STABILIZING HOMELESSNESS TO ADDRESS EDUCATION OUTCOMES

STRATEGIES TO INCREASE GRADUATION RATE IN SPOKANE PUBLIC SCHOOLS

PRIORITY SPOKANE HOMELESSNESS RESEARCH PROJECT

FINAL REPORT

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EASTERN WASHINGTON UNIVERSITY

Founded in 1882, Eastern is a regional, comprehensive public university located in Cheney, Washington, with programs also offered in Bellevue, Everett, Kent, Seattle, Shoreline, Spokane, Tacoma, Vancouver and Yakima. Eastern is a driving force for the culture, economy and vitality of the Inland Northwest region. The university's beautiful campus, NCAA Division I athletics and opportunities for hands-on, real-world learning provide a classic, yet unique college experience. A focus on personal attention, faculty excellence and community collaboration allows Eastern to accomplish its mission for preparing well-rounded students ready to hit the ground running in their chosen career fields.

PRINCIPAL INVESTIGATORS: DR. TIMOTHY P. HILTON and DR. DEANNA L. TRELLA

Dr. Timothy P. Hilton is an Associate Professor in the School of Social Work. Dr. Hilton's career as a social work practitioner and researcher has focused on services related to homelessness and poverty alleviation. Prior to coming to EWU in 2013 he was Director of Social Work at Northern Michigan University where he--along with his colleague, Deanna Trella--conducted extensive research on rural homelessness. This research highlighted the diversity of homeless experiences, the multiple impacts of homelessness on family functioning, limitations of social service systems to offer needed assistance, and ways in which social relationships impact families' abilities to manage and ultimately escape homelessness.

Dr. Deanna L. Trella is an Assistant Professor and Director of Children's Studies at Eastern Washington University. Her primary area of research concerns family and child homelessness. She is dedicated to using her expertise as an applied researcher to improve the welfare of homeless families and children in an effort to strengthen economic, social, and educational outcomes in eastern Washington. Drs. Trella and Hilton continue their partnership at EWU, providing program evaluation and analysis for the Spokane Public School System, the Inland Northwest Community Foundation, and the City of Spokane.

ACKNOWLEDGMENTS

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Data on homeless students from the Department of Education suggest Spokane County's rate of homelessness is very high- 33% higher than the state average and as much as 46% higher in some communities. Of the nearly 3,000 homeless children in Spokane County schools, 76% are doubling-up with family and friends due to eviction or other financial issues- a situation that is the most common precursor to entering a homeless shelter, and a household structure associated with stress and anxiety; social, emotional and behavioral difficulties; and poor academic performance.

Based on these findings, we are tasked with identifying strategies for reducing homelessness among families with children in Spokane County public schools (grades K-8) and services to improve homeless students' academic performance and overall mental health. Our research involved:

- Extensive reviews on homelessness prevention services and programs for homeless students across the U.S. to identify promising practice models;
- Analyzing state and local Office of Superintendent of Public Instruction and Healthy Youth Survey data to assess the extent, nature and impacts of homelessness among children in public schools;
- Interviews and meetings with local policymakers and service providers to evaluate current services and service gaps; and
- In-depth interviews with homeless families (parents) with children in Spokane schools to identify potential clients' perspectives on existing services and unmet needs.

While there are somewhat extensive and diverse services for homeless families in the Spokane-area, access to homelessness prevention services are limited as are services for children living in doubled-up households. We make two main recommendations for the creation of programs to serve homeless families with children in Spokane-area schools. These include:

1. ***A homelessness prevention and diversion program*** targeting families at-risk of foreclosure or eviction and families who are doubling-up with family and friends.

    The goals of this program are to **prevent homelessness for at-risk families, and to help families who are currently doubling-up with family or friends (after losing a home) secure more stable housing**. This may occur through helping these families secure new housing or providing supports to create a more stable doubled-up housing situation.

    This program will offer the following:
    - Case management to connect families with available housing and other coping resources.
    - Housing-related advocacy to assist families in maintaining and or securing new housing, and
    - Targeted financial assistance to families with children, providing as much as $2,200 in cash assistance to families for one or more of the following: rental assistance,

move-in costs, security deposits, or other costs associated with maintaining stable housing.

A major factor in creating a successful prevention and diversion program is identifying families most at-risk of homelessness, most importantly families with a pregnant heard of household, with a younger parent, with children under the age of 2, have faced an eviction threat, that have experienced frequent moves in the past year, have a head of household who has not been leaseholders in the past year, have a head of household who has experienced substantial childhood adversity, have protective services involvement, have a history of shelter use, and have a head of household does not have a high school diploma.

Targeting families for this program will require cooperation and data-sharing between school systems, Homeless Management Information System program staff, and staff responsible for delivering the recommended program.

We estimate (based on past research on homelessness prevention programs) that this program will produce more than **$2 in public costs savings for every $1 in program investment.**

2. ***School based services to address homeless students' unmet academic and mental health care needs.***

The goals of this program are: to **improve students' academic performance (reading and math scores); reduce students' absences, increase students' grade completion rates; reduce rates of social, emotional and behavioral issues among homeless students; reduce students' perceived stress and anxiety, and improve students' overall sense of well-being.**

This program would include:
- Case management services to connect children (and their families) with available services and resources,
- Access to mentoring and tutoring services, and
- Evidence-based, trauma-informed individual and group counseling to address students' stress and anxiety associated with homelessness.

As with the first recommendation, we expect a **return of more than $2 for every $1 in program investment** based on reductions in number of students who must repeat a grade.

We identify several potential funding sources for these programs. **Current public funding options for these programs could increase substantially if two things occurred--the Spokane Regional Continuum of Care achieved a "High Performance Community" designation and the Spokane Housing Authority received a federal designation as a "Moving to Work" area.** Both of these designations would allow substantial additional housing- and homelessness-related services funding to be devoted to prevention. Achieving these designations would require substantial time and effort, however, the potential benefits are great.

PROJECT OVERVIEW

Priority Spokane is a collaboration of community leaders who endeavor to create a vibrant future for Spokane County by implementing community-defined goals and identifying priorities to address economic vitality, education, environment, health, and community safety. In 2013, Priority Spokane conducted a Community Prioritization Process to ascertain the needs of the community, especially among those living in poverty, and to promote collaborative opportunities to improve health and wellbeing in Spokane County. As a result of this effort, Priority Spokane decided to focus on mental health issues. Specifically, they determined to assess the chronic, traumatic stress experienced by homeless children, or those children at risk of being homeless, in grades K-8 and their families. This focus is in-line with previous work addressing high school drop-out rates in Spokane County.

To address these efforts Priority Spokane framed a research study to include a number of components:

> 1. Identify relevant theories, leverage points, strategies, best practices, and interventions regarding the stabilization of children in grades K-8 who are homeless or at-risk of becoming homeless with their families, when possible.

> 2. Identify regional, national and/or international evidence-based models, measured in one, three and five year increments, which significantly stabilize children in grades K-8 who are homeless or at-risk of becoming homeless with their family. Include recommendations for implementing models.

> 3. Identify sources of revenue used to implement successful models, including a variety of funding strategies and sources, i.e. restricted government funds; unrestricted government funds; and private funds.

> 4. Identify stakeholders (organizations/agencies/individuals) involved in the implementation of successful models.

> 5. Identify cost to implement successful models in Spokane County over the following periods: one, three, and five years.

> 6. Identify methods utilized for measuring success/managing and tracking data within models.

The researchers offer two recommendations that address the unique challenges faced by Spokane County to address the stabilization needs of homeless children and their families. The researchers provide evidence-based research, programs and models to support their recommendations. A final report on the project was produced for the Priority Spokane Steering committee and will be available to the larger community on November 3.

CHILD HOMELESSNESS: THE ISSUE DEFINED

Accurate counts of homeless are difficult to establish, in part, because there are several definitions that scholars and federal service agencies use to account for and conceptualize the extent of the problem. As such, the populations served under these variable parameters often differ. The Department of Housing and Urban Development (HUD) conducts yearly point-in-time (PIT) counts to estimate the total homeless population in a given community and collects cumulative data through its Homeless Management Information System (HMIS). HUD defines homelessness narrowly to include those who are unsheltered, sheltered, and in transitional shelters. In 2014 HUD estimated that there were approximately 578,424 homeless individuals in the United States or .18% of the overall population. PIT estimates suggest there were 216,261 homeless families and 135,701 children in families (HUD, 2014). In Washington State, there were approximately 18,442 homeless individuals or .26% of the state's overall population (HUD, 2014). There were 7,052 homeless families and 4,171 children in families in Washington State (HUD, 2014). According to most recent counts, the total population of Spokane County is 484,318 (HUD, 2014). The total homeless population in Spokane County is approximately 1149, or .24% of the total county population (HUD, 2014). PIT estimates suggest there are 146 homeless families and 273 homeless children living in Spokane County (HUD, 2014).

Table 1. Homeless Count- 2014

	HUD			DOE
	Families	**Children**	**Total**	**Public School Children (K-12)**
National	216,261	135,701	578,424	2,483,539
Washington	7,052	4,171	18,442	32,539
Spokane County	1,149	146	273	2,896

The Department of Education (DOE) defines homelessness more broadly than HUD to include people who are doubling-up with family and friends. When homelessness is conceptualized in this way the number of homeless individuals, families, and children increases significantly. The DOE records yearly homeless numbers based on information provided by school districts across the country. School-based homeless liaisons track public school students' housing status throughout the school year. Liaisons are trained to identify signs of housing insecurity and general poverty (e.g., children hoarding food, frequent change in address, falling asleep in class, etc.) when information is not provided directly by families (Perl, Bagalman, Fernandes-Alcantara, Heisler, McCallion, McCarthy, and Sacco, 2015). Nationally, the DOE estimates there are 2,483,539 homeless public school children (National Center on Family Homelessness, 2014). This number is nearly double that from 2013 (n=1,258,182), and continues an upward trajectory over the previous two school years (n=1,168,354 in 2012). In Washington State there are just over one million (n=1,056,809) public school children (OSPI, 2014). Of these, the DOE estimates that approximately 3% or 32,539 are homeless (OSPI, 2014). The majority, 49.1% of homeless students in grades K-12, are children below the age of 13. In Spokane County, the number of homeless public school children (n= 2,896)

accounts for 3.7% of the 73,253 total county public school children. This number is even higher in certain school districts. In the Cheney Public School System, 4.1% of K-8 students are homeless, and in the Spokane Public School System, 4.4% of K-8 students are homeless. The Spokane County rate of homelessness is 23% higher than the state average, the Spokane School district rate of homelessness is 46% higher than the state average, and Cheney School District is 36% higher than the state average.

How we choose to define homelessness not only affects the number of individuals who are considered homeless, it also impacts policy and funding decisions. The McKinney-Vento Act (U.S. Department of Education, 2001) provides for equal educational protection for homeless families and their children, primarily, by mandating that schools define doubled-up families- households that have one or more adults in addition to the head of household and spouse or partner (HUD, 2011a) - as homeless, and provide the opportunity for these children to attend their school of origin in the event of household transition. The McKinney-Vento Act (U.S. Department of Education, 2001) originally defined a homeless individual as one who lacks a fixed, regular, and adequate nighttime residence; and a person who has a nighttime residence that is (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing for the mentally ill); (b) an institution that provides a temporary residence for individuals intended to be institutionalized; or (c) a public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings (Perl et al., 2015).

