America's Youngest Outcasts

A Report Card on Child Homelessness

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A Report Card on Child Homelessness

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Social Development
Program

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Editor’s Note:

As mandated by the federal McKinney-Vento Act, Local Education Agencies identify and count the number of homeless children in public schools annually. The numbers are reported by school year (e.g., the 2012-2013 count is from the fall and spring semester of a single school year). To simplify our data presentation, we refer to the 2010-2011 school year as 2011, the 2011-2012 school year as 2012, and the 2012-2013 school year as 2013. Data from 2013 became available from the U.S. Department of Education in September 2014, and are the most recent data.

Dedication

From the staff of The National Center on Family Homelessness:

We dedicate this report to Ellen L. Bassuk, M.D.

for her steadfast efforts over twenty-five years to give a voice

to children who otherwise would be invisible and forgotten.

Acknowledgements

This report has been a collaborative effort among many partners.

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Special thanks to Rachael Kenney of the Center for Social Innovation for her thorough work on data analysis; Jeannine Owens of Gliddon Owens Design for making our pages come to life; the publication team at American Institutes for Research for their production support; and to Scott Martin of Jorley Media for making this report available on our website www.HomelessChildrenAmerica.org.

John Soares and Ren Haoyuan took the photographs that appear in the report. Many of the families and children in the photographs participated because they want this story to be told. We are humbled by their strength, awed by their resilience, and thankful for lending their images to shine a light on family homelessness.

This report was written by Ellen Bassuk, Carmela DeCandia, Corey Beach, and Fred Berman of The National Center on Family Homelessness at AIR. We are grateful for the support of all our colleagues at The National Center, especially Christina Murphy, Natalie Coupe, and John Romano. We also appreciate the contributions of Rachel E. Latta, Tien Ung, and Jeff Olivet from the Center for Social Innovation. We thank John Kellogg for his determined efforts to make this report possible.

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Executive Summary

America's Youngest Outcasts reports on child homelessness in the United States based on the most recent federal data that comprehensively counts homeless children, using more than 30 variables from over a dozen established data sets.

A staggering 2.5 million children are now homeless each year in America. This historic high represents one in every 30 children in the United States. Child homelessness increased in 31 states and the District of Columbia from 2012 to 2013. Children are homeless in every city, county, and state—every part of our country.

Based on a calculation using the most recent U.S. Department of Education's count of homeless children in U.S. public schools and on 2013 U.S. Census data:

- 2,483,539 children experienced homelessness in the U.S. in 2013.
- This represents one in every 30 children in the U.S.

From 2012 to 2013, the number of children experiencing homelessness annually in the U.S.:

- Increased by 8% nationally.
- Increased in 31 states and the District of Columbia.
- Increased by 10% or more in 13 states and the District of Columbia.

Major causes of homelessness for children in the U.S. include: (1) the nation's high poverty rate; (2) lack of affordable housing across the nation; (3) continuing impacts of the Great Recession; (4) racial disparities; (5) the challenges of single parenting; and (6) the ways in which traumatic experiences, especially domestic violence, precede and prolong homelessness for families.

The impact of homelessness on the children, especially young children, is devastating and may lead to changes in brain architecture that can interfere with learning, emotional self-regulation, cognitive skills, and social relationships. The unrelenting stress experienced by the parents, most of whom are women parenting alone, may contribute to residential instability, unemployment, ineffective parenting, and poor health.

Effective responses to child homelessness must include:

- Safe affordable housing.
- Education and employment opportunities.
- Comprehensive needs assessments of all family members.
- Services that incorporate trauma-informed care.
- Attention to identification, prevention, and treatment of major depression in mothers.
- Parenting supports for mothers.
- Research to identify evidence-based programs and services.

Children are resilient and can recover from homelessness, but time is precious in their young lives. Services for children must be provided as soon as families enter emergency shelter or housing so that weeks and months critical to their development are not lost forever. Essential services must follow children into their permanent housing.

The federal government has made concerted efforts to reduce homelessness among chronically homeless individuals and veterans, and these efforts have shown significant progress. Children and families have not received the same attention—and their numbers are growing. Without decisive action and the allocation of sufficient resources, the nation will fail to reach the stated federal goal of ending family homelessness by 2020, and child homelessness may result in a permanent Third World in America.

I. Introduction

Family and child homelessness surfaced as a significant social problem in the United States in the mid-1980s. Since then, the number of homeless families with children has steadily increased (Burt, 1992), now constituting 37% of the overall homeless population (U.S. Department of Housing and Urban Development (HUD), 2014). In the most recent school year reported (2013), the U.S. Department of Education's (ED) count of homeless children in the nation's public schools finds more than 1.2 million public school children are homeless (National Center for Homeless Education (NCHE), 2014)—an historic high for our nation. This number is even more dramatic since it is superimposed on increases in public school children who are homeless in both 2011 and 2012 (NCHE, 2013). The 2014 HUD "Point-in-Time" (PIT) count reported that 216,261 family members were literally homeless on a single night in January, and almost 60% of these were children under the age of 18 (HUD, 2014).

The causes and consequences of child homelessness have been the focus of research for almost 30 years (Buckner, 2008). Buckner (2008) described several waves of research—the first was primarily descriptive and was spearheaded by The National Center on Family Homelessness's 1990 *Worcester Family Research Project* (Bassuk et al., 1996) which provided an in-depth look at the stark realities of family homelessness. The study found that the vast majority of families were composed of single mothers with two young children, often under the age of six. The families tended to be residentially unstable, moving frequently and often living in substandard housing and dangerous neighborhoods. With low levels of education, many of the mothers were unable to find jobs that paid livable wages. Without transportation or adequate child care, they struggled to protect and support their children. A shockingly high number of homeless mothers experienced interpersonal and family violence—often witnessed or directly experienced by their children. Not surprisingly, many of the mothers had high rates of major depressive disorders, post trauma responses, and anxiety disorders, interfering with their capacity to support their children.

How did these factors impact their children? Children experiencing homelessness were more often hungry, sick, and worried where their next meal and bed would come from; they wondered if they would have a roof over their heads at night and what would happen to their families. Children often developed more slowly. Many struggled in school, missing days, repeating grades, and even dropping out of school entirely.

Buckner (2008) described a second wave of more methodologically sophisticated research (e.g., consistent definitions, larger samples, comparison groups). Some of the findings about the impact of homelessness confirmed earlier research (e.g., see Weinreb, Buckner, Williams, & Nicholson, 2006—a 10-year follow-up of the *Worcester Family Research Project)*, while other findings were inconsistent. In general, these studies compared homeless children to low-income housed children and to normative data (community and clinical samples). To explain the inconsistencies, researchers suggested a "continuum of risk," with homeless children generally having more problems. Masten (2011) reported "striking variability within homeless

populations, both in the degree of risk and also the level of competence." She described moderators and mediators of risk and resilience, and suggested shifting from a deficit-oriented approach to a strengths-based competence model.

Research has continued to document the mental health needs of homeless children. A recent systematic review and meta-analysis based on the literature to date summarized the mental health needs of homeless children. The authors found that 10% to 26% of homeless pre-school children had mental health problems requiring clinical evaluation. This increased to 24% to 40% among homeless school age children—two to four times the rate of poor children in a similar age range (Bassuk, Richard & Tsertsvadze, 2014 in review). In light of these findings, any solution to child homelessness must account for high levels of stress experienced by these children, and their frequent exposure to violence and its mental health consequences.

Children experiencing homelessness are among the most invisible and neglected individuals in our nation. Despite their ever-growing number, homeless children have no voice and no constituency. Without a bed to call their own, they have lost safety, privacy, and the comforts of home, as well as friends, pets, possessions, reassuring routines, and community. These losses combine to create a life-altering experience that inflicts profound and lasting scars. For over 25 years, The National Center on Family Homelessness has conducted research to document the reality of these children's experiences with the hope that we can mobilize the political will to improve the lives of these children. This report continues our commitment.

America's Youngest Outcasts is modeled on two previous reports by The National Center on Family Homelessness, the first based on 2006 data and the second on 2010 data. This report examines the current state of child homelessness in 50 states and the District of Columbia. The report focuses on four domains in the states: (1) extent of the problem; (2) well-being of the children; (3) risks for family homelessness; and (4) the policy response. Within each domain, each state is ranked and then an overall rank is computed based on a composite of the domains. The total number of homeless children in America is calculated to indicate the scope of this problem nationally using Department of Education (ED) data on homeless children in public schools combined with U.S. Census data. We also discuss promising responses for preventing and ending child homelessness.

II. America's Youngest Outcasts

A. Counting Children Who Are Homeless

Defining Child Homelessness

Accurately counting homeless children in the United State must start with a comprehensive definition of child homelessness. Since passage of the McKinney-Vento Homeless Assistance Act in 1987, various reauthorization bills have refined and expanded the federal definition of homelessness, yet a unified federal definition is not yet in place. Different definitions used by different federal agencies create confusion in states, cities, agencies, and the public regarding estimates of homeless populations and eligibility for services and housing.

For example, the HUD definition of homelessness is narrower than those used by the Departments of Education (ED), Health and Human Services (HHS), Labor, Justice, and Agriculture. HUD focuses primarily on homeless people on the streets, in shelters, in vehicles, or in other places not meant for human habitation. This narrower definition is used for the annual HUD "Point-in-Time" (PIT) count, first administered in 2007, to assess the number of sheltered and unsheltered persons on a single night in January in cities and towns across the nation. The PIT count offers an important snapshot of homelessness on a given night at one point in the year, with a particular focus on individuals. However, it does not adequately estimate the number of individuals and family members who experience homelessness through the course of a year—especially children. The HUD definition was broadened by the 2009 Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act to include people fleeing domestic violence as well as some children and youth considered homeless under other federal definitions. The HEARTH Act recognized a broader scope of children who are homeless who qualified under certain sections of the Runaway and Homeless Youth Act, Head Start Act, Violence Against Women Act, Public Health Service Act, Food and Nutrition Act, and the McKinney-Vento Act (HUD, 2011). Despite this expanded definition, these groups are difficult to identify and count using HUD's single-night PIT approach.

Using its narrower definition of homeless and its single-night PIT counting method, HUD reported a decrease in unsheltered family homelessness in 2014 and an increase in sheltered families (HUD, 2014). However, this count does not include homeless families and children living in "doubled-up" situations with relatives or friends—a number estimated at 75%

of homeless children nationally (United States Interagency Council on Homelessness (USICH), 2014a). Families who are doubled-up often have strong incentive not to disclose their doubled-up status, since it may put the primary tenant of the apartment at risk of eviction due to lease violation and school districts typically try to verify the addresses of the attending children. The HUD PIT count also does not accurately count homeless children living in motels, hotels, trailer parks, camping grounds, or similar settings. HUD's restricted definition of homelessness that underlies its approach to counting homeless population is absent from the list of 16 definitions of

Definitions of Homelessness

A definition of homelessness similar to the McKinney-Vento definition below is used by ED and many other federal agencies serving homeless children, including U.S. Departments of Health and Human Services, Labor, Justice, and Agriculture.

1. McKinney-Vento Definition (United States Congress, 2009): General definition of homeless individuals include any individual or family (1) lacking a fixed, regular, and adequate nighttime residence; (2) living in a residence that is a public or private place not designed for human beings (e.g., car, park, abandoned buildings); (3) living in a shelter providing temporary living arrangements (including hotels and motels), congregate shelters and transitional housing; (4) an individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided; (5) an individual or family who (A) will imminently lose their housing, including housing they own, rent, or live in without paying rent, are sharing with others and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, as evidenced by (i) a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days; (ii) the individual or family having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days; or (iii) credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause; (B) has no subsequent residence identified; and (C) lacks the resources or support networks needed to obtain other permanent housing; and (6) unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who (A) have experienced a long-term period without living independently in permanent housing, (B) have

terms offered on page 2 of the 2014 PIT report to the U.S. Congress (HUD, 2014). Each year, the HUD PIT count leaves hundred of thousands of homeless children in the U.S. uncounted and invisible to policymakers and the public.

The more inclusive definitions of homelessness embraced by many federal agencies serving children—including ED, HHS, and U.S. Departments of Labor, Justice, and Agriculture—offer a more complete picture of the reality of child homelessness in America. This report uses the

experienced persistent instability as measured by frequent moves over such period, and (C) can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment. Notwithstanding any other provision of this section, the Secretary shall consider to be homeless any individual or family who is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions in the individual's or family's current housing situation, including where the health and safety of children are jeopardized, and who have no other residence and lack the resources or support networks to obtain other permanent housing.

2. U.S. Department of Housing and Urban Development (HUD): According to its Final Rule on Homeless Emergency Assistance and Rapid Transition to Housing: Defining "Homeless" (Federal Register, 2011), HUD uses a definition of homelessness for service eligibility that includes: (1) individuals and families who lack a fixed, regular, and adequate nighttime residence, including those who reside in an emergency shelter or a place not meant for human habitation or who are exiting an institution where they temporarily resided; (2) individuals and families who will imminently lose their primary nighttime residence; (3) unaccompanied youth and families with children and youth defined as homeless under other federal statutes; and (4) individuals and families fleeing violence against the individual or a family member. These categories and various related definitions are spelled out in greater specificity by HUD regulations that went into effect in January 2012.

HUD has stated in the Federal Register (Vol. 76, No. 233 / Monday, December 5, 2011 / Rules and Regulations) that it understands that its definition of homelessness continues to exclude vulnerable populations. Nevertheless, this definition is the basis for the HUD PIT count reported annually to the U.S. Congress and public as official HUD data on U.S. homeless populations.

McKinney-Vento definition of child homelessness and ED's annual school-based count of students who are homeless as the basis from which to estimate the number of homeless children in the U.S.

B. Report Findings

Based on a calculation using the most recent U.S. Department of Education's count of homeless children in U.S. public schools and on 2013 U.S. Census data:

- 2,483,539 children experienced homelessness in the U.S. in 2013.
- This represents one in every 30 children in the U.S.

From 2012 to 2013, the number of children experiencing homelessness annually in the U.S.:

- Increased by 8% nationally.
- Increased in 31 states and the District of Columbia.
- Increased by 10% or more in 13 states and the District of Columbia.

Although significant progress has been made over the past decade in reducing homelessness among chronically homeless individuals and veterans, the number of homeless children in the U.S. has grown over this same period to reach an historic high.

1. National Prevalence of Child Homelessness

Prevalence of Child Homelessness in the United States

Based on 2013 data released in September 2014 by the U.S. Department of Education, combined with an estimate of younger non-school aged homeless children in the U.S., the number of children experiencing homelessness annually is 2,483,539—or 2.5 million children, an historic high. Using U.S. Census estimates of the total population of children under 18 years in 2013, this represents one in every 30 children.[1]

National Trends in Child Homelessness

Child homelessness surfaced in the U.S. as a major social problem in the mid-1980s. Before that time, families and children were rarely homeless in significant numbers except during the Great Depression. Since that time, the number has continued to climb (Bassuk, 2010). Data from three editions of *America's Youngest Outcasts* document a steady increase in the number of children experiencing homelessness. While there have been improvements in counting homeless children over this period, these do not explain the recent increased in number.

[1] See Methodology in Appendix A.

In the fall of 2005, families and children living in the Gulf States fled Hurricanes Katrina and Rita, leading to a massive evacuation and driving the number of homeless children to 1.5 million. Over the next two years as families relocated, the number decreased in most of the states impacted by the hurricanes, reducing the number of homeless children to 1.2 million in 2007.

As the nation and our homeless children recovered from Hurricanes Katrina and Rita, a new storm was brewing: a recession that destabilized the nation's economy far worse than the hurricanes had displaced children and families. In the wake of the Great Recession, the number of children lacking homes each year rose from 1.2 in 2007 to 1.6 million in 2010.

Now, the number has climbed to 2.5 million children—an alarming increase that should draw the attention of our nation's leaders and mobilize a call to action.

Rise In Number of Homeless Children

2006: 1 in 50 CHILDREN HOMELESS ANNUALLY — 1.5M (1,555,360)

2010: 1 in 45 CHILDREN HOMELESS ANNUALLY — 1.6M (1,609,607)

2013: 1 in 30 CHILDREN HOMELESS ANNUALLY — 2.5M (2,483,539)

Counting Homeless Children

The McKinney-Vento Homeless Assistance Act, the first significant federal response to homelessness, was signed into law in 1987 and most recently reauthorized in 2009 as The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. Under this law, funds are made available for local school districts to hire McKinney-Vento School Liaisons who coordinate services for homeless children attending public school and count homeless students in their districts, reporting these data to the U.S. Department of Education.

The McKinney–Vento School Liaisons count of homeless school-age children uses the following definition of homelessness: children and youth who lack a fixed, regular, and adequate nighttime residence, and children living doubled-up with relatives or friends due to loss of housing or economic hardship—estimated at 75% of homeless children nationally (USICH, 2014a) —and those living in motels, hotels, trailer parks, camping grounds, cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings (Samuels, Shinn, & Buckner, 2010).

All 50 states and the District of Columbia take part in the annual McKinney-Vento count, although a small percentage of school districts do not report numbers. However, the count is increasingly accurate as the number of school districts participating in the McKinney-Vento count of homeless students has increased from 77% in 2007 to 94% in 2012 (NCHE, 2009, 2013).

The numbers reported by the McKinney–Vento School Liaisons are likely an undercount of homeless children attending public schools. Some families keep their homelessness a secret from friends and school officials to avoid the stigma and embarrassment of being homeless. Also, some school districts do not report a count, and some children do not attend school.

What about younger homeless children who do not attend school? The age distribution of homeless children in the U.S. is estimated at 51% under age 6; 34% age 6 to 12; and 15% age 13 to 17 years (Samuels et al., 2010; HUD, 2009). Thus, about half of homeless children in America are not yet school age. A complete count of homeless children in America from 0 to 17 years is made by adding the number of homeless children under the age of 6 to the McKinney-Vento K-12 count.

2. State Ranking: 1 to 50

State Composite Score

Each state is assigned a rank of 1 (best) to 50 (worst) based on a state composite score that reflects each state's overall performance across four domains:

1) Extent of Child Homelessness (adjusted for state population)

2) Child Well-Being

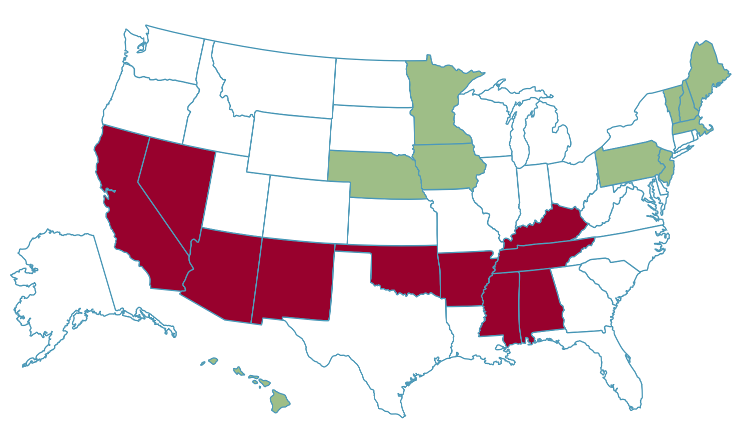
3) Risk for Child Homelessness

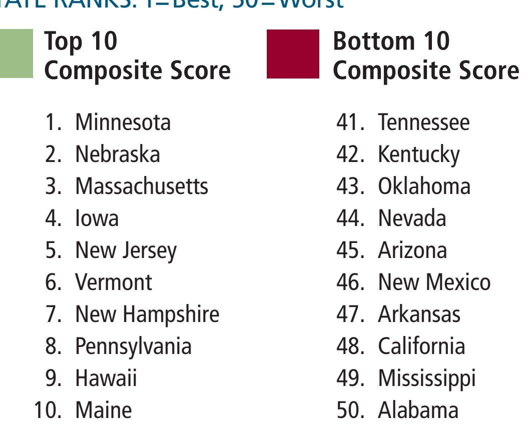
4) State Policy and Planning Efforts

Each state received a score for each of the four domains. These are summed to compute the state's composite score to produce the overall state rank of 1 to 50.[2]

2013 Composite State Rank

State	Score	State	Score
MINNESOTA	1	OREGON	26
NEBRASKA	2	OHIO	27
MASSACHUSETTS	3	COLORADO	28
IOWA	4	NORTH CAROLINA	29
NEW JERSEY	5	INDIANA	30
VERMONT	6	MISSOURI	31
NEW HAMPSHIRE	7	WEST VIRGINIA	32
PENNSYLVANIA	8	FLORIDA	33
HAWAII	9	DELAWARE	34
MAINE	10	NEW YORK	35
MARYLAND	11	SOUTH CAROLINA	36
CONNECTICUT	12	MICHIGAN	37
WYOMING	13	LOUISIANA	38
NORTH DAKOTA	14	TEXAS	39
VIRGINIA	15	GEORGIA	40
MONTANA	16	TENNESSEE	41
SOUTH DAKOTA	17	KENTUCKY	42
WISCONSIN	18	OKLAHOMA	43
RHODE ISLAND	19	NEVADA	44
WASHINGTON	20	ARIZONA	45
UTAH	21	NEW MEXICO	46
KANSAS	22	ARKANSAS	47
ALASKA	23	CALIFORNIA	48
IDAHO	24	MISSISSIPPI	49
ILLINOIS	25	ALABAMA	50



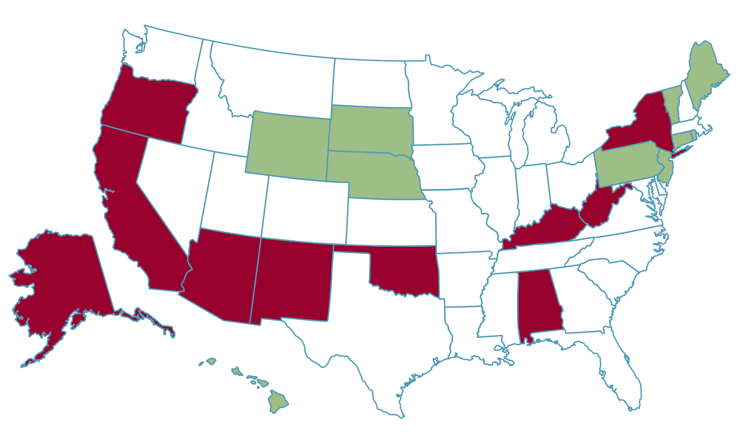


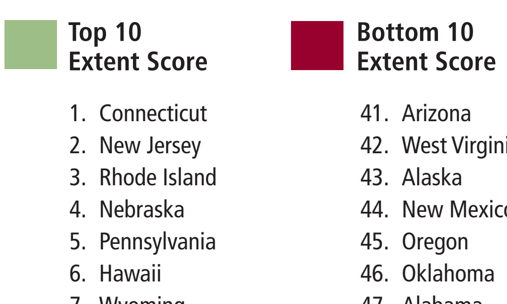
[2] See Methodology in Appendix A.

2013 Extent of Child Homelessness

STATE RANKS: 1=Best, 50=Worst

State	Score	State	Score
CONNECTICUT	1	TEXAS	26
NEW JERSEY	2	IDAHO	27
RHODE ISLAND	3	GEORGIA	28
NEBRASKA	4	ARKANSAS	29
PENNSYLVANIA	5	ILLINOIS	30
HAWAII	6	MICHIGAN	31
WYOMING	7	UTAH	32
MAINE	8	FLORIDA	33
VERMONT	9	MISSISSIPPI	34
SOUTH DAKOTA	10	LOUISIANA	35
OHIO	11	NEVADA	36
MINNESOTA	12	COLORADO	37
IOWA	13	MISSOURI	38
VIRGINIA	14	DELAWARE	39
TENNESSEE	15	WASHINGTON	40
INDIANA	16	ARIZONA	41
SOUTH CAROLINA	17	WEST VIRGINIA	42
MASSACHUSETTS	18	ALASKA	43
MARYLAND	19	NEW MEXICO	44
MONTANA	20	OREGON	45
NORTH CAROLINA	21	OKLAHOMA	46
NEW HAMPSHIRE	22	ALABAMA	47
WISCONSIN	23	CALIFORNIA	48
KANSAS	24	NEW YORK	49
NORTH DAKOTA	25	KENTUCKY	50





Top 10 Extent Score

1. Connecticut
2. New Jersey
3. Rhode Island
4. Nebraska
5. Pennsylvania
6. Hawaii
7. Wyoming
8. Maine
9. Vermont
10. South Dakota

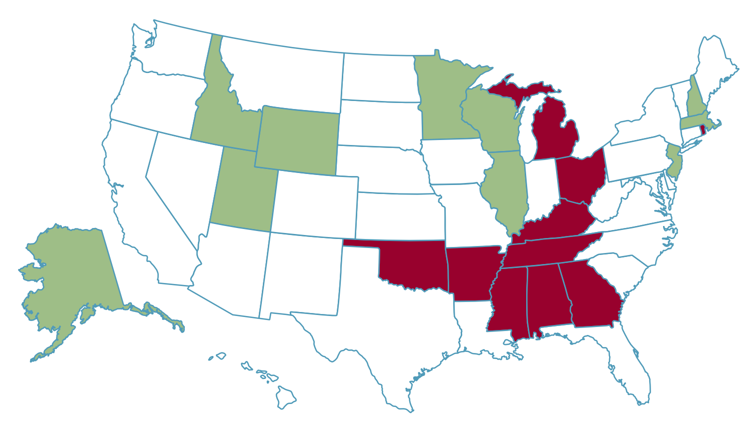
Bottom 10 Extent Score

41. Arizona
42. West Virginia
43. Alaska
44. New Mexico
45. Oregon
46. Oklahoma
47. Alabama
48. California
49. New York
50. Kentucky

2013 Child Well-Being

STATE RANKS: 1=Best, 50=Worst

State	Score	State	Score
UTAH	1	DELAWARE	26
NEW JERSEY	2	CONNECTICUT	27
WYOMING	3	MAINE	28
IDAHO	4	VERMONT	29
NEW HAMPSHIRE	5	NEVADA	30
MASSACHUSETTS	6	CALIFORNIA	31
MINNESOTA	7	NORTH CAROLINA	32
ALASKA	8	TEXAS	33
ILLINOIS	9	WEST VIRGINIA	34
WISCONSIN	10	SOUTH CAROLINA	35
WASHINGTON	11	INDIANA	36
MARYLAND	12	NEW MEXICO	37
SOUTH DAKOTA	13	MISSOURI	38
NEBRASKA	14	LOUISIANA	39
NEW YORK	15	ARIZONA	40
IOWA	16	MICHIGAN	41
VIRGINIA	17	KENTUCKY	42
MONTANA	18	GEORGIA	43
FLORIDA	19	OKLAHOMA	44
HAWAII	20	RHODE ISLAND	45
COLORADO	21	OHIO	46
PENNSYLVANIA	22	ARKANSAS	47
NORTH DAKOTA	23	MISSISSIPPI	48
KANSAS	24	ALABAMA	49
OREGON	25	TENNESSEE	50



Top 10 Well-Being Score

1. Utah
2. New Jersey
3. Wyoming
4. Idaho
5. New Hampshire
6. Massachusetts
7. Minnesota
8. Alaska
9. Illinois
10. Wisconsin

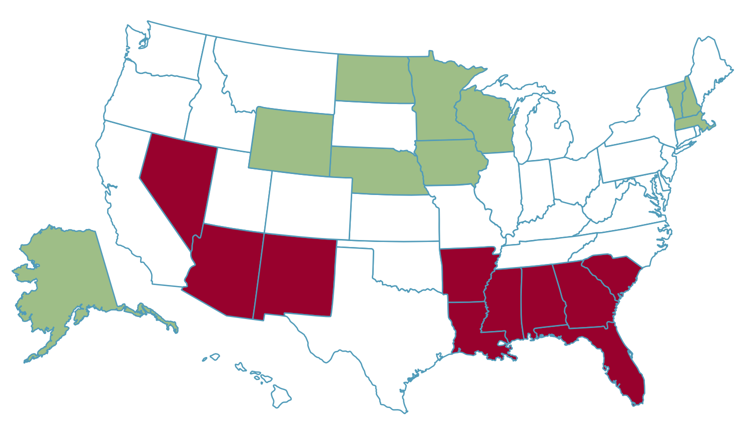
Bottom 10 Well-Being Score

41. Michigan
42. Kentucky
43. Georgia
44. Oklahoma
45. Rhode Island
46. Ohio
47. Arkansas
48. Mississippi
49. Alabama
50. Tennessee

2013 Risk for Child Homelessness

STATE RANKS: 1=Best, 50=Worst

State	Score	State	Score
VERMONT	1	WEST VIRGINIA	26
MINNESOTA	2	MISSOURI	27
NEW HAMPSHIRE	3	OREGON	28
NORTH DAKOTA	4	RHODE ISLAND	29
WYOMING	5	MICHIGAN	30
NEBRASKA	6	ILLINOIS	31
IOWA	7	COLORADO	32
WISCONSIN	8	OHIO	33
MASSACHUSETTS	9	OKLAHOMA	34
ALASKA	10	NORTH CAROLINA	35
PENNSYLVANIA	11	KENTUCKY	36
SOUTH DAKOTA	12	TENNESSEE	37
KANSAS	13	INDIANA	38
MAINE	14	CALIFORNIA	39
MONTANA	15	TEXAS	40
CONNECTICUT	16	ARKANSAS	41
VIRGINIA	17	FLORIDA	42
HAWAII	18	NEVADA	43
UTAH	19	NEW MEXICO	44
NEW JERSEY	20	ALABAMA	45
MARYLAND	21	MISSISSIPPI	46
IDAHO	22	LOUISIANA	47
DELAWARE	23	SOUTH CAROLINA	48
NEW YORK	24	GEORGIA	49
WASHINGTON	25	ARIZONA	50



Top 10 Risk Score

1. Vermont
2. Minnesota
3. New Hampshire
4. North Dakota
5. Wyoming
6. Nebraska
7. Iowa
8. Wisconsin
9. Massachusetts
10. Alaska

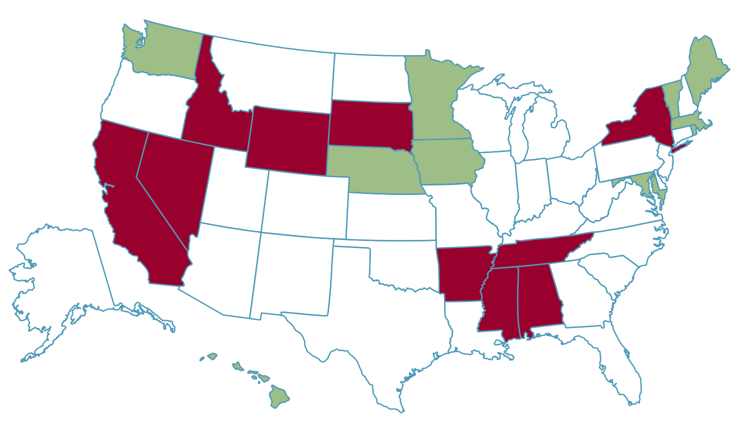
Bottom 10 Risk Score

41. Arkansas
42. Florida
43. Nevada
44. New Mexico
45. Alabama
46. Mississippi
47. Louisiana
48. South Carolina
49. Georgia
50. Arizona

2013 State Policy and Planning

STATE RANKS: 1=Best, 50=Worst

State	Score	State	Score
IOWA	1	OKLAHOMA	26
MASSACHUSETTS	2	ARIZONA	27
RHODE ISLAND	3	MICHIGAN	28
MINNESOTA	4	ILLINOIS	29
MAINE	5	SOUTH CAROLINA	30
VERMONT	6	INDIANA	31
MARYLAND	7	NORTH CAROLINA	32
HAWAII	8	KANSAS	33
NEBRASKA	9	FLORIDA	34
WASHINGTON	10	ALASKA	35
OREGON	11	UTAH	36
LOUISIANA	12	WISCONSIN	37
PENNSYLVANIA	13	NEW MEXICO	38
NORTH DAKOTA	14	TEXAS	39
NEW HAMPSHIRE	15	DELAWARE	40
MONTANA	16	NEW YORK	41
CONNECTICUT	17	SOUTH DAKOTA	42
NEW JERSEY	18	MISSISSIPPI	43
VIRGINIA	19	ALABAMA	44
KENTUCKY	20	IDAHO	45
MISSOURI	21	TENNESSEE	46
OHIO	22	NEVADA	47
COLORADO	23	ARKANSAS	48
GEORGIA	24	CALIFORNIA	49
WEST VIRGINIA	25	WYOMING	50



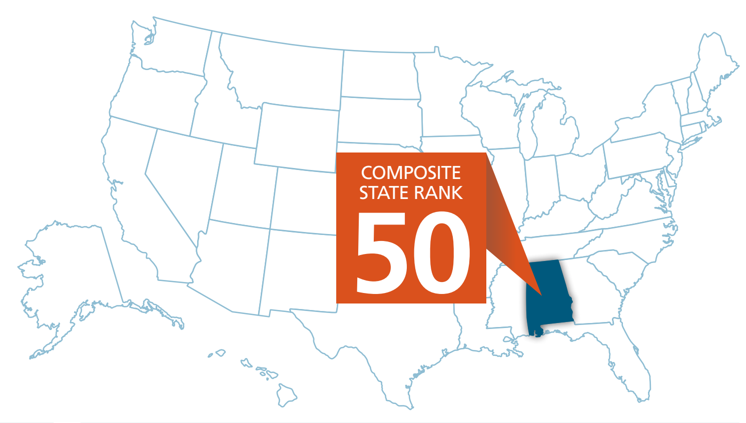
Top 10 Policy Score

1. Iowa
2. Massachusetts
3. Rhode Island
4. Minnesota
5. Maine
6. Vermont
7. Maryland
8. Hawaii
9. Nebraska
10. Washington

Bottom 10 Policy Score

41. New York
42. South Dakota
43. Mississippi
44. Alabama
45. Idaho
46. Tennessee
47. Nevada
48. Arkansas
49. California
50. Wyoming

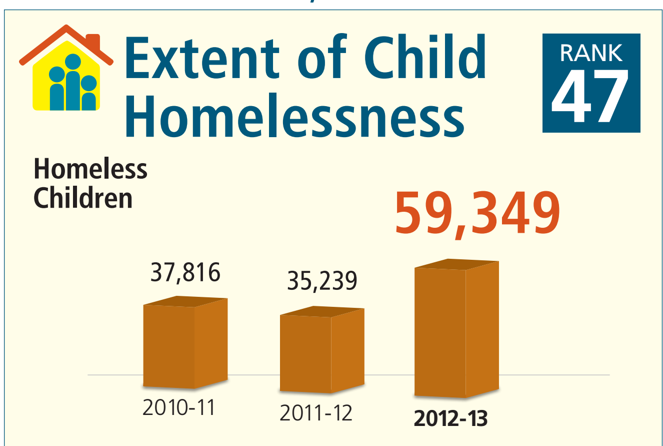
Alabama



STATE RANKS: 1=Best, 50=Worst

Extent of Child Homelessness

RANK 47



Risk for Child Homelessness

RANK 45

23 Home Foreclosure Rank

27% Children in Poverty

4.1% Children without health insurance

8.1% Female-headed Household

39.2 Birth rate per 1,000 teens

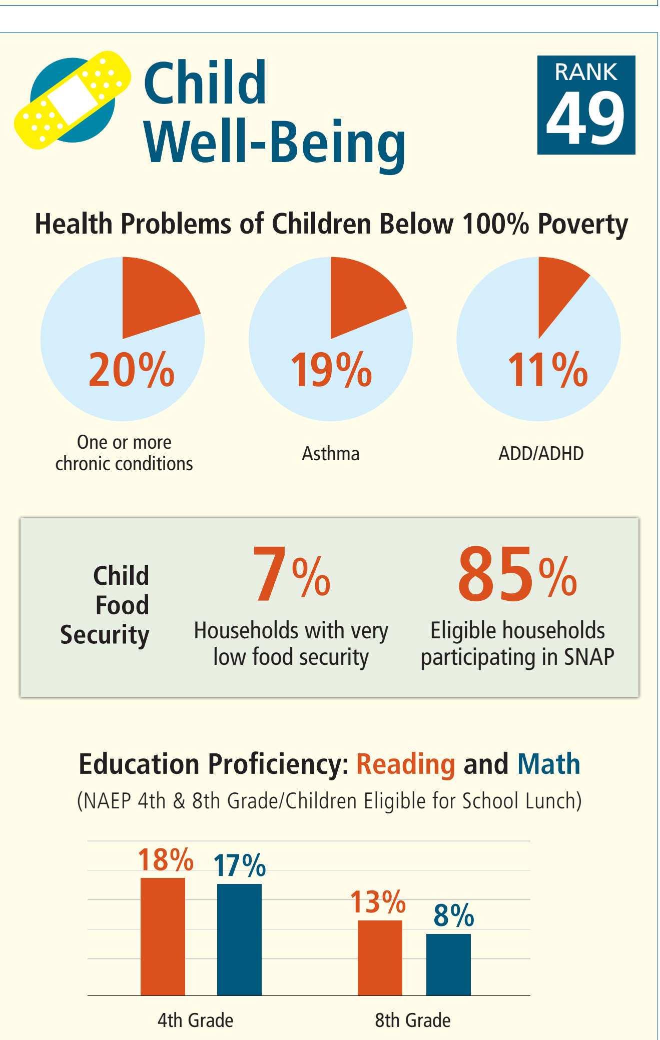
$7.25/hr State Minimum Wage

$13.34/hr Income needed for 2-BR apartment

19% Households paying more than 50% of income for rent

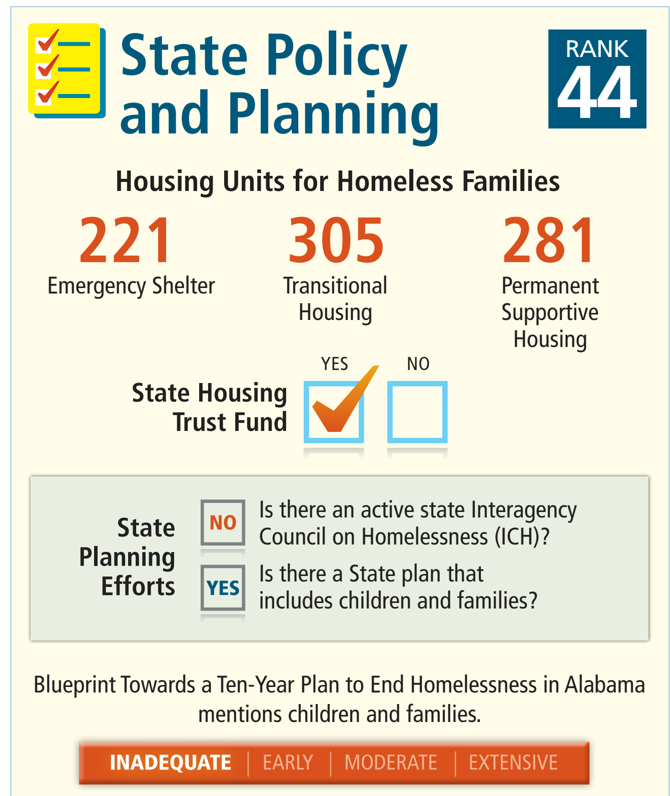
Child Well-Being

RANK 49



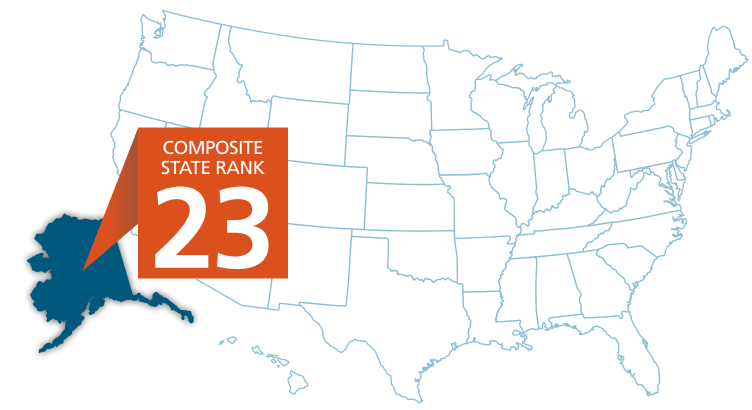
State Policy and Planning

RANK 44

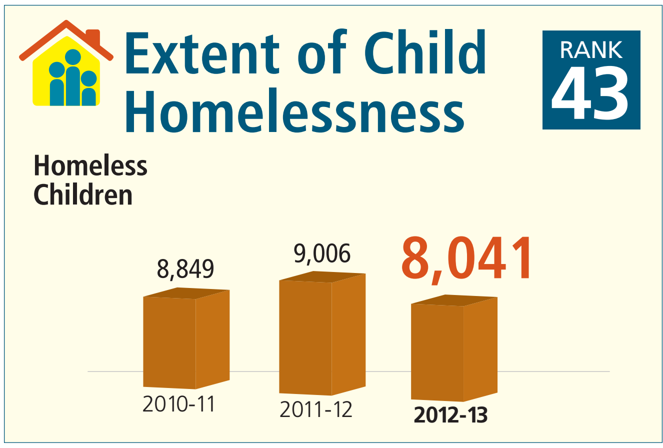


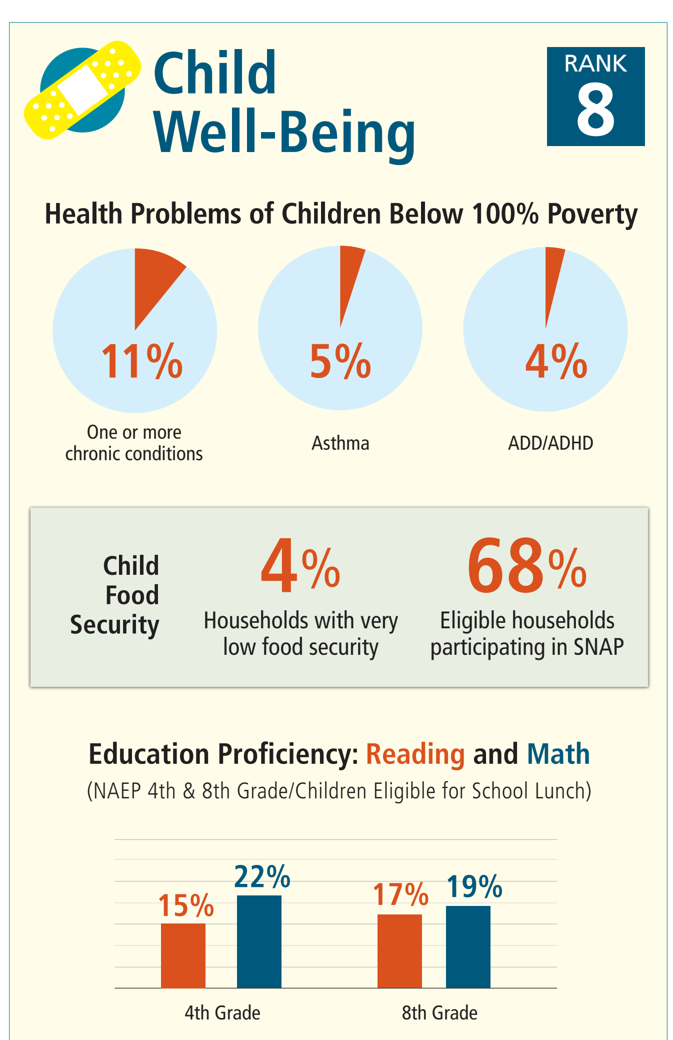
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

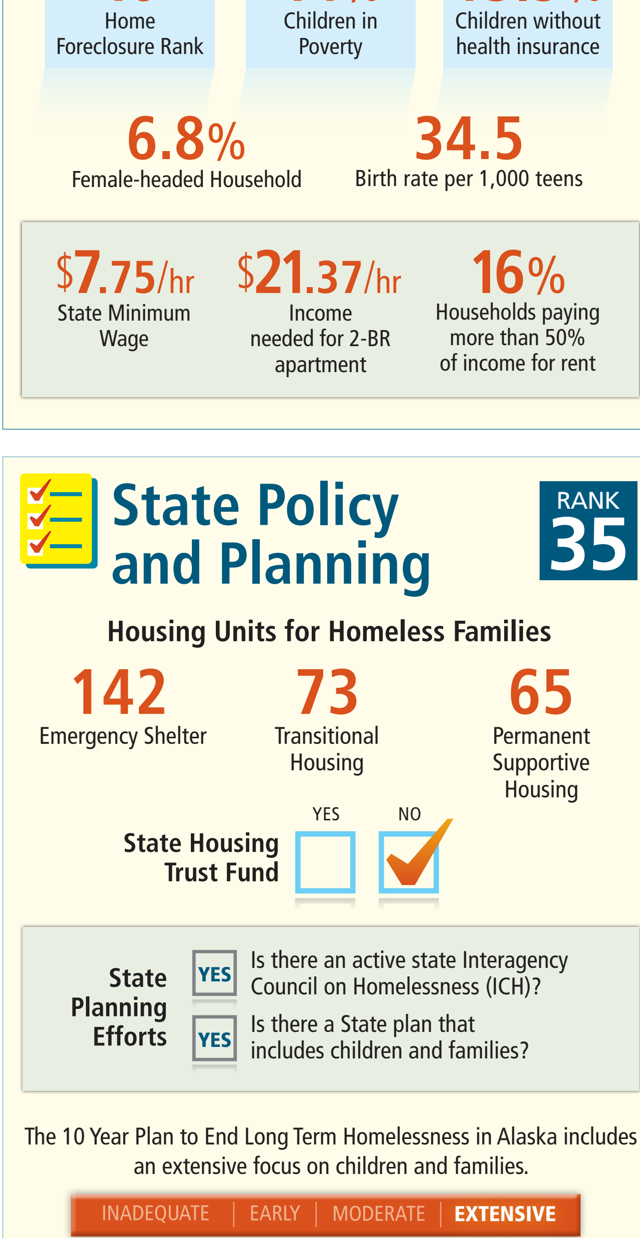
Alaska



STATE RANKS: 1=Best, 50=Worst





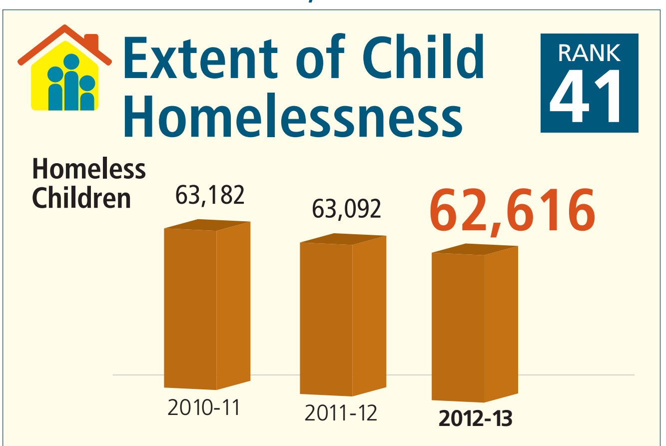


For the complete report, please visit: **www.HomelessChildrenAmerica.org**

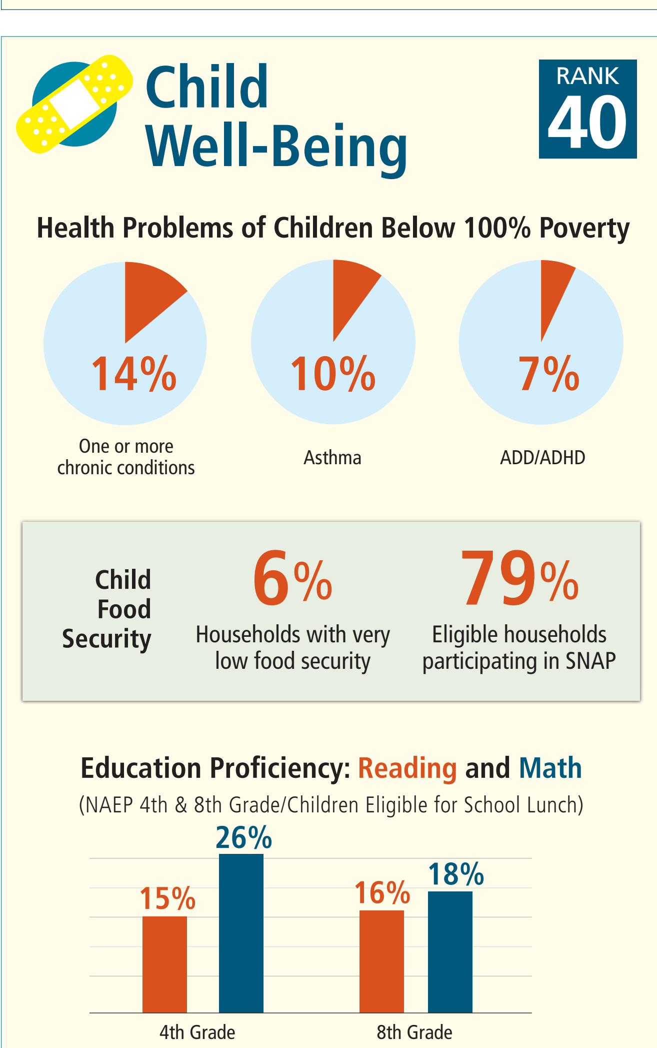
Arizona

STATE RANKS: 1=Best, 50=Worst

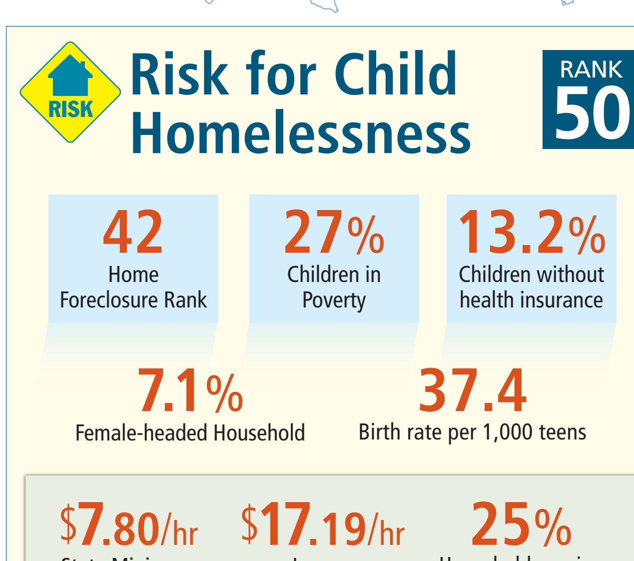
Extent of Child Homelessness — RANK 41



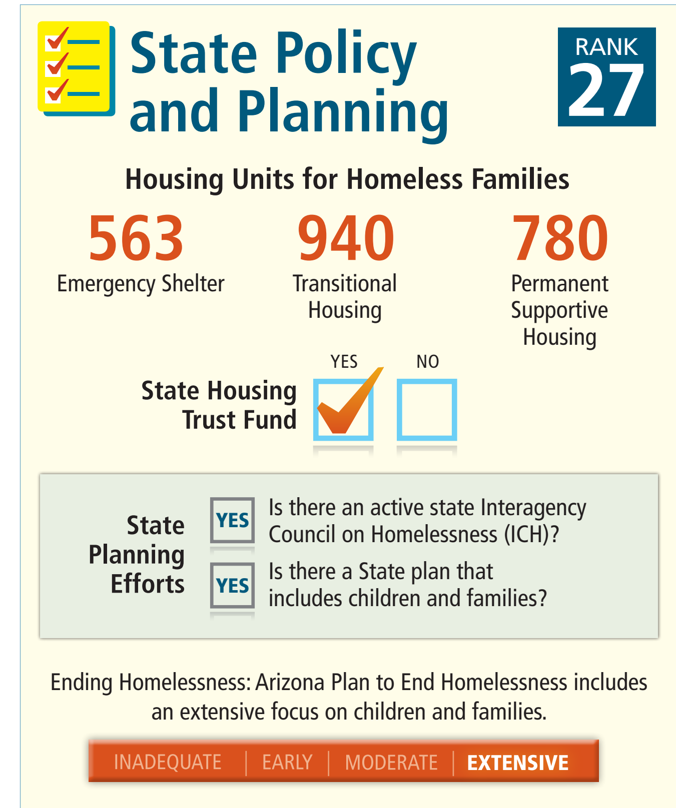
Child Well-Being — RANK 40



Risk for Child Homelessness — RANK 50

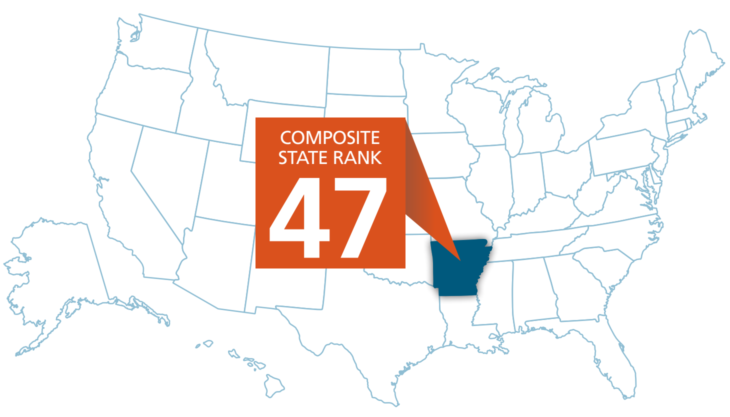


State Policy and Planning — RANK 27

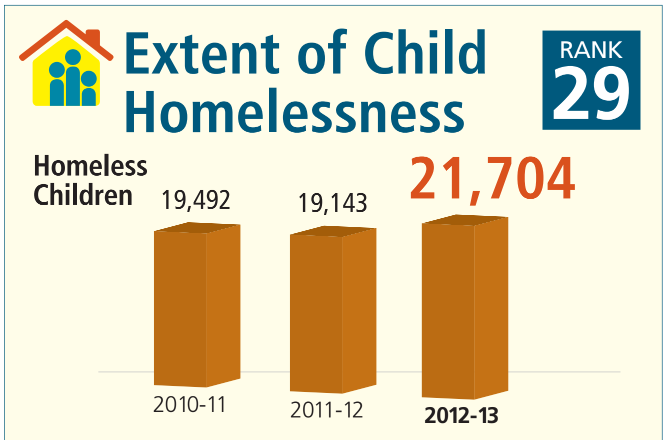


For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Arkansas



STATE RANKS: 1=Best, 50=Worst



Risk for Child Homelessness

RANK 41

16 Home Foreclosure Rank

28% Children in Poverty

5.9% Children without health insurance

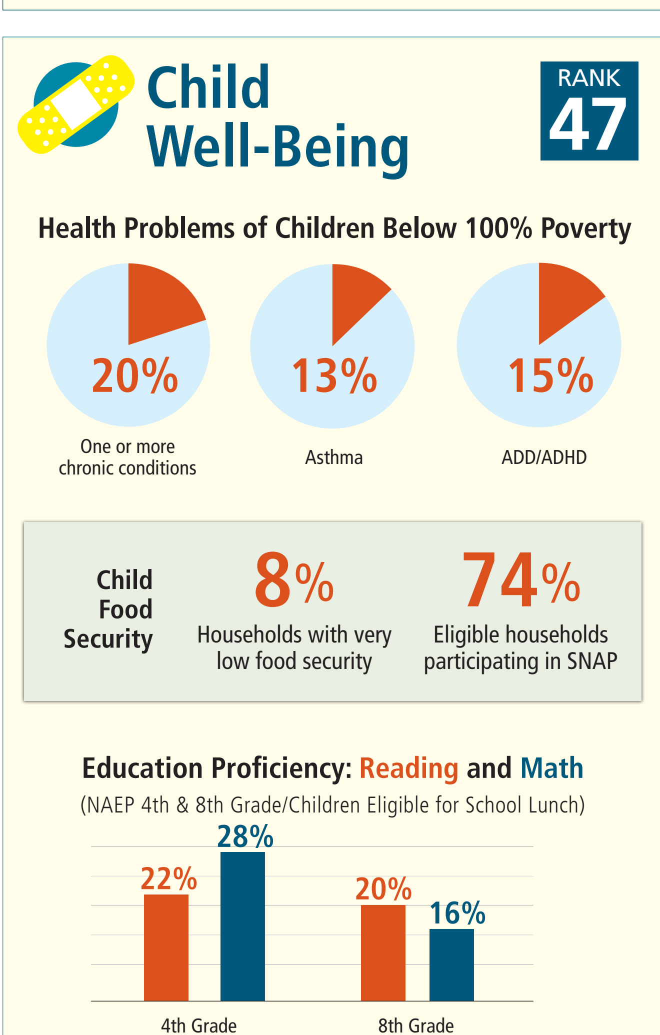
7.7% Female-headed Household

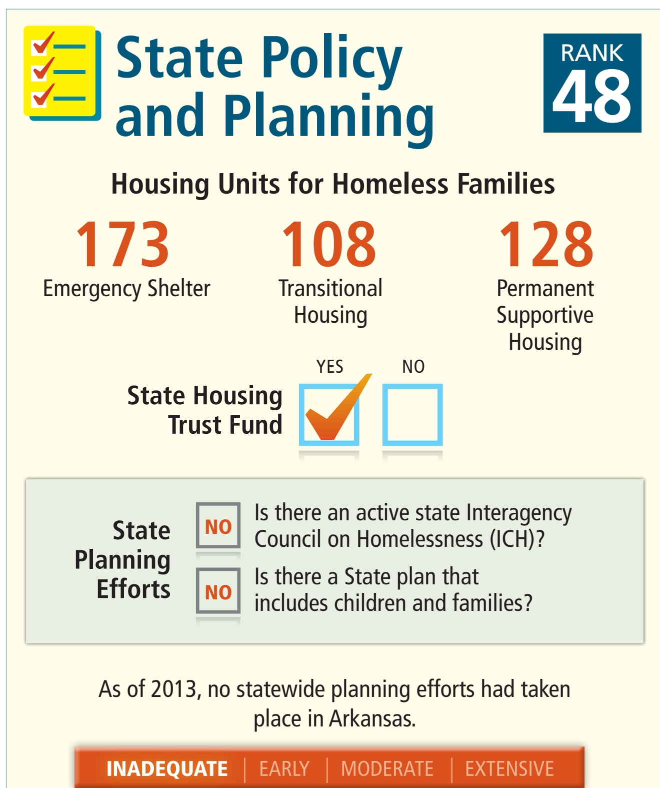
45.7 Birth rate per 1,000 teens

$7.25/hr State Minimum Wage

$12.76/hr Income needed for 2-BR apartment

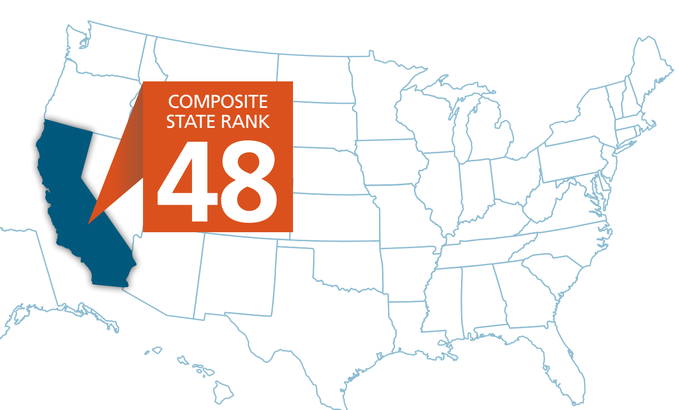
19% Households paying more than 50% of income for rent



