



Policy Statement on Meeting the Needs of Families with Young Children Experiencing and At Risk of Homelessness

U.S. Department of Health and Human Services
U.S. Department of Housing and Urban Development
U.S. Department of Education

October 31, 2016



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PURPOSE

This policy statement provides recommendations from the U.S. Departments of Health and Human Services (HHS), Housing and Urban Development (HUD), and Education (ED) on ways in which early childhood and housing providers at the local and, in some cases, State levels can collaborate to provide safe, stable, and nurturing environments for pregnant women and families with young children who are experiencing or at risk of homelessness. The intended audience for this policy statement includes State and local early childhood, housing, and homeless providers, as well as policymakers who work in this space. The recommendations in this policy statement focus on better meeting the needs of these highly vulnerable families through stronger partnerships between early care, learning, health, and development settings and Continuums of Care (CoCs),¹ housing programs, and emergency shelter providers.

Recent data indicate that among persons who seek shelter because they are homeless in the United States, the age group most likely to experience homelessness includes newborns or infants in the first year of life, and they are next most likely to experience homelessness at ages one to five.ⁱ This is particularly troubling given that research suggests that homelessness during pregnancy and in the early years is harmful to children's development.ⁱⁱ These data and research warrant immediate attention from policymakers as well as State and local early childhood and housing and homeless providers and community leaders.

This policy statement highlights recent research and resources², and provides the following three major recommendations aimed at local and State early childhood, housing, and homeless providers to consider when addressing the unique needs of pregnant women and families with young children who are experiencing homelessness,³ or who are at risk of experiencing homelessness:

¹ CoCs are regional or local planning bodies that coordinate housing and related services for those experiencing homelessness.

² This document contains references to materials, including specific examples of local partnerships, that are provided for the user's convenience. The inclusion of these references is not intended to reflect their importance, nor is it intended to endorse any views expressed, or products or services offered. These reference materials may contain the views and recommendations of various subject matter experts as well as hypertext links, contact addresses, and websites to information created and maintained by other public and private organizations. The opinions expressed in any of these materials do not necessarily reflect the positions or policies of the U.S. Departments of Health and Human Services (HHS), Housing and Urban Development (HUD), and Education (ED). HHS, HUD, or ED do not control or guarantee the accuracy, relevance, timeliness, or completeness of any outside information included in these materials. These references should not be construed as an endorsement by HHS, HUD, ED, or the U.S. Government.

³ In this policy guidance, references to homelessness are inclusive of all Federal definitions, including ED's Subtitle VII-B of the McKinney-Vento Homeless Assistance Act definition (42 U.S.C. § 11434a(2)), HUD's definition, and HHS' Runaway and Homeless Youth Act definition (42 U.S.C. §5732a). However, program eligibility may vary depending on the definition of homelessness used.



1. Support a two-generation approach to meet the needs of both parents and their young children experiencing homelessness by developing and strengthening partnerships across housing and early childhood programs and systems to obtain and sustain housing, achieve stability, ensure positive early experiences, and promote well-being for the whole family;
2. Enhance integration of early childhood programs and systems with local homeless assistance systems' "coordinated entry" processes to ensure immediate needs, such as housing, are assessed and addressed quickly, and families continue to be regularly assessed for ongoing service needs;
3. Improve, leverage, and share data on early childhood homelessness to build service connections, better understand the particular challenges facing these families, and build upon evidence-based practices for serving them.

Strengthening how local early childhood, housing, and homeless providers work together to meet the needs of pregnant women and families with young children experiencing, or at risk of, homelessness is a critical step toward achieving the goal of preventing and ending homelessness among families by 2020, as outlined in [*Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*](#).

RESEARCH HIGHLIGHTS

Individuals are most likely to experience homelessness in infancy. The first year of life is when people are most likely to enter shelter and transitional housing programs, followed by ages one to five.ⁱⁱⁱ Among low-income families, being pregnant or having a child under the age of two is associated with elevated risk for seeking or entering shelter.^{iv} This may be driven by various factors. For example, raising an infant is expensive; in 2013, low-income single parents spent about \$8,000 to \$9,000 a year raising a child 0-2 years old, with housing, along with child care and early education, accounting for the largest share of the costs.^v Additionally, the birth of a child affects parents' ability to work, often disrupts family routines, and can trigger the need for additional space and resources. For low-income families who are sharing housing with family or friends because they are unable to afford their own place to live, the birth of a child may further strain limited social and financial resources or necessitate the need to leave inadequate housing arrangements and in some situations, lead to the loss of housing.^{vi}

Almost half of children in shelters are under age 6.^{vii} Families represent approximately one-third of those experiencing homelessness.^{viii} Like many other low-income families, these families often are headed by a single woman, and they have an average of two children, at least one under age six.^{ix} Almost half of the children in families accessing shelter and transitional housing in a given year are under age 6—over 150,000 young children.^x Moreover, this figure does not include those who are sharing housing with others due to economic hardship.

Homelessness during pregnancy and in the early years is harmful to children's development.^{xi} Pregnant women experiencing homelessness are less likely to receive adequate prenatal care than housed mothers,^{xii} and their children are at increased risk for low birth weight, which can negatively influence a child's cognitive, physical, and social-emotional development.^{xiii xiv} Experiences of homelessness and housing instability in early childhood are associated with delays in children's language, literacy, and social-emotional development,^{xv xvi} potentially setting a course for cascading negative consequences. The science of early brain development indicates that children's earliest experiences and environments influence later success in school and life.^{xvii}



Families experiencing homelessness have unique needs. While families with young children experiencing homelessness are a diverse group with varied needs, many share key characteristics and have particular needs, in addition to the fundamental need for housing, that, if addressed, can lead to more positive child and family outcomes.