In 2009, the Homeless Emergency Assistance and Rapid Transition to Housing legislation (HEARTH) reauthorized and amended the McKinney-Vento Act, removing the mandate that one be literally homeless before receiving HUD services (U.S. Department of Education, 2001). HEARTH legislation broadened the original McKinney-Vento definition of homelessness to include those living in hotels or motels paid for by a government entity or charitable organization, and those living in transitional housing (HUD, 2011b; Perl et. al., 2015; U.S. Department of Education, 2001). Further, the HEARTH Act designated circumstances that are not suitable for human habitation, including cars, parks, abandoned buildings, bus or train stations, airports, and campgrounds (HUD, 2011b; Perl et. al., 2015). Importantly, the HEARTH Act identified those individuals who are in imminent danger of losing their housing. Individuals who meet this criteria include those who will immediately lose their housing (their own or housing shared with others, or a non-government subsidized hotel/motel) (HUD, 2011b; Perl et. al., 2015). Imminent loss is established with: 1) evidence of an eviction that requires a family or individual to leave their housing within 14 days, 2) a lack of resources that would allow a family or individual to remain in a hotel/motel for more than 14 days, or 3) credible evidence that a family or individual would not be able to stay with another homeowner or renter for more than 14 days (HUD, 2011b; Perl et.al., 2015). Prior to the passage of the HEARTH Act, only those individuals and families in imminent danger of losing their housing within seven days would be considered for assistance. Lastly, the HEARTH Act added those individuals and families who have no subsequent residence identified, and who lack resources and support networks to obtain other permanent housing (HUD, 2011b; Perl et.al., 2015).

In 2012, the House of Representatives Financial Services Committee Subcommittee on Insurance, Housing, and Community Opportunity proposed Amendment HR-32- the Homeless Children and Youth Act (HCYA). The HCYA seeks to expand the HUD definition of homelessness to include

families with children who have been identified by federal programs for low-income families and children. This legislation has been proposed each year since 2012. In January 2015 it was again proposed as the Homeless Children and Youth Act (HR 576). This legislation would amend HUD's definition of homelessness to include children who are verified as homeless through HUD's homeless assistance programs and other federal programs (e.g., Runaway and Homeless Youth Act programs, Violence Against Women programs, and public school district homeless liaisons). The HCYA also eliminates complex requirements to prove homelessness, empowers communities and local service providers to evaluate the homeless populations with the greatest unmet needs, and amends federal homeless data collection and reporting requirements to ensure transparency for communities. Government legislation tracking websites suggest this bill has only 2% chance of being enacted. The national government continues to adhere to the more narrow HUD definition of homelessness. President Barack Obama's policies also give precedence to ending adult homeless, with a timetable that seeks the end of veteran homelessness by the end of 2015, chronic homelessness by 2016, and homelessness among families and children by 2020. As such, HUD mandates force communities to prioritize adult homelessness over child homelessness.

Amending the definition of homelessness continues to be controversial as it simultaneously acknowledges the greater need for resources and assistance among a significantly higher number of individuals, families, and youth identified as homeless, yet fails to provide the additional funding necessary to do so. The number of children eligible for funding from HUD would increase by approximately 2,000,000 children with the passage of HR-32/HR-576, however, HUD would be unlikely to receive any additional funding to support this increase. Communities face the difficult task of having to determine who, among a burgeoning pool of homeless individuals and families, is in need of the most immediate and intensive amount of assistance.

Nationally, there were 1.3 million students who were homeless at the beginning of the 2012-2013 school year (Child Trends, 2014). This number doubled during the next school year to approximately 2.5 million. During the 2012-2013 school year, the vast majority, 76% of homeless students (n=936,441), were living in doubled-up households (Child Trends, 2014). Only 16% (n=192,391) were staying in shelters, while 6% (n=70,458) were in hotels/motels, and 3% (n=41,635) were unsheltered (i.e., living outdoors, in cars, or in places not meant for human habitation) (Child Trends, 2014). Among those living in shelters, 33% were between the ages of 6 and 12 (Child Trends, 2014).
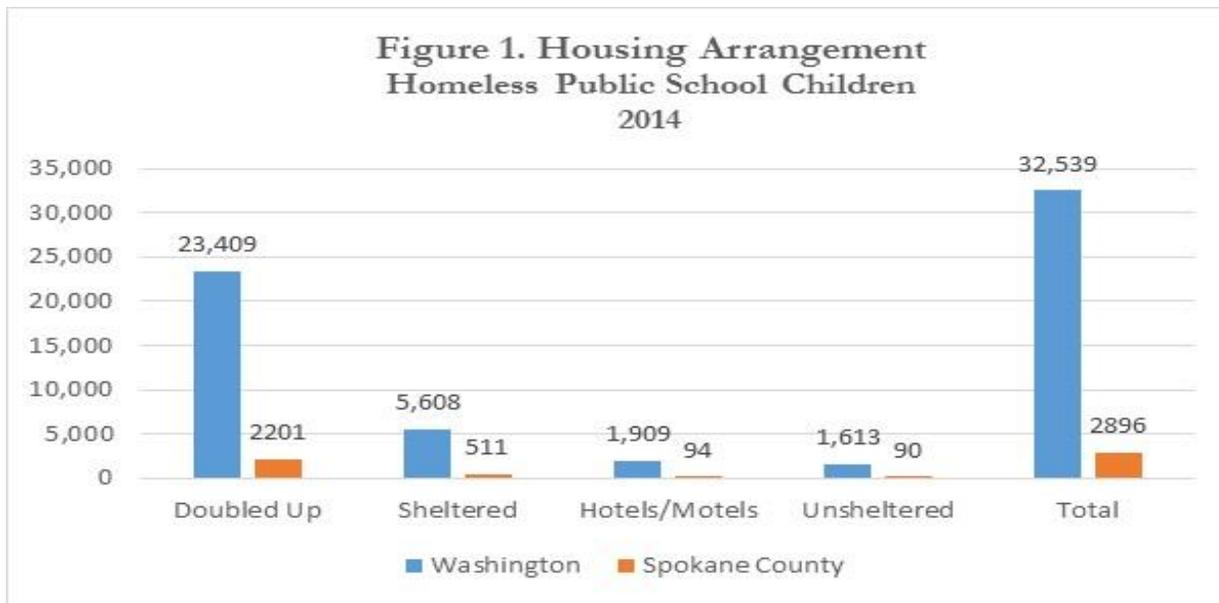
Washington State and Spokane County mirror national housing arrangement distributions for homeless children. The vast majority of homeless children in Washington State and in Spokane County are living in doubled-up housing arrangements. These families are generally not prioritized for the stagnant pool of HUD funding dedicated to addressing family homelessness.

As of 2014, there are 32,539 homeless public school children in Washington State (Dyer and Green, 2014). These children account for approximately 3% of all Washington public school children. Nearly three-quarters (n=23,409) of Washington's homeless public school children are living in doubled-up housing arrangements, 17% (n= 5608) are sheltered, 6% (n=1909) reside in hotels/motels, and 6% (n=1613) are unsheltered (See Figure 1 below). Compared to national findings, Washington State reports a slightly greater percentage of sheltered children (17% v. 16%) and children living unsheltered (6% v. 3%).

In Spokane County there are 2,896 homeless public school children (n=2,006 are in grades K-8). Approximately 76% (n=2,201) of County homeless students are doubled-up, 18% (n=511) are sheltered, 3% (n=94) reside in hotels/motels, and 3% (n=90) are unsheltered. Homeless students in Spokane County are slightly more likely to be sheltered (18%) compared to national (16%) and state-wide findings (17%). County homeless students are slightly less likely to be living in hotels/motels (3%) compared to national (6%) and state-wide (6%) reports.

Doubled-Up Families Formal measures of doubled-up individuals and families range from 6.3 million to 69.2 million (Johnson, 2011). Much of this discrepancy is due, in part, to the myriad ways "doubling-up" is conceptualized. The American Community Survey (ACS) defines a doubled-up individual as "a non-relative living in a family household" (Johnson, 2011). Using this definition, the ACS estimates that approximately 6,303,263 individuals are living in doubled-up households with 57% living in households above the poverty line and 43% living in households who fall below the poverty line.

The 2011 American Housing Survey (AHS) indicates that nearly 25 million people are living with someone other than a spouse or children. Those living with non-relatives (i.e., friends or acquaintances) account for 11.5 million. There were 3.6 million households containing more than one family, 541,000 of which were unrelated subfamilies (HUD, 2011a).

Figure 1. Housing Arrangement Homeless Public School Children 2014

The U.S. Census Bureau defines doubled-up households as those that "include at least one additional adult who is 18 years or older, not enrolled in school, and not the partner of the householder." This definition is biased toward adult children living at home with their parent(s) who are likely to be unemployed, and without a source of income. Much of the rise in doubled-up families can be attributed to the economic recession that began in December 2007. Young adults of childbearing age were disproportionately affected by the economic downturn resulting in an increase of 1.2 million people ages 25-34 living in their parents' household (Johnson, 2011). Importantly, this definition does not account for poverty status of the household, or children. Using this definition, there are approximately 21.8 million doubled-up households and 69.2 million doubled-up individuals (Johnson, 2011).

Using the most conservative estimate to determine doubled-up households still results in a vastly larger (6.8 million) count than the approximately 2,000,000 children who would qualify as homeless and receive HUD funding under HR-32/HR-576 (HUD, 2011a).What these variable estimates of doubled-up households suggest is that how we define doubled-up homelessness, using broader or more restrictive parameters, can potentially increase the pool of homeless who qualify for funding, even as the money allocated to homelessness fails to increase. Further, broader definitions of homelessness, and doubled-up families specifically, make targeting those most in need infinitely more difficult.

Predictors of Doubling-Up. A number of factors are positively associated with doubled-up homelessness. These include: 1) domestic violence and discord, 2) mother's age at birth, 3) mother's poor mental health, 4) mother's poor physical health, 5) having a supportive network of family and friends, 6) previous shelter experience, 7) mother's education level, 8) mother's age, and 9) foster care interaction (Fragile Families, 2008; Smith, Flores, Lin, and Markovic, 2005). Other factors are negatively associated with doubling-up. These include: 1) receiving public assistance, 2) having a live-in father, 3) access to small loans, 4) access to childcare, 5) having multiple children, 6) being Black or Hispanic, 7) being an immigrant, 8) spending longer periods of time in one neighborhood, 9)

availability of affordable housing, 10) higher vacancy rates, 11) availability of jobs, and 12) being a leaseholder (Fragile Families, 2008). The most frequent reason for seeking shelter admission is due to eviction from a doubled-up housing arrangement (Hope and Young, 1986). Further, family and friends who double-up with the homeless are often at risk of homelessness themselves (Vacha and Marin, 1993). Risk of shelter entry is greatest for young mothers, pregnant women, women with a child under the age of two, those who have faced an eviction threat, those who made frequent moves in the past year, those who have experienced childhood adversity or disruption, previous shelter users, and those with current protective services involvement (Shinn, Greer, Bainbridge, Kwon, and Zuiderveen, 2013). These findings suggest that the most at-risk population may be native born young, uneducated mothers who are not living with their child(ren)'s father who have mental and/or physical health concerns and are at-risk of or are currently experiencing domestic violence.