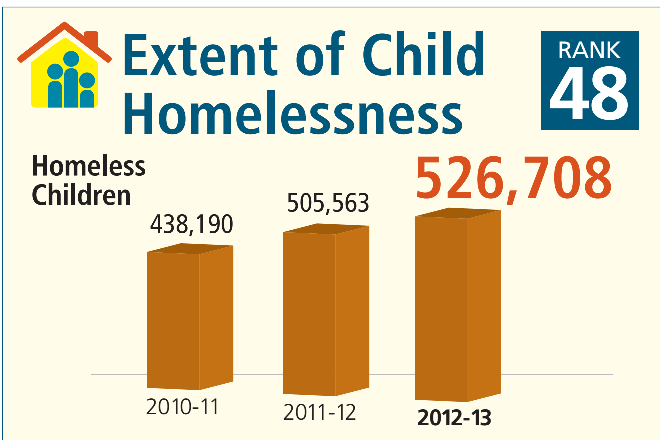


For the complete report, please visit: **www.HomelessChildrenAmerica.org**

California



STATE RANKS: 1=Best, 50=Worst



Risk for Child Homelessness

RANK 39

35 Home Foreclosure Rank

24% Children in Poverty

7.9% Children without health insurance

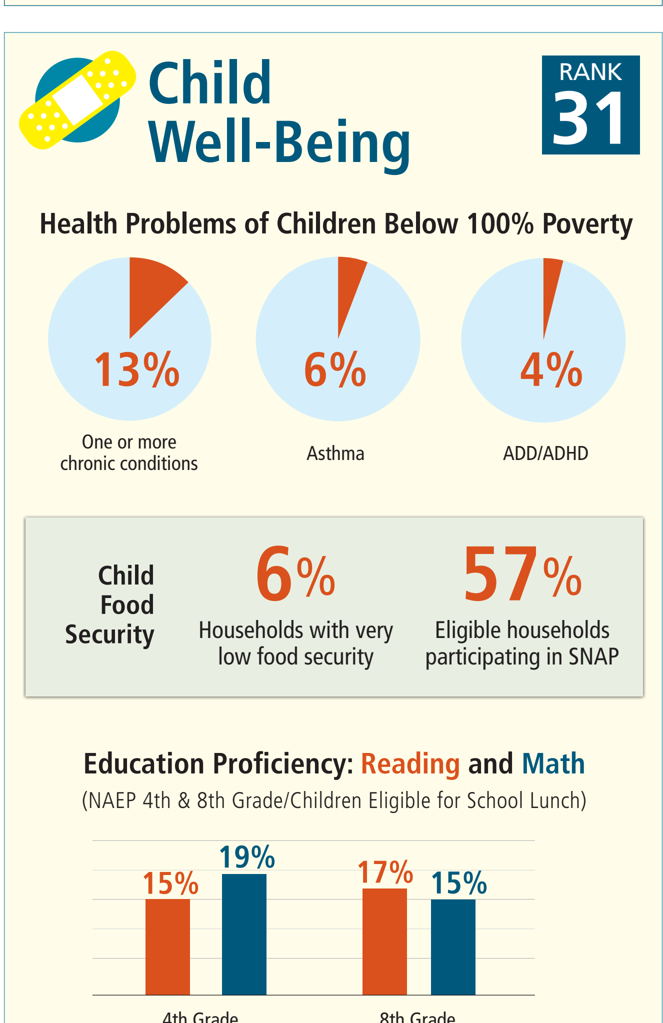
6.8% Female-headed Household

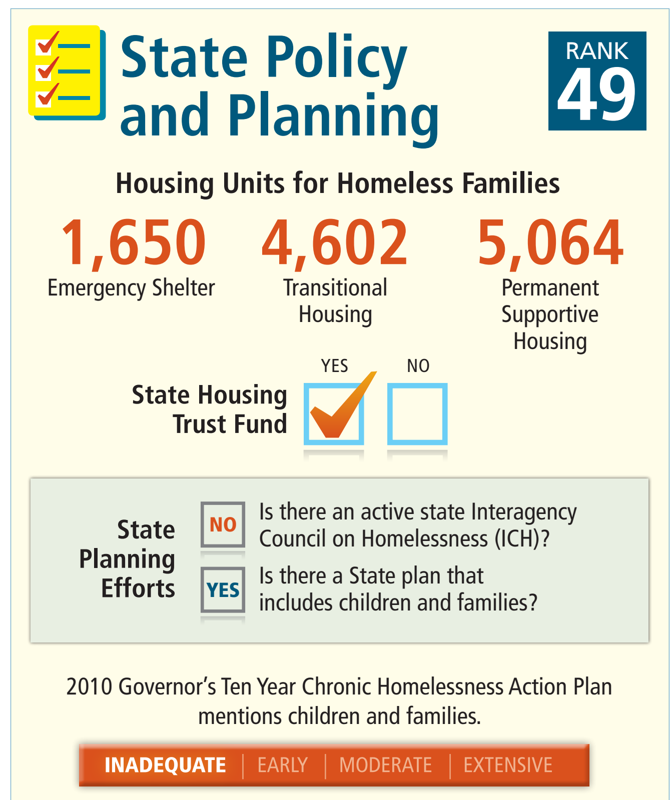
26.5 Birth rate per 1,000 teens

$8.00/hr State Minimum Wage

$25.78/hr Income needed for 2-BR apartment

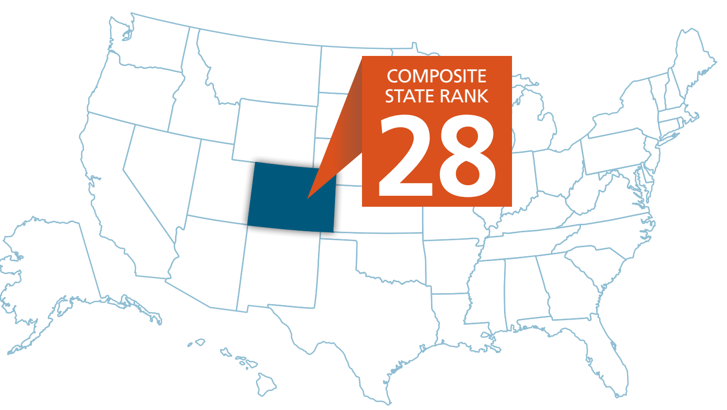
34% Households paying more than 50% of income for rent



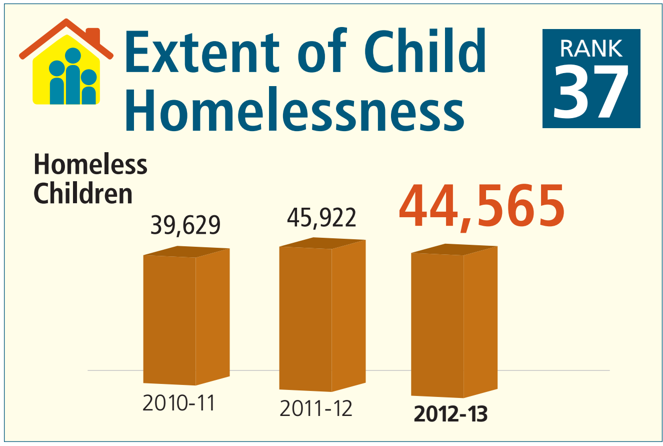


For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Colorado



STATE RANKS: 1=Best, 50=Worst



Risk for Child Homelessness

RANK 32

29 Home Foreclosure Rank

18% Children in Poverty

8.8% Children without health insurance

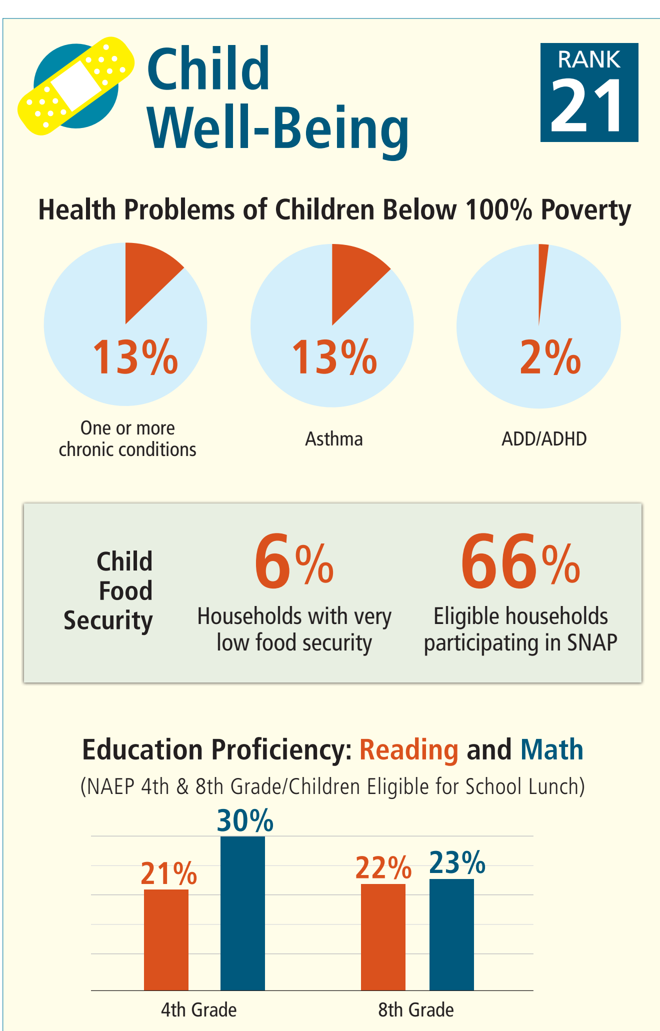
6% Female-headed Household

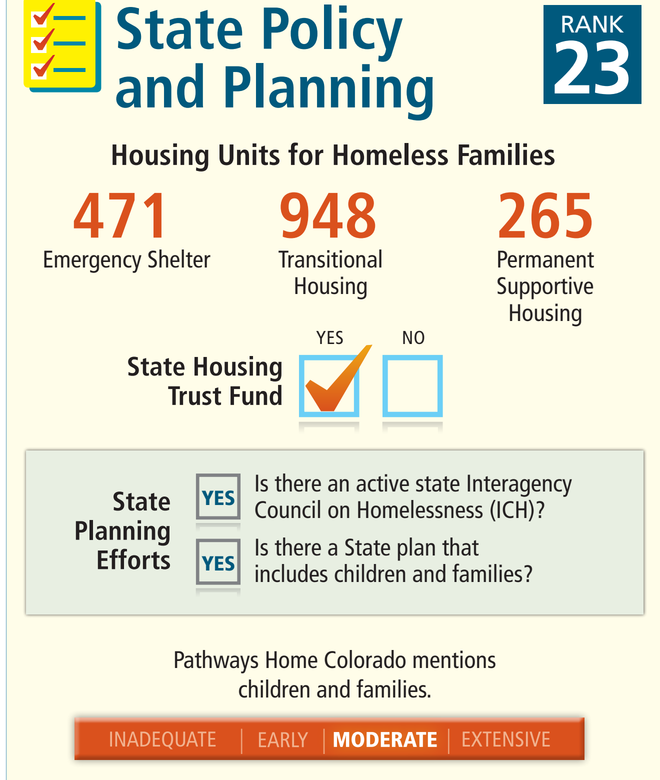
25.4 Birth rate per 1,000 teens

$7.78/hr State Minimum Wage

$17.26/hr Income needed for 2-BR apartment

23% Households paying more than 50% of income for rent





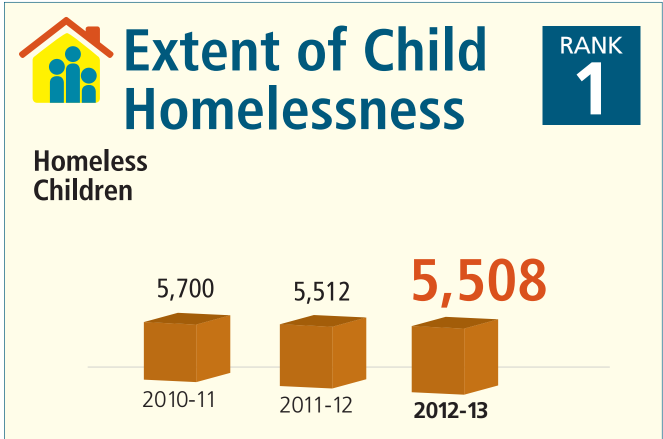
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Connecticut

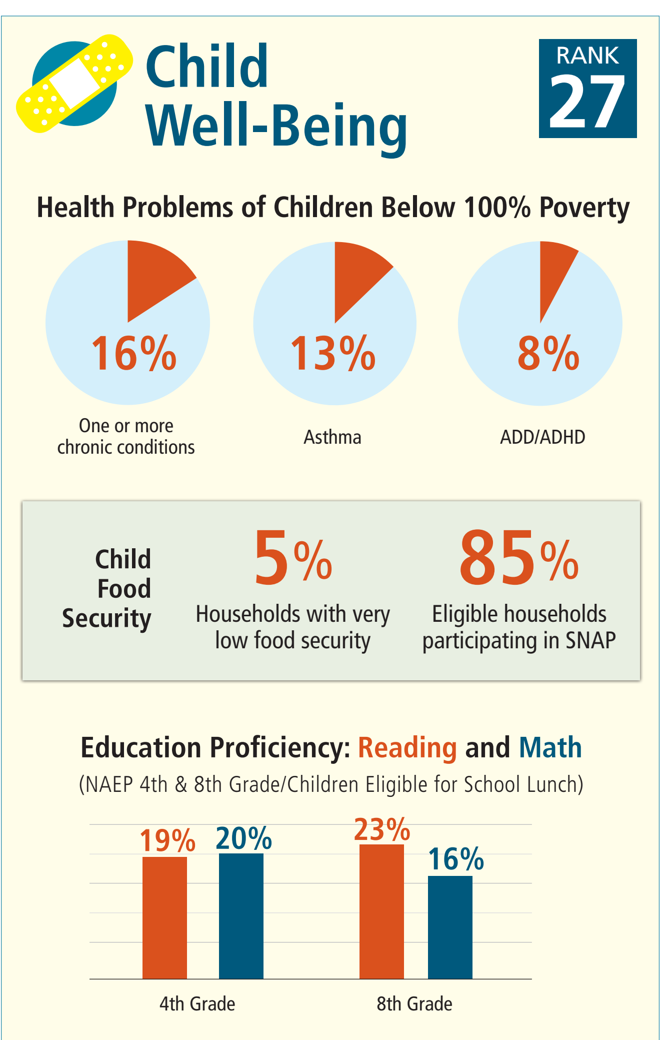
COMPOSITE STATE RANK **12**

STATE RANKS: 1=Best, 50=Worst

Extent of Child Homelessness — RANK 1



Child Well-Being — RANK 27



Risk for Child Homelessness — RANK 16

7.1% Female-headed Household

15.1 Birth rate per 1,000 teens

$8.25/hr State Minimum Wage

$23.22/hr Income needed for 2-BR apartment

24% Households paying more than 50% of income for rent

State Policy and Planning — RANK 17

State Housing Trust Fund

State Planning Efforts

YES — Is there an active state Interagency Council on Homelessness (ICH)?

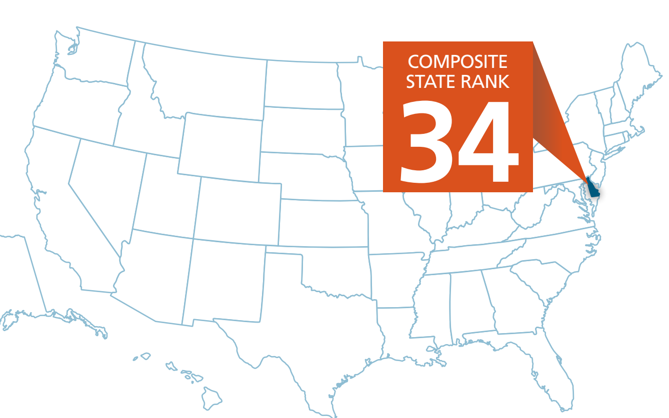
NO — Is there a State plan that includes children and families?

As of 2013, no statewide planning efforts had taken place in Connecticut.

INADEQUATE | EARLY | MODERATE | EXTENSIVE

For the complete report, please visit: **www.HomelessChildrenAmerica.org**

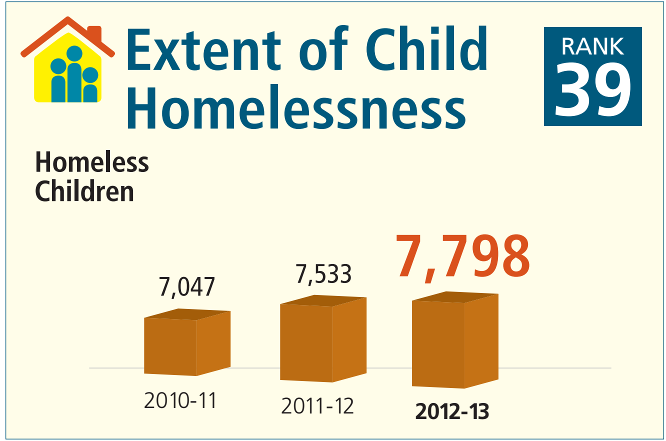
Delaware



STATE RANKS: 1=Best, 50=Worst

Extent of Child Homelessness

RANK 39



Risk for Child Homelessness

RANK 23

7.6% Female-headed Household

25 Birth rate per 1,000 teens

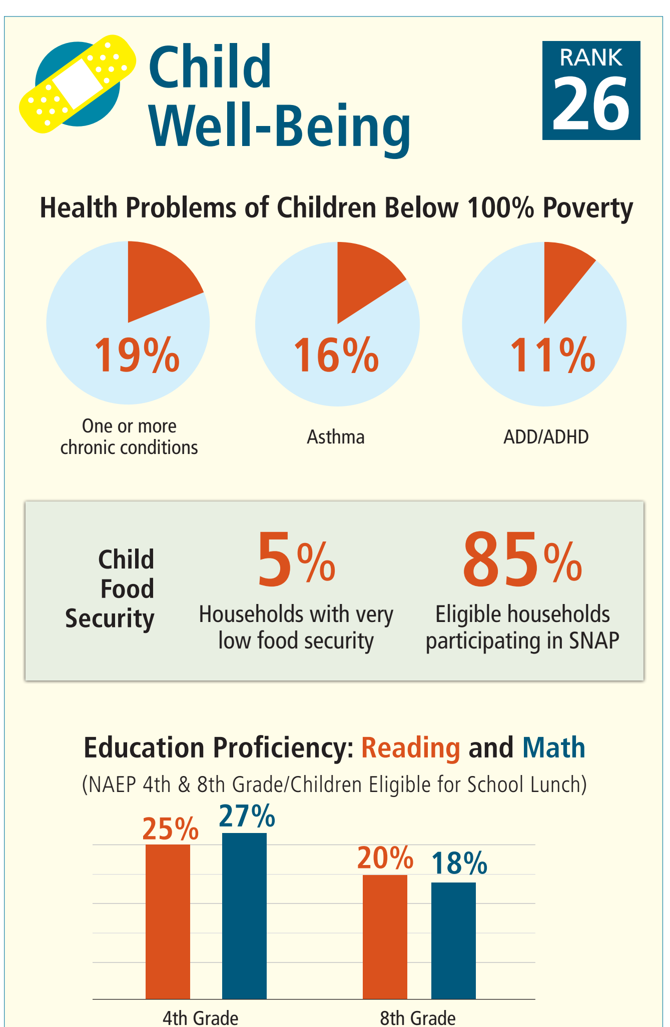
$7.25/hr State Minimum Wage

$20.63/hr Income needed for 2-BR apartment

21% Households paying more than 50% of income for rent

Child Well-Being

RANK 26



State Policy and Planning

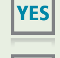
RANK 40

Housing Units for Homeless Families

69	136	15
Emergency Shelter	Transitional Housing	Permanent Supportive Housing

State Housing Trust Fund

State Planning Efforts



Is there an active state Interagency Council on Homelessness (ICH)?

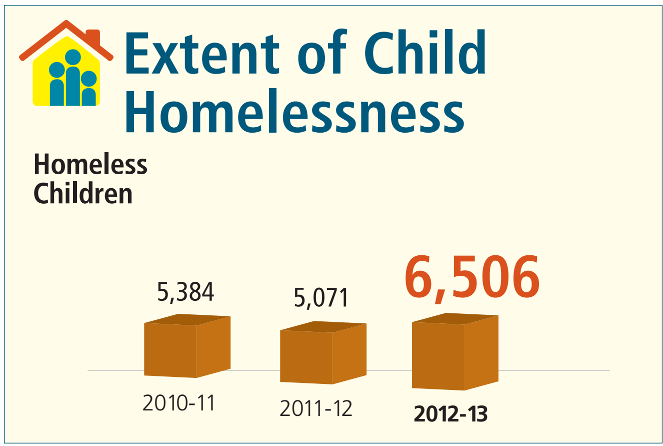
NO — Is there a State plan that includes children and families?

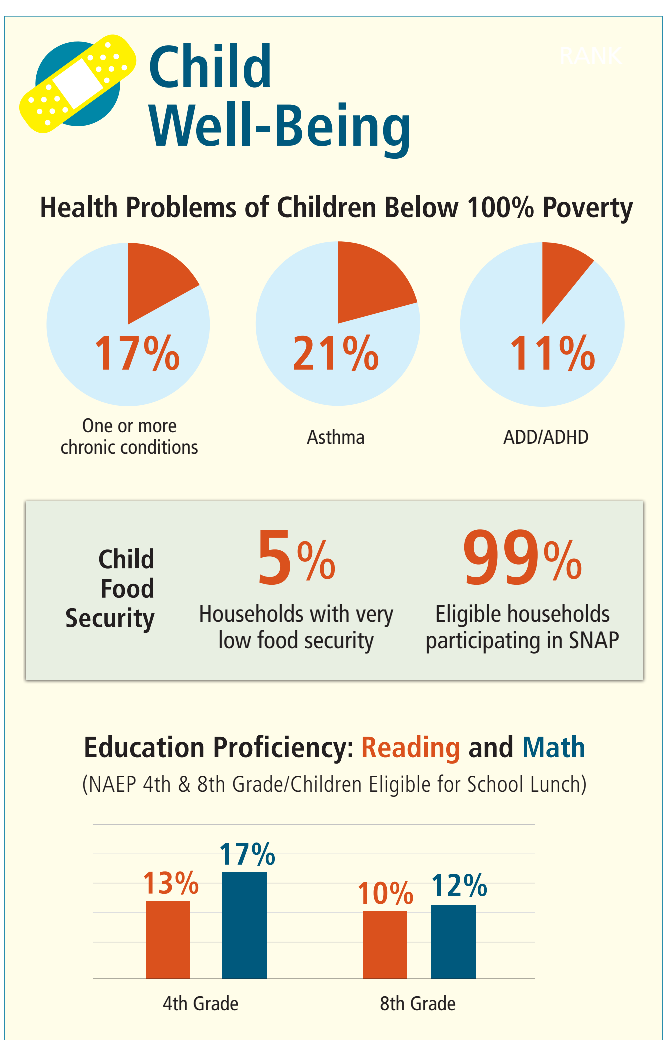
As of 2013, no statewide planning efforts have taken place in Delaware that focus on children and families.

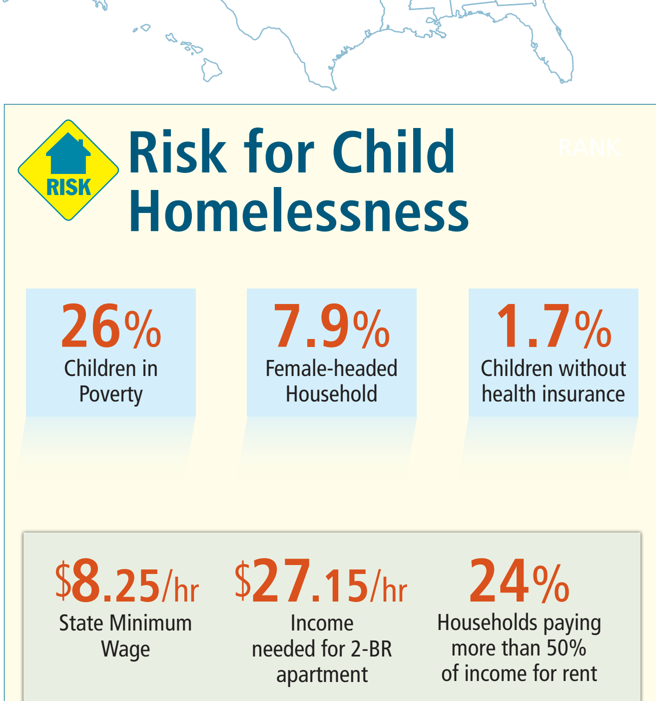
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

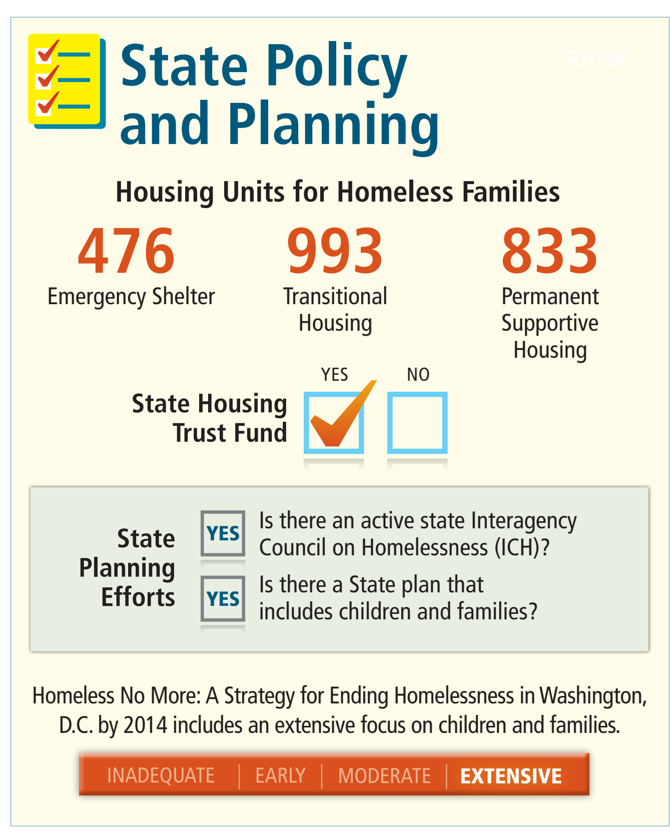
District of Columbia

STATE RANKS: 1=Best, 50=Worst



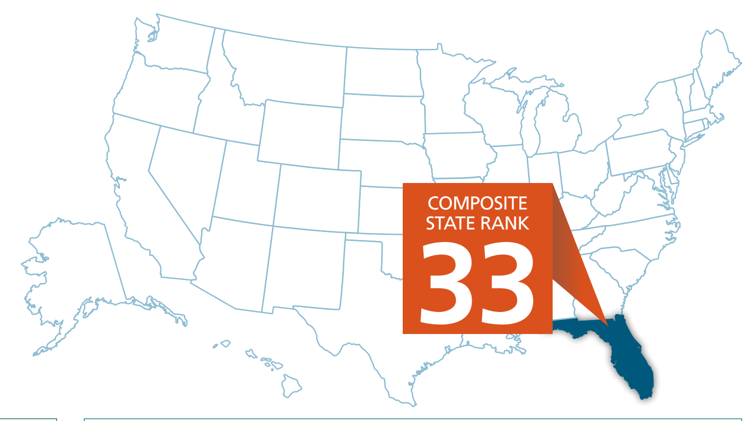




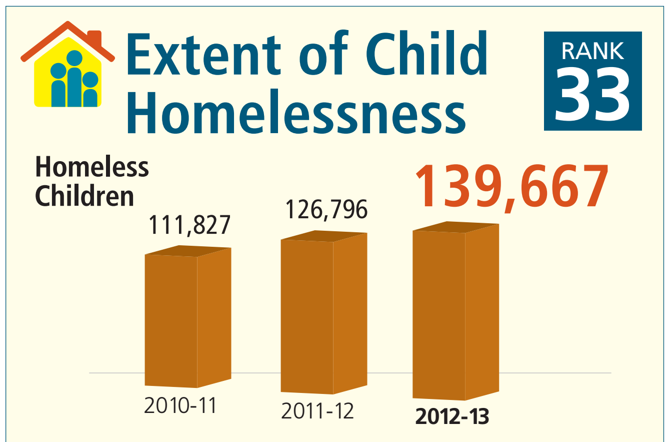


For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Florida



STATE RANKS: 1=Best, 50=Worst



Risk for Child Homelessness

RANK 42

50 Home Foreclosure Rank

25% Children in Poverty

10.9% Children without health insurance

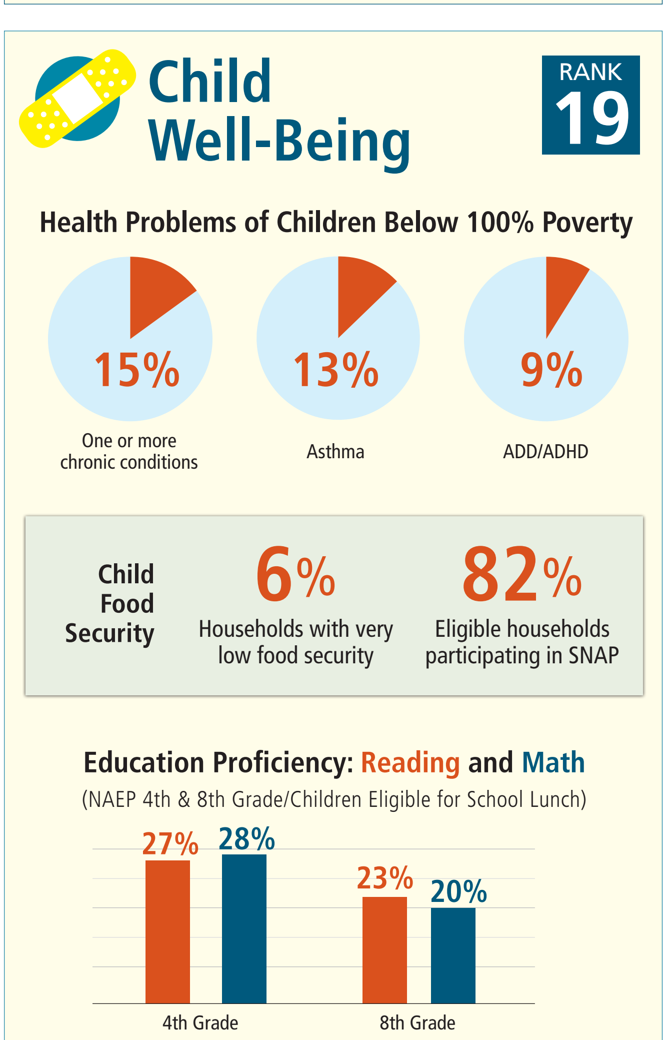
7.1% Female-headed Household

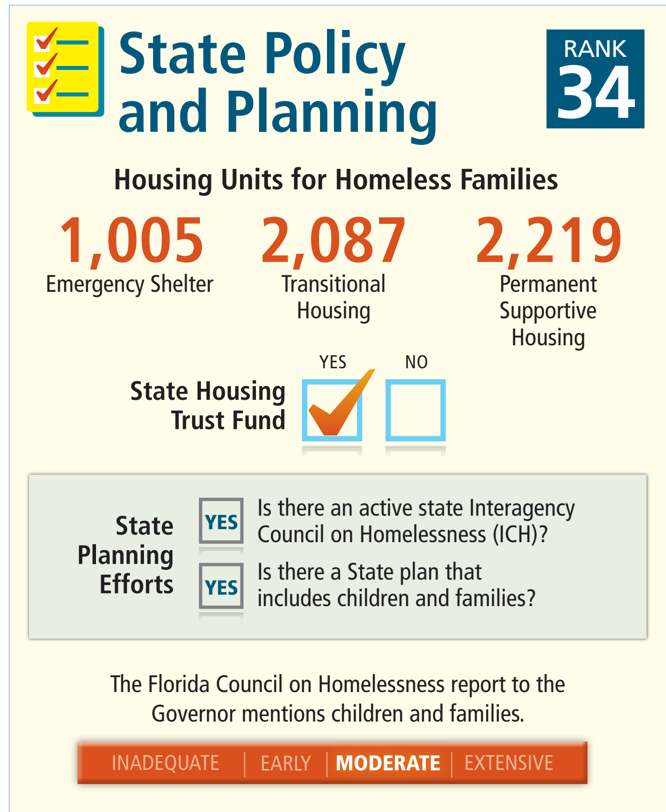
28 Birth rate per 1,000 teens

$7.79/hr State Minimum Wage

$19.14/hr Income needed for 2-BR apartment

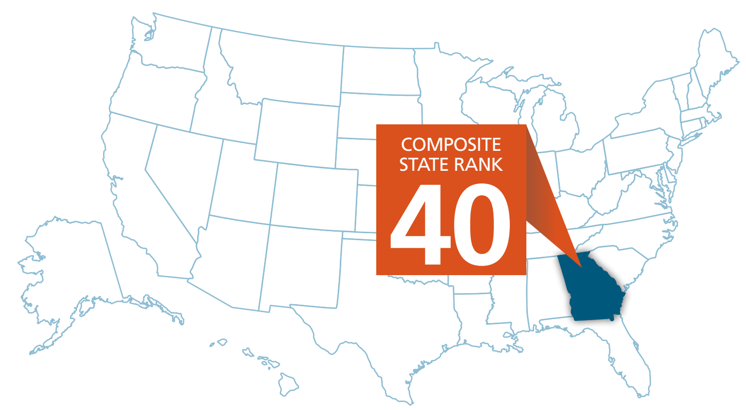
32% Households paying more than 50% of income for rent



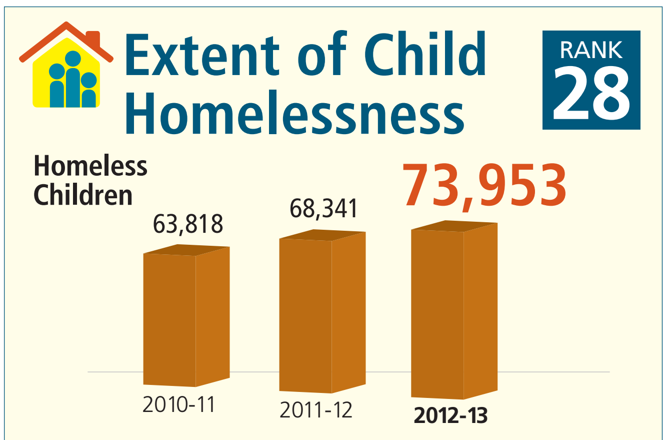


For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Georgia



STATE RANKS: 1=Best, 50=Worst



Risk for Child Homelessness

RANK 49

45 Home Foreclosure Rank

27% Children in Poverty

8.8% Children without health insurance

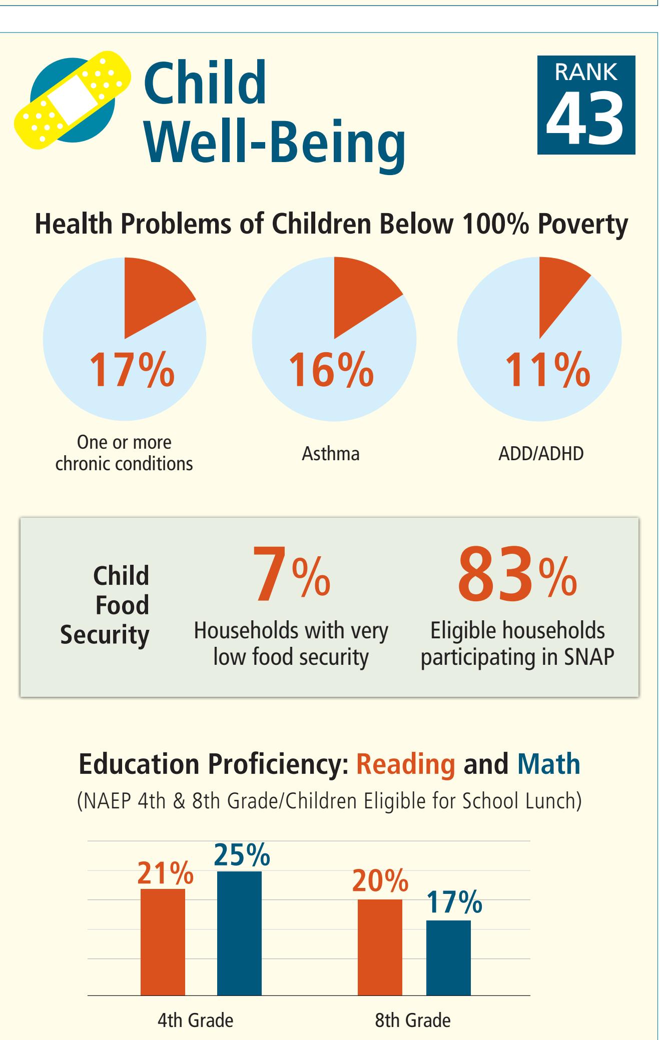
8.9% Female-headed Household

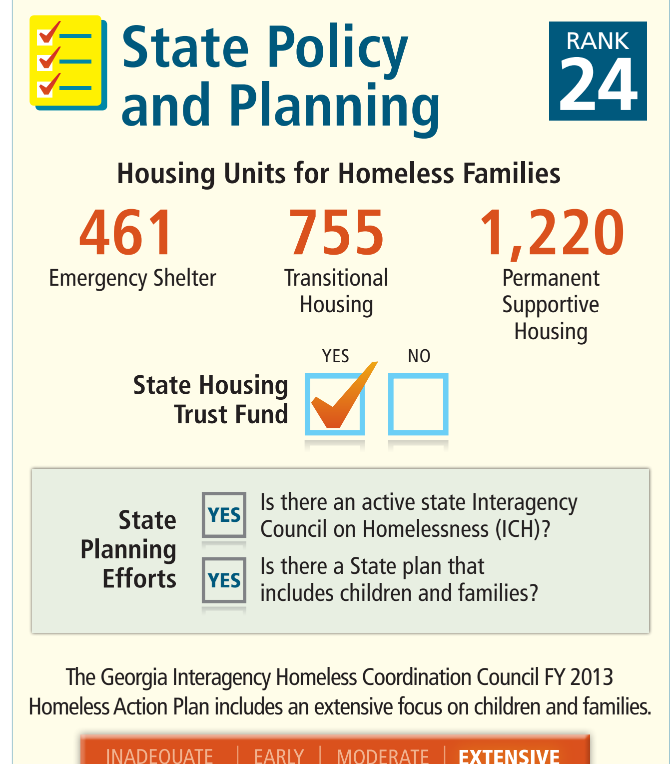
33.8 Birth rate per 1,000 teens

$7.25/hr State Minimum Wage

$15.28/hr Income needed for 2-BR apartment

26% Households paying more than 50% of income for rent



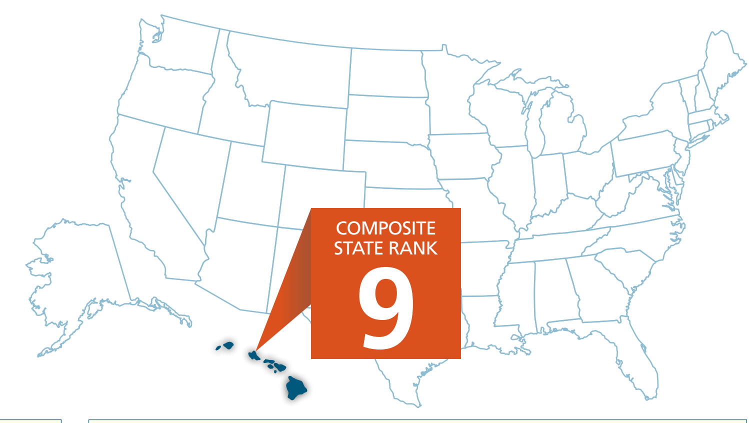


The Georgia Interagency Homeless Coordination Council FY 2013 Homeless Action Plan includes an extensive focus on children and families.

