan to Prevent and End Homelessness and the Washington State 2007–2009 Homeless Families Plan[51]—for communities thinking about how to shape their response system. This model is by no means prescriptive; rather, it is meant to serve as one example of visualizing how services can be organized. Ultimately, each community would create its own response system based on its unique population needs, existing resources, and funding availabilities.

This diagram illustrates the components of a new service delivery paradigm for homeless *and* at-risk families, building on Figure 4 in the Introduction.

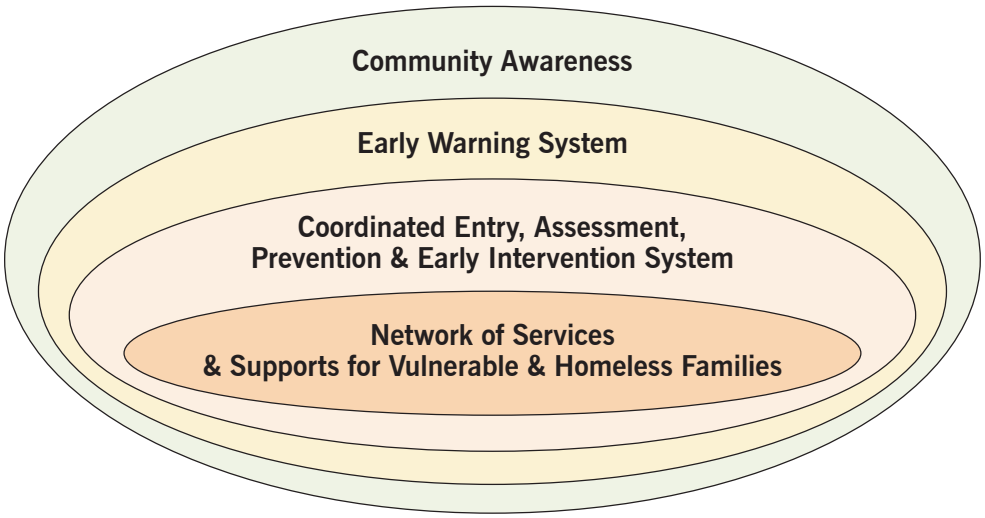


Figure 12: Network of community services and supports for homeless and at-risk families

The purpose of a **Community Awareness Plan** is to enhance a community's awareness of family homelessness. It would educate community members on how to identify vulnerable families and where they can turn to for services and support. By raising general awareness about family homelessness, the plan would also seek to reduce the stigma associated with imminent housing loss, which can prevent some at-risk families from seeking help. Such a plan must include outreach to traditionally underserved populations, including the African-American, Native American, and Latino communities, as well as immigrants and refugees who might not yet have developed ties with the larger community due to linguistic and cultural barriers.

An **Early Warning System** consists of specific tools and technology to help identify at-risk families and to support the communication process and hand-offs to the appropriate resources. If the Community Awareness Plan is effective, relatives, friends, neighbors, landlords, and employers become the informal part of the system. Teachers, family preservation professionals, faith-based community leaders and religious counselors, healthcare professionals, mental health counselors, social service providers, child welfare workers, police officers, child care workers, corrections officers, and utility workers become part of the formal network with specific training to sensitize them to the needs of at-risk and homeless families and how to support them in accessing resources and support. A broad range of community partners and programs should be paying attention to the housing status risks facing the mostly vulnerable parents and children served by their programs and strengthening connections to homelessness prevention and housing assistance programs.

Coordinated Entry, Assessment, Prevention and Early Intervention Systems are being ramped up throughout the country with the assistance of targeted programs such as HPRP, as well as the reallocation of existing funds as communities rebalance their family homeless system portfolios.[52] Washington State has asked counties to create coordinated entry and common assessment tools. King, Pierce, and Snohomish counties are already doing this as part of their strategic plans to end family homelessness.

Families and members of the Early Warning System would have easy, timely access to homeless system providers who are properly trained to screen families and assess their needs. These prevention and early intervention providers need a suite of tools, including standardized screening and assessment instruments, easy access to prevention-related income supports, housing assistance, and services to support a rapid support plan that is developed with the family.

Communities in Washington State and other parts of the country are developing innovative approaches for coordinated entry, assessment, prevention, and early intervention. In some communities, providers have agreed to adopt a consistent strategy for screening, assessment, and referral so that there is "no wrong door" for families seeking help. No matter where they go, families find a consistent response that links them to the array of housing and support services they need.

King, Pierce, and Snohomish counties have all prioritized coordinated entry and assessment in their strategic plans. Effective models are neighborhood-based or easily accessible in person or by phone, with "virtual neighborhood" connections. Some models also have funding and budget authority to target resources to prevent housing loss and support rapid re-housing. One example is the Family Resource Center, which provides direct services to vulnerable and homeless families, and serves as the main resource to mainstream providers and members of the early warning system. Family Resource Centers employ outreach workers and care managers, and can be contracted to develop and disseminate the Community Awareness Plan and provide training.

While prevention and early intervention are key to preventing homelessness, these efforts are exploring uncharted territory, and there remain unanswered questions that communities are working to sort out: How can they effectively target the small percentage of vulnerable families that actually do become homeless, especially given limited resources? How does the cost-benefit equation of prevention and early intervention change along the continuum of vulnerable families?

What is clear, however, is that successfully implementing this system requires intensive collaboration between the homeless and mainstream systems. The scope of prevention work extends beyond the homeless system. Mainstream agencies that provide cash benefits, employment training, and other key services must work hand-in-hand with homeless providers to facilitate rapid, timely support to prevent homelessness.

Communities seeking to create this new service delivery system—whether modeled on the above network of supports and services or not—should consider the potential new job responsibilities needed to support that network. They might include the following:

- **Community Organizer** to develop and disseminate the Community Awareness Plan;
- **Trainer** of the informal and formal members of the Early Warning System;
- **Outreach Worker** to organize and engage families in Prevention and Early Intervention and housing stabilization services and supports;
- **Care Manager** to create and/or strengthen and expand connections between mainstream services and homeless assistance systems, developing more robust approaches to supporting the development of Rapid Support Plans and Family Plans for at-risk and homeless families;
- **Provider** of housing assistance to prevent housing loss or support rapid rehousing and facilitate access to safe and affordable housing or emergency shelter and transitional housing for families where this is the most appropriate strategy for housing stability;
- **Developer** or provider of affordable and permanent supportive housing to help ensure an adequate supply for vulnerable and homeless families.

Concept 5: Family Homeless Competency is Embedded in Emerging Healthcare Reform Structures.

The passage of the Patient Protection and Affordable Care Act (PPACA) is ushering major changes in how healthcare services are organized, funded, and delivered in the United States. The new law has the potential to support many of the concepts discussed in this paper.

There is widespread acknowledgement that our current system is a "sick care" system, not a "healthcare" system. Most resources are channeled to services for people after their health problems have become chronic health conditions, such as when borderline high blood pressure has become hypertension or high blood sugar has become diabetes. Furthermore, patients with chronic health conditions often are not adequately supported in managing their conditions. Correcting these problems could eliminate approximately $700 billion, or 30 percent, of all healthcare costs without reducing healthcare quality or outcomes.[53]

Transforming the American healthcare system will require structural and systemic change. Of particular importance to homeless and vulnerable families is the emergence of the patient-centered healthcare home[f] and the Accountable Care Organization (ACO), both being developed to improve healthcare quality and better manage rising healthcare costs.

Patient-Centered Healthcare Homes

Research has shown that increased spending on prevention, early intervention, and primary medical care is critical to this change process. A new model of care—the patient-centered healthcare home—is producing promising results. A healthcare home is a primary care clinic that focuses on providing the right care at the right time to patients in order to help them improve their health status.

Healthcare homes differentiate themselves from traditional primary care clinics in several ways:

- Patients have an ongoing relationship with a Primary Care Physician (PCP), including longer visits and the ability to call and e-mail their PCP.
- Healthcare home staffers work in "care teams" that collectively take responsibility for ongoing care needs. They see themselves as "hospital prevention organizations," and include care managers, behavioral health clinicians, and nutritionists.
- Healthcare homes either provide all necessary healthcare or make appropriate referrals to ensure that patients have high-quality, effective care.
- Care is coordinated and/or integrated through the use of electronic health records. At the center of this system, a designated care coordinator works with the patient to ensure that all of his or her healthcare concerns are addressed.
- Quality and safety are hallmarks, and careful attention is paid to reducing errors and adjusting care when treatments are not working.

[f] Healthcare homes are also known as "medical homes." The terms are interchangeable.

- Enhanced access to care is available, including same-day and next-day appointments, evening and weekend hours, and 24/7 access to a member of the Care Team. Patients can obtain care 24/7, view their medical records online, make same-day or next-day appointments over the internet or by phone, and even have a telephone appointment with their physician, if appropriate.

Accountable Care Organizations

Accountable Care Organizations (ACOs) are new healthcare organizations that are being set up to support the work of patient-centered healthcare homes. Also called the "home for medical homes," ACOs are organizations run by healthcare providers, not insurance companies, and have responsibility for the primary care, specialty services, and hospitalization of enrolled patients. For those familiar with integrated delivery systems such as Group Health Cooperative or Kaiser Permanente, ACOs are similar versions organized around healthcare homes. Figure 13 illustrates this ACO model.

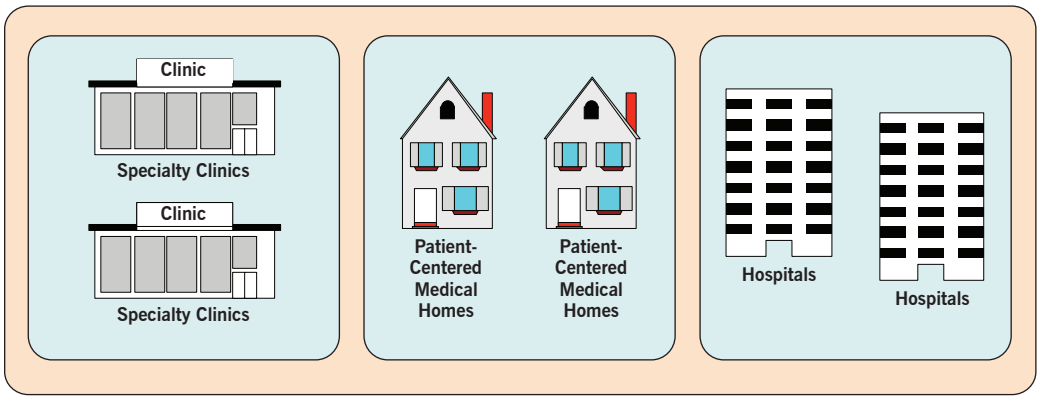


Figure 13: Accountable Care Organization model

The healthcare home is at the center of the design, coordinating care with high-performing specialists and high-performing hospitals, with financial bonuses and penalties built into the equation as the U.S. healthcare system moves from a model that pays for *volume* to a model that pays for *value*.

Washington State has been at work on the development of healthcare homes through a learning collaborative co-sponsored by the Department of Health and the Washington Academy of Family Physicians. In addition, private-sector initiatives sponsored by Boeing, Group Health Cooperative, and Swedish Health Systems have been underway in the state. The Washington State Legislature, in the 2010 session, passed Substitute Senate Bill 6522, which calls for the implementation of two ACO pilots supported by a Lead Organization. These pilots will be used to test ACO designs that support healthcare coordination, wellness services, and chronic care management to improve quality and lower costs.[54]

The PPACA creates exciting possibilities for bringing awareness about family homelessness to healthcare providers. The healthcare home model enhances medical staff's ability to better know their patients' needs and challenges. For example, many physicians currently ask questions about domestic violence as standard protocol. Housing status is another area about which they are uniquely positioned to inquire.

At the same time, historically, the healthcare and homelessness worlds have little experience working together. They have different frameworks and languages. Providers in the two fields will need to collaborate to better align goals, definitions, and resource management.

ACOs, Healthcare Homes, and Homeless and Vulnerable Families

This comprehensive approach has the potential to be a significant stabilizing force for vulnerable and homeless families while helping to better manage growing healthcare costs for this complex population. Accomplishing this will not be easy. Healthcare homes and ACOs will quickly learn that if they have a patient with depression and diabetes, they will not be able to help her manage her diabetes until they help her get her depression under control. If, in addition, it turns out that she has lost her job, is experiencing domestic violence, and as a result, she and her children are on the brink of homelessness, it is even more unlikely that she will manage her diabetes unless she receives a full set of supports to achieve safety, housing stability, and treatment for her depression.

The above scenario, in which one person has multiple co-occurring health, housing, and/or job challenges, is quite common for the population of vulnerable and homeless families. It will be particularly important for Washington State and federal health planners to assist the existing safety net system of Federally Qualified Health Centers (FQHCs), homeless family organizations, community behavioral health providers, public health departments, and social service agencies as they redesign the healthcare system to better serve this and other vulnerable populations.