Many families are affected by trauma. Families with young children in emergency shelters experience an elevated number of adverse childhood experiences (ACEs), with higher levels of ACEs among parents predicting more child adversity.^{xxviii} Many families experiencing homelessness have also experienced ongoing, interpersonal trauma, including community and domestic violence and physical, emotional, and sexual abuse,^{xix} and homelessness itself can be a traumatic experience. Repeated traumatic events can serve as a barrier for families to participate in services and supports and form trusting relationships, and present serious risks to children’s and parents’ functioning and well-being.^{xx} Children who face an overwhelmingly negative experience or multiple, repeated adverse experiences in the absence of sufficient support from a caring adult may experience “toxic stress”—a prolonged activation of the stress response system characterized by increased heart rate, blood pressure, and stress hormones. This kind of response can disrupt brain development and increase the chances of developmental delays, poor educational performance, and relationship and behavioral difficulties, as well as developing chronic health conditions including diabetes and heart disease.^{xxi xxii}

About a quarter of families experiencing homelessness are headed by young parents. The birth rate among young women in adolescence and early adulthood has declined to historic lows over the past 25 years. However, disparities in the teen birth rate continue, with a disproportionate number of births to Black and Latino teen girls, as well as young people reporting lower educational attainment and family income.^{xxiii} According to the recent HUD-funded Family Options Study, 27.1 percent of families experiencing homelessness were headed by someone under the age of 25.^{xxiv} Young parents experiencing homelessness are a particularly vulnerable population in highly stressful and unstable environments often with little support. As they face a new, stressful role as a parent (compounded by the stress of homelessness), most are also trying to establish their lives as adults by reaching important developmental milestones of their own including meeting educational goals and finding and maintaining gainful employment to become more self-sufficient.^{xxv} Youth and young adults who are parents are more likely than adult parents to report dropping out of high school,^{xxvi} and may leave foster care without appropriate transition supports.^{xxvii} Furthermore, young mothers in general are at increased risk for depression, suicidal ideation, substance abuse, trauma exposure, and post-traumatic stress disorder (PTSD).^{xxviii} Brain development that impacts planning and decision making continues through early adulthood,^{xxix} and this could have a profound impact on parenting.^{xxx}

Families experiencing homelessness are disproportionately from underserved racial groups. Underserved racial groups constituted a large proportion of families experiencing homelessness; just under half were African American, about 40% were white, and the remaining individuals were multiracial (6.2%), Native American (2.4%), Pacific Islander (2.4%), and Asian (0.9%). In 2015, about a quarter of people in families experiencing homelessness identified their ethnicity as Hispanic.^{xxxi}



RECOMMENDATIONS

Taken together, these findings suggest that no single system can meet all the needs of young children and parents experiencing homelessness; therefore, cross-system collaboration is critical. Everyone who comes in contact with a family experiencing or at risk of homelessness has a responsibility to do their part to ensure that children and families have access to the high-quality services and supports they need. Early childhood and housing providers have complementary areas of expertise and access to different resources to help families achieve a more robust range of positive outcomes. High-quality early childhood programs provide critical support for children in these challenging situations, in part, by offering security and constancy for children with familiar caregivers and peers. They also identify needs, build trust, and connect families to housing resources. Similarly, the most effective housing providers also identify the early developmental needs of children and connect families to high-quality child care, Early Head Start, Head Start, preschool, or home visiting services, or the Individuals with Disabilities Education Act's (IDEA) Part C (early intervention services for eligible infants and toddlers with disabilities, age 0 through 2, and their families) or Part B (Early childhood, Section 619 preschool and school-aged special education and related services for eligible children ages 3-5). Early learning, housing, and homeless providers can benefit from understanding the impacts of homelessness and other trauma and toxic stress on young children and their families. It is critical that providers know how to help families to access high quality behavioral health supports when needed. High-quality early care and education, in tandem with stable and adequate housing, can provide a supportive context for families that can decrease parental stress^{xxxii} and can promote a child's learning and social-emotional development.

Both early childhood and housing providers must be culturally and linguistically competent to serve families from a wide range of backgrounds, embracing the principles of equal access and non-discriminatory service delivery, facilitating access to resources to a broader range of participants and serving them more effectively.^{xxxiii xxxiv xxxv}

Early childhood and housing providers in the community should also treat parents as partners, and engage in joint decision making with families by equipping and empowering parents with the tools and resources to be able to make good choices and decisions in years to come.^{xxxvi} Preventing and ending homelessness and mitigating the impact of housing instability on the development of young children requires approaches that cut across service systems at the local level to meet the needs of, and offer opportunities to, children and their parents simultaneously.

Federal regional and State staff can work to help local providers better understand programs described below and to connect them with potential partners in the community. Further information on these programs, as well as additional resources, can be found in the Appendix.

Recommendation #1 - Support a Two-Generation Approach by Developing and Strengthening Partnerships across Early Childhood and Housing Programs and Systems

A two-generation approach aims to break the cycle of intergenerational poverty by addressing the needs of *both* children and parents. This requires aligning and coordinating the design and delivery of services for the *whole* family, so both generations can experience improved physical and mental health, safety, educational, and economic outcomes.^{xxxvii} In some families, caregivers may also include grandparents,



extending this to a multi-generational approach. Core components common to two-generation approaches may include education (including early childhood systems for children and adult education or training for the parents), economic support (including housing, employment, and food and nutrition), health and well-being (including physical and mental health services for parents and children), and social capital (including friends, extended relatives, and other natural supports and networks). While one single program often cannot encompass all of these components, housing and early childhood providers can jointly coordinate with community partners to meet the needs of families with young children experiencing homelessness through a two-generation approach.^{xxxviii}

Housing can serve as a platform to improve family health and well-being.^{xxxix} Housing supports can help survivors of domestic violence leave or maintain independence from their abusers, help young children avoid placement in the child welfare system or reunify children with their parents,^{xi xli} and reduce parental stress so they can focus more energy on parenting and addressing any other challenges such as employment.^{xlii xliii} When parents and children are stably housed, they can make strides in reaching other goals.