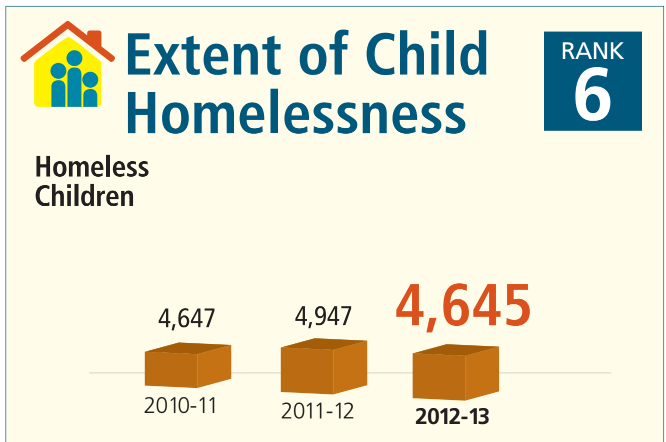
INADEQUATE | EARLY | MODERATE | **EXTENSIVE**

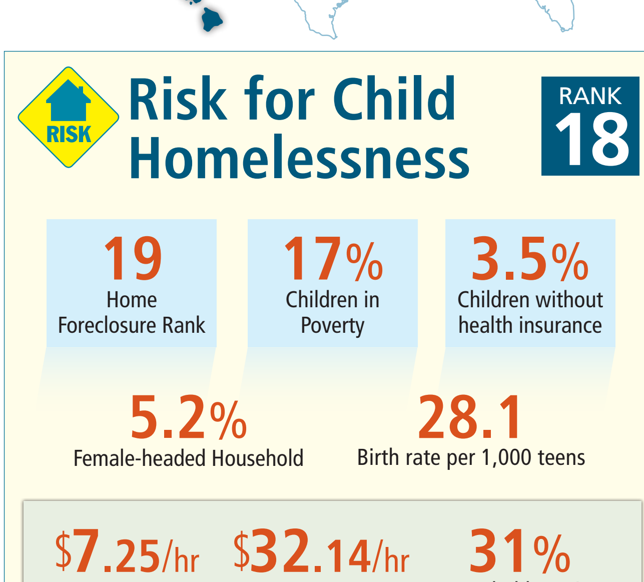
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

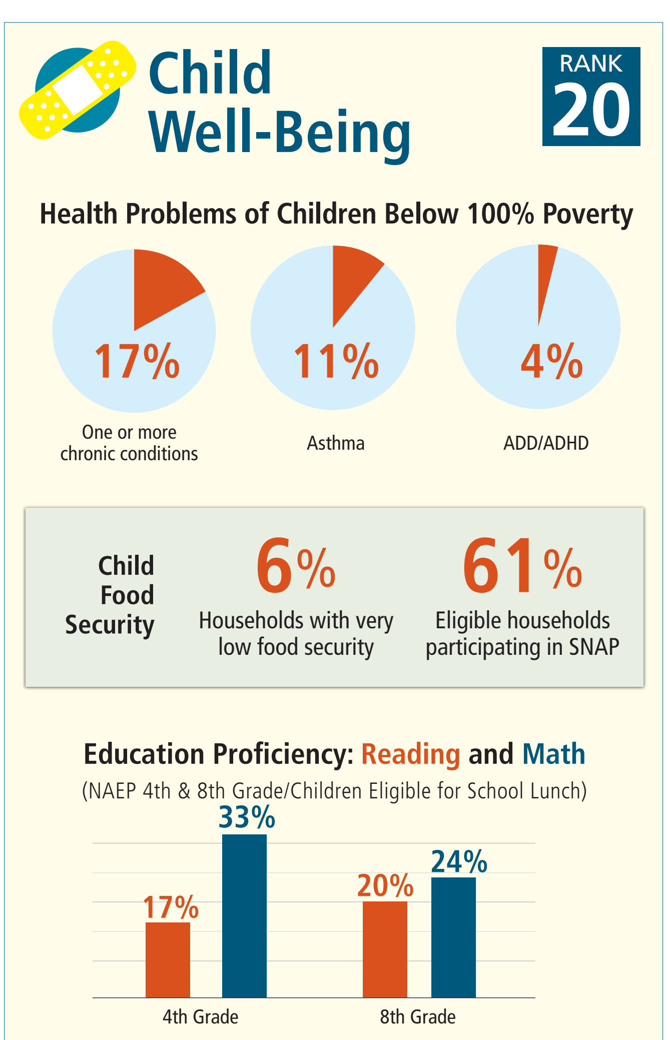
Hawaii

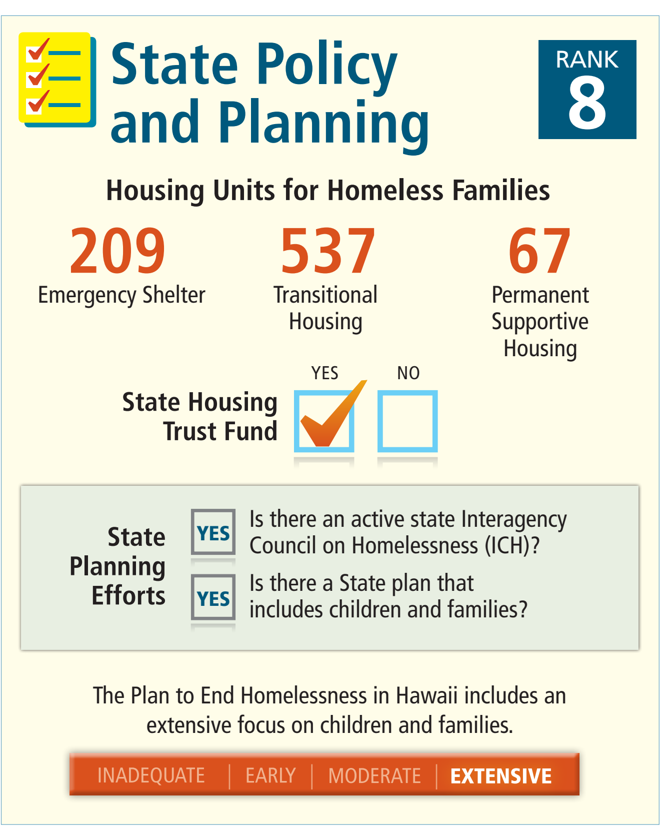


STATE RANKS: 1=Best, 50=Worst



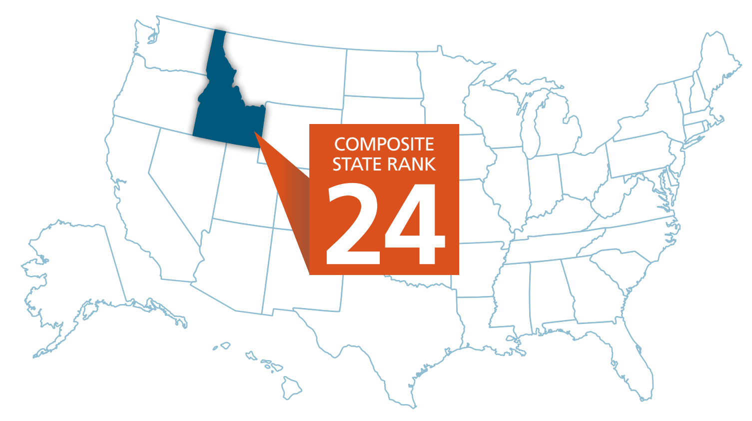




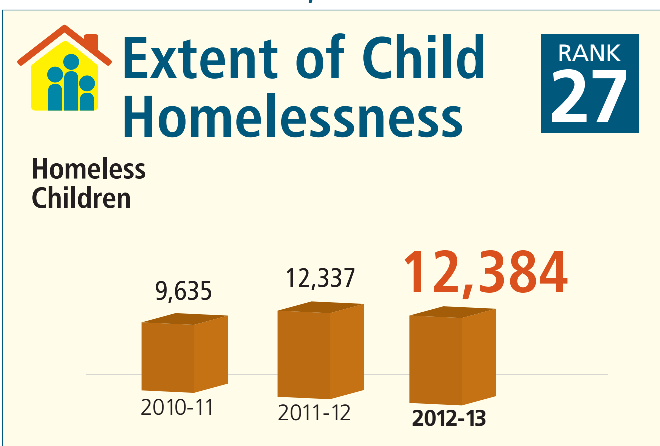


For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Idaho



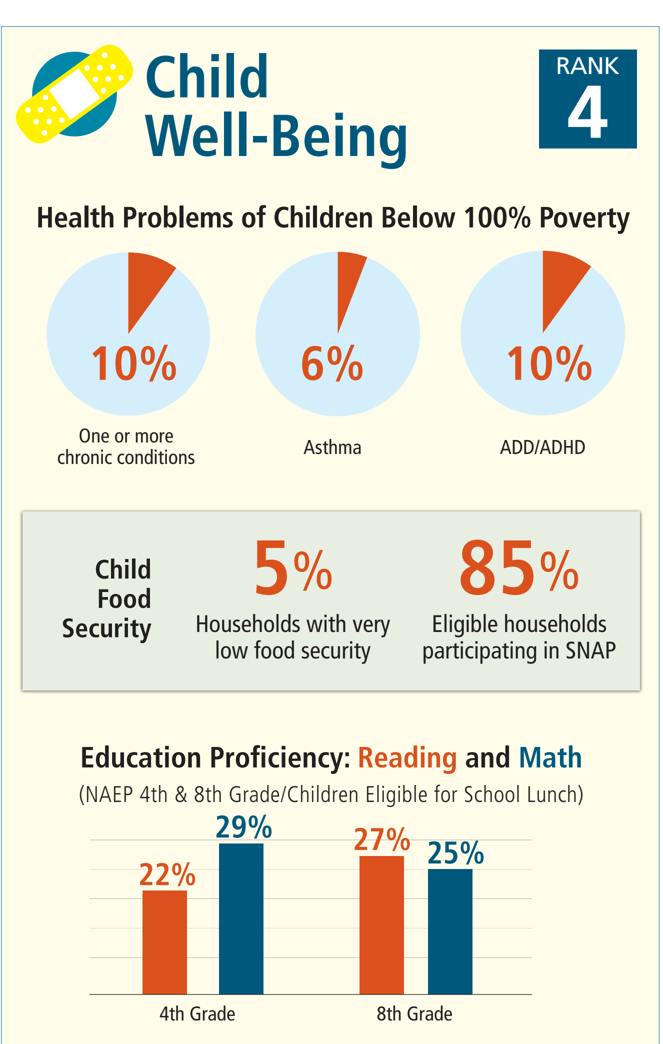
STATE RANKS: 1=Best, 50=Worst

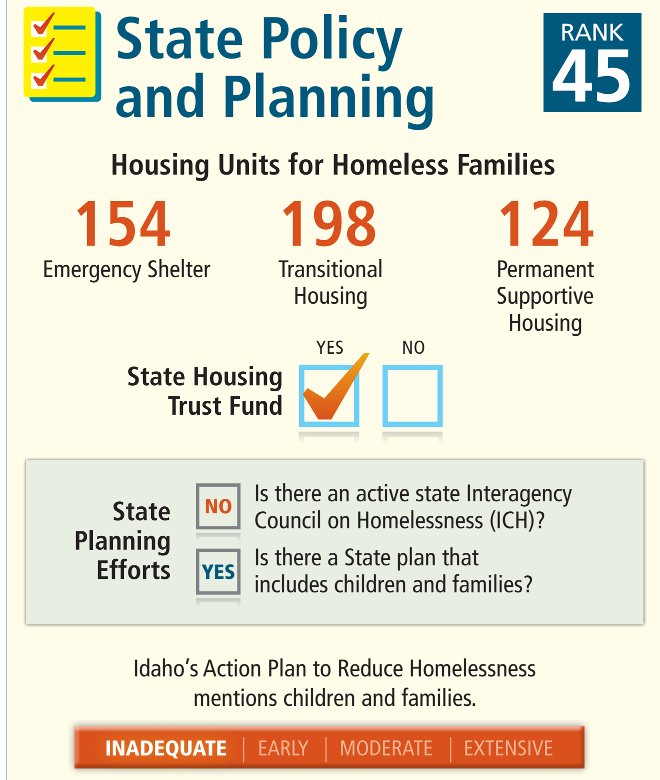


Risk for Child Homelessness

RANK 22

- **17** Home Foreclosure Rank
- **20%** Children in Poverty
- **8.5%** Children without health insurance
- **5.9%** Female-headed Household
- **28.3** Birth rate per 1,000 teens
- **$7.25/hr** State Minimum Wage
- **$13.24/hr** Income needed for 2-BR apartment
- **20%** Households paying more than 50% of income for rent

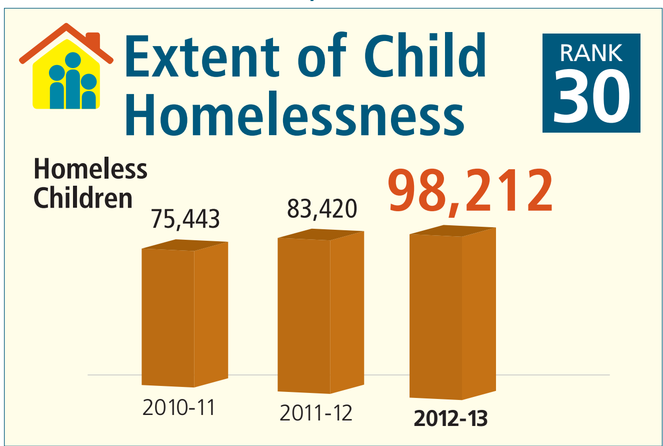




For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Illinois

STATE RANKS: 1=Best, 50=Worst



Risk for Child Homelessness

RANK 31

48 Home Foreclosure Rank

20% Children in Poverty

3.3% Children without health insurance

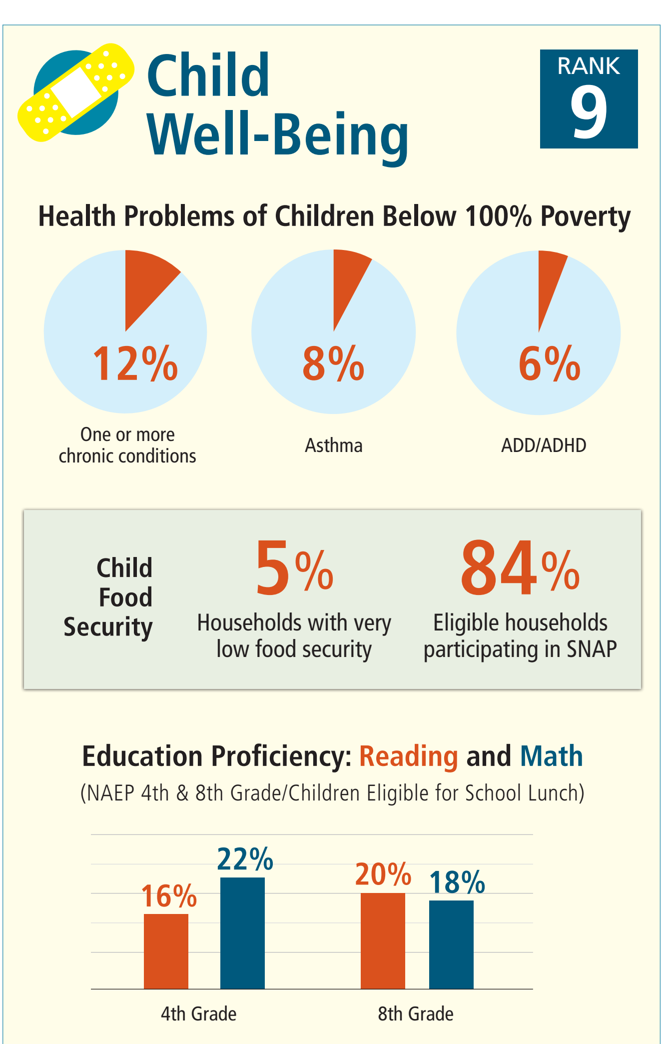
6.9% Female-headed Household

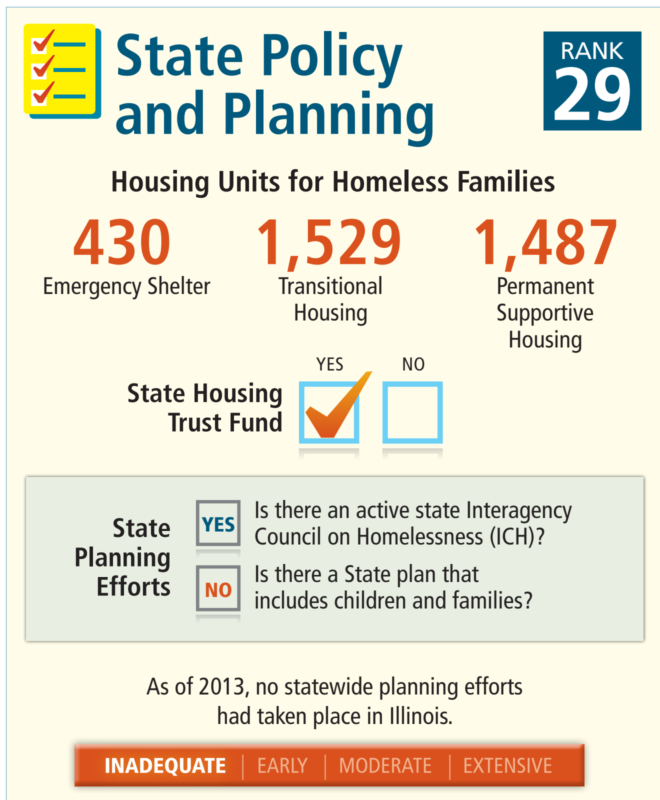
27.9 Birth rate per 1,000 teens

$8.25/hr State Minimum Wage

$17.02/hr Income needed for 2-BR apartment

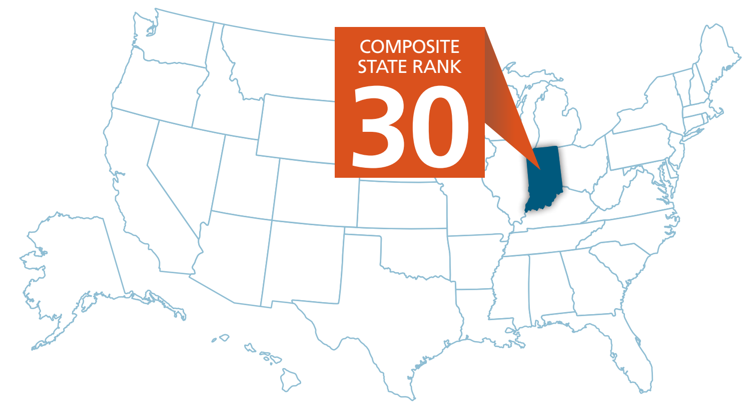
25% Households paying more than 50% of income for rent



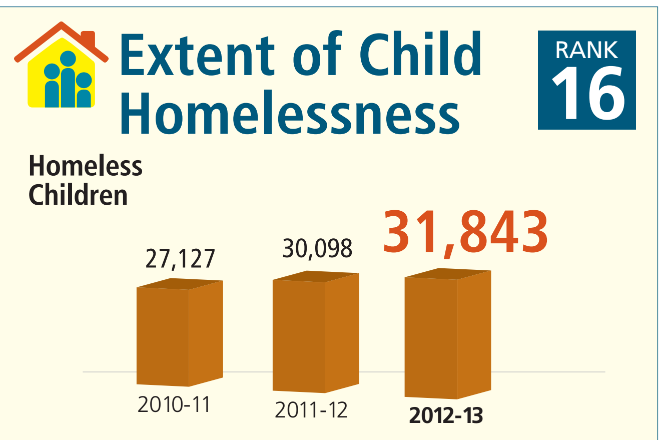


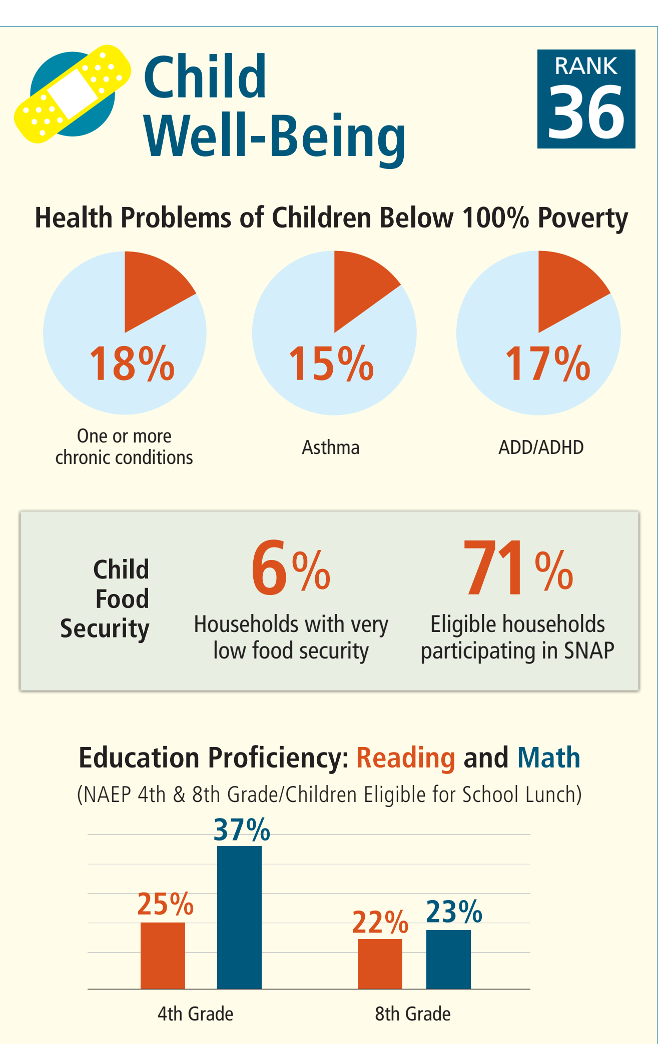
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Indiana



STATE RANKS: 1=Best, 50=Worst





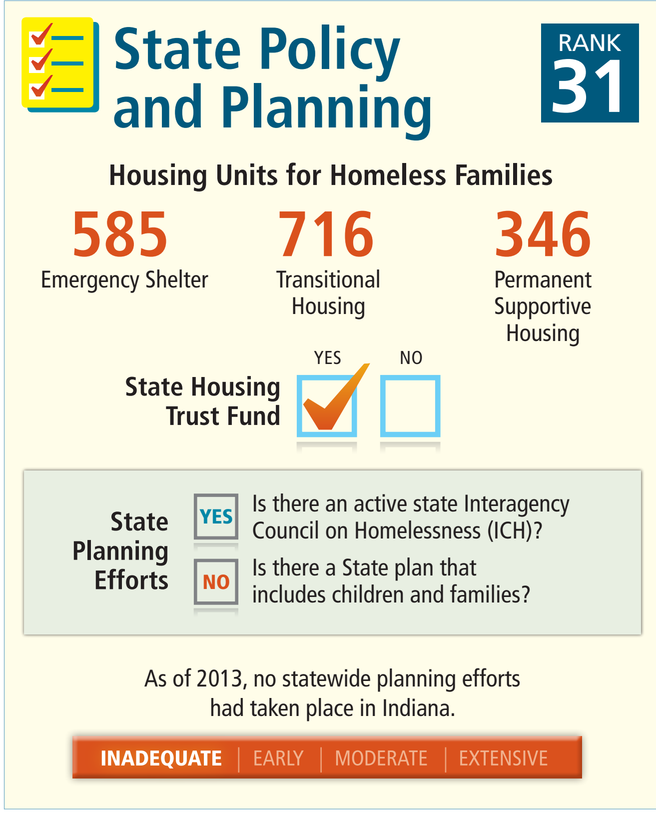
Risk for Child Homelessness

RANK 38

39	22%	8.4%
Home Foreclosure Rank	Children in Poverty	Children without health insurance

7.3%	33
Female-headed Household	Birth rate per 1,000 teens

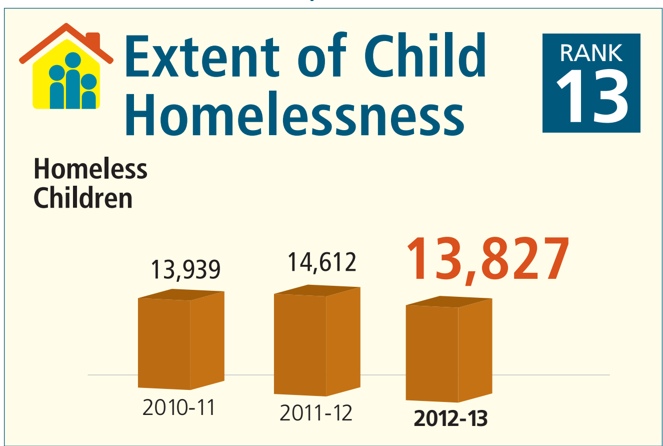
$7.25/hr	$13.81/hr	18%
State Minimum Wage	Income needed for 2-BR apartment	Households paying more than 50% of income for rent

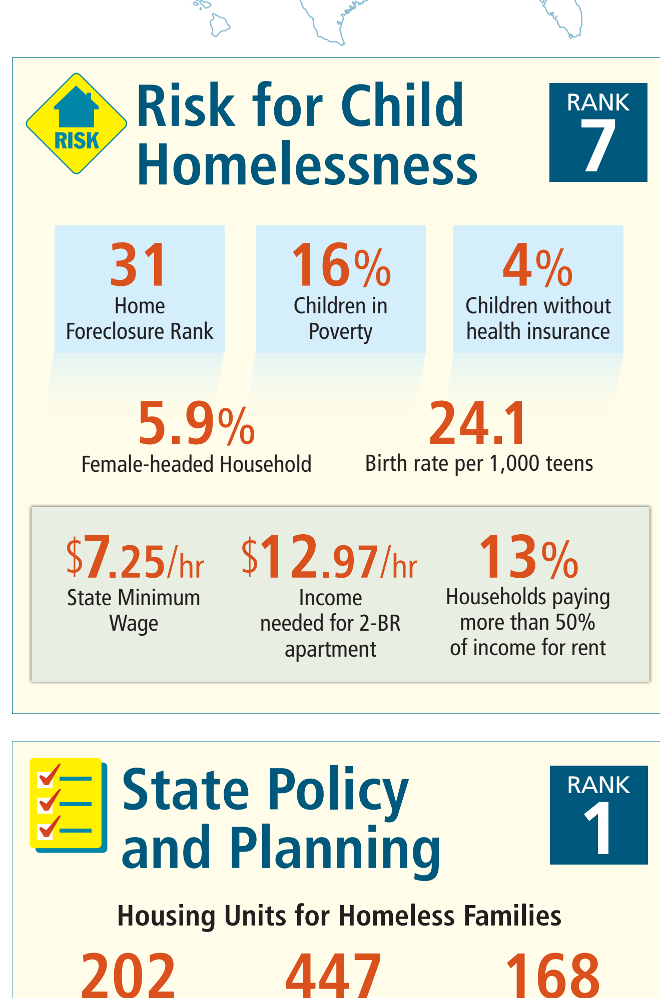


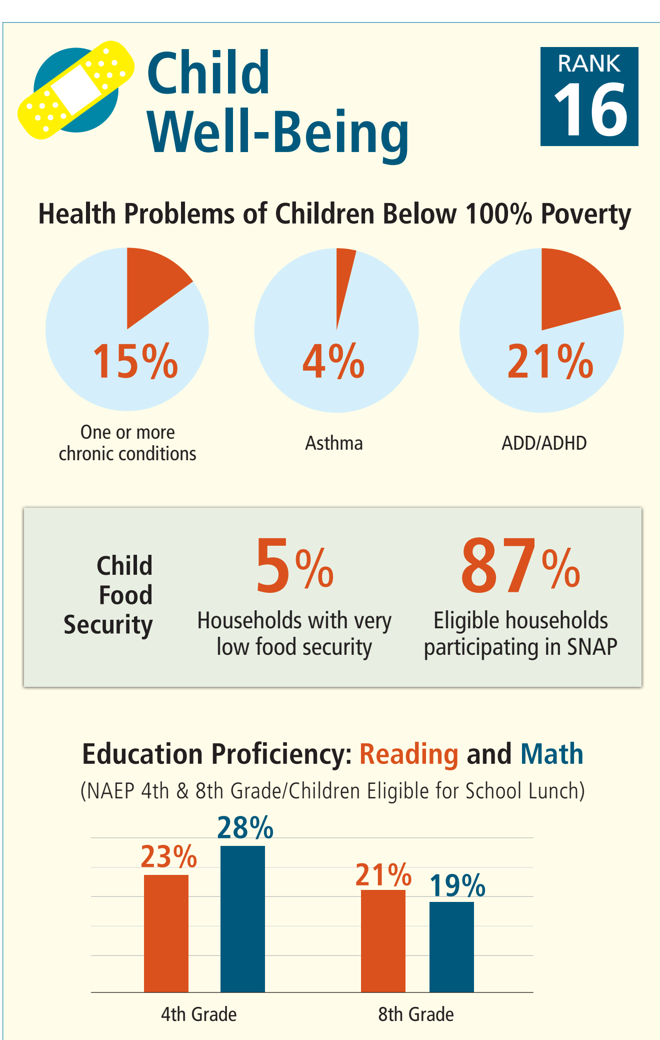
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

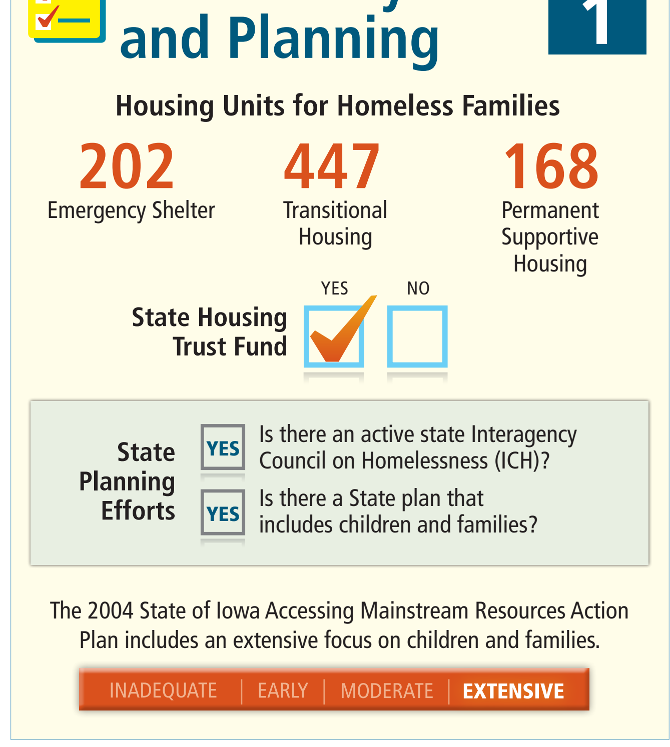
Iowa

STATE RANKS: 1=Best, 50=Worst



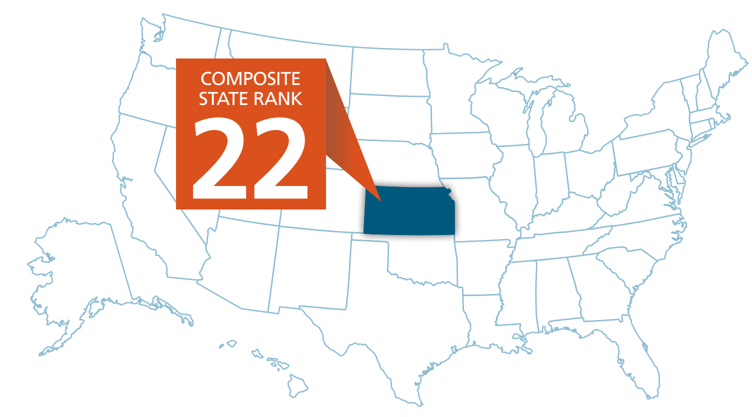






For the complete report, please visit: **www.HomelessChildrenAmerica.org**

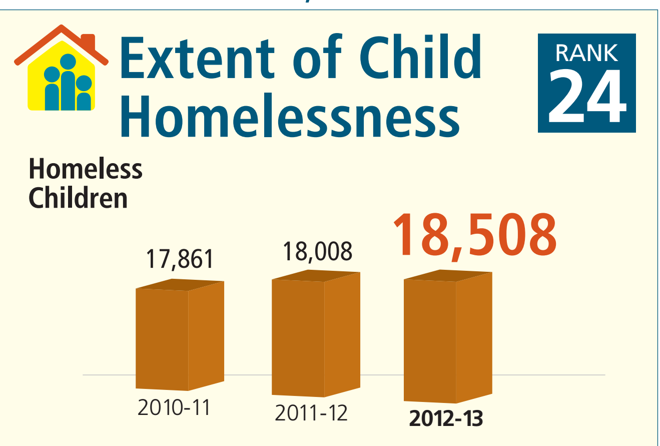
Kansas



STATE RANKS: 1=Best, 50=Worst

Extent of Child Homelessness

RANK 24



Risk for Child Homelessness

RANK 13

11 Home Foreclosure Rank

19% Children in Poverty

6.6% Children without health insurance

6.5% Female-headed Household

34.1 Birth rate per 1,000 teens

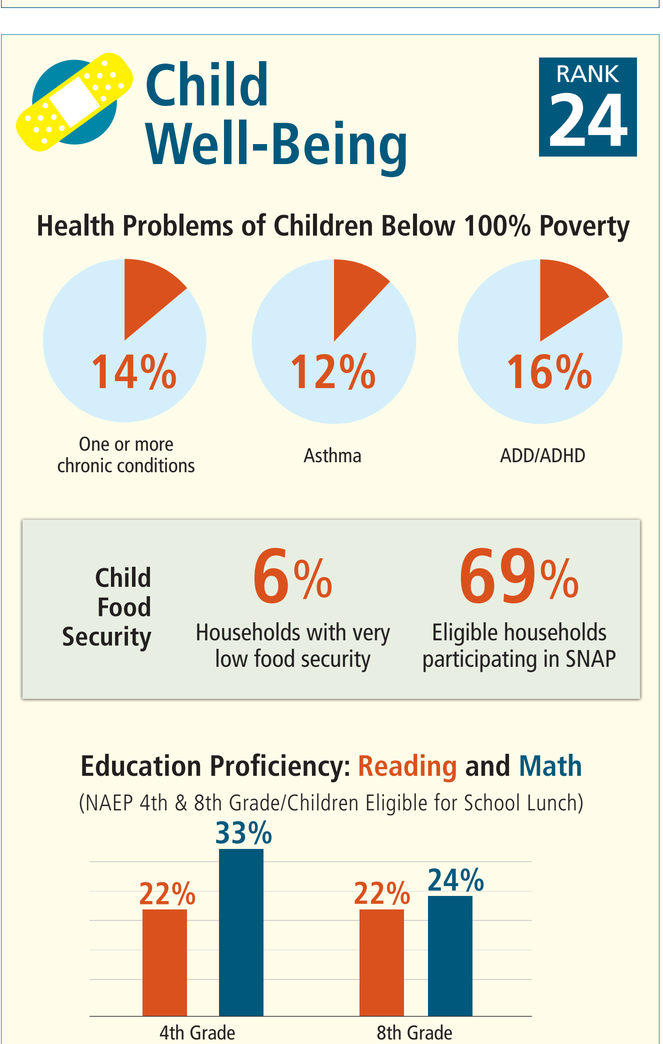
$7.25/hr State Minimum Wage

$13.69/hr Income needed for 2-BR apartment

16% Households paying more than 50% of income for rent

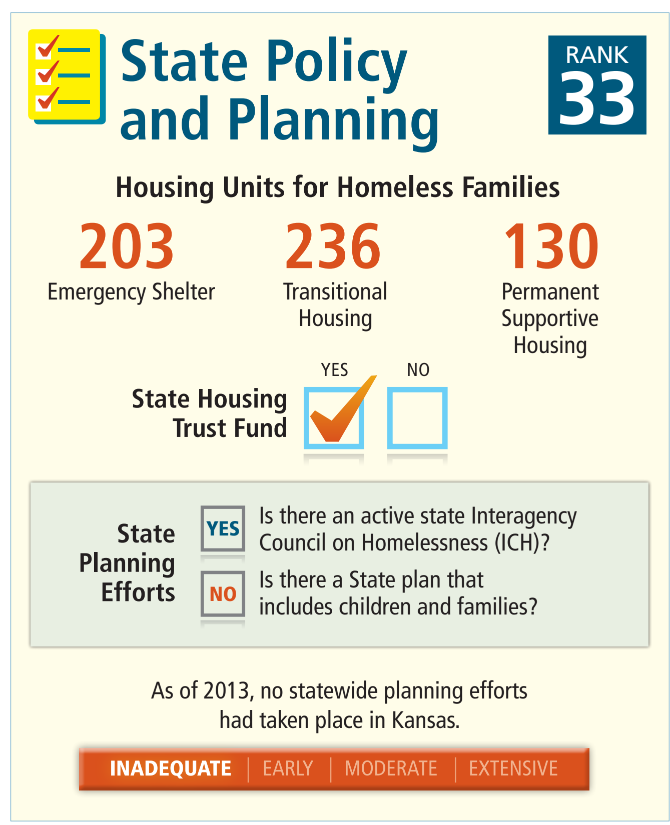
Child Well-Being

RANK 24



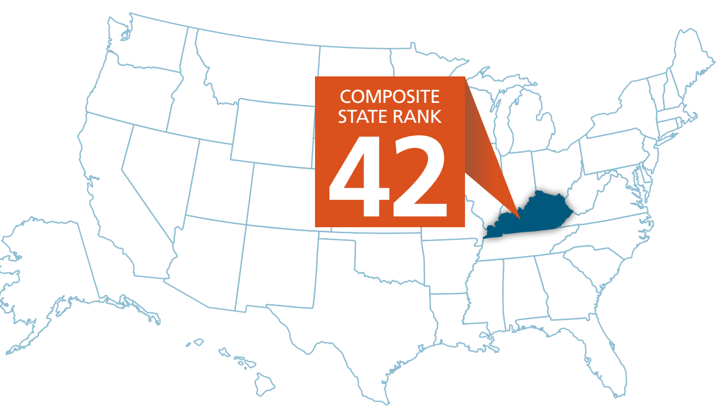
State Policy and Planning

RANK 33

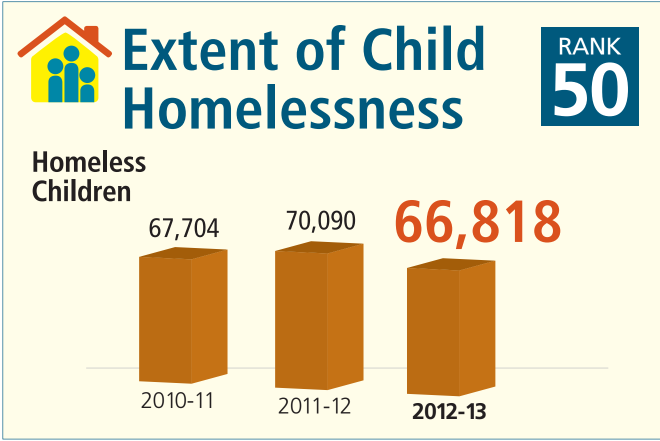


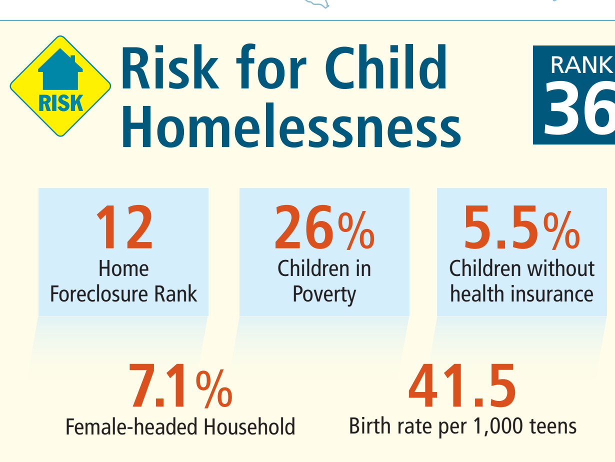
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

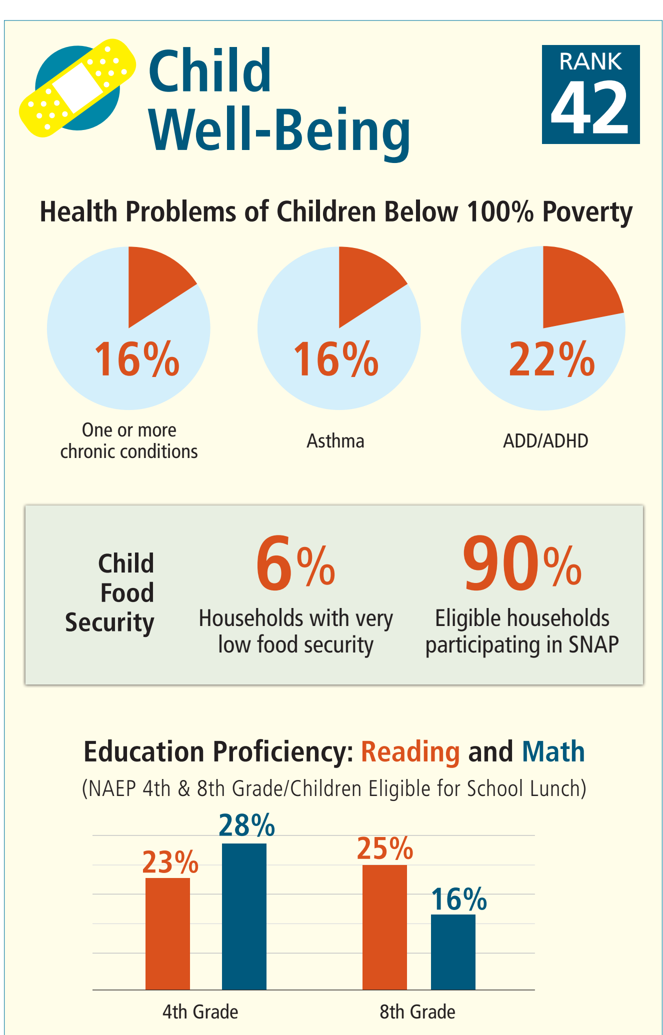
Kentucky



STATE RANKS: 1=Best, 50=Worst







State Policy and Planning

RANK 20

Housing Units for Homeless Families

308	424	482
Emergency Shelter	Transitional Housing	Permanent Supportive Housing

State Housing Trust Fund: YES ✓ / NO

State Planning Efforts

- YES — Is there an active state Interagency Council on Homelessness (ICH)?
- YES — Is there a State plan that includes children and families?

Steps Towards Ending Homelessness: Kentucky's Ten Year Plan to End Homelessness mentions children and families.

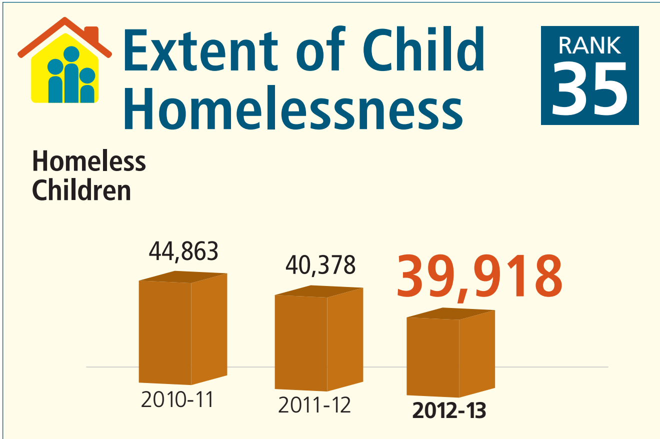
INADEQUATE | EARLY | **MODERATE** | EXTENSIVE

For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Louisiana

COMPOSITE STATE RANK
38

STATE RANKS: 1=Best, 50=Worst



Risk for Child Homelessness

RANK 47

25 Home Foreclosure Rank

28% Children in Poverty

5.3% Children without health insurance

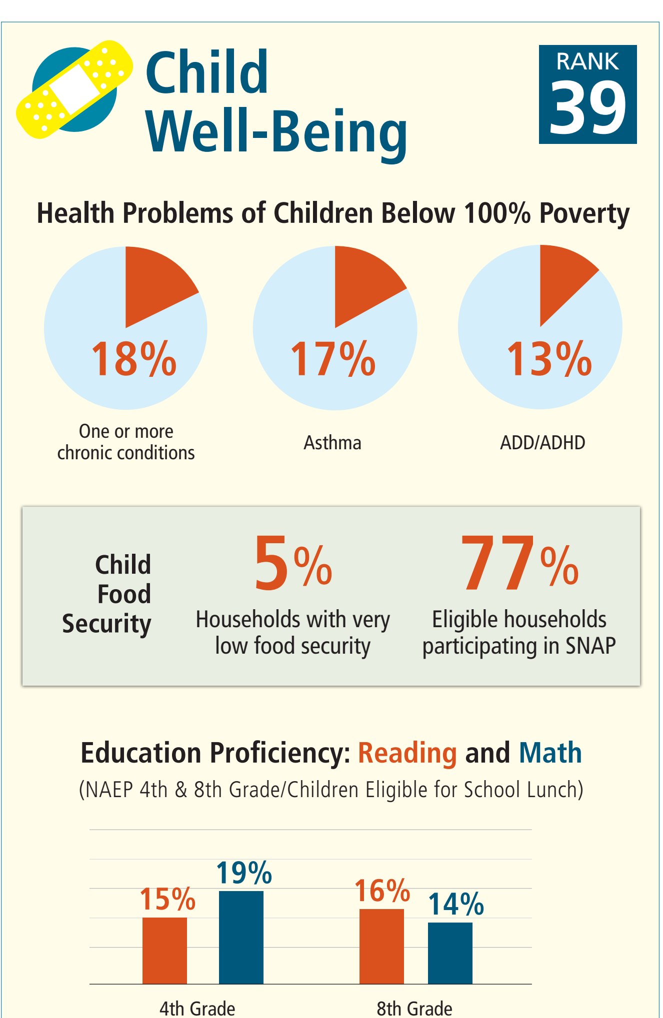
9.3% Female-headed Household

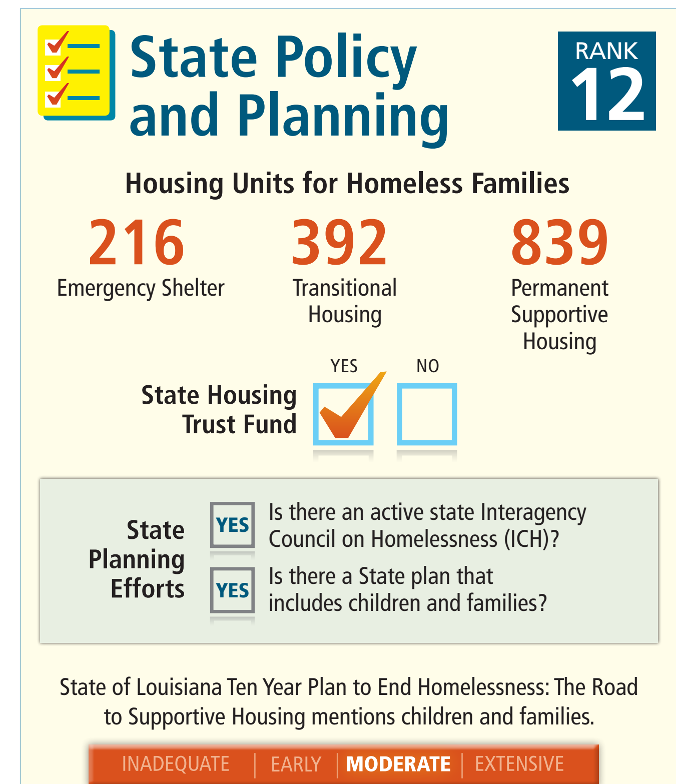
43.1 Birth rate per 1,000 teens

$7.25/hr State Minimum Wage

$15.27/hr Income needed for 2-BR apartment

22% Households paying more than 50% of income for rent





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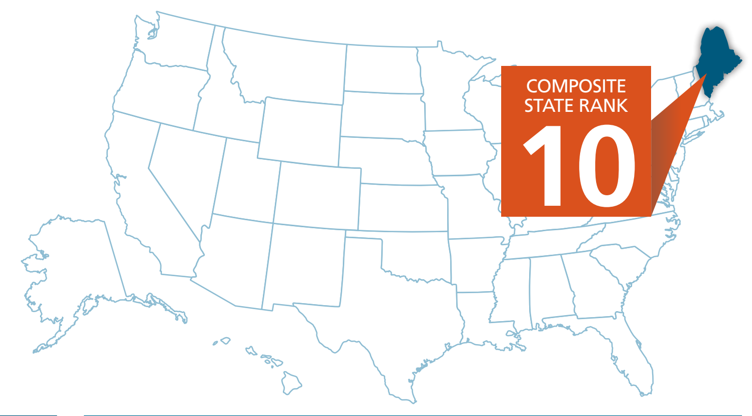
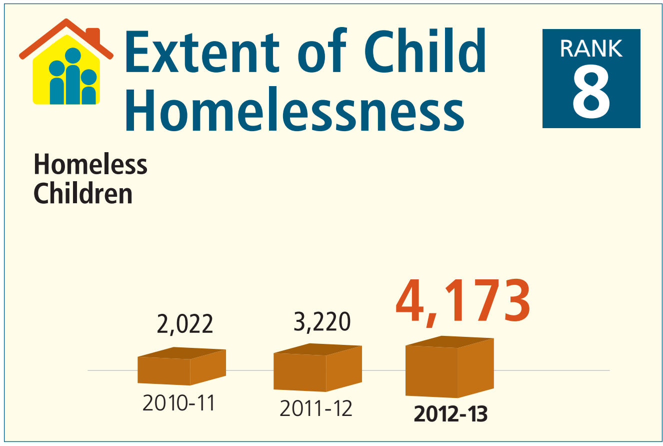
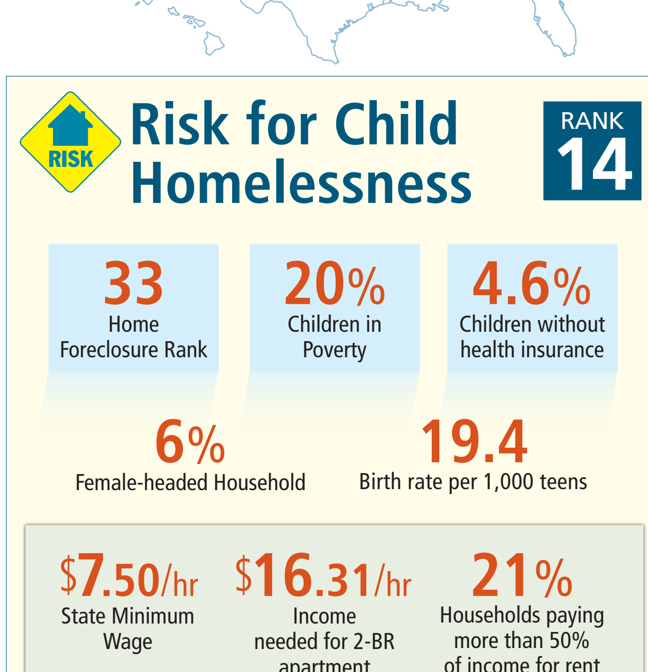
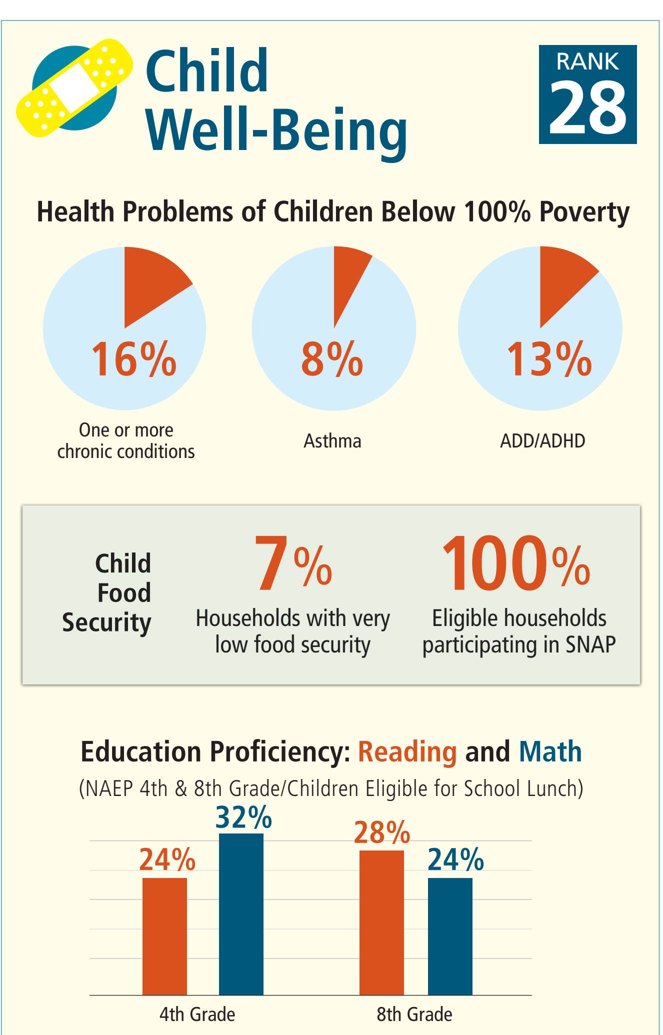
Maine

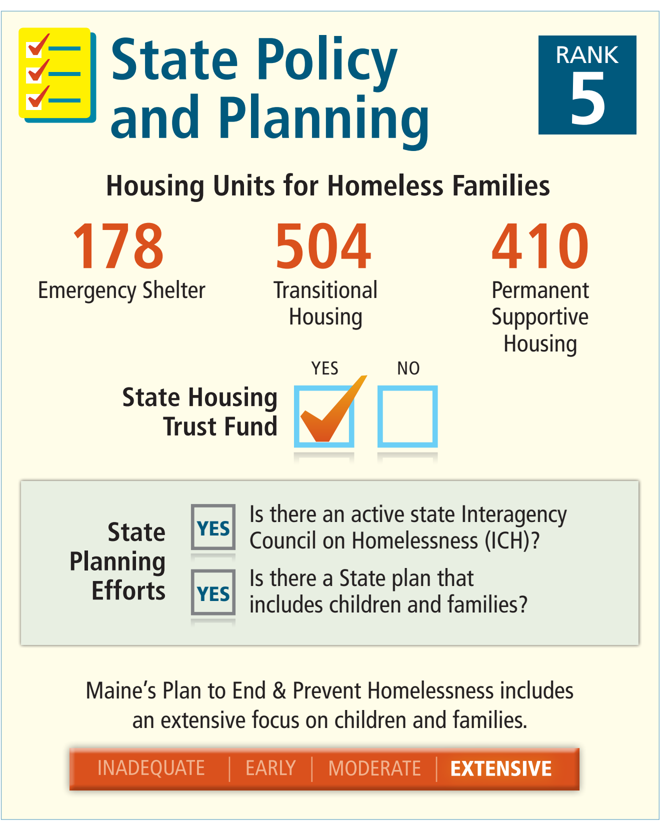


STATE RANKS: 1=Best, 50=Worst









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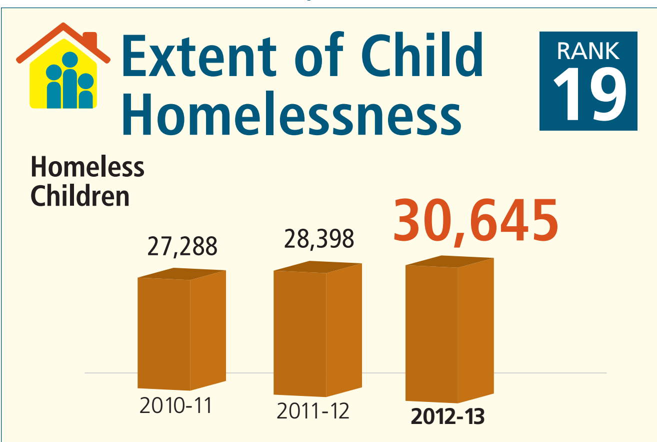
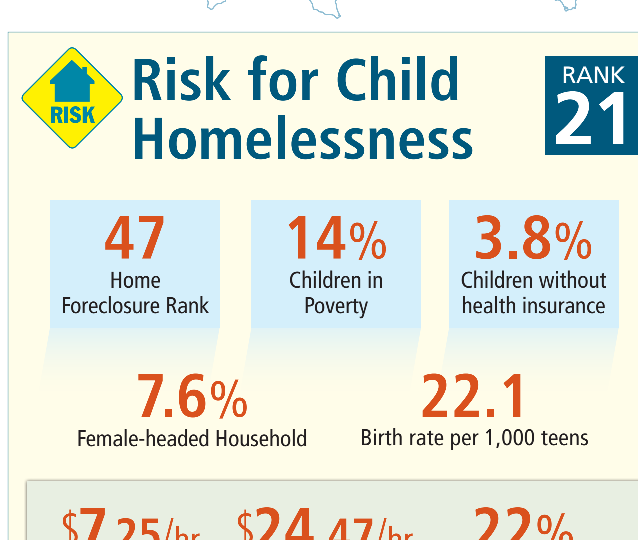
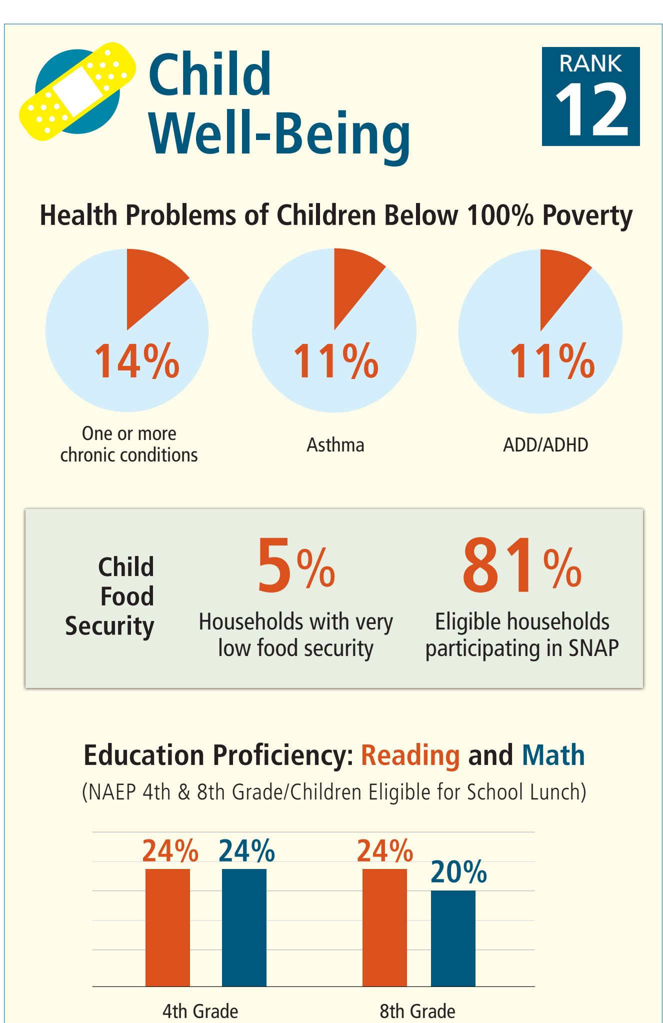
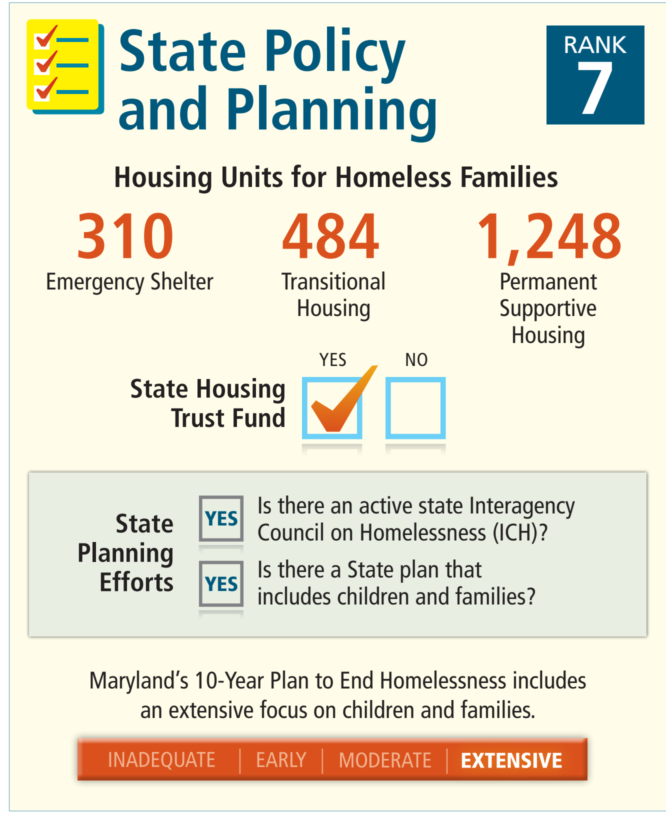
Maryland

STATE RANKS: 1=Best, 50=Worst









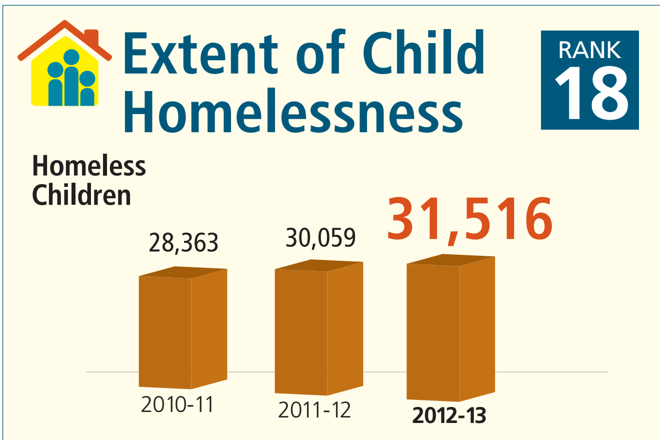
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Massachusetts

STATE RANKS: 1=Best, 50=Worst

Extent of Child Homelessness

RANK 18



Risk for Child Homelessness

RANK 9

6.8% Female-headed Household

14.1 Birth rate per 1,000 teens

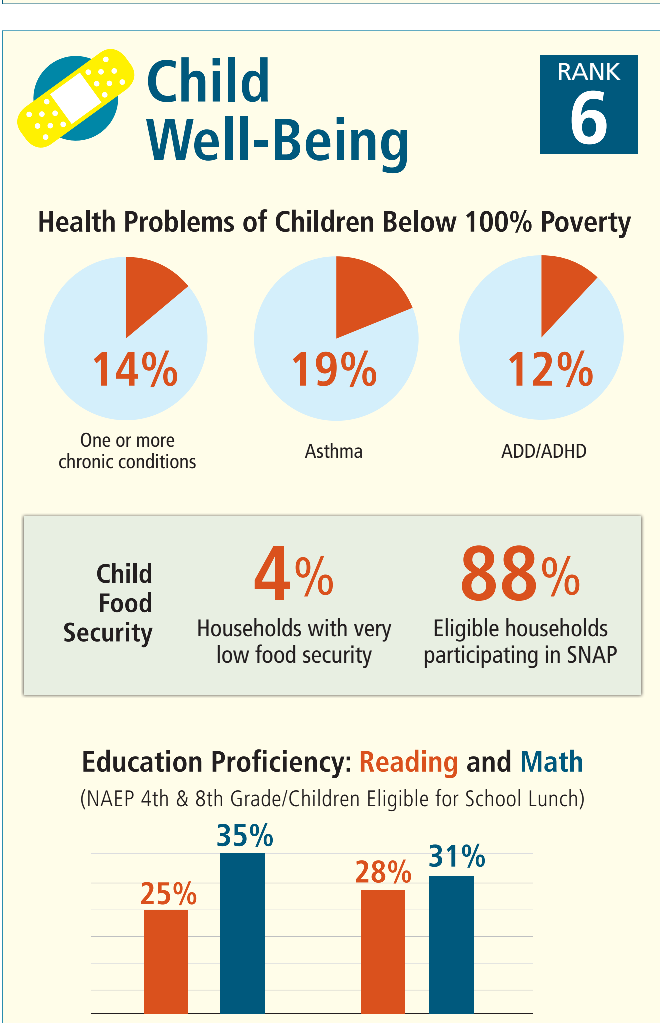
$8.00/hr State Minimum Wage

$24.05/hr Income needed for 2-BR apartment

24% Households paying more than 50% of income for rent

Child Well-Being

RANK 6



State Policy and Planning

RANK 2

Housing Units for Homeless Families

2,414 Emergency Shelter

1,929 Transitional Housing

1,255 Permanent Supportive Housing

State Planning Efforts

YES — Is there an active state Interagency Council on Homelessness (ICH)?