Types of Doubled-Up Households. Children's experiences in doubled-up households are likely to vary significantly depending on the circumstances that precipitate doubling-up and the structure of the doubled-up arrangement. Most notably, Hallett (2012) suggests that while most doubled-up households are chaotic and destabilizing, there are doubled-up arrangements that foster cooperation and predictability. The first type of doubled-up household, "the merged household" is one in which roles, rules, and schedules are clearly defined and all household members are held accountable for their actions by a clear "head" of household or responsible individual who makes decisions for the household (Hallett, 2012). In the "merged household", labor is divided such that some members may be responsible for rent or mortgage while other adult members maintain responsibility for domestic labor (e.g., childcare, chores, transportation)(Hallett 2012). This dynamic is predicated on each adult being able to contribute, in an equitable manner, to the functioning of the household. These doubled-up arrangements tend to be more conducive to positive child outcomes as they are more orderly and predictable. Dill (2015) and others suggest that this type of doubling-up fosters children's ability to manage and direct their thinking, control their behavior, and contribute to the greater good of the household- behaviors that are predictive of school success (Masten, Herbers, Desjardins, Cutuli, McCormick, Sapienza, and Long, 2012).

The second type of doubled-up household described by Hallett (2012) is the "separate household." In this context, household members share a physical space but lack cooperation and accountability. Individuals in this "separate household" structures often lack consideration for the greater good of the household, assuming whatever resources (e.g., food) and needs (e.g., quiet, beds) for themselves with little to no consideration for other members of the household. Not surprisingly, children tend to not fair particularly well in this type of doubled-up household.

Portraits of Doubled-Up Families While we have an indication of the growing number of doubled-up families, less is known about who these individuals are, and the *context* in which doubling-up occurs. Doubled-up families are technically not 'homeless' in the sense that they have a roof over their heads; however, research suggests that these living arrangements are unstable and unpredictable, and create a dynamic wherein homeless families are beholden to their non-homeless family and friends willing to house them (Trella and Hilton, 2014). Further, doubled-up households are on the cusp of homelessness. Research suggests that the majority of families who seek homeless services through local COC had, most recently, been doubled-up with family and/or friends (Shinn et al., 2013). Children are particularly sensitive to the precarious nature of doubling-up as this

scenario is, in many cases, suddenly and unexpectedly followed by living in a shelter, or outdoors (Dill, 2015). For these reasons, it is important to establish a clear profile of doubled-up families that may aid homeless service agencies in identifying these families prior to entering doubled-up households and before they enter the COC.

Doubled-up households are less likely to maintain consistent rules and schedules compared to homeless shelters- which tend to have rigid rules and routines. Children fair far worse in households where discipline, scheduling and predictability are lacking. As noted above, children's outcomes can vary depending on the type of doubled-up household (Hallett 2012). Unemployment and financial strain weaken the stability and quality of the home environment necessary to foster children's growth and development (Sandstrom and Huerta, 2013). Parents' compounding stress may subsequently weaken the quality of care they provide to children and decrease attention and supervision of children. These stressors can transfer to children, who often lack the cognitive and emotional skills to adapt to the negative effects of financial and housing instability. Matheny Jr., Wachs, Ludwig, and Phillips (1995) posit that the chaos and environmental confusion that children experience around housing instability results from a lack of organization and routine within the home. Housing instability can hinder a parent's ability to engage with children and maintain predictable routines (e.g., meal time, bedtime, homework, chores) (Cunningham and MacDonald, 2012; Dworsky, 2008; Waters Boots, Macomber, and Danziger, 2008). One study found that residential moves during elementary school years indirectly effect children's outcomes by negatively impacting the quality of the home and neighborhood (Anderson and Leventhal, 2013). In general, homelessness and housing instability are associated with worse academic and social outcomes including lower vocabulary skills, increased problem behaviors, lower grade retention, increased high school drop-out rates, and lower adult educational attainment (Sandstrom and Huerta, 2013). We discuss the significant impact of homelessness and housing instability as it pertains to educational attainment, school performance, and mental health in the sections that follow.

School Performance On average, children who experience homelessness and financial strain perform more poorly academically than their housed and financially secure peers. Early childhood is a particularly pivotal time period during which children develop critical skills, like executive functioning, language, and memory, that impact future achievement (Farah, Shera, Savage, Betancourt, Giannetta, Brodsky, Malmud, and Hurt, 2006). Family structure and household stability play a large role in mitigating some of the negative effects associated with poverty. According to the Institute for Children and Poverty, homeless children are nine times more likely to repeat a grade and three times more likely to be placed in special education programs than their housed peers (Institute for Children and Poverty, 2009; Mizerek and Hinz, 2004). Further, homeless children have twice the rate of learning disabilities as their housed counterparts. Homeless children are often misdiagnosed as having Attention Deficit Hyperactivity Disorder when they are actually exhibiting symptoms of stress and anxiety associated with homelessness (Mizerek and Hinz, 2004). Children who fall below the poverty line are also at greater risk of long-term educational problems (Linden and Houshyar, 2009). Housing instability and frequent moves that require a change in school, especially during the elementary school years, are associated with a 4-6 month loss of academic progress per move (Mizerek and Hinz, 2004; Pribesh and Downey, 1999). Young children, particularly those between the ages of 5 and 14, who experience poverty are less likely to graduate high school and go on to college (Linden and Houshyar, 2009). Experiencing poverty has long-term effects that persist into adulthood. Children who grow up poor are at greater risk of experiencing poverty as adults, can experience decreased earnings, experience unstable employment, and suffer from poor health compared to their peers who do not experience poverty (Linden and Houshyar, 2009).

Homeless students in Washington State are struggling to achieve proficiency on state exams in part because of housing instability. Data from the Office of Superintendent of Public Instruction (OSPI) in Washington State suggest that only 37% of homeless students are proficient in math (compared to 64% of housed students), approximately 50% are proficient in reading (compared to over 70% of housed students), and approximately 40% are proficient in science (compared to over 60% of housed students) (2014). Data from the Spokane County Healthy Youth Study (HYS) suggest that being homeless and financially unstable is associated with poorer educational outcomes for students. Table 2 (below) shows educational outcomes from the most recent HYS.

Data from the most recent HYS suggest that over half (54%) of homeless students indicate poorer performance (as measured by receiving 'mostly Cs-mostly Fs' during the last school year) compared to their housed counterparts (26%). Homeless students were significantly more likely to report receiving 'mostly Fs' (18%) than their housed peers (3%). Fewer homeless students (17%) reported receiving 'mostly As' compared to housed students (42%). Importantly, a significantly lower percentage of homeless students report parental engagement in their school work (55%) compared to 83% of housed students.

Table 2. Spokane County Healthy Youth Survey: 2013-2014

Educational Outcomes	Homeless	Housed	Financially Unstable	Financially Stable
Perform poorly in school (Mostly Cs-Mostly Fs)	54%	26%	43%	24%
Receive mostly Fs during last school year	18%	3%	8%	2%
Receive mostly As during last school year	17%	42%	28%	43%
Parents ask if student finished homework	55%	83%	75%	84%

Financial instability also negatively impacts student performance. A significantly higher percentage of financially unstable students (43%) perform poorly in school compared to only a quarter of financially stable students. More financially unstable students report receiving 'mostly Fs' (8%) than financially stable students (2%), and only 28% of financially unstable students report receiving 'mostly As' compared to 43% of financially stable students. Lastly, significantly fewer financially unstable students report parental engagement in their school work (75%) compared to financially stable students (84%). Overall, these data suggest similar patterns of academic struggle and parental disengagement among homeless and financially unstable students as those reported in national studies.

Graduation Rates Receiving a high school diploma is associated with higher lifetime earnings and more stable employment for students. Communities are also positively impacted when schools graduate a higher percentage of students. Failure to graduate increases the number of unemployed and low-income individuals in a community. These individuals are more likely to rely on public assistance (e.g., food stamps) compared to those with a high school diploma. Homeless students face numerous obstacles to on-time graduation compared to their housed counterparts including frequent residential and school moves, lack of routine and supervision, and mental and physical health challenges. Table 3 (below) shows graduation rates among low-income and homeless students. The national graduation rate in 2013 for all students is 81%. Among homeless students this number is only 25% for the Class of 2014. In Washington State, 77% of students will graduate on-time yet only 46% of homeless students will do so. In Spokane County approximately 82% of all students graduate on-time but only slightly more than half (52%) of homeless students will graduate on-time. The Spokane School District reports an overall on-time graduation rate of 83% among the Class of 2014. Only 61% of homeless students in the Spokane School District graduate in four years. This represents a decline of 7.3% from the Class of 2013. OSPI data suggest that homeless students have the second lowest graduation rate of any group reported on in Washington State (2014). Low-income students also experience a lower graduation rate nationally (73%), in Washington State (66%), in Spokane County (72%), and in the Spokane School District (75%).

Table 3. Office of Supervisor of Public Instruction

Graduation Rates- Class of 2014	Total	Low-Income	Homeless
National	81%	73%	25%
Washington State	77%	66%	46%
Spokane County	82%	72%	52%
Spokane School District	83%	75%	61%

Mental Health Homelessness and financial instability negatively impact children's mental health. Homelessness is a traumatic experience that is often precipitated by other traumatic events such as divorce, loss of job, domestic violence, or the loss, illness, or incarceration of a parent (Dill, 2015). Homelessness also exposes children to other forms of trauma like physical and sexual assault, witnessing violence, and sudden separation (Nunez, 2000; National Coalition for the Homeless, 2009). Nearly half of school-age homeless children have witnessed domestic violence and approximately 20% experience homelessness as a result of domestic violence (Nunez, 2000). Homeless children are nearly twice as likely to be physically abused and three times as likely to be sexually abused as are housed children (National Center on Family Homelessness, 1999). According to a recent national report, all homeless students fall somewhere on the spectrum of post-traumatic stress disorder (National Alliance to End Homelessness, 2012; National Coalition for the Homeless, 2009). Homeless children are more likely to report panic, anxiety, depression, chronic hunger, sleep deprivation, and nightmares (Dill, 2015). Approximately half of all homeless children experience anxiety, depression or withdrawal compared to only 18% of housed children (National Coalition for the Homeless, 2009; Nunez, 2000). They may also experience difficulty concentrating, 'emotional numbing', and struggle to control their emotions (SanFilippo, 2012). Further, homeless children experience triple the rate of behavioral and emotional problems as housed children (National Coalition for the Homeless, 2009; Nunez, 2000). Approximately 10-26% of homeless preschool children and 24-40% of school age children had mental health problems requiring clinical evaluation (Bassuk, Richard, and Tsertsvadze, 2014).