HUD funds approximately 400 [Continuums of Care \(CoCs\)](#) across the country that serve as regional or local planning bodies that coordinate housing and related services for those experiencing homelessness, including parents and their infants, toddlers, and young children. Partnerships between CoCs, service providers, and community leaders are critical to developing a community-wide response to homelessness. Critical services to advance CoCs' efforts to prevent and end homelessness for pregnant women and families with young children include, but are not limited to:

- Improving the health of mothers and newborns before, during, and after pregnancy, and teaching pregnant women, parents, and caregivers skills for supporting their children's development and well-being through [Healthy Start](#), [Early Head Start](#), [Tribal Head Start](#) and the Maternal, Infant, and Early Childhood Home Visiting ([Federal Home Visiting](#)) and Tribal Home Visiting programs;
- Helping families find affordable child care for their infants and young children that support both children's development and parents' employment through the Child Care and Development Fund ([CCDF](#));
- Identifying children who may have disabilities (including developmental delays) and ensuring they receive timely developmental screening, assessment, and evaluation, appropriate services, and services under [IDEA](#) Part C (early intervention) and Part B, Section 619 (preschool program);
- Providing high-quality early learning and comprehensive services through Early Head Start and [Head Start](#) to ensure low-income children are physically, socially, and emotionally healthy and ready to succeed in school;
- Ensuring preschool-aged children have access to public preschool programs as described in the [McKinney-Vento Education for Homeless Children and Youths \(EHCY\) Program](#), and which local educational agencies provide through State pre-K programs, [Title I, Part A](#) of the Elementary and Secondary Education Act (ESEA), or other programs;
- Building the capacity of parents and caregivers by addressing the [social-emotional and mental health](#) needs of young children and their families as well as substance use through infant and [early childhood mental health consultation \(I-ECMHC\)](#) and programs including [Project LAUNCH](#) (Linking Actions for Unmet Needs in Children's Health) and the [Comprehensive](#)



[Community Mental Health Services for Children and their Families Program](#), as well as [Regional Partnership Grants](#);

- Engaging fathers in their role as parents by ensuring that existing programs like [Head Start](#), [Home Visiting](#), and [Healthy Start](#) engage fathers in a meaningful way as well as by investing in programs that help fathers and non-residential parents strengthen their relationships with their children, such as the [Pathways to Responsible Fatherhood Demonstration Grants](#) or the Office of Child Support Enforcement's [Access and Visitation Grants](#);
- Connecting parents to information and offering application assistance to make it easier for young children and their families to access Supplemental Nutrition Assistance Program ([SNAP](#)), Special Supplemental Program for Women, Infants and Children ([WIC](#)), and [Child Nutrition Programs](#); and
- Ensuring families have active medical insurance coverage and access to routine and specialized healthcare.

Early childhood, housing, and homeless service providers could also apply lessons learned from what has worked well in serving families with or at risk for behavioral health disorders by utilizing comprehensive, trauma-informed approaches and coordinated system of care⁴ that cut across service systems to meet the developmentally appropriate needs of young children and their parents or caregivers. In order to ensure that children and families who are trauma survivors are not re-traumatized following entry into a shelter, services that focus on restoring a sense of safety and opportunities to rebuild control should be provided by shelters, in partnership with mental health agencies.^{xliv xlv xlvi}

More detailed information about each of the abovementioned programs can be found in the Appendix.

Specific Recommended Strategies and Activities

Collaboration is critical for implementing a two-generation approach to meet the full range of needs among families with young children experiencing homelessness. Initial steps to develop strong partnerships include actively learning about other complementary systems and programs, educating others about one's area of expertise, and developing trusting relationships with key partners. Partnerships to support the needs of pregnant women and families with young children experiencing homelessness should include a wide range of early childhood, physical and behavioral health, primary care, and housing providers. Collaboration should occur at the program and systems levels, and should include the process of engaging a family in a manner that allows them input and choice about the services they receive.

- **Learn about complementary systems and programs.** Awareness and knowledge about other relevant issues and supports that exist for pregnant women and families with young children beyond one's own program is an important first step for meeting this population's full range of needs. Becoming an active consumer of information can enable providers to better link families with appropriate supports.

⁴ A system of care model is an organizational philosophy and framework that involves collaboration across agencies, and families for the purposes of improving services and access to an expanding array of coordinated, community-based, culturally and linguistically competent services and supports for children and youth with or at-risk for behavioral health disorders. For more information about the system of care model, please see: <http://www.tapartnership.org/SOC/SOCvalues.php> and <http://gucchd.georgetown.edu/products/ToolkitSOC.html>



Early childhood providers can do this by:

- Seeking out information about the prevalence of family homelessness in the community and strategies for identifying families experiencing homelessness by reaching out to the local CoC and local McKinney-Vento homeless liaisons;
- Learning more about dedicated homelessness and housing programs, including the [CoC program](#), the Emergency Solutions Grant ([ESG Program](#)) and [Rapid Rehousing](#).
- Participating in training opportunities hosted by the local CoC or by housing providers to learn about shelter and housing programs in the community; and
- Joining the local CoC in order to have further input in the CoC programs

CoC, housing, and emergency shelter providers can do this by:

- Becoming informed and seeking information about the risks associated with homelessness during pregnancy and in the early years of a child's life and the unique vulnerabilities of this population;
- Learning about, and knowing how to refer families to, relevant prenatal and early care and education programs and services, including but not limited to, home visiting, child care, Early Head Start, Head Start, preschool, developmental screening, assessments, and follow-up evaluations if necessary to identify disabilities (including developmental delays) across health care and educational settings, early childhood mental health consultation, infant mental health and behavioral health providers in the community, parenting support and education opportunities and [WIC](#);
- Taking action to learn more about how to support early childhood development, such as by using the [Early Childhood Self-Assessment Tool for Family Shelters](#) to ensure shelter facilities are safe and appropriate for the development of young children; and
- Learning about local system of care efforts in the early childhood realm, for example, through Federally-funded System of Care sites and Project LAUNCH sites.

- **Educate others.** Early childhood and housing providers have a responsibility to not only actively learn from others, but to also educate each other about their respective areas of expertise, programs, and systems.

Early childhood providers can do this by:

- Educating housing and shelter providers about early childhood development, including the unique needs and vulnerabilities of young children and their parents;



- Educating partners about the importance of assessing and addressing needs of children with or at-risk for disabilities and delays early by connecting families to [developmental and behavioral screenings](#) and referring the child to IDEA Part C or Part B, section 619 for evaluation and assessment;
- Raising awareness among CoC, housing, and shelter providers about the specialized needs of parents with developmental, behavioral health, or substance use issues;
- Providing training opportunities for housing and shelter providers on best practices for understanding program eligibility requirements and for identifying and referring young children and families experiencing homelessness to early care and education programs. This includes explaining which Federally-funded programs prioritize children and families experiencing homelessness: Head Start, CCDF, Federal Home Visiting Program, IDEA Part C and Part B, section 619 preschool program; and Title I, Part A of the ESEA;
- Training housing and shelter providers on how to use tools such as the [Early Childhood Self-Assessment Tool for Shelters](#) to ensure their facilities are safe and appropriate for the development of young children;
- Sharing information with housing providers on referral options for meeting the physical, developmental, and mental health needs of young children and their families within the community; and
- Educating CoCs on which programs have requirements or the option to use flexible eligibility criteria (e.g. documentation and immunization requirements) and working with homeless coalitions to connect families to services.^{xlvii}

