



Reaching Homeless Families and Families at Risk of Homelessness Toolkit for Home Visiting Programs

May 2017



BUREAU OF FAMILY HEALTH
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

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This project was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under Maternal, Infant and Early Childhood Home Visiting Program FY’15 grants to the Kansas Department of Health and Environment (KDHE), grant no. X02MC28221 (\$1,056,142) and D89MC28269 (\$9,400,000). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by KDHE, HRSA, HHS, or the U.S. Government.

Background

In a letter dated November 30, 2015 Dr. David Willis, Director, Division of Home Visiting and Early Childhood Systems at the Health Resources and Services Administration, stressed the importance of providing Home Visiting services to homeless families and their young children from pregnancy to kindergarten entry. In the letter he stated, “Home Visiting programs partner with homeless shelters, Housing and Urban Development (HUD) Continuum of Care (CoC) projects, and local homeless initiatives to support stable housing for vulnerable families, to address the critical needs of homeless families, and to address the health and development of mothers and their children”.

In particular he encouraged programs to consider the following actions:

- 1. Provide Quality Services for Homeless Families**
- 2. Have Policies in Place for Families who are Temporarily Homeless after a Disaster**
- 3. Offer Flexibility to Homeless Families**
- 4. Coordinate with HUD CoC, and Local Liaisons**
- 5. Work with Homeless Coalitions**

MCH programs can consider project planning and service coordination at state, territory and/or local levels with the following entities and/or their local affiliates, as applicable:

- U.S. Department of Housing and Urban Development funded recipients within the state, including Continuum of Care recipients, state and local housing authorities, and other organizations that serve families that are homeless or at-risk of homelessness;
- Runaway and Homeless Youth programs; and
- The Office of Coordinator for Education and Homeless Children and Youths in the State authorized by the McKinney-Vento Act.

This toolkit provides information to support the Kansas Home Visiting Programs in accomplishing these goals.

Ending Family Homelessness: Our Progress, Essential Strategies, and the Work Ahead

Our Progress

The work to end family homelessness is a national priority for many reasons. Being in safe and stable housing benefits both parents and children for a lifetime, improving their overall well-being, health, education, and future employment opportunities — outcomes that strengthen our communities and our country as a whole. Through strengthened crisis response systems, more effective use of public and private resources, and stronger practices, our most recent Point-in-Time count data tells us that the number of families experiencing unsheltered or sheltered homelessness on any given night has been reduced by 23% in this country between 2010 and 2016 — including a 65% reduction in unsheltered homelessness. But given the scope of the challenge, we need much greater progress. To end family homelessness once and for all, we need to continue building strong public– private partnerships, marshaling existing resources, and investing new resources to ensure all families have access to safe, stable housing they can sustain long-term, with connections to opportunities that contribute to self-sufficiency and overall well-being.

Essential Strategies

To prevent families with children from experiencing homelessness, and to make sure that when families do experience homelessness they can quickly regain permanent housing, communities need robust, coordinated systems, focused on shared outcomes. Federal, state, and local action has focused on four key strategies:

1. Develop a centralized or coordinated entry system with the capacity to assess needs and connect families to targeted prevention assistance where possible and temporary shelter as needed.
2. Ensure interventions and assistance are tailored to the needs of families: a) Provide rapid re-housing assistance to the majority of families experiencing homelessness; b) Increase access to affordable housing and help communities target resources; and c) Direct more service-intensive housing interventions to the highest need households.
3. Help families connect to the mainstream resources (benefits, employment, and community-based services) needed to sustain housing and achieve stability. Improve linkages to local mainstream systems to help families gain access to these resources more quickly.
4. Develop and build upon evidence-based practices for serving families experiencing and at risk of homelessness.

Source: [United States Interagency Council on Homelessness, December 2016](#)

Ending Family Homelessness: Improving Outcomes for Children

Having a stable home benefits children for a lifetime, improving their overall well-being, health, education, and future employment opportunities. When families experience homelessness and housing instability, children suffer. They face a significantly higher risk of chronic or unaddressed health and developmental issues than their peers. Those issues can affect their education and employment opportunities and, ultimately, their success.

Given its complexity, family homelessness is not something that any single agency, level of government, sector, or system on its own can solve. Government, public agencies and schools, businesses, non-profits, and philanthropy all have roles to play in investing in and driving solutions. We must work together with urgency to ensure that every child grows up with opportunities to achieve their fullest potential.

