

**VOICES FOR 2020: ENDING FAMILY HOMELESSNESS  
HOMELESS ALLIANCE OF WESTERN NEW YORK  
SUMMARY REPORT**

Voices for 2020 was undertaken at the request of the Homeless Alliance of Western New York with the expressed goal of developing a clearer picture of the physical, psychological, social, and resource needs of homeless families living in Erie, Niagara, Genesee, Orleans, and Wyoming Counties. The project was developed in direct response to the United States Interagency Council on Homelessness's call to develop coordinated community responses to end homelessness among families with children which reflects the understanding of housing, health care, child care, education, and family service providers—among many others.

The research team conducted focus groups with current and formerly homeless families as well as key informant interviews with local health and human service professionals, government representatives, funders, and other researchers to establish a preliminary understanding of the issues facing homeless families. The research team also completed an environmental scan and a profile of key programming needs, available resources, and gaps in service within these communities for use in strategic efforts.

Strategy recommendations are provided for use in educating elected officials and other decision-makers on the problem of family homelessness and to engage them in efforts to address it.

## **COMMUNITY CONTEXT**

Various conditions conspire to imperil the lives of low-income families living in Erie, Niagara, Genesee, Orleans, and Wyoming counties. Here, one in ten families live below the federal poverty line. That percentage increases to just over 25% - or one in four - when the family includes minor children. The area is particularly challenging for those with limited education, as 41% of householders with a high school education or less live in poverty.

This has real implication for employment status as well, as fewer than three percent of impoverished householders reporting working full-time over during 2016. Unemployment in the region is consistently high – particularly for persons of color. Within the city of Buffalo, for example, unemployment among African Americans has averaged over 19% and Latinos have seen rates hovering around 17%.

The ability to work is often hampered by access to transportation with many entry-level, semi- or unskilled jobs available only in suburban locations. Most low-income families do not have access to a reliable vehicle of their own and must use public transit, walk, or bike to get where they need to go.

Those who are able to secure a job are unlikely to find one that pays decent wages. Median earnings for all those employed, again, in the city of Buffalo, are just over \$27,400. Most low-income individuals earn considerably less given the nature of their employment.

These circumstances may lead to increased dependency on government services - with 16% of households securing public assistance and/or the Supplemental Nutrition Assistance Program (SNAP) - as well as greater risk for homelessness.

## **SERVICE CONTEXT**

Despite high rates of poverty and underemployment among families living in Western New York, the community is extremely limited in its early identification and response systems especially as it relates to family homelessness. There are few coordinated efforts being undertaken to identify families at risk for homelessness and connect them to needed resources. This is due, in part, to the fact that there are few systems within which families consistently interact – especially younger families.

In addition, the local health and human service system is highly fragmented with most organizations offering programs based on their interests, expertise, and ability to secure funding rather than clustering supports based on patterns of need. Collaborations among providers are also rare making it necessary for individuals to travel from location to location in order to receive assistance. The nature of the health and human service system makes it difficult for families who require a wide range of supports to secure them easily and to maximize their effectiveness.

Within the places where many families *do* interact - early childcare and education providers, health care providers, and schools – there is limited understanding of the nature and extent of homelessness in the community. Local helping professionals receive limited training on the topic and are unlikely to screen or otherwise detect for homelessness or risk of homelessness among the families they serve.

Given the lack of screening, struggling families must self-identify and specifically request assistance. In many cases, families may be reticent or unwilling to openly share their situation with others because of stigma, pride, lack of understanding/denial, or fear that a report will be made to the Department of Social Services or Child Protective Services.

Unfortunately, when families do reach out to early childcare and education providers, health care providers, and schools, these professionals are often unaware of the unique needs of homeless children and families and/or evidence-supported practices to address them. As a result, these professionals are unlikely to know how to best serve homeless families or how to connect them to needed resources in the community.

Given all this, families are often left to identify needed resources on their own – typically through use of information and referral resources such as 2-1-1 WNY or word of mouth. Their access to health and human service providers is often piecemeal and uncoordinated – securing a bag of groceries from a food pantry, help with a utility payment from a HEAP-affiliated provider, and access to their WIC check from yet another.