Table 4 (below) highlights findings from the Spokane County HYS for the 2013-2014 school year. Findings suggest that homeless students experience significantly higher rates of nervousness and anxiety (35%) compared to their housed counterparts (24%). These feelings are present for multiple days each week for a significantly higher percentage of homeless students (73%) than housed students (58%). Homeless students are more likely to experience uncontrollable worry (42%) compared to housed students (20%). These worries are also present for a longer period of time for homeless students (66%) compared to housed students (47%). A significantly higher percentage of homeless students experience long-term emotional and learning problems (23%) compared to their housed classmates (12%), and only 41% feel they can seek help from a parent(s) compared to over 80% of housed students. Feelings of sadness and hopelessness (45% v. 33%) and loneliness (10% vs. 5%) are also higher among homeless students. These patterns are similar among students who are financially unstable. In all cases, financially unstable students report more negative emotional and psychological outcomes compared to those who are financially stable.

As mentioned above, homeless families often have to make frequent residential and school moves, the result of which can be loss of routine and lack of consistent schedules. Residential and school moves can be chaotic, scary and unpredictable experiences for children. Further, as Bailey, Camlin, and Ennett (1998) note, residential moves precipitate a grieving process. Children who are comfortable in a home and school environment face the loss of this stability when homelessness occurs. This is often associated with feelings of anger and frustration as they must leave behind friends, teachers, and activities to start over in a new school. Children with low self-regulation may turn to delinquent behavior and drug/alcohol use to cope with the trauma of homelessness.

Table 4. Spokane County Healthy Youth Survey: 2013-2014

Mental Health Outcomes				
	Homeless	Housed	Financially Unstable	Financially Stable
Bothered by feeling nervous or anxious	35%	24%	30%	30%
Bothered by feeling nervous, anxious, or on edge several days, more than half of the days, or nearly every day	73%	58%	57%	46%
Bothered by not being able to stop or control worrying	42%	20%	30%	20%
Bothered by uncontrollable worrying several days a week, more than half or the week, or nearly every day	66%	47%	57%	46%
Can go to mother or father for help with personal problem	41%	82%	71%	82%
Have long-term emotional problems or learning disabilities	23%	12%	--	--
Felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities	45%	33%	47%	32%
Do not look forward to the future	14%	3%	3%	7%
Feel alone in life	10%	5%	12%	5%

Children who experience homelessness may be afraid to report their needs to counselors and teachers for fear of getting their parents in trouble. In the face of delayed or absent assistance, mental illness is compounded over time. Students may lie about academic performance, truancy, and disruptive classroom behavior (e.g., acting out, falling asleep) to avoid acknowledging their homelessness. Children may also be embarrassed about their circumstances and risk bullying by divulging their homelessness. Homeless children risk being bullied for their appearance, behavior, and need for additional services (e.g., free or reduced lunch). Homeless parents may also be reluctant to report their housing instability for fear of losing their children to child protective services (Trella and Hilton, 2014). Further, living in a doubled-up household is a less visible form of homelessness that may preclude teachers and counselors from identifying students in need of help.

METHODOLOGY

Our task was to identify strategies for reducing homelessness among families with children in Spokane County public schools (grades K-8) and services to improve homeless students' academic performance and overall mental health.

Our research included: extensive reviews on homelessness prevention services and programs for homeless students across the U.S. to identify promising practice models; analyzing state and local OSPI and state and local HYS data to assess the extent, nature and impacts of homelessness among children in public schools; interviews and meetings with local policymakers and service providers to evaluate current services and service gaps; and in-depth interviews with homeless families (parents) with children in Spokane schools to identify potential clients' perspectives on existing services and unmet needs.

We examined more than 100 homelessness prevention and service programs while critically evaluating their potential as program models based on their demonstrable and measureable impacts and goodness of fit with our target population. Our analyses of OSPI and HYS data allowed us to assess the extent, nature and impacts of child homelessness in Spokane and ultimately helped lead to our focus on prevention services and academic and mental health supports.

In collecting data, we met with staff from more than 20 public agencies and community organizations, including: Spokane County Community Services, Housing, and Community Development Department; City of Spokane's Community, Housing and Human Services Department; Washington's Children's Administration; the Spokane Housing Authority; the Spokane Public School System; the Central Valley School District; Frontier Behavioral Health; Salvation Army; Gonzaga University Law Clinic; Northwest Justice Project; the Center of Justice; TeamChild; SNAP; Catholic Charities; Transitions; the Union Gospel Mission; and Eastern Washington University's Office of Community Engagement. We also attended a Spokane Regional COC meeting where we met with several service providers and policymakers to discuss this project. In addition, we attended three conferences on homelessness (the Washington State Annual Conference on Ending Homelessness, the National Health Care for the Homeless Conference, and the National Conference on Ending Family and Youth Homelessness) where we met with many professionals and attended several presentations where innovative practice models were outlined.

We also met with 15 homeless parents. These interviews provided valuable insights into families' experiences related to housing and economic insecurity; trauma, stress and other mental health issues; social services system use; and perceived unmet service needs.

Having four types of data sources (national practice models and outcome research, local service provider and policymaker interview, OSPI and HYS data sets, and in-depth interviews with homeless families) allowed us to verify our emerging findings as we sought consistency across sources. At times, it also forced us to question and revisit our initial analyses when data pointed to different conclusions. In the end, we believe the diversity of data allowed us to create recommendations that are appropriate for the community, narrow service gaps, and also meet the perceived needs of service providers, policymakers and clients.

Public Resources to Address Homelessness There are a variety of housing services in the Spokane area designed to meet the needs of homeless persons. In January 2014, there were a total of 2,379 annual beds for homeless persons within COC agencies. These beds were located in several locations, including: Emergency Shelters (676 beds), Transitional Housing Facilities (761 beds), and Rapid Rehousing units (225 beds). In addition, there was a total of 717 Permanent Supportive Housing (PSH) beds for disabled persons.

Based on the 2014 PIT count (from January 2014), there are approximately 1,100 homeless persons at any given time in Spokane County, which suggests the nearly 2,400 available beds are adequate to meet current demands. However, it may be problematic to use a simple PIT count to gauge the extent of homelessness in Spokane or service providers' abilities to serve those in need. Most service providers believe the actual number of homeless persons in Spokane at any given time is much higher than the PIT count suggests. Only those who at a homeless shelter or physically counted on the street are included in this count. Also, a PIT count does not capture the number of people who become homeless over a given year, which based on the COC service provider estimates may be as high as 5,000. Many COC clients require services over an extended period, which limits the availability of some services for new clients.

The PIT count also fails to capture the large number of people in Spokane County who are housing insecure—at the brink of homelessness or doubling-up with family and friends. As discussed above, HUD's definition of homeless is narrow and the PIT count does not account for the large numbers of individuals and families who lack stable housing, constantly move from place to place, and are frequently in and out of homelessness. While it is difficult to know how many Spokane County residents are in this situation, both the DOE homeless count and studies of the housing market in Spokane County (e.g., Cardinale, 2015) suggest the rate of housing insecurity is higher than other areas of Washington and the U.S.

Limited Prevention Resources. Unfortunately, resources to combat Spokane's housing insecurity issues are scarce, leaving many families on the brink of homelessness with few places to turn for assistance. Homelessness prevention resources in the area are unable to meet current demands, especially for financial resources to prevent evictions or help families who are facing eviction or doubling-up with family or friends secure new housing. In fact, the Spokane-area COC does not have approval from HUD to use federal homeless services funding for prevention. (Use of HUD funds for homelessness prevention is limited to COC areas designated as "high performing areas", based on low numbers of homeless persons). Until recently, the City of Spokane had offered some homelessness prevention services. Between 2009 and 2012, the City devoted approximately $1.5 million in federal economic stimulus funds toward homelessness prevention, primarily for rental assistance. This funding is no longer available. The City had also recently devoted some funding (through Emergency Solutions Grants) for prevention services, however, this funding is now devoted entirely for Rapid Rehousing services for families who are already homeless (living in a shelter or residing in a car or outdoors). According to some City Community, Housing and Human Services staff, the demand for homelessness prevention services, especially rental assistance and

other financial supports, among people in Spokane who are already homeless, is vast and without major public investment, including federal funding, local homelessness prevention efforts will have little measureable impact in addressing the housing insecurity crisis facing many low-income Spokane residents.

Spokane County residents facing homelessness have slightly greater access to financial assistance than those in the City of Spokane. Spokane County offers homelessness prevention services through two funding streams: Consolidated Housing Grants (CHG) and Housing, Homelessness and Assistance Act grants (HHA). CHG funds serve families below 30% of the area median income (AMI) and HHA can serve families below 50% of the AMI. At the time of our interview with Spokane County staff, these programs had successfully prevented homelessness for 18 families in the past six months. Assuming these families maintain housing and do not enter the shelter system, the County's investment in prevention will result in substantial social and economic returns. Still, these benefits are only available to a limited number of Spokane County families living outside the City of Spokane.

Further complicating the perceived overwhelming demand for financial assistance to prevent homelessness and relatively modest resources to meet this demand is the difficulty in evaluating the impacts of these services. As several City, County and homeless service provider staff explained, preventing homelessness through financial assistance is hard to justify for two reasons. First, devoting resources to people who currently have housing, when there are so many families who are already homeless, creates policy and ethical dilemmas. Second, it is very difficult from a reporting standpoint to show the value of providing financial assistance to families at-risk of homelessness. While it may be possible to report on how many families who received financial assistance remained in their homes and how many entered the shelter system, it is very difficult to prove it was the financial assistance that prevented their homelessness. This would require the ability to predict which families would become homeless without financial assistance, which is a tenuous prospect at best.

There are several homeless prevention related services offered in the Spokane-area that do not include direct financial assistance to individuals or families. There are multiple responsible renter and tenant education programs offered in Spokane County. (SNAP and Catholic Charities both offer these programs.) SNAP and the Gonzaga University Law Clinic also both offer foreclosure prevention services which help lower-income area residents through legal assistance and negotiations with banks. The Northwest Justice Project, the Center for Justice, and the Gonzaga University Law Clinic all offer housing-related legal services for area residents facing eviction. Assistance may include advocating for tenant rights and enforcement of eviction-related laws pertaining to eviction timelines. In some cases these organizations may be involved in mediation efforts between landlords and tenants to prevent or delay evictions.

We interviewed staff from each of these organizations and two common themes emerged. First, demand for eviction-related/homelessness prevention services far exceeds their capacities. Second, while legal assistance and mediation services are necessary and helpful, what families facing eviction often need most is money. As one local lawyer/advocate explained, "Once a family is behind on

rent and the landlord wants to evict, it is just a matter of time. We can tell them their rights, help enforce a timeline, but without money we can't prevent them from losing their home."

Education-Based Services Each school district in Spokane County has designated a Homeless Education and Resource Team (HEART) liaison to comply with federal McKinney Vento Act requirements. According to the McKinney-Vento Act, all school districts must accommodate students who lack a fixed, stable residence by doing the following: admitting students who are homeless without requiring address verification; providing transportation to and from school for students who are homeless, including those who are now residing outside the district (at a shelter, motel, or doubling-up with friends or family); enrolling homeless students in free lunch programs without requiring income verification; and providing other support services required to help homeless students succeed in school (U.S. Department of Education, 2001). Each districts' HEART liaison is responsible for providing the following: outreach to families to inform them of their right to HEART services, coordinating transportation for homeless students (which often includes creating new bus routes between school districts), helping homeless families enroll their children in school and related services (including free lunch), and connecting students and their families with other support services.