**Spotlight – Sharing Expertise
Partnering to Make Shelters More Child Friendly**

Through [Connecticut’s Head Start-Family Shelter Partnership](#), the Head Start State Collaboration Office, the Department of Housing, and the State’s local Head Start and shelter agencies work to align policies and practices focused on three primary goals: 1) increase enrollment in Head Start, 2) make family shelters more child-friendly, and 3) gain access to one another’s local networks and councils so housing providers are aware and engaged in early childhood issues and vice versa. To achieve this second goal, Head Start and Family Shelter Teams used an early version of the Administration for Children and Family’s (ACF) [Early Childhood Self-Assessment Tool for Family Shelters](#) to assess how they were meeting the needs of families with young children in shelters and to identify what actions they could take to enhance services. Teams created action plans and showed significant improvements in all assessed areas including health, safety, nutrition, wellness, and development. Referral systems were streamlined and ongoing partnerships were established.

CoC, housing, and emergency shelter providers can do this by:

- Sharing with early childhood providers effective strategies for screening for housing needs and identifying families with young children experiencing homelessness;
- Providing training opportunities to early childhood providers on available homeless service and housing resources, program eligibility, and how to help connect families with young children to these resources; and
- Briefing staff from local hospitals, birthing centers, child care agencies, and IDEA Part C and Part B programs that include early intervention specialists and early childhood special educators as well as obstetricians, pediatric primary care providers, early learning providers, home visitors, and McKinney-Vento homeless liaisons in schools on the overall purpose of the



CoC and the types of participating housing and service organizations, their many target populations, and the coordinated entry processes.

Early childhood and CoC, housing, and emergency shelter providers can do this by:

- Providing cross-training opportunities by inviting each other to existing meetings and trainings that are relevant for supporting pregnant women and families with young children.

- **Develop and Strengthen Relationships with Key Partners.** While partnerships may begin informally, over time, efforts to clearly identify complementary, coordinated, and joint activities as well as shared commitments can help to institutionalize and strengthen the impact of key partnerships. Below are specific recommendations for early childhood and housing and shelter providers to partner with one another, as well as examples of promising practices.

Early childhood providers can do this by:

- Developing and strengthening relationships with potential key resources for families experiencing homelessness and housing partners including, but not limited to, the local CoC, ESG program recipient, homeless assistance providers, [public housing agencies](#), [Runaway and Homeless Youth providers](#), homeless coalitions and advocacy groups, and domestic violence providers.
- Accessing mental health consultation in order to have training and supports available to staff in early childhood settings to address the developmental and behavioral needs of young children experiencing homelessness, and to create linkages to behavioral health providers in the community.

CoC, housing, and emergency shelter providers can do this by:

- Guided by a system of care approach, developing and strengthening relationships with potential key early childhood partners and providers including, but not limited to, Head Start and Early Head Start programs, home visitors, Healthy Start programs, child care providers, Child Care Resource and Referral Agencies, local school districts, early intervention and special education providers, local McKinney-Vento homeless liaisons, mental health and substance use treatment providers, local WIC clinics, [State Advisory Councils on Early Childhood Education and Care](#), Health Resources and Services Administration’s (HRSA) Early Childhood Comprehensive Systems ([ECCS](#)), local medical systems and primary care providers, Project LAUNCH and others.

Spotlight – Partnering at the Program Level Integrating Home Visiting Programs into the Shelter and Housing System Holds Promise

Home visiting programs have a trained professional provide regular home visits to support and educate parents from pregnancy through a child’s early years. The mobile service delivery model can follow families when they move from a shelter to their own permanent housing, providing critical and consistent supports that can promote sensitive, responsive, and engaged parenting despite residential mobility. For example, with private funding, the [Primo Center partnered with the Ounce of Prevention Fund in Illinois](#) developed a demonstration project to provide home visiting services to families in emergency shelters, using an adapted evidence-based home visiting service delivery to improve engagement with and services to families experiencing homelessness. The program conducted cross-systems training for homelessness resource providers and home visitors to increase knowledge about services and resources in each system and to coordinate service delivery for children and families experiencing homelessness.



- Accessing mental health consultation in order to have training and supports available to shelter staff to address the developmental and behavioral needs of young children, and to create linkages to behavioral health providers in the community.

Early childhood and CoC, housing, and emergency shelter providers can do this by:

- Setting up meetings with directors and staff to explore innovative ways to facilitate collaboration across programs and systems in the community, including through cross-agency referrals and coordination of services across systems;
- Developing memoranda of understanding (MOUs) to help formalize partnerships and commitments to work together on identified action areas; and
- Continually assessing how partnerships are functioning and working to improve the quality of collaborative efforts by making mid-course corrections when appropriate. Partnerships focused on innovation and improvement can promote greater success.

Spotlight – Partnering at the Systems Level

Oregon’s Early Learning Hubs Include a Focus on Children Experiencing Homelessness

In addition to partnerships between specific programs, a systems-level approach can strengthen a continuum of supports for families across the community. For example, [Oregon](#) used its Federal Race to the Top-Early Learning Challenge grant, jointly administered by the U.S. Departments of [Education](#) and [Health and Human Services](#), to help create 15 regional Early Learning Hubs. These hubs were tasked with increasing the number of children who are ready to learn when they enter kindergarten, and include a special focus on children experiencing homelessness. The approach sought to use the regional hubs to coordinate across the current disparate set of programs for children ages 0-5, including public pre-school, health care, home visiting, child care, food assistance, developmental screening, and homeless services. Each hub identified children at risk of arriving at kindergarten unprepared for school; brought together diverse representatives; and placed an emphasis on interagency relationships at both the State and local levels to build an integrated and aligned system of services that holistically met the needs of children.

Recommendation #2 - Enhance early childhood program and system integration with the Continuum of Care (CoC)’s coordinated entry process

CoCs are required to develop and implement [coordinated entry processes](#),⁵ which can facilitate partnerships and coordination between homelessness and early childhood efforts. Because most communities lack the resources needed to meet the needs of all people experiencing homelessness, coordinated entry is designed to help communities standardize and prioritize housing and services for individuals and families experiencing homelessness based on vulnerability and severity of service needs to ensure that those who most need assistance can receive it in a timely manner, no matter where or how they request help. Coordinated entry processes can also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

⁵ Provisions in the CoC Program interim rule at 24 CFR 578.7(a)(8) require that CoCs establish a *Centralized or Coordinated Assessment System*.