The combination of high rates of poverty and underemployment, increasing levels of need, and limited access to coordinated assistance can make it very difficult for a family to forestall a slide into homelessness.

## **HOMELESSNESS AMONG FAMILIES IN WNY**

Drawing on data from the Buffalo Area Services Network Homeless Management Information System (or BAS-Net), the Homeless Alliance of Western York reports that 653 families stayed in a homeless shelter at least once in 2017 within Erie, Niagara, Genesee, Orleans, and Wyoming Counties. This figure is unduplicated and represents the total number of families who were sheltered. Notably, this does not include individuals staying in domestic violence shelters (as they are not required to participate in BAS-Net).

The figure represents more than 2,050 family members.

Even more distressingly, the number of homeless families has steadily increased over the past seven years from approximately 350 families reported in 2010 to the 653 reported today - a 46% increase in the reported number. While this figure reflects increased reporting on homeless families in the region, it is startling nonetheless.

The majority of sheltered families (80%) were led by single mothers or female guardians, with head of household ages ranging from 16 to 71 years of age. About 15% sheltered families were two-parent families, four percent (4%) led by single fathers or male guardians, and one percent (1%) were led by grandparents or other relatives. Half of the 1,136 children who stayed in shelter were five years of age or younger compared to those aged six (6) to seventeen (17) years.

Average length of family shelter stay was 67 days (two months) in Niagara County and 92 days (three months) in Erie County – however, there was substantial variation by race particularly in Erie County where African Americans and Latino families stayed an average of twenty (20) days longer.

## HOUSING CHALLENGES

The vast majority of homeless adults participating in the Voices for 2020 study highlighted their struggles with housing – suggesting the high cost of rent and challenges associated with locating housing near places of employment was one of the primary reasons they eventually found themselves within the homeless system.

Buffalo, which is known for its severe and persistent poverty, is now experiencing greater demand for market-rate and even luxury housing. Coupled with generous subsidies to housing developers, available properties are being snatched up. Rental and housing costs are on the rise and low-income individuals are quickly being priced out of affordable housing options.

In order to be considered affordable, housing must be less than 30% of a household's income by convention. The National Low-Income Housing Coalition calculates the hourly wage necessary to afford a two-bedroom apartment based on fair market rate for locations across the country. In the Buffalo-Cheektowaga-Niagara Falls Metropolitan Statistical Area (MSA), the fair market rent on a two-bedroom apartment is \$810 a month – requiring an annual income of at least \$32,400 or hourly wage of \$15.58 per hour to be affordable. A person working at minimum wage would need to work 1.6 full-time jobs to afford that apartment. Given the level of education and employment of households in the region, this is simply an impossibility.

As it stands, more than 60% of local renters spend more than a third of their income on their housing – rendering it unaffordable and making it difficult for them to cover other necessities such as food, clothing, transportation, and medical care. A large percentage of local renters have a moderate (40-50%) to severe (more than 50%) housing cost burden.

Another critical challenge – aside from the cost of housing more generally - is the availability of safe, adequate, and affordable housing. The region is reported to have among the oldest housing stocks in the nation. In the city of Buffalo, for example, nearly two-thirds of the housing stock was built in 1939 or earlier contributing to various long-standing issues related to its state of repair. The families the study team talked with expressed real concerns about the integrity of landlords and the dubious “care” they took of their housing.

In a great number of cases, landlords lived out of area with renters sending checks to Florida, Texas, New York, and beyond. Most landlords left care of tenant housing to local handymen and were generally unaware or unconcerned with its condition – as long as the checks kept coming.

During focus group sessions, homeless families recounted the various things they experienced in their homes:

- Cracked sidewalks;
- Broken down front stoops and porches;
- Torn down siding where wood was exposed;
- Makeshift railings;
- Broken or plasticized windows;
- No working electrical outlets;
- No covers on electrical outlets creating a safety risk for young children;
- Chipped paint hanging from ceiling and walls – which created concerns about lead paint;
- Worries about asbestos;
- Drop ceilings that were missing pieces, or whole sections;
- Mold within bathrooms, cellars, and kitchens;
- Various pests including rats, cockroaches, bedbugs;
- Non-functional bathrooms and/or toilets;
- Floors rising up; and
- Other concerns that made the home uninhabitable.