Figure 14 illustrates how this approach will need to be expanded to meet the needs of vulnerable and homeless families, where ACOs and healthcare homes are closely linked to the coordinated entry, assessment, prevention, and early intervention system and the network of services and supports for vulnerable and homeless families. Please note FQHCs are included in the healthcare home box, signifying the importance of expanding primary care clinics to include behavioral health services. While schools, social service agencies, and the other entities shown at the bottom of the figure constitute important components of the safety-net healthcare system, they may not be formal members of the ACO.

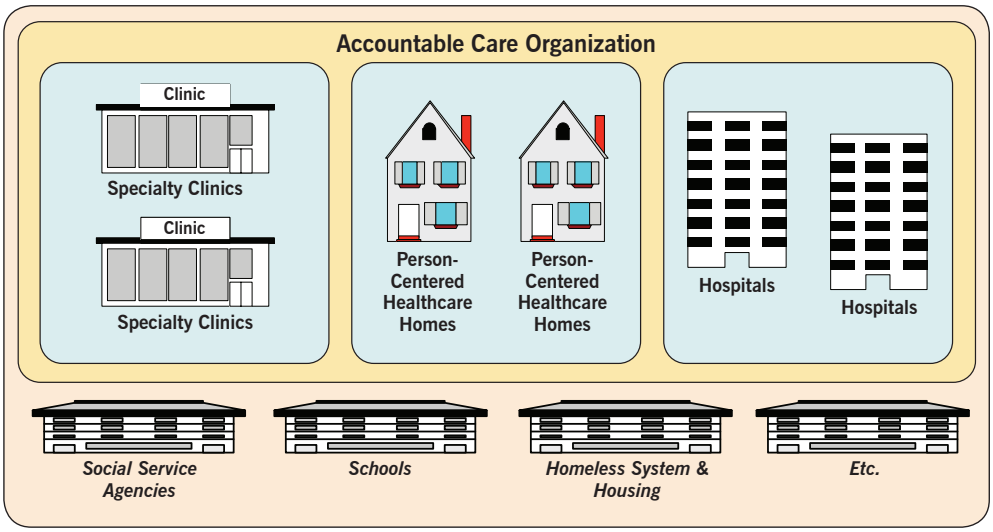


Figure 14: Safety net healthcare system

The Washington State healthcare system of the near future is not going to look like the healthcare system of the present. Actively involving healthcare homes and ACOs in the Early Warning System and the Network of Services and Supports is critical in order to ensure that the needs of homeless and vulnerable families are met.

Concept 6: All Interactions with Homeless and At-Risk Families are Based on a Philosophy of Respect, Resilience, and Recovery.

"The support services are strength-based, client-centered and unique to each family. Case managers respect client autonomy and focus on meeting each family where they are.... The role for the case managers is not to "fix" but to support and connect families with services identified on the housing stability plans."

Moving Forward: A Strategic Plan for Preventing and Ending Family Homelessness in King County, 38.

The fields of child welfare, mental health, and addictions have been piloting a set of concepts that, when combined, represent a philosophy of transformation for parents and children in homeless and at-risk situations and the communities in which they live. Known at the "3Rs," homeless family systems designed around the concepts of Respect, Resilience, and Recovery take a strengths-based approach to working with parents and children to both address immediate needs and resolve underlying conditions that can hinder residential stability and the ability to achieve one's full potential.

The State of Connecticut Mental Health Recovery Indicators created a framework of Recovery and Resilience that is applicable to addressing and ending family homelessness. Recovery and Resilience are defined as follows:

"Recovery refers to both internal factors and external conditions experienced by people. Internally: hope, healing, empowerment, and connection; and externally: implementation of the principle of human rights, a positive culture of inclusion and trust, and services which believe in recovery as a realistic journey for people who are experiencing setbacks or who are faced with making major changes in their lives."[55]

"Resilience means an ability to cope with problems and setbacks. Resilient people are able to utilize their skills and strengths to cope and recover from problems and challenges. Characteristics of resilience involve emotional awareness, problem-solving skills, identifying as a survivor rather than a victim, and having social connections. Work with children to promote resilience focuses on six resilience domains: a secure base, education, friendships, talents and interests, positive values, and social competencies."[56]

Figure 15 shows how, when applied to the family homeless system, the philosophy of Respect, Resilience, and Recovery serves as the foundation for system design and community awareness. The 3Rs should inform interactions among

at-risk and homeless families, homeless system workers, and mainstream service and support providers. Providers would employ motivational interviewing and trauma-informed counseling and focus on employment and post-secondary education when clients are ready. Without this type of foundation, the effort to build resilience to support recovery with the help of the community may be lost in the process of addressing urgent and emergent needs of families. Although listed last in this paper, this Concept should be considered the anchor for Concepts 1 through 5.

Figure 15: Building the "3Rs" in communities[57]

Transforming the Policy and Systems Framework to Prevent and End Family Homelessness

"Ending homelessness" requires improved systems and programs at all levels. This (Federal Strategic) Plan calls for a fundamental shift in how the federal government and communities across the country respond to homelessness. To prevent and end homelessness, targeted programs must be fully integrated with mainstream programs that provide housing, health, education and human services. The Plan calls on all relevant mainstream programs to prioritize housing stability for people experiencing or at risk of homelessness. If someone does experience homelessness, well orchestrated systems should be in place to rapidly return people to housing. People experiencing homelessness should have affordable housing and the support they need to keep it.

(Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, 2010)

Family homelessness is increasing in Washington State and the United States, as growing numbers of parents are unable to escape deep poverty and find safe, affordable housing. Among the families with the lowest incomes, there is an enormous gap between earnings or welfare benefits and housing costs. The recession has only further shredded an already-frayed social welfare safety net. (See Appendix IV for information on TANF.) For many families, housing stability can be achieved only when financial assistance or a housing voucher bridges the gap between income and housing cost.

Political and community leaders, policymakers, and housing and services providers must make significant changes in public policies and systems to achieve the goal of preventing and ending family homelessness. Both the homeless and mainstream systems must transform to respond to families in a manner consistent with the concepts described in this paper. It will require bold leadership committed to supporting and clearly articulating the Emerging Approach. Agencies and existing programs will have to re-align resources, shape new strategies, and demand accountability in outcomes. The homeless and mainstream systems will have to remove barriers that limit access to housing and services for vulnerable and homeless families.

New resource commitments will also be required. While it is clear that the federal, state, and local governments are facing severe budget constraints, we cannot end family homelessness without significantly increasing the supply of affordable rental housing and boosting the income levels of families with the lowest incomes. Existing resources must be used differently as well, with greater flexibility, better targeting to serve the right people, and by investing in the most effective solutions. In order to accomplish this, homeless providers need quality data that offers an accurate and timely picture of the level of need. While the state and counties have made progress in collecting and sharing information, consolidating a statewide HMIS must remain a policy priority.

The release of the Federal Strategic Plan to Prevent and End Homelessness in June 2010 provides a roadmap to improve our nation's response to homelessness among veterans, families, youth and children, and people who are chronically homeless—and sets a path to ending all types of homelessness in the United States. The plan sets the goal of ending family homelessness within ten years, and contains strategies and initiatives that have the potential for making significant progress in achieving this ambitious goal.

The paper's policy and systems change recommendations are largely organized to align with the themes and strategies of the Federal Plan. In some cases, they mirror those contained in the Federal Plan, while in others, they expand upon or go beyond them. However, all are ultimately aligned with the plan's goals and vision. The recommendations also draw on the strategies that King, Pierce, and Snohomish counties are taking to end family homelessness. Their programs and initiatives are cited in the recommendations as examples for other communities looking for promising practices. If implemented, the following policy and systems change recommendations will help communities create and sustain systems that will be effective in preventing and ending family homelessness. (For more information on federal and state programs to assist low-income and homeless families, please see Appendix 2.)

Figure 16, on the following page, demonstrates how the recommendations help realize the paper's six concepts, which in turn support the five strategies that King, Pierce, and Snohomish counties have identified in their effort to prevent and end family homelessness.

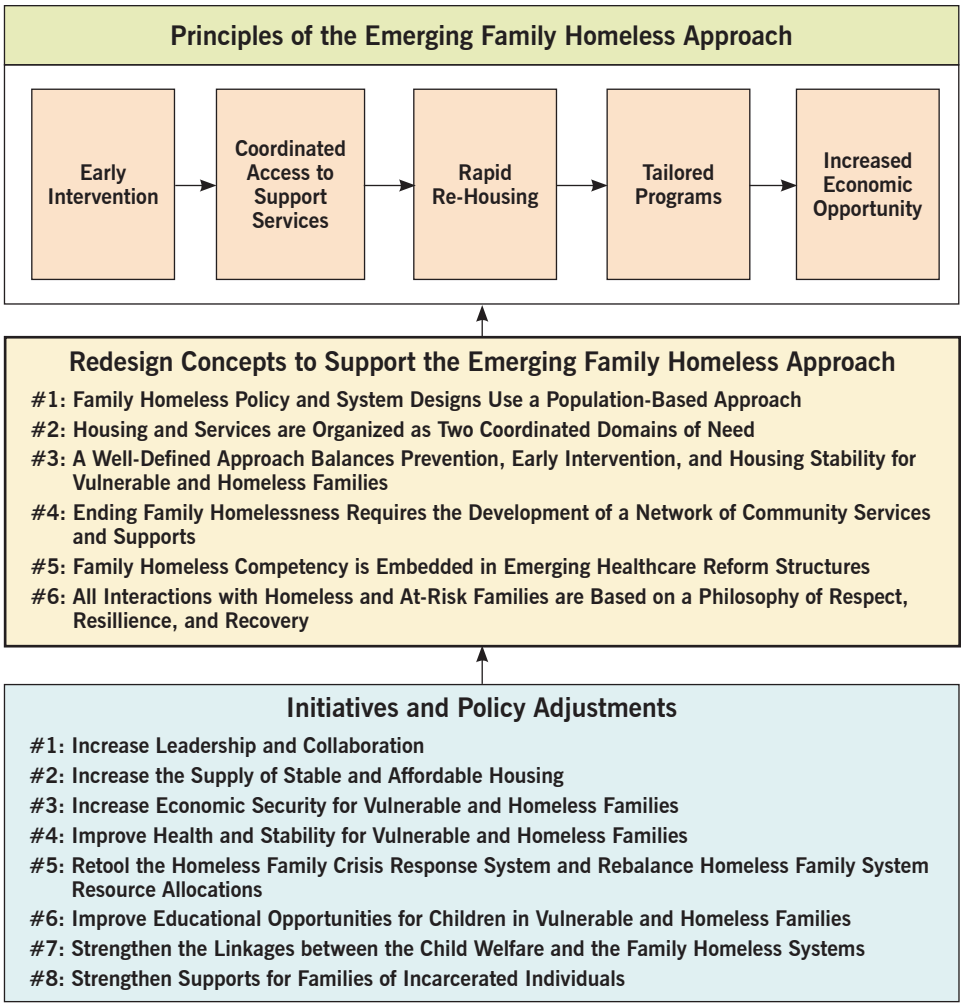


Figure 16: Demonstration of how the paper's policy recommendations and six concepts support the five strategies to prevent and end family homelessness

Recommended Initiatives and Policy Adjustments

The following initiatives and policy adjustments are key levers to support efforts already underway in Washington State to move toward the Emerging Approach and prevent and end family homelessness.

Area 1: Increase Leadership and Collaboration to Prevent and End Family Homelessness

Issue

To achieve the investment and alignment of resources and programs needed to support the Emerging Family Homeless Approach will require collaborative, cross-sector leadership at the state and local levels. Public-private investments, such as the Washington Families Fund, are needed to strengthen the capacity of organizations to implement successful interventions. The Fund supports affordable housing paired with supportive services, including job training, to help families stabilize their lives. From its inception in 2004 to 2010, Washington State and 24 private funders have contributed $28 million, which is distributed in five- and ten-year grants to nonprofit providers in 19 counties across the state.[58]

Recommendations

1A. The Governor should revive the role of the Interagency Coordinator to promote collaborative leadership among state agencies.

Family homelessness touches on the missions of multiple departments across state government. Funding for family homelessness flows from federal, state, and local programs. There is currently no individual in state government who ensures that information flows freely among agencies and that the funds being spent addressing homelessness are put to their best use. The Interagency Coordinator would lead the existing interagency State Advisory Council on Homelessness (SACH) with the goal of ending family homelessness in Washington in ten years. Agency heads should in turn charge their agencies with the responsibility for making resources available, aligning funding mechanisms and performance incentives, and establishing accountability for outcomes.