Our research—which has included interviews with HEART liaisons as well as extensive interviews with HEART clients in the City of Spokane—suggest Spokane-area school systems are in compliance with McKinney-Vento Act requirements. It also appears that almost all districts devote substantial resources—far more than federal funding received—transporting homeless children who are no longing residing in their home school district to and from their schools of origin. (McKinney-Vento Act requires school systems make this accommodation for at least the remainder of the school year during which the family first experienced homelessness.)

While our investigation suggests districts are in compliance with McKinney-Vento Act requirements, it also appears that families and students' access to support services varies substantially by district and by school. A few school districts offer extensive support services, albeit for a limited number of clients. For example, the Central Valley school district has partnered with the Spokane County Community Services, Housing and Community Development department to identify families with children in Central Valley schools for homelessness prevention and Rapid Rehousing services, while setting aside what are limited resources for this target population. Similarly, the Spokane Public School System (SPSS) has recently entered into an agreement with the Spokane Housing Authority to identify families with children in SPSS who are in need of housing and offer them vouchers for subsidized housing (Section 8). SPSS has also hired a HEART staff person and a MSW intern to provide intensive support services to students at three SPSS high schools. These staff provide services that complement the work of the district's HEART liaison, which primarily involves outreach and transportation services. These school-based staff track HEART students' academic progress, counsel students struggling with stress and anxiety, connect students with academic tutoring services, help students secure employment, and make referrals for students and their families (for mental health treatment; food, clothing, and other emergency resources; and housing-related services); and help students and families resolve a host of other issues.

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These school-based service examples are noteworthy and our interviews with homeless families suggest they are extremely beneficial in reducing stress and anxiety associated with family homelessness and improving students' educational experiences. However, it is also important to note that access to these services is extremely limited. Aside from SPSS, which has more than 1,300 homeless students, all districts have just one staff person in their HEART programs. In some cases the HEART liaisons serve just 12 students and perform HEART duties as just part of a job with several other responsibilities. In others cases, HEART liaisons duties constitute a full-time job and each liaison serves hundreds of students. With just one full-time person devoted to HEART services, districts are stretched to capacity just providing transportation, and enrollment assistance through their HEART programs.

Mental Health Services Our discussions with HEART clients, school staff, and City and County staff suggest that while mental health services are available to school-aged children with chronic, diagnosable mental health issues, many homeless children struggling with trauma, depression, stress and anxiety associated with homelessness do not receive the help they need.

Several parents of children enrolled in HEART services mentioned that the counselors at their school were very helpful. Some regularly check in with these students to gauge their academic progress and overall social and emotional functioning. In a few cases parents explained their school counselors were instrumental in connecting them with vital community services to address their financial and housing situations. A larger number of parents suggested that while school counselors provided some help, they could not fully provide the help their children needed. As one parent explained, "The school counselor is great. She checks in with [her child] sometimes, but if [her child] behaves at school he does not end up at her office much." She later explained that her child is really struggling with the current family homelessness crisis and everything associated with it. "He really internalizes all that anxiety and stress. He doesn't even want to talk with me about it much, and it is hard to for him to speak with a counselor about it—someone he hardly knows."

When we asked this woman and others about their access to mental health care for their children—aside from school counselors—two major themes arose. First, accessing mental health care (generally counseling) was often difficult for families who were forced to move frequently and did not have reliable transportation. As one father explained, "By the time [his son] was comfortable with his therapist, we moved and he wasn't able to see her for a few months." Second, several parents who had sought mental health services for their children became discouraged by the inflexibility of mental health services, which involve diagnoses and evidence-based therapies, and their inability to meet their children's unique needs. As one parent stated, "[My daughter] needs some help, but she is not crazy. She's a normal kid going through a hard time because we've been struggling. They said they needed a diagnosis for insurance. And she doesn't need medication or therapy. She just needs to talk to people who will listen and understand. Maybe someplace to go sometime where she can just be a kid, and not be constantly reminded of our problems."

The vast majority of parents with whom we spoke, and the majority of homeless families in area public schools, are Medicaid-eligible. The Mental Health Parity Act and the Affordable Care Act have expanded mental health coverage for those with medical insurance (public or private).

Unfortunately, many vulnerable populations, including the homeless, continue to be underserved by mental health services systems. As discussed above, these systems typically require diagnoses for services and often treatment modalities do not fully meet the needs of these populations. Providers in the Spokane-area are sensitive to these issues and some have responded accordingly. Frontier Behavioral Health, for example, employs a homeless outreach worker to provide short-term, trauma-based treatment to homeless persons in shelters and living outdoors. Shelter staff we interviewed believe these services are extremely valuable, however, they reach only a limited number of homeless children in area schools, most of whom are doubled-up with family and friends as opposed to in shelters or on the streets. Area mental health providers offer treatment to children in several Spokane-area schools. These school-based mental health services are very valuable, especially for families who otherwise may struggle to access these services (because of scheduling and transportation issues). Still, many students who are struggling with social and emotional issues related to homelessness often "fly under the radar"—without disruptions at school nor obvious diagnosable conditions.

Service gaps The above analysis based on our research on area services for homeless families with children in Spokane-area schools suggests there are three major services gaps. These include the following:

1. *Doubled-up families are underserved by housing and other social services systems.* As explained above, children in families who are doubled-up with family and friends, and lack a fixed, permanent address because of financial problems, constitute approximately 80% of children deemed homeless per the DOE. These children experience trauma, stress, anxiety and social, emotional and behavioral issues at rates similar to those of children living in shelters, motels, cars or outdoors. While there is substantial variation in doubled-up experiences, this is often an extremely unstable living situation associated with unpredictability, and physical, social, and emotional stress.

2. *Homelessness prevention services are very limited in the Spokane-area.* There is widespread evidence that helping families stay in their own homes and avoid shelter systems saves money and helps limit trauma associated with homelessness. More assistance is needed to help families avoid eviction and stay in their own homes. Families who have already lost their homes and are doubling-up with family and friends also need assistance. In some cases, this may involve securing new housing. In other situations, this may involve financial and other assistance (like conflict resolution) to create a more stable doubled-up situation.

3. *Homeless children have unmet mental health service needs.* As the above analysis suggests, homeless children often experience trauma related to being uprooted from their homes, disruptions to social relationships, frequently changing schedules and lack of regular routines, and anxieties related to their families' overall instability. Accessing mental health services is often difficult for these children because their families struggle with transportation and scheduling issues. Also, many view available mental health treatments as being out of touch with their needs for help managing stress and anxiety related to homelessness and regular outlets to address these issues.

Overview In the following section we outline two general service recommendations designed to address the gaps listed above. The first is for the creation of homelessness prevention and diversion services for families with children in Spokane-area schools. The goals of these services are to help families on the verge of homelessness remain in their own homes and to help families who have already lost their homes, and are now doubling-up with family and friends, create more stable living situations. This may include helping to connect these families with permanent housing. In some cases it may involve helping to create a more stable doubled-up situation by offering financial and other assistance to these families and those who support them. The second general recommendation is to create school-based services to help address students' stress and anxieties associated with homelessness (including doubling-up with family and friends). While this recommendation pertains to students' mental health, we conceptualize mental health services very broadly—as this may include anything from after school activities designed to address students' needs for schedule stability and enhanced self-esteem to evidence-based treatments for addressing trauma associated with homelessness.

Recommendation 1: Prevention and Diversion Services
Need. According to the COC's 2005 10-Year Plan to end homelessness, estimated costs for serving a family through the Spokane Homeless COC are between $9,000 and $20,000 depending on the family's service needs. A 2010 HUD study found that local service systems spent an average of approximately $11,000 per family in COC homeless services. Adjusted for inflation this would be approximately $12,000 per family. Even this conservative estimate of the current costs of serving homeless families through shelter systems (including emergency shelter, transitional housing and Rapid Rehousing services), suggests it is worthwhile to explore the potential of investing in homelessness prevention and diverting families from COC services.

Over the past five years many researchers have also begun to calculate additional public costs of homelessness (those outside shelter systems). A recent New England Journal of Medicine report, for example, estimates that people within homeless families incur approximately $2,500 more in hospital costs per year than comparable people who are not homeless. While this research is based on families staying in shelters or transitional housing as opposed to doubled-up with family and friends, it is reasonable to assume that families in unstable living situations also incur higher hospital costs than those who are in stable housing. [Students in doubled-up households have been shown to experience high rates of post-traumatic stress, stress, anxiety, emotional outbursts, panic attacks, concentration difficulties and poor health (National Alliance to End Homelessness, 2012b; Yeager & Bennett, 2012)]. If additional health care costs are even half that of families in shelters and the average family size is just two, we can estimate that additional health care costs for these families would be at least $2,500 per year.

In addition, several recent reports have shown that public schools spend more than $1,000 in additional transportation costs per homeless student to comply with McKinney-Vento Act requirements. As these reports suggest, costs school systems incur for these transportation services far exceed annual DOE funding to serve homeless students. At a recent presentation from staff

from King County, Washington's COC we learned that the annual cost of transporting some homeless students exceeded $7,000 per student. If we make the conservative assumptions that additional transportation costs for homeless students is $1,000 per student and each homeless family has an average of 1.5 children in school, we can estimate school transportation costs for homeless students to be $1,500 per family. Taken together ($12,000 for shelter, $2,500 in health care and $1,500 in school transportation), additional public costs associated with homelessness is approximately $16,000 per family. As discussed above this is based on conservative estimates of actual service costs. This estimate is also conservative in that it does not include additional costs associated with homelessness, including: food, clothing, and mental health care.

In addition to high costs associated with family homelessness, the large number of families who are turned away from COC services because they are not yet homeless (i.e., they are doubling-up with family and friends or they have not yet been evicted from their homes) suggest there is a great need for homelessness prevention and diversion services. Staff from organizations who provide Rapid Rehousing services and others responsible for managing the COC's coordinated intake and assessment services for families (through Spokane's Homeless Families Coordinated Assessment) have estimated that well over half of families seeking services are deemed ineligible because they are not yet homeless. In some cases, families that have just been evicted from their homes have been told they are not eligible for re-housing assistance until they have spent a night at a homeless shelter, in a car, or outdoors (because of restrictive federal eligibility requirements).

General Program Model. Our first recommendation is for the creation of a prevention and diversion program for families with children in Spokane-area schools. This program will be designed to prevent families facing eviction or foreclosure from losing their homes, and to assist families who are already doubling-up with family and friends after losing their homes due for financial reasons by helping them secure new housing or creating a more stable doubled-up living situation (thus reducing numbers of times these families are forced to move).

The program model described below is meant to be a general set of recommendations as opposed to a specific program design. While we suggest several specific program components and policies, these are merely suggestions based on our research on similar services in other areas. We understand that any programs developed from these recommendations will be tailored based on available resources, communities selected for initial interventions, capacities of area service providers, and the support of community residents and organizations.

The prevention and diversion program we recommend is based on several existing programs as well as research on the efficacy of these services. Our recommendation is for the creation of a multi-faceted program that includes the following:

- Case management: to connect families with existing resources and services in the area, and help families create strategies for securing stable housing.