In many cases, housing barely passed initial inspection but families were so desperate to find housing they could afford they looked the other way.

As housing concerns became exacerbated, families described placing call after call to their landlord or the hired handyman to address the situation – typically to no avail. When families complained about housing conditions, they were threatened with or actually served eviction papers. In many cases, families decided that the home was no longer inhabitable or were forced from the premise due to fires or structural collapses.

Families frequently talked about the direct and indirect expenses associated with moving – losing their security deposit (which was typical); needing time off from work to locate, pack, and move into new housing; requiring first and last month’s rent and security deposits on the next apartment; and, in some cases, fighting their eviction.

Families also expressed concerns about being able to pay for utilities in their new place as they were seldom included within their rent. In some cases, families indicated that landlords had not paid for utilities – leaving them with arrears and/or unable to secure utilities until payments were made. Once a family was vacated from the premises, landlords, knowing that the next desperate renter would be along shortly, typically failed to make necessary repairs and the cycle was allowed to continue

## **CRISIS HOUSING OPTIONS**

Most families we spoke to described being forced out of their homes very quickly without other housing in place. Their first option was to stay in a low-cost motel, which some families did, short-term, until they could no longer afford to do so. Their second option was to reach out to friends and families and live doubled and tripled up until they could find another place.

Adults described going from family member to family member in their efforts to keep their families housed. They were often able to stay for only a short time as the situation often became too stressful or untenable for the various parties. One homeless mother described her experiences trying to keep her family together as her young son, who had severe ADHD, struggled to behave as expected. Victims of domestic violence described relying on family members until it became unsafe for them to continue to do so.

One of the key challenges for families living doubled or tripled up was their ability to access needed assistance from service providers. In some cases, families were told they did not qualify for assistance as they were not “literally” homeless per federal definition.

More often, families did not know where to turn for help or how to navigate the health and human service system on their own. For example, parents who were living doubled or tripled up did not know what to do to secure transportation assistance to maintain their children in their school or daycare facilities. While these families were qualified to receive assistance through the recently revised McKinney-Vento Homeless Education Assistance Act, they typically did not know that they needed to identify their homeless situation in order get the help they needed. As a result, many families living double– and tripled-up ended up in shelters because they were unable to get other needs addressed before the welcome mat wore thin.

As a third and final option, homeless families found their way to the Department of Social Services. Typically referred by 2-1-1, schools, service providers, or shelters, each of these families participated in a screening process to determine their level of vulnerability (VI-SPDAT) and eligibility for homeless assistance including access to shelter, emergency government assistance such as food stamps, and eventual housing funds.

The experience was particularly harrowing for families experiencing homelessness for the first time – as they were often reticent to disclose the full details of their situation during their initial intake and eligibility determination. Those who experienced homelessness before, as well as those that had been in shelters for some time, understood the critical nature of that initial intake to ensure that the family would receive the resources it needed. Families frequently talked about wanting the chance to be re-screened, so they would “score higher” and be placed at a shelter that would more readily meet their needs.

Mismatches between shelter location and personal circumstances were not at all uncommon. One woman described being placed in a hotel on Niagara Falls Boulevard when her child's day care and her job were located in the city. The circumstances required her to take three buses every morning to get her child into care and herself to work. When she complained to her DSS case workers, she was moved to a shelter providing services in Hamburg – further exacerbating her difficulties.

Perceived ill-treatment at the hands of DSS workers was the single most frequently discussed item during our focus groups with participants suggesting that they felt judged for their situation, looked down upon, and belittled by rude, condescending, and unsympathetic staff as they stepped forward for help in a time of crisis. As one focus group participant suggested, "they just break you down, your physical, spiritual, mental health state....everything." The Department of Social Services was described as the "place of last resort."

## **SHELTER EXPERIENCES OF HOMELESS FAMILIES**

Once they found their way to shelter, families encountered a number of new rules which would govern their existence for the time they stayed there. In most cases, shelters established these rules related to eligibility and demeanor in order to promote a safe, secure, and orderly congregate living environment for all shelter guests but many families experiencing them as arbitrary and unevenly enforced.