1B. The Interagency Coordinator should task the State Advisory Council on Homelessness (SACH) to address the following priorities:

- Convene leaders and providers in the homeless and mainstream "systems" for cross-systems education, information-sharing and relationship-building. State and local agency heads and staff, housing and service providers, and case managers stress the importance of learning about the work, challenges, and needs of their counterparts in either the homeless or mainstream systems in order to better coordinate efforts to assist vulnerable and homeless families. Developing and sustaining relationships would also promote continued communication and information-sharing.
- Sponsor the development of a common vocabulary to support cross-agency collaboration and data collection. Communities have difficulty identifying and targeting the small percentage of vulnerable families that will become homeless because clear definitions of vulnerable families are not available. Because different agencies use different definitions for homelessness to establish eligibility for targeted assistance, and because many mainstream programs do not collect data on housing status, the lack of a common vocabulary is an obstacle to interagency and cross-sector collaboration as well as the consistent data collection necessary for planning and accountability.

  The Federal Strategic Plan to Prevent and End Homelessness calls for increasing interagency collaboration at all levels and for the development of a common data standard and performance measures for housing stability across federal homeless and mainstream programs. A recent report from the U.S. Government Accountability Office (GAO) recommends that federal agencies develop a common vocabulary for homelessness and assess the costs and benefits of collecting data on housing status in targeted and mainstream programs.

  There are valid reasons for why agencies have differing definitions—namely, each agency has an individual program purpose, and must establish distinct eligibility criteria to appropriately reach its intended population. However, if we can move beyond debates about the definition of "homelessness" for a common, precise terminology, it should be possible to establish data systems that collect housing status information. With various agencies gathering and regularly updating information, it would be possible to determine how many families participating in a wide range of programs are living in shelters, cars or abandoned buildings, or are facing eviction. Because data collection systems are frequently tied to federal program rules for eligibility and accountability, interagency federal leadership will be critical to support efforts to align vocabulary and data across agencies and programs.
- Establish a plan to eliminate racial disparities in access to services and supports for vulnerable and homeless families in Washington State. There are many studies that have demonstrated the disparities that minority families experience: They have a higher risk of becoming homeless and are less likely to access shelter and services. The Council should analyze the data and identify a comprehensive set of strategies to engage and support underserved communities—with the goal of eliminating disparities in assistance for minority families.

- Create a state funders group to align and allocate funding and resources across multiple funders devoted to ending homelessness in Washington State. The SACH should look to the King County "Funders Group," created in 2007 by multiple funders devoted to ending homelessness in the county. The group includes executive representation from a variety of county and city government agencies, housing authorities, nonprofit organizations, and philanthropies. Together, they develop joint funding priorities and Notice of Funding Availability (NOFA) and coordinate their funding decisions. The Funders Group also collects data on production pipeline and service funding needs to plan for service renewals and to ensure that all supportive housing developed will have the appropriate level of services when they open.
- Explore other opportunities for public-private partnerships to increase the availability of affordable housing and services for homeless and vulnerable families. From 2004 to 2010, the Washington Families Fund has served 1,289 families experiencing homelessness, including 2,448 children.[59] Particularly when faced with budgetary limits, state and local governments should engage the private and nonprofit sectors and philanthropists to examine current practices, root out inefficiencies, find opportunities for savings, and coordinate efforts to provide timely and tailored assistance to families.

1C. The Washington State Legislature should study the braiding and blending of funds to support the Emerging Family Homeless Approach.

The Washington State Legislature should establish a Joint Select Committee to complete a study of available federal, state, and local funds that could be braided and blended from existing sources and used to support the emerging model of ending family homelessness, including housing, services, and supports for vulnerable and homeless families. King, Pierce, and Snohomish counties each developed a county-wide landscape assessment to inform their strategic plans to end family homelessness. The state study should identify opportunities to integrate, streamline, and increase the flexibility of categorical funding and align data and performance incentives to achieve the goal of preventing and ending family homelessness while ensuring a balance of attention to families in each group identified in the continuum of vulnerable and homeless families.

1D. The state Department of Commerce/Department of Social and Health Services Homeless Families Plan should be updated to align with the Emerging Approach.

The Commerce/DSHS Homeless Families Plan should be updated to align with the Emerging Approach. It should include:

- Strategies to support community awareness.
- The development of early warning systems and performance measures to assess the impact of prevention and early-intervention services.
- A revision of data projections to better describe the broader population of vulnerable and homeless families; estimates of the types of housing, services, and supports needed; and a suggested system of design elements that better reflect the continuum of vulnerable and homeless families.

1E. The Washington State Department of Commerce should develop and deploy a Community Capacity Strategy for vulnerable and homeless families.

Commerce and the Washington State Interagency Council on Homeless member departments should jointly develop a vulnerable and homeless families' Community Capacity Strategy technical assistance kit. The kit would expand on the material described in this paper and translate it for intended audiences of community leaders, decision-makers, systems navigators, and direct service providers. It would serve as a training tool on the Emerging Approach, including the use of coordinated entry and tailored services, and contain instructions on completing a population-based planning process along with a spreadsheet template that is partially populated with local information. The kit should be piloted with one or more communities, updated, and made available throughout Washington State along with clear guidance on how to obtain technical support. Currently, Clallam, Spokane, Whatcom, and Yakima counties are using coordinated entry and common intake tools, and their work should be examined for best practices and outcomes.

Commerce should test the vulnerable and homeless families' continuums through the refinement, use, and expansion of screening and assessment tools being piloted in Snohomish, King, and Pierce counties. This project should include identifying best practices to be shared with the counties for implementing an early warning system that identifies and links vulnerable families to housing and services, including education, child welfare, and PHAs. It should be a joint project between service providers and an organization that will provide direction and evaluation services.

Area 2: Increase the Supply of Stable and Affordable Housing and Improve Access for Vulnerable and Homeless Families

"A high-performing system is predicated on the availability of a continuum of housing options, including housing options that will increase the access of affordable housing available to families with low- to moderate-income and are experiencing homelessness or at risk of homelessness."

Snohomish County Investing in Families Strategic Plan, 29.

Issue

Washington State has an acute shortage of rental units for families with low incomes, particularly those whose incomes are below 30 percent of AMI. The private market simply does not develop enough units to meet the demand. Additionally, many families that experience homelessness or housing crises face additional housing barriers because of criminal backgrounds, poor credit, or prior evictions. As the economy deteriorated beginning in 2007, working families that were once stably housed also began to appear at local shelters, further exacerbating the demand for affordable housing.

When searching for housing, homeless and low-income renters can spend hundreds of dollars on application fees, paying multiple times for the same screening report, and often resulting in repeated denials of housing. This wastes money that is needed for move-in costs. Additionally, renters routinely pay for screening reports that they never get to see, which can improperly deny them housing for reasons that they will never know. Domestic violence survivors are adversely affected when the very protection order intended to help them later appears on their screening reports, creating a back-door, illegal denial for housing.

While veterans with dependent children make up a small fraction of the homeless veteran population, and only four percent of homeless veterans are women, "the number of female Iraq and Afghanistan Veterans experiencing homelessness is increasing as is the number of homeless Veterans who have dependent children."[60] In response, Congress and the Administration have significantly increased funding for housing vouchers for homeless veterans with families through the HUD-Veterans Affairs Supportive Housing Program (VASH). HUD-VASH is generally used for tenant-based rental assistance linked to VA services. The VA is also leading the movement toward a "housing first" strategy in the implementation of VASH to better address needs of homeless veterans. At this time, however, there are limited opportunities for PHAs to partner with housing developers using VASH vouchers for project-based rental assistance—or for the VA to fund community-based organizations to deliver services in permanent supportive housing that would be more responsive to the needs of homeless veterans with families.

Recommendations

2A. Federal, state, and local governments should increase funding for affordable rental housing for people experiencing or most at risk of homelessness.

Congress and the Administration should increase federal funding for affordable rental housing by allocating federal funding for the National Housing Trust Fund and by increasing funding for Housing Choice Vouchers, including proposed new interagency budget initiatives that link vouchers to investments from TANF and the Department of Education to better serve homeless families. Washington State should prepare to fully participate in these new federal interagency initiatives. Investments of state and local funding, including federal resources controlled by state and local governments, will also be needed to expand the supply of affordable rental housing for ELI families.

There are several state and local funding streams for affordable housing in Washington State, such as the Seattle Housing Levy and A Regional Coalition for Housing (ARCH), which encompasses various cities in east King County. The Seattle Housing Levy has funded more than 10,000 affordable apartments in the City of Seattle since 1981.[61] The Washington State Housing Trust Fund (HTF) is the state's primary means of supporting affordable housing to families with low incomes. The HTF is currently funded out of the state's capital budget, and has been hard hit as the economy declined. Washington State should make

every effort to secure $200 million through the HTF in the coming years, with additional funds set aside for ongoing operations and maintenance of existing units built by the HTF.

2B. State and local governments should sustain efforts to target a larger portion of affordable housing to vulnerable families.

Thanks to the Washington State Housing Finance Commission's use of the Qualified Allocation Plan (QAP), jurisdictions across the state are targeting affordable housing investments to extremely low-income families most at risk of homelessness. QAP is a federal program that requires states to explain the basis on which they distribute their Low-Income Housing Tax Credit (LIHTC) allocations. States establish preferences to target credits toward specific geographic locations or types of tenants. The Washington State Housing Finance Commission uses QAP to encourage projects that serve very low-income and homeless tenants. The state and local governments should support this focus by seeking funding mechanisms to sustain the targeting of affordable housing for vulnerable and homeless families.

2C. The Washington State Legislature should re-enact the Home Security Fund.

Many of the shelters and programs that serve homeless individuals and families in Washington State are funded through the Home Security Fund (HSF). The HSF is funded by various document recording fees on real estate transactions, an area which has been hard hit in the economic downturn. The decline in revenues from these fees, coupled with an increase in the number of programs that are currently funded through the HSF, has led to shortfall in the HSF for the upcoming biennium. The Washington Legislature should ensure adequate funding for the HSF and the programs it funds.

2D. Federal, state, and local policies and practices should be revised to reduce housing access barriers for the most vulnerable and homeless families, survivors of domestic violence, and homeless veterans with children.

At the state level, changes in the law and administrative policies and regulations can reduce housing access barriers for vulnerable and homeless families.

- The state legislature should pass legislation that allows comprehensive screening reports to be portable between rental applications, and offers prospective tenants the ability to know the reason(s) that they were denied and the opportunity to dispute contents in the screening report. The measure should also prohibit the use of domestic violence records intended to protect survivors from being included in a screening report.
- Housing providers, including but not limited to PHAs, should review and modify policies to provide opportunities for vulnerable and homeless families with poor credit, criminal backgrounds, or histories of eviction to qualify for housing by establishing a track record in transitional housing

when appropriate. Both King County and the City of Seattle have recently modified their criminal background evaluations to remove housing barriers for families. Providers should also link such families to services and financial assistance that support housing stabilization and successful tenancy.

To support homeless veterans with families, HUD and VA should do the following:

- Continue to encourage the implementation of a "housing first" approach in VASH and other VA housing programs—and improve access to those programs for the most vulnerable and homeless families.
- Increase flexibility for PHAs to partner with local housing developers to create permanent supportive housing with units set aside for homeless veteran families who have significant barriers to housing stability.

2E. County governments should establish landlord liaison programs to engage private-sector landlords to rent to homeless families. They should also seek to establish funding pools for support for homeless families, including through public-philanthropic resources.

County governments should connect existing private-market housing with tenants who would normally not qualify for such housing due to a history with bad credit, an eviction, or trouble with the law. A landlord liaison program would assist tenants who are already connected to support systems, including long-term rental subsidies, and who have completed renter responsibility training. As additional assurance for landlords, the program would also offer funds in the event tenants cause any excessive damage to their housing units. Both King and Pierce counties have landlord liaison projects. Snohomish County's strategic plan to end family homelessness includes a strategy to develop a private-sector landlord program.[62]

County governments should also create a funding pool to cover rental deposits and utility payments for homeless families. They could help fund such a pool through partnerships with philanthropic allies.

2F. Federal, state, and local governments should target housing/land use planning efforts to address the needs of vulnerable and homeless families.

Planning efforts for new initiatives such as Sustainable Communities or Choice Neighborhoods, or local land use planning should ensure that vulnerable families are not displaced, and the needs of the most vulnerable and homeless families are incorporated into planning for revitalization of public housing and high-poverty neighborhoods, or other investments or land-use decisions that may have an impact on housing affordability.

PHAs are examining ways to close the cost gap between income and housing for Section 8 residents. Section 8 is the federal affordable housing program for very low-income families, the elderly, and individuals with disabilities. In 2009, the King County Housing Authority (KCHA) launched the Resident Opportunity Plan (ROP), a pilot program with the goal of helping residents "achieve economic independence and successfully graduate from federally assisted housing programs." Under ROP, KCHA contracts with service providers who help housing residents build career skills, obtain post-secondary education, and receive wraparound services to achieve "income progression and economic security." The pilot is currently limited to two geographic areas in the county, but will eventually become county-wide once best practices are established.[63]

Area 3: Increase Economic Security for Vulnerable Families by Increasing Opportunities for Meaningful and Sustainable Employment and Improving Access to and Adequacy of Cash Assistance

"Research shows that even when families are stabilized in housing, most families that have experienced homelessness or were at risk of homeless continue to have incomes well below the level needed for self-sufficiency and remain dependent upon subsidies. Even those who make gains in income and employment frequently remain unable to afford market rate housing, even after a transition period."