Coordinated entry looks different in every community; therefore how early childhood programs and systems integrate with their local CoC's coordinated entry process will look different in every community. A community may offer access to the homeless assistance system's coordinated entry process through a single location, a few strategically identified locations, any housing or service provider, or a virtual access point, such as a 2-1-1 telephone service. Coordinated entry processes may incorporate different protocols into the needs assessment and referral processes, as CoCs will likely have vastly different relationships with the organizations providing the resources available to serve families with young children. Strategies for effectively integrating early childhood needs and services with the coordinated entry process will depend on local resources, processes, and context.

Specific Recommended Strategies and Activities

HUD, HHS, and ED strongly encourage early childhood programs to help with planning, decision-making, and other aspects of the local coordinated entry process to ensure that an early childhood perspective and expertise is incorporated into its design and implementation. Below are specific recommendations for both early childhood and CoCs to support this kind of collaboration.

- **Get Involved.** Effective coordinated entry processes require a comprehensive knowledge of community resources, operations, and protocols from all stakeholders, which in turn requires that early childhood and homelessness agencies get involved in system-level and community-wide discussions to build a shared understanding of their systems and to promote collaboration.

Early childhood providers can do this by:

- Participating in local CoC meetings, particularly those focused on coordinated entry, and joining the committees established to design and implement the local coordinated entry process;
- Getting involved in determining the most appropriate coordinated entry access point for families with young children and in developing the right screening tool that best assesses the vulnerabilities and needs of families with young children experiencing homelessness; and
- Identifying and tracking, either informally or formally, families who need to be connected to homeless programs and, through partnership with the CoC, directing those families to the correct access points within the community's coordinated entry process.

CoCs can do this by:

- Identifying, inviting, and encouraging early childhood providers to become CoC members and active participants in the CoC, including on coordinated entry design and implementation committees;
- Working with early childhood providers to determine the most appropriate access point and screening and assessment tools for families with young children. For example, a community may decide to locate an access point within the local department of family services, or an early learning hub that is a well-known and inviting location;
- A community may also add or rephrase assessment questions compared to the tool used for other populations; this might help improve the information the community receives in order to more quickly move a family into the most appropriate housing; and
- Briefing staff from local hospitals, birthing centers, child care agencies, and IDEA Part C and Part B programs that include early interventionists and early childhood special educators as well as obstetricians, pediatric primary care providers, early learning providers, home visitors, and McKinney-Vento homeless liaisons in schools on the overall purpose of the CoC's



coordinated entry and the types of referrals that a family might receive if they go through the process.

Spotlight

Virginia Williams Family Resource Center in DC Serves as an Access Point that Connects Families to Housing and Services for Parents and their Young Children

Families in the District of Columbia experiencing a housing crisis can seek services at the [Virginia Williams Family Resource Center](#), a central intake and referral shop with on-site, integrated support from homeless services and other key services, including child care and schools, health, child support, Temporary Assistance for Needy Families ([TANF](#)), and employment. This one-stop-shop model recognizes that many of the most vulnerable families are involved in multiple systems and coordinated case planning may improve service delivery and family outcomes.

- **Implement Phased Screenings and Assessments.** Screening and assessment⁶ implemented through the coordinated entry process might happen over a period of hours, days, or weeks. A phased screening and assessment process first addresses the most immediate emergency needs quickly, and then follows with identifying housing resources and barriers, evaluating vulnerability to prioritize for ongoing housing assistance, screening for program eligibility, and facilitating connections to non-housing resources, such as early childhood supports and services for parents. Ongoing assessments after entry into stable housing, which are often not a part of the CoC's coordinated entry process, should address additional needs of parents and young children such as accessing high-quality early care and education. Communities should also use coordinated entry assessment tools that are valid and reliable, if available, and appropriate for families and children. Questions might be uniquely tailored to the needs of families with young children, and criteria for prioritizing access to housing and services might weigh their risk of immediate harm higher than the weight of risk for households without young children.

Early childhood providers can do this by:

- Working with the CoC to implement homelessness and housing instability assessments in early care and learning settings, such as Head Start centers, child care centers, preschools, and family child care;
- Working with the CoC to integrate screening questions into the coordinated entry process to understand whether young children are connected with physical and mental health, early learning, IDEA early intervention and preschool special education and developmental supports;
- Providing the CoC with information about how to refer families to trained professionals who can conduct [standardized developmental](#) and behavioral screenings to understand young children's needs using valid and reliable screening tools for young children. These screenings can help determine if children are progressing as expected in regards to their health, early

⁶ In the context of coordinated entry, the term *assessment* involves a tool or tools that measure an individual's need for housing and services. *Behavioral screening and assessment* is used if the screening results are positive for a particular behavior or symptom. *Ongoing assessment* can occur both for behavioral services, such as mental health or addiction services, and for other types of services and supports, such as more intensive rental assistance, throughout a family's involvement in the homeless system.



learning, and developmental needs, or if additional evaluations and assessments are needed to identify a possible delay or disability; and

- Assisting shelter and housing providers to identify resources to assist families when additional needs are identified, including connections with health centers and providers, local behavioral health providers, developmental specialists, the local [IDEA](#) Part C or Part B, section 619 preschool program, early educators or the public school system depending on the child's age, and the early learning and child care resources available in the community.

CoCs can do this by:

- Actively engaging early childhood providers in the design and implementation of coordinated entry screening and assessment tools and protocols for families with young children;
- Including staff trained to screen for children's developmental, social-emotional, and behavioral health needs in the coordinated entry process to connect the children with needed resources;
- Actively connecting to appropriate partner agencies that can directly provide more detailed developmental evaluations and assessments later in the process. This includes working with McKinney-Vento homeless liaisons to ensure families and children experiencing homelessness are able to access early intervention services through IDEA Part C and preschool and special education services through local IDEA Part C and Part B, section 619 preschool programs; and
- Providing an assessment space and process that is inviting and trauma-informed to assure that parents' and young children's mental health needs are supported and that those who have experienced trauma are not re-traumatized during the screening and assessment process.^{xlviii}

Spotlight

Screening Children for Developmental Delays within the Homeless System

In Chicago and Philadelphia, homeless shelter workers and those doing coordinated entry are trained to [screen children for developmental delays using tools such as the Ages and Stages Questionnaire](#). If screening results indicate the child might be suspected of having a disability or developmental delays, the family is quickly connected to programs that provide specialized developmental services. Detecting potential delays and intervening early can improve children's long-term development and well-being.