Most shelters had various rules related to program eligibility including no active or previous drug use within the past year; no active mental health issues; and no past criminal records. Curfews were the most common rule encountered by shelter participants as were mandatory house meetings and/or meals. This was particularly difficult for families where one or more members of the household was working.

Parents were expected to monitor their children and to be present in the room with them at all times. Larger families or families with older children often faced difficulties complying with this expectation.

Several shelters required residents to be out of the facilities during the day and actively engaged in housing or job searches and/or services but provided very limited help with transportation to get individuals where they needed to go.

Shelter participants describe an extreme lack of privacy and a sense of never having a moment to think for yourself. Most concerning, is the fact that many family shelters were unable to accommodate families with teenage boys or men within their facilities forcing families to split up and to live at different locations.

Parents were expected to continue to manage all aspects of their family's lives – while also addressing the various challenges that contributed to their homeless situation. They are expected to:

- Participate in all required shelter activities including case management, group, and individuals counseling sessions;
- Properly parent their children (based on shelter standards);
- Manage their jobs or work towards increasing their education, employability; and/or self-sufficiency;
- Address their physical and mental health needs; and
- Find and secure housing for their family among other things.

Throughout their shelter stays, homeless families felt the constant, watchful eye of the Department of Social Services which placed a number of requirements on participants to enable their continued stay. Shelters were keen to have individuals comply with these requirements as they secure per diem rate funding from DSS based on shelter stays.

Notably, if an individual has or gets a job, they have to pay for a portion of their stay at the shelter, which can be between 60-80% of their income. This causes clients to not want to look for jobs as they would not be able to use their earnings to save for an apartment. If a client makes over a certain income, they get no assistance from DSS at all. Most adults were also required to participate in regular meetings with DSS workers – which often required them to come to DSS offices for early morning appointments and wait for hours to be seen.

Housing searches were a common accountability mechanism for shelter participants - with DSS requiring individuals to see at least three apartments a week and to contact at least two (2) possible landlords. While participants indicated they were provided some limited support for transportation in the form of bus tokens, most indicated they did not receive the level of support needed to complete housing searches.

The shelter allowance provided by DSS is also of concern. For example, study participants shared that a family of three receives a rental subsidy of only \$301. The individual has to find housing within the budget set by DSS, without going over, accounting for the shelter allowance and their own contribution. Housing budgets typically start at \$400 for families with an infant with most low-end affordable housing starting in the \$500 range.

In most cases, DSS will not provide direct funding to a landlord, once housing was found, but provides a “promise of payment.” Many landlords no longer accepted this promise in lieu of payment – especially given the fact that other families who could still pay cash would be waiting in the wings to secure the housing.

If a space is available and the person does not take it, they have to explain to DSS why. Participants who did not comply with DSS received verbal warnings, followed by written warnings, and then a 10-day notice before assistance from DSS was no longer an option.

In addition, homeless families felt that with DSS in their lives, the chances of Child Protective Services (CPS) involvement increased greatly. This served as the backdrop of all their interactions making building trust and rapport difficult.

The various rules and requirements of the shelter environment contributed to the experience of what academics call “*shelterization*” – or the complete immersion of a shelter resident into the routines of shelter life over time. This typically involves the gradual acceptance of the institutional views of oneself – which are often not affirming or highly negative - and the institutional appropriation of one's short- and long-term objectives. It also involved the creation of dependency on shelter staff to help manage the individual's activities – reducing their sense of control over their lives.

Shelterization becomes manifest through a range of adjustments that include subscribing to the "homeless" identity; striving to secure marginal “benefits” or “rewards” in the shelter's highly competitive social economy; and focusing attention on immediate, tangible gains, rather than the long-term. Shelterized individuals typically put their energies into just getting through the day rather than identifying what will be needed to support themselves in the future.

The critical concern about shelterization is that it deepens dependency and does not prepare individuals for what they will eventually need to do when they return to community living.

## **EXPERIENCES OF HOMELESS CHILDREN AND PARENTS**

Children and youth living within shelter environments also experience myriad disruptions to their daily routines. While they likely experienced great stress related to the economic circumstances of their household before becoming homeless, the experience once becoming homeless worsens.