Snohomish County Investing in Families Strategic Plan, 26.

Issue

Low incomes and inadequate cash assistance to vulnerable families in Washington State create a high risk of housing loss. Nationwide, only 40 percent of eligible families receive cash assistance from TANF.[64] In Washington State, a single-parent family of three is eligible for $562 a month, and TANF assistance plus food stamp benefits amount to only 71 percent of the FPL.[65] Washington, like most other states, is hard hit by the recession, and has declining tax revenues to respond to rising demands for assistance to needy families with children. The TANF Emergency Contingency Fund, enacted under the 2009 Recovery Act, offered additional federal funding to states to help meet increased demand for cash assistance and provide subsidized jobs for unemployed parents and their teenage children. The program expired on September 30, 2010, and repeated efforts to extend it failed in Congress.

Transitional jobs are designed to provide opportunities for people with multiple barriers to employment to make a successful transition into the workforce. This employment strategy, which combines time-limited paid employment, case management, and wraparound support services, can be particularly effective for those parents who are "hardest to employ" because of histories of incarceration, homelessness, and disabilities or health problems. Transitional jobs programs also provide a bridge to other employment opportunities and work supports, including the EITC and linkages to education and training. There are several federal programs that can be used to fund components of transitional jobs programs, including TANF, WIA, and the Community Development Block Grant (CDBG), but current policies have created a complicated patchwork of federal funding provisions and program rules that can make it difficult to implement or expand effective program models. DOL has funding to implement a Transitional Jobs Demonstration Project beginning in FY 2010.

Washington State has one of the most regressive tax structures in the United States, with no income tax and a high sales tax. According to the Sightline Institute, a Northwest think tank, families in Washington State that make less than $20,000 per year pay more than 17 percent of their income in taxes. When faced with a similar dilemma in the 1970s, the federal government enacted the

EITC, a refundable credit for low-income individuals and couples. Having no income tax, an exact match of the EITC on the state level is impossible. The Washington Legislature has enacted legislation with a similar intent—the Working Families Tax Credit—but the program has not been implemented because the Legislature has not appropriated funding for it.

On average in the State of Washington, head(s) of household earning minimum wage must work 83 hours per week to reach an income level where they are spending only 30 percent of their pre-tax income on housing. Fair Market Rent (FMR) for a one-bedroom apartment is 111 percent of the monthly Supplemental Security Income (SSI) benefit level.[66] Parents need post-secondary education and training to increase their earnings to a level where housing costs are affordable.

The Federal Strategic Plan to Prevent and End Homelessness includes strategies to increase meaningful and sustainable employment for people experiencing or most at risk of homelessness:

- Identify ways WIA and TANF programs can help people who are experiencing or most at risk of homelessness, including people with multiple barriers to employment.
- Develop and disseminate best practices on helping people with histories of homelessness and barriers to employment enter the workforce, including strategies that take into consideration transportation, child care, child support, domestic violence, criminal justice history, disabling conditions, and age appropriateness.

Recommendations

"Ensure every client quickly develops a career pathway plan (this can include multiple forms of education, training, job readiness, high school completion or equivalency, etc.)....

"Ensure real opportunities for post-secondary education are available through colleges, universities, and trade schools."

Pierce County Departments of Human & Community Services Plan, 21.

3A. Federal policy adjustments should be made to the Workforce Investment Act (WIA) Reauthorization so that employment and training programs that receive WIA funding address the needs of vulnerable and homeless families.

This should include the following key policy adjustments:

- Increase funding for services. The current $3.95 billion funding for WIA does not meet community needs for intensive services for special needs populations, including homeless job seekers and job seekers in unstable housing situations who have moderate or high levels of service needs.
- Offer annual homeless workforce system development grants. Congress should create a dedicated funding source for annual grants—in contrast to previous one-time grants that funded only individual pilot programs. Local workforce authorities would compete for funds to create innovative measures that make the mainstream system more supportive of homeless people with barriers to employment and low or moderate service needs—rather than establishing an alternate system.
- Authorize the development of appropriate performance and outcome measures. The current system discourages the expenditure of financial resources to assist people who have greater needs. The WIA should establish performance measures that incentivize serving hard-to-employ persons and assist them in securing employment that pays more than minimum wage.

- Include a definition of transitional jobs within WIA and make explicit that transitional jobs are an allowable activity for use of funds. Transitional jobs may be a particularly effective strategy for adults and youth in vulnerable and homeless families who are experiencing prolonged unemployment or have other barriers to employment, with low or moderate levels of service needs.
- Require state and local workforce investment boards to conduct outreach, secure services, and create employment pathways for people experiencing homelessness.
- Hire "employment navigators" at one-stop employment centers. These navigators would be dedicated staff positions in local employment centers that provide homeless individuals with job development services. They would also engage in proactive outreach to individuals through public and community organizations that serve homeless persons. King and Pierce counties have "housing and employment navigators" who support adults in homeless families in accessing employment and education services.
- Require housing status reporting. Local workforce authorities should collect the housing status of all persons who request WIA services and report summary data regarding the housing status of persons who request or receive employment and training services.
- Create a new definition of "head of household of homeless family" that is similar to "dislocated worker," which then requires a set of services and performance measures targeted to this population.
- Clarify that the focus of the program should be on the provision of high-quality education, training, and related services that support heads of household of homeless families in obtaining jobs that pay family-supporting wages and have advancement potential.

3B. The Governor should use a portion of WIA's 15-percent discretionary funds to invest in employment services, including transitional jobs programs, that are tailored to meet the needs of families that are homeless or most at risk of homelessness, with appropriate adjustments to performance measures.

Washington State has several existing programs that provide employment training for homeless and vulnerable adults. The state should launch other innovative employment programs using WIA discretionary funds. It should also seek other federal funding opportunities, such as the U.S. DOL's Transitional Jobs Demonstration Project, that could support transitional jobs, employment services, and other supports for adults and youth with employment barriers and low or moderate levels of service needs.

3C. Federal and state policy adjustments should be made to encourage, support, and connect parents in homeless and vulnerable families with post-secondary education opportunities.

This should include the following key policy adjustments:

- Revise TANF rules to remove barriers to and provide incentives and support for the completion of post-secondary education.
- Provide additional funding for community colleges to collaborate with homeless service providers to enroll parents and youth from homeless and vulnerable families and to provide appropriate family student housing and support services for extremely low-income students who are parents. These efforts should be informed by promising partnerships between community-based organizations and post-secondary institutions, such as Housing Hope and Everett Community College in Snohomish County and the Skill Up Washington initiative in King County.

3D. Congress should make policy adjustments through the TANF re-authorization that improve participation rates and cash-assistance levels. Washington State should enact changes that provide more effective and adequate support for vulnerable families.

This should include the following adjustments:

- Provide additional federal funding to states to protect and expand their capacity to provide adequate cash assistance, short-term rental assistance, or other housing assistance coordinated with resources available through HPRP, transitional and subsidized jobs for unemployed parents and their teenage children, and subsidized child care for parents who are working or participating in training or other work-related activities.
- Use TANF to provide transitional jobs for parents and teenage children with wraparound supports to facilitate participation and success for vulnerable families that have experienced homelessness or are at risk of homelessness.
- Increase state TANF grants so that TANF-plus-food-stamps approach 100 percent of FPL.
- Add a TANF performance measure to mandate removal of access barriers for the most vulnerable families. Set goals for the percentage of homeless families who receive TANF benefits.
- Set a state-level threshold of 75 percent participation of eligible families; if participation rates fall below this level, the state should be required to report on the number of families/children experiencing serious hardship (e.g., deep poverty or hunger) and plans for improvement.
- Revise the TANF work program performance measures to shift from measuring the number of participants involved in work-related activities to measures of how much the program increases employment rates and earnings.
- Revise TANF rules to remove barriers to and provide incentives and support for completion of post-secondary education that will lead to increased incomes.
- Provide federal funding tied to state-level unemployment rates to provide subsidized employment opportunities to those who cannot find unsubsidized employment.

- Revise TANF regulations to require identification and accommodation of disabled and special needs parents to ensure that adequate services and supports are made available to these families.
- Expand the availability of emergency assistance, or "cash diversion," for families that experience a rent crisis as a result of unemployment or lost income.

3E. Federal funding should be provided to extend the TANF Emergency Contingency Fund (ECF).

The TANF ECF was created through the 2009 American Re-Investment and Recovery Act as a temporary measure to support low-income families through the recession. Before it expired on September 30, 2010, it offered states $5 billion through FY 2009 and 2010 for short-term assistance, such as rental assistance, cash assistance for families facing increased costs, and subsidized jobs. In Washington State, the ECF helped pay for 7,200 subsidized jobs for parents with limited job skills to receive on-the-job training. As families continue to struggle in a slow economy, Congress should re-enact the TANF ECF to provide states with a fresh infusion of funds to continue creating jobs and supporting families.

3F. Washington State policy and procedure adjustments should be made to ensure that all vulnerable and homeless families easily obtain mainstream benefits for which they are eligible. This includes the establishment of one-stop web-based portals that streamline applications and eligibility determinations to access multiple sources of income and other benefits that will increase economic security.

The following key policy adjustments should be made:

- Use web-based public benefits portals to streamline and expedite the application and eligibility determination process for multiple benefits and programs that may have differing eligibility criteria. Washington State is implementing its *Washington Connection* portal in 2011.
- Align documentation requirements and the requirements associated with reporting changes and renewing or re-determining eligibility to simplify the process for obtaining and maintaining benefits, and reduce the number of families who lose or are unable to access benefits for which they are eligible.
- Provide outreach and legal advocacy services to support effective utilization of new systems that improve access to benefits.
- Allow informed consent to be given over the phone to expedite the intake process for families seeking housing assistance. Currently, Washington State law requires individuals to provide *written* informed consent before their personally identifying information can be shared among service providers. Some counties are considering allowing verbal consent over the phone as part of their implementation of a coordinated entry system.

3G. Washington State should enact and fully fund the Working Families Tax Credit, the state's supplement to the federal Earned Income Tax Credit (EITC).

Enacted in 2008, the Working Families Tax Credit included a clause that required the legislature to appropriate funds for the credit each biennium. So far, the Washington legislature has not fully funded the tax credit, and working families have not been able to take advantage of the program. The state legislature should fully fund the tax credit.

3H. Washington State departments should work together to target a portion of Healthcare Reform Workforce Development funds to vulnerable and homeless families.

There are a number of initiatives embedded in the PPACA that can improve economic security for vulnerable families by increasing opportunities for meaningful and sustainable employment. The Washington State Health Care Authority, Workforce Board, and DSHS should work together to target a portion of these initiatives to this population. These include:

- Demonstration projects to provide low-income individuals with education, training, and career advancement (PPACA, Title V, Sec. 5507).
- State Health Care Workforce Development grant program planning grants (PPACA, Title V, Sec. 5102).
- State Health Care Workforce Development grant program implementation grants (PPACA, Title V, Sec. 5102).
- Public Health Workforce Loan Repayment Program (PPACA, Title V, Sec. 5204).

Area 4: Improve Health and Stability for Vulnerable and Homeless Families and Align Healthcare Reform Policies with Their Needs

Issue

The comprehensive approach of Person-Centered Healthcare Homes supported by ACOs has the potential to be a new and significant stabilizing force for vulnerable and homeless families while helping better manage the growth in healthcare costs for this complex population. There are over 100 grants, demonstration projects, and other funding opportunities in the PPACA that have been designed to accelerate efforts to improve quality and manage the growth of healthcare expenditures. Washington State is uniquely positioned to work with federal and local partners to leverage a number of these initiatives to design a demonstration "safety net healthcare system" that focuses on the needs of vulnerable and homeless families.

Recommendations

4A. The Substance Abuse and Mental Health Services Administration (SAMHSA) and the Human Resources and Services Administration (HRSA) should co-lead the design of healthcare home pilots for vulnerable and homeless families.

SAMHSA and HRSA of the U.S. Department of Health and Human Services (DHHS) should co-lead the effort with other DHHS divisions to design and fund healthcare home pilots targeted to vulnerable and homeless families, with a focus on those with moderate or high levels of service needs. The pilots should test clinical and payment reform designs that serve the needs of this population.

4B. The Assistant Secretary for Planning and Evaluation (ASPE) should address healthcare cost risk adjustment for vulnerable and homeless families.

The ASPE should commission a study on healthcare cost risk adjustment to support the design of payment reform mechanisms that provide incentives for serving vulnerable and homeless families, particularly those with moderate or high levels of service needs, and ensure that these risk-adjustment methods are used by states and the federal government in contracting with health plans and ACOs.