The Impact of Family Homelessness on Children

Public schools reported that 1.3 million students experienced homelessness at some point during the 2013-2014 school year. That includes sharing the housing of other people due to loss of housing, economic hardship, or a similar reason, or living in hotels/motels due to the lack of adequate alternatives. There are still more than 206,000 people in families experiencing homelessness on any given night. Those families are most often headed by a single woman in her late 20s, with approximately two children, one or both younger than six years old. They face challenges and traumas, including increased exposure to family and community violence. The effects of those experiences on young children can last a lifetime:

Children's health is particularly vulnerable to the impact of housing instability and homelessness.

- HUD's Worst Case Housing Needs Report, which examines trends among renters with very low incomes, found that children experiencing homelessness are more vulnerable to mental health problems, developmental delays, poor cognitive outcomes, and depression.
- The HUD report also shows that children who are born into or experience homelessness early in life face many risks, and many also go on to experience physical, psychological, and emotional harm. Research has shown that trauma and extreme stress in childhood can lead to detrimental changes in brain structure and function later on in life.
- Children without stable housing were more likely to use emergency department services as a result of a lack of a regular health care provider.¹

Children and youth experiencing homelessness and housing instability are less likely to be academically successful, and less likely to graduate from high school and make it to and through college.

- Grade-school children with more than two school moves are 2.5 times more likely to repeat a grade,² and adolescents who experience school moves are 50% less likely to graduate from high school.
- Students experiencing homelessness are up to nine times more likely than their non-homeless peers to repeat a grade. Among students identified as experiencing homelessness in one study, 17% had repeated at least one grade.³
- Grade repetition also increases the risk of dropping out: one study estimates that students who are held back are almost three times more likely to drop out.⁴

Episodes of homelessness cause family separations, compounding the effects of housing instability on children.⁵

- Child welfare case workers have reported that for at least 10% of children placed in foster care, inadequate housing was one of the reasons for removal from their home.⁶

¹ Nabihah Maqbool, et al. (2015) The Impacts of Affordable Housing on Health: A Research Summary Center for Housing Policy INSIGHTS and Jellyman, T. and Nicholas Spencer (2008) "Residential Mobility in Childhood and Health Outcomes" Journal of Epidemiology and Community Health 62 (7) 584-592.

² Am J Public Health. (2011) U.S. Housing Insecurity and the Health of Very Young Children.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3134514/#bib18> and U.S. General Accounting Office (1994) "Elementary School Children: Many Change Schools Frequently, Harming Their Education". General Accounting Office publication GAO/HEHS-94-45

³ Homes for the Homeless (1999) <http://www.icphusa.org/PDF/reports/AccessToSuccess.pdf>

⁴ Karl L. Alexander et al. (2003) On the Success of Failure: A Reassessment of the Effects of Retention in the Primary Grades. 2nd ed. Cambridge University Press.

⁵ Debra J. Rog and John C. Buckner (2008) Homeless Families and Children. <https://aspe.hhs.gov/legacy-page/2007-national-symposium-homelessness-research-homeless-families-and-children-146546>

⁶ As reported in Adoption and Foster Care Analysis and Report System data.

Source: [United States Interagency Council on Homelessness, July 2016](#)

Additional Resources

U.S. Department of Health and Human Services, Housing and Urban Development and Education. (2016, October). *Policy Statement on Meeting the Needs of Families with Young Children Experiencing and At Risk of Homelessness*. <https://www.acf.hhs.gov/sites/default/files/ece/ecehomelessnesspolicystatement.pdf>

U.S. Department of Health and Human Services. (2016). *Research on Early Childhood Homelessness*. Infographic. <https://aspe.hhs.gov/execsum/research-early-childhood-homelessness-early-childhood-homelessness>

The Effects of Homelessness on Pregnant Mothers and Infants

Numerous studies indicate that homelessness has negative impacts on the health of pregnant women, new mothers, and their infants. Beginning with pregnancy, homelessness is correlated with poor physical and mental health and with increased risk for preterm birth.¹⁻³