Upon losing their housing, children may:

- Experience a sense of deep loss as family, friends, and neighbors are no longer available to them;
- Be required to regularly interact with strangers or people in “authority” in unfamiliar environments;
- Not know where they are and may be missing important signposts of their former life;
- Not be able to return to school and/or day care in a timely manner given various transitions; and
- Be forced to behave in ways that are unfamiliar to them or not part of their family's culture or custom.

The various requirements placed on parents within shelters makes opportunities for positive interactions with their children very difficult. Parents are often stressed, exhausted, and mentally taxed. They may not have the capacity to engage their children or focus on their behavioral and/or educational activities.

There is few recreational activities for children and families in shelter environments. In most cases, entertainment is restricted to viewing movies, playing electronic games, and or using available toys or playground equipment. There are very few activities planned for those in shelter including low-cost or no-cost things for families to do. Lack of transportation makes this even more difficult especially for those who are in suburban and rural areas.

Connections to school and/or day care are also a real challenge. The McKinney-Vento Homeless Education Assistance Act is a federal law that discusses the public education of children and youth in temporary housing. Under McKinney-Vento and state law, students are considered to be in temporary housing and eligible for assistance if their nighttime residence is not fixed, regular, and adequate.

Some examples include:

- Sharing the housing of others due to loss of housing, economic hardship or other similar reason;
- Living in motels, hotels, trailer parks, camping grounds;
- Living in emergency or transitional shelters;
- Living in public or private place not designed for sleeping;
- Living in cars, parks, abandoned buildings, bus, or train stations; or
- Engaging in migratory living.

The law requires school districts to provide appropriate transportation and support services to children and youth experiencing homelessness *at their regular school*. This is extremely challenging given the number of families experiencing homelessness in the community – whether in local motels, living doubled- or tripled up, or in shelters.

The New York State Technical Education and Assistance Center for Homeless Students (TEACHS) reports that there were 2,840 homeless students found within Erie, Niagara, Genesee, Orleans, and Wyoming Counties in 2016-2017. This figure is more than double the number of children reported to live in shelters – with children under age 5 likely under-detected.

Many families and professionals described the challenges associated with securing needed transportation and services from school districts in a timely manner. Most indicated that families had been in shelter several weeks before arrangements were finalized and children were returned to school.

Day cares were also a significant challenge – as parents could not simply re-connect their children to their previous day care (based on location) or connect them to new services based on availability and parent discomfort with leaving their young children with strangers. As a result, children and youth were frequently out of school/care and not securing educational and developmental resources.

Homeless children and youth may engage in acting out behaviors requiring increased interaction with school administrators. One homeless service provider described a homeless child who would frequently run out of his classroom and needed to hold a stuffed teddy bear in class to feel a sense of security. Another parent described a formerly well-behaved child who was now getting into fights.

This puts additional pressures on parents who must now incorporate parent-teacher conferences and meetings with school disciplinarians into their day.

Homeless children and youth may have faced challenges even before their official “homeless” episode. They may:

- Have lost their sense of “routine” making studying and completing homework more difficult;
- Have missed several days or weeks of school;
- Experience difficulties catching up on school work or class content;
- Become increasingly anxious and distracted - affecting their ability to learn, make social connections, and concentrate; and
- Face challenges with their peer group – especially if their homeless status is learned.

Homeless adults described a sense that they, and their children, were now being looked at differently by school personnel. This stigma often led them to resist communicating with school personnel about their status – reducing opportunities for them to secure assistance. School personnel reported receiving very little training on homelessness and were not always empathetic or supportive.

## **HOMELESSNESS, TRAUMA, AND STRESS**

Homeless families experience chronic stress related to their situation – based on their housing conditions, financial challenges, being forced to move quickly and locate alternative places to stay, having to stay with others (including strangers), and their need to regularly interact with people in “authority” over their lives. Further, homeless individuals are typically required to repeat their stories time and time again to get the help they need - forcing them to relive it over and over again.

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes trauma as resulting from "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional or spiritual well-being."