- Housing advocacy and planning: including housing search assistance, outreach to landlords (to develop housing placements), legal assistance (related to eviction and

foreclosures), and landlord/tenant mediation (to prevent/delay evictions); and family mediation to reduce conflicts with families with whom family is doubled-up; and

- Targeted financial assistance: up to $2,200 per family to be used for rent (including back rent), move-in costs, security deposits, and other housing-related costs. This financial assistance will be dedicated to those families deemed most at-risk of becoming homeless.

As stated above, these recommendations are based on several successful programs, including two prevention and diversion programs in King County and Cowlitz County, WA. A similar prevention and diversion program exists in Boston, MA, which is offered by the Dudley Street Neighborhood Initiative. In addition, King County's Landlord Liaison and Risk Mitigation Fund programs serve as models for some elements of this recommended program. One local program, the Safe Families Program, offers a strong model of successful landlord outreach and housing advocacy. (This is a program of the Children's Administration which contracts with Transitions to provide these services.) Another local organization, TeamChild, offers a strong model for combining advocacy and case management services with legal assistance, which is a very useful combination when assisting low-income families with housing issues. Finally, New York City's rental subsidy program (and related research) provides a model for targeting families who, without financial assistance, would be most likely to become homeless.

Philosophy. An effective homelessness prevention and diversion program for families should be based on the following ideas:

1. Prevention: As discussed above, there is substantial research on the negative impacts of childhood homelessness experiences, much of which describes these experiences as traumatic and having long-term negative impacts on child development, educational performance, and overall mental and physical health. As presented below (under cost analysis), prevention services can also reduce overall public costs associated with homelessness. Existing program models suggest helping those at imminent risk of becoming homeless secure and maintain stable housing is substantially less expensive than offering shelter and other assistance through COC services.

2. Build on Current Capacities: This program will include case management services designed to help connect families with existing services related to securing and or maintaining housing (e.g., Rapid Rehousing; financial assistance; emergency food, clothing and other services; and health and mental health care services. There are many families who may be at risk of eviction or already doubling-up with family and friends who may be unfamiliar with area social services. Case management will help connect families with these services and assist them in navigating what are often complex and intimidating social service systems.

3. Cross Systems: The success of any program to reduce homelessness among families with children in schools requires cooperation across systems (e.g., school systems, the homeless COC, and other social services) and the ability for program staff to work with a diverse set of professionals.

4. <u>Targeted Assistance</u>: Any program created from these recommendations will have a limited set of resources. Assistance—whether financial or other—should be targeted at those families deemed most at risk of homelessness and/or most at risk of entering COC services (including those who are doubled-up with family and friends living in unstable situations).

5. <u>Tiered Services</u>: Services offered to families will vary by both types and levels of assistance provided. Services and resources provided will be based both on families' needs and the likely impact of assistance. In general, families with higher needs will receive more assistance. In some situations, higher levels of assistance (e.g., intensive case management or financial assistance) may be justified based on the probability of success (i.e., where services or resources are very likely to result in stable housing).

Targeting Families. This program will serve the following two groups:
1. Families experiencing financial and other hardships (e.g., living in a home unfit for human habitation, domestic violence, fire or other catastrophe) likely to result in homelessness, and

2. Doubled-up families in unstable living situations. (Here unstable may mean families may be asked to leave their current place of residence. Unstable may also refer to over-crowded living and potentially unhealthy living conditions.)

Program staff will develop relationships with school administrators, school counselors, HEART liaisons, Homeless Families Coordinated Assessment staff, and other social service agency staff for outreach and referral purposes. Program staff will meet with these professionals to inform them about services offered and program eligibility criteria, and to ask for assistance in generating referrals.

An important component of any homeless prevention program is the ability to identify people who are at-risk of becoming homeless. Creating an effective and efficient program with limited resources requires targeting families most at risk of homelessness for higher levels of intervention, including financial assistance.

While several prevention programs that provide financial assistance to vulnerable families have well-documented success based on low numbers of recipients who become homeless, many have argued that relatively few of these families would have actually become homeless even without this assistance. A large scale study of a large rental assistance program in New York City (Shinn et al., 2013) examined the experiences of families who sought rental assistance, some of which received assistance and some of which did not. The goal of this study was to determine which family traits were the strongest predictors of bouts of homelessness. This study concluded that preventing homelessness was possible in almost all family types and that targeted rental assistance could effectively predict homeless among families with several of the following traits 48% of the time:
- Families with a younger parent,
- Families with a pregnant head of household,
- Families with a child under the age of 2,
- Families who have faced an eviction threat,

- Families who have experienced frequent moves in the past year,
- Families with a head of household who have not been leaseholders in the past year,
- Families in which a head of household experienced substantial childhood adversity,
- Families that currently have protective services involvement
- Families with a history of shelter use.
- Families where the head(s) of household does not have a high school diploma

Targeting families with several of these traits and devoting limited program resources, especially financial assistance, to those most at risk of homelessness will increase program efficiency (in preventing homelessness). This will require substantial cooperation and data-sharing between program partners. HEART liaisons, and school counselors and administrators already collect some of this information from families enrolled in the HEART program, including: parents' age, children's ages, current homelessness experiences and place of residence, and number of moves (and school mobility). Other information may be obtained from the Homeless Management Information System (threats of eviction, and history of shelter use). Identifying other risk factors may require inquiries with the potential clients themselves (pregnancy, leaseholder history, childhood adversity, and child protective services involvement). This information could be collected through the school system (likely by HEART liaisons or school counselors) or by other program staff during an intake interview after a referral has been made.

Goals. As discussed above, this program has two main goals. They include:
1. Prevent homelessness for vulnerable families with children in Spokane-area schools (grades K-8). This program will serve families facing eviction or foreclosure deemed at risk of becoming homeless (per DOE definitions).

2. Divert families who are doubled-up with families and friends from homeless services to create more stable housing. This may include:
    a. Helping to connect families with permanent housing, or
    b. Providing services and resources to help create more stable doubled-up situations (thus reducing likelihood of frequent moves).

Services Provided. This program will include several elements. Services families receive will vary by need and resource availability. Below is a list of general program elements and brief descriptions of the purpose of each.
1. Case Management: Program staff will provide case management services to help connect families with services and resources (both those within the program and the community-at-large). Connecting families with these services and resources requires strong knowledge of area services and resources and developing close working relationships with staff from other organizations. Connecting families with services and resources may require making referrals to other programs and organizations, following-up on referrals made to ensure families

received help needed, and advocating on behalf of families so they receive the best possible assistance. Case management duties will include the following:

- Gathering information and necessary documentation from families
- Identifying families' housing and other goals
- Developing service plans in collaboration with families
- Connecting clients with many types of services—both within and outside the program. These may include:
  a. Rental and other financial assistance for housing (within program)
  b. Financial management and responsible renter/tenant classes
  c. Community resources to reduce living costs, such as food, clothing, transportation assistance)
  d. Mental health services/treatment
  e. Substance abuse treatment services
  f. Domestic/Family violence services
  g. Legal aid
  h. Public benefits/financial assistance (e.g., Social security, TANF, food stamps)
  i. Employment assistance

2. <u>Housing Advocacy and Planning</u>: In addition to case management, program staff will offer many forms of assistance to help families obtain stable housing. These may include the following:

- Providing legal assistance. This assistance may take the form of a referral to an organization providing housing-related legal assistance (e.g., Gonzaga Law School Clinic, the Northwest Justice Project, or the Center for Justice). It may also include basic legal advice, which may require staff training from a lawyer from a partner agency (like one of the organizations mentioned above).
- Educating families on tenant rights and landlord responsibilities
- Explaining the timeline of eviction processes
- Communicating with landlords about alternatives to eviction (including repayment of back rent and/or delaying eviction)
- Conducting landlord and housing program outreach to identify potential housing for families
- Assisting families with housing searches
- Providing conflict mediation services for families within doubled-up situations to resolve conflicts that may result in family being asked to leave their current housing. In some situations, this may involve financial assistance (to offset costs incurred by the household that has taken in the homeless family).
- Contingency planning. In some cases the program may not succeed in helping a family secure or maintain stable housing. It may be necessary to help these families begin to plan how to survive homelessness. This may include: informing families of COC services and processes; storing possessions; finding alternative

care for children and pets; accessing survival resources; and planning locations of "campsite".

3. <u>Financial Assistance</u>: This program will include up to $2,200 in financial assistance per family. This number is based on a study of a homeless prevention from Hartford, CT, which found that $2,200 was sufficient to prevent homelessness and help families maintain stable housing for more than one year (with a 76% success rate) (Anderson, 2013). While families may receive up to $2,200 in assistance, it is expected that many families will require much less than this amount and that, on average, families will receive approximately $1,000 in financial assistance, with some requiring no financial assistance to secure and or maintain stable housing.

   Financial assistance may be used for a number of purposes, however, it is assumed that the primary use will be for rental assistance. (This is based on several studies of homeless prevention programs that suggest rental assistance can be effective at reducing homelessness and is the primary form of assistance for homelessness prevention). As discussed above, many researchers have documented in recent years, targeting families that are most at-risk of becoming homeless without financial assistance is critical to creating an efficient and effective prevention program.

   Other potential forms of financial assistance offered through this program may include:
   - Security deposits and/or enhanced security deposits. The King County Landlord Liaison program has found that providing landlords with assurance that all property damages and missed rent associated with vacancies will be covered can expand the pool of landlords willing to rent to families with poor rental histories and poor credit. The Landlord Liaison program successfully secured housing for more than 800 households in a 2-year period, 96% of whom maintained their housing for at least 6 months. A survey of landlords participating in this program found that 85% of housed families would have been rejected but not for the Landlord Liaison program.
   - Move-in costs
   - Financial or in-kind assistance to families/friends who provide shelter to homeless families. This may include food or food cards, gas cards, utility payment assistance, and child care payment assistance.

Staffing. The program outlined above could be staffed by a variety of professionals at a number of organizations. The case management functions suggest experienced social workers may be strong candidates to deliver this program. The advocacy and legal components suggest people with backgrounds in public policy or law would be strong candidates to perform this work. In any case, those who staff this program must be willing and able to perform a variety of tasks—from forming helping partnerships with families in need, to managing and using homelessness prevention funds, to working collaboratively across systems, to developing new housing opportunities through outreach to landlords.

Our recommendation is for the creation of one or more Family Housing Advocate positions. The Family Housing Advocates would perform all of the functions outlined above. We believe creating positions with broadly defined responsibilities will allow staff to tailor services based on each family's needs.

Regardless of professional background, staff delivering this program should have the following:
- Experience working with low-income families
- An ability to develop strong working partnerships with vulnerable people
- Strong knowledge of area homeless services and other social service systems
- An ability to negotiate complex bureaucracies and work collaboratively across systems.

In addition to Family Housing Advocate positions, it may be necessary to create partnerships with organizations like the Gonzaga Law Center, the Northwest Justice Project or the Center for Justice to provide access to legal assistance for families and to train Family Housing Advocates to provide basic legal guidance to families facing eviction or legal issue related to housing.

Estimated Costs. It is difficult to estimate costs of this program because costs will vary depending on size. (Size will depend on available funding and the target community or communities). However, it is possible to evaluate costs per position created. We anticipate that each Family Housing Advocate could serve at least 60 families per year. While 60 is a high caseload for such an intense program, we anticipate that some families will require lower levels of staff time than others. For example, those requiring only financial assistance will be relatively short-term help. We also anticipate that once families are stably housed they will require only follow-up services and thus less staff time.