YES — Is there a State plan that includes children and families?

The Report of the Massachusetts Commission to End Homelessness includes an extensive focus on children and families.

INADEQUATE | EARLY | MODERATE | **EXTENSIVE**

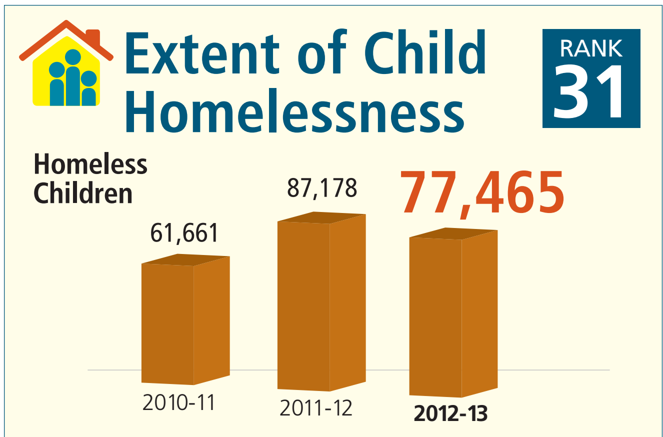
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Michigan

STATE RANKS: 1=Best, 50=Worst

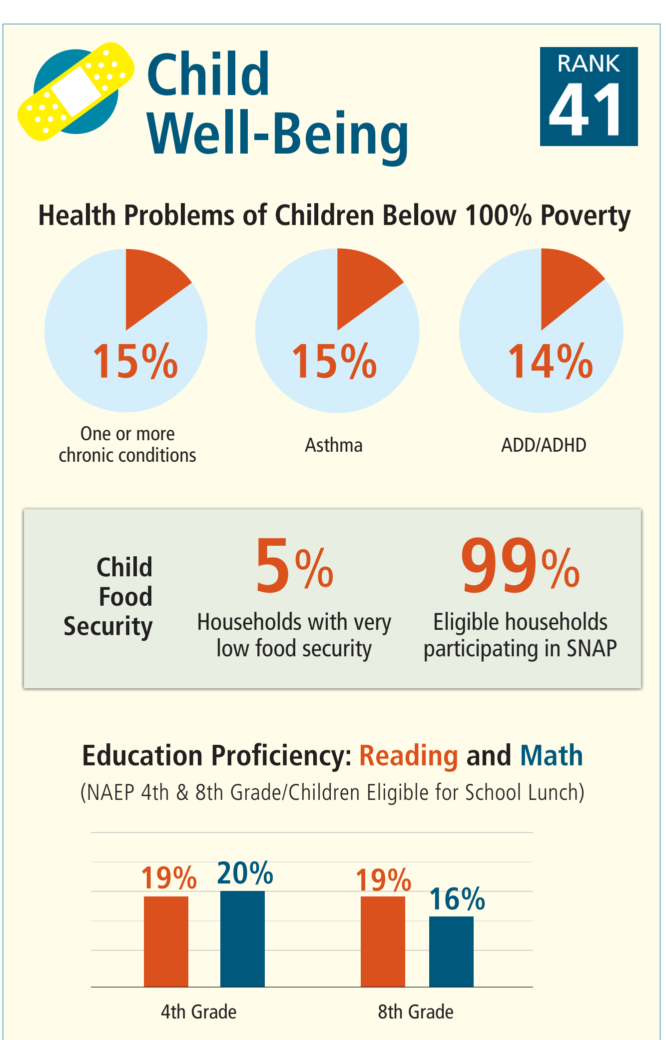
Extent of Child Homelessness

RANK 31



Child Well-Being

RANK 41



Risk for Child Homelessness

RANK 30

34 Home Foreclosure Rank

25% Children in Poverty

4.0% Children without health insurance

7.3% Female-headed Household

26.3 Birth rate per 1,000 teens

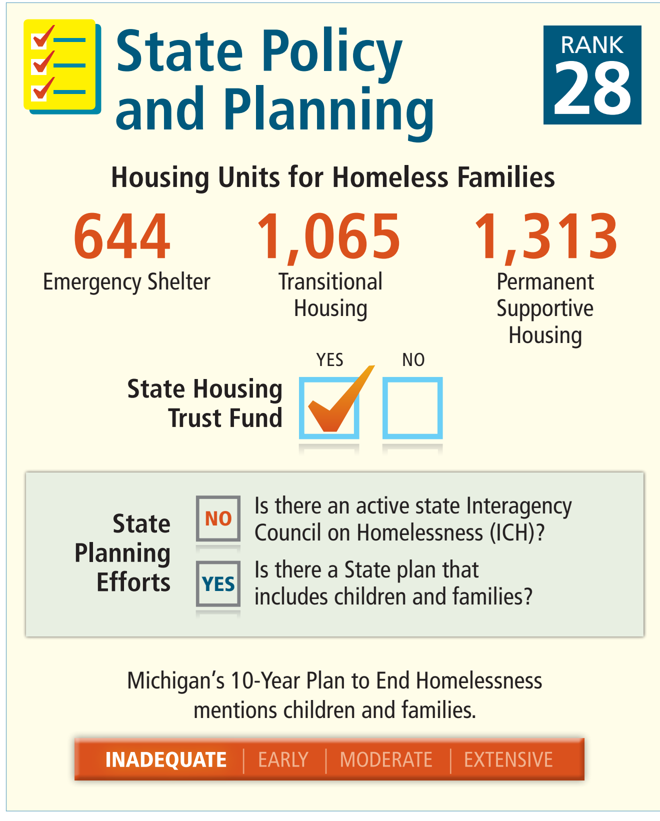
$7.40/hr State Minimum Wage

$14.77/hr Income needed for 2-BR apartment

22% Households paying more than 50% of income for rent

State Policy and Planning

RANK 28



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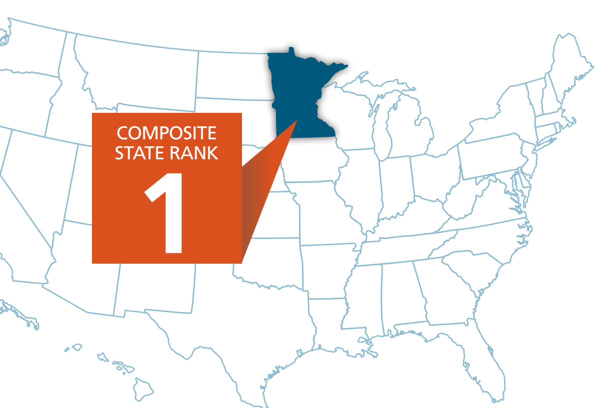
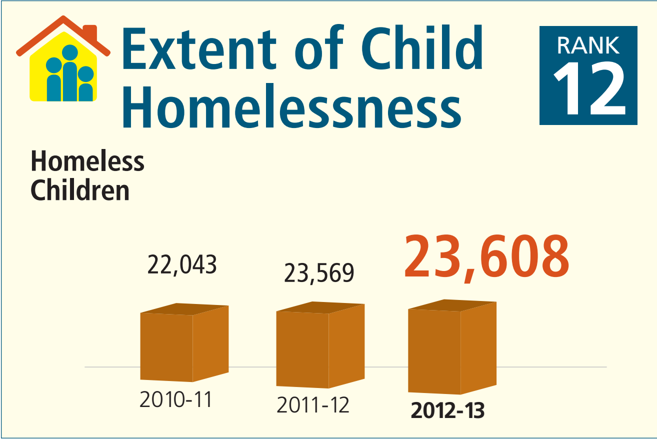
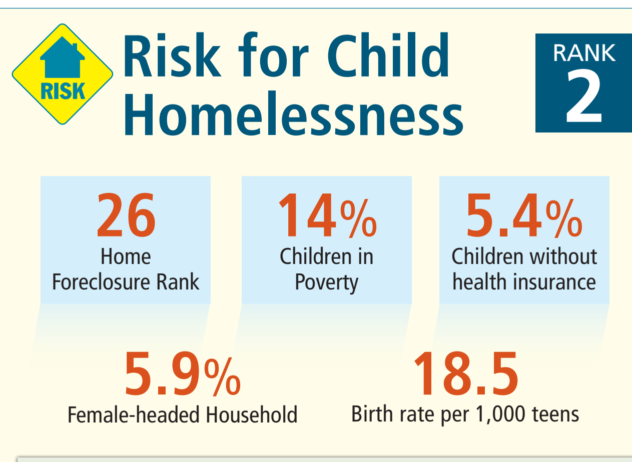
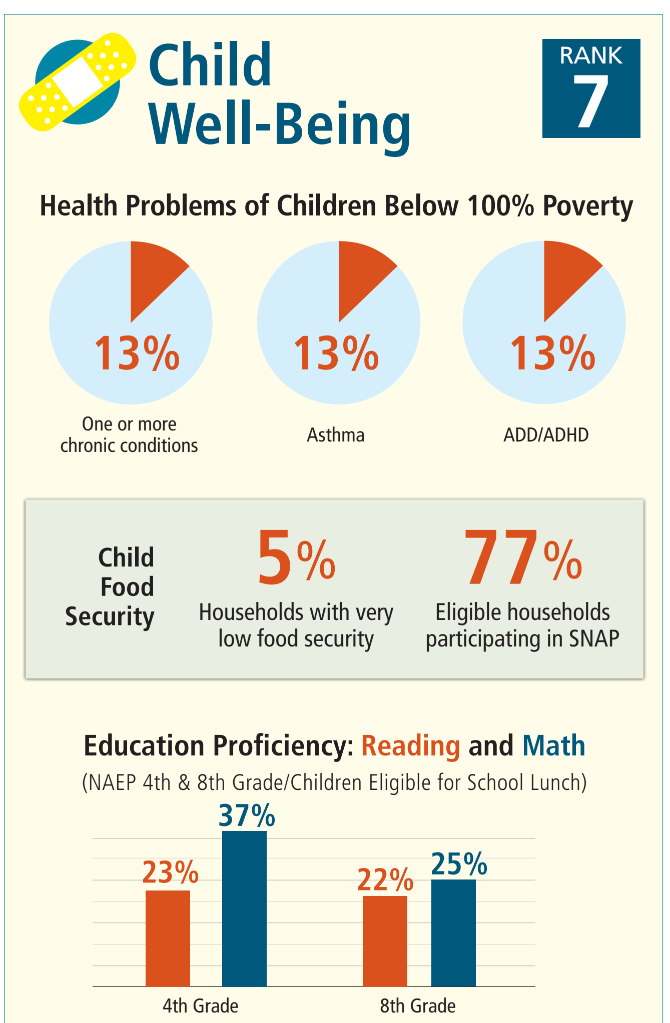
Minnesota

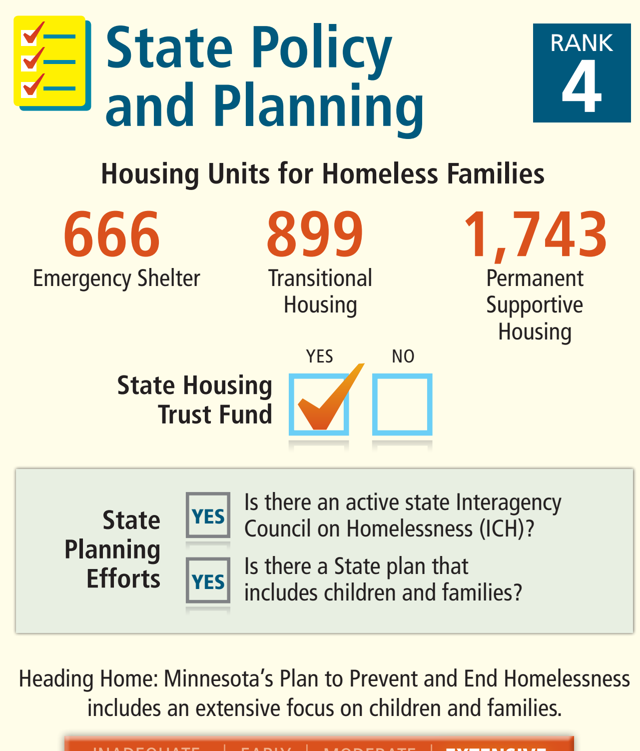


STATE RANKS: 1=Best, 50=Worst









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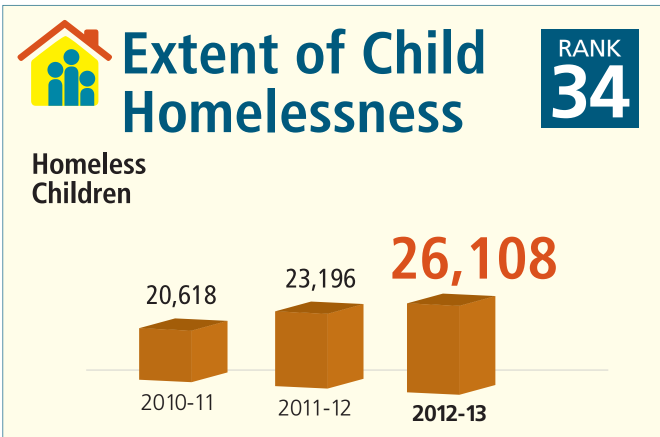
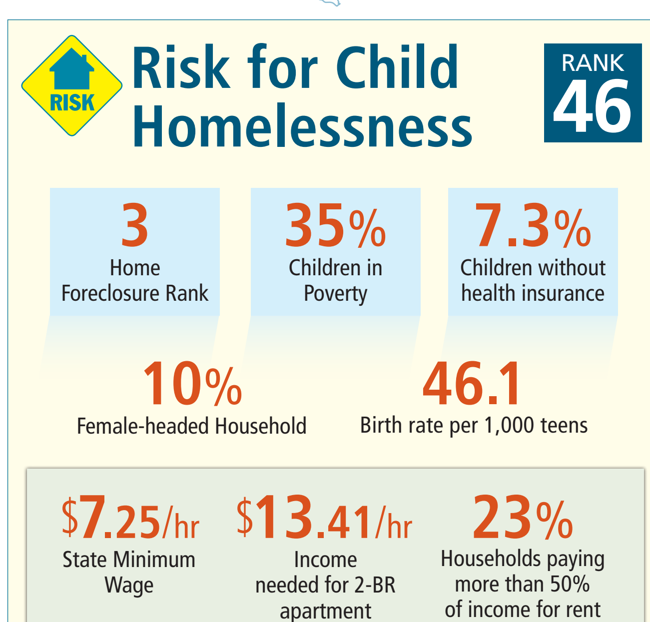
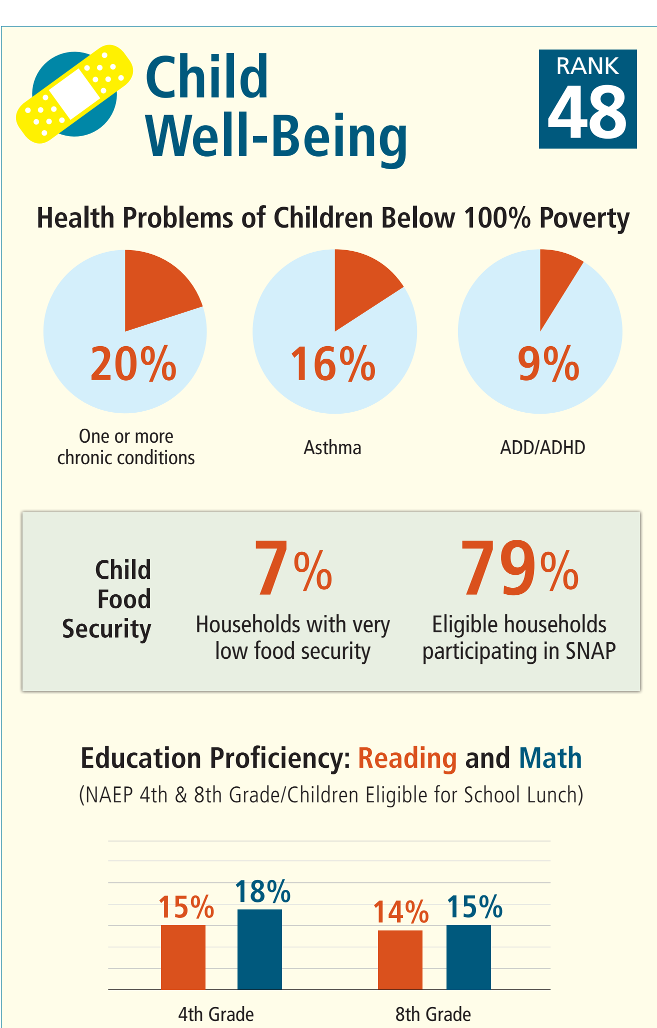
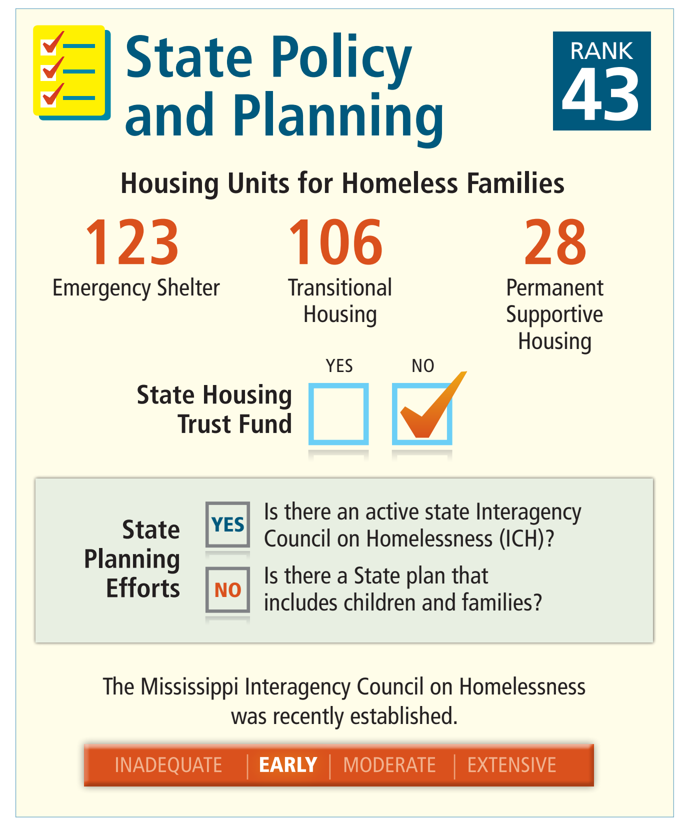
Mississippi

STATE RANKS: 1=Best, 50=Worst









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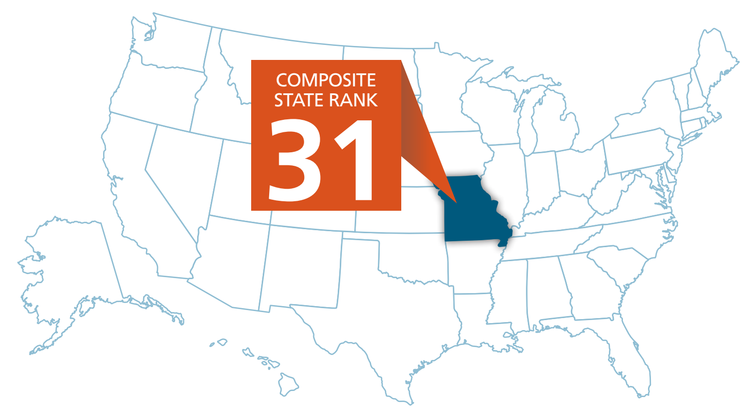
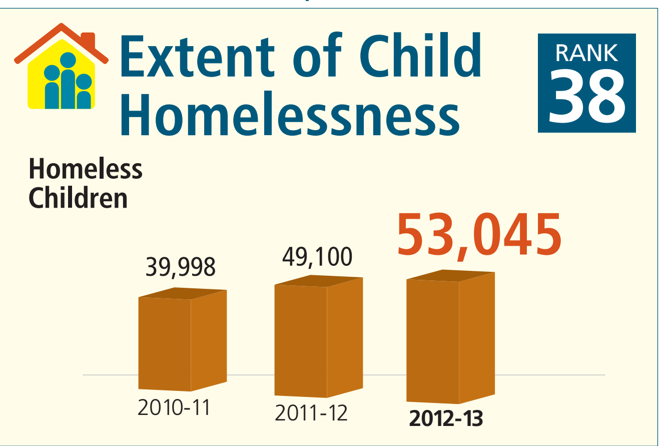
Missouri



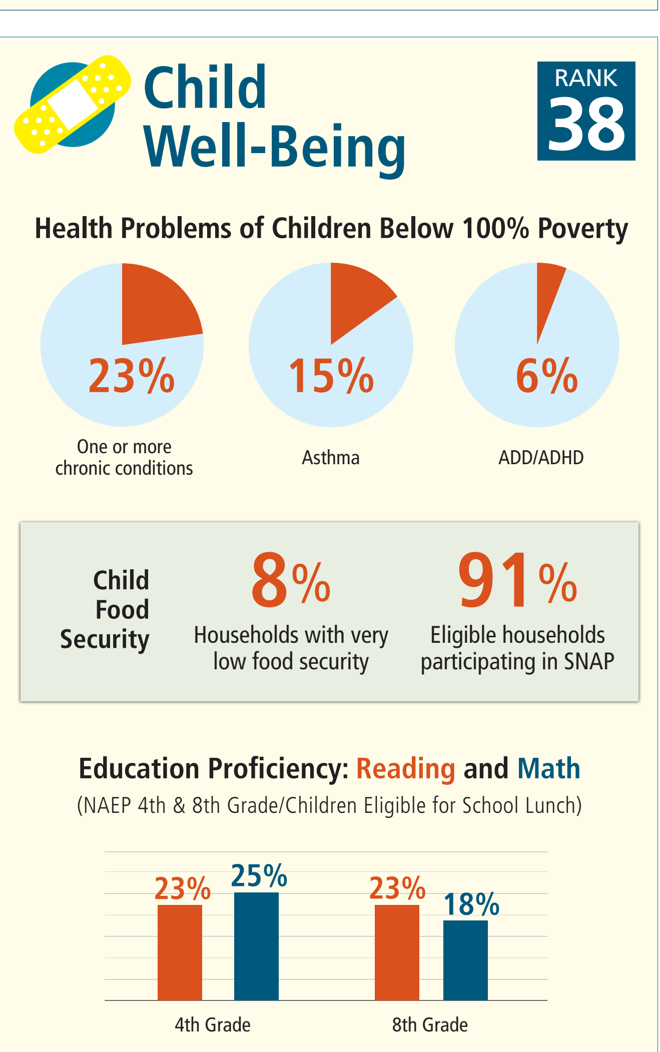
STATE RANKS: 1=Best, 50=Worst

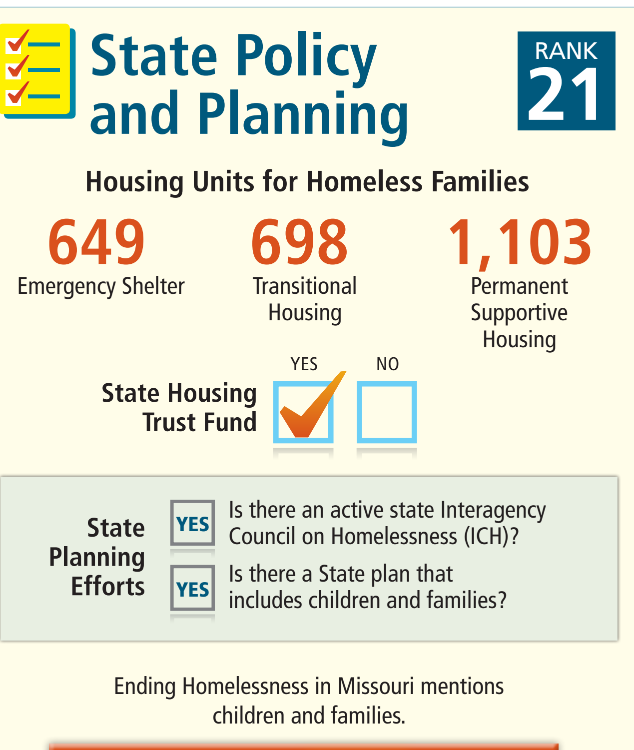


Risk for Child Homelessness

RANK 27

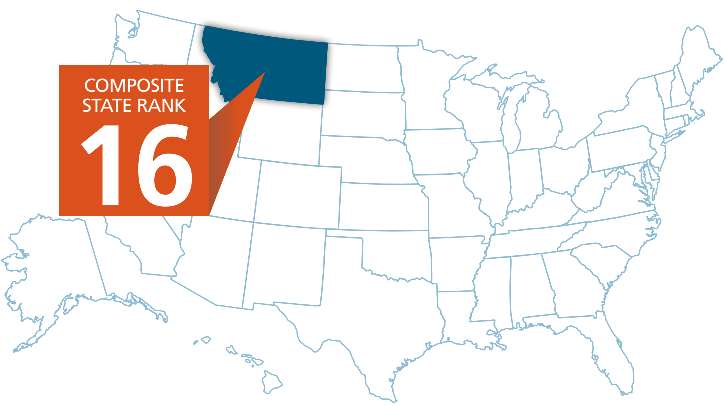
- **14** Home Foreclosure Rank
- **22%** Children in Poverty
- **7.0%** Children without health insurance
- **7.1%** Female-headed Household
- **32.2** Birth rate per 1,000 teens
- **$7.35/hr** State Minimum Wage
- **$14.07/hr** Income needed for 2-BR apartment
- **18%** Households paying more than 50% of income for rent



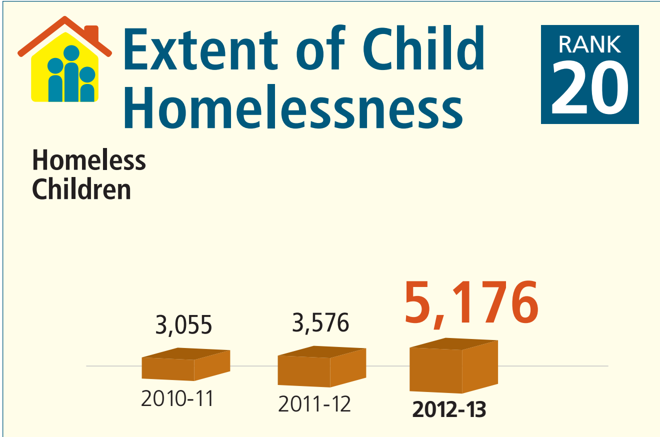


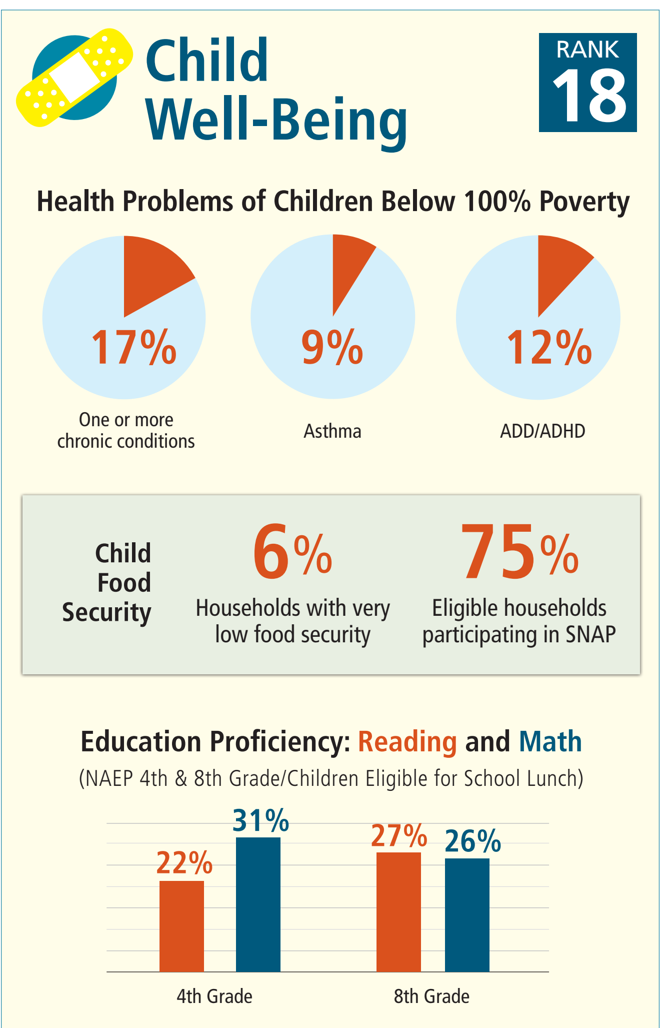
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

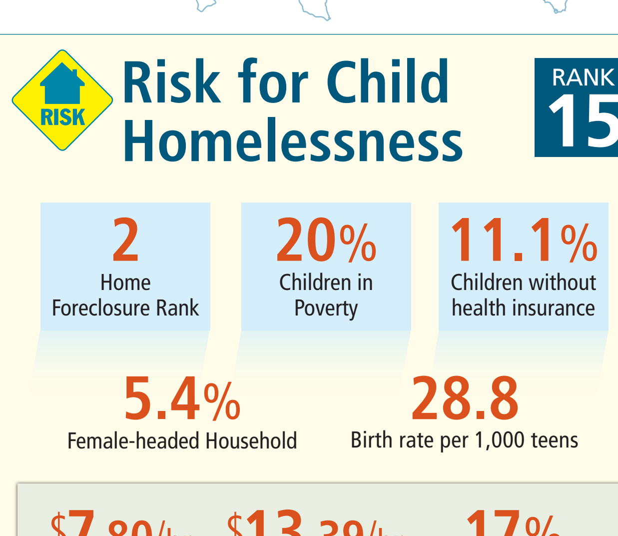
Montana

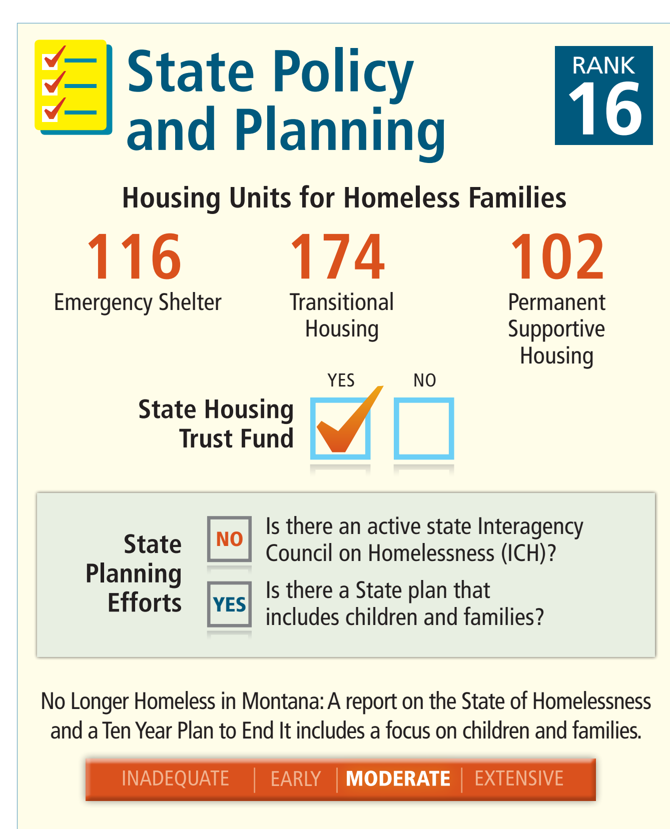


STATE RANKS: 1=Best, 50=Worst









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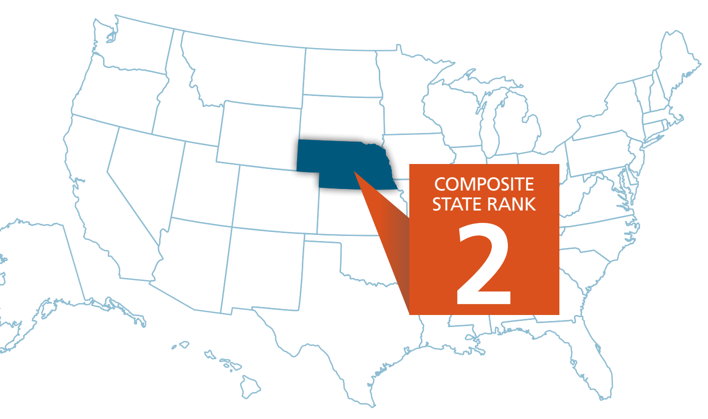
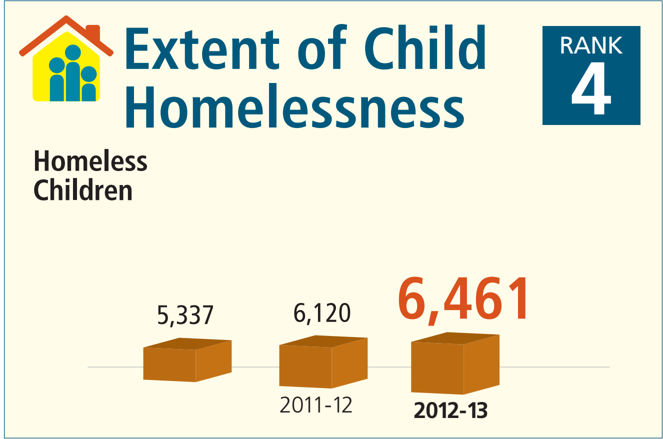
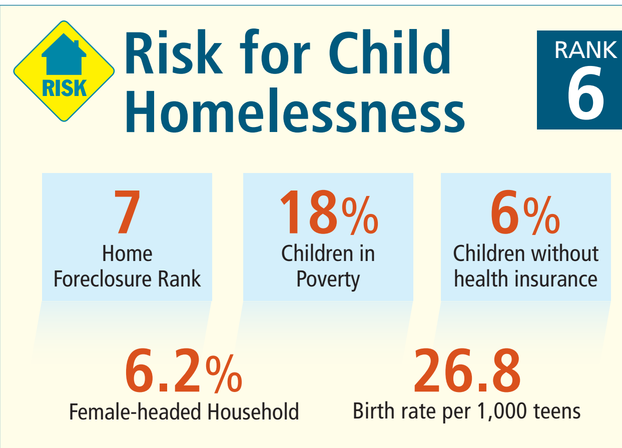
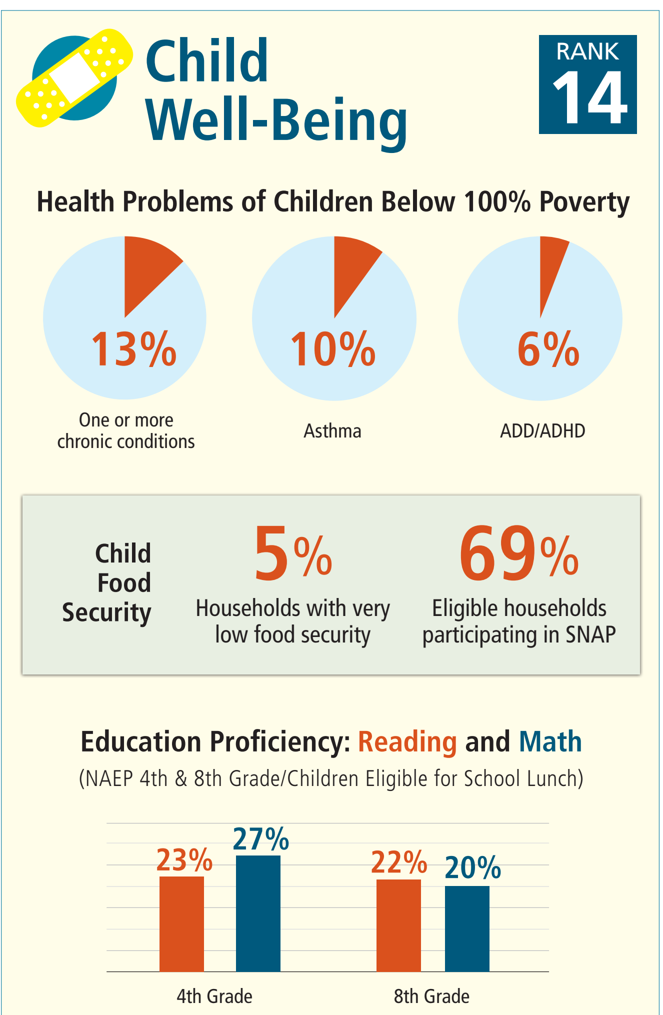
Nebraska

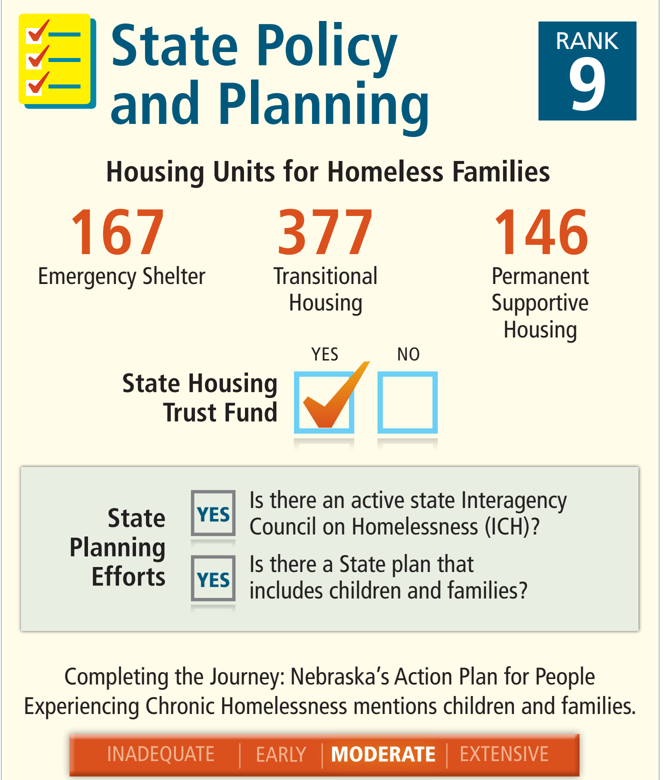


STATE RANKS: 1=Best, 50=Worst



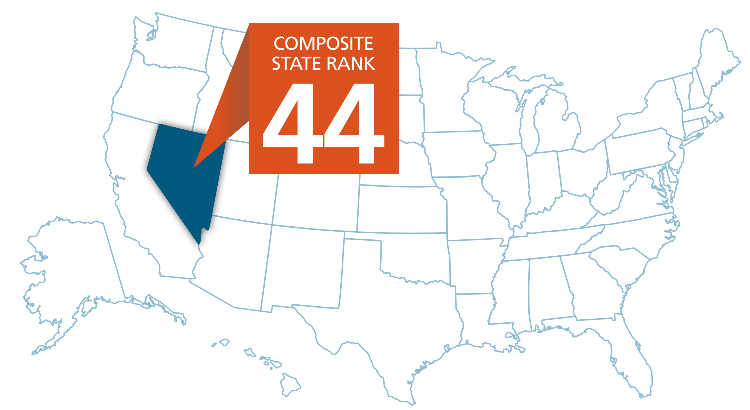




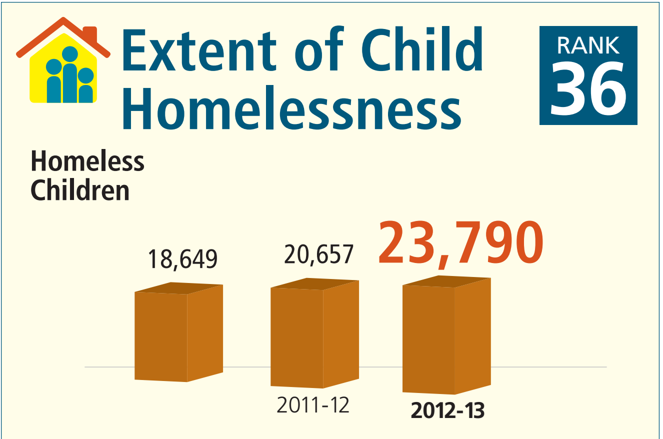


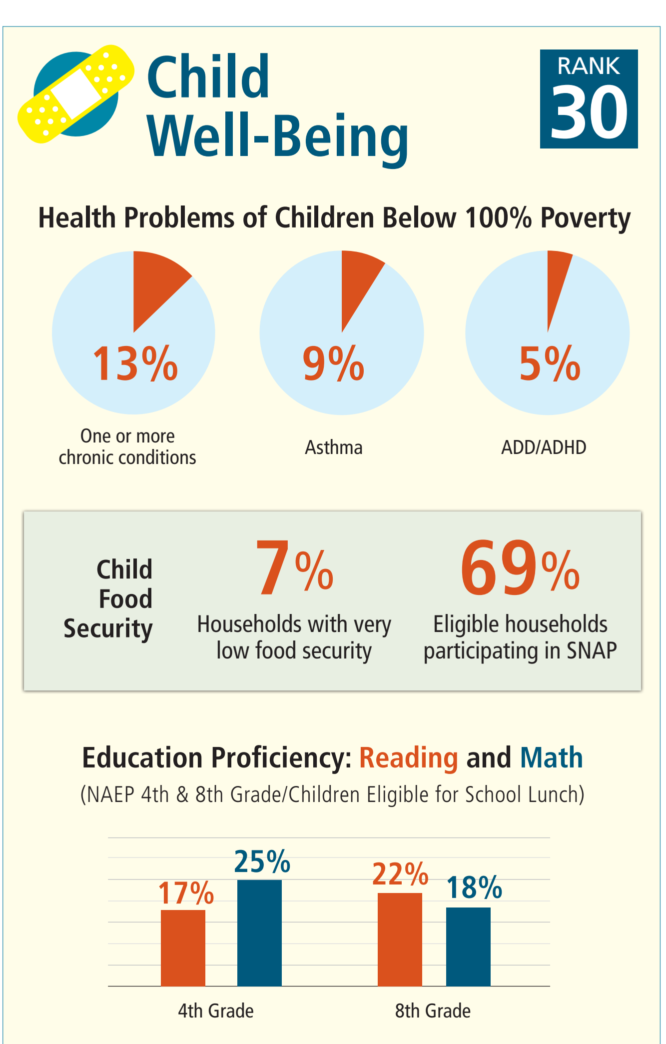
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Nevada



STATE RANKS: 1=Best, 50=Worst





Risk for Child Homelessness

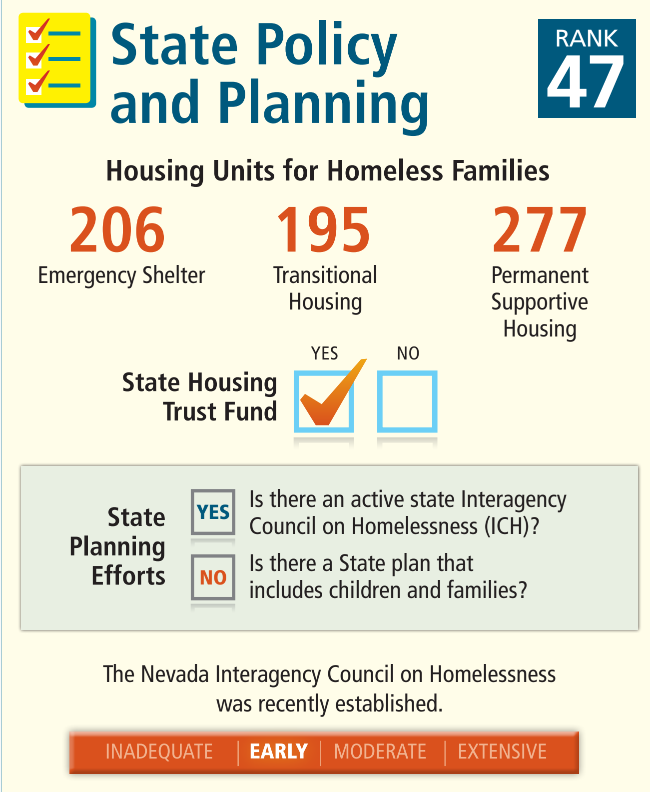
RANK 43

49	24%	16.6%
Home Foreclosure Rank	Children in Poverty	Children without health insurance

7% Female-headed Household

33.4 Birth rate per 1,000 teens

$8.25/hr	$19.69/hr	29%
State Minimum Wage	Income needed for 2-BR apartment	Households paying more than 50% of income for rent

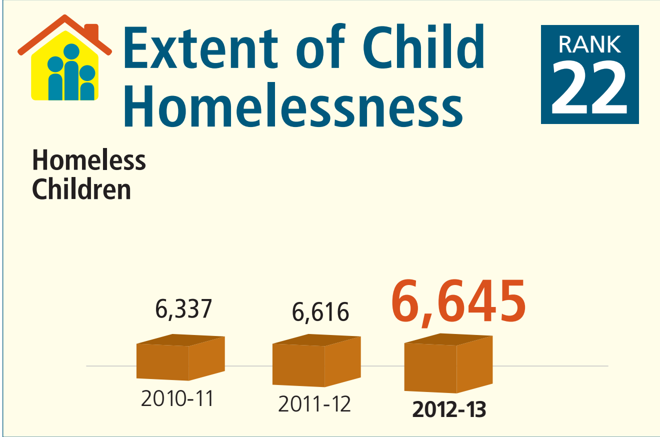


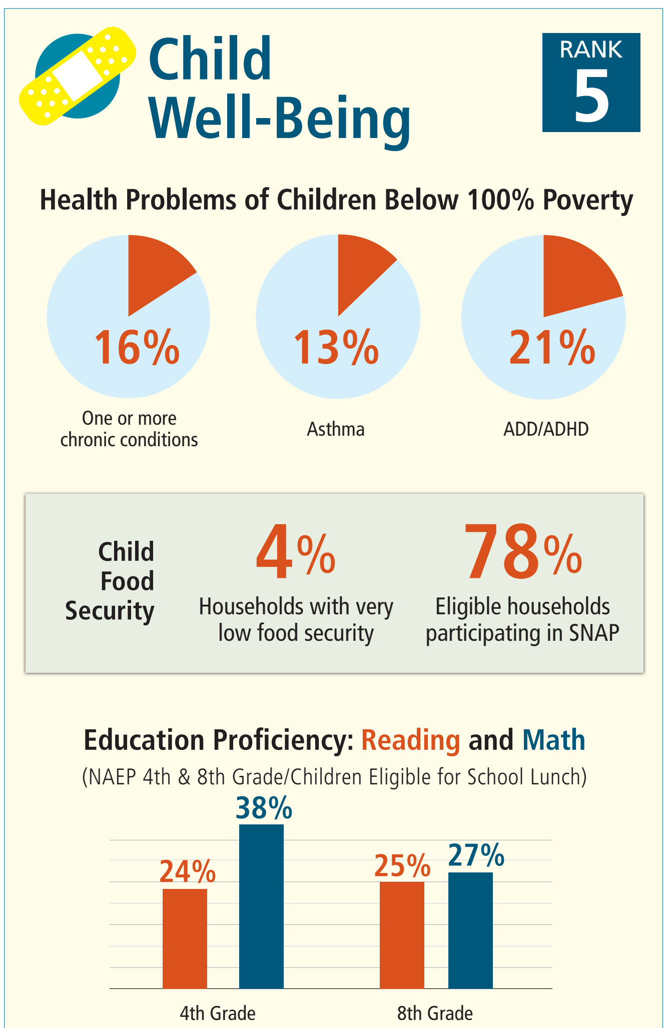
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