Homelessness and trauma are inextricably linked – with effects on executive functioning (as brain science attests) and the creation of toxic stress. Unfortunately, few local homeless shelters are considered “trauma-informed” meaning that the program or organization:

- Recognizes the impact of trauma including community, intergenerational, and historical trauma;
- Acknowledges signs and symptoms of trauma in clients, families, staff, and others involved within the system;
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices;
- Identifies various pathways for action and recovery; and
- Actively seeks to resist re-traumatization.

Given all this, homeless individuals are very likely to experience physical and mental health challenges associated with their past experiences and current living environments.

The great likelihood is that they may not have a regular physician or mental health provider or may have difficulty seeing that practitioner given their circumstances. In many cases, homeless families do not have access to any health insurance or the type of insurance needed to secure specific services. Others may be unsure of the health insurance coverage given national efforts related to repeal of the Affordable Care Act.

In addition, close living arrangements can exacerbate any physical or emotional conditions making it much easier and more likely that family members will get sick.

## **EMPLOYMENT AND EDUCATION AMONG HOMELESS PARENTS**

Homeless adults are also less likely to be in jobs that provide the flexibility, benefits, or support needed during this time – related to illness, mental health concerns, issues at school, or the myriad other responsibilities they have.

The employed homeless adults we spoke to indicated that they cannot afford to take time off from work or they run the risk of losing their job. They typically do not have the ability to come and go as they please related to their employment – their schedule is provided to them and actual coverage for their shifts may be hard to come by. Most do not have sick time or health insurance provided through their employer. Finally, most indicated that could not share their circumstances with their employer for fear that they would be looked upon differently.

For others, access to additional education, soft skills, and job training is limited – especially in rural areas – making it very difficult to find a way to secure employment opportunities.



Obviously, homeless families have a great deal to manage in their daily lives and, in a most cases, they must navigate various systems – social services, schools, work, health care, human services – while relying on public transportation. This creates real issues in their lives – particularly those in rural and suburban areas - given:

- Limited available routes;
- Difficult travel schedules requiring individuals to ride public transportation for several hours a day;
- Challenges of inclement weather and associated delays;
- Need to use transportation with children in tow; and
- Costs associated with use of public transportation.

In addition to everything else, homeless families must eventually find their way back to community living. They typically do so on their own without the benefit of case managers or other supports to help them with their housing search.

The waitlists for the Housing Choice Voucher Program/Section 8 Housing are long – estimated at eight years in Erie County, five years in Niagara County, and at least two years in rural areas. DSS housing allowances are small and temporary – as is assistance with transportation and childcare. This typically necessitates a return to the substandard affordable housing market – and the likelihood of finding housing that is in disrepair but good enough for now.

Homeless families move forward with their lives but with limited transitional assistance and aftercare support, rates of recidivism are quite high. The majority of shelter focus group participants we talked to had been there before – with many experiencing homelessness more than once.

## **COMMUNITY RESPONSES TO FAMILY HOMELESSNESS**

Coordinated community responses to family homelessness have been quite limited in the Western New York.

In talking with foundation and government representatives, many expressed a clear understanding of the problem of homelessness and experience working with individual providers. In this capacity, foundations and government representatives provided needed grant funding, financing, equity investments, and/or help in creating or enhancing programming or strengthening homeless serving organizations. Several funders served on organizational boards or reviewed proposals for funding support. These funders were less clear, however, about larger efforts to address the problem of homelessness at a community- and/or systems-level.

Funders and other community members were quick to point out that Western New York has a number of high-quality homeless assistance programs and various resources in place to identify and address the needs of homeless families, including a developing coordinated entry/assessment system and strong homeless management information system. They, nonetheless, highlighted the importance of ensuring that homeless assistance providers worked more closely together in a coordinated manner to achieve community goals related to family homelessness.

Funders and community members also stressed the importance of engaging other systems with connections to the homeless system including early childcare and education providers and schools; health care providers; child welfare and justice systems (criminal and juvenile); prisoner re-entry and parole; employers; landlords, public housing authorities, and housing developers; and faith and community-based groups. They further expressed support for the development of a coordinated community response to the issue of family homelessness – akin to previous efforts to address chronic or long-term homelessness through the Homeless Alliance of WNY's PRISM (Prevention, Resources, Independence through Housing, Services, and Maintenance) Project. Several foundation and government representatives expressed a willingness to support and engage in related efforts.