In Columbus, OH, the McKinney-Vento program that serves homeless children and youth in schools supplements its early childhood efforts by using Title I funding to support an [early childhood advocate and parent consultant](#) at local emergency shelters. The early childhood advocate ensures that young children experiencing homelessness are screened for developmental delays and/or disabilities and connected with early childhood programs. The parent consultant works to encourage parents to become more involved in their children's early education and care.

- **Engage in the Prioritization Process.** Coordinated entry aims to ensure that people experiencing homelessness with the most severe service needs and highest vulnerability are prioritized for housing and services. Informed by the [Coordinated Entry Policy Brief](#) and additional forthcoming guidance, communities should decide what factors are most important and use all available data and research to inform their prioritization decisions.



Early childhood providers can do this by:

- Working with the local CoC to develop the criteria used to assess the needs of and prioritize pregnant women and families with young children experiencing homelessness for housing assistance;
- Educating the local CoC on what makes young children and their families particularly vulnerable, including the immediate effects on children’s development and the long-term effects seen in outcomes later in life, and working with the CoC to determine how to prioritize these families – including those who are unsheltered – for assistance in the community among the other established community priorities;
- Prioritizing enrollment for children who are experiencing homelessness, as is currently done in Head Start,⁷ and considering them “automatically eligible” for early childhood programs, such as Head Start and public preschool programs funded under Title I, Part A of the ESEA do; and
- Identifying appropriate high-quality child care available within the community.

CoCs can do this by:

- Actively engaging early childhood providers in the decision making process concerning coordinated entry prioritization criteria, leveraging their expertise in the unique vulnerabilities and needs of pregnant women and families with infants, toddlers, and young children;
- Working with early childhood providers to determine how to prioritize families with young children among the other established community priorities when there are limited resources; and
- Investigating whether the unique vulnerabilities and needs of pregnant women and families with young children are appropriately captured in the current community prioritization process, recognizing that current tools may unintentionally include biases that preference certain populations, vulnerabilities, and needs over others.

Spotlight

Prioritizing Housing for Families At Risk of or Experiencing Homelessness

The [Healthy Start in Housing](#) (HSiH) program is a collaborative initiative of the Boston Public Health Commission (BPHC) and the Boston Housing Authority (BHA) that helps pregnant and parenting families at risk of or experiencing homelessness, who have a child under the age of 5 who has a complex condition requiring specialty care, secure and retain housing. HSiH also offers intensive case management, including weekly home visits. BPHC and BHA, through HSiH, determined that these families should be prioritized and, as a result, set aside [75 housing units](#) for this population through a HSiH pilot project, allowing some women to bypass the normal 5-year waiting list. BPHC helped determine eligibility and facilitated the intake process. While not formally connected to the CoC coordinated entry process, this is an example of a local partnership to prioritize families with young children for access to housing supports.

- **Develop Two-Way Referral Processes.** Coordinated entry processes are designed to refer individuals and families to appropriate and available housing and service interventions as quickly as possible. As previously discussed, each early childhood program or system will connect differently

⁷ In addition, the Head Start Program Performance Standards Final Rule, published in September 2016, includes an option for programs to reserve up to 3 percent of slots for children experiencing homelessness or in foster care. The standards require these slots to be filled within 30 days or they become vacant slots.



with coordinated entry depending on local factors, but the community should clearly define how families with young children who attend early childhood programs will connect to coordinated entry when appropriate and how families who present directly to a coordinated entry access point will be connected to early childhood supports when appropriate. Both providers at a coordinated entry access point and early childhood providers have a responsibility to make appropriate referrals to each other; these protocols could include procedures to ensure families are actually connected with other supports, such as through direct provider-to-provider communications, rather than simply offering a phone number for families to contact other supports themselves.

Early childhood providers can do this by:

- Collecting information about housing status when conducting intake for their programs. For example, early learning providers, child care agencies, home visitors, as well as other people who interact with young children including hospital obstetric departments and pediatric primary care providers, might include questions concerning housing stability during intake into their programs;
- Supporting families who need housing services by referring and connecting them with the coordinated entry process;
- Receiving referrals from the CoC's coordinated entry process as well as from other agencies, including housing providers, that participate in the CoC which may identify additional needs when a more comprehensive screening is conducted after entry into a specific housing project; and
- Becoming familiar with eligibility requirements for the major housing programs (e.g., public housing, voucher programs, CoC program, ESG program), and local housing and emergency shelter options (e.g. prevention services, emergency shelter, rapid re-housing, transitional housing, permanent supportive housing) to assist in referring families to the local CoC.

**Spotlight
Head Start Program Helps
Connect Families to Stable
Housing**

Telamon Buen Inc. Pastor Ministries, a Migrant and Seasonal Head Start Program in Holland, Michigan, [assesses a family's housing status](#) when they enroll, and works closely with the National Farmworker Jobs Program to help families find housing, if needed. In 2013, Telamon Buen Inc. helped connect families, including approximately 115 children experiencing homelessness, to safe and stable housing.

CoCs can do this by:

- Collecting information about enrollment in early childhood programs through a CoC's Homeless Management Information System (HMIS) and making referrals to early childhood providers, including Head Start and child care supports, IDEA services if there is a developmental concern, and home visiting if appropriate and available. When these referrals occur will vary across communities. For some, they will occur *after* the initial assessment, which is designed to determine immediate shelter and housing needs, and *after* a family has already been connected to housing and services. For others, quickly understanding whether families are enrolled in early childhood programs and making appropriate referrals will occur in *tandem* with the initial assessment phase. Regardless, the goals of either strategy are to make sure that appropriate questions are actually asked early in the process, that connections to early childhood programs are actually made when needed, and that connections are made as quickly as possible. A CoC must ensure that this additional information collection and referral process does not delay or otherwise impact a family's access to housing;
- Becoming familiar with eligibility requirements for early childhood programs, and which of the programs prioritize children and families experiencing homelessness (including Head Start,



- CCDF, Federal Home Visiting Program, IDEA Part C and Part B, section 619; and Title I, Part A of the ESEA), making referrals from coordinated entry when appropriate, and training their local housing providers on these eligibility requirements so that they can make referrals even after a household is being served by their project when it is appropriate; and
- Visiting the [Head Start Locator](#) to find area Head Start and Early Head Start programs; the [Federal Home Visiting Program State Fact Sheets](#) to learn about State and territory home visiting programming; the [listing of Tribal Home Visiting grantees](#); the U.S. Department of Education, Office of Special Education Programs' [IDEA website](#) and the [list of State Part C and Part B State Coordinators](#) to contact; identifying the local IDEA child find office; and [Child Care Aware](#) an organization that partners with The Office of Child Care to provide resources and information to parents with children in child care or who are seeking child care.