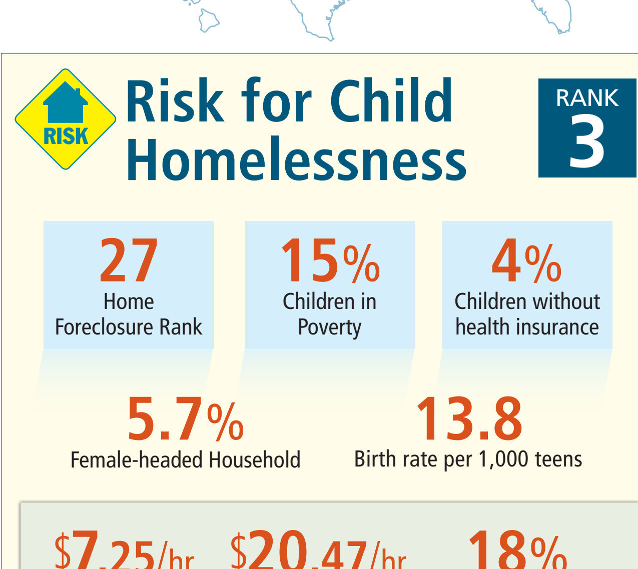
New Hampshire

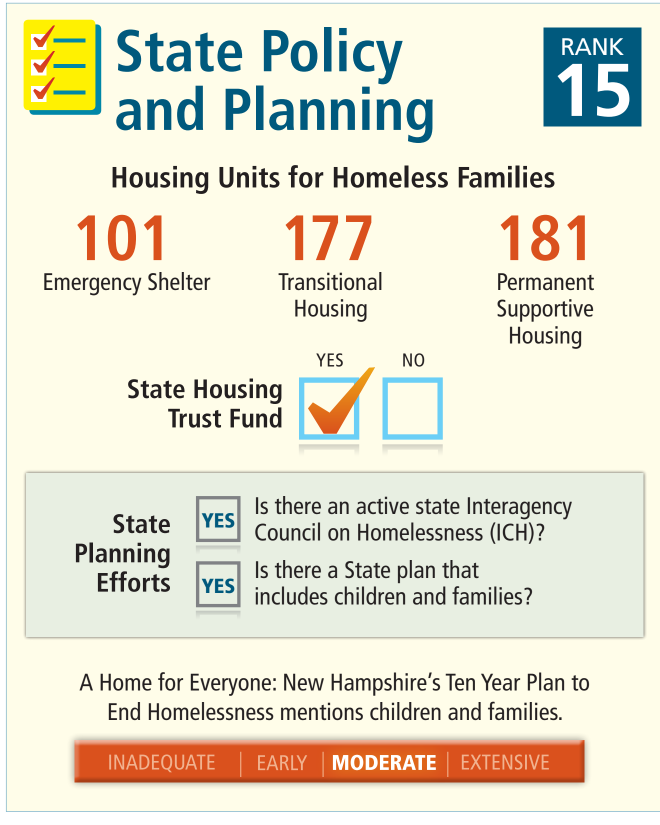
COMPOSITE STATE RANK 7

STATE RANKS: 1=Best, 50=Worst







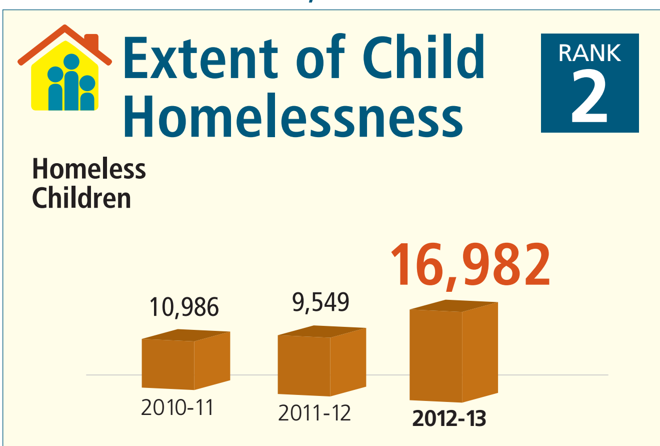


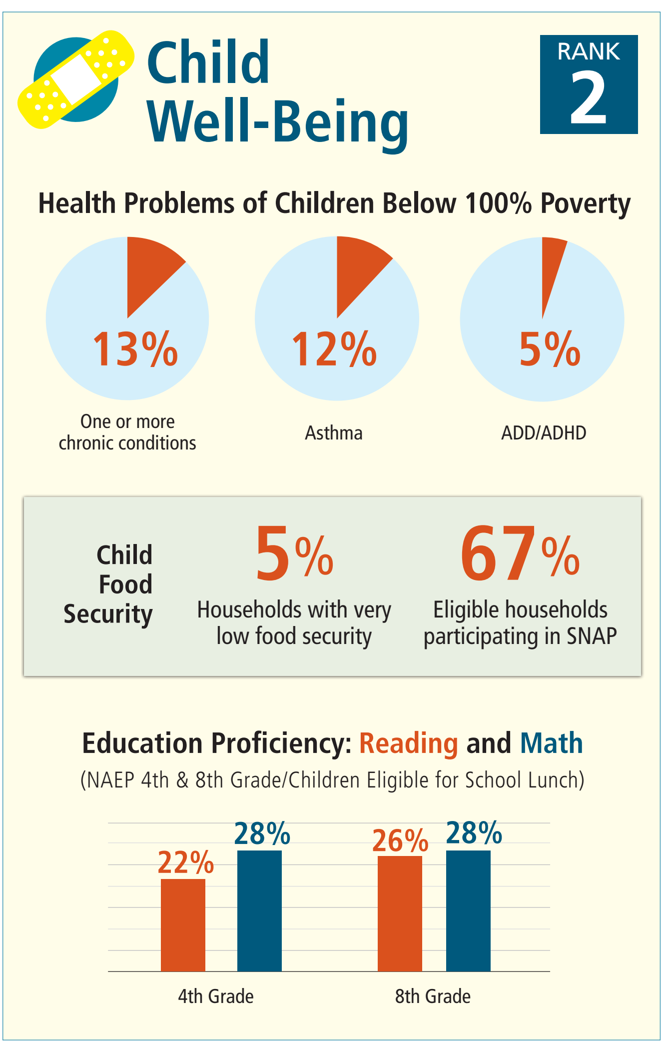
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

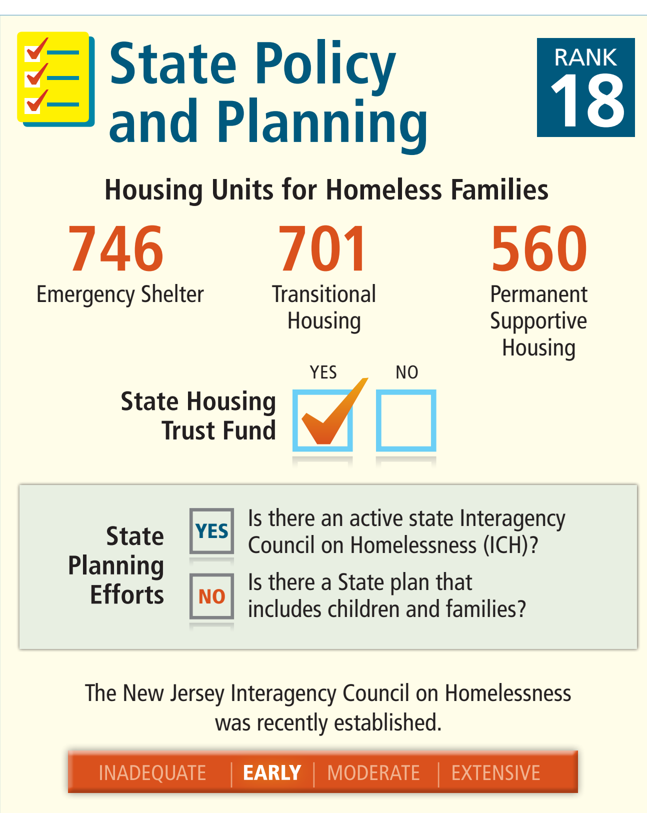
New Jersey

COMPOSITE STATE RANK 5

STATE RANKS: 1=Best, 50=Worst

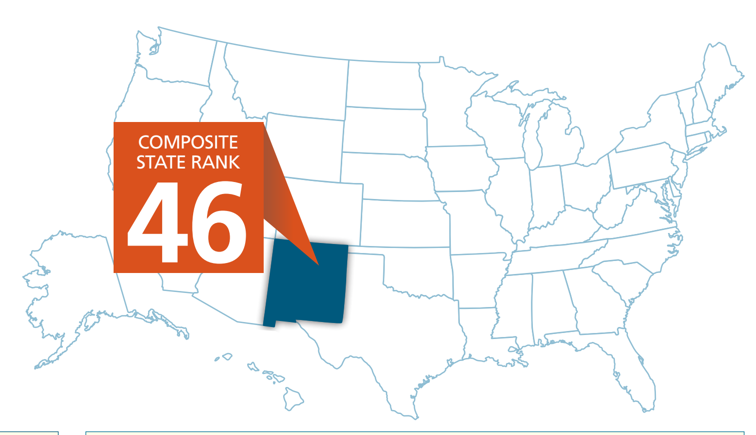




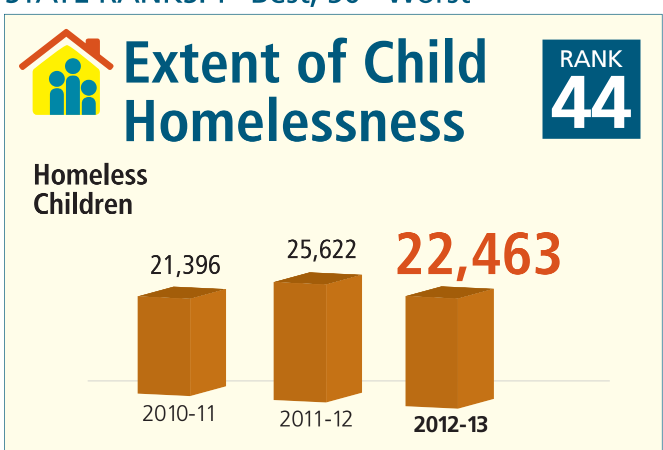


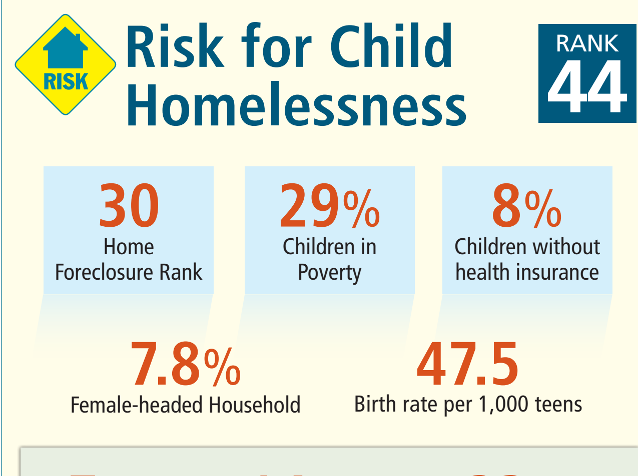
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

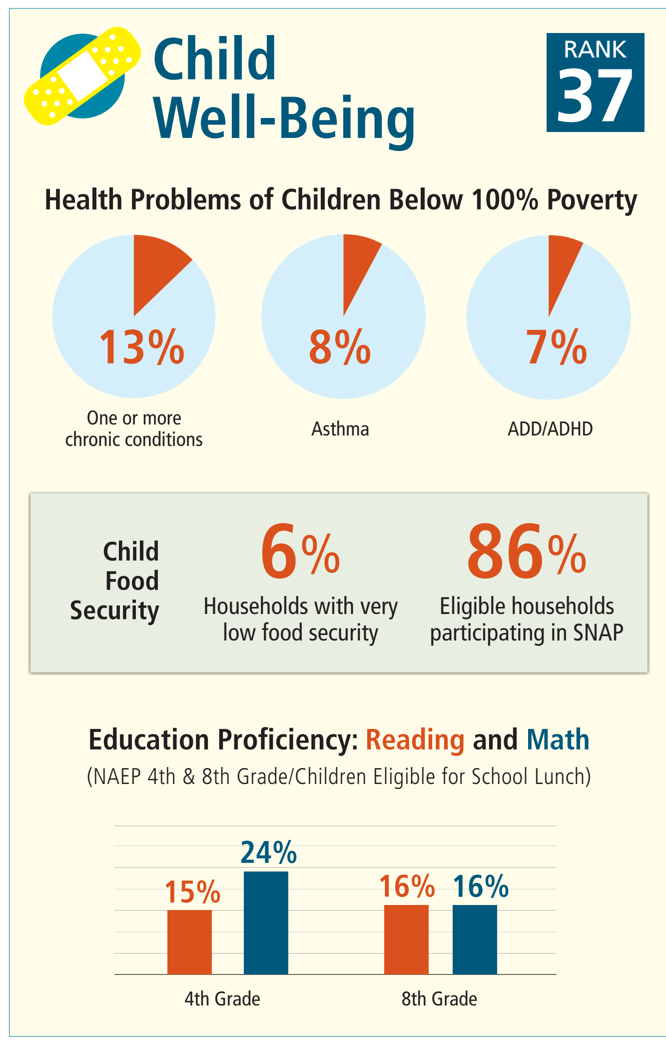
New Mexico

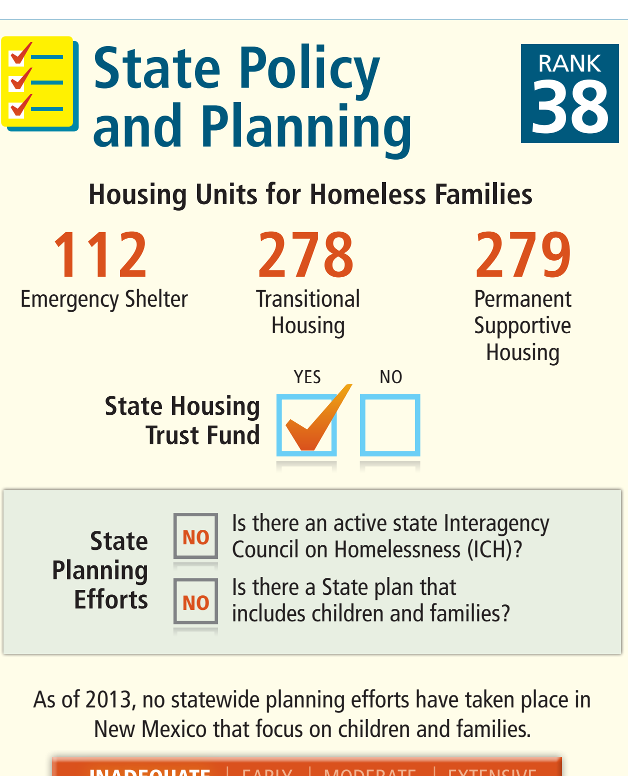


STATE RANKS: 1=Best, 50=Worst



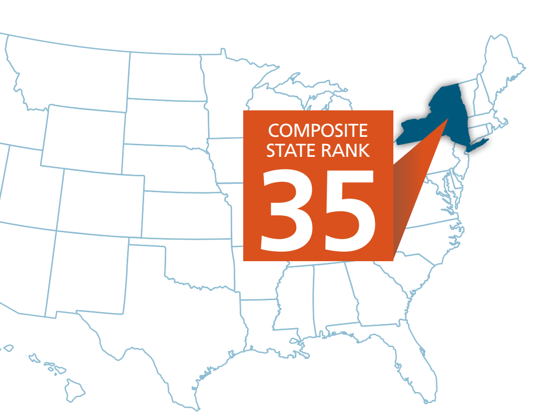




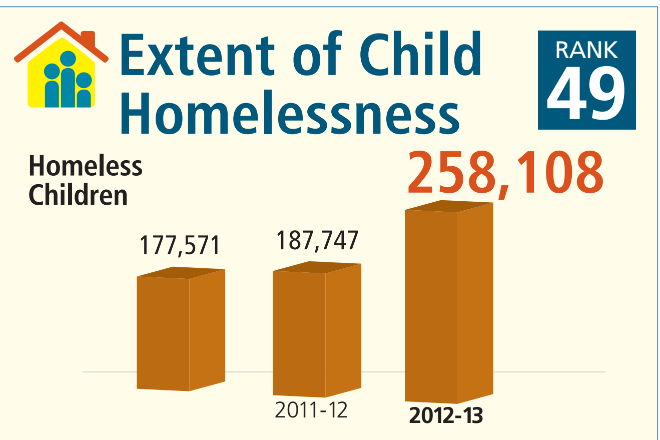


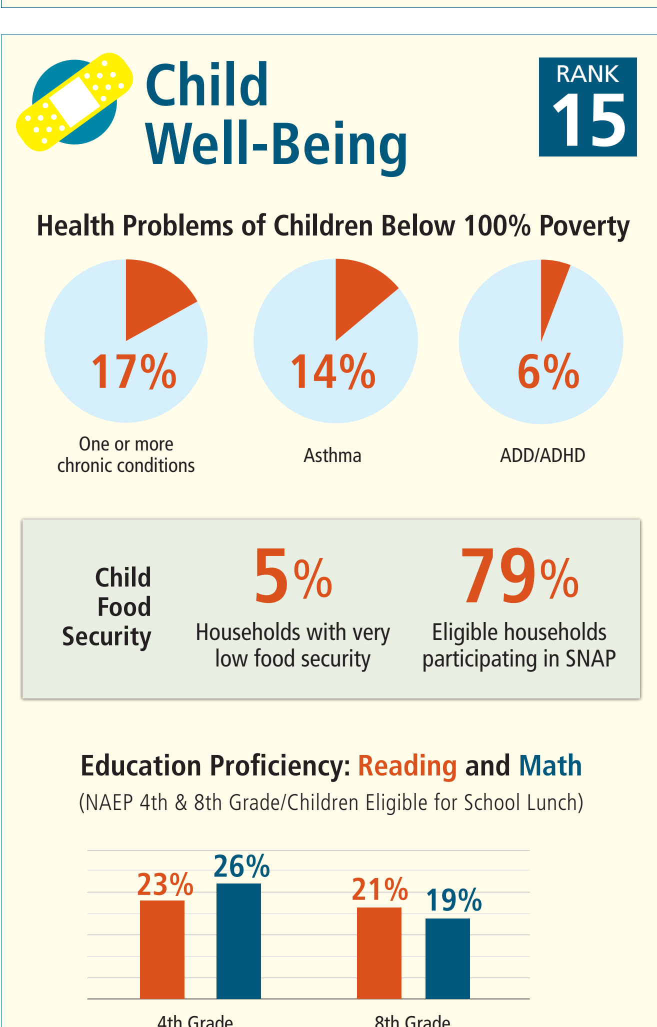
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

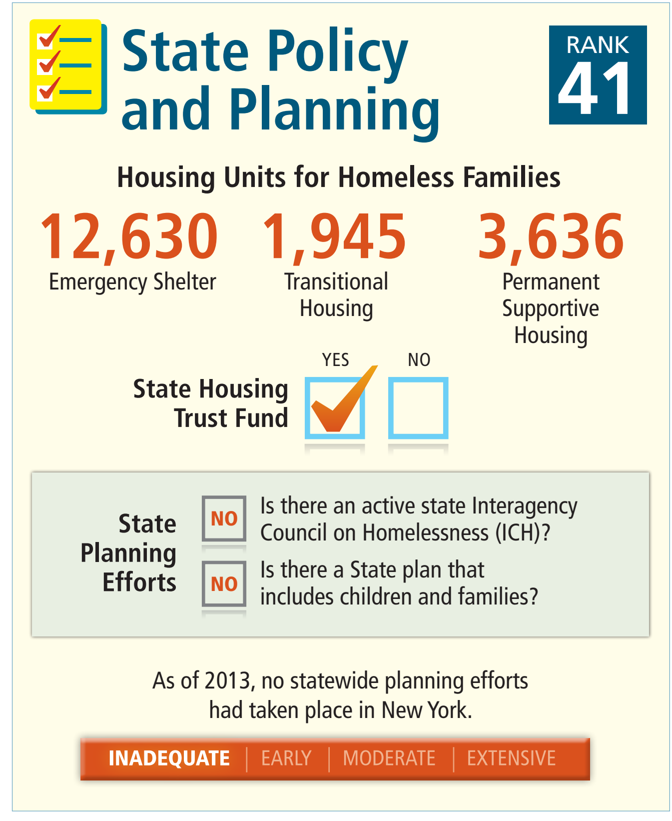
New York



STATE RANKS: 1=Best, 50=Worst





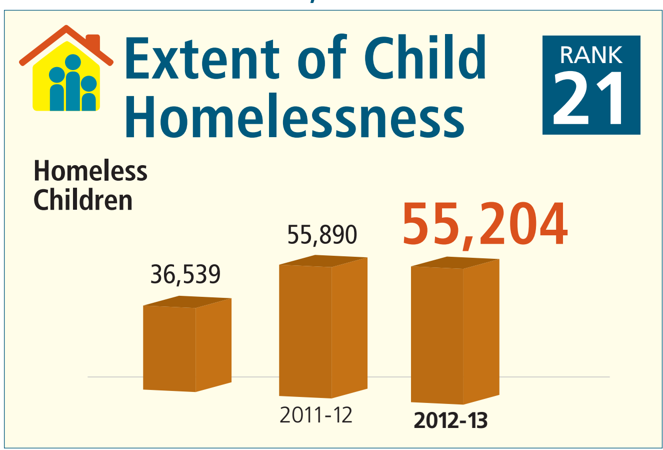


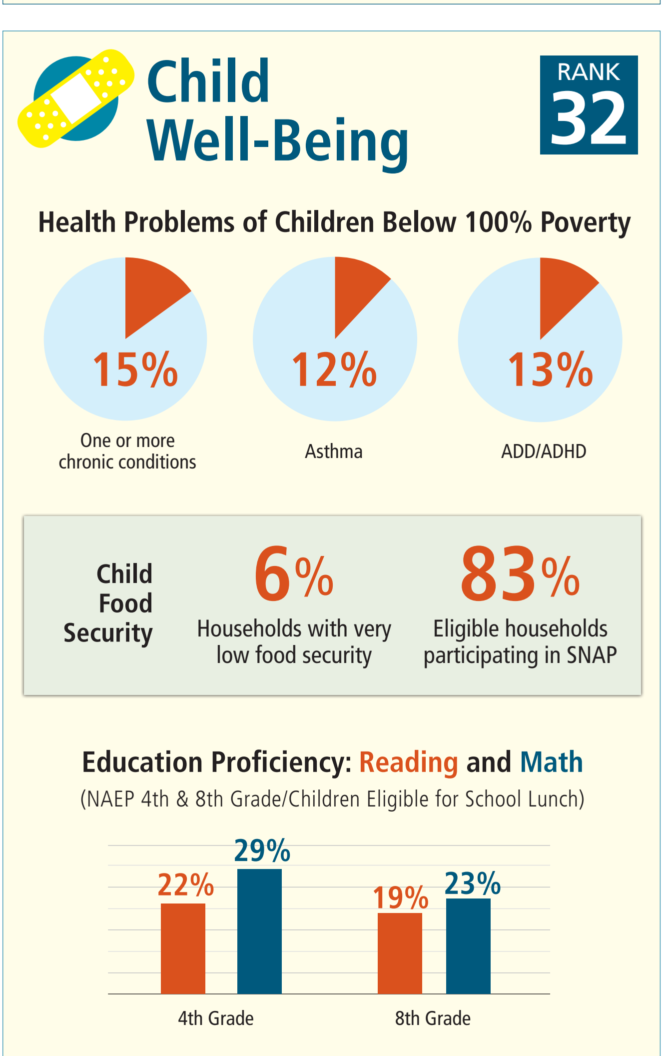
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

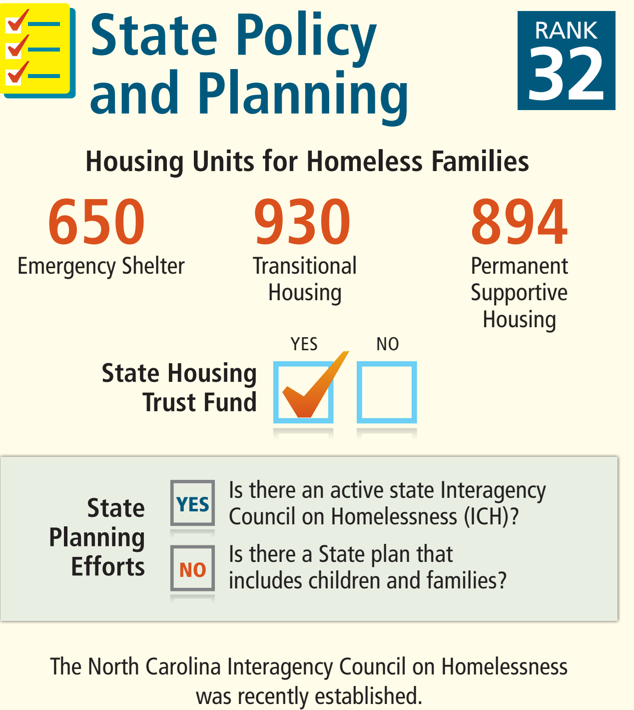
North Carolina

COMPOSITE STATE RANK
29

STATE RANKS: 1=Best, 50=Worst

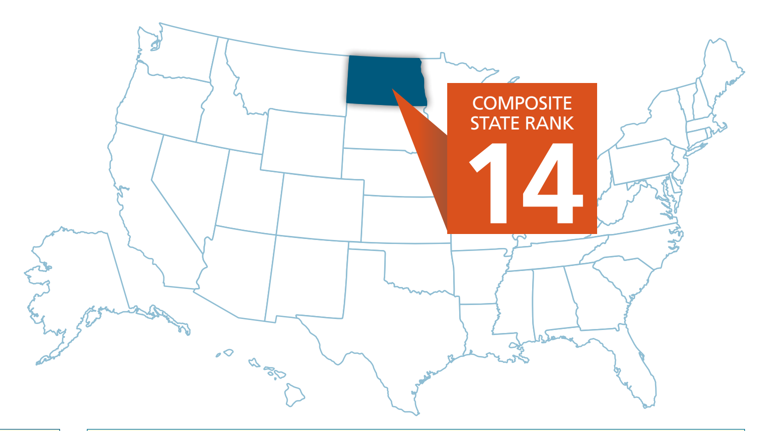




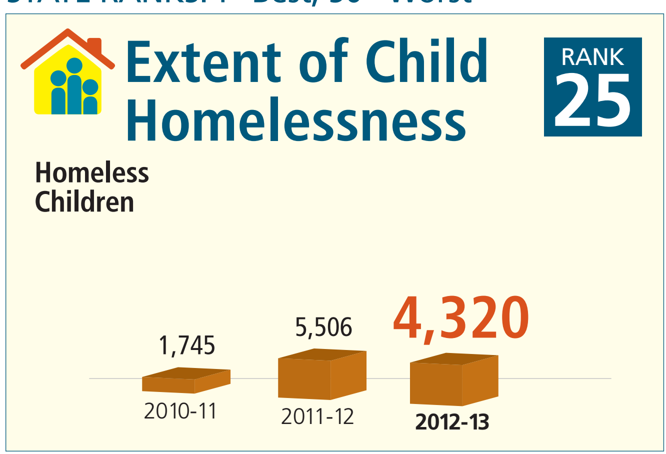


For the complete report, please visit: **www.HomelessChildrenAmerica.org**

North Dakota



STATE RANKS: 1=Best, 50=Worst

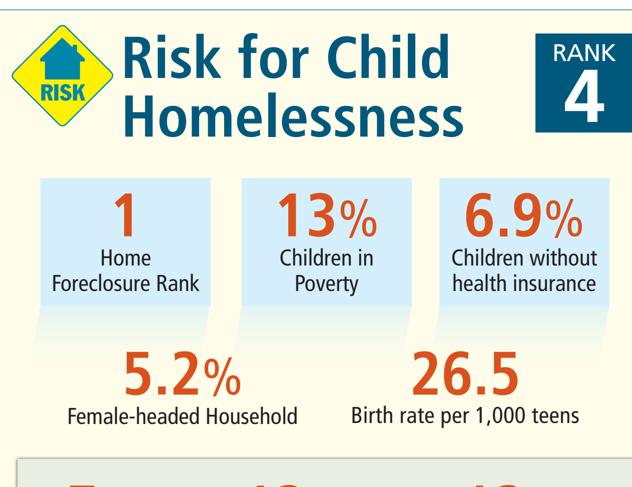


Extent of Child Homelessness

RANK 25

Homeless Children

2010-11	2011-12	2012-13
1,745	5,506	4,320



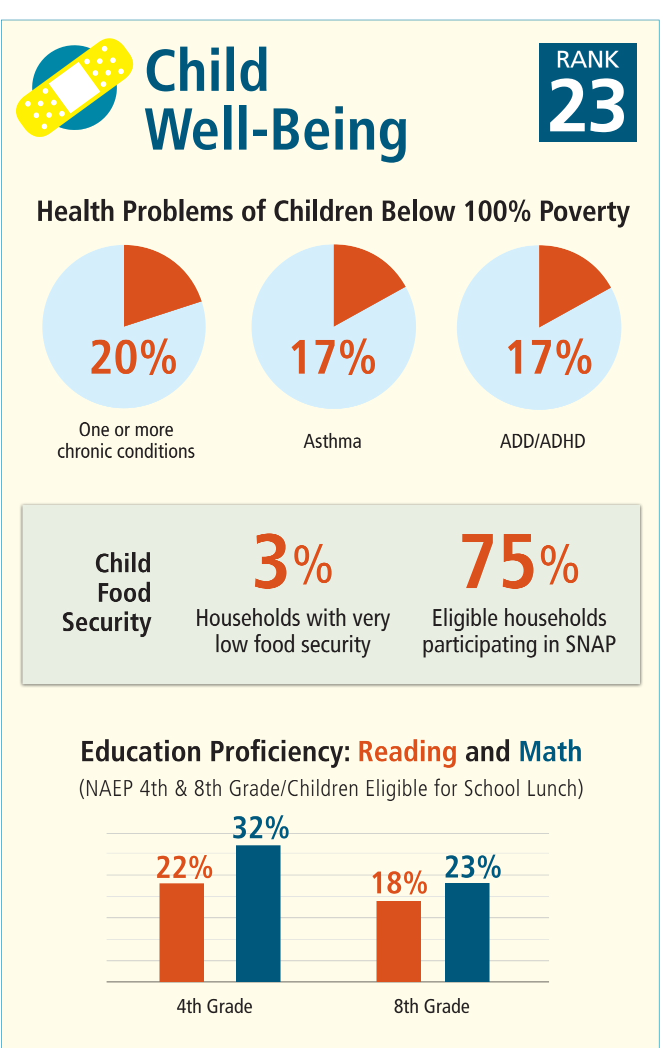
Risk for Child Homelessness

RANK 4

1	13%	6.9%
Home Foreclosure Rank	Children in Poverty	Children without health insurance

5.2%	26.5
Female-headed Household	Birth rate per 1,000 teens

$7.25/hr	$12.06/hr	12%
State Minimum Wage	Income needed for 2-BR apartment	Households paying more than 50% of income for rent



Child Well-Being

RANK 23

Health Problems of Children Below 100% Poverty

20%	17%	17%
One or more chronic conditions	Asthma	ADD/ADHD

Child Food Security

3%	75%
Households with very low food security	Eligible households participating in SNAP

Education Proficiency: Reading and Math

(NAEP 4th & 8th Grade/Children Eligible for School Lunch)

	Reading	Math
4th Grade	22%	32%
8th Grade	18%	23%

State Policy and Planning

RANK 14

Housing Units for Homeless Families

72	23	70
Emergency Shelter	Transitional Housing	Permanent Supportive Housing

State Housing Trust Fund YES NO

State Planning Efforts

YES — Is there an active state Interagency Council on Homelessness (ICH)?

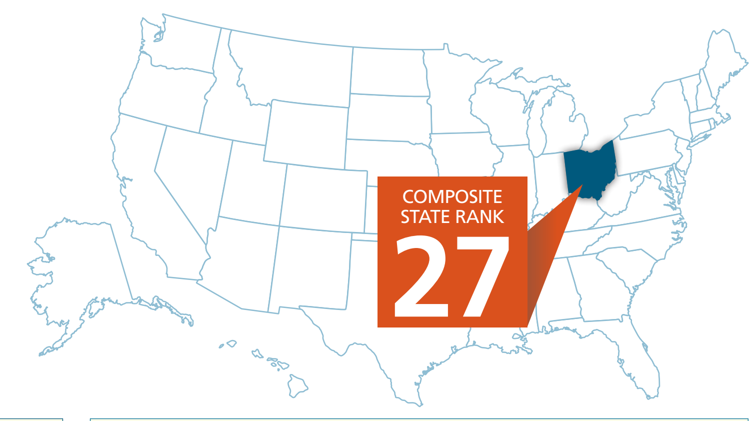
YES — Is there a State plan that includes children and families?

Housing the Homeless: North Dakota's 10-Year Plan to End Long Term Homelessness mentions children and families.

INADEQUATE | EARLY | **MODERATE** | EXTENSIVE

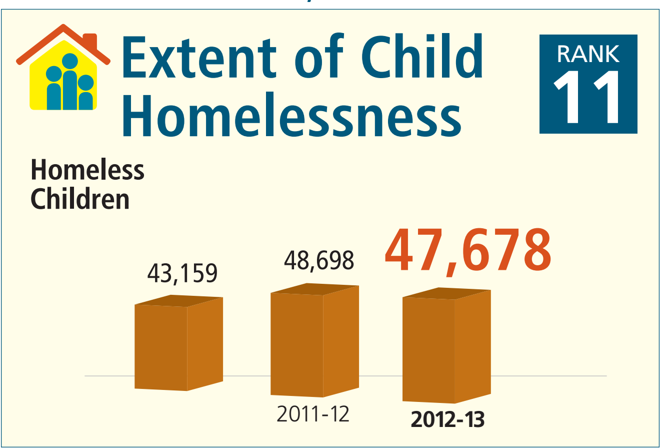
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Ohio



STATE RANKS: 1=Best, 50=Worst

Extent of Child Homelessness
RANK 11



Risk for Child Homelessness
RANK 33

46 Home Foreclosure Rank

23% Children in Poverty

5.3% Children without health insurance

7.5% Female-headed Household

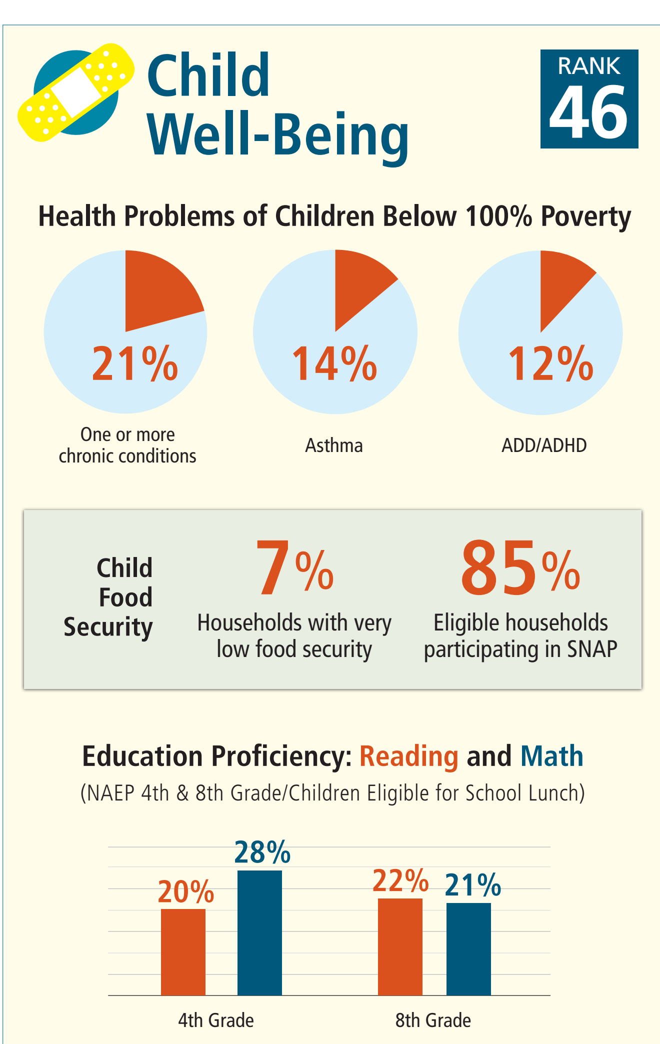
29.8 Birth rate per 1,000 teens

$7.85/hr State Minimum Wage

$13.79/hr Income needed for 2-BR apartment

19% Households paying more than 50% of income for rent

Child Well-Being
RANK 46



State Policy and Planning
RANK 22

Housing Units for Homeless Families

785 Emergency Shelter

1,426 Transitional Housing

1,822 Permanent Supportive Housing

State Housing Trust Fund: YES ✓ / NO

State Planning Efforts

YES — Is there an active state Interagency Council on Homelessness (ICH)?

NO — Is there a State plan that includes children and families?

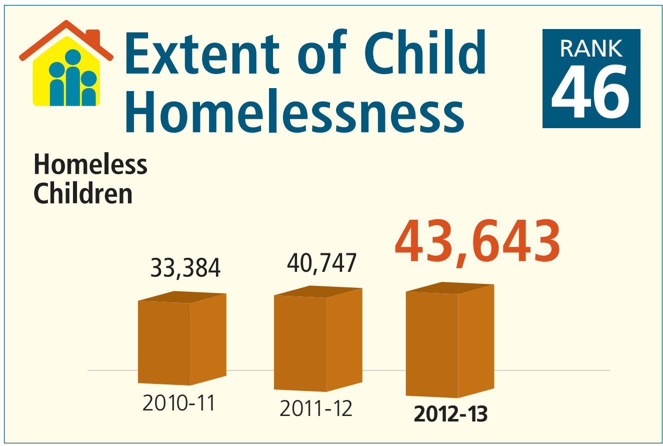
As of 2013, no statewide planning efforts had taken place in Ohio.

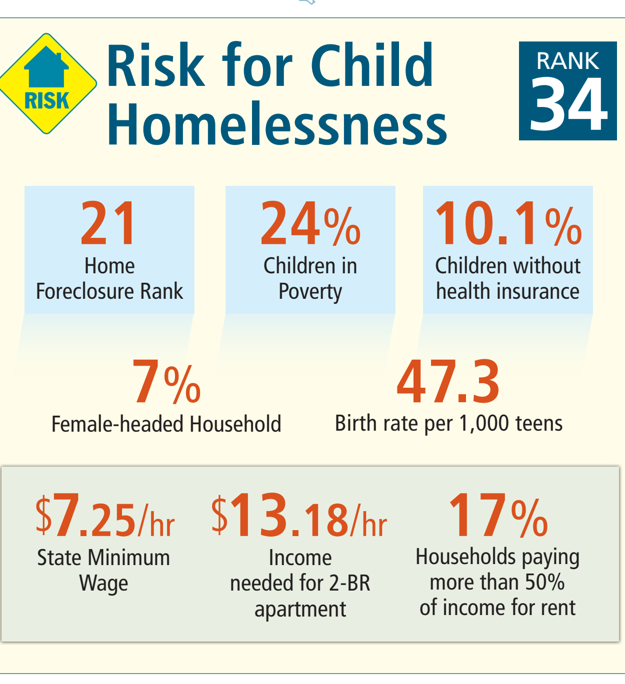
INADEQUATE | EARLY | MODERATE | EXTENSIVE

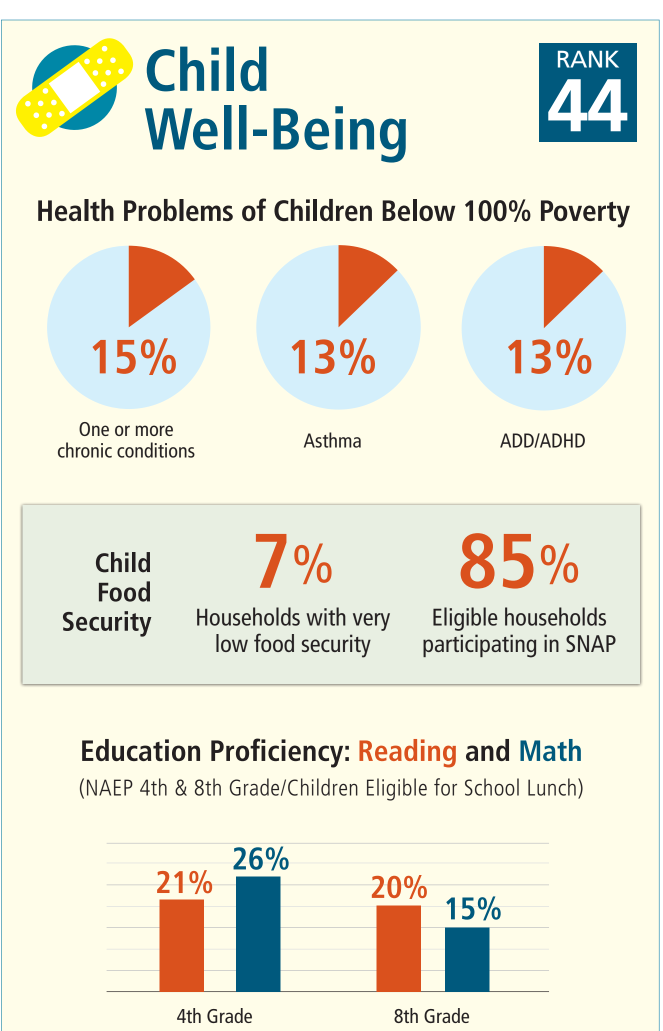
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

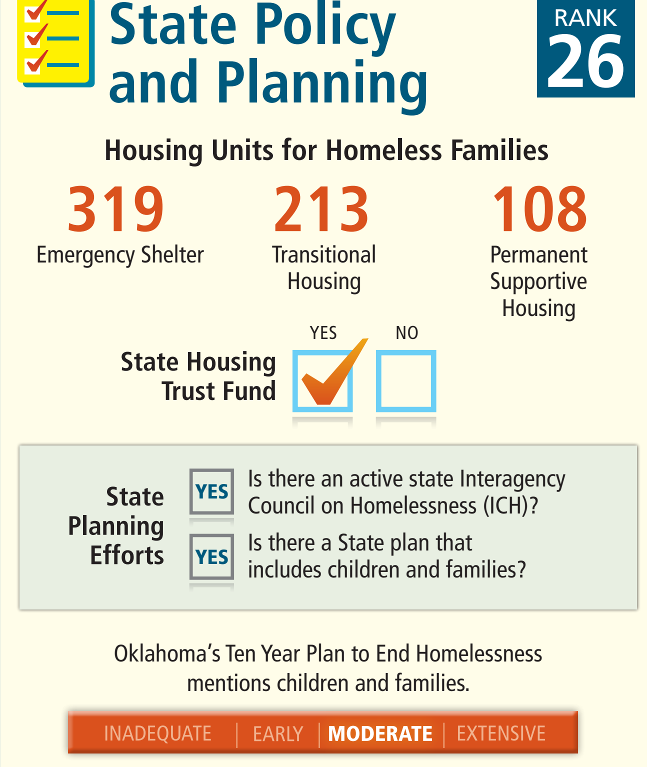
Oklahoma

STATE RANKS: 1=Best, 50=Worst









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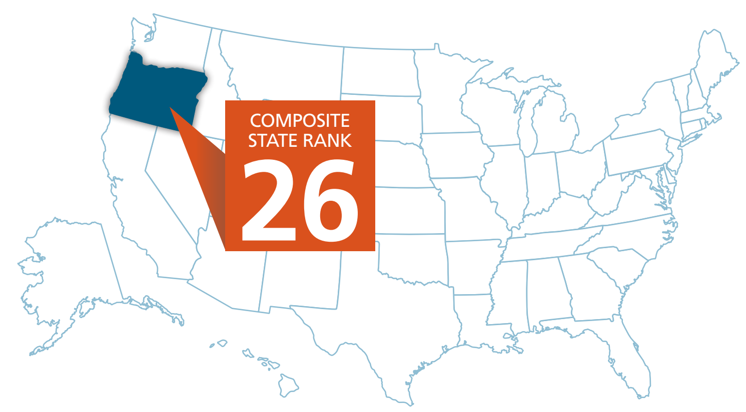
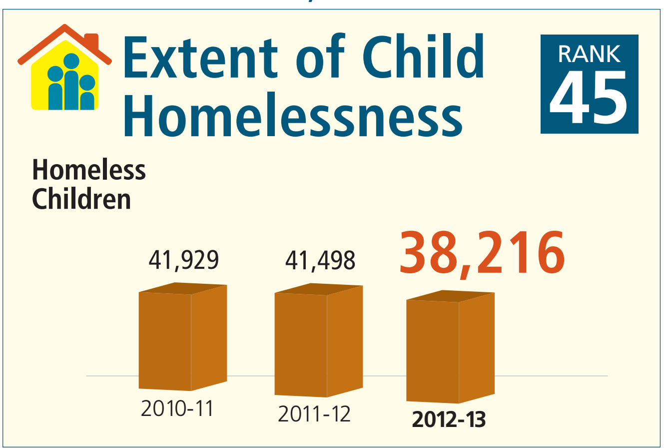
Oregon



STATE RANKS: 1=Best, 50=Worst

Extent of Child Homelessness

RANK 45



Risk for Child Homelessness

RANK 28

18 Home Foreclosure Rank

23% Children in Poverty

6.4% Children without health insurance

6.1% Female-headed Household

23.8 Birth rate per 1,000 teens

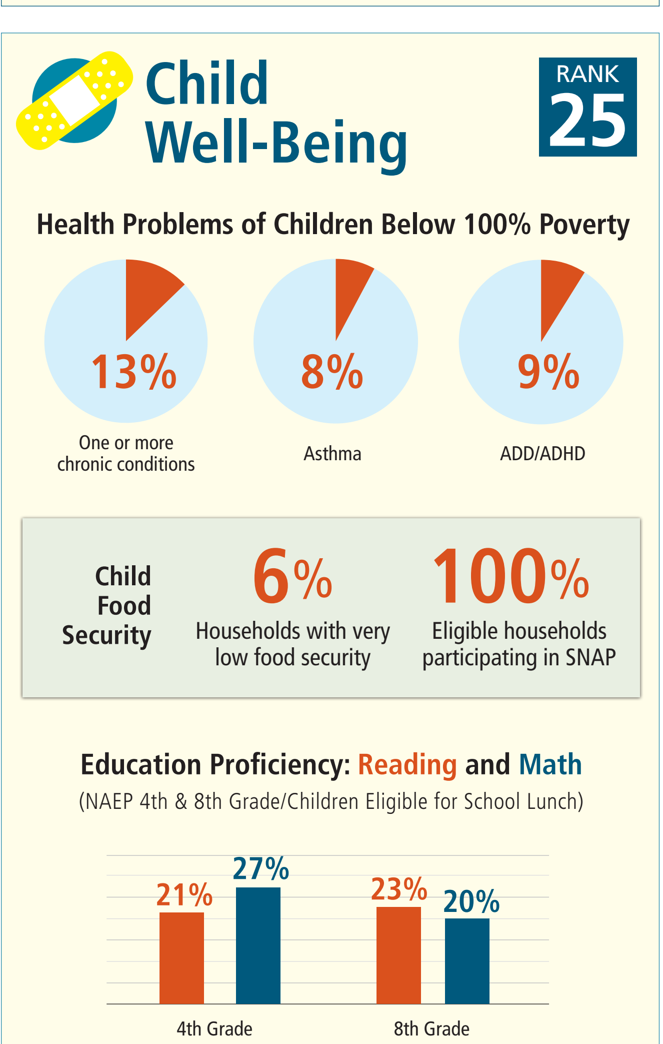
$8.95/hr State Minimum Wage

$16.00/hr Income needed for 2-BR apartment

26% Households paying more than 50% of income for rent

Child Well-Being

RANK 25



State Policy and Planning

RANK 11

Housing Units for Homeless Families

398 Emergency Shelter

981 Transitional Housing

639 Permanent Supportive Housing

Is there an active state Interagency Council on Homelessness (ICH)? NO

Is there a State plan that includes children and families? YES

A Home for Hope: A 10-Year Plan to End Homelessness in Oregon includes an extensive focus on children and families.

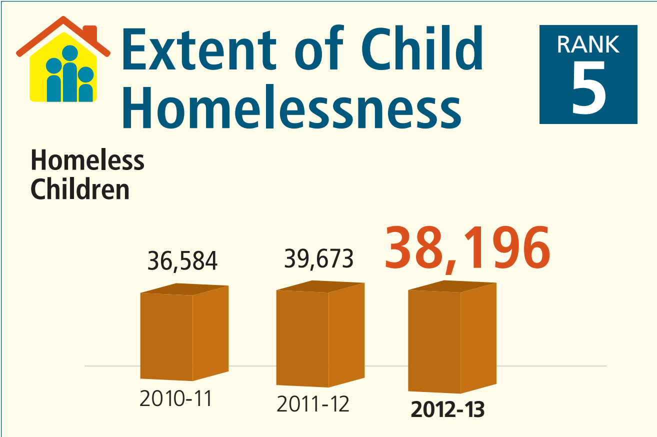
INADEQUATE | EARLY | **MODERATE** | EXTENSIVE

For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Pennsylvania

COMPOSITE STATE RANK **8**

STATE RANKS: 1=Best, 50=Worst



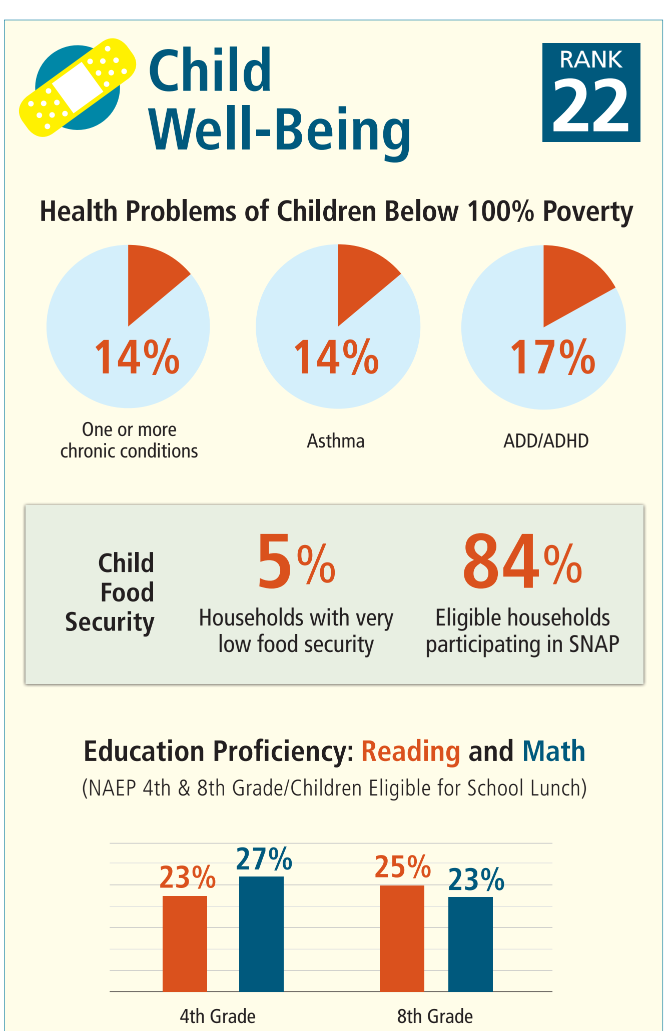
Extent of Child Homelessness — RANK 5

Homeless Children

2010-11	2011-12	2012-13
36,584	39,673	38,196

Risk for Child Homelessness — RANK 11

- **32** Home Foreclosure Rank
- **19%** Children in Poverty
- **5.1%** Children without health insurance
- **6.5%** Female-headed Household
- **23.7** Birth rate per 1,000 teens
- **$7.25/hr** State Minimum Wage
- **$17.21/hr** Income needed for 2-BR apartment
- **18%** Households paying more than 50% of income for rent



Child Well-Being — RANK 22

Health Problems of Children Below 100% Poverty

- **14%** One or more chronic conditions
- **14%** Asthma
- **17%** ADD/ADHD

Child Food Security

- **5%** Households with very low food security
- **84%** Eligible households participating in SNAP

Education Proficiency: Reading and Math

(NAEP 4th & 8th Grade/Children Eligible for School Lunch)

	Reading	Math
4th Grade	23%	27%
8th Grade	25%	23%

State Policy and Planning — RANK 13

Housing Units for Homeless Families

- **1,077** Emergency Shelter
- **1,877** Transitional Housing
- **2,083** Permanent Supportive Housing

State Housing Trust Fund: YES

State Planning Efforts

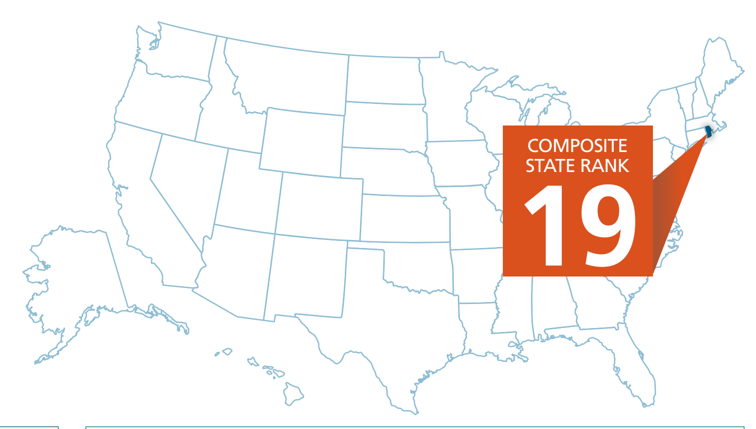
- YES — Is there an active state Interagency Council on Homelessness (ICH)?
- YES — Is there a State plan that includes children and families?