4C. The ASPE and the new Center for Medicare and Medicaid Innovation (CMI) should assist states in using Medicaid to support vulnerable families.

The ASPE and the CMI should provide technical assistance to states in designing Medicaid plan options and waivers (if necessary) that expand how Medicaid can finance services that support housing stabilization, reduce health risks and avoidable hospitalizations, and improve health outcomes for vulnerable and homeless families, including services that can be delivered in supportive housing for families with high levels of service needs.

4D. The state Medicaid Purchasing Administration and Department of Social and Health Services should sponsor the development of a Safety Net ACO.

Washington State is in the process of organizing a pilot of two types of ACOs that will be supported with technical assistance provided by Group Health Cooperative, a Seattle-based, consumer-governed, nonprofit healthcare system. The state could sponsor the development of an additional Safety Net ACO pilot designed to support vulnerable and homeless families.

4E. The state Medicaid Purchasing Administration and Department of Social and Health Services should sponsor the development of Safety Net Patient-Centered Healthcare Homes funded by new PPACA funds for community health centers and the National Health Service Corps positions.

Title X, Section 10503 of the PPACA provides for expanded and sustained national investment in community health centers by more than doubling center grants between FY 2011 and FY 2015. It also provides a substantial increase in funding for National Health Service Corps-supported providers. The state could work with local partners to apply for funding targeted to support the Safety Net Healthcare System demonstration.

4F. The state Medicaid Purchasing Administration and Department of Social and Health Services should sponsor co-locating primary and specialty care in community-based mental-health settings.

Title V, Sec. 5604 of the PPACA provides $50 million through SAMHSA to improve care to adults who have mental illness and co-occurring primary care conditions or chronic diseases. The grants would fund programs that co-locate primary and specialty care services in community-based mental- and behavioral-health settings. A number of Washington State community mental health centers and community health center teams are already in the queue after a 2009 application process. If one or more of these centers were to be awarded funding, they should be considered for participation in the Safety Net Healthcare System demonstration.

4G. The Washington State Hospital Association should implement mechanisms that support vulnerable parents and children at risk of homelessness.

The Washington State Hospital Association should implement mechanisms for accountability and quality improvement to help ensure that vulnerable parents or children are not discharged from hospitals into homelessness.

4H. The state Department of Social and Health Services should partner with local organizations to apply for Maternal, Infant, and Early Childhood Home Visiting Program grant funding that is targeted to vulnerable and homeless families.

Title II, Section 2951 of the PPACA authorizes $1.5 billion in federal funding for Maternal, Infant, and Early Childhood Home Visiting Programs. The grant promotes children's health and development through early childhood home visitations that enhance maternal and prenatal health, infant health, child development, parenting skills, school readiness, and reductions in child abuse. Many families experiencing homelessness are headed by young parents who are pregnant or caring for very young children. Home visiting programs could provide flexible, family-centered services to homeless or vulnerable families that are in unstable housing, living in shelters, or staying with family or friends, or making the transition into permanent housing. The state's needs assessment and planning should ensure that programs are developed to reach and effectively engage families that are homeless or most at risk of homelessness, and services are effectively linked to housing assistance.

The Federal Strategic Plan to Prevent and End Homelessness calls for improving access to child and family services that improve early child development, educational stability, youth development, and quality of life for families—including expectant families, children, and youth experiencing or most at risk of homelessness.

Area 5: Retool the Homeless Family Crisis Response System and Rebalance Homeless Family System Resource Allocations

"This approach focuses on "housing first" rather than "housing readiness," empowering families to regain stability, make their own choices, and address their needs and goals while in the security of their own "non time-limited" housing. Services are delivered primarily following a housing placement and the goal is housing stability."

Moving Forward: A Strategic Plan for Preventing and Ending Family Homelessness in King County, 4.

Issue

Federal, state, and local resources are too heavily weighted toward high-cost emergency and transitional housing for a small number of homeless families; this is at the expense of meeting the needs of homeless families unable to access the most appropriate and cost-effective housing assistance and housing stabilization services, including prevention and rapid re-housing assistance and well-targeted permanent supportive housing.

Recommendations

5A. The Washington State Department of Commerce/Department of Social and Health Services Homeless Families Plan and local Ten-Year Plans should be updated to reduce their reliance on transitional housing.

Washington State and local jurisdictions should move toward reducing the reliance on transitional housing for families who would be better served by other interventions including rapid re-housing assistance, short-term or long-term rental assistance (affordable housing or housing vouchers), student family housing connected to post-secondary education, and permanent supportive housing for families with the most intensive service needs. In the meantime, transitional housing should continue to serve families with complex problems and vulnerabilities who can benefit from this model (e.g., parents returning from incarceration, families reuniting with children who have been in foster care) and adapt service models to better address families with higher levels of risks and needs. In general, families should receive assistance in obtaining permanent housing as quickly as possible, with support as needed for housing stabilization, and transitional housing should not be used for vulnerable and homeless families with lower levels of service needs.

5B. Federal, state, and local policies should be modified to allow for flexibility in the development and use of housing stock, prevention funds, and services for homeless families.

As HUD adopts regulations and revises federal funding provisions for homeless assistance programs to implement the HEARTH Act, communities and grantees should pursue opportunities to realign resources that have been used for transitional housing. This should include the following key policy adjustments:

- The State Housing Finance Commission should allow transitional housing developments that wish to change their designation to non-time-limited housing to do so without losing their tax credit investment. Under current state law, developers of homeless housing may apply for tax credits to develop homeless housing under one of two categories: 1) buildings in which all units are set aside as homeless transitional housing with a 24-month residency limit, or; 2) buildings that set aside a percentage of total units for homeless housing with no time limit on residency. Current state law requires a developer to declare a project as transitional housing in order to secure a 15-year tax credit for investors. Later on, if a transitional housing provider were to allow clients to stay beyond the 24-month time limit for transitional housing, the investors would lose their tax credit. Removing this tax credit penalty would enhance flexibility for providers to best serve their clients.
- HUD, the State Department of Commerce, and local agencies should remove any hurdles to and establish a process for providers who seek to convert transitional housing to non-time-limited housing, such as permanent or supportive housing.
- Commerce and DSHS should offer flexibility in funding and contract outcomes to allow agencies to provide tailored services that best support clients. Likewise, they should permit a wider use of prevention funds and not limit them to clients who are already homeless or have eviction notices.

The Federal Strategic Plan to Prevent and End Homelessness calls for retooling the homeless crisis response system, including strategies to:

- Encourage communities to transform transitional housing to permanent supportive housing or transition-in-place models where appropriate.
- Promote collaboration between local school districts and crisis programs.

The plan also calls for ensuring that homelessness prevention and rapid re-housing strategies are coordinated with Education for Homeless Children and Youth, and incorporated within federal place-based strategies to improve neighborhoods and schools, including Promise Neighborhoods and Choice Neighborhoods.

5C. The state should provide funding to support coordinated entry and common assessment.

Currently, there is no state funding to help implement the creation of coordinated entry and common assessment tools. The state should support counties' efforts to incorporate these tools into their homeless systems.

Area 6: Improve Educational Opportunities for Children in Vulnerable and Homeless Families

Issue

Vulnerable and homeless youth face a number of barriers to learning. Although all schools and school districts are required by federal law to identify and provide appropriate services to homeless children (including children in families who are doubled-up or living in hotels), not all school districts receive federal funding, and funding levels have not increased to reflect the rising number of children needing assistance. There are substantial barriers to identifying vulnerable and homeless students, including shame and stigma and lack of information at school sites, as well as financial disincentives. School funding mechanisms do not provide adequate or timely funding adjustments to cover the costs for schools to meet their obligations to provide transportation services to keep homeless students in their school of origin, or other services needed to facilitate school

enrollment and attendance. There is currently little contact between school-district liaisons and other homeless providers, in part due to scheduling and logistical challenges and system fragmentation.

Recommendations

6A. Congress should adequately fund the McKinney-Vento Homeless Education Assistance Act so that State and Local Educational Agencies (SEAs and LEAs) can fully implement the Education of Homeless Children and Youth (EHCY) obligations.

The only federal funding source specifically dedicated to serving homeless children and youth, the EHCY program provides grants to state and local educational agencies to ensure that all homeless children and youth have equal access to education. These funds provide transportation and academic support for homeless children, and allow schools to better collaborate with community partners. At this time, fewer than one in five school districts in the United States receive any EHCY funding, although all schools are obligated to protect the educational rights of homeless children regardless of whether they receive EHCY funding. In FY 2009, Congress appropriated $65 million to the program and designated another $70 million through the 2009 ARRA stimulus bill, which more than doubled the number of school districts receiving EHCY assistance.[67] However, the number of homeless children and youth in the public school system has only increased: In the last two years, that figure rose by 41 percent.

6B. The Washington State Department of Commerce, the Office of the Superintendent (OSPI), and the Department of Early Learning should strengthen their partnership to ensure academic success for children from vulnerable and homeless families.

Washington State Department of Commerce, OSPI, and the Department of Early Learning should undertake a joint review and implement program initiatives to tailor activities and supportive services and strengthen collaborative partnerships to ensure enrollment, attendance, and success in school and preschool for children and youth who are homeless or in vulnerable living situations. School site personnel and staff in pre-school/early childhood education programs need to be informed about the needs and rights of children in homeless and vulnerable families, and provided with guidance about where to get help for families when they experience a housing crisis. Support should be available to ensure that homeless and vulnerable children and youth can participate fully in all classes and school activities. School funding mechanisms should be reviewed to recognize the additional costs associated with meeting the requirements of federal law to provide transportation and other assistance to students who are defined as homeless under the law. Priority enrollment for homeless or vulnerable children, waivers of fees or enrollment deadlines, and flexibility in documenting eligibility should be permitted. Federal funding requirements and state leadership can encourage stronger and more effective partnerships between schools, housing and homeless service providers, and community services. Comprehensive school reform initiatives should include an explicit focus on better meeting the needs of students in homeless and vulnerable families.

6C. Federal laws protecting the educational rights and programs that expand educational opportunities for vulnerable and homeless children should be strengthened.

Legislation pending in Congress, including reauthorization of the Elementary and Secondary Education Act ("No Child Left Behind") and new program initiatives such as Promise Neighborhoods will provide opportunities to strengthen federal legal protections and programs to ensure that children in vulnerable and homeless families have full access to educational opportunities, comprehensive early childhood education and family supports, and school-based services to support resiliency.

6D. Commerce and OSPI should support relationship-building among school districts, providers of early childhood education and child care, and homeless service providers.

State and local leaders should encourage relationship-building, communication, and collaboration among providers of homeless services (including shelters and homelessness prevention and rapid re-housing assistance) and school districts (including school district homeless liaisons and others involved in serving vulnerable children) and providers of early childhood education and child care, by convening them on a frequent and ongoing basis, to provide cross-training opportunities and to enhance collaboration and information-sharing.

Area 7: Strengthen the Linkages between the Child Welfare and the Family Homeless Systems

Issue

There is a significant overlap of children and families served by the Washington State child welfare system and vulnerable and homeless families. The 2010 Washington Families Fund program evaluation found that 42 percent of families had at least one child living apart and 25 percent of families served had an open Child Protective Services plan.[68] There's an urgent need to improve the linkages between child welfare and the network and services and supports for vulnerable families.

Recommendations

7A. The state Department of Social and Health Services should incorporate a focus on vulnerable and homeless families into the Washington State Child Welfare Redesign initiative.

As part of the planning and implementation of efforts to redesign and strengthen the child welfare system in Washington, pilot programs should be established to target family preservation and reunification services to high-needs families that are at risk of homelessness or already homeless. These would be the families for whom permanent supportive housing is likely to be the most appropriate solution and to whom the most intensive and comprehensive services should be targeted and linked with housing assistance.

PHAs in King and Thurston counties and the cities of Seattle and Vancouver have recently received Family Unification Program (FUP) vouchers. Other PHAs in the state have applied for additional vouchers, with awards expected in 2011. Efforts to strengthen the child welfare system can help maximize the impact of these vouchers in reducing family homelessness and out-of-home placements for children, and create models that can be expanded and replicated elsewhere.

7B. The state Department of Social and Health Services should build responsibilities for addressing the needs of vulnerable and homeless families involved in the child welfare system into the master contractors' scope of work.

The child welfare system redesign in Washington States includes the transition to a master contractor model to coordinate care for each of the six regions in the state. DSHS should build into the master contractor's scope of work the responsibility to assess and address housing stability in their family preservation and family reunification efforts, as well as helping coordinate services to vulnerable families with high levels of service needs who are at high risk of homelessness and families experiencing multiple episodes of homelessness.

Area 8: Strengthen Supports for Families of Incarcerated Individuals, Making Families with Children an Explicit Focus of Re-entry Plans and Program Initiatives

Issue

Many families with long gaps between multiple episodes of homelessness experience incarceration. The incarceration of a parent often results in a significant loss of income, as well as isolation and stigma for families. Parents who are returning from incarceration and seeking to reunite with their children face barriers to employment, eligibility for benefits, and access to safe and affordable housing.