Funders and community members stressed that ending family homelessness will require a wide variety of community-based strategies to ensure that every member of each family experiencing homelessness is offered the services and supports they need to thrive.

## RECOMMENDATIONS

As noted earlier, the study team has identified several strategies for local community action to address family homelessness. These strategies relate to early identification among early childcare and education providers; health care professionals, and school personnel; helping families secure mainstream resources; developing and/or strengthening coordinated entry/assessment systems; expanding use of innovative housing and service interventions tailored to needs of families and special populations; increasing access to permanent supportive and community-based housing options; supporting local, state, and federal policies that increase housing affordability; and continuing research on homeless families.

A brief summary of these strategies is included below.

### **Improve Early Identification Among Early Childcare and Education Programs**

- Require early childcare and education professionals to receive extensive training on local family homelessness, best practices in providing care, and support resources;
- Implement appropriate screening protocols to identify homelessness or risk for homelessness among families;
- Ensure continuous improvement of commonly-employed information and referral mechanisms; and
- Educate families about their rights and the availability of needed early childcare and education services.

### **Increasing Early Identification and Linkage Among Health Care Professionals.**

- Require health care professionals to receive extensive training on local family homelessness, best practices in providing care, and support resources;
- Implement appropriate screening protocols to identify homelessness or risk for homelessness among families;
- Ensure continuous improvement of commonly-employed information and referral mechanisms;
- Support identification of homeless families through consistent use of ICD-10 diagnostic code (Z59.0);
- Examine data to identify families who experience homelessness, plan for appropriate discharge and service linkage, and better understand the needs, costs, and patterns of service use for these patients;
- Collaborate with community partners to engage homeless families in case management services linked to housing and other supports;
- Develop partnerships that include hospitals and community-based health clinics, health home providers, and professionals in the homelessness assistance system and offer housing as a platform for engaging people in more appropriate care for their health and social support needs;
- Establish protocols for linking health care patients to coordinated entry/assessment system; and
- Enroll uninsured people in Medicaid through presumptive eligibility programs and/or partnerships with benefits advocacy service providers who can assist patients through SAMHSA's SSI/SSDI Outreach, Access, and Recovery (SOAR) programs.

### **Increasing Early Identification and Linkage Among School Personnel.**

- Require school personnel (including faculty, staff, administrators) to receive extensive training on local family homelessness, best practices in working with this population, and support resources;
- Implement appropriate screening protocols to identify homelessness or risk for homelessness among families;
- Ensure continuous improvement of commonly-employed information and referral mechanisms;
- Eliminate barriers to enrollment and retention within home districts and provide seamless and timely transitions for students in elementary, secondary, and post-secondary education;
- Work collaboratively with parents, homeless service providers, and school personnel to increase school attendance and participation as well as decreasing stress; and
- Educate school personnel, homeless service providers, and parents about homelessness assistance laws, programs, and practices.

### **Helping Families Secure Mainstream Resources.**

- Develop strategies to improve access to and coordination of mainstream resources among homeless and at-risk families;
- Remove various structural barriers to mainstream resources by conducting outreach within local soup kitchens, food pantries, and other homeless-serving programs; providing transportation to facilities; using technology for pre-application or application activities; co-locating mainstream eligibility workers within homeless assistance programs; creating “one-stop” intake centers for homeless people; providing multilingual services; and improving communications among homeless assistance workers and mainstream agency eligibility workers.
- Employ techniques to address eligibility concerns related to mainstream resources including establishing a priority for homeless households; changing eligibility for non-entitlement services; and/or establishing demonstration projects; and
- Expand mechanisms by raising funds from state or local sources or allocating undesignated federal funding to support homeless housing and services.

### **Developing and/or Strengthening Coordinated Entry/Assessment Systems.**

- Expand operation of coordinated entry system throughout Western New York;
- Ensure homeless service providers modify admissions policies and remove barriers to entry for families;
- Develop and/or expand services to provide a full complement of coordinated entry mechanisms to ensure appropriate support to homeless families;
- Secure necessary funding for prevention and diversion strategies; and
- Secure necessary funding as well as organizational and community support to provide transitional shelter, rapid re-housing, or transitional housing with services.