Recommendation #3 - Improve, leverage, and integrate early childhood homelessness data

Collecting, sharing, and integrating data on early childhood homelessness across programs, communities, and systems is important for a variety of reasons. Data is the key to understanding the size and scope of the problem, as well as the services and benefits accessed by families experiencing homelessness. Data can also improve a community's ability to appropriately identify and match families to housing and early care, early intervention and preschool special education, education, health, and developmental interventions; conduct a needs assessment; understand the effectiveness of interventions; and track progress toward meeting shared goals to prevent and end early childhood homelessness.

Some programs currently collect data on early childhood homelessness. For example, Head Start, EHCY (McKinney-Vento) program⁸, Federal Home Visiting Program, Tribal Home Visiting Program, Project LAUNCH, and Healthy Start collect or will collect data on homelessness and/or housing status, and CCDF grantees will collect and report data on families experiencing homelessness who receive child care subsidies. CoCs track participants' ages through HMIS, including data on pregnant/parenting youth and their children through integrated Runaway and Homeless Youth Management Information Systems. The CoC may use HMIS to collect and manage data associated with coordinated assessments and referrals, or a coordinated entry process that serves families may use a system from a relevant State or local department of human services to collect and analyze coordinated entry data.

Specific Recommended Strategies and Activities

Below are some specific strategies for how communities can improve and better utilize their early childhood homelessness data. Setting goals and collecting, using, and sharing data are key steps that can enable more effective assessments of challenges as well as progress made to better meet the needs of young children and families experiencing homelessness; HUD, HHS, and ED encourage communities to make ongoing progress in this area.

Even if the steps below will take some time, it is important to start engaging partners and key stakeholders as soon as possible to discuss how data sharing between organizations might help answer

⁸ EHCY currently reports the number of children ages 3-5 not in kindergarten who experience homelessness. Starting in the 2016-17 school year, data will include children served by Local Educational Agencies with subgrants for children age Birth through 2 and age 3 through 5, not Kindergarten.



critical questions and improve services and supports for families. Even when data systems are not ready to be fully integrated, providers can still share relevant data elements (such as child or family housing status) with other providers with appropriate privacy and security protections in place, in order to improve service delivery and answer important questions about young children and families.⁹ Better understanding the size and scope of the problem, as well as the experiences of young children and their parents experiencing homelessness in the community can help improve housing and early childhood program design, targeting, and supports for these families. In addition, data sharing can reduce burden on staff and families by limiting data entry and supporting better targeting of resources.

- **Set Clear Goals.** Articulating specific goals for better meeting the needs of pregnant women and families with young children experiencing homelessness is a first step to identifying what type of data and information need to be collected and tracked in order to assess whether and to what extent these goals are accomplished.

Early childhood providers can do this by:

- Establishing procedures and goals, such as referring any child identified as homeless to the local coordinated entry access point, or developing an action plan for collecting and analyzing data on children experiencing homelessness to better understand special needs of young children and families; and
- Identifying relevant available early childhood data sources and mechanisms to assess progress toward and completion of those goals.

CoC, housing, and emergency shelter providers can do this by:

- Creating action plans based on a community needs assessment that include annual targets, such as ensuring a certain percentage of families with young children served remain stably housed, connecting all such families with appropriate early childhood supports, or other relevant local annual targets; and
- Identifying relevant housing and homelessness data sources and mechanisms to assess progress toward and completion of those goals.

Early childhood and CoC, housing, and emergency shelter providers can do this by:

- Creating joint research questions to better understand the prevalence of homelessness and the service needs of families and young children experiencing homelessness in a community or State. This can be done by tracking and sharing data across agencies (e.g., through a CoC's Point in Time Count,¹⁰ HMIS, Head Start, etc.). For example, by sharing data, providers can better answer key questions about the number of young children experiencing homelessness, the range of services and benefits being accessed by families experiencing homelessness, gaps in care and services, families' needs, and the effectiveness and cost of interventions, among other important questions; and

⁹Before sharing data on individual children and families or aggregated data, early childhood and housing providers should carefully identify and review all applicable Federal and State privacy laws, such as IDEA Part C and Part B confidentiality regulations, the Head Start Performance Standards, the Family Educational Rights and Privacy Act (FERPA), and the Privacy Rule under the Health Insurance Portability and Accountability Act (HIPAA). Under these laws, providers may need to obtain prior written parental consent and/or written agreements before disclosing information that is considered personally identifiable information (PII) or protected health information (PHI) under these laws.

¹⁰The Point-in-Time (PIT) count is a count of sheltered and unsheltered homeless persons on a single night in January.



- Consider leveraging any existing needs assessments, such as those required for Head Start, CCDF, or CoCs, to create an action plan for filling identified gaps in the available data sources and mechanisms.
- **Collect Data.** Once there is an understanding of what types of data are needed to assess progress toward identified goals, CoCs and providers should ensure they are collecting such information. This may include continuing to use existing protocols for obtaining and recording information, as well as developing processes for collecting new information that is not yet documented and ensuring that any new data or information collected meets applicable privacy laws.

Early childhood providers can do this by:

- Assessing families' housing status in early childhood programs when possible, and collecting data about families' housing needs.

CoC, housing, and emergency shelter providers can do this by:

- Collecting data on whether young children are connected with needed services, including early care and education and health supports through coordinated entry or other housing and homelessness program mechanisms.