Estimated human resource costs will be between $60,000 and $70,000 per position, depending on overhead costs, salaries and benefits (which will vary by skills and experience). For ease of calculation, we will estimate human resource costs at $65,000 per position. As stated above, we also estimate that each family will require an average of $1,000 in financial assistance (with a maximum of $2,200), so the total cost of financial assistance will be $60,000 for 60 families. In total, the cost of serving 60 families per year (with one Family Housing Advocate) will be $125,000. If we also add up to $25,000 per Family Housing Advocate for legal training and services for clients, **the total estimated cost of serving 60 clients will be $150,000.**

Estimated Success Rate. As discussed above, we define program success based on families' abilities to secure and or retain stable shelter, thus avoiding homelessness. In some cases, this may mean families are able to retain housing while avoiding eviction or foreclosure. In other cases, families who have already lost housing and are now doubling-up with family and friends but with unstable living arrangements will secure stable housing. This may mean one of two outcomes: doubled-up families secure new housing, or these families' living situations will become more secure (with the addition of services and resources) allowing them to maintain their living situation for at least one school year (thus reducing school mobility).

Evaluations of homelessness prevention and diversion programs, including a recent study of the Commonwealth of Massachusetts homelessness prevention programs (Burks et. al., 2011) suggest it is reasonable to expect more than 75% of families served to maintain stable for up to one year after receiving services. (This is based on programs that offer up to $2,200 in financial assistance for housing to families). The program we have outlined is slightly different than other prevention and diversion programs because it will likely serve a large number of families who are doubled-up. It is also different in that success is defined somewhat broadly to include creating a more stable doubled-up housing situation, thus reducing number of moves a family is forced to make. Given our slightly unique target population and our slightly broader definition of success, **we anticipate that at least 80% of families served (or 48 of 60 families) will be successful.**

Cost/Benefit Analysis. As stated above, our conservative estimate of the public costs associated with families becoming homeless and entering COC services at roughly $16,000/year. With an 80% success rate (in helping families secure more stable housing), we anticipate up to 48 families will avoid homelessness as a result of this program for every $150,000 of investment. As many critics of homelessness prevention and diversion programs have argued, however, we cannot assume that all families through this program would have become homeless and accessed COC services if not for this program. Based on the New York City study discussed above, we estimate that as many as 48% of families with the traits we have identified as recruitment and eligibility criteria for this program would become homeless without these services. If we even more conservatively assume that just 40% of families who were successful in the program would have become homeless without services, the $150,000 investment would help 20 families avoid entering the homeless shelter system. At a public cost of $16,000 per family, helping 20 families avoid entering the homeless shelter system will result in $320,000 in cost savings. With an investment of $150,000—to serve 60 families, 48 of which secure stable housing, and 20 of which would have otherwise entered the shelter system— **this program will create a return on investment of more than $2 for every $1 spent. This program would be cost effective (from a public cost estimate) if just 1 in 6 families served avoided homelessness as a result of this program.**

As with our other estimations, this estimated return on investment is conservative as it does not factor in savings related to many increased costs associated with homelessness, including: mental health care, criminal justice, or education. It is worthwhile to point out that the most important potential returns on investment are non-financial. If this program saves even one family from the emotional and social hardships associated with homelessness while increasing the family's overall sense of security and improving overall family functioning, it will be a major value added.

Measuring and Tracking Success. As discussed above, program success for the prevention and diversion services program will be based primarily on two outcomes: housing retention or new housing secured.

Success for families who are at-risk of homelessness pending an eviction or foreclosure will be defined as providing services to allow these families to stay in their homes or secure and maintain new housing without first becoming homeless—for the duration of the current school year.

A family that has already lost housing due to eviction or foreclosure that is doubling-up with family or friends and in an unstable living situation will be successful under two conditions: (1) the family secures new housing and maintains the housing for remainder of the school year, or (2) the family receives services from the program and as a result is able to maintain the current residence for the remainder of the school year.

These outcomes can be tracked through the OSPI database. A search of an OSPI database can indicate whether or not children in Spokane-area schools have sought services through the HEART program. This tracking will require cooperation from HEART liaisons who have access to OSPI data. Program staff could also provide documentation, through case notes, that the family has maintained housing throughout the course of services.

Local Capacity. In conducting our research we met with several service providers and governmental staff in the community who play a role in providing services to homeless families and families at risk of becoming homeless. Our interviews with these key informants allowed us to assess the capacities of area service providers to deliver the program outlined above. Our survey of area service providers was by no means exhaustive, however, we can conclude that several organizations in the area have staff with the experience, skills, and expertise to deliver this program if given sufficient resources to create and deliver it. Organizations like SNAP, Catholic Charities and Volunteers of America already have staff providing housing-related case management and housing search services. As mentioned above, Transitions already offers intensive housing advocacy and landlord outreach services through its Safe Families Program (a program of the Children's Administration). Gonzaga's Law Clinic, the Northwest Justice Project and the Center for Justice already provide housing-related legal services and advocacy for low-income families facing eviction, foreclosure and other housing-related dilemmas. Again, this list is not exhaustive and there are undoubtedly several other potential organizations in the area who could deliver this program.

Recommendation 2: School-based Services

Need. As argued at length above, homeless children, including those doubling-up with family and friends, are disadvantaged at school. Nationally, only 48% read at grade level. They are twice as likely to go hungry, which can impair cognitive and social functioning at school. They get sick and miss school four times as often as non-homeless students, and they are, on average, 2-3 grade levels behind their peers, and 40% repeat a grade (Slavin, 2012). They have much lower on-time graduation rates, nationally and locally, and they are three times as likely to experience an emotional or behavioral problem (National Alliance to End Homelessness, 2012b).

Area school districts have responded to homeless students' needs through programs like HEART. However, as argued above, this program primarily addresses school enrollment and transportation issues. Services for homeless children with mental health, chronic stress and anxiety, academic and social and emotional problems are relatively scarce. Relatively few schools have extensive HEART services that include both academic and mental health services. Some homeless students receive assistance for mental health and academic issues through existing service systems, but many do not. Our interviews with homeless parents suggest these services are not always accessible for homeless families. Also, they are not necessarily tailored for the unique needs of homeless students. Our interviews with parents and various professionals suggest that many homeless students struggling

with stress and anxiety related to homelessness, but do not necessarily present serious, chronic, or diagnosable mental health issues and therefore are not receiving treatment or any mental health services. Another common theme within these interviews is that many homeless students struggle to complete their school work, only those who present serious learning challenges receive substantial assistance. Several interviewees have also suggested that where there are after-school tutoring sessions at schools they are often inconvenient given families limited transportation options.

General Program Model. Our recommendation is for the creation of a program to serve homeless students within area schools that would offer the following:
- Case management to connect children (and their families) with services and resources,
- Mentoring and tutoring,
- Individual and group counseling to address students' stress and anxiety associated with homelessness.

These recommendations are based both on the needs mentioned above and existing program models that have shown to be successful, including:
- SPSS' HEART counselor/caseworker at North Central High School (case management and informal counseling),
- A Child's Place (Charlotte, NC) providing after-school academic and mentoring services to homeless children, and
- The "I Feel Better Now" trauma-focused mental health treatment model for children who have experienced traumatic and stressful events

Philosophy. This recommendation is based on the following four main ideas:
- Homelessness, Trauma, and Stress: There is a strong connection between trauma and stress associated with homelessness and academic performance, and social, emotional and cognitive development. Helping students and families manage and reduce the day-to-day stress associated with homelessness through support and resources will reduce negative impacts associated with childhood homelessness.

- Collaboration/partnerships: Addressing the educational, social and emotional needs of homelessness children requires cooperation and collaboration between schools, social service agencies, and volunteers.

- Accessibility: Any services designed to help homeless children and families must be easily accessible and convenient. These services should not create additional scheduling and transportation burdens on children and families.

- Flexibility: The academic, social and emotional needs of homeless children vary substantially, which is why this program is multi-faceted. We do not expect all children will receive the same mix of services. Instead, children and their families, will receive services required.

Targeting Students and Families. The program we recommend would serve area students and their families who have been identified as homeless per the DOE definition. These students would

have already been designated as HEART students, and will already receive transportation and other services through the HEART program.

Each district's HEART liaison will play a major role in helping program staff reach out to homeless students and their families to assess their needs and connect them with services. Program staff will also work closely with school counselors and shelter staff to identify students and families who could benefit from this program.

Goals. There are multiple goals of this program, which include:
- Improving students' academic performance (reading and math scores)
- Reducing students' absences
- Increasing students' grade completion rates
- Reducing rates of social, emotional and behavioral issues among homeless students
- Reducing students' perceived stress and anxiety
- Improving students' overall sense of well-being

Services Provided. As mentioned above, this program will include three major components. Below is a description of each and a list of services each will entail.

1. Case Management: The functions of case management services are to assess students' and their families' needs; connect students and their families with helpful services and resources in the community; and provide brief, informal counseling to students (through regular check-ins during school).

   Several of the parents we interviewed in Spokane who have children at North Central High School explained that the HEART counselor/case manager there was extremely helpful in connecting students with academic tutoring and mentoring programs, in helping students secure part-time and summer jobs, in referring parents to organizations where they could access food and clothing, and giving students an outlet where they could discuss their stress and other issues without risk of judgement.

   Similar services are offered by A Child's Place, a private nonprofit organization in North Carolina that works with homeless children in Charlotte schools. As will be discussed in the next section (Tutoring and Mentoring), this program has proven to be very effective in meeting students' academic, social and emotional needs.

2. Tutoring and Mentoring: As discussed above homeless students are, on average, behind other students academically. We recommend creating tutoring and mentoring services for homeless students to address current academic struggles they may be facing and to help them understand the potential benefits of strong academic performance.

   A Child's Place offers a strong model of both case management and tutoring and mentoring services. They have a strong record of success and have documented the following positive outcomes with homeless students who have participated in their program (after-school based):

- 93% of students are reading on or above grade level
- 93% have been promoted to next grade level
- 65% had better than average school attendance
- 92% had average or higher behavior rating by end of year
- 22% who had educational gaps had these gaps addressed, and
- 43% had at least one health need met

The Charlotte model is based on a partnership between a private non-profit and a public school system that involves students attending an after-school program. The recommended program could adopt a similar model, however, transportation and scheduling could be major challenges. Other options for delivering this program could be to have services delivered in-school (during the school day) or on an ad hoc basis around families' schedules.

3. <u>Individual and Group Counseling</u>: Much research has compared homelessness and chronic poverty to other traumatic events, including the well-known ACES study which identifies multiple, systematic disadvantages associated with concentrated poverty and living in poor communities (http://www.acestudy.org). As discussed above, homeless youth—whether living outdoors, in shelters or doubled-up with family and friends—experience abnormally high rates of depression, anxiety and social, emotional and behavioral problems. At the same time, not all homeless children have the same responses to homelessness. For many, homelessness is a major stress and source of anxiety and may create difficulties in academic and social functioning, but it does not necessarily result in major mental health problems.