Prenatal homelessness has been related to higher odds of low birth weight and preterm delivery.⁴ Pregnant women experiencing homelessness are less likely to receive adequate prenatal care than housed mothers,⁵ and their children are at increased risk for low birth weight, which can negatively influence a child's cognitive, physical, and social-emotional development.⁶⁻⁷ An analyses of Pregnancy Risk Assessment Monitoring System data from 31 states showed overwhelming evidence that homelessness during pregnancy is related to poor birth outcomes. Infants had lower birth weights, lengthier hospital stays, and were more likely to receive neonatal intensive care. The analyses also indicated that the prenatal women were less likely to take preconception multivitamins, had less prenatal care and well-visits, more likely to be uninsured, and less likely to initiate and sustain breastfeeding.⁸ Additionally, the severity of homelessness has been shown to be a more accurate predictor of premature birth and low birth weight than both smoking and substance use.⁹

Strong associations have been found between maternal depression and subsequent homelessness and being at risk of homelessness. This research suggests that maternal depression or other mental illness places families and their young children at risk for homelessness.¹⁰ Among low-income families, being pregnant or having a child under the age of two is associated with elevated risk for seeking or entering shelter.¹¹

¹Arangua, L. (2005). The health circumstances of homeless women in the United States. *International Journal of Mental Health*, 2005; 34(2), 62-92.

²Crawford, D.M. et al. (2011). Pregnancy and mental health of young homeless women. *American Journal of Orthopsychiatry*, 81(2), 173-83.

³Little, M. et al. (2005). Adverse perinatal outcomes associated with homelessness and substance use in pregnancy. *Canadian Medical Association Journal*, 173(6), 615-8.

⁴Cutts, D.B. et al. (2015). Homelessness during pregnancy: A unique, time-dependent risk factor of birth outcomes. *Maternal and Child Health Journal*, 19(6), 1276-83.

⁵Richards, R., Merrill, R. M., Baksh, L., & McGarry, J. (2011). Maternal health behaviors and infant health outcomes among homeless mothers: US Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) 2000–2007. *Preventive Medicine*, 52(1), 87-94.

⁶Stein, J. A., Lu, M. C., & Gelberg, L. (2000). Severity of homelessness and adverse birth outcomes. *Health Psychology*, 19(6), 524-34.

⁷Richards, R. et al. (2011).

⁸Richards, R., Merrill, R.M., & Baksh, L. (2011). Health behaviors and infant health outcomes in homeless pregnant women in the United States. *Pediatrics*, 128(3), 438-46.

⁹Stein, J.A. et al. (2000).

¹⁰Curtis, M.A., Corman, H., Noonan, K., & Reichman, N.E. (2014) Maternal depression as a risk factor for family homelessness. *American Journal of Public Health* 104(9), 1664-70.

¹¹Shinn M, Greer A.L., Bainbridge J., Kwon J., Zuiderveen S. (2013). Efficient targeting of homelessness prevention services for families. *American Journal of Public Health*. 103 (Suppl 2), S324-S330.

Who is homeless?

There is more than one “official” definition of homelessness. The **McKinney-Vento Act** provides a definition of homelessness. According to section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), the term “homeless children and youths” means:

- Individuals who lack a fixed, regular, and adequate nighttime residence; and
- Includes –
 - Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;
 - Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
 - Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
 - Migratory children who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in the above clauses.

Children and youth are considered homeless if they fit both the first bullet and any one of the subparts of the second bullet above.

Programs funded by the **U.S. Department of Housing and Urban Development (HUD)** use this definition found in the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (P.L. 111-22, Section 1003):

- An individual who lacks a fixed, regular, and adequate nighttime residence;
- An individual who has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State or local government programs for low-income individuals or by charitable organizations, congregate shelter, and transitional housing);

- 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;
- An individual or family who will imminently lose their housing as evidenced by a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days; 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; has no subsequent residence identified; and lacks the resources or support networks needed to obtain other permanent housing; and
- Unaccompanied youth and homeless families with children and youth defined as homeless under other Federal statutes who have experienced persistent instability as measured by frequent moves over such a 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.