### **Expanding Use of Innovative Housing and Service Interventions Tailored to Needs of Families and Special Populations.**

#### *Housing*

- Expand availability of rapid re-housing assistance to the majority of families experiencing homelessness;
- Build network of “friendly” landlords and/or otherwise increase access to affordable housing; and
- Direct more service-intensive housing interventions to highest need households.

#### *Services*

- Strengthen use of trauma-informed approaches among homeless assistance providers;
- Adopt harm reduction and housing first principles in the design and delivery of homeless programming;
- Increase use of critical time intervention; and
- Ensure connections between families and early childcare, education, and supportive home visiting programs.

#### *Special Populations – Children and Youth*

- Require childcare and education providers and schools to aid in transition of homeless students;
- Support children and youth in accessing needed educational, social, and psychological resources; and
- Ensure homeless service providers assess the needs of children and youth and make effective linkages for appropriate services and stress-relieving recreational activities.

#### *Special Populations – Survivors of Domestic Violence*

- Train coordinated entry/assessment staff on nature of domestic violence;
- Ensure capacity to engage survivors in a trauma-informed manner; and
- Offer safety planning, advocacy, and access to specialized services that address the safety concerns of families fleeing domestic violence.

#### *Special Populations – Formerly Homeless Families*

- Provide transitional supports including housing allowances, child care support, and transportation assistance as well as case management and financial coaching to families who have recently left the homeless system;

- Offer other community-based resources including individual and group counseling; help with mental and physical health; education; job training; soft skill development; and job search assistance;
- Work to ease burden of transportation and childcare concerns when offering services; and
- Deliver services in an empathetic and constructive manner.

#### **Increasing Access to Permanent Supportive and Community-Based Housing Options.**

- Increase partnerships between homeless service providers and public housing authorities to help expedite access to housing through demonstration projects and prioritization processes;
- Work with landlords to establish affordable housing networks for homeless service providers;
- Develop new programs designed to assist housing authorities and landlords in the maintenance of their properties while providing employment training opportunities for homeless and near homeless populations;
- Examine local, state, and federal funding opportunities for affordable housing development;
- Develop relationships between for-profit and non-profit developers;
- Work with local city and county government to increase opportunities to develop new affordable housing through re-zoning; releasing access to vacant lots; increasing funds available for home repairs; supporting proven home ownership programs; targeting support for affordable housing development through grant assistance; and/or providing city-owned properties for sale for one dollar;
- Work with foundations, banks, and developers to invest in development of affordable housing and/or mixed-use projects;
- Engage with hospitals, business, non-profit, and faith groups to identify properties in their portfolio that can be re-developed into affordable housing;
- Create inclusionary zoning to leverage new development for the creation of affordable housing; and
- Establish community land trusts or private, nonprofit corporations that can acquire and retain ownership over plots of land, while selling housing on that land to low-to-moderate income households at below-market rates.

#### **Supporting Local, State, and Federal Policies that Increase Housing Affordability.**

- Seek to advance new policies and demonstration projects to increase housing affordability;
- Support Home Stability Support (HSS), a new statewide rent supplement for public assistance-eligible families who are facing eviction, homelessness, or loss of housing due to domestic violence or hazardous living conditions; and
- Take leadership from local, statewide, and national homeless advocates.

#### **Continuing Research on Homeless Families.**

- Gain a greater understanding of which families are most at risk of experiencing homelessness, in order to tailor prevention and diversion strategies, and better understand which families are at greatest risk for experiencing chronic homelessness;
- Analyze the thoroughness of BAS-Net, hospital, and school district data sources in identifying family households experiencing housing needs and homelessness and the degree to which family households are being appropriately identified and included across multiple data sets;
- Engage in longitudinal studies of families with children to identify patterns of housing instability and homelessness, characteristics of the most vulnerable families and children, and patterns of service utilization and outcomes, to inform the design of interventions that might identify and more effectively serve those at greatest risk for homelessness and housing instability;
- Improve documentation of the patterns and trajectories of families experiencing homelessness in rural areas; and
- Develop a deeper understanding of the impact of race, gender, and other demographic factors on entries into and exits from homelessness.