Agenda for Ending Homelessness in Pennsylvania mentions children and families.

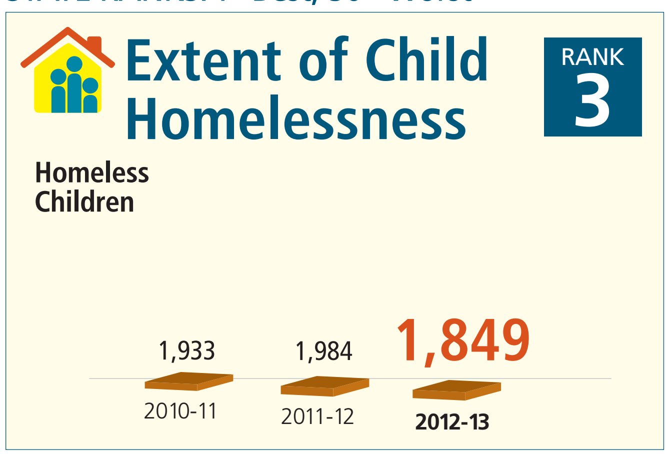
INADEQUATE | EARLY | **MODERATE** | EXTENSIVE

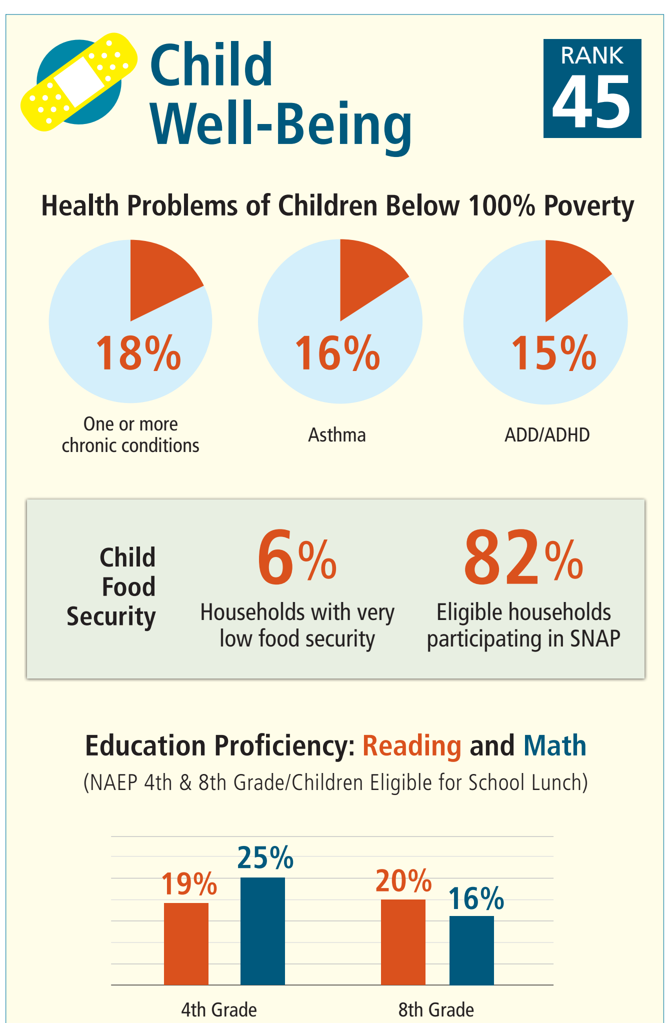
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

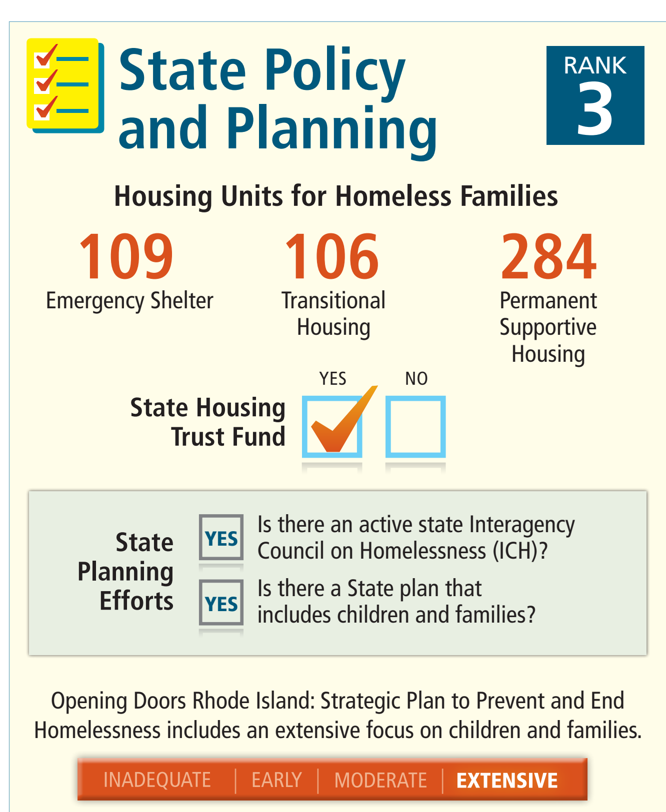
Rhode Island



STATE RANKS: 1=Best, 50=Worst







For the complete report, please visit: **www.HomelessChildrenAmerica.org**

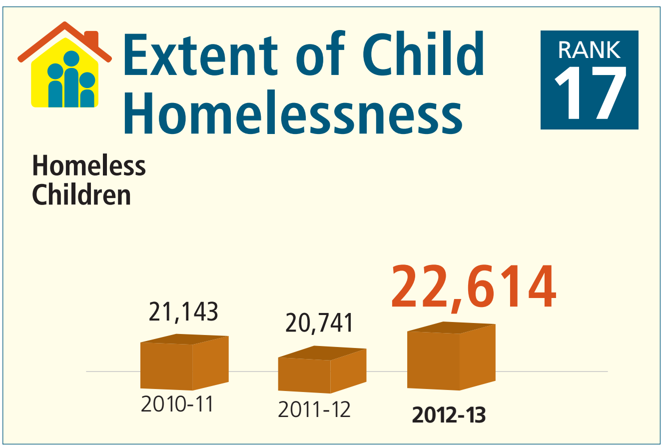
South Carolina

COMPOSITE STATE RANK
36

STATE RANKS: 1=Best, 50=Worst

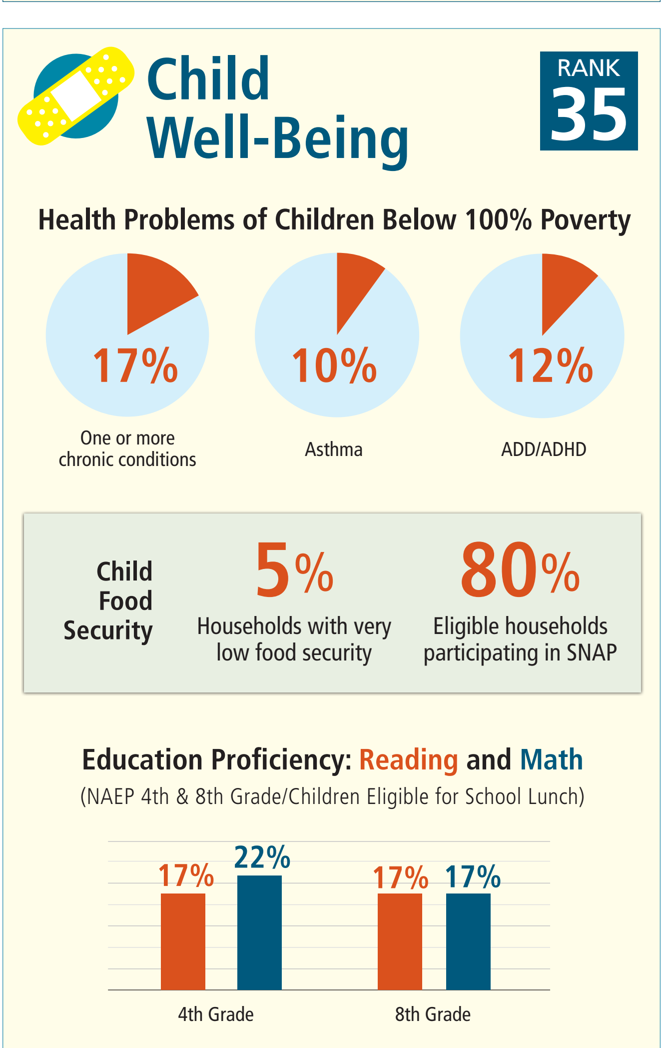
Extent of Child Homelessness

RANK 17



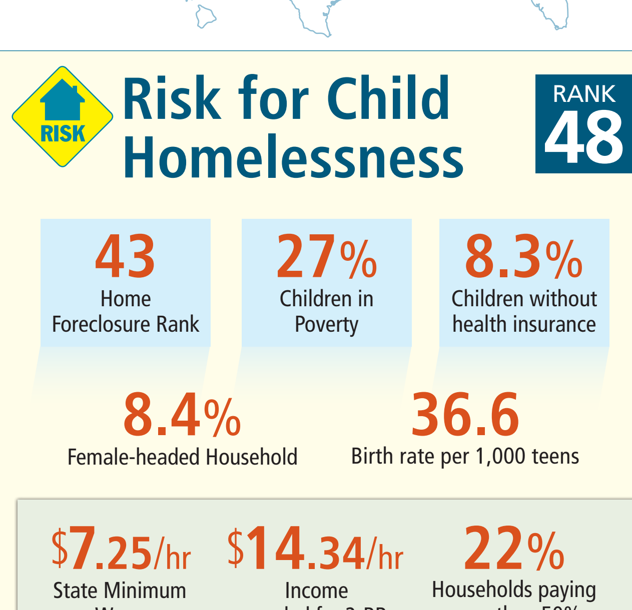
Child Well-Being

RANK 35



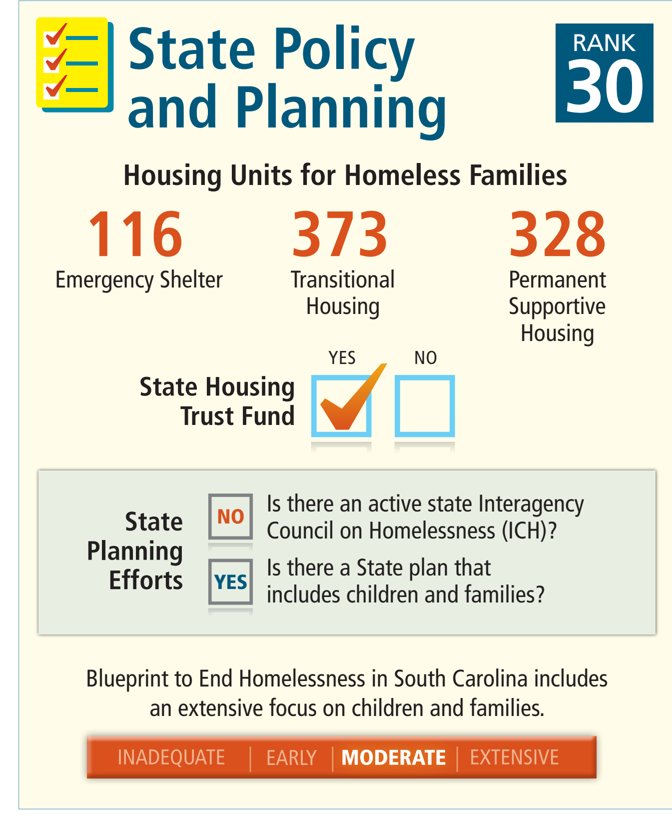
Risk for Child Homelessness

RANK 48



State Policy and Planning

RANK 30



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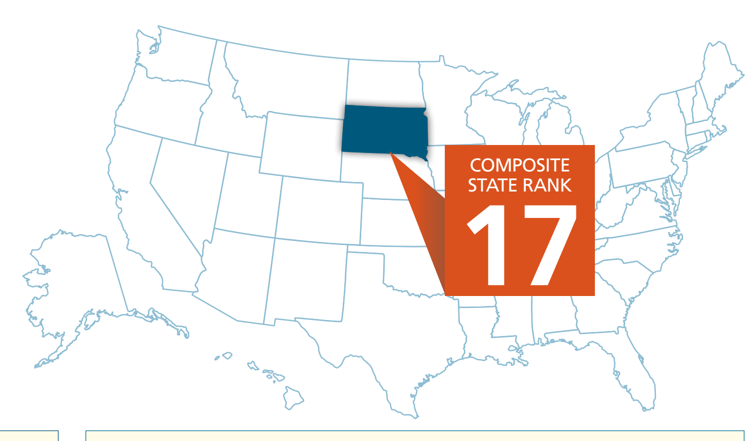
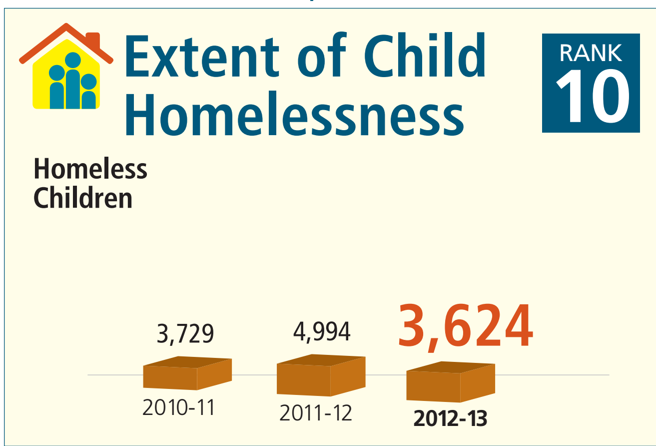
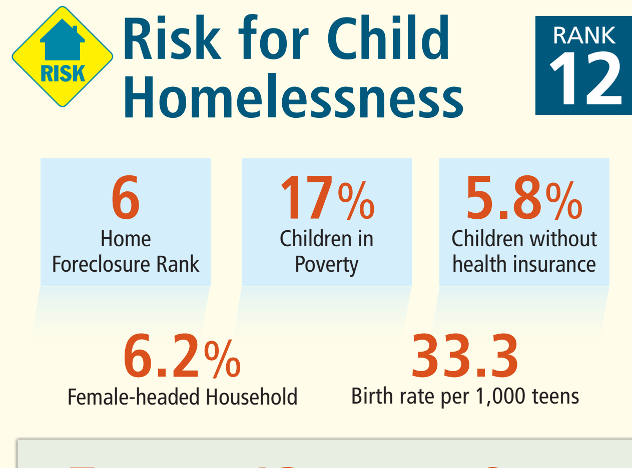
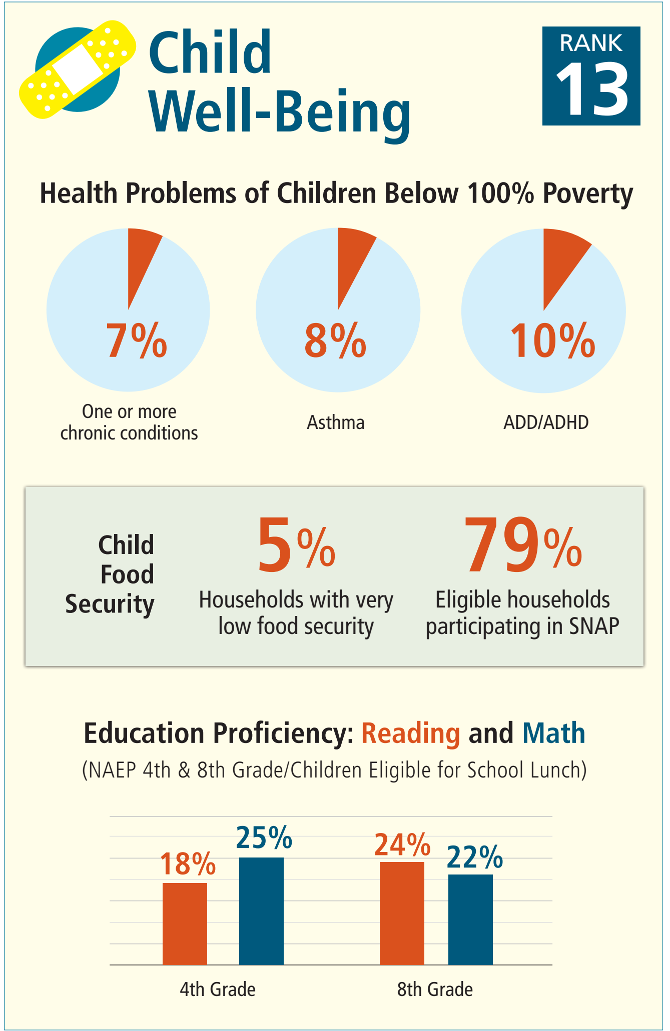
South Dakota

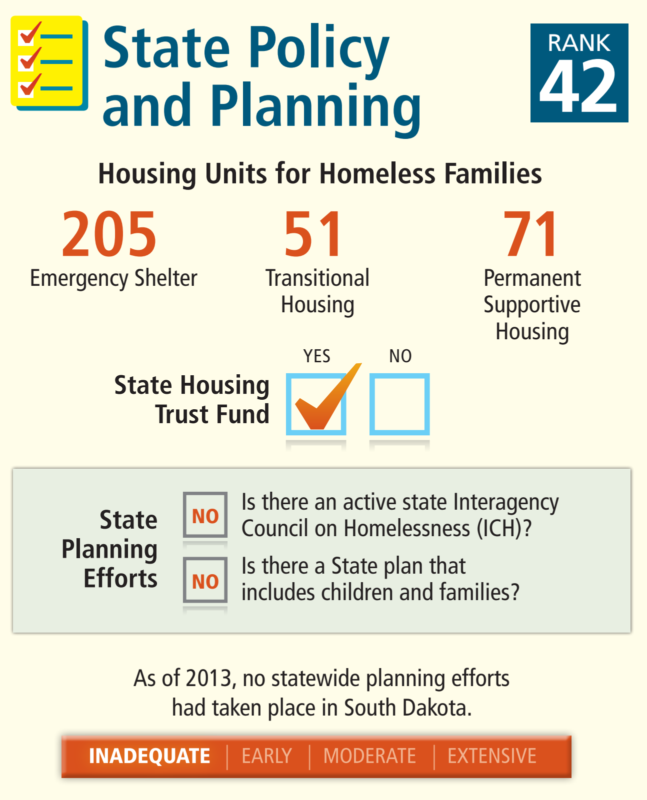
STATE RANKS: 1=Best, 50=Worst







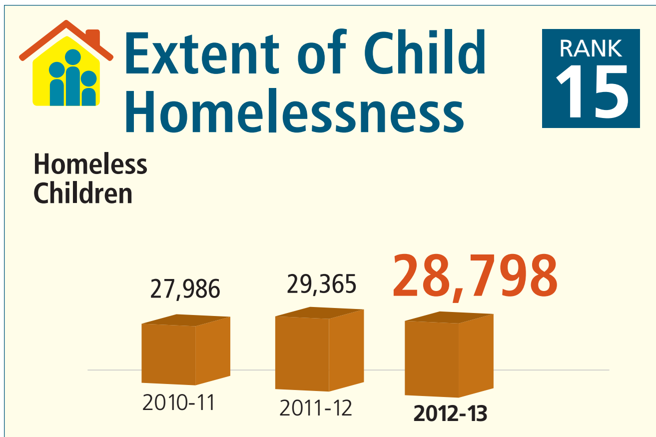


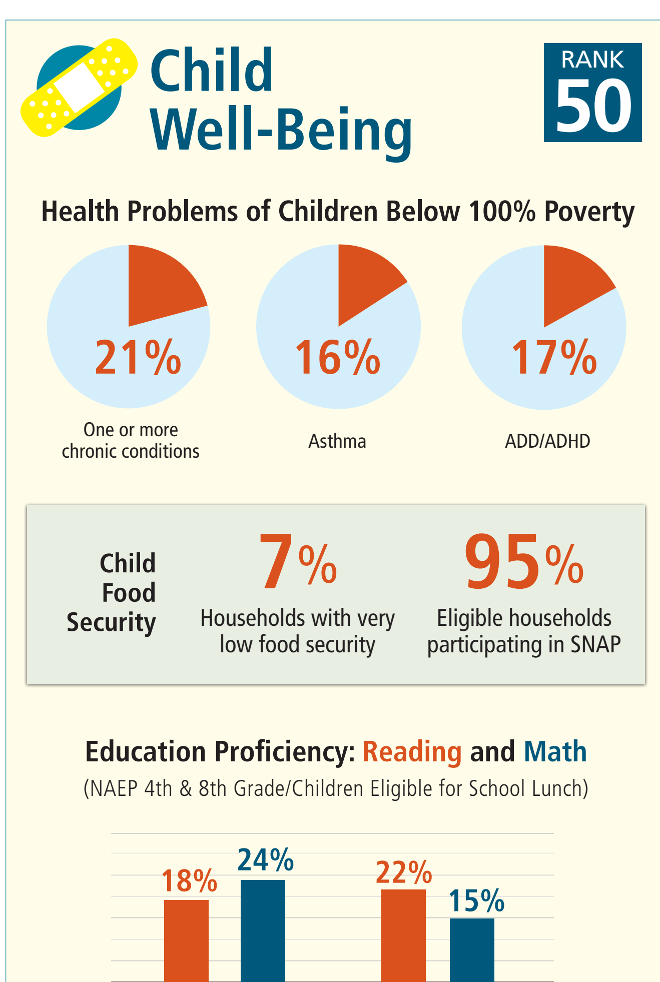


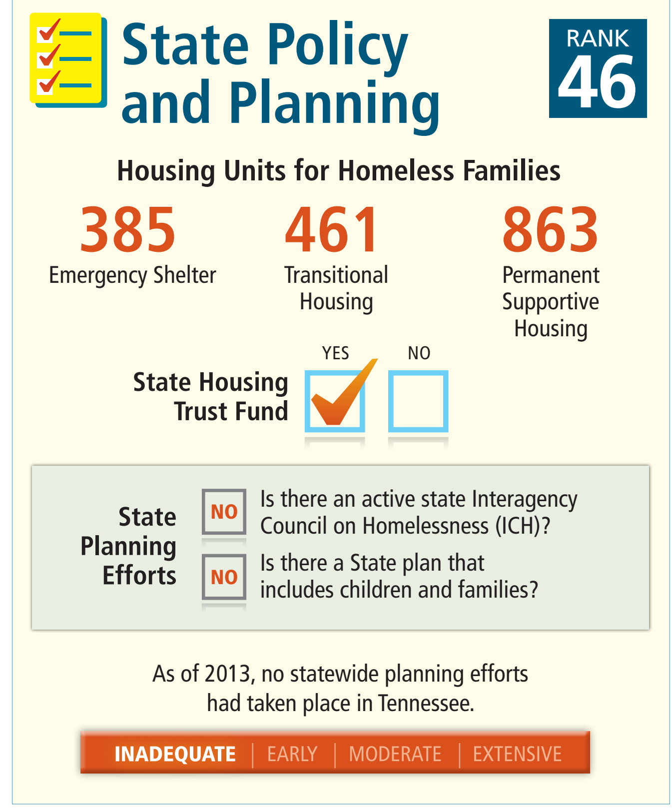
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Tennessee

STATE RANKS: 1=Best, 50=Worst







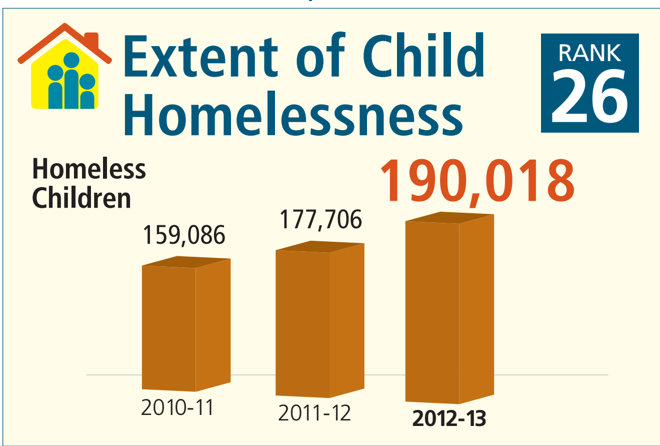
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Texas

STATE RANKS: 1=Best, 50=Worst

Extent of Child Homelessness

RANK 26



Risk for Child Homelessness

RANK 40

13 Home Foreclosure Rank

26% Children in Poverty

12.4% Children without health insurance

8% Female-headed Household

44.4 Birth rate per 1,000 teens

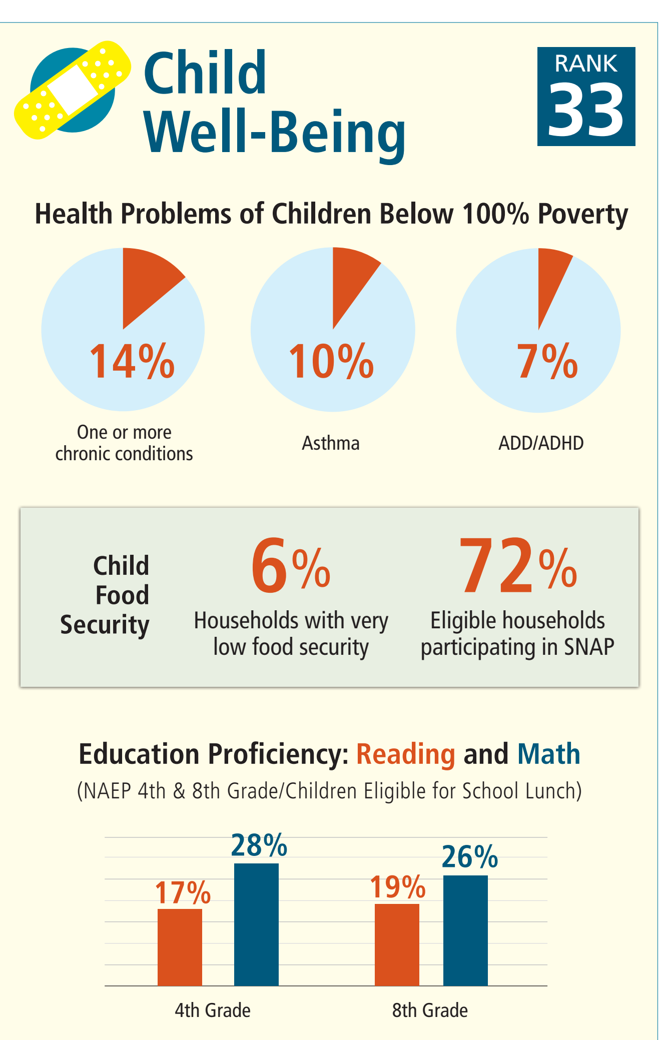
$7.25/hr State Minimum Wage

$16.67/hr Income needed for 2-BR apartment

21% Households paying more than 50% of income for rent

Child Well-Being

RANK 33



State Policy and Planning

RANK 39

Housing Units for Homeless Families

1,388 Emergency Shelter

1,795 Transitional Housing

2,106 Permanent Supportive Housing

State Housing Trust Fund: YES ☑ NO ☐

State Planning Efforts

- YES — Is there an active state Interagency Council on Homelessness (ICH)?
- YES — Is there a State plan that includes children and families?

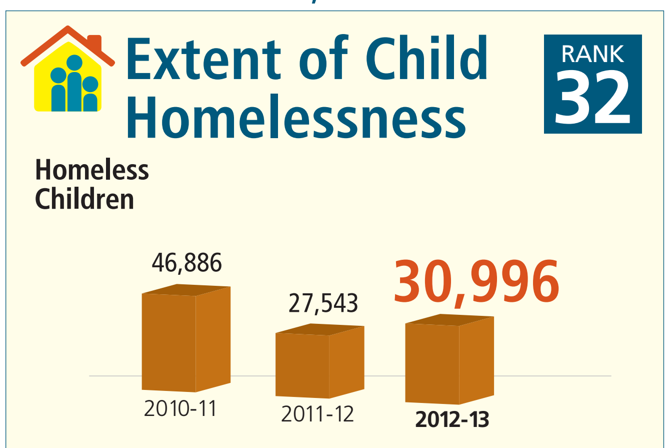
The Texas Interagency Council for the Homeless Annual Report and Pathways Home Addendum 2012 mentions children and families.

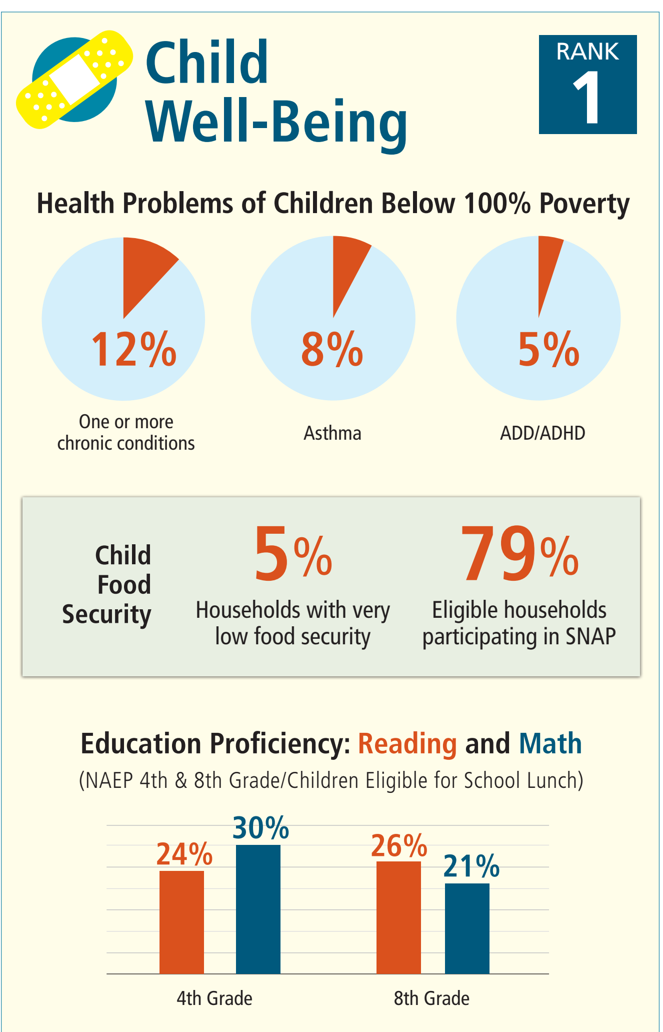
INADEQUATE | EARLY | **MODERATE** | EXTENSIVE

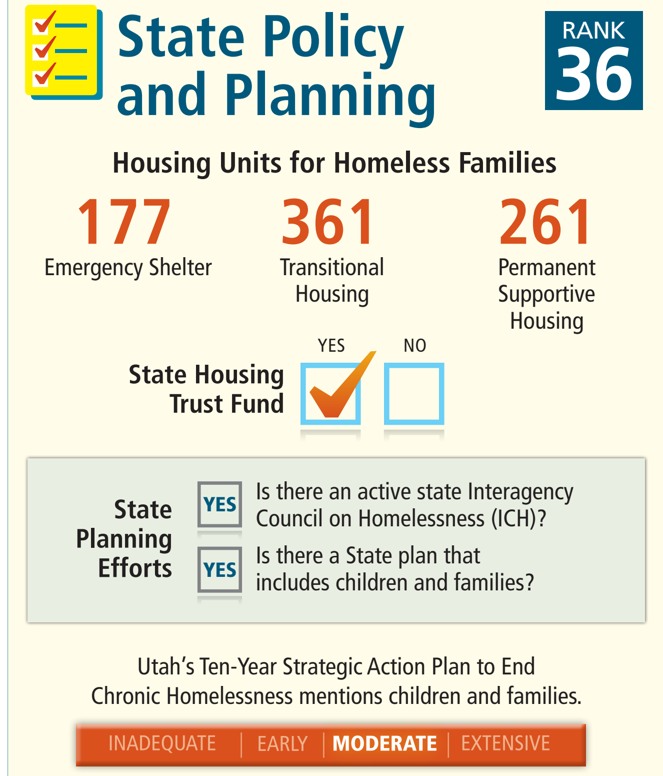
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Utah

STATE RANKS: 1=Best, 50=Worst

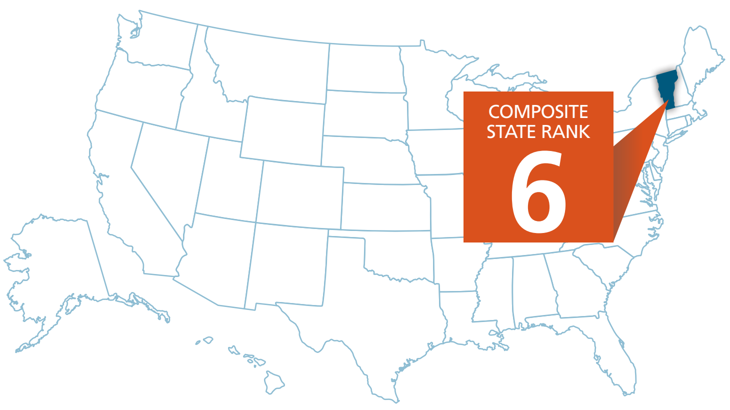




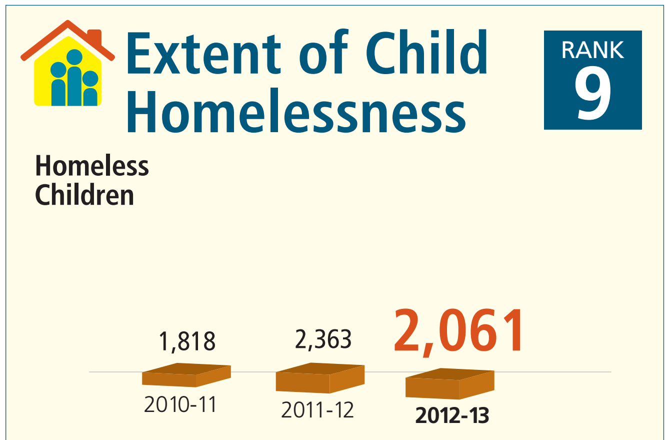


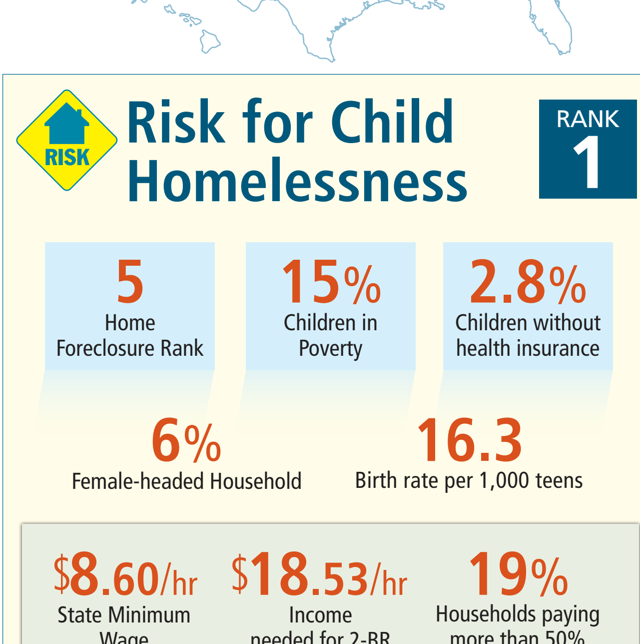
For the complete report, please visit: **www.HomelessChildrenAmerica.org**

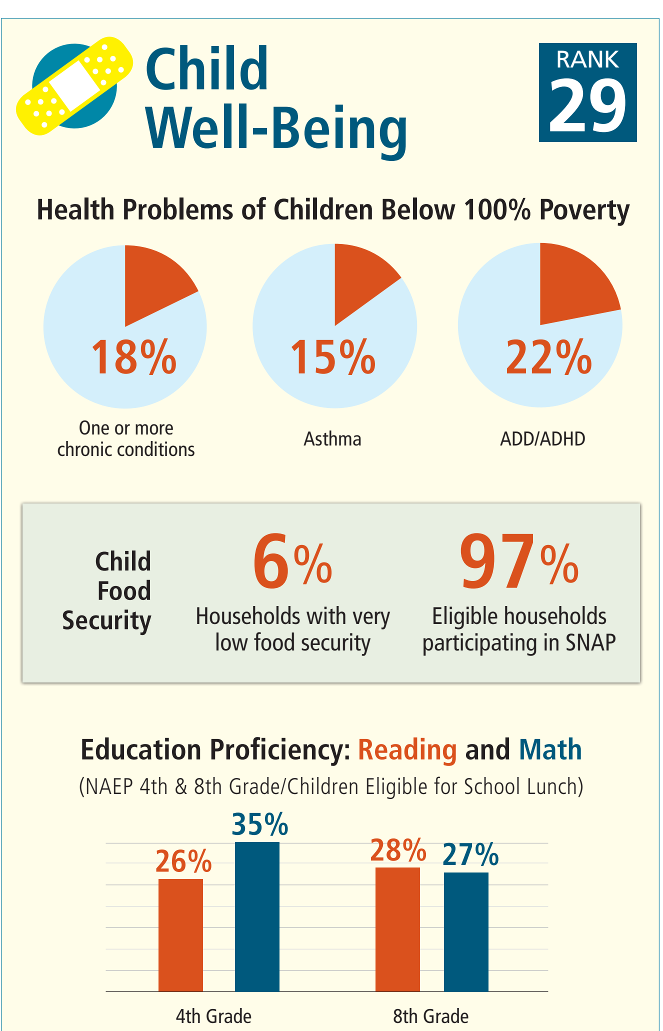
Vermont

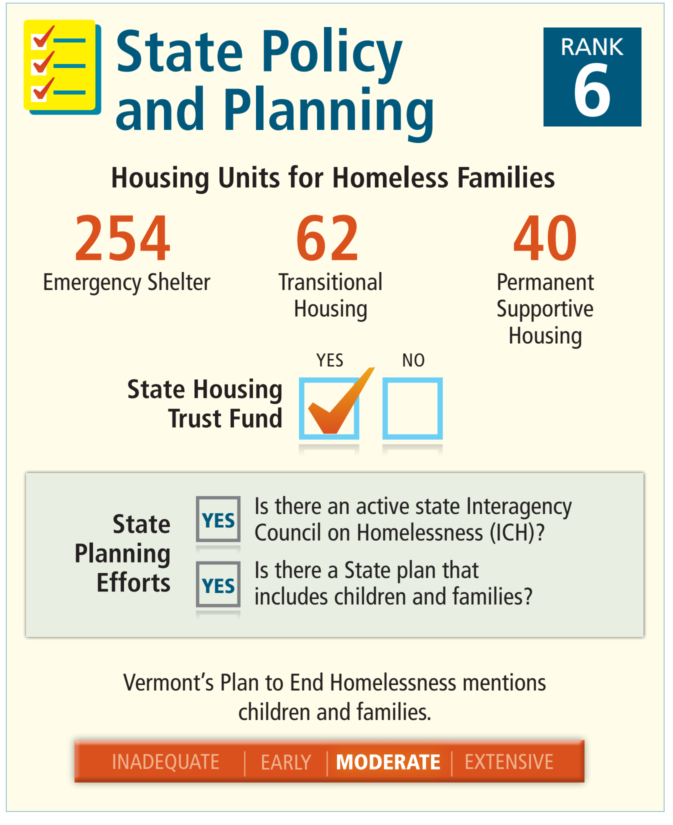


STATE RANKS: 1=Best, 50=Worst



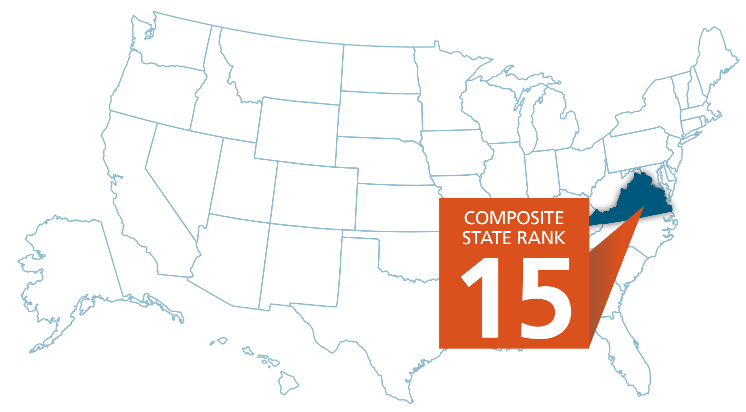




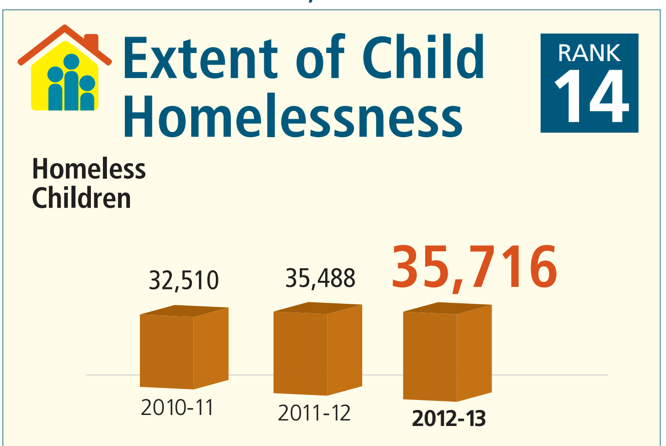


For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Virginia



STATE RANKS: 1=Best, 50=Worst



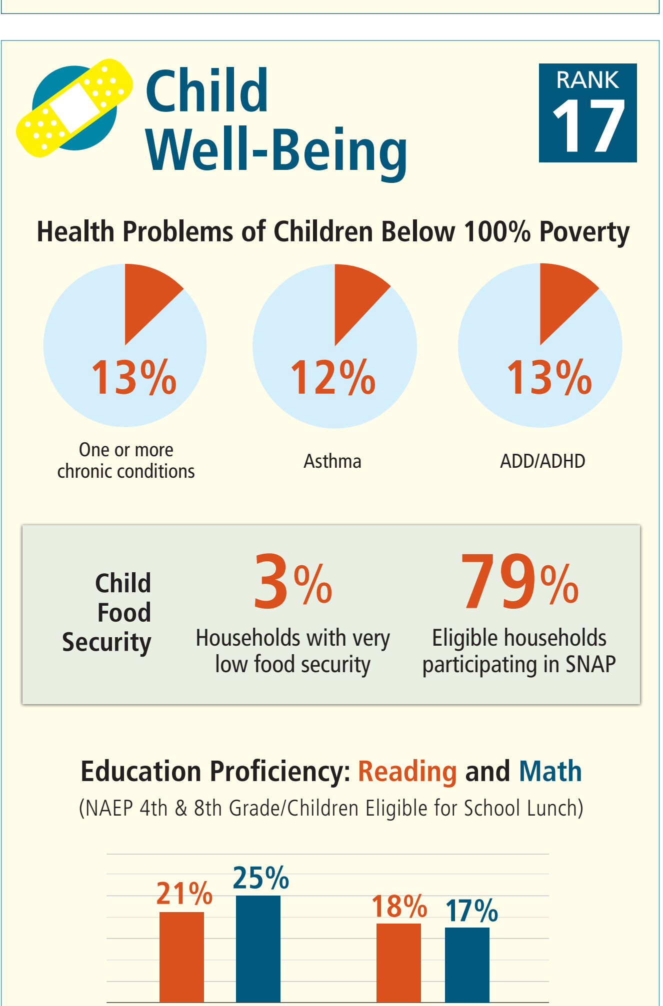
Risk for Child Homelessness

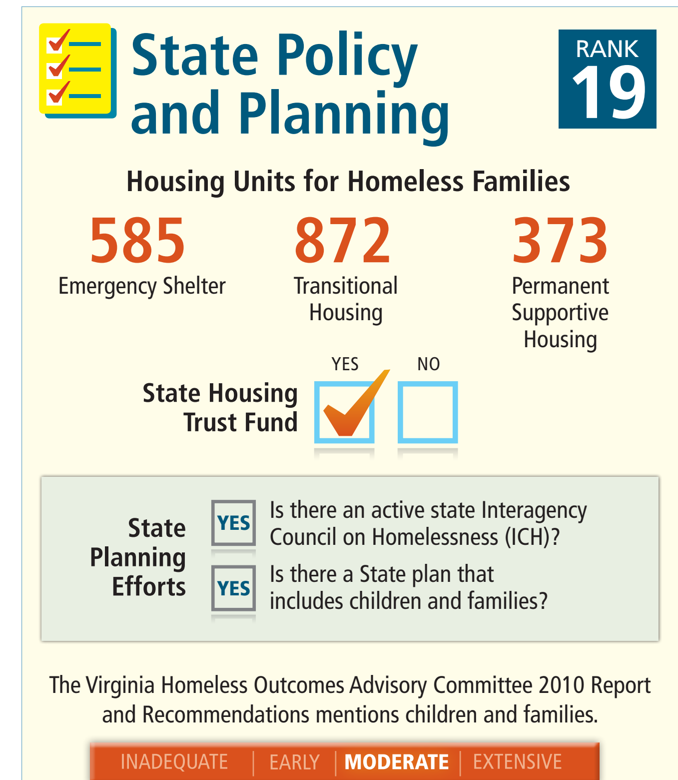
RANK 17

20	15%	5.6%
Home Foreclosure Rank	Children in Poverty	Children without health insurance

6.7%	22.9
Female-headed Household	Birth rate per 1,000 teens

$7.25/hr	$20.72/hr	21%
State Minimum Wage	Income needed for 2-BR apartment	Households paying more than 50% of income for rent



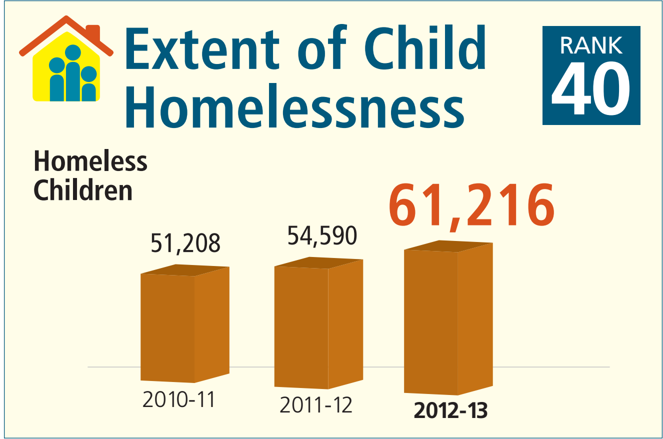


For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Washington

COMPOSITE STATE RANK **20**

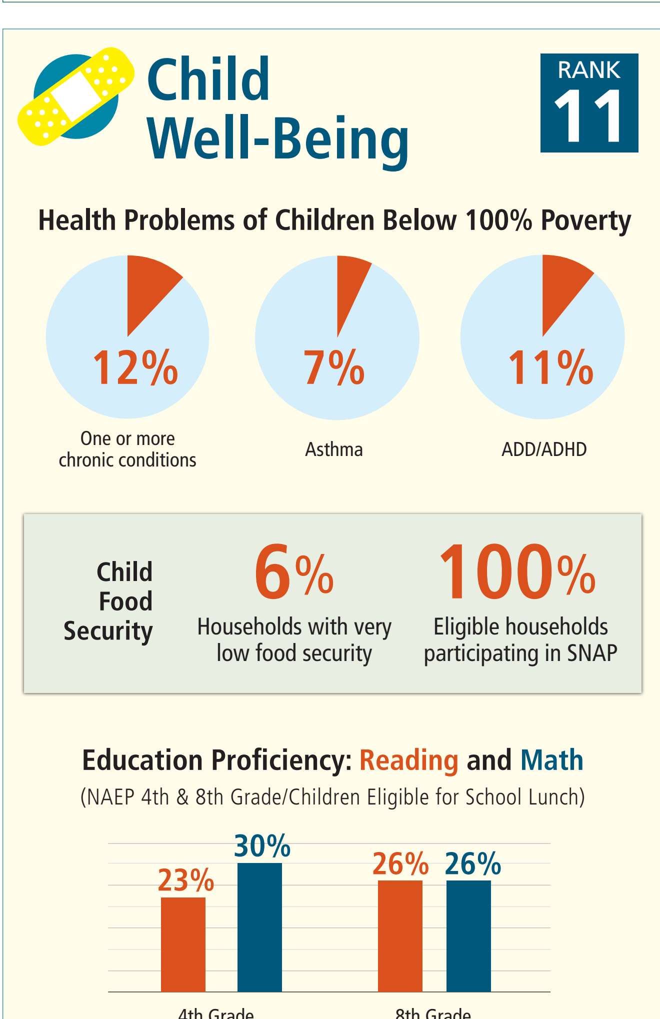
STATE RANKS: 1=Best, 50=Worst



Risk for Child Homelessness

RANK 25

40 Home Foreclosure Rank	**18%** Children in Poverty	**5.8%** Children without health insurance
6.2% Female-headed Household	**23.4** Birth rate per 1,000 teens	
$9.19/hr State Minimum Wage	**$18.58/hr** Income needed for 2-BR apartment	**22%** Households paying more than 50% of income for rent



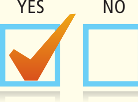
State Policy and Planning

RANK 10

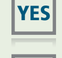
Housing Units for Homeless Families

840	3,238	778
Emergency Shelter	Transitional Housing	Permanent Supportive Housing

State Housing Trust Fund YES NO



State Planning Efforts



YES Is there an active state Interagency Council on Homelessness (ICH)?

YES Is there a State plan that includes children and families?

The Ten-Year Homeless Plan: 2010 Annual Report mentions children and families.