Health Centers funded by the **U.S. Department of Health and Human Services (HHS)** use the following:

- An individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transition housing. A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission single room occupancy facilities, abandoned building or vehicle; or any other unstable or non-permanent situation. [Section 330 of the Public Health Service Act (42 U.S.C., 254b)]
- An individual may be considered to be homeless if that person is “doubled up,” a term that refers to a situation where individuals are unable to maintain their housing situation and are forced to stay with a series of friends and/or extended family members. In addition, previously homeless individuals who are to be released from a prison or a hospital may be considered homeless if they do not have a stable housing situation to which they can return. A recognition of the instability of an individual’s living arrangements is critical to the definition of homelessness. (HRSA/Bureau of Primary Health Care, Program Assistance Letter 1999-12, Health Care for the Homeless Principles of Practice)

Benefits of Home Visiting for Homeless Children

- Home visiting seeks to improve the lives of young, at-risk children – a goal that is broadly shared by homeless providers.
- Helping families get connected to quality home visiting programs can reduce the risk of poor health outcomes and delayed development of young homeless children and the risk of family separation due to child welfare involvement.
- Home visiting programs can strengthen the family functioning of a very vulnerable subset of low-income families.
- Strengthening parents' capacity to foster the education and development of young children can help parents provide the stimulation necessary to promote language acquisition, motor coordination, and achievement of other milestones.
- Home visiting programs meet with and follow families wherever they are currently living, providing ongoing support and consistency in the lives of children who may be highly mobile.
- Early intervention with at-risk children can help mitigate some of the physical and emotional health issues associated with homelessness and result in improved long-term outcomes.

Source: Beltangady, M., U.S. Department of Health and Human Services. (2014, March). *Home Visiting and Working with Families Experiencing Homelessness*. Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Technical Assistance Coordinating Center Webinar, "Working Together to Provide Stability for Families: Home Visiting and Homeless Service Systems".

A Look at Early Childhood Homelessness in Kansas

Total children population under age 6 in 2013: 240,394¹

Estimated number of children under age 6 identified as homeless: 9,439²

Children under age 6 experiencing homelessness: 1 in 26 children

Number of children experiencing homelessness served by programs Head Start and Early Head Start: 652³

Total cumulative enrollment in Head Start/Early Head Start: 12,252

Children served by Education for Homeless Children and Youth (McKinney-Vento Homeless Assistance Act): 262⁴

Total number of homeless children under age 6 being served by programs: 914 (10% of total homeless children under age 6)

Total number of unserved homeless children under age 6: 8,525 (90% of total homeless children under age 6)

¹ United States Census Bureau/American FactFinder, "B17024: AGE BY RATIO OF INCOME TO POVERTY LEVEL IN THE PAST 12 MONTHS," 2013 American Community Survey, U.S. Census Bureau's American Community Survey Office, 2013.

² Bassuk, et al., "America's Youngest Outcasts: A Report Card on Child Homelessness," The National Center on Family Homelessness, 2013. Published in November 2014.

³ Department of Health and Human Services, "Program Information Report Data 2013", Office of Head Start, Administration of Children and Families, 2014.

⁴ Department of Education, "Education for Homeless Children and Youth Program School Years 2010-2011 through 2012-2013 Consolidated State Performance Report," National Center for Homeless Education, 2013.

Source: Administration for Children and Families. (2016, January). *A Look at Early Childhood Homelessness: Kansas*. <https://www.acf.hhs.gov/ecd/50-states-profile>

State Coordinators for Homeless Education

According to the McKinney-Vento Act, each state must designate a State Coordinator for Homeless Education to oversee the implementation of the Act within the state (42 U.S.C. § 11432(d)(3), 2011). The specific duties of the State Coordinator include (42 U.S.C. § 11432(f), 2011):

- collecting data regarding the education of homeless children and youth within the state, as required by Education Department;
- developing and carrying out a state McKinney-Vento plan; and
- facilitating coordination between the Secondary Education Act and various educational and service provider agencies, including child development and preschool program personnel, to improve the provision of education and related services to homeless children, youth, and families.

Each school district also assigns a homeless education coordinator. Please contact these local liaisons for assistance in the educational needs of any homeless families you serve.