Both incarceration and homelessness have disproportionate impacts on African-American families, and can result in long-term consequences for the health and well-being of family members. Research has demonstrated that the incarceration of a parent doubles the risk of homelessness for African-American children,[69] and both incarceration and homelessness increase risks of HIV-infection. The incarceration of African-American men is associated with disparities in HIV-infection rates among African-American women.

Recommendations

8A. The Washington State Department of Corrections (DOC) and Department of Social and Health Services should provide targeted support for children who have an incarcerated parent.

DOC and DSHS should provide targeted support for children who have an incarcerated parent so they can stay enrolled and successful in school and remain in their neighborhoods. This should include the provision of housing stabilization or relocation assistance as most appropriate to sustain or strengthen connections to positive supports and safety for children and families.

8B. The Washington State Department of Corrections and Department of Social and Health Services should strengthen efforts to address the risks of HIV infections for family members of incarcerated individuals.

DOC and DSHS should examine the relationship between incarceration, re-entry, and the risks of HIV infection for parents and children in homeless and vulnerable families. They should develop strategies to support housing stabilization during and immediately after the incarceration of a family member, with a focus on those who are at highest risk of HIV infection.

Conclusion

This policy paper was developed during a particularly challenging time in our nation and state. State budget cuts to vital support services, housing loss, and unemployment are stressing the resources of already vulnerable families. Despite the uncertain economic outlook, Building Changes hopes that this work will serve as a roadmap for policymakers, providers, and other stakeholders seeking to prevent and end family homelessness in their communities. The concepts offer several frameworks for visualizing how services should be organized under the Emerging Approach, and point to new potential partnerships with important sectors such as healthcare. The policy recommendations will advise both the homeless and mainstream systems to be more responsive to the diverse needs of vulnerable and homeless families.

The recommendations span an ambitious range of issues across multiple systems (e.g., housing, education, employment, and child welfare), and require an extensive amount of relationship-building and information-sharing among disparate agencies that might have little or no history of collaboration. This begs the question: Where to begin?

Building Changes will use this paper to define its work agenda in the coming years, setting both short- and long-term policy priorities in concert with the political and economic possibilities in Washington State. It will also strengthen existing partnerships and build new relationships.

For others looking to chart their course, below are some general first steps that can be taken to begin the work of preventing and ending family homelessness in their communities:

- Create a shared vision among community leaders and funders with the goal of ending family homelessness within the next ten years.
  - Update local and state Ten-Year Plans
  - Refine, use, and test screening and assessment tools
- Re-prioritize and re-organize existing resources for greater efficiency, cost-saving and flexibility.
  - Assess the braiding of existing federal, state, and local funds
  - Reduce reliance on transitional housing and increase flexibility for how housing funds can be used

- Strengthen alignment between the homeless and mainstream systems, and ensure that homeless and vulnerable families are a focus of state planning when improving child welfare, workforce development, and other systems that affect those families.
- Prepare the state for recent changes in federal law and programs that could direct funding for housing and services.
  - HEARTH Act's revised definition of "homelessness" that funds newly eligible activities
  - Family Unification Program (FUP) vouchers
  - Veterans' homelessness prevention demonstration program
  - U.S. DOL transitional jobs demonstration project (appropriated but not yet allocated)
  - Health reform measures
- Actively support advocacy efforts in partnership with national organizations for continued and expanded federal funding for programs such as the National Housing Trust Fund and TANF.

Ultimately, communities know best how to leverage their existing resources and improve the way they provide housing and services for homeless and vulnerable families. It is Building Changes' hope that communities across the state and country develop and learn from one another's best practices as they work together to prevent and end family homelessness.

Appendix I:

Aligning policies and systems in response to typology of vulnerable and homeless families

Currently, there is limited alignment between the policies and priorities of the homeless assistance system and the mainstream systems responsible for addressing the needs of low-income families in areas that include education, child welfare, welfare-to-work, employment, health and behavioral health, housing, and other services. The homeless assistance system uses factors related to housing need (particularly the location where a family or individual is sleeping) to determine eligibility and/or priority for assistance, with little regard for the level or type of services needs and vulnerabilities families are experiencing. In contrast, mainstream service systems tend to consider the level of services needs when determining eligibility or priority, but usually do not take housing needs or homelessness into consideration.

The following nine-cell matrix (Table 1) represents the combination of possible scenarios for vulnerable and homeless families ranging from Group 1: Low Housing and Low Services Need to Group 9: High Housing and High Services Need.

	Low Services Need	Moderate Services Need	High Services Need
Low Housing Need	1	2	3
Moderate Housing Need	4	5	6
High Housing Need	(7)	8	9

Table 1: Two-Part Typology of Homeless and Vulnerable Families

Diagonal line: Families in the groups above the line are often served by the public behavioral health system. There is great potential to shift the diagonal line to better address families with moderate services needs during implementation of health reform provisions re: healthcare homes and primary care/behavioral health integration.

Horizontal line: Families below the line are often served by the homeless system. Changes in federal law and funding (e.g., HEARTH Act and Recovery Act funding for HPRP) are moving the red line up and expanding opportunities for differential response.

Policy and systems changes are needed to move toward:

- More alignment and coordination among mainstream systems and homeless assistance systems to respond to the needs of vulnerable and homeless families, and to prevent and end homelessness.
- Added capacity, including additional resources to respond to unmet needs.
- Changing/tailoring programs and policies to better respond to the needs of families with unstable living situations, housing crises, and those experiencing homelessness or transitioning from homelessness into housing—providing the right resources to the right people at the right time, while using the most costly interventions for families with the highest level of needs and risks.
- Family-centered, flexible, and tailored responses that recognize and build on strengths and support housing stabilization, while reducing the need for families to enter homeless shelters.

Developing Effective Responses to Vulnerable Families

While many of the policy changes that have been recommended would move systems in the direction of being more responsive to vulnerable and homeless families in a range of circumstances, it will be critical to provide tailored solutions and differential responses to the needs of different types of families. We have prepared this document to be used as a template to support collaborative planning for the development of effective responses to families with varying levels of vulnerability and needs in the dimensions of both housing and services. Using available information about the characteristics of families in each of these groups, we have suggested the types of changes and program strategies that are likely to be needed, and suggested which systems should have primary responsibility for financing and delivering supports to vulnerable and homeless families. We have also noted some of the capacity constraints that will need to be addressed.

This is intended as a planning tool. Stakeholders can use this as a starting point for developing plans to establish new programs or procedures, make changes in existing programs or policies, identify responsibilities, and engage partners from other systems to provide responses that are tailored to the needs of vulnerable and homeless families in each part of the emerging typology. When using this typology, it will be important to recognize that the housing status and needs of families are dynamic and likely to change over time, and family service needs and vulnerabilities may also change. As a result, while it is important to tailor programs and policies to families with specific types of needs and characteristics, it is also critical to increase the alignment and coordination between homeless and mainstream systems to support families with a range of needs and living situations, and to develop strategies that facilitate continuity of engagement and support for families as their circumstances change.

Vulnerable Families Housing and Services Planning Tool				
Group	**What Is Needed? (Policies, tailored programs, changes in provider capacity)**	**Suggested Locus of Primary Responsibility (Which systems should finance and deliver support?)**	**Capacity Challenges (Are there enough resources?)**	**Plan of Action**
1. Low Housing Low Services	• Recognize/ask about housing risks • More effective strategies to increase incomes and access to noncash benefits for families in deep poverty • Service systems provide or link to homeless prevention • Healthcare homes	*Education (schools and post-secondary education)* *Primary care* *TANF/WIA* *Affordable housing/ neighborhood services*	Shortage of affordable housing/rental assistance – long wait lists High rates of unemployment create added demands for assistance	
2. Low Housing Moderate Services	• Recognize/ask about housing status & risks more often for families with moderate level of service needs • Service systems provide or link to homeless prevention • Integrated healthcare; person-centered healthcare home • Flexible welfare-to-work rules, transitional jobs and work supports, and improved access to income and non-cash benefits	*Education/school-based services* *Primary care/behavioral healthcare* *TANF/WIA* *Child welfare* *Affordable/public housing*	Same as above + limited capacity in behavioral health and other service systems to respond to moderate level of needs if not highly motivated/ engaged or in crisis	
3. Low Housing High Services	• Recognize/regularly ask about housing status & risks and link/ coordinate with homeless prevention services • Integration/coordination across service systems for families with high levels of vulnerability and complex needs • Trauma-informed child welfare/ child abuse prevention/family stabilization supports • Re-entry/family reunification • Welfare-to-work rules that recognize & accommodate disability/special needs including substance abuse and trauma; (e.g., supported employment), improved access to income support and non-cash benefits	*Education (including special education)/ school-based services* *Behavioral healthcare/ primary care* *TANF/SSI* *Child welfare* *Criminal Justice* *Public housing/special needs housing/homeless assistance*	Limited capacity in behavioral health system results in high level of unmet needs for mental health services for parents with depression, anxiety disorders, trauma, co-occurring substance use, etc. Parental incarceration rates have increased; are supports available for families/children with incarcerated parent?	

Vulnerable Families Housing and Services Planning Tool				
Group	**What Is Needed? (Policies, tailored programs, changes in provider capacity)**	**Suggested Locus of Primary Responsibility (Which systems should finance and deliver support?)**	**Capacity Challenges (Are there enough resources?)**	**Plan of Action**
4. Moderate Housing Low Services	• Recognize/ask about housing status and risks • More effective strategies to increase incomes for families in deep poverty • Service systems provide or link to homeless prevention/ re-housing • Homeless system provides rapid re-housing assistance/ housing stabilization support • Child abuse prevention/family support/services for children & youth and young parents facilitate sustained connections and resilience • TANF/WIA offer flexible supports to increase employment and income; transitional jobs; improved access to non-cash benefits	*Homeless assistance/ prevention* *Affordable/public housing* *Education (schools and post-secondary education) and school-based services (including McKinney-Vento education)* *Primary care* *TANF/WIA*	Shortage of affordable housing/rental assistance – long wait lists Limited capacity of high-cost transitional housing – should not be used for these families	
5. Moderate Housing Moderate Services	• Recognize/ask about housing status & risks more often for families with moderate level of service needs • Service systems provide or link to homeless prevention/ re-housing • Homeless system provides rapid re-housing assistance with support services to facilitate connections to ongoing services (e.g., CTI) and housing stabilization support • Child abuse prevention/family support/services for children & youth and young parents facilitate sustained connections and resilience • Integrated healthcare; person-centered healthcare home • TANF/WIA offer flexible supports to increase employment and income; transitional jobs or supported employment; improved access to non-cash benefits	*Homeless assistance/ prevention* *Affordable/public housing* *Education (schools and post-secondary education) and school-based services (including McKinney-Vento education)* *Primary care/behavioral healthcare* *TANF/WIA* *Child welfare*	Same as above + limited capacity in behavioral health and other service systems to respond to moderate level of needs if not highly motivated/ engaged or in crisis	

Vulnerable Families Housing and Services Planning Tool				
Group	**What Is Needed? (Policies, tailored programs, changes in provider capacity)**	**Suggested Locus of Primary Responsibility (Which systems should finance and deliver support?)**	**Capacity Challenges (Are there enough resources?)**	**Plan of Action**
6. Moderate Housing High Services	• Recognize/regularly ask about housing status & risks and link/coordinate with homeless assistance • Integration/coordination across service systems for families with high levels of vulnerability and complex needs • Effective engagement strategies/motivational interviewing/harm reduction • Trauma-informed child welfare/child abuse prevention/family stabilization supports • Re-entry/family reunification • Income support and tailored welfare-to-work programs (e.g., supported employment) and rules that recognize & accommodate disability/special needs including substance abuse & trauma; improved access to non-cash benefits • Permanent supportive housing, including units integrated in affordable family housing	*Behavioral healthcare/primary care* *Child welfare* *Criminal Justice* *Homeless assistance/special needs housing* *TANF/SSI* *Education (including special education)/school-based services*	Better use of current capacity in transitional housing (including transition-in-place) and/or permanent supportive housing to serve these families Rising TANF caseloads and budget shortfalls limit capacity of human services systems to respond effectively to these high-needs families who are likely to fall through the cracks	
7. High Housing Low Services	Our assumption = there are very few families with the highest level of housing risk/needs and lowest level of service needs. Currently, families with low services needs may have extended stays in transitional housing because affordable housing is unavailable. This is costly and inefficient.			
8. High Housing Moderate Services	• Recognize/ask about housing status & risks more often for families with moderate level of service needs • Integrated healthcare; person-centered healthcare home with effective engagement strategies/motivational interviewing/harm reduction • Trauma-informed child welfare/child abuse prevention/family stabilization supports linked to housing (e.g., FUP) • Re-entry/family reunification • Income support and tailored welfare-to-work programs and rules that recognize & accommodate disability/special needs including substance abuse & trauma; transitional jobs or supported employment; improved access to non-cash benefits	*Homeless assistance/special needs housing* *Behavioral healthcare/primary care* *Child welfare* *Criminal Justice* *TANF/SSI* *Education (including special education)/school-based services*	Better target current capacity in transitional housing (with strong linkage to permanent affordable housing or transition-in-place) and/or permanent supportive housing to these families	