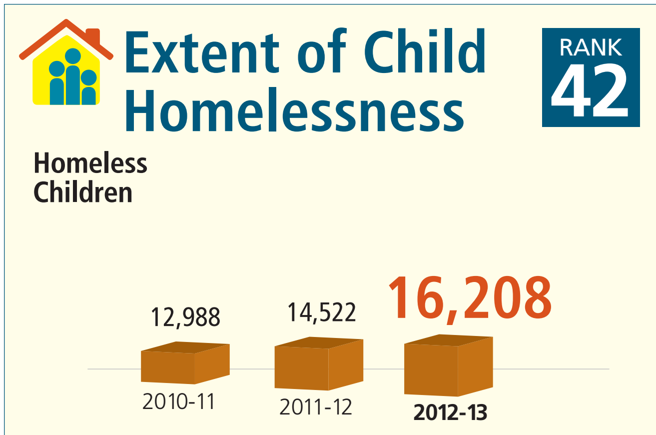
INADEQUATE | EARLY | **MODERATE** | EXTENSIVE

For the complete report, please visit: **www.HomelessChildrenAmerica.org**

West Virginia

STATE RANKS: 1=Best, 50=Worst

COMPOSITE STATE RANK **32**



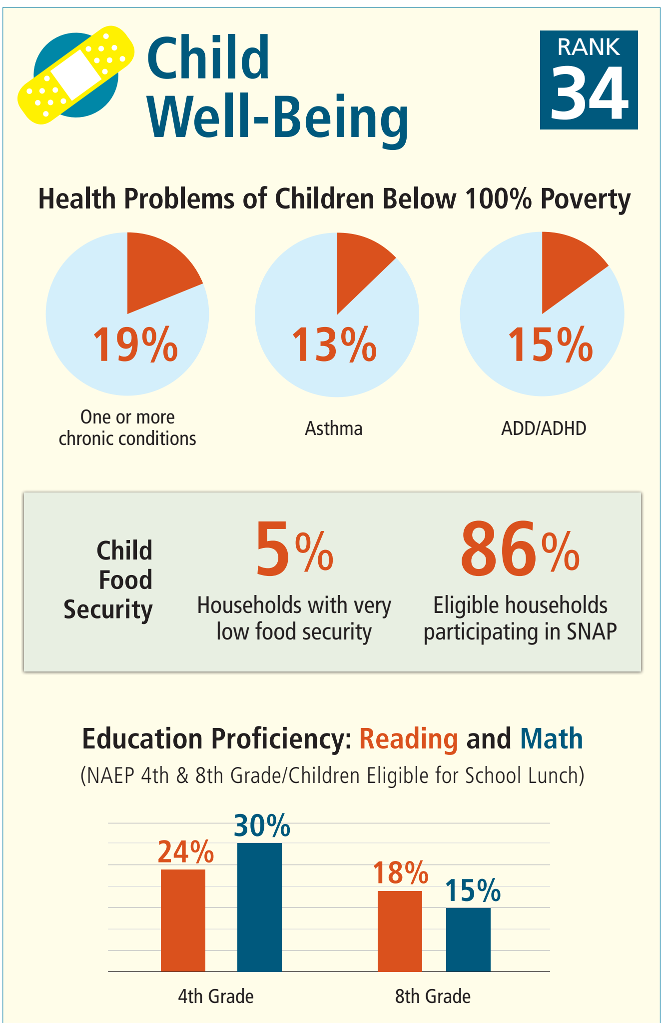
Extent of Child Homelessness — RANK 42

Homeless Children

2010-11	2011-12	2012-13
12,988	14,522	16,208

Risk for Child Homelessness — RANK 26

- **4** Home Foreclosure Rank
- **24%** Children in Poverty
- **3.9%** Children without health insurance
- **5.7%** Female-headed Household
- **44.1** Birth rate per 1,000 teens
- **$7.25/hr** State Minimum Wage
- **$12.35/hr** Income needed for 2-BR apartment
- **17%** Households paying more than 50% of income for rent



Child Well-Being — RANK 34

Health Problems of Children Below 100% Poverty

- **19%** One or more chronic conditions
- **13%** Asthma
- **15%** ADD/ADHD

Child Food Security

- **5%** Households with very low food security
- **86%** Eligible households participating in SNAP

Education Proficiency: Reading and Math

(NAEP 4th & 8th Grade/Children Eligible for School Lunch)

	Reading	Math
4th Grade	24%	30%
8th Grade	18%	15%

State Policy and Planning — RANK 25

Housing Units for Homeless Families

- **148** Emergency Shelter
- **108** Transitional Housing
- **148** Permanent Supportive Housing

State Housing Trust Fund — YES / NO

State Planning Efforts

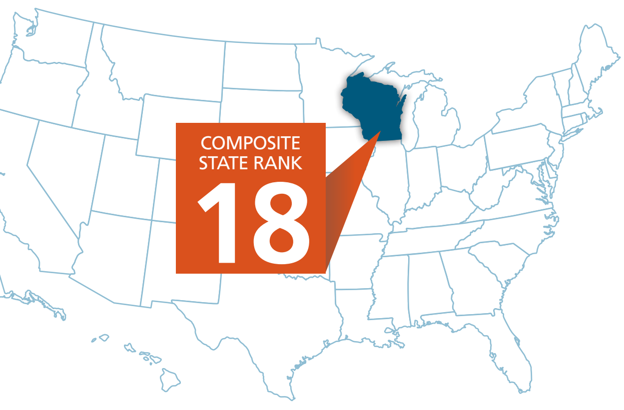
- YES — Is there an active state Interagency Council on Homelessness (ICH)?
- NO — Is there a State plan that includes children and families?

The West Virginia Interagency Council on Homelessness is preparing a new state plan to end homelessness.

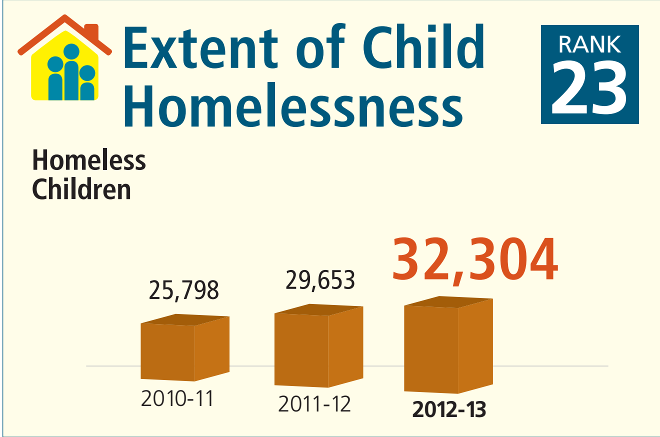
INADEQUATE | **EARLY** | MODERATE | EXTENSIVE

For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Wisconsin



STATE RANKS: 1=Best, 50=Worst



Extent of Child Homelessness

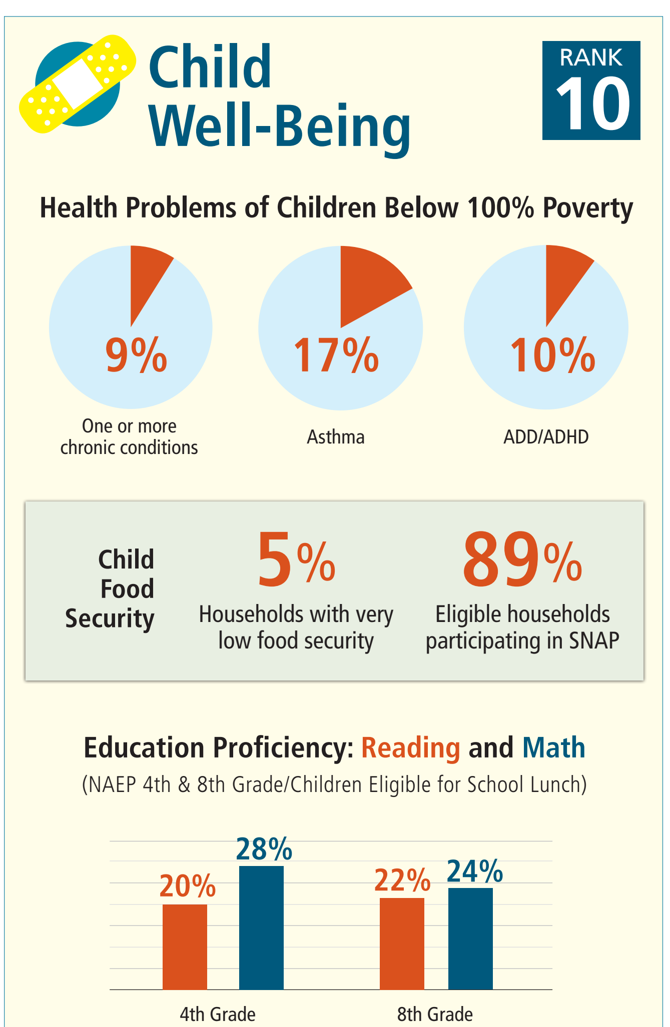
RANK 23

Homeless Children

2010-11	2011-12	2012-13
25,798	29,653	32,304

Child Well-Being

RANK 10



Health Problems of Children Below 100% Poverty

Child Food Security

- **5%** Households with very low food security
- **89%** Eligible households participating in SNAP

Education Proficiency: Reading and Math

(NAEP 4th & 8th Grade/Children Eligible for School Lunch)

	Reading	Math
4th Grade	20%	28%
8th Grade	22%	24%

Risk for Child Homelessness

RANK 8

- **36** Home Foreclosure Rank
- **18%** Children in Poverty
- **4.7%** Children without health insurance
- **6.4%** Female-headed Household
- **21.9** Birth rate per 1,000 teens
- **$7.25/hr** State Minimum Wage
- **$14.67/hr** Income needed for 2-BR apartment
- **19%** Households paying more than 50% of income for rent

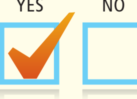
State Policy and Planning

RANK 37

Housing Units for Homeless Families

- **560** Emergency Shelter
- **732** Transitional Housing
- **268** Permanent Supportive Housing

State Housing Trust Fund



State Planning Efforts

- NO — Is there an active state Interagency Council on Homelessness (ICH)?
- NO — Is there a State plan that includes children and families?

As of 2013, no statewide planning efforts had taken place in Wisconsin.

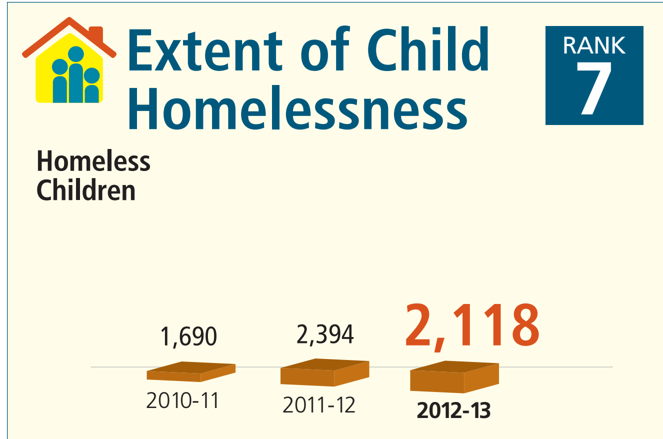
INADEQUATE | EARLY | MODERATE | EXTENSIVE

For the complete report, please visit: **www.HomelessChildrenAmerica.org**

Wyoming

COMPOSITE STATE RANK **13**

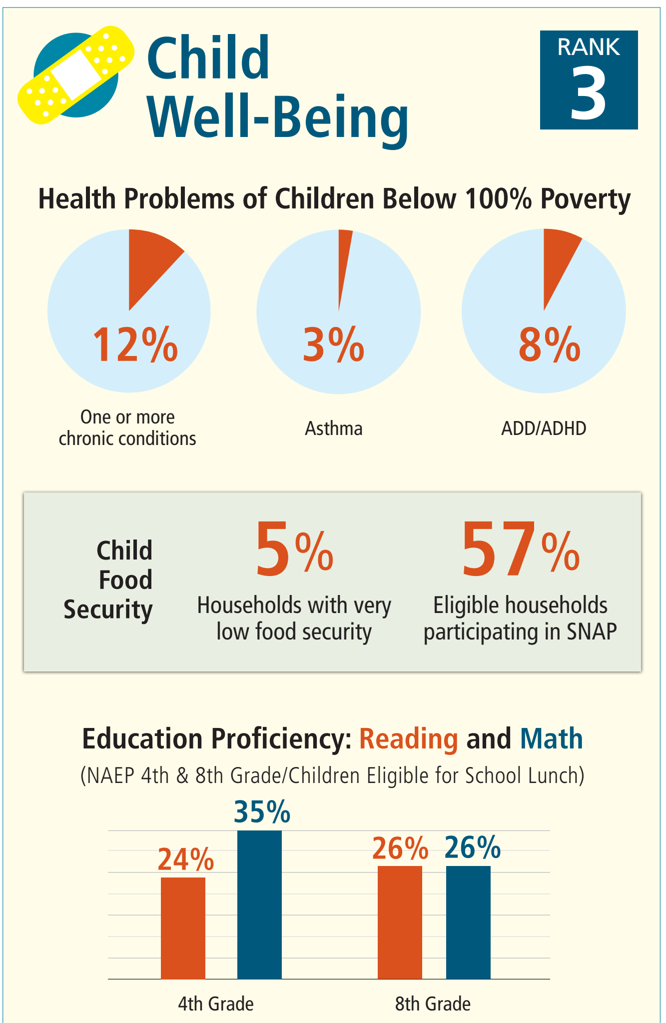
STATE RANKS: 1=Best, 50=Worst



Extent of Child Homelessness — RANK 7

Homeless Children

2010-11	2011-12	2012-13
1,690	2,394	2,118



Child Well-Being — RANK 3

Health Problems of Children Below 100% Poverty

- 12% — One or more chronic conditions
- 3% — Asthma
- 8% — ADD/ADHD

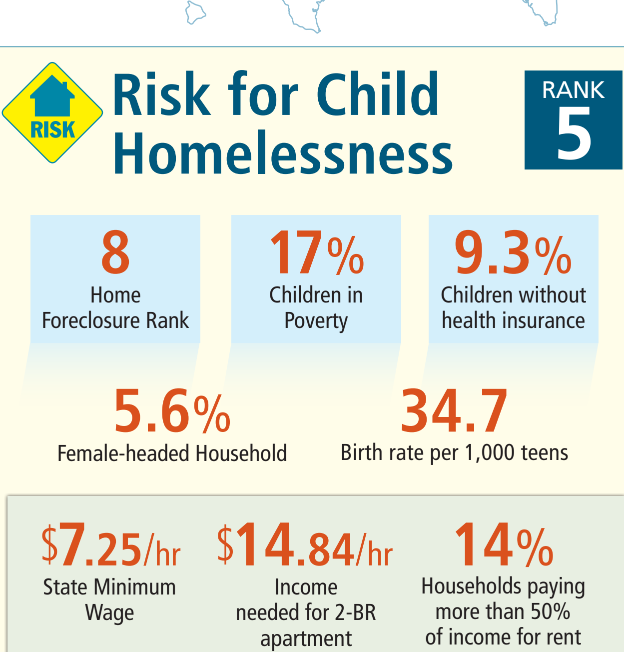
Child Food Security

- 5% — Households with very low food security
- 57% — Eligible households participating in SNAP

Education Proficiency: Reading and Math

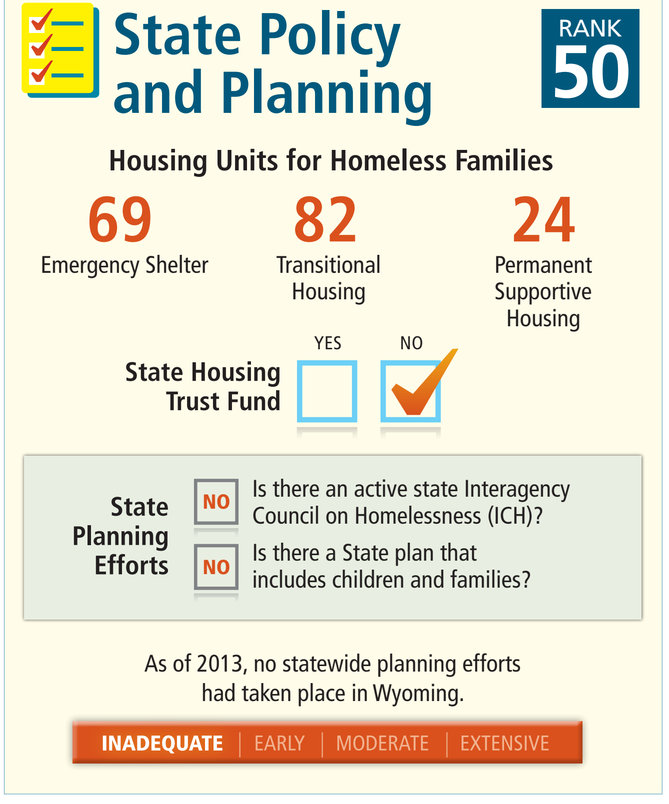
(NAEP 4th & 8th Grade/Children Eligible for School Lunch)

	Reading	Math
4th Grade	24%	35%
8th Grade	26%	26%



Risk for Child Homelessness — RANK 5

- 8 — Home Foreclosure Rank
- 17% — Children in Poverty
- 9.3% — Children without health insurance
- 5.6% — Female-headed Household
- 34.7 — Birth rate per 1,000 teens
- $7.25/hr — State Minimum Wage
- $14.84/hr — Income needed for 2-BR apartment
- 14% — Households paying more than 50% of income for rent



State Policy and Planning — RANK 50

Housing Units for Homeless Families

- 69 — Emergency Shelter
- 82 — Transitional Housing
- 24 — Permanent Supportive Housing

State Housing Trust Fund: YES ☐ NO ☑

State Planning Efforts

- NO — Is there an active state Interagency Council on Homelessness (ICH)?
- NO — Is there a State plan that includes children and families?

As of 2013, no statewide planning efforts had taken place in Wyoming.

INADEQUATE | EARLY | MODERATE | EXTENSIVE

For the complete report, please visit: **www.HomelessChildrenAmerica.org**

III. Causes of Child Homelessness

The major causes of homelessness for children in the U.S. involve both structural and individual factors, including: (1) the nation's persistently high rates of poverty for families; (2) a lack of affordable housing across the nation; (3) continuing impacts of the Great Recession; (4) racial disparities in homelessness; (5) the challenges of single parenting; and (6) the ways in which traumatic experiences, especially domestic violence, precede and prolong homelessness for families. Together, these factors can push the most vulnerable families out of stable housing onto a path to homelessness (Bassuk, 2010; Bassuk et al., 1996).

A. High Rates of Child and Family Poverty

The very large number of children living in poverty in the U.S. set the stage for child homelessness. More than 45 million people were estimated to be living at or below the federal poverty rate in 2013—a number that remained unchanged from the previous year's estimate. This translates into an income of $19,530 for a family of three and to $23,550 for a family of four. For the first time since 2000, the poverty rate for children under 18 years declined from 21.8% in 2012 to 19.9% in 2013 (United States Census Bureau, 2013a).

An estimated 20 million Americans account for the "poorest of the poor"—people living at 50% or less of the federal poverty level. Comprising about 7% of the U.S. population, this group had an income of $5,570 for an individual and $11,157 for a family of four (Hayden, 2011)—resulting in a weekly family budget of about $215.

Poverty rates are highest for families headed by single women, particularly if they are Black or Hispanic. In 2010, 32% percent of households headed by single women were poor, compared to 16% percent of households headed by single men and 6% of married-couple households (National Poverty Center, 2010). About 22% of all children in the U.S, or about 16 million children, are among the nation's poorest families (Jiang, Ekono, & Skinner, 2014). While children account for 24% of the U.S. population, they represent 34% of all people living in poverty (Jiang et al., 2014).

B. Lack of Affordable Housing

Finding affordable housing is impossible for a great number of low-income families. In the U.S., for every 100 extremely low-income households seeking to rent housing, there are just 30 available affordable units (National Low Income Housing Coalition (NLIHC), 2013a). Households on waiting lists for housing assistance have a median wait time of two years (Leopold, 2012). In a 2013 county-by-county analysis of wages and

rental costs, the NLIHC calculated that "in no state can an individual working a typical 40-hour work week at the minimum wage afford a two-bedroom apartment for his or her family. The one-bedroom housing wage also exceeds the federal minimum wage in each state across the country" (NLIHC, 2013b).

The availability of public housing and publicly funded housing subsidies has dwindled in recent years. Between the mid-1990s and 2010, about 200,000 public housing units were demolished, of which only 50,000 were replaced with new public housing units. Another 57,000 former public housing families were provided with vouchers instead of a public housing replacement unit, but that only stiffened competition for the more limited supply of affordable housing (NLIHC, 2013c).

The Housing Choice Voucher (HCV) program—HUD's largest rental assistance program—has also experienced cutbacks. The HCV program assists more than 2.1 million households, 79% of which have extremely low incomes (at or below 30% of the area median income); the national average income of a recipient household is $13,033. Because families tend to hold onto their vouchers, the ability to assist new families typically depends upon the availability of new vouchers, which must be congressionally authorized. Congress approved no new vouchers in FY03, FY04, FY05, FY06 or FY07. More recently, funding was appropriated for a small number of new vouchers (up to 17,000 per year), many of which were reserved for special populations (mostly for homeless veterans under the HUD-VASH program)—but this has not kept pace with the general need. As of 2011, only one in four households eligible for housing vouchers received any federal rental assistance; 2013 sequester-mandated budget reductions reduced available vouchers by 70,000, which were partially restored in the FY14 budget (NLIHC, 2013c).

Families who become homeless tend to be living in very precarious economic circumstances prior to their homelessness. A single event such as the loss of a job, an illness, injury, a large household bill, loss of a car or day care can topple a vulnerable family into homelessness. Homelessness in shelters or on the streets is often preceded by multiple moves that include doubling-up repeatedly with relatives and friends (Hayes, Zonneville, & Bassuk, 2013).

C. Continuing Impacts of the Great Recession

The 2007 recession represented the deepest downturn in the labor market in the postwar era (Elsby, Hobijn, & Sahin, 2010). Similar to the severe recessions of 1973-75 and 1981-82, the Great Recession lasted longer, involved above-average decreases in the GDP, decreased consumer spending, and led to widespread long-term unemployment (Knotek & Terry, 2009).

In 2006-07, when the housing bubble burst and housing prices plummeted, many families found themselves unable to meet mortgage payments, resulting in large number of foreclosures and increased rates of personal bankruptcy. According to the Center for Responsible Lending (2010), approximately six million families lost their homes to foreclosures. This figure may rise to 12 to

15 million before the housing market regains balance (Gilderbloom, Anaker, Squires, Hanka, & Ambrosius, 2011). Individuals and families with subprime mortgages—many of whom were low-income and minority borrowers—were among those at greatest risk of housing foreclosures (Crandall, 2008).

Anecdotal reports from around the country indicated that many families doubled-up, while others became homeless and turned to emergency shelter (Kingsley, Smith, & Price, 2009; National Coalition for the Homeless, 2009a). An Urban Institute study documenting the impact of the housing crisis found that food stamp caseloads increased by nearly 20% in 2008 in the states hardest hit by foreclosures (e.g., Nevada, California, Arizona, Florida) (Kingsley et al., 2009).

Among the housing impacts of the recession, higher-income renters who could no longer afford their housing or were evicted due to foreclosures joined the growing pool of low-income renters to compete for a shrinking number of affordable units. This led to an affordable housing "supply gap" (Joint Center for Housing Studies, 2013) that pushed many more low-income renters into doubling-up with relatives or friends. Between 2008 and 2010, the number of multiple families living together increased by at least 12% (Mykta & Macartney, 2011).

According to the American Housing Survey (AHS), the number of renters with "worst case housing needs"[3] increased by more than 20% between 2007 and 2009 (from 5.9 to 7.1 million)—the highest jump in any two year period since 1985. Although every low-income group was affected, families with children represented the highest proportion of those with worst case housing needs (Steffen et al., 2011). These families are among the most vulnerable to becoming homeless.

Recovery from the Great Recession has gone backwards for many low-income families. A 2014 bulletin from the U.S. Federal Reserve reports:

- Families at the bottom of the income distribution experienced ongoing substantial declines in average real incomes between 2010 and 2013, continuing the trend observed between the 2007 and 2010 surveys.
- Families at the bottom of the income distribution also saw continued substantial declines in real net worth between 2010 and 2013 (Board of Governors of the Federal Reserve System, 2014).

Chair of the Federal Reserve Board of Governors Janet L. Yellen noted that the distribution of income and wealth in the U.S. has been widening to a greater extent than in most developed

[3] "Worst case housing needs" refers to households that do not receive government housing assistance, spend more than 50% of their income on rent, or who live in severely inadequate conditions.

countries. At a conference at the Federal Reserve Bank of Boston in October 2014, she stated: "The past several decades have seen the most sustained rise in inequality since the 19th century… income and wealth inequality are near their highest levels in the past hundred years, much higher than the average during that time span and probably higher than for much of American history before then…After adjusting for inflation, the average income of the top 5 percent of households grew by 38 percent from 1989 to 2013. By comparison, the average real income of the other 95 percent of households grew less than 10 percent. Income inequality narrowed slightly during the Great Recession, as income fell more for those at the top than for others, but resumed widening in the recovery, and by 2013 it had nearly returned to the pre-recession peak (Yellen, 2014)."

In 2009, the American Recovery and Reinvestment Act allocated $1.5 billion nationally for homelessness prevention and rapid rehousing. The program began in 2009 and ended in 2012. This salutary but short-term federal investment helped to reduce homelessness in chronically homeless and veteran populations. It may also have softened the blow the Great Recession delivered to children and families facing homelessness, even though the overall number of homeless children has continued to rise.

D. Racial / Ethnic Disparities Among People Experiencing Homelessness

Individuals and families who are minorities comprise a disproportionate percentage of the homeless population (U.S. Conference of Mayors, 2006). Nearly 60% of shelter residents are minorities. They are 1.5 times more likely to be homeless, with African Americans three times more likely (HUD, 2012) when compared to the overall US population. Although Blacks comprise 12.5% of the U.S. population, they make up 38% of those in shelter (HUD, 2012). Nearly one-quarter of all Black families live in poverty—a rate three times greater than the White population; yet Black shelter use was seven times higher than for White families (Institute for Children, Poverty and Homelessness (ICPH), 2012). According to Metraux and Culhane (1999), Black children under five years of age were 29 times more likely than White children to be in emergency shelter.

Racial disparities seen in many areas of American life may be made worse by institutional racism—a term first coined by Stokely Carmichael and Charles Hamilton (1967); it describes systemic forms of discrimination against Blacks beyond transgressions experienced at the individual level. They argued for the existence of racist practice embedded within the infrastructure and workings of social institutions that resulted in the preservation of White dominance and the promotion of racial inequality (Carmichael, 1967). Jones (1972) later defined institutional racism as:

> "…those established laws, customs, and practices, which systematically reflected and produced racial inequalities in American society. If racist consequences accrue to institutional laws, customs, or practices, the institution is racist whether or not the individuals maintaining those practices have racist intentions" (Jones, 1972, p.131).

While there remains ongoing debate about the nature of institutional racism as well as the mechanisms underlying racism at the institutional level (Mason, 1982; Phillips, 2011; Williams, 1985), scholars generally agree that the presence of racial disparities across multiple systems, such as housing, education, employment, and health, implicate structurally rooted racial discrimination or prejudice (Chapman, Kaatz, & Carnes, 2013; Gee, 2002; Mendez, Hogan, & Cohane, 2014; Peek et al., 2010; Phillips, 2011; Rugh & Massey, 2010). Williams (1985) critically analyzed varying definitions of institutional racism and identified four key points (p. 325):

a) Production of racial inequality in a wide range of institutions by the normal processes of their operation.

b) Irrelevance of the intentions of the personnel involved.

c) Historical development of racial exclusion and oppression.

(d) Interrelationships between institutions, resulting in the cumulative nature of the inequalities.

Research into the phenomenon of homelessness, its root causes, and the individuals and families at highest risk for homelessness illustrates how homelessness exemplifies the four criteria Williams associated with institutional racism (Williams, 1985). The literature provides strong evidence that each of these conditions are perpetuated and sustained by racial discrimination and economic segregation in fiscal policies and macro practice (U.S. Conference of Mayors, 2008). Other research highlights the ways in which interrelationships among institutions converge to create a systemic matrix of oppression that contributes to the cumulative experience of inequalities that become risk markers or covariates of homelessness (Witte, 2012). Research from the fields of public health, child welfare, and criminal justice have documented how social determinants such as racism, oppression, and poverty have led to the disproportionate representation of racial and ethnic minorities in these systems (Alexander, 2012; Bartholet, 2011; Brewer & Heitzeg, 2008; Krieger, 2002; Roberts, 2003; Wilkinson & Marmot, 2003).

E. Challenges of Single Parenting

The poverty rate for single-mother families in 2013 was 39.6%, nearly five times more than the rate (7.6%) for married-couple families (National Women's Law Center, 2013). The median income for families led by a single mother in 2012 was $25,493, one third the median for married couple families ($81,455). Half had an annual income less than $25,000 (US Census Bureau, 2013b). Only one third of single mothers receive any child support (Population Reference Bureau, 2013), and the average amount these mothers receive is about $400 a month (Congressional Research Service, 2013).

Some single mothers survive with the help of kin and non-kin supports, but with the lack of safe affordable housing, explosion in violence and drug abuse, collapse of institutional supports in many inner-city neighborhoods, and lack of education and flexible jobs that pay livable wages, they find themselves isolated and in desperate circumstances. Against this backdrop, it is not

surprising that most homeless families in the U.S. are headed by female single parents (Bassuk et al, 1996; Weinreb, 2006; Hayes et al, 2013).

Parenting alone, homeless mothers have sole childrearing, homemaking, and breadwinning responsibilities. Yet they have little place in the labor market (Bassuk, 1995). Single homeless mothers, notably those with young children, have little income, are un/underemployed, and often have high debt accumulation (Swick & Williams, 2010). Without adequate education, job skills, childcare and transportation, they are unable to enter the workforce, become self-sufficient and support their families. Some have worked sporadically at low-paying service jobs that pay minimum wage, but many have never worked (Hayes et al, 2013). Combined with limited social supports and unaddressed mental health issues, homeless single mothers face difficulties in meeting their children's basic needs (Swick & Williams, 2010). The problems they experience reflect those of low-income women and are further compounded for women of color (Bassuk, 1995).

F. The Role of Trauma

Traumatic stress experienced by mothers often contributes to the circumstances that lead to a family's economic and social collapse (Bassuk et al., 1996; Browne & Bassuk, 1997; Guarino & Bassuk, 2010; Hayes et al., 2013). Traumatic stress occurs outside the realm of usual experiences;

is associated with actual or threatened death, serious injury, or sexual violence (American Psychiatric Association, 2013); invokes feelings of terror, helplessness, powerlessness, and loss of control (Herman, 1992). An event becomes traumatic when it overwhelms the neurophysiological system for coping with stress and leaves people feeling unsafe, vulnerable, and out of control (Macy, Behar, Paulson, Delman, & Schmid, 2004). These experiences, whether real or perceived, threaten one's life and/or bodily integrity, invoke intense feelings of helplessness, powerlessness, and/or terror and, in the absence of protective supports, can have lasting and devastating effects on an individual's physical, mental and spiritual health (American Psychological Association, 2008; SAMHSA, 2014; DeCandia, Guarino, & Clervil, 2014).

Among homeless families, traumatic stresses such as interpersonal and community violence are prevalent and perhaps the rule rather than the exception. Many homeless mothers and children suffer from its devastating consequences for the rest of their lives. These experiences profoundly impact a mother's ability to become residentially stable, find jobs that pay livable wages, form trusting relationships, parent effectively, and have good long-term health outcomes. Based on their research, Buckner et al. (2004) concluded that "exposure to violence in any of its various manifestations appears to be one of the most detrimental experiences a child can have" (p.420).

1. Mothers and Trauma

Homeless women are at two to four times greater risk of experiencing any type of violence when compared with all women in the United States (Jasinski, Wesley, Mustaine, & Wright, 2005). Multiple studies have documented that more than 90% of mothers experiencing homelessness have been exposed to at least one severe traumatic stress (Bassuk et al., 1996; Hayes et al., 2013), and compared to the general female population are more frequently assaulted by caretakers, partners, relatives, or friends (Bassuk et al., 1996; Browne, 1993; Browne & Bassuk, 1997; Hayes et al., 2013; Perlman, Cowan, Gewirtz, Haskett, & Stokes, 2012; Stainbrook, 2006; Weinreb et al., 2006; Weitzman, Knickman, & Shinn, 1992; Williams & Hall, 2009). The Worcester Family Research Project (WFRP) reported that as children, 66% of homeless mothers experienced physical violence by a childhood caretaker or other household member, and 43% were sexually molested—generally before the age of 12. As adults, nearly two-thirds of the overall sample had been severely physically assaulted by an intimate partner with more than one-quarter requiring medical treatment (Bassuk et al., 1996). A recent study of homeless families in three types of housing programs (Hayes et al., 2013) found that 93% of mothers experienced at least one trauma and 81% experienced multiple traumatic events. Seventy-nine percent experienced trauma in childhood, 82% in adulthood, and 91% in both adulthood and childhood. Violent victimization was the most common traumatic experience; 70% reported being physically assaulted by a family member or someone they knew and approximately half had been sexually assaulted. Not surprisingly, the mental health consequences among mothers are profound. They suffer disproportionately from major

depressive disorders, post-traumatic stress disorder, and various anxiety disorders. Many self-medicate their distress with various substances (Bassuk et al., 1996; Hayes et al., 2013).

Between 20% to 50% of women experiencing homelessness cite intimate partner violence (IPV) as the primary cause of their homelessness (ICPH, 2002; U. S. Conference of Mayors, 2011). Among homeless women, childhood abuse is the most significant risk factor for experiencing IPV as an adult (Jasinski et al., 2005). Prior to experiencing homelessness, women report that the lack of stable housing is a primary reason for remaining in violent relationships. Studies in two Midwestern states found that approximately 45% of homeless women reported staying in a violent relationship for up to two years because of lack of alternative housing (Wilder Research Center, 2004a; 2004b). Women experiencing IPV are four times more likely to report housing instability than women who are not (Pavao, Alvarez, Baumrind, Induni, & Kimerling, 2007). Economic abuse, which is defined as efforts to control an individual's ability to acquire, access, and maintain economic resources, poses a serious threat to women's economic stability (Adams, Sullivan, Bybee, & Greeson, 2008; Postmus, Plummer, McMahon, Murshid, & Kim, 2012). Specifically, economic abuse can lead to high debt-to-income ratios, poor credit and rental histories, lack of savings or access to bank accounts, and difficulty maintaining stable employment (Reif & Kushner, 2000). All these factors make it more difficult for a woman leaving a violent relationship to find stable housing, thus increasing the risk of homelessness.

IPV also affects children. Experiencing poverty and homelessness increases children's exposure to IPV by 75%, with the greatest risk for children under the age of six (ICPH, 2010). The social, behavioral, cognitive, and academic consequences of witnessing IPV as a child have been well documented (Holt, Buckley, & Whelan, 2008; Margolin & Gordis, 2000; McDonald, Jouriles, Briggs-Gowan, Rosenfield, & Carter, 2007). Mothers experiencing homelessness and IPV report disruption in the quality of interactions with their children and difficulty parenting. In addition, children manifest behavioral and medical problems (Gewirtz, DeGarmo, Plowman, August, & Realmuto, 2009). Despite the need for support and services, the combined effects of poverty, homelessness, and behavioral and medical issues can pose serious barriers to accessing traditional care, leaving many women without adequate help (Ponce, Lawless, & Rowe, 2014).

2. Children and Trauma

Epidemiological studies of Adverse Childhood Experiences (ACE) (Felitti et al., 1998; Center on the Developing Child at Harvard University, 2010; Felitti & Anda, 2010; Shonkoff et al., 2012a, 2012b; Shonkoff & Phillips, 2000; van der Kolk, Roth, Pelcovitz, Sunday, & Spinazzola, 2005) provide compelling evidence of the long-term devastating impact of early trauma. When infants, children, and adolescents are exposed to neglectful, threatening, frightening, harmful, and traumatic experiences, they are at greater risk for poor behavioral and medical outcomes as adults. The ACE studies demonstrated the progression from early adverse experiences to social, emotional, and cognitive impairments; to adolescent risk behaviors; to adult diseases,

disability, and social problems; and finally to premature death (Koplan & Chard, 2014; Felliti et al., 1998; Felliti & Anda, 2010). These experiences are more likely to be associated with factors such as poverty, food insecurity, and homelessness as well as unsafe communities, unstable home environments, and family separations.

The impact of adverse early life experiences on young children—especially those without adequate parental and other supports—is especially devastating. Jack Shonkoff, at the Center for the Developing Child, describes how "experiencing stress is an important part of healthy development. Activation of the stress response produces a wide range of physiological reactions that prepare the body to deal with threat. However, when these responses remain activated at high levels for significant periods of time, without adequate caretaking and supportive relationships to help calm them, toxic stress results. This can impair the development of neural connections, especially in the areas of the brain dedicated to higher-order skills" (Center on the Developing Child at Harvard University, 2014). Early traumatic experiences can have profound effects on the brain architecture of young children that lead to altered brain size and structure leading to impaired cognitive skills, memory, emotional self-regulation, behavioral problems, coping, and social relationships (Shonkoff et al., 2012a; Center on the Developing Child at Harvard University, 2009; Cohen, Perel, DeBellis, Friedman, & Putnam, 2002; National Scientific Council on the Developing Child, 2005; Putnam, Olafson, Boat, & Pearl, 2006; Perry, 2001; Perry, Pollard, Blakeley, Baker, & Vigiliante, 1996; Saxe, Ellis, & Kaplow, 2006).

"Brains are Built Over Time, From the Bottom Up"

As Jack Shonkoff has described, "The basic architecture of the brain is constructed through an ongoing process that begins before birth and continues into adulthood. Simpler neural connections and skills form first, followed by more complex circuits and skills. In the first few years of life, 700 to 1,000 new neural connections form every second. After this period of rapid proliferation, connections are reduced through a process called pruning, which allows brain circuits to become more efficient. The impact of experiences on brain development is greatest during these years—for better or for worse.

"It is easier and less costly," writes Shonkoff, "to form strong brain circuits during the early years than it is to intervene or 'fix' them later. Brains never stop developing—it is never too late to build new neural circuits—but in establishing a strong foundation for brain architecture, earlier is better. Research on traumatic life experiences and their impact on the child's developing brain make a strong case for the critical importance of prevention and early intervention in the lives of extremely poor and homeless children" (Center on the Developing Child at Harvard University, 2014).

Research has demonstrated that a majority of American children have been exposed to traumatic stress. In community samples, more than one out of four school-age children report experiencing a traumatic event by age 16 (American Psychological Association (APA), 2008; National Child Traumatic Stress Network, 2008). The risk and prevalence is even higher for children living in poverty (U.S. Census Bureau, 2011; DePanfilis, 2006; Buka, Stichick, Birdthistle, & Earls, 2001; Finkelhor, Ormrod, Turner, & Hamby, 2005; Buckner et al., 2004; Bassuk, 2010). Buckner et al. (2004) reported that American children were often exposed to violence, especially those living in low-income neighborhoods or in families plagued by domestic violence. Although research on witnessing violence is more limited than direct victimization, the impact is similar. Children develop both internalizing (e.g., depression, anxiety, somatization) and externalizing symptoms (e.g., acting out behaviors, delinquency) that may lead to impairments in their learning, behavior, and social relationships, as well as long-term medical problems.

Children experiencing homelessness face additional risks associated with residential instability, hunger insecurity, and often unremitting stress. These children commonly witnessed violence in their family and community, and are frequently separated from primary caregivers. Without the comfort, responsiveness, support, structure, and guidance from their caretakers during times of stress, these children are likely to feel less safe and to manifest more symptoms (Herbers et al., 2014) documented that "homeless children who experienced positive parenting were more likely to have fewer trauma symptoms and behavioral problems."

IV. Preventing and Ending Child Homelessness

A. The Federal Response

With leadership from the White House, the United States Interagency Council on Homelessness (USICH)—consisting of 19 federal agencies—provides strategic direction for federal efforts to prevent and end homelessness. In 2010, USICH published *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, the first comprehensive national strategy to prevent and end homelessness. Updated periodically, this policy document reviews the general state of homelessness within the context of the federal government's response, which targets specific homeless populations, including chronically homeless individuals, veterans, and families.

Opening Doors 2013 reported a 15.7% reduction in the number of chronically homeless individuals between 2010-2013, and a 24% decrease in veteran homelessness over the same time period (USICH, 2014a). These numbers were updated in October 2014, based on HUD's annual "Point-in-Time" (PIT) count, to report a further decline of 3% in chronically homeless individuals and 11% in veteran homelessness (HUD, 2014). During the last decade, funding for housing and other supports was specifically targeted to chronically homeless individuals during the (George W.) Bush Administration, and to homeless veterans during the Obama Administration.

Opening Doors 2013 also reported progress toward reducing homelessness among families. This was updated by HUD in October 2014 to report an overall reduction in family homelessness from 2010 to 2014 of 10.6%, although these numbers also indicated an underlying increase in sheltered families from 2013 to 2014 (HUD, 2014). This assessment of federal progress on family homelessness by USICH and HUD relies on the HUD "Point-in-Time" counting method that may be suitable for estimating chronically homeless individuals and homeless veterans but is not effective for accurately counting homeless children.[4] The HUD PIT count excludes hundreds of thousands of homeless children each year because it does not count homeless children living doubled-up with relatives or friends—estimated at 75% of homeless children nationally (USICH, 2014a). The HUD count also misses homeless children living in motels, hotels, trailer parks, camping grounds, or similar settings if those households are not included in the Continuum of Care's Homeless Management Information System. Neither does the HUD PIT methodology account for those who enter and exit homelessness over the course of the year but who are not homeless on the night of the count. Data trends using the more comprehensive ED McKinney-Vento school-based count of homeless children show a significant rise in child homelessness over this same time period.

In February 2014, the USICH and federal partners released Family Connection – a plan to address family homelessness (USICH, 2014c). Defined broadly as "no family will be without shelter, and homelessness will be a rare and brief occurrence" four key strategies were identified

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[4] See page 11 for discussion.

including: (1) developing a centralized or coordinated entry system with the capacity to assess needs and connect families to targeted prevention assistance and temporary shelter as needed; (2) ensuring tailored interventions and assistance appropriate to the needs of families; (3) helping families connect to mainstream resources (e.g., benefits, employment, community-based services) needed to sustain housing, achieve stability, and improve linkages to mainstream systems; and (4) developing and building upon evidence-based practices for serving families experiencing and at-risk of experiencing homelessness. Trauma-informed care "in every intervention" was highlighted among the list of practices "to break the trauma cycle and lead to safety and stability" for families.

B. An Effective Response to Child Homelessness

Housing, and educational and employment supports are critical components of any plan to end family homelessness. In addition, universal screening and supports, targeted services and prevention-oriented approaches within the housing and homeless systems serving families and children are needed to address the high prevalence of trauma, PTSD, and depression among homeless mothers, and the elevated risk for developmental, learning, and mental health issues among homeless children (Bassuk et al., 1996; Bassuk, Weinreb, Dawson, Perloff, & Buckner, 1997; Hayes et al., 2013). This is especially important since limitations exist in access, availability, and quality of available care in mainstream services—causing many families to fall through the cracks (Foa, Keane, Friedman, & Cohen, 2008; Schottenbauer, Glass, Arnkoff, Tendick, & Gray, 2008; Hayes & DeCandia, 2012; Stagman & Cooper, 2010; Shipman & Taussig, 2009). Areas to develop include: conducting comprehensive assessments; addressing trauma; universal screening and treatment for maternal depression; providing parent-centered programming; and meeting the developmental needs of children. Housing programs and other agencies serving homeless families should directly provide the best practices discussed below.[5] Since the majority of families are headed by women alone, these practices are discussed for use with mothers, but pertain to two-parent families and father-headed families as well.

1. Provide Safe Affordable Housing

The provision of safe and secure housing is essential and must be the first response to child homelessness, but for many families it is not sufficient to ensure ongoing residential stability, self-support, and well-being of family members (Bassuk & Geller, 2006). An effective response requires that housing be combined with selected supports and services tailored to the needs of family members (Bassuk, DeCandia, Tsertsvadze & Richard, 2014; Bassuk & Geller, 2006).

[5] Adapted with permission from *An Effective Response to Homelessness,* Bassuk, E. et al., September 2013.

Housing First

"Housing first" and "rapid re-housing" are designed to help homeless households access housing as quickly as possible. USICH describes housing first as "an approach that offers permanent, affordable housing as quickly as possible for individuals and families experiencing homelessness, and then provides the supportive services and connections to the community-based supports people need to keep their housing and avoid returning to homelessness" (USICH, 2014b). The variation in housing first and rapid re-housing approaches stem from differing interpretations of the model.

For example, programs may construe "as quickly as possible" to mean:

- As soon as medical or behavioral health crises are stabilized.
- As soon as eligibility for program assistance is established.
- As soon as viable sources of financial support for food, utilities, housing, and other essentials are in place.
- As soon as appropriate sources of post-placement support services are identified and engaged.
- As soon as housing leased or operated by the program becomes available.
- As soon as the household is able to identify and lease housing they can afford, and want to live in, that meets programmatic requirements, and the owner is willing to rent to them.

Similarly, programs may interpret "supportive services and connections to the community-based supports" differently. The program may:

- Limit rental assistance to six or twelve or 24 months, or limit the time that supportive services are provided.
- Determine the scope, magnitude, and availability of supportive services, or the needs the program can address, and the types of participants it can serve. For example:
  - Scattered site programs in rural settings might provide case management by phone or electronically.
  - Meetings with case managers or program staff might be scheduled on a weekly, semi-weekly, or monthly basis, or might be arranged by request of the participant.
  - Some programs may provide a rich array of clinical and non-clinical supportive services; other programs may operate in a very constrained service environment.
  - Some programs may define "success" as reducing participants' dependence on government assistance or services; other programs may maximize client participation in public benefits and community services.
  - Some programs focus services on the adult head of household, and see the parent as the gatekeeper in identifying and addressing the needs of the children; other programs see children as full-fledged program clients.

Apart from the idea that stability occurs when a family has obtained their own housing and has access to case management, there are few set rules about what constitutes the necessary elements of housing first or rapid re-housing. However, one-size-fits-all is not a meaningful framework for responding to the wide range of needs among families experiencing homelessness. To succeed in housing, families with more extensive needs may require more assistance.

There is consensus among experts that: (1) housing vouchers improve housing outcomes for homeless families; and (2) services (e.g., case management and other supports) contribute to stability and other desirable well-being outcomes, including keeping families together (Bassuk et al., 2014; Bassuk & Geller, 2006; Shinn & Baumohl, 1999; Shinn et al., 1998; Wong, Culhane, & Kuhn, 1997; Weitzman & Berry, 1994). However, the lack of a strong evidence-base for housing and services for homeless families has interfered with the development of a comprehensive plan to end family homelessness (Bassuk et al., 2014; Herbers & Cultuli, 2014).

2. Offer Education and Employment Opportunities

The National Transitional Jobs Network (NTJN) reported significant barriers to employment for low-income single parents experiencing homelessness (National Transitional Jobs Network (NTJN), 2012). Limited education and employment histories and lack of job skills (Zlotnick, Robertson, & Lahiff, 1999), combined with unreliable childcare arrangements (Wood & Paulsell, 2000), are risk factors for unemployment among single parents with young children. Mothers of families who are homeless may have little place in the current labor market. They are often poorly educated, have few job skills, and may have limited experience in securing and maintaining employment. Some mothers have worked sporadically at service jobs that pay minimum wage, but many have never worked at all.

These women have an urgent need for income. Programs that seek to stabilize homeless families in housing must also address educational issues, job training, and workplace skills, as well as childcare and transportation that are required for a single mother to hold a job. Programs may also need to provide supplemental income to provide a livable wage for mothers who are working part-time or only receiving minimum wage. NTJN suggests that employment programs for homeless families should provide skills training and placement in local industries that offer immediate entry level jobs with flexible schedules and career ladders, alongside family life skills to help families achieve self-sufficiency (NTJN, 2012).

3. Conduct Comprehensive Needs Assessments of All Family Members

With implementation of the Affordable Care Act (ACA), greater possibilities exist to ensure homeless families have access to needed health and mental health care. In addition, as directed in HUD's Continuum of Care (CoC) Interim Rule 2012, CoCs are required to have a coordinated intake, assessment, and referral system (or "centralized or coordinated assessment") that determines the level of risk and identifies needs of those seeking services, but this assessment generally focuses solely on housing and income issues.

To link families with housing and services, comprehensive assessments of all family members are required; information beyond housing and income must be gathered including mothers' exposure to trauma, health and mental health issues, and the children's needs. Various brief standardized assessment tools are widely available. These include standardized screeners for depression (Bassuk & Beardslee, 2014; NRC & IOM, 2009a), trauma (U.S. Department of Veterans Affairs, 2014), and child development (Squires & Bricker, 2009), and easy-to-use assessment tools for child development (Moodie, Daneri, Goldhagen, Halle, Green & LaMonte, 2014). Incorporating comprehensive assessment into the intake process in all homeless and housing programs serving families and children will ensure that needs are accurately identified, and services delivered as early as possible, addressing urgent needs, redressing known health disparities, and building families' resiliency.

4. Provide Trauma-Informed Care

To respond to the extremely high prevalence of exposure to traumatic stress (including domestic violence) and its mental health consequences—especially major depression, post-traumatic stress disorder, and substance use—all agencies should provide trauma-informed care—a strengths-based organizational approach in which all services are provided through the lens of trauma.

Trauma-informed care is a universal framework that requires changes to the practices, policies, and cultures of an entire organization, so all staff have the awareness, knowledge and skills needed to support anyone who has experienced trauma (Hopper, Bassuk, & Olivet, 2010; SAMHSA, 2014). This approach is grounded in an understanding of and responsiveness to the devastating impact of traumatic stress and post-trauma reactions. Establishing trusting,

supportive relationships is the linchpin of trauma-informed care: preventing re-traumatization and creating opportunities for survivors to develop a sense of safety, control, and self-efficacy—all of which increase the likelihood of achieving residential stability and becoming self-supporting (Guarino, Soares, Konnath, Clervil, & Bassuk, 2009; Guarino, 2014; Hopper et al., 2010).

In addition, some programs will have the capacity and resources to provide trauma-specific services to directly address trauma-related symptoms and PTSD (SAMHSA 2014). Various empirically supported treatment interventions are effective in treating PTSD in children, adolescents, and adults (Cohen, Mannarino & Deblinger, 2006; Harris, 1998; Morrissey, Ellis, & Gatz, 2005; Najavits, 2004). Two interventions with a substantial evidence base include Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) (Cohen et al., 2006) and Child-Parent Psychotherapy (CPP) (Lieberman, Van Horn, & Ippen, 2005; Lieberman, Ghosh Ippen, & Van Horn, 2006). Both are relevant for adaptation and use with homeless families.

5. Prevent, Identify and Treat Major Depression in Mothers

Lifetime rates of depression among mothers who are homeless range from 45% to 85% (Bassuk et al., 1996; Bassuk, Buckner, Perloff, & Bassuk, 1998; Weinreb et al., 2006), compared to 12% of women from all socioeconomic groups (Grote, Zuckoff, Swartz, Bledsoe, & Geibel, 2007; Kessler et al., 2003). It is a pressing public health problem and the most common psychiatric disorder affecting homeless mothers. Depression can significantly interfere with obtaining and maintaining housing and services that families need. Lack of access to critical services limits the opportunity for mothers to become self-sufficient and fully support their children.

The impact of maternal depression on children is profound (NRC &IOM, 2009a, 2009b). Children living with a depressed parent have poorer medical, mental health and educational outcomes (Center on the Developing Child at Harvard University, 2009; Knitzer, Theberge, & Johnson, 2008; NRC & IOM, 2009a). Early detection and treatment can prevent worse health outcomes for mothers and protect children from the detrimental impact of their parent's illness. Brief screening instruments are widely available (Bassuk & Beardslee, 2014, NRC & IOM, 2009a); once screened, if depression is identified, providers can ensure that mothers receive treatment.

Depression adds to a mother's difficulty parenting effectively and may compromise her children's growth, development, and school readiness (Knitzer et al., 2008). Poverty seems to be a broad-scale enhancer of risk in relation to depression in mothers, but when controlling for socioeconomic status, maternal depression alone predicted greater adverse outcomes among children (Goodman, Miller, & West-Olatunji, 2011; Kiernan & Huerta, 2008; Riley et al., 2009; Reinherz, Giaconia, Hauf, Wasserman, & Paradis, 2000; Nomura, Wickramaratne, Warner, Mufson, & Weissman, 2002). When mothers are treated for depression (e.g., medication, psychotherapies, behavioral interventions), their children develop fewer emotional and behavioral problems (NRC & IOM, 2009a; Weissman et al., 2006).