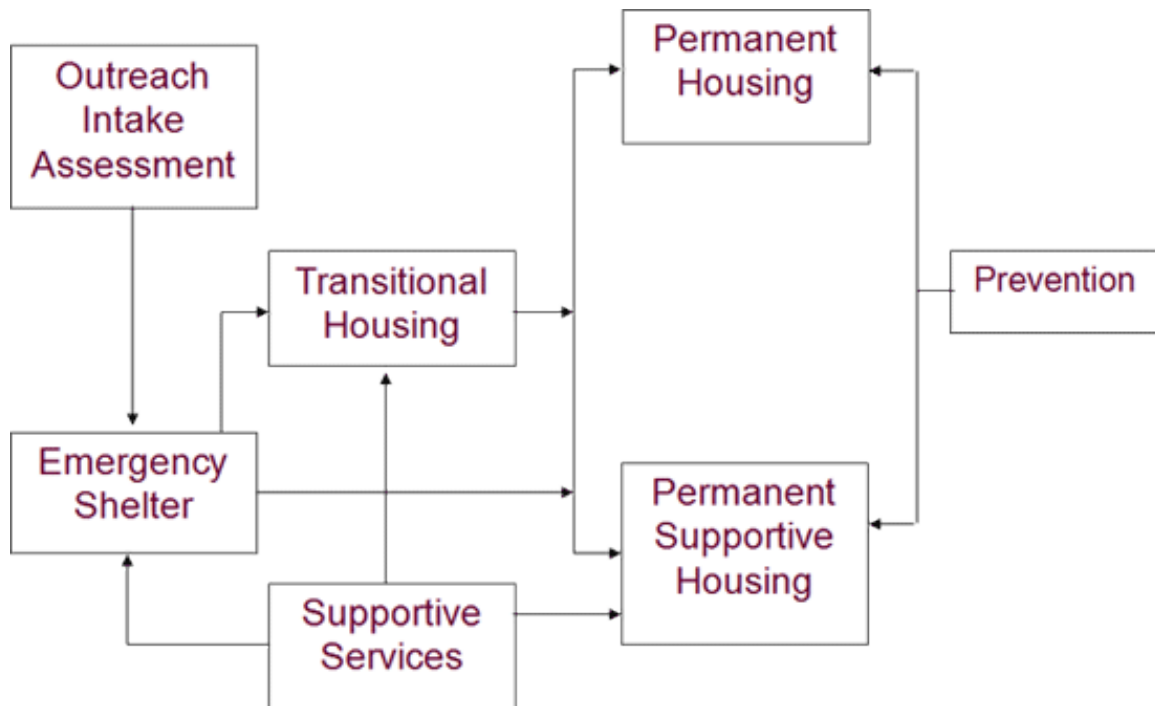
To find the local liaison in your county/service area **visit** www.ksde.org/ Under the *Programs & Services* tab, See *Title Services*, click on *Educating Homeless Children and Youth*. Under *Resources*, click on *Homeless Liaison Contacts by District*.

Continuum of Care What is a Continuum of Care?

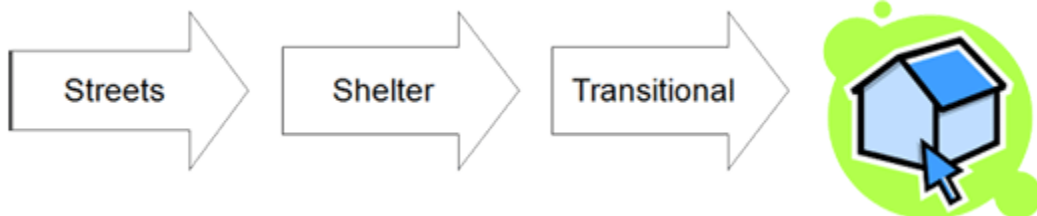
Continuum of Care (CoC) is a term that the Department of Housing and Urban Development (HUD) uses in two different contexts:

- The CoC is a planning and organizational process for the homeless service system.
- The CoC is the application used to apply for HUD's Competitive Homeless Assistance Programs.

Components of the Continuum of Care



A Continuum of Care is designed to move people from the streets to permanent housing...



Homeless Continuums of Care and Coalitions for Kansas Counties

The Continuum of Care (CoC) Program is designed to promote community wide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families.

There are four Kansas counties that have stand-alone CoCs: Johnson County, Sedgwick County, Shawnee County, and Wyandotte County.