Based on this analysis, we recommend creating mental health services for homeless children that specify difficulties associated with homeless experiences while recognizing homelessness as a potentially traumatic event. These services will help students cope with stress associated with homelessness, to reduce problem behaviors related to homelessness, to improve social and emotional functioning, to reduce feelings of guilt and anxiety, and to create a sense of solidarity among students experiencing similar hardships (in group sessions).

There are several potential evidence-based models for helping students address traumatic experiences like those associated with homelessness. One particularly fitting model is the I Feel Better Now! program, which calls for a combination of individual and group sessions with children. It has been implemented at more than 120 sites with more 10,000 children. Results show the following:
- Statistically significant reductions in more than 10 measures of trauma-related symptoms.
- Statistically significant reductions in youth complaints of depression and anxiety.
- Statistically significant improvements in scales for anxiety and depression, social problems, thought problems, attention problems, rule-breaking behavior and aggressive behavior.
- In an extensive 3 month follow-up study, researchers found statistically significant continued improvements (reductions) in internalizing behaviors, aggressive behaviors and total problem behaviors.

Staffing. We recommend that this program be staffed by one or more professionals able to perform multiple duties including: identifying and reaching out to homeless students and families, providing case management and mental health services and organizing tutoring and mentoring services. The ideal candidates for this position will have substantial experience working with disadvantaged populations, case management experience, mental health care experience and a certification to provide mental health treatment. Ideal candidates will have a Master's degree in social work, psychology, or a related field.

A professional in the position of Case Manager/Counselor could adequately maintain a caseload of 60 students (and their families). While this is a high caseload size given the intensity of services described above, we estimate (based on discussions with HEART staff) that only roughly half of the students will require as one or more hours per week of services. Some may require only referrals to community resources and services or check-ins (to assess academic progress and other issues).

Estimated Costs. We estimate human resource costs associated with delivering this program to 60 students (and their families) at between $60,000 and $70,000 per position depending on benefits and overhead. In addition, we believe it would be necessary to devote an average of an additional $15,000 per staff person toward transportation and other program costs (e.g., office and activity-related supplies). ***Together, we estimate the total costs of serving 60 students through this program at $80,000.***

Costs/Benefit Analysis. Potential benefits of this program, particularly those pertaining to students' behavior and social and emotional functioning, are difficult to quantify. However, if this program has similar results to A Child's Place or the I Feel Better Now! mental health treatment models used in many other areas, it would substantially reduce other mental health care usage and reduce overall educational costs.

Medicaid reimbursement rate for mental health care for youth is approximately $80 per session. If a child received weekly mental health services, the public cost would be approximately $4,000 per year. Thus every child diverted from regular mental health treatment through this program would save taxpayers an average of $4,000. If 20 students were diverted from weekly mental health care through this program, it would be cost effective based solely on mental health care costs.

Additionally, average school system costs associated with a student repeating a grade are $10,000 (nationally) (Slavin, 2012). If just 8 students who otherwise would have repeated a grade without this program successfully moved on to another grade, it would be cost effective. Data from A Child's Place suggest this outcome is likely. If roughly 40% of homeless children repeat a grade (Slavin, 2012), decreasing this rate to 10% (which was achieved by A Child's Place) would mean 18 fewer students repeat a grade (24 of 60, versus 6 of 40). ***At a cost savings of $10,000 per fewer repeated grades, this would result in a savings of $180,000. With an investment of $80,000 per year, this would create a greater than $2 return for every $1 invested.***

There is obviously the potential that the program will lead to reductions in both mental health care and education costs, which would create an even more favorable cost/benefit analysis.

Measuring and Tracking Success. Services provided to children and their families through the school-based program recommendation will vary by need. Some will receive services designed to

promote school retention, school attendance and overall academic success (e.g., tutoring and mentoring services, and case management), some will receive services for improving children's mental health (trauma-informed individual and group counseling), and others will receive services to promote both academic and mental health successes.

As stated above, academic success within the context of this program can be evaluated based on whether or not a child has to repeat a grade during the time in which the student was homeless (and enrolled in the HEART program). Mental health success can be measured based on pre- and post-inventories given to participants of trauma-informed treatments like the I Feel Better Now! curriculum/treatment design. There are a wide range of child-appropriate, mental health surveys/inventories designed to evaluate children's overall levels of anxiety, prosocial and antisocial behaviors, and overall psychological outlook. Program staff who deliver this treatment could give students brief surveys to evaluate scores on these aspects of mental health pre- and post- treatment and record and report on these outcomes (for individual clients and the group as a whole). Program staff should also report on numbers of homeless students receiving services who also receive mental health care outside the program—prior to, during and after the program (based on case management notes). This will give some indication as to whether or not the school-based services fully addressed students' mental health care needs and helped reduce the need for other ongoing mental health care services. Some students with unmet mental health care needs will be well-served by the program if staff help them connect with ongoing mental health treatment outside the program. Referrals that lead to ongoing mental health care treatment outside the program should be documented and reported as well.

Local Capacity. As with our first recommendation, we are confident that existing local organizations have the skills, expertise and experience necessary to deliver this program, given sufficient resources with which to deliver it. As mentioned above, each school district in the area has a HEART liaison who could assist program staff in identifying and contacting potential clients.

There are several organizations that have specific experience in one or more of the program functions (case management, mental health, and tutoring and mentoring). Numerous agencies deliver case management services to homeless families and/or youth (e.g., Volunteers of America, SNAP, Catholic Charities, Transitions). There are several mental health care facilities that deliver mental health services for youth and/or homeless families. Frontier Behavioral Health, for example, has a long history of delivering mental health services to a diverse population throughout the Spokane area, including homeless populations. Communities in Schools is already working in partnership with several Spokane-area schools to deliver tutoring and mentoring programs.

This is not an exhaustive list of organizations that deliver one or more of the components of this program, however, it does show there is local capacity to deliver this program—either within one of these or similar organizations, or as a collaboration between multiple organizations. One potential way to deliver this program would be for a lead organization to hire the program staff person (or persons), who would deliver case management and mental health counseling services while working with a partner organization or agency (like Communities in Schools or a nearby university's student volunteer center) to create tutoring and mentoring services.

As discussed above, public funding for homelessness prevention services is limited in the Spokane-area. Unlike several urban areas, the Spokane COC has not received a "High Performing Community" status from HUD and is therefore not authorized to use substantial federal funding for homelessness prevention services (HUD-originated). Unlike King County, on which our prevention and diversion recommendations are partially based, Spokane's Housing Authority has not received federal designation as a "Moving to Work" area and **therefore cannot devote Section 8 funding to homelessness prevention efforts**.

Area policymakers and service providers are aware of the potential benefits of these federal designations. Members of the Spokane COC have discussed the potential of achieving a "High Performing Community" status in the past. Achieving "High Performing Community" designation from HUD requires the COC meet certain performance benchmarks related to minimizing lengths of stay within COC services, reductions in overall rates of homelessness and/or minimizing numbers of COC clients who experience homelessness multiple times, and maintaining high service coverage rates (National Alliance to End Homelessness, 2012c). The general consensus has been that these benchmarks are not realistic given the nature of homelessness in the area. This designation is typically achieved in areas where homelessness is declining, and where federal funding can be diverted to prevention services- which currently does not apply to Spokane. We recommend that area policymakers continue these discussions as the extent and nature of homelessness may change in the area in coming years.

New "Moving to Work" designees can only be authorized through an act of Congress (HUD, 2015). Obviously designating Spokane as a "Moving to Work" designee would require cooperation and leadership from elected officials representing the area. Achieving "Moving to Work" status from HUD requires that Spokane's Public Housing Authority meet the following objectives: 1) reduce cost and improve cost effectiveness in Federal expenditures; 2. Provide incentives to families with children where the head of household is working, seeking work, or is preparing to work by participating in job training, educational programs, or programs that assist people in obtaining employment and becoming economically self-sufficient; and 3) increase housing choices for low-income families (HUD, 2015). While achieving this designation might be a major challenge, potential benefits are very high as it would dramatically increase policymakers and service providers' resources and flexibility to address housing and homelessness issues in the area. We recommend that policymakers and service providers begin conversations with elected officials to discuss this option.

Public Sources While public funding for homelessness prevention in Spokane is limited, there are some potential sources, including:

- Spokane Housing Authority (SHA): SHA has partnered with several community organizations to devote a limited number of Section 8 housing vouchers for clients served by these organizations' programs. The goal of these partnerships is to help SHA connect with the most vulnerable residents with housing vouchers. Partner organizations provide their vulnerable clients with the support necessary to navigate Section 8 application and housing search processes. These partner agencies include: SPSS HEART Program, the

YWCA, Transitions, Spokane County's Supportive Living Program, World Relief, Frontier Behavioral Health and St. Margaret's Shelter.

If these partnerships are successful SHA may expand their efforts to target the most vulnerable families, including families with children in Spokane-area schools, with subsidized housing vouchers. With more than $25,000,000 in funding per year and leadership that has shown a strong interest to engage extremely vulnerable families, SHA may be an extremely valuable partner in any efforts to prevent homelessness.

- City of Spokane, Emergency Solutions Grants (ESG): While ESG for homeless services are primarily devoted to serving individuals and families already experiencing homelessness, they may also be used for prevention and diversion services.

- Spokane County: Offers homelessness prevention services through two funding streams: Consolidated Housing Grants (CHG) and Housing, Homelessness and Assistance Act grants (HHA). CHG funds serve families below 30% of the area median income (AMI) and HHA can serve families below 50% of the AMI. In County's 2015 budget for homeless prevention services is approximately $537,000 ($310,000 for CHG and $227,000 for HHA).

Private Sources

- Spokane Public Schools Foundation: Makes small grants ($200-$1,000) to schools for activities not otherwise funded through SPSS. While grant sizes made in the past are not sufficient to operate the program outlined in the recommendations, it is possible small grants could enhance program staff's abilities to provide important resources to homeless students and their families (e.g., transportation vouchers, clothing, or school supplies).

- United Way of Spokane County: Through the *Excelerate Success Program*, the United Way brings together and supports many community partners to address opportunity gaps within schools in Spokane County. Among the program's aims are a reduction in the number of students who read below grade level, which fits with the recommended program's anticipated outcomes (based on the North Carolina model, A Child's Place).

- Empire Health Foundation: Invests in organizations that that address health issues in 7 counties in eastern Washington, including Spokane. Program recommendations are designed to improve health outcomes, in a broad sense, through improved overall mental health, and increased access to health care and other area resources.

- Inland Northwest Community Foundation (INCF): A community foundation serving 10 counties in eastern Washington and northern Idaho, including Spokane. INCF lists education and human services as priority issues.

- Building Changes: A Seattle-based foundation that makes grants to organizations serving underserved populations throughout Washington. Building Changes is a major supporter of

King County's homelessness prevention and diversion services. Building Changes has made grants to Spokane-area nonprofit organizations providing homeless services, Transitions in 2005 ($357,000) and Catholic Charities in 2008 ($110,000).

- Bill and Melinda Gates Foundation: Through its Homelessness and Family Stability programs, the Gates Foundation funds homelessness prevention and other homeless services in Washington State, specifically in King, Pierce and Snohomish Counties. While the Gates Foundation is not currently accepting RFPs for homeless services programs, it does appear that reducing homelessness is one of their major priority areas.

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