Vulnerable Families Housing and Services Planning Tool				
Group	**What Is Needed? (Policies, tailored programs, changes in provider capacity)**	**Suggested Locus of Primary Responsibility (Which systems should finance and deliver support?)**	**Capacity Challenges (Are there enough resources?)**	**Plan of Action**
9. High Housing High Services	• Recognize/ask about housing status & risks for all families • Integration/coordination across service systems for families with high levels of vulnerability and complex needs • Person-centered healthcare home with effective engagement strategies/ motivational interviewing/harm reduction • Trauma-informed child welfare/ child abuse prevention/family stabilization supports linked to housing (e.g., FUP) • Adapt/develop models for families with significant involvement in criminal justice and child welfare systems • Income support that recognizes & accommodates disability/ special needs including substance abuse and trauma; improved access to non-cash benefits • Permanent supportive housing for families	*Homeless assistance/ special needs housing* *Behavioral healthcare/ primary care* *Child welfare* *Criminal Justice* *TANF/SSI* *Education (including special education)/ school-based services*	Prioritize current/ proposed permanent supportive housing capacity for these families	

Appendix II:

Data from the U.S. Department of Housing and Urban Development's AHAR and the U.S. Department of Education's Homeless Counts

Among the people in AHAR's point-in-time count, about 39 percent in 2009 were part of a family (making up approximately 78,500 families).[70] Between October 1, 2008 and September 30, 2009, 1.56 million people stayed in emergency shelter or transitional housing.[71] Among them, 34 percent were part of a family—defined as one or more adults with at least one child, making up about 170,000 families. These families included about 323,000 children and about 210,000 adults.[72] In 2009, about 53 percent of homeless children who stayed in shelters or transitional housing programs were under age six.[73]

While the AHAR report included only people staying in emergency shelters or transitional housing, or living unsheltered (on the streets, in cars, abandoned buildings or other places not suitable for human habitation), the U.S. Department of Education (ED), which collects data from State Education Agencies (SEAs) and Local Education Agencies (LEAs), counts homeless children in doubled-up living arrangements, in motels or hotels, in shelter, and unsheltered. In the 2008–2009 academic year, there were more than 956,900 homeless children and youth enrolled in public schools. Of those, 66 percent were doubled-up and 6 percent were staying in hotels or motels, 23 percent were in shelter, and 4 percent were unsheltered. Most homeless children under age six are not included in this count, unless they are enrolled in public pre-K programs.[74]

Appendix III:

Demographic Profile of Homeless Families

Families that experience homelessness are predominantly headed by a single mother in her late twenties with approximately two children, one or both of whom are under age six. They are "typically extremely poor, and homeless mothers have human capital needs with respect to both education and employment."[75] They are often victims of domestic violence, and have higher rates of physical and mental health problems compared to other poor families. Their children also have high rates of acute and chronic health problems, and the majority has been exposed to community or domestic violence. For these families, an episode of homelessness is "typically part of a longer period of residential instability—marked by frequent moves, short stays in one's own housing, and doubling-up with relatives and friends."[76] In fact, more than 60 percent of families enter shelter from a housed situation rather than from the street.[77]

In 2005, there were nearly 2.3 million families with worst-case needs,[78] meaning their incomes are 50 percent below the AMI, and they either pay 50 percent or more of their monthly income for rent or they live in substandard housing."[79] About three-quarters of these families were extremely low-income (ELI),[80] which is defined as having incomes below 30 percent of the AMI.[81] Families with children represented the largest increase in worst-case needs from 2003 to 2005.[82] It can be safely assumed that these figures only worsened once the recession began in late 2007.

Despite the recent increase in vacancy rates, units that are affordable to low-income households remain scarce: While national vacancy rates are above 10 percent, the vacancy rate is below 5 percent in project-based Section 8 housing and 9.5 percent in public housing projects.[83] Even worse, between 2007 and 2009, the number of affordable units decreased from 7.1 to 6.5 million while the number of ELI renters increased. As a result, in 2010, only 39 affordable units were available for every 100 renters.[84]

Appendix IV:

TANF versus AFDC Participations Rates

The federal welfare program meant to provide income support for such families is severely under-serving its target population: Only 40 percent of eligible families receive cash assistance from TANF.[85] TANF's low accessibility stands in stark contrast to its predecessor, Aid to Families with Dependent Children (AFDC), which reached 80 percent of eligible families.[86] The difference bears real consequences for families: "In 1995, low-income programs lifted 74 percent of people who otherwise would have been below half of the poverty line above that threshold (i.e., out of deep poverty). In 2005, the low-income programs lifted only about 58 percent of such people out of deep poverty."[87]

Since TANF's enactment in 1996, this low percentage remained fairly constant. In contrast, food-stamp caseloads have increased dramatically in recent years—"the best early warning sign of growing poverty."[88] Even before the recession fully hit, between August 2007 and August 2008, the number of individuals using food stamps rose by 2.6 million between August 2007 and August 2008, for a total of 29.5 million.[89] The fact that the TANF participation rate did not similarly rise demonstrates how inaccessible the program remains even as more and more families experience economic crisis.

Appendix V:

Promising Federal Developments

In 2009, the Homelessness Prevention and Rapid Re-housing Act (HPRP) was enacted as part of the American Re-Investment and Recovery Act (ARRA), better known as the "stimulus bill." The program, whose implementation began later that year, provides rental assistance to households with temporary, crisis-generated housing instability, and uses short-term, inexpensive, and time-limited interventions such as emergency cash assistance and housing subsidies.

That year, President Obama also signed into law the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, reauthorizing HUD's McKinney-Vento Homeless Assistance program—the primary source of funding for programs that serve people experiencing homeless. The reauthorization significantly expands prevention efforts, sets the goal of returning people to permanent housing within 30 days, and increases access to funding by revising definitions.

In June 2010 the U.S. Interagency Council on Homelessness (USICH) released *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*.[90] The plan, which was adopted by the Council's 19 federal agencies, sets the goal of ending homelessness for families in ten years. The plan calls on federal agencies to collaborate more effectively, to engage with partners at the state and local levels and in the private and nonprofit sectors, and to focus on proven solutions, especially in these four key areas:

- Provide affordable housing through improved targeting and the creation of additional affordable housing.
- Increase meaningful and sustainable employment by providing workforce training and supports and employment strategies linked to housing.
- Reduce financial vulnerability by helping families access the full range of programs and services that should be available to them.
- Transform homeless services into crisis response systems with a focus on prevention and rapid re-housing.

The plan also establishes the goal of ending homelessness among veterans within five years, and the Obama Administration and Congress have committed substantial resources toward achieving this goal. HUD and VA are currently partnering to provide 30,000 vouchers linked to services for homeless veterans, including veterans with families. The VA has launched several new programs to prevent and

end homelessness among veterans, including programs that offer supportive services and financial assistance to promote housing stability. Several of these initiatives include a focus on veteran families with children, including the new Supportive Services for Veteran Families Program, which will provide grant funding to nonprofit organizations to assist very low-income veteran families who are at risk of homelessness or transitioning from homelessness into permanent housing. Thus far, there is no single, unifying data system where homeless and mainstream agencies can share information and track clients. In a recent report, the U.S. Government Accountability Office (GAO) recommended that HUD, HHS, and the U.S. Department of Education collaborate to develop a common vocabulary for homelessness and assess the costs and benefits of collecting data on housing status in targeted and mainstream programs.[91] The USICH Federal Strategic Plan calls for creating a common data standard and uniform performance measures if feasible, especially related to housing stability, across all targeted and mainstream federal programs.

The plan lays out its objectives under five themes:

1. Increase leadership, collaboration, and civic engagement.
2. Increase access to stable and affordable housing.
3. Increase economic security.
4. Improve health and stability.
5. Retool the homeless crisis response system.[92]

The federal government is also committing new funding to end homelessness. The Obama Administration has proposed $2.055 billion—a 10 percent increase—in funding for McKinney-Vento programs in FY 2011. The House Transportation, Housing and Urban Development Appropriations Subcommittee has appropriated $85 million for a housing and services demonstration offering 10,000 housing vouchers, with 6,000 units for families and 4,000 for chronically homeless individuals.

Appendix VI:

Homeless Veterans with Families

There has been growing concern about the number of veterans who are returning from the conflicts in Afghanistan and Iraq with high rates of depression, post-traumatic stress disorder (PTSD), traumatic brain injury, and substance abuse problems. Extended and often repeated deployments have created high levels of stress for members of the military and their families, many of whom find it difficult to obtain employment and affordable housing when they return to civilian life. Among this new generation of returning veterans, a much higher percentage is women and/or parents of young children. An alarming number of veterans are experiencing or at risk of homelessness.

Most of the residential programs that the U.S. Department of Veterans Affairs (VA) runs lack the capacity to serve homeless veterans who are living with their children. As a result, the VA is developing and implementing new and expanded programs designed to better meet the needs of women veterans and homeless veterans who have families.

The new programs include a significant expansion of housing vouchers linked to case management services through the HUD-VASH (Veteran Affairs Support Housing) program, trauma-informed healthcare and treatment services tailored to the needs of women veterans, and the new Supportive Services for Veteran Families Program, which provides supportive services to very low-income veterans' families that are in or transitioning to permanent housing. In June 2010, HUD directed $58.6 million to provide permanent housing assistance to nearly 8,000 veterans as part of a joint HUD-VA Supportive Housing effort to provide 30,000 rental assistance vouchers to homeless veterans.[93] In July 2010, the VA and HUD launched the Veterans Homelessness Demonstration Program that will provide grant funding for housing assistance and supportive services to veterans who are transitioning home from military service in five communities near military installations, including Joint Base Lewis-McChord near Tacoma, Washington.

References

[1] Bureau of Labor Statistics. Employment Situation Summary. June 4, 2010.

[2] "Cost Associated with First-Time Homelessness for Families and Individuals." U.S. Department of Housing and Urban Development Office of Policy Development and Research. March 2010. Families: Emergency shelter only, for 1 or 2 brief stays totaling 10 days to 3 months. Page ES-9.

[3] "Life After Transitional Housing for Homeless Families." U.S. Department of Housing and Urban Development Office of Policy Development and Research. March 2010. Page xvi.

[4] Unpublished research by the Bill & Melinda Gates Foundation U.S. Programs, Pacific Northwest Initiative. February 2007.

[5] Washington State Department of Commerce. 2007–2009 Homeless Families Plan. January 2007. Page 2.

[6] Ibid, page 7.

[7] Ibid, page 7.

[8] Culhane D, Byrne T. "Ending Family Homelessness in Massachusetts: A New Approach for the Emergency Assistance (EA) Program." Page 5.

[9] "Homeless Veterans Action Plan." Washington State Department of Veteran Affairs. 2005. Page 4. Available at: http://www.ich.gov/slocal/plans/Veterans/WashingtonStateVeteransAdministrationHomelessActionPlan.pdf

[10] "The 2009 Annual Homeless Assessment Report to Congress." U.S. Department of Housing and Urban Development Office of Community Planning and Development. June 2010. Page 28.

[11] Culhane D. "Ending Family Homelessness in Massachusetts." Page 4.

[12] Burt M, Pearson C, and Montgomery A's 2005 study, "Strategies for Preventing Homelessness," is an example of research on emerging approaches where they examined primary prevention efforts in three communities—Hennepin County, Minnesota; Montgomery County, Maryland; and five counties in the Kansas City metropolitan area.

[13] U.S. Department of Health and Human Services Poverty Guidelines. Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services. Available here: http://aspe.hhs.gov/poverty/10poverty.shtml

[14] Bureau of Labor Statistics: Labor Force Statistics from the Current Population Survey. Available at: http://data.bls.gov/PDQ/servlet/SurveyOutputServlet?data_tool=latest_numbers&series_id=LNS14000000 and http://www.bls.gov/news.release/pdf/empsit.pdf

[15] "Income, Poverty, and Health Insurance Coverage in the United States: 2008." U.S. Census Bureau. September 2009. Page 14.

[16] "Income, Poverty, and Health Insurance Coverage in the United States: 2009." U.S. Census Bureau. September 2010. Page 15.

[17] Eckholm E. "Recession raises poverty rate to a 15-year high." *The New York Times*. September 16, 2010. Available at: http://www.nytimes.com/2010/09/17/us/17poverty.html?scp=1&sq=Census%20bureau%20poverty&st=cse

[18] 238,110 homeless people in families on one night, compared to 249,212 in the previous year. The apparent decline was primarily attributable to methodological issues in the homeless counts in three cities with large numbers of homeless people: Los Angeles, Detroit, and New Orleans. After excluding data from these communities, the number of people in homeless families **increased** by 2.7 percent from 225,602 in 2008 to 231,732.