Johnson County CoC

United Community Services of Johnson County
Ms. Valorie Lynn Carson
valoriec@ucsjoco.org
(913) 438-4764

Sedgwick County CoC

United Way of the Plains
Ms. Luella Sanders
lsanders@unitedwayplains.org
(316) 267-1321

www.unitedwayplains.org

Shawnee County CoC

City of Topeka
Neighborhood Relations Department
Ms. Corrie Wright
cwright@topeka.org
(785) 368-3711

Wyandotte County CoC and Wyandotte Homeless Services Coalition

Greater Kansas City Coalition to End Homelessness
Homeless Referral Contact
Ms. Vickie Riddle
vriddle.hscgks@gmail.com
(816) 924-7997

Kansas Balance of State CoC all other counties except Johnson, Sedgwick, Shawnee, and Wyandotte

Homeless Referral Contact
Ms. Kate Watson
kwatson@kshomeless.com
(785) 760-4355

Kansas Statewide Homeless Coalition

The Kansas Statewide Homeless Coalition, Inc. (KSHC) is a not for profit organization with two full time staff. KSHC is governed by a Board of Directors. It has a diverse membership comprised of homeless individuals, service providers, faith-based groups and government agencies. The Coalition works to coordinate with communities throughout Kansas to provide education and support in an effort to end homelessness in Kansas. Activities include providing educational conference/workshops designed to educate communities on the issues regarding homelessness in Kansas. The KSHC also coordinates an annual point-in-time homeless count for 101 counties (excluding Shawnee County, Wyandotte County, Sedgewick County, and Johnson County). The KSHC Executive Director and the Balance of State (BoS) Continuum of Care (CoC) Coordinator provide support to the 8 regions in the 101 counties to help organize and coordinate regional meetings aimed at developing plans to address homelessness in each of the regions of the 101 counties.

Strategies for Forming Effective Collaborations

- ❖ Consider contacting your local Housing Authority to invite a representative to sit on your home visiting Advisory Board or local Early Childhood Coalition.
- ❖ Consider contacting your local Continuum of Care (CoC) Coordinator.
- ❖ Consider attending periodic CoC Coalition meetings to create opportunities to make valuable referral contacts in the housing sector and to integrate home visiting into a broader system of services.
- ❖ Consider meeting regularly with local TANF staff to ensure when they encounter a family becoming homeless they are familiar with the assistance home visiting can provide.
- ❖ Ensure that systems working with the homeless are familiar with the centralized intake processes in place.
- ❖ Learn about your community's Coordinated Entry/Intake and Rapid Rehousing Processes offering you the best connections should you encounter a family becoming homeless.

Strategies for Stabilizing Families

- ❖ Raise awareness of programs in the community that can help with housing needs.
- ❖ Talk with families about housing issues and needs as part of their self-sufficiency goals.
- ❖ Practice early detection of housing insecurity.
- ❖ Direct more service-intensive housing interventions to the highest needs households.
- ❖ Seek to make more stable those situations in which families are living in a “doubled-up” situation.

Source: Beltangady, M., U.S. Department of Health and Human Services. (2014, March). *Home Visiting and Working with Families Experiencing Homelessness*. Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program Technical Assistance Coordinating Center Webinar, “Working Together to Provide Stability for Families: Home Visiting and Homeless Service Systems”.

Finding Homeless Shelters and Services

There are a number of ways to locate homeless shelters and services for Kansas counties:

- ❖ Conduct an Internet search for “homeless shelters and services” for (your county) Kansas.
- ❖ Some counties have a local resource directory which may include information about homeless shelters and services.
- ❖ Another option is to contact the local Community Action Program serving your county. There are personnel located in these agencies who are very engaged in working to serve those that are homeless or at risk of homelessness. You can find a map providing information on the program serving each Kansas county at the Kansas Association of Community Action Programs website. <http://kacap.org/>. Once the website is accessed, click the link on the left side of the home page titled KACAP Member Agencies. The link will take you to a page identifying the program covering each county in the state as well as contact information for each program.
- ❖ United Way’s 211 website may be another source of information on homeless shelters and services for the homeless. While it may not be available in *every* community, where it *is* available, it can be a helpful resource in identifying homeless shelters and services for the homeless.

Finding Local Housing Authorities (Low Income Housing)

HUD.GOV

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

For questions about **HUD rental programs**, including Housing Choice (Section 8) Vouchers, contact the Public and Indian Housing (PIH) Information Resource Center: https://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing
Under second ribbon, click *Public Housing*. When on the Public Housing page, click *Contact Your Local Housing Authority or HUD Field Office*. Click Kansas on the map.

or

Call toll-free (800) 955-2232