Parenting Interventions for Homeless Families

A child's healthy development starts with the ability of the primary caregiver to provide a safe, secure, and nurturing environment (Shonkoff, 2012a & 2012b). One of the strongest influences on child well-being is the health of the parent-child relationship (Masten & Coatsworth, 1998; Perlman et al., 2012), Mothers and fathers who are emotionally available, use sensitive caregiving, refrain from harsh discipline, and use appropriate monitoring tend to have children who are more competent and resilient.

Parenting is a challenging task even for the best-resourced families; for homeless families parenting presents unique challenges. Homeless parents have higher than average rates of chronic medical conditions (Weinreb et al., 2006), histories of untreated trauma, mental health challenges (Bassuk & Beardslee, 2014; Arangua, Andersen & Gelberg, 2005; Caton et al, 2005; Lee et al., 2010; Perlman et al., 2012; Shinn & Weitzman, 1996), lack adequate education and job skills (Bassuk et al., 1997), and may have limited role models for positive parenting (Swick & Williams, 2010). Extreme poverty, loss of predictable routines, fragmented social supports, and the multiple demands of the shelter system can disrupt the parent-child relationship, interfering with normal development and school readiness.

Depression is one of the strongest predictors of poor parenting and child maladjustment (Bassuk & Beardslee, 2014; Center on the Developing Child at Harvard University, 2009, 2010; Foster, Garber, & Durlak, 2008; NRC & IOM, 2009a; Shonkoff & Meisels, 2000; Shonkoff & Phillips, 2000) and is associated with delinquency and risky behavior (Campbell, Morgan-Lopez, Cox, & McLoyd, 2009; Kim-Cohen, Moffitt, Taylor, Pawlby, & Caspi, 2005). A parent experiencing homelessness who is also clinically depressed faces even more challenges (Perlman et al., 2012). Among poor and homeless mothers, the prevalence of clinical depression is four to seven times greater than women in the general population (Bassuk & Beardslee, 2014; Bassuk et al., 1998; Grote et al., 2007; Kessler et al., 2003; Weinreb et al., 2006). Homeless parents have low self-efficacy, often feeling that they do not have control over their life situations or that they can make things better for their children (Gewirtz et al., 2009).

While significant adversity during childhood can result in negative life-long developmental trajectories, a robust evidence base indicates that strategies focused on improving parenting capacities can mitigate some of these outcomes (Kim-Spoon, Haskett, Longo, & Nice, 2012; Shonkoff et al., 2012a & 2012b; NRC & IOM, 2009a). Studies (Danseco & Holden, 1998; Gewirtz et al., 2009) indicate that homeless parents who were more positive, less coercive, and better problem-solvers have children with fewer adjustment problems. In addition,

Herbers et al. (2011) found that the quality of homeless mothers' parenting was a mediator between cumulative risks and children's academic functioning. Thus, positive parenting is an essential strategy for improving child outcomes (Gewirtz, 2007; Gewirtz et al., 2009). Training staff to promote positive parenting and to create a parent-centered family shelter or housing program is essential.

Although implementing evidence-based parenting interventions and creating parent-centered organizational practices are not currently the norm in homeless and housing programs, they represent a cost-effective approach to supporting homeless families and children. Below we describe three promising models.

Parenting Through Change (PTC) is an evidence-based program that has been implemented in shelters. PTC targets five parenting practices: skill encouragement, problem-solving, limit setting, monitoring, and positive involvement. PTC has been modified and tested for homeless families in an emergency domestic violence shelter setting (Gewirtz & Taylor, 2009) and supportive housing agencies (Gewirtz, 2007). Preliminary outcome data indicate high retention rates and positive satisfaction for participants.

Family Care Curriculum (FCC) is a strengths-based six-week program for women with children who are living in emergency and transitional housing (Sheller & Hudson, 2010). This intervention integrates best practice knowledge from four frameworks including: Effective Black Parenting, trauma-informed care, attachment theory, and self-care. FCC has been piloted in seven shelters in a large, northeastern city. Parents become more sensitive and receptive to their children's needs by learning what they and their children are thinking, feeling, and needing—leading to sustained behavioral changes.

Family Talk (Beardslee et al., 1998) is another promising preventive intervention for families experiencing homelessness and parental depression. Though not yet formally adapted for this population, Family Talk improves parental responsiveness and skills, two protective factors known to support resilience and promote wellness for children. Family Talk received high ratings from the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (2006) because of its adaptability (D'Angelo et al., 2009) across a wide range of economically, culturally, and linguistically diverse mental health and nonclinical community based settings (Beardslee, Gladstone, Wright, & Cooper, 2003; Beardslee, Wright, Gladstone, & Forbes, 2008; Beardslee, Avery, Ayoub & Watts, 2009; Beardslee, Ayoub, Avery, Watts, & O'Carroll, 2010; Beardslee et al., 2011; Beardslee, Solantaus, Morgan, Gladstone, & Kowalenko, 2012; D'Angelo et al., 2009; Podorefsky, McDonald-Dowdell, & Beardslee, 2001). It is well-suited to address the needs of homeless families.

All homeless mothers should be screened for major depression and its co-occurring disorders (especially PTSD, substance use, and anxiety). In addition, homeless programs should provide preventive (e.g., parenting supports) and therapeutic interventions. Programs benefitting depressed parents and their children include center-based, developmentally oriented daycare/child care, and home visitation. Additionally, some promising preventive interventions for low-income families with parental depression are especially relevant to families experiencing homelessness and can result in better outcomes (NRC & IOM, 2009b).

6. Provide Parenting Supports

Like most mothers, homeless mothers love their children and would do anything to support them. However, given the extreme stress experienced by these women, it is not surprising that studies have documented that they tend to provide less structure and stimulation, are less warm toward their children, and tend to use coercive disciplinary practices compared to housed mothers (Lindsey, 1998; Koblinsky, Morgan, and Anderson, 1997; Torquati, 2002).

Many systematic studies of parenting supports for low-income mothers have shown promising outcomes that include strengthening of the parent-child relationship; improved children's adjustment and functioning; improved parenting practices; mothers' greater knowledge of child development; and decreased prevalence of maternal depression (NRC & IOM, 2009b). The

evidence base describing the effectiveness of these programs for homeless families residing in supportive housing is beginning to emerge, and the outcomes are promising (Gewirtz et al., 2009; Perlman et al., 2012).

Although parenting programs are part of the solution to family homelessness, they should not constitute the sole response. Treatment is essential for mothers with significant symptoms of depression, PTSD, and substance use. Since most mental health disorders have their roots in childhood and youth—with an estimated 14-20% affected in any given year (NRC & IOM, 2009a)—prevention and treatment of depression and its co-occurring disorders is essential and effective.

7. Provide Developmentally Appropriate Services for Children in Transition

Most children living in shelter or other transitional environments have a history of exposure to trauma and many have experienced other family disruptions. In addition, almost half of all children who are homeless are below the age of six years—a period marked by significant brain development. Given recent findings about the effects of "toxic stress" on brain architecture in children, it is imperative that these children's needs are identified and addressed.

Universal screening of homeless children birth-to-five is essential to identify possible developmental problems when treatment or interventions can be most effective, preventing worsening problems with age (American Academy of Pediatrics, 2001). Agencies should formally assess all children, and provide them with developmentally appropriate programs that are family-oriented. For example, *A Parent-Completed, Child–Monitoring System* (Bricker et al, 2008; Squires & Bricker, 2009) is a comprehensive and easy-to-use scale designed to identify the needs of infants and young children who may be struggling with developmental delays or disabilities. Use of this scale has been effective in shelter and home visitation. Children who manifest serious emotional, behavioral, and developmental problems should be appropriately referred for clinical evaluation and treatment. Some suffer from depression, attachment disorders, and attention difficulties that require therapeutic interventions beyond the capacity of housing and homeless service providers. Treatment should be long-term and available to families through their transition into permanent housing. Mothers need to be screened for depression, trauma and its mental health consequences, and substance use. At the same time, the program should ensure adequate parenting supports. Parent support should focus on identifying trauma triggers, treating post-trauma responses, and helping parents be more attuned and responsive to the needs of their children rather than primarily emphasizing "techniques" to foster better behavior.

Healthy development across the lifespan depends on stability and flexibility, both in adulthood and in childhood (Shonkoff & Phillips, 2000). For children, stability comes from secure caregiver relationships and from environments that ensure safety, routines, predictable activities, and strategies to address transitions. All programs serving homeless children should be trauma-informed, ensure that staff members are knowledgeable about child development,

attachment, and the impact of traumatic stress, and incorporate child-friendly programming and play spaces to support resiliency.

8. Develop and Fund a Comprehensive Research Agenda

Homelessness is not solely about the lack of housing but also indicates critical disconnection from community services and supports. With implementation of the Affordable Care Act and more focus on parity for mental health issues, more attention is being paid to the intersection of homelessness, housing, and health care (including primary and behavioral health). Solutions to family homelessness must reflect our understanding that housing is essential but not sufficient to address homelessness. Housing must be combined with services and supports.

A recent systematic review (Bassuk et al., 2014) found that there are currently no evidence-based program models or practices to address family homelessness. This represents a tremendous gap in the field. In the absence of sound research, policies are not data driven and run the risk of being informed more by myth, ideology, and bias than fact. The potential consequences for families and generations of children are profound.

Currently, our knowledge of evidence-based interventions that lead to positive outcomes remains limited. Various promising practices have emerged but consensus has not been reached about the appropriate mix of housing models and services/supports that ensure positive outcomes for different subgroups of families. Programs that do provide services tend to apply evidence-based practices from other fields (e.g., child welfare). Few have been rigorously tested—and their implementation requires longer-term investments in training and supervision—a challenge for programs that tend to have limited resources. In addition, other gaps in the literature exist about the characteristics and needs of various subgroups of the homeless population.

Many unanswered questions remain: Do families receiving a housing subsidy and services do better than those that only receive a subsidy? What types and mix of services will help families achieve residential stability and other desirable outcomes? How can we best match different subgroups of families with appropriate housing and services? More research is needed that uses randomized designs, specifically describes the type, amount, and intensity of services, and defines the needs of various subgroups of families and children. In addition, studies must follow families long enough to establish whether they have achieved residential stability. In addition to housing outcomes, studies must address self-sufficiency and the well-being of all family members including the children (Bassuk & Geller, 2006). The HUD Family Option Study (see page 95) is one of the first randomized controlled trials investigating the impact of various interventions on homeless families.

HUD Family Options Study:

Understanding Impacts of Housing and Service Interventions for Homeless Families

The Family Options Study, supported by the U.S. Department of Housing and Urban Development (HUD), is the first randomized controlled trial investigating the impact of four interventions for homeless families in 12 communities. A total of 2,307 families enrolled between September 2010 and January 2012 were randomly assigned to each of four study interventions:

- Permanent housing subsidy (SUB), usually Housing Choice Vouchers.
- Project-based transitional housing (PBTH) that offers temporary housing up to 24 months in agency-controlled housing with intensive support services.
- Community-based rapid rehousing (CBRR) that provides temporary rental assistance for 2 to 6 months paired with housing-focused case management.
- Usual care (UC) in the emergency shelter system with an average stay of 30 to 90 days.

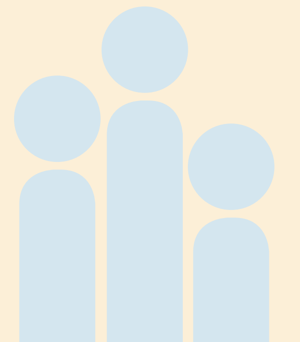
Outcomes examined in the study included:

- Residential stability
- Self-sufficiency
- Family preservation and reunification
- Adult well-being
- Child well-being

The study investigated whether particular interventions are more effective for some subgroups of families experiencing homelessness compared to others with the goal of determining which type of housing and services works best for which families.

At enrollment in the study, a typical family had one to two children with most children less than 6 years old. Eighty-three percent of the families were not working, but for those who were, the median annual income was $12,000. Two-thirds of the families had a prior episode of homelessness. Twenty-two percent of adult participants had symptoms of post-traumatic stress disorder (PTSD), and almost half had experiences of domestic violence. Within the past year, 14% had reported drug use, and 11% had problems with alcohol use.

The HUD Family Options Study Interim Report (6/20/14) described the study design and baseline characteristics of the families, but did not report on outcomes. The impacts of interventions and their relative costs are scheduled to be reported in 2014 (HUD, 2013b).

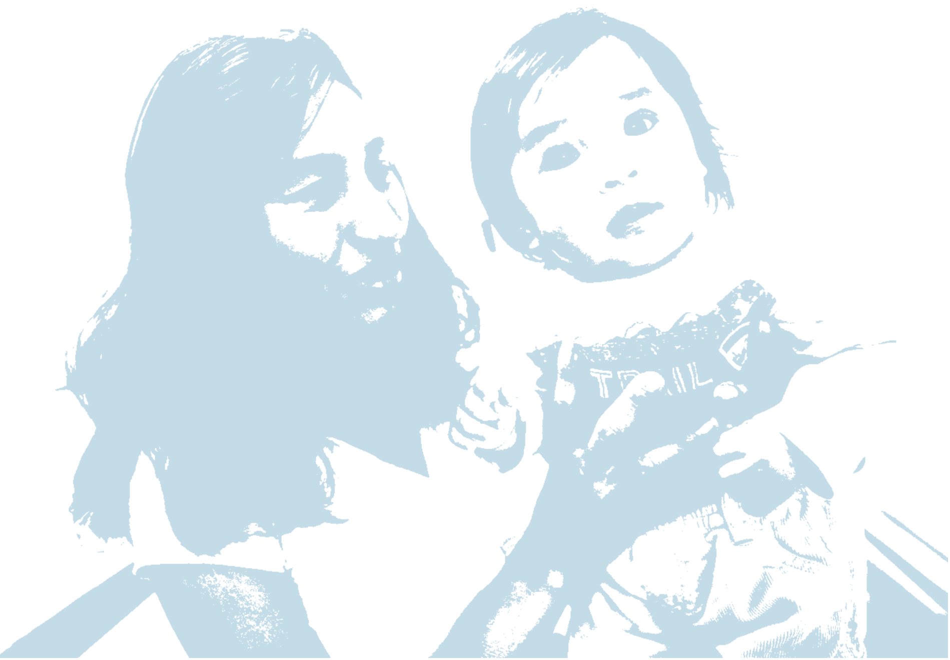


V. Conclusion

It is unacceptable that 2.5 million children—one out of every 30 children—experience homelessness in the United States annually. The number has increased steadily over the last few decades and will not lessen until our nation pays attention to this issue, and makes it an immediate priority. We have reduced homelessness among chronically homeless individuals and veterans by targeting additional resources in the form of housing and critical supports. It is now time to include children and families in this effort.

The solution to child homelessness starts with agreeing as a nation that children living doubled-up in basements and attics with relatives and friends are homeless and need our help. The next step is to ensure an adequate supply of safe, affordable housing combined with essential services. To remain housed, mothers need employment opportunities that provide adequate income; this necessitates education, job training, transportation, and childcare. Universal screening of all homeless family members is critical to understand a family's needs beyond housing, and to set realistic goals. When the proper mix of supports and services for each family is determined, services must incorporate a family-oriented, trauma-informed approach. Further research is needed to understand what mix of housing and services is most effective for which families and children.

In this report, we have described the bleak reality of child homelessness in America. We have also presented the solution. If we continue to look away, this problem will grow worse, and the long-term costs to our society will dwarf the costs of making this issue a priority now. We must mobilize a comprehensive response and pay attention to the millions of children in this country who have no home to call their own—or another generation of children will be permanently marginalized and lost.



Appendix A: Methodology

Introduction

America's Youngest Outcasts describes the status of child homelessness in the United States. To determine this status, we investigated four domains for each state: (1) Extent of Child Homelessness (adjusted for population size); (2) Child Well-Being; (3) Risk for Child Homelessness; and (4) State Policy and Planning Efforts. Within each domain, a score of 1 through 50 was computed. The score from each domain was then summed to compute each state's composite score which reflects the state's overall performance across all four domains. The four domains and the overall composite score are based on the most recent federal data that comprehensively counts homeless children and 32 variables from over a dozen established data sets.

Assessing the status of homeless children in each domain was challenging. Most national data sets have no specific measures of homelessness, residential status, or housing stability, nor variables about the number, characteristics, and needs of homeless children. To adjust for the limitations in existing data sets, we used various proxy measures that are described in detail below. The timeframes of various data sources relating to the status of homeless children are inconsistent, presenting another challenge. National data sets are not always available on an annual basis. We used the most recent available data and the most comprehensive data sets.

Composite Score for Each State

This report captures the complexity of child homelessness. Each state has been assigned an overall score (1=best, 50=worst) based on a composite score of the four domains described below. To arrive at the composite score, each state was first scored on:

- Extent of Child Homelessness (percent of homeless children out of all children in the state).
- Child Well-Being (food security, health, and education).
- Risk Factors for Child Homelessness (factors related to generosity of benefits, housing market factors, household structure, and extreme poverty).
- State Policy and Planning Efforts (policies related to health, income, and housing, as well as levels of planning to end child and family homelessness).

State scores on extent of child homelessness, child well-being, risk for child homelessness, and state policy and planning efforts were then summed. The composite score was based on the sum of these four domain scores. In cases where there were ties between states, the state with the lower percent of homeless children was assigned the better score.

Limitations

The limitations of individual data sources are discussed below. The use of a scoring based on the selected domains and factors provides a profile that has various limitations.

District of Columbia
The District of Columbia was not included in the 50-state rank. In this report, we include a one-page description of the status of homeless children in the District that also contains information from all four domains.

The Four Domains

1. Extent of Child Homelessness

This domain reports the number of homeless children in each state.

Data Sources

- U.S. Department of Education McKinney-Vento 2013 Educational Data, 2014.
- United States (U.S.) Census Bureau 2013 Population Estimates Program: Annual Population Estimates for Selected Age Groups by Sex.

Variable(s)

- Number of children identified as homeless and enrolled in local school districts in public schools in the state over the course of an academic year.
- Number of children under the age of 18.

These data are homeless specific. The federal McKinney-Vento Homeless Assistance Act, Title X, Part C, of the No Child Left Behind Act of 2001 requires that all State Education Agencies and/or Local Education Agencies (LEAs—commonly referred to as school districts) collect and submit information to the U.S. Department of Education about the number of homeless children who were identified as homeless and enrolled in all local school districts in the state over the course of an academic year (NCHE, 2011) using the McKinney-Vento definition of child homelessness.[6]

For ranking purposes, we examined data collected by the U.S. Department of Education (ED) in 2013 indicating the number of students experiencing homelessness who were *enrolled* in school. We used the same datasets for 2011 and 2012 for comparison purposes. The enrolled student ED data include children ages 3-5 enrolled in public schools in LEAs, but it does not include children under the age of 3. To adjust for this, we subtracted the number of homeless children ages 3 to 5 who were enrolled in public school from the total number of homeless children enrolled in each state to find the K -12 total. Because the most current research estimates that 51% of the total number of homeless children are under the age of 6 (Samuels, Shinn & Buckner, 2010; HUD, 2009), the ED count of K-12 homeless children represents 49% of the total number of homeless children. From this, we used a ratio to calculate the

[6] See *Definitions of Homelessness* on page 12.

total number of homeless children in each state; this includes an estimate of the number of homeless children under the age of 6 (number of K-12 homeless children x 100 / 49 = total number of homeless children). To estimate the number of homeless children under the age of 6, we subtracted the number of K-12 homeless children from the total number of homeless children.

To calculate the percentage of homeless children in each state, we divided the total number of homeless children in each state by the total number of children under the age of 18 in each state as reported by the U.S. Census Bureau. We then ranked the states from 1 to 50 based on the percent of children who are homeless (1=best, 50=worst). It is important to note that homeless children are present in all states; states with the better rankings have a smaller percentage of homeless children compared to the total state child population.

We completed the following calculations to determine: (1) the total number of homeless children nationally; and (2) the ratio of homeless children compared to the overall number of children in the US.

- Research indicates that 51% of the nation's homeless children are under the age of 6 years (Samuels, Shinn & Buckner, 2010; HUD, 2009). Thus, the McKinney-Vento count of K-12 homeless children represents 49% of the total number of homeless children in the U.S. From this, we calculated 100% of U.S. homeless children in 2013: 1,216,934 x 100 / 49 = 2,483,539. This total includes 1,216,934 homeless children in K-12, plus 1,266,605 homeless children not in K-12 under age 6.
- According to the U.S. Census, there were 73,585,872 children under 18 years of age in 2013. The finding that one in 30 children was homeless in 2013 was calculated by dividing the total number of homeless children in the U.S. in 2013 (2,483,539) by the total number of children under 18 in 2013 (73,585,872): 2,483,539 / 73,585,872 = .03375 = 3.375 in 100 = 1 in 30 (29.6).

Limitations

The ED McKinney-Vento data are the only dataset that comprehensively assesses the number of homeless children by state. We used McKinney-Vento data on homeless children and youth because public schools are the only institutions legally responsible for identifying and serving children experiencing homelessness. The ED data used in this report only includes children enrolled in school and identified by school personnel. Therefore, this report does not include homeless and unaccompanied children and youth who are not in school, or who are in school, but whose homeless status is unknown to school personnel (NCHE, 2013).

It is likely that ED numbers are an undercount in many states. Although all school districts are required to identify homeless children who are enrolled, not all school districts report complete data sets for transmission to the federal government. For state trends over time, we used McKinney-Vento data from 2011, 2012, and 2013. During 2012, an estimated 94% of LEAs

submitted data (NCHE, 2013). If less than 100% of LEAs reported the number of homeless children in 2013, then our composite number is likely an undercount.

Our estimates for the total number of homeless children in each state and the number of homeless children under age 6 are estimates based on the number of K-12 children reported by ED. Given current data sets, however, it is the best data available nationally. Although approximations are used, it is still important to include young children in the report since they comprise 51% of the population of homeless children (Samuels, Shinn & Buckner, 2010; HUD, 2009). Since children under the age of 6 are at a critical stage of brain development and may be highly vulnerable to early adversity (Center on the Developing Child at Harvard University, 2010), early identification becomes critical to preventing potentially devastating and costly future outcomes.

Children in rural areas are among the most hidden homeless children and may not be fully represented in this report, further contributing to an undercount. Rural areas remain home to an estimated 9% of homeless people (Post, 2002). The rate of homelessness in some rural areas may be greater than that of large cities (Lawrence, 1995; Post, 2002). Poverty is a significant contributor to homelessness. In 2005, 15% of rural Americans were living in poverty (Jensen, 2006). Rural housing may further obscure the scope of the problem. Limited availability of and access to shelters and services (National Alliance to End Homelessness, 2010; Aron & Fitchen, 1996) increase the likelihood that homeless people living in rural areas are doubling-up with relatives and friends (National Coalition for the Homeless, 2009b).

2. Well-Being

The Well-Being Domain examines characteristics associated with general child well-being and is comprised of the following sub-domains: food security, health, and education. To construct the score for the Well-Being Domain, each variable within the sub-domains was ranked on a scale of 1 to 50. The Well-Being Domain score was created by adding together each of the three sub-domain scores and ranking these from 1 to 50.

a. Food Security

Data Source

- U.S. Department of Agriculture (USDA), Household Food Security in the United States in 2012.

In 2012, USDA surveyed a representative sample of 43,942 U.S. households to assess food security. Approximately half of the questions asked in the survey were specific to households that included children age 0-17.

Variable(s)

- Percentage of households with very low food security.

Food security is defined as "assured access for every person to enough nutritious food to sustain an active and healthy life including food availability (adequate food supply); food access (people

can get to food); and appropriate food use (the absorption of essential nutrients)" (Bread for the World Institute, 2006).

USDA provides the percentage of households with very low food security. "Very low food security" is defined as households that experience food insecurity with hunger, and report "multiple indications of reduced food intake and disrupted eating patterns due to inadequate resources for food" (Coleman-Jensen, Nord, & Singh, 2013).

For this report, we used this percentage to generate how many households out of 100 have very low food security. An assumption is made that very low food security rates disproportionately affect families that experience homelessness.

Below are some example questions that the USDA uses to assess food security. Adult respondents are asked the following about the last 12 months:

- Did you ever eat less than you felt you should because there wasn't enough money for food?
- Were you ever hungry, but didn't eat, because there wasn't enough money for food?
- Did you lose weight because there wasn't enough money for food?
- Did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?
- Were the children ever hungry but you just couldn't afford more food?

In 2010, the national average for very low food security (having experienced hunger) was 5.6% (Coleman-Jensen, Nord, Andrews, & Carlson, 2011). In 2012, this remained constant at 5.6% (Coleman-Jensen, Nord, & Singh, 2013).

Limitations

The annual Current Population Survey Food Security Supplement is conducted by sampling and screening residential addresses. If families are residing in shelters, hotels/motels, or are doubled-up with families or friends, they are not included in the sampling frame. The very low food security rates are reported as direct percentages and are not specific to families that are experiencing homelessness. It is likely that the actual rate of very low food security among the population of homeless children is underestimated. A possible source of reporting bias is a household respondent's unwillingness to disclose their level of food insecurity. In the case of households that have children, it is possible that parents might not be willing to disclose food insecurity that affects their children for fear of stigma, embarrassment, or other consequences (e.g., fear of losing children to the child welfare system).

b. Health

Data Source

- Child and Adolescent Health Measurement Initiative, National Center of Health Statistics, National Survey of Children's Health, 2011-2012.

The National Survey of Children's Health (NSCH) is conducted by the National Center of

Health Statistics at the Centers for Disease Control and sponsored by the federal Maternal and Child Health Bureau, U.S. Department of Health and Human Services. It assesses prevalence of physical, emotional, and behavioral child health factors. From 2010-2012, a total of 95,677 interviews were completed nationally for children 0-17 years old (The Child and Adolescent Health Measurement Initiative, 2012). Telephone numbers were randomly sampled, (with one child under 18 years randomly selected as the interview subject). The respondent was an adult in the household who had the most knowledge about the child's health.

Variables

- How many children have one or more current chronic health conditions from a list of 18 conditions?
- How many children currently have asthma?
- How many children currently have Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder?

Homelessness Proxy

- 0-99% of the Federal Poverty Level.

Within the NSCH, there are no data on homelessness although there is information about the Federal Poverty Level. The U.S. Census Bureau is responsible for calculating poverty thresholds each year used to determine the number of Americans living in poverty. The U.S. Department of Health and Human Services creates the Guidelines as a simplified version of these thresholds and uses it for administrative purposes such as calculating eligibility for various federal programs (U.S. Department of Health and Human Services, 2013).

Limitations

To enhance the representativeness of the NSCH sample, results were weighted to adjust for various potential biases such as geographic diversity, area home ownership levels, and race/ethnicity. Survey biases were determined to have a small impact on estimates, but the nonresponse adjustment to the weights reduced the magnitude of those biases.

c. Education

Data Source

- National Assessment of Educational Progress (NAEP), 2013.

The NAEP is conducted periodically among students in grades 4, 8, and 12 to gauge the state, regional, and national academic performance of selected subjects. NAEP testing is also conducted to determine long-term trends by assessing samples of students at ages 9, 13, or 17 years. Academic areas assessed include mathematics, reading, science, writing, the arts, civics, economics, geography, and U.S. history (National Center for Education Statistics (NCES), 2013). Each state uses the same tests each year, allowing for a common metric across states and continuous documentation of student progress.

Possible scores include the following (NCES, 2013):

- "Below Basic"—students who do not achieve even partial mastery score.
- "At or Above Basic"—partial mastery of prerequisite knowledge and skills fundamental for proficient work.
- "At or Above Proficient"— demonstrates competency over challenging subject matter, including subject-matter knowledge, application of such knowledge to real-world situations, and analytical skills appropriate to the subject matter.
- "Advanced"—superior performance at grade assessed.

National assessments include a representative probability sample of public and private schools in 22 geographic sampling units and an additional randomly selected sample of 72 geographic units. The number of schools and students vary from year to year (NCES, 2011). An average state sample includes 2,500 students across 100 public schools. Schools with similar characteristics such as physical location, extent of minority enrollment, state-based achievement scores, and median income are stratified within each state to improve reliability (NCES, 2011). NAEP also identifies students who have disabilities or are English language learners and may require special accommodations to participate (NCES, 2011).

The McKinney-Vento Homeless Assistance Act requires that states ensure that homeless children have access to a free, appropriate public education and that school districts provide data to the federal government. While states collect and report proficiency levels for the McKinney-Vento educational data, these data are not comparable because states develop their own assessments and gauge proficiency by their own standards. There is no standardized test used for McKinney-Vento educational data (NCHE, 2013). As such, we used National Assessment of Educational Progress (NAEP) scores to generate proficiency rates.

Variables

- Children scoring proficient or higher in 4th grade reading.
- Children scoring proficient or higher in 8th grade reading.
- Children scoring proficient or higher in 4th grade math.
- Children scoring proficient or higher in 8th grade math.

Homelessness Proxy

- National School Lunch Program eligibility.

While there are no residential status questions, NAEP collects information about eligibility for the U.S. Department of Agriculture's National School Lunch Program (NSLP). NSLP provides reduced priced meals to children between 130%-185% of the FPL and free meals to students below 130% of the FPL (U.S. Department of Agriculture (USDA), 2012). Students who meet the McKinney-Vento Act definition of homelessness are automatically enrolled into the NSLP without an application (USDA, 2014). Therefore, students eligible for the NSLP represent a conservative estimate of children who are homeless.

Limitations

While the National School Lunch Program (NSLP) provides an adequate proxy for children who are homeless, NSLP data may overestimate proficiency. Various circumstantial factors may impact whether or not homeless children, or a representative sample of eligible children, were assessed. For example, high mobility rates mean that homeless children may not have been in school on the testing day; these children may also have been absent for other reasons not related to homelessness.

3. Risk for Child Homelessness

The Risk for Child Homelessness Domain assesses various structural determinants of homelessness in each state. Family homelessness is used as a proxy for child homelessness because the Report Card focuses on children who are members of homeless families and does not include unaccompanied youth.

Often when thinking about predictors of homelessness, we focus on factors related to individual vulnerability, such as the recent birth of a child or parental hospitalization for a mental health or substance use problem. However, individual factors only tell us who is more likely to be affected by various structural factors that contribute to losing one's home. Structural factors describe the "why" of homelessness, not the "who." Therefore, we have developed this domain to focus on the structural determinants of family homelessness and have included factors such as poverty, household structure, housing market factors, and generosity of benefits. However, the impact of unique state or regional characteristics and events (e.g., natural disasters, local context) is not directly captured.

Variables within each sub-domain were ranked and states were scored according to quintile (1 point for the top fifth; up to 5 points for the bottom fifth). All ranks within each sub-domain were averaged to compute an overall sub-domain score between 1 and 5, then all four sub-domain scores were added together to create an overall score from 4 to 20. Scores were assigned based on the quintile to adjust for some of the random variation in measurement. When quintile scores were assigned, total index scores were calculated by taking the average score within each sub-domain. The four sub-domain scores were then added together to create an overall index score for each state. Higher scores indicate the presence of greater risk for homelessness (max score = 20).

With different years of data, it is difficult to determine which events are causes and which are outcomes. Some factors, such as poverty, may be weighted more heavily than other factors.

a. Poverty

Data Source

- U.S. Census Bureau 2012 American Community Survey.

Variable

- Population at less than 50% of the Federal Poverty Level.

Poverty is represented by a single variable—the rate of extreme poverty (the percentage of households with incomes at 50% or below the Federal Poverty Level (FPL). Of all the state descriptors that we considered, extreme poverty is one of the strongest predictors of family homelessness.

Limitations

Questions remain about whether or not the Federal Poverty Level accurately reflects the current economic environment, is set at an appropriate level, and whether it is a reliable measure (Cathuen & Fass, 2008).

b. Household Structure

Household structure is comprised of two variables: female-headed households and teen births. These two variables are included because they focus on families who are especially vulnerable to an economic catastrophe. The majority of homeless households are headed by women alone with young children (HUD, 2010; Rog & Buckner, 2007). In general, most female-headed households do not become homeless. However, these households are more vulnerable to events such as the loss of a job or the serious illness of a child. Single mothers are often only one catastrophe away from homelessness since they are solely responsible for wage earning, child care, and homemaking. For women with children who have a limited education and job skills, the options for survival are often only low-paying service-sector jobs with inflexible hours and inadequate benefits.

Younger families headed by mothers aged 18-25 have unique needs based on their age and stage of development. They tend to have fewer social supports and limited tenancy histories, are three times more likely to have experienced earlier family separations and have been in foster care, and experience homelessness on average at least ten years earlier than their older counterparts (Vaulton, n.d., DeCandia, 2012a, DeCandia, 2012b). Teens who become pregnant and homeless lack the education, income, family supports, and resources of older parents and represent a high risk group (Thompson, et al., 2008). Teen birth rates across states were thus included in this report as well.

1) Female Headed Households

Data Source

- United States Census Bureau, 2010.

Variable(s)

- Percentage of households headed by a woman alone with no husband present, with own children under 18 years.

Limitations

The major limitation of the female-headed households variable is that the data used in this report are not divided by the level of poverty. If we used data based on female-headed

households at or below 50% of the poverty level, this would better capture the experience of families experiencing homelessness.

2) Teen Birth Rates

Data Source

- Centers for Disease Control, 2012.

Variable(s)

- Teen birth rate per 1,000.

Limitations

Similar to female-headed households, we were unable to control for teen birth rates for women living at or below 50% of the poverty level.

c. Housing Market

The housing market domain represents the supply side of the equation: How much housing is available for families at the low end of the economic ladder?

1) Extreme Housing Need

Data Source

- Center for Housing Policy, 2013.

Variable(s)

- Percentage of households that are severely housing burdened (paying 50% or more of income for rent).

Severe housing burden is defined by the U.S. Department of Housing and Urban Development (HUD) as paying 50% or more of income for rent or living in substandard housing (Steffen et al., 2011). Severe housing burden is a strong predictor of family homelessness because it includes the group that may be one expense away from eviction or is living in substandard housing.

Limitations

Only 3% of households with worst case housing needs are accounted for by substandard housing alone (Steffen et al., 2011). The household data also do not focus on families; a household can be an individual or adults without children (Center for Housing Policy, 2013). The Center for Housing Policy Report focuses on "…housing affordability for working households. For the purpose of this report, working households are those that report household members working at least 20 hours per week, on average, and earning no more than 120 percent of the median income (AMI) in their area." This may not capture the over 40% of homeless adults who are employed in fulltime or more than one part-time job, yet are still homeless (Long, Rio, & Rosen, 2007).

2) Home Foreclosures

Data Source

- RealtyTrac, 2013.

Variable(s)

- State rank by households in foreclosure (1=best; 50 = worst).

Foreclosure rates are an indicator of diminished housing stock and households that may be struggling financially. In many locales, foreclosures lead to the eviction of vulnerable tenants and are associated with rising rates of homelessness.

Limitations

Typically, when we talk about "households" we are speaking about family units, or groups of people who are living together. In the case of foreclosure data, a "household" is a dwelling. While foreclosure rates are indicators of housing availability and potential homelessness, these rates do not capture the precarious housing situations of families who are living on the streets, in shelters, or those who move from one doubled-up situation to another. Also, it is unclear whether foreclosure rates reflect housing situations or the recent and continuing mortgage crisis. Many homes currently under foreclosure were purchased as investment properties and were not occupied. Because the RealtyTrac data refer to a household as a dwelling and not a person or group of people, these numbers likely overrepresent the impact of the foreclosure on homelessness. In addition, less attention has been paid to foreclosures impacting renters that affect lower-income households (ICPH, 2011); the foreclosure data do not focus specifically on dwellings that were used for rental properties.

d. Generosity of Benefits

The final risk factor, generosity of benefits, describes the income side of the affordable housing equation. When rent exceeds income, people cannot afford to maintain their housing. For those with extremely low incomes, public benefits are essential for keeping this equation balanced. This domain is made up of four variables: use of Federal Child Care Vouchers; ratio of Temporary Assistance for Needy Families (TANF) benefit to a state's Fair Market Rent (FMR); rate of children who lack insurance; and participation in Supplement Nutrition Assistance Program (SNAP). Each of these variables represents resources that help buffer the impact of poverty. Child care vouchers enable people to work. SNAP helps cover the cost of food so that wages can be dedicated to other essentials such as rent. Although children tend to have relatively low health care expenditures, without routine care, a small problem can become an emergency, leading to missed work and costly expenditures. Finally, the ratio of TANF benefit to the Fair Market Rent is an indicator of whether public benefits are sufficient to pay rent.

1) Ratio of TANF to Fair Market Rent

Data Source

- Urban Institute, Welfare Rules Databook: State TANF Policies as of July 2013.
- National Low Income Housing Coalition (Fair Market Rent), 2013.

Variable(s)

- Percentage of TANF necessary to pay fair market rent. Calculated as FMR for a two bedroom apartment/TANF maximum allotment for a family of three.

In the majority of states, there is one TANF maximum allotment. However, in three states (California, Massachusetts, and Wisconsin), there are two different possible TANF maximum allotments. In California and Massachusetts, the difference is for exempt and non-exempt participants. In Wisconsin, the difference is between W-2 Transition and Community Service Jobs. For these states, we averaged the two amounts and used this amount for the state maximum allotment.

Limitations

Averaging the two possible amounts for California, Massachusetts, and Wisconsin may not accurately capture the maximum TANF allotment. For California and Massachusetts, non-exempt means that someone in the household must be working; therefore, the TANF amount does not accurately represent the total income for the household. FMR varies widely from community to community; FMR in Boston is much higher than FMR in Western Massachusetts. Therefore, the state level FMR is not a perfect measure for the cost of living throughout the state.

2) Use of Federal Child Care Vouchers

Data Source

- United States Census 2012 American Community Survey 1-Year Estimates (number of children, percent of children in poverty).
- U.S. Department of Health and Human Services Administration of Children and Families (number of child care vouchers), 2012.

Variable(s)

- Percentage of children in poverty served by Federal Child Care Vouchers.

Calculated as average monthly number of children served by Federal Child Care Vouchers/ (total number of children * % children under 18 years living below the poverty level in 2012).

Limitations

Federal Child Care Voucher data are reported as a monthly average. We were unable to determine how many unduplicated children received a child care voucher at some point during the year. The Child Care and Development Fund (CCDF) is a federal program that provides

child care assistance to low-income families (US Department of Health and Human Services, 2012). Child care assistance is granted by the CCDF to states and each state determines its own eligibility guidelines. This does not allow us to determine how many vouchers actually went to children who were homeless or children who were living below 50% of the FPL.

3) Participation in SNAP

Data Source

- U.S. Department of Agriculture Food and Nutrition Service and Mathematica Policy Research, 2014.

Variable(s)

- Estimates of SNAP Participation Rates in 2011.

Limitations

Participation in SNAP is reported by the U.S. Department of Agriculture as a number derived from a regression analysis. SNAP is available for individuals and households that meet certain resource and income tests. There are additional requirements regarding employment status and for those who are elderly, disabled, or immigrants. We were unable to determine SNAP participation for families with children, or, more specifically, families who are homeless or living at or below 50 percent of the FPL, separate from individuals and other households; the participation rates include all of those who are eligible.

4) Percentage of Children Who Lack Insurance

Data Sources

- U.S. Census Bureau, 2012.

Variables

- Health Insurance Coverage Status and Type of Coverage by State—Children Under 18: 2012 American Community Survey 1-Year Estimates (percent uninsured).

We used U.S. Census Bureau data (Health Insurance Coverage Status and Type of Coverage by State—Children Under 18: 2012 American Community Survey 1-Year Estimates) to report the percentage of children who are uninsured. We then ranked each state based on this figure (1=best, 50=worst). In the cases where there were ties between states, the state with the lower percent of homeless children was assigned the better rank.

Limitations

The data reported are not specifically for children who are homeless, although it is highly likely that homeless children are included in these data sets. In addition, because of a lack of data, we do not address access to physical, mental, and dental health providers.

4. Policy and Planning Efforts

The State Policy and Planning Efforts Domain examines current policies and activities related to housing, income, health, and planning. To construct the score for this domain, data were collected for each sub-domain to determine a score (see below for more detailed information). Each state was then ranked on a scale of 1 to 50 based on their scores in each factor. The overall rank was created by adding the ranks for housing, income, and health plus the planning factor score, and then ranking the states for this domain based on the total number from 1 to 50 (1=best, 50=worst). If there were ties between states, the state with the lower percent of homeless children was assigned the better rank.

a. Housing

Data Sources

- U.S. Department of Housing and Urban Development's Continuum of Care Homeless Assistance Programs Housing Inventory Count Report, 2013.
- Center for Community Change's Housing Trust Fund Project, 2013.

Variables

- Number of Emergency Shelter Family Units (HUD).
- Transitional Housing Family Units (HUD).
- Permanent Supportive Housing Family Units (HUD).
- Existence of State Housing Trust Funds (Center for Community Change).

Based on the above sources, we reported the number of family units in each state. We summed these numbers to determine total family units or capacity in each state. We calculated an estimate of the number of homeless families in the state by dividing the total number of homeless children (using data from the Extent domain) by two because the average homeless family is comprised of two children (Burt & Aron, 2000; HUD, 2010). We then calculated the total capacity as a percentage of need (total number of homeless families/total number of family units). To determine the Housing score, each state was ranked based on total capacity as a percentage of need; states were also scored better for existing state Housing Trust Funds. The Housing score was then used to rank the states from 1-50 (1=best, 50=worst). If there were ties between states, the state with the lower percent of homeless children was assigned the better rank.

Limitations

HUD's Continuum of Care (CoC) data are the most complete data set available to determine the number of family units, but do not include units that are not part of the CoC. For example, if a local community or faith-based group runs an emergency shelter, but does not contribute data to the COC about the people served by that shelter, these shelter units and the people served in them are not reported in this data set. We did not include data on the existence of county or locally-based Housing Trust Funds.

b. Income

Data Sources

- National Low-Income Housing Coalition Out of Reach Report, 2013.
- The Hatcher Group Tax Credits for Working Families Online Resource Center, 2013.

Variables

- State Minimum Wage (National Low Income Housing Coalition).
- Housing Wage for a two-bedroom at FMR (National Low Income Housing Coalition).
- State Earned Income Tax Credit (Hatcher Group).

We compared the minimum wage to the housing wage for a two-bedroom unit at Fair Market Rent (FMR) through a simple calculation: [(Minimum wage / Housing wage) x 100] to find the percent earned compared to what is needed to afford a two-bedroom unit at FMR in each state. For example, if the minimum wage is $5.00 and the housing wage for a two-bedroom at fair market rent is $10.00, then a worker is only earning 50 percent of what he/she needs to cover rent each month.

We used the FMR for a two-bedroom unit based on the assumption that it is the smallest and therefore least expensive housing option for a family experiencing homelessness. We then ranked each state based on the percent earned compared to what is needed to afford a two-bedroom unit at FMR.

We collected information about the State Earned Income Tax Credit (EITC) for each state, including whether or not the state EITC is refundable. State EITC helps offset state and local taxes for low-wage workers. A refundable EITC (size of credit exceeds amount of state income tax owed and difference is provided in the form of a refund check) is most helpful to low-income families (The Hatcher Group, 2014). States that have EITCs and states whose EITC's are refundable were scored better.

All sub-domain scores were added together for each state to compute the overall Income score. The Income score was then used to rank the states from 1-50 (1=best, 50=worst). If there were ties between states, the state with the lower percent of homeless children was assigned the better rank.

Limitations

Data on minimum wage is used as an estimate of what a homeless family might earn. The federal minimum wage was last increased in July 2009 to $7.25/hour (United States Department of Labor, 2013). State Earned Income Tax Credits, while important, do not provide families with ongoing income support. Rather, families are more likely to receive one lump sum payment. Although the State EITCs do contribute to lifting families out of poverty, the amount varies by state and may not be enough to make a substantial difference in the family's economic situation.

c. Health

Data Sources

- U.S. Census Bureau, 2012.

Variables

- Health Insurance Coverage Status and Type of Coverage by State—Children Under 18: 2012 American Community Survey 1-Year Estimates (percent uninsured).

We used U.S. Census Bureau data (Health Insurance Coverage Status and Type of Coverage by State—Children Under 18: 2012 American Community Survey 1-Year Estimates) to report the percentage of children who are uninsured. We then ranked each state based on this figure (1=best, 50=worst). In the cases where there were ties between states, the state with the lower percent of homeless children was assigned the better rank.

Limitations

The data reported are not specifically for children who are homeless, although it is highly likely that homeless children are included in these data sets. In addition, because of a lack of data, we do not address access to physical, mental, and dental health providers.

d. Planning

Data Sources

- Existing state websites and documentation of established statewide Interagency Councils on Homelessness.
- Existing state-supported plans to end homelessness, reports, and other relevant documents from each state.

Variables

- Active Interagency Council on Homelessness.
- State Plan to End Homelessness.
- State Plan Mentions Children and Families.
- State Plan Focuses on Children and Families.
- Planning Stage for Developing a State Plan.

Many states have created Interagency Councils on Homelessness (ICH) and engaged in planning efforts to end homelessness within a set timeframe. For each state, we reviewed the status of the ICH. We tried to determine whether it is active or not (in existence) and whether associated state-supported planning efforts were in existence. We conducted internet searches using key search terms such as the state name plus "interagency council," "homeless," "homelessness," "ten-year plan." We examined existing state plans to end homelessness, state reports on homelessness, policy academy documents, and Interagency Council reports available online for each state. We documented any mention of children and families in the

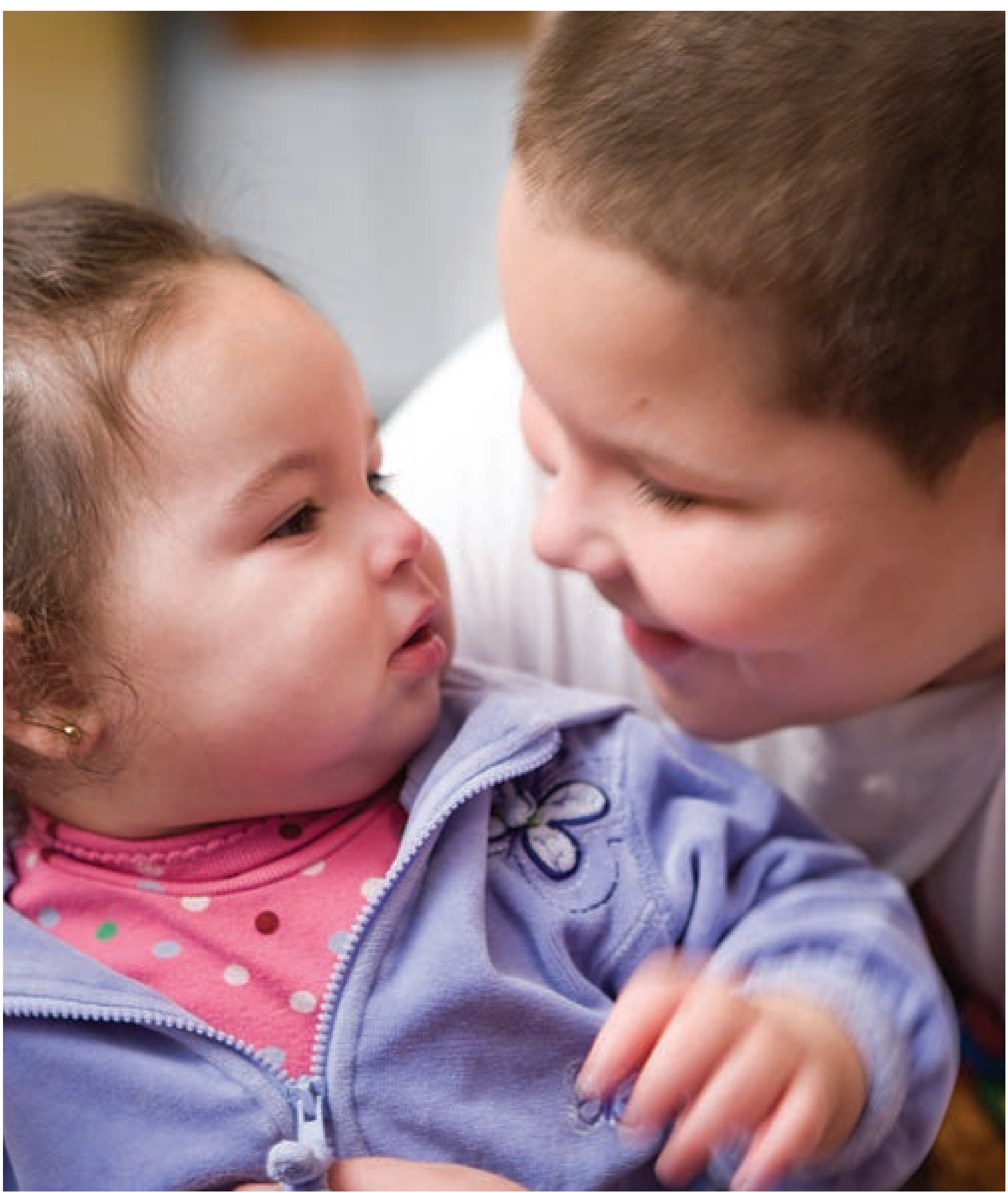
plans and reports. For states where information was not readily found online, we called the ICH representatives or other key state employees to ensure that we had the most accurate information. We then classified each state's planning efforts according to the following categories:

- *Extensive Planning* indicates that the state has an active Interagency Council on Homelessness and has created a comprehensive state plan to end homelessness that includes an extensive focus on children and families.
- *Moderate Planning* indicates that the state has an active Interagency Council on Homelessness and has created a state plan to end homelessness, or a similar statewide plan/report that includes some mention of children and families. Or, moderate planning indicates that the state has an inactive Interagency Council on Homelessness, but has created a state plan to end homelessness, or a similar statewide plan/report, that includes a strong focus on children and families.
- *Early Stages of Planning* indicates that the state has recently established an Interagency Council on Homelessness, and has not created a state plan to end homelessness or is now in the process of creating a state plan to end homelessness. Or, early stages of planning indicates that a state has an Interagency Council on Homelessness (not necessarily recently established) that is currently updating its plan to end homelessness to include a focus on children and families.
- *Inadequate Planning* indicates a state has an inactive Interagency Council on Homelessness and no statewide plan to end homelessness or has an inactive Interagency Council on Homelessness and its statewide plan to end homelessness does not focus on children and families. Or, inadequate planning indicates a state has an active Interagency Council on Homelessness but no plan to end homelessness or has an active Interagency Council on Homelessness but its statewide plan does not mention children or families.

Each state was scored based on whether they received a classification of Extensive, Moderate, Early, or Inadequate. Within the Inadequate classification, we assigned two different sets of scores: (1) states that have no Interagency Council and no state plan to end homelessness, and (2) all other states scored as Inadequate.

Limitations

Our examination of planning efforts was limited to written materials we found online that were produced by states about their state planning and Interagency Council work. In addition, our focus was on planning initiated by state agencies, state legislatures, and the governor's office. It does not include the important work being done by community-based organizations around the country, unless these organizations were also involved in state-initiated planning or Interagency Council efforts.



Appendix B: References and Data Sources

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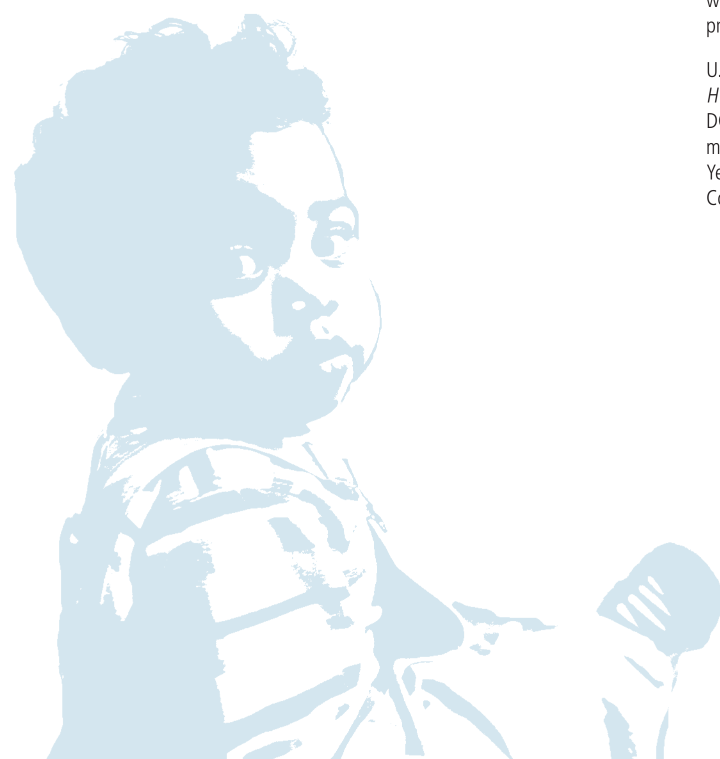

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