[19] The AHAR also uses data from Homelessness Management Information Systems (HMIS) to report the number of homeless persons in emergency shelter or transitional housing over the course of a year. Nearly 1.56 million people were sheltered between 2008 and 2009, and about one-third were homeless as members of families.

[20] Ehrenreich B, Muhammad D. "The Recession's Racial Divide." *The New York Times*. September 13, 2009. Available at: http://www.nytimes.com/2009/09/13/opinion/13ehrenreich.html?scp=1&sq=The%20Recession%92s%20Racial%20Divide&st=cse

[21] Bureau of Labor Statistics. Labor Force Statistics from the Current Population Survey.

[22] "Status and Trends in the Education of American Indians and Alaska Natives: 2008." National Center for Education, Institute of Education Sciences Statistics, U.S. Department of Education. September 2008. Page 24. Figure 1.6b, "Status of Family Households with Children under Age 18 Living in Poverty, by Race/Ethnicity: 1989, 1999, 2003, and 2006." Available at: http://nces.ed.gov/pubs2008/nativetrends/ind_1_6.asp

[23] "The State of Working America." The Economic Policy Institute. Graph: "Poverty Rates Higher Among Young Children: Poverty Rates by Age and Race, 2009." Download Excel document for historical, original data. Available at: http://www.stateofworkingamerica.org/charts/view/180

[24] "Status and Trends in the Education of American Indians and Alaska Natives: 2008." National Center for Education, Institute of Education Sciences Statistics, U.S. Department of Education. September 2008. Page 23. Figure 1.6a, "Percentage of Individuals Living in Poverty, by Age Group and Race/Ethnicity, 2006." Available at: http://nces.ed.gov/pubs2008/nativetrends/ind_1_6.asp

[25] Bureau of Labor Statistics. Labor Force Statistics from the Current Population Survey.

[26] Powell M. "Blacks in Memphis Lose Decades of Economic Gains." *The New York Times*. May 30, 2010. Available at: http://www.nytimes.com/2010/05/31/business/economy/31memphis.html

[27] Ibid.

[28] Ibid.

[29] Rog D, Buckner J. "Homeless Families and Children." 2007. Page 12.

[30] "Promising Strategies to End Family Homelessness." National Alliance to End Homelessness. June 2006. Page 6.

[31] "The State of the Nation's Housing 2010." Joint Center for Housing Studies of Harvard University. 2010. Page 27.

[32] "American Community Survey Estimate Shows Larger National, State Affordable Housing Shortages" Research Note #07-01, National Low Income Housing Coalition. 2007. While there is significant concern about the availability of affordable rental housing for low-to-moderate income workers, data show that the shortages are greatest for ELI households. "Affordable and available" includes rental units that are actually occupied by households at each income level or available for rent, and does not include those units currently occupied by households at higher income levels.

[33] "The 2009 Homeless Assessment Report to Congress." U.S. Department of Housing and Urban Development. 2010. Page 26.

[34] Rog D, Buckner J. "Homeless Families and Children." 2007. Page 7.

[35] "Washington Families Fund Moderate-Needs Family Profile." Washington Families Fund Five-Year Report 2004-2009. Building Changes.

[36] "Washington Families Fund High-Needs Family Profile." Washington Families Fund Five-Year Report 2004-2009. Building Changes.

[37] Association of American Medical Colleges (AAMC), Medical Informatics Panel and the Population Health Perspective Panel. Contemporary issues in medical informatics and population health: report II of the Medical School Objectives Project. *Academic Medicine.* 1999;74:130-141.

[38] Gardner E, Forecast Analyst at the Forecast Division of the Washington State Office of Financial Management. Gardner used data from the Census Bureau's 2008 American Community Survey's Public Use Microdata Sample (ACS PUMS).

[39] Ibid.

[40] Obtaining an accurate count of the number of families that experience homelessness is a challenging task. Washington State is in the process of coordinating its data-gathering from all counties for a reliable annual count. The state's 2010 Point-In-Time (PIT) count, taken one night during the year, revealed 3,388 families that were unsheltered or in emergency shelter, transitional housing, and permanent supportive housing in January 2010. That figure is most likely low.

Some counties have already consolidated their Homeless Management Information System (HMIS) for a strong annual count of families in emergency shelter, transitional housing, and permanent supportive housing. These counties include Clallam, Cowlitz, Kitsap, and Walla Walla. The 6,776 families cited in Figure 7 is an estimate derived by comparing the difference between these counties' January 2010 PIT Count and 2009 Annual Count as well as the 2010 national PIT and 2009 Annual Count. (Spokane County also has a strong HMIS, but its 2009 Annual Count included only residents in transitional housing, so it was excluded from our estimate.) For the four counties combined, there is an average of 1.86 more families captured in their annual counts than in their PIT counts. Nationwide, that difference is 2.17 times. We split the difference and produced what we recognize is an imperfect estimate by multiplying Washington State's 2010 PIT count by two.

The state Department of Education (DOE), which is required to collect data on public school children, offers another lens on the number of homeless families in Washington State. It counted 20,780 homeless school-age children in the 2008–2009 academic year. The DOE definition of homelessness is broader than that of the Department of Housing and Urban Development: In addition to families in emergency shelter, transitional housing or that are unsheltered, it also includes families in doubled-up arrangements or in motels. Doubled-up families constitute the majority of homeless families in Washington State: Of the 20,780 homeless children that year, 13,000 were doubled-up. Given that the average homeless family consists of a single mother and two children, the number of homeless families in Washington State would likely be higher than 10,000 if doubled-up families are included in the count.

[41] Scoping the Bill & Melinda Gates Foundation's Family Homelessness Strategy for Washington State. February 2007. Page 31.

[42] Culhane D, Metraux S, Byrne T. "A Prevention-Centered Approach to Homelessness Assistance: A Paradigm Shift?" 2010.

[43] In 1990, the U.S. Senate Appropriations Committee directed HUD to "resume the annual compilation of a worst-case housing needs survey of the United States ...." Households with "worst-case needs" are defined as unassisted renters with very low incomes (below 50 percent of AMI) who pay more than half of their income for housing or live in severely substandard housing. More than 95 percent of households with worst-case needs pay more than half of their income for rent. About 260,000 of these households have both severely inadequate housing and a severe rent burden.

[44] Rog D. "Examining the Role of Individual and City Factors in Understanding Family Homelessness." Draft. June 19, 2007. Pages 4-5.

[45] Ibid, page 18.

[46] "Costs Associated with First-Time Homelessness for Families and Individuals" U.S. Department of Housing and Urban Development, Office of Policy Development and Research 2010. Page P-2.

[47] Ibid, page ES-9.

[48] "Washington Families Fund Moderate-Needs Family Profile." Washington Families Fund Five-Year Report 2004-2009. Building Changes.

[49] "Washington Families Fund High-Needs Family Profile." Washington Families Fund Five-Year Report 2004-2009. Building Changes.

[50] Ibid.

[51] The Washington State Department of Commerce 2007-2009 Homeless Families Plan, published in January 2007, sets six goals, listed below. Full plan available at: http://www.commerce.wa.gov/site/499/default.aspx
Goal 1: Shelter homeless families.
Goal 2: Return homeless families to stable, affordable housing.
Goal 3: Enhance access to DSHS services needed by homeless families.
Goal 4: Assist families likely to become homeless to maintain stable housing.
Goal 5: Improve DSHS staff and contractor understanding of homelessness.
Goal 6: Maintain or improve services to homeless families with multiple barriers.

[52] When the HEARTH Act is implemented, there will be greater flexibility to use funding from HUD's Homeless Assistance Program to support this sort of rebalancing.

[53] Kelley R. "Where can $700 billion in waste be cut annually from the U.S. healthcare system?" Healthcare Analytics, Thomson Reuters. October 2009. Page 3.

[54] Washington State Healthcare Authority. Request for Information K346. June 2010. Pages 1-2. Available at: http://www.hca.wa.gov/documents/rfp/acct_care/ACO_RFI_K346.pdf

[55] Comas, a Scottish community development organization working to promote recovery and resilience amongst individuals and communities. Available at: www.comas.org.uk

[56] Ibid.

[57] Ibid.

[58] 2011 Washington Families Fund Report.

[59] Ibid.

[60] "Homelessness Among Veterans." United States Interagency Council on Homelessness factsheet. Page 1. Available at: http://www.usich.gov/PDF/FactSheetVeterans.pdf

[61] Seattle Office of Housing website. Available at: http://www.seattle.gov/housing/levy/default.htm

[62] Snohomish County Investing in Families Strategic Plan. February 2010. Page 29.

[63] "King County Housing Authority Request for Proposals for Evaluation of the Pilot Resident Opportunity Plan Initiative for the King County Housing Authority." August 14, 2009. Page 3. More information about the Resident Opportunity Plan pilot is available at: http://www.kcha.org/aboutus/communityinitiatives.aspx

[64] "Recession Could Cause Large Increases in Poverty and Push Millions into Deep Poverty." Center on Budget and Policy Priorities. September 24, 2008. Page 2.

[65] Multiple sources for a family of three: Schott L, Finch I. "TANF Benefits Are Low and Have Not Kept Up with Inflation." Center on Budget and Policy Priorities. October 14, 2010. Page 10. Available at: http://www.cbpp.org/files/10-14-10tanf.pdf

Food Stamp Benefit FY 2010: $526/month, U.S. Department of Agriculture. Federal Poverty Level: $1,526/month, ASPE.

[66] National Low Income Housing Coalition website (data can be searched by state, metro areas or counties). Available at: http://www.nlihc.org/oor/oor2010/area.cfm?state=WA

[67] "A Critical Moment: Child & Youth Homelessness in Our Nation's Schools." First Focus and the National Association for the Education of Homeless Children and Youth. July 2010. Page 2.

[68] Washington Families Fund High-Needs Family Profile. Washington Families Fund Five-Year Report 2004-2009. Building Changes.

[69] Wildeman, C. "Parental Incarceration, Child Homelessness, and the Invisible Consequences of Mass Imprisonment." University of Michigan. 2010.

[70] "The 2009 Homeless Assessment Report to Congress." U.S. Department of Housing and Urban Development. 2010. Page 10.

[71] Ibid, page 18.

[72] Ibid, page D-2.

[73] Ibid, page D-4.

[74] "Education for Homeless Children and Youth Program: Data Collection Summary." National Center for Homeless Education. June 2010. Page 9.

[75] Rog D, Buckner J. "Homeless Families and Children." 2007. Page 4.

[76] Ibid, page 9.

[77] "The 2009 Annual Homeless Assessment Report to Congress." U.S. Department of Housing and Urban Development Office of Community Planning and Development. June 2010. Page 33.

[78] "Affordable Housing Needs 2005: Report to Congress." U.S. Department of Housing and Urban Development Office of Policy Development and Research. May 2007. Page 2.

[79] Ibid, page 7.

[80] Ibid, page 12.

[81] Ibid, page 8.

[82] Ibid, page 2.

[83] Collinson R, Winter B. "U.S. Rental Housing Characteristics: Supply, Vacancy and Affordability." January 2010. Page 4.

[84] Memo to Members: Volume 16, No. 1. "American Housing Survey Data Show Rapidly Deteriorating Extremely Low Income Rental Supply." Available at: http://www.nlihc.org/detail/article.cfm?article_id=7568

Powerpoint presentation: "A Preliminary Analysis of the 2009 and 2007 Rental Affordability Gaps." National Low Income Housing Coalition." Slide 10. Available at: http://www.nlihc.org/doc/Preliminary-Analysis.pdf

[85] "Recession could cause large increases in poverty and push millions into deep poverty." Center on Budget and Policy Priorities. November 24, 2008. Page 2.

[86] Ibid, page 2.

[87] Ibid, page 10.

[88] Ibid, page 2.

[89] Ibid, pages 2 and 7.

[90] The Federal Strategic Plan and a background paper on family homelessness, prepared to support the plan development, are available online at the U.S. Interagency Council on Homelessness website: http://www.usich.gov/PDF/OpeningDoors_2010_FSPPreventEndHomeless.pdf

http://www.usich.gov/PDF/OpeningDoors/BkgrdPap_FamiliesWithChildren.pdf

[91] "Homelessness: A Common Vocabulary Could Help Agencies Collaborate and Collect More Consistent Data." U.S. Government Accountability Office. June 2010.

[92] "Opening Doors: Federal Strategic Plan to Prevent and End Homelessness, 2010." Overview. Pages 5-7.

[93] "HUD provides funding for nearly 8,000 HUD-VASH vouchers" [press release]. National Coalition for Homeless Veterans. June 3, 2010. Available at: http://www.nchv.org/news_article.cfm?id=740