Early childhood and CoC, housing, and emergency shelter providers can do this by:

- Aligning data definitions and standards with other relevant data collection and integration efforts in the local community or State, where possible. For example, if a CoC collects data on access to and use of early education services, it would be most efficient to do so in a manner consistent and aligned with other community/State early education efforts; and
- Collecting available cross-sector data on both child and parent or caregiver outcomes, which may include, but are not limited to, parent or caregiver and child physical and behavioral health, child development and success, employment or education of parent or caregiver, and duration of a family's homeless episode. Consider including this aggregated data, when available, in statewide needs assessments for State Advisory Councils on Early Childhood Education and Care.

- **Use Data for Messaging and Program and System Improvement.** Data should be analyzed to assess whether and to what extent identified goals and targets have been met. Data analysis can also provide insight about possible ways to enhance the service delivery system for families with young children experiencing homelessness. These efforts could be facilitated by partnering with a research organization, such as a local university.

Early childhood and CoC, housing, and emergency shelter providers can do this by:

- Analyzing child, family, and program-level data to monitor trends and examine whether programs are meeting the diverse needs of young children and their parents experiencing or at risk of homelessness, including housing, child care, education, IDEA services, health, mental health, and child development and school readiness;
- Using findings from analyses to further strengthen and refine programming across early childhood and homelessness and housing efforts by specific programs or agencies;
- Using data across the entire community (where possible) to determine how successfully the community as a whole is addressing early childhood homelessness. For example, use HMIS or other data to understand the extent to which families with young children enter or return to



homelessness in the community, and whether that varies across families with specific needs or experiences, receiving specific interventions, or other variables. Consider linking HMIS data with other data from local or State organizations to share data among providers across the community; and

- Using data to raise awareness of the scope of the problem and progress toward the community's goals with policymakers, foundations, and other stakeholders. For example, educating stakeholders on the fact that infancy is the age at which individuals are most likely to experience homelessness might draw stakeholders interested in either homelessness or early childhood issues to the table.

Spotlight

Linking Data to Enroll More Eligible Families and Provide More Coordinated Family Support Services

Telamon North Carolina (NC) provides a range of services including Head Start and Early Head Start. In 2014, Telamon NC and Wake County Human Services (WCHS) worked to link Head Start and TANF (known as Work First in NC) data to coordinate support services for families, increase TANF enrollment among eligible families, and identify Head-Start eligible families who might be prioritized for services.

Telamon NC and Work First developed a joint referral form that both agencies use to collect program eligibility information to reduce family burden and speed enrollment. Data specialists from both agencies enter data into an Excel spreadsheet to document information about families served. Both agencies ensured the privacy and security of the PII and data through entering into a data-sharing agreement and obtaining parental consent to not only collect and use the PII or data, but also to share the PII or data across the agencies for the specific, limited purpose identified under the data-sharing agreement. (A full case study on this data partnership can be found [here](#).) This shared data helps staff to more easily identify families in one program who might be eligible for the other; since the start of the grant program, over 175 referrals have been made.

In the future, Telamon NC is interested in linking data with Project CATCH, a program that provides case management and supports for children and families experiencing homelessness in Raleigh, NC. They would like to use this linked data to better identify families who are experiencing homelessness and who are categorically eligible for Head Start in order to better understand what other services their families are receiving or are eligible to receive and to inform families of service options to meet their needs. They would like to model this homelessness partnership on what they've accomplished by linking Head Start and TANF data.

- **Share Data.** Tracking progress toward identified goals for meeting the needs of families with young children experiencing homelessness, as well as using data to inform strategies for improvement, often requires sharing data across program and systems.¹¹ Pulling together existing data sources across systems can provide a more holistic view of the size, scope, and needs of this population. Data sharing can also happen at the program or agency-level to more efficiently target and improve services for families served by multiple agencies.

¹¹ Data sharing of PII or PHI must comply with applicable Federal and State privacy laws such as IDEA Parts B and C, FERPA, Head Start Performance Standards, and HIPAA Privacy Rule (see footnote 9).



Early childhood and CoC, housing, and emergency shelter providers can do this by:

- Sharing or [warehousing](#) program or community-level data (where possible and when appropriate) on young children experiencing or at risk of homelessness with State systems, such as the number of young children served by homelessness programs or the housing or homelessness status of young children served in early childhood programs, to ensure a strong understanding of the population and its challenges across the State. In the case of large homelessness and housing program geographic areas, aggregate State-level data sharing may be particularly appropriate. Privacy-protected data on needs or unmet needs can also be reported to State Advisory Councils. Partner agencies may also share privacy-protected, aggregate information on wait lists, particularly in the event that alternative programming for children and families can be identified;
- Developing data governance plans and/or a data governance body to address data availability, management, usability, integrity, and security. As part of this process, develop memoranda of understanding (MOUs) and other data security agreements governing the privacy and security of data that is shared among agencies. This should include procedures for obtaining parental consent, where needed. See Data Appendix for sample data sharing agreements and MOUs or download [Interagency Data Disclosure: A Tip Sheet on Interagency Collaboration](#);
- Identifying partners at the local or State level that are already collecting and integrating relevant data. Bring these stakeholders together to align data systems and establish common metrics to the extent possible. As discussed in previous sections, potential resources include Head Start programs, Federal Home Visiting program local implementing agencies, McKinney-Vento homeless education liaisons, CoCs, RHY providers, and HMIS administrators, IDEA Part C and Part B, Section 619 programs, among others. See the Data Appendix for additional information on ongoing efforts to promote stronger alignment of data elements across different systems;
- Encouraging early childhood homelessness initiatives and programs serving this population to join with the many State efforts for aligning and integrating early childhood system data for discovery and decision-making purposes. The Early Childhood Integrated Data Systems (ECIDS) efforts in some States offer opportunities for such integration and elevation of early childhood homelessness within the early learning agenda; and
- With appropriate consent, exploring opportunities to link early childhood and housing data to Medicaid data and/or electronic health record data for young children and parents, to more fully understand the health services families are connected to as well as any health conditions they experience.

CONCLUSION

Successfully meeting the comprehensive needs of families experiencing homelessness requires building relationships and partnerships between local housing and early childhood providers where both systems take an active role in the community in learning about each other's programs and making necessary referrals. This can be achieved through a two-generation approach to ensure local programs work together to meet the full needs of both parents and their young children experiencing homelessness. The coordinated entry process can facilitate such partnerships and collaboration to help ensure families are connected with appropriate housing and early childhood service supports, and early childhood programs can do their part to identify housing needs of the families they connect with every day. Data can help us



better understand the size and scope of the problem of early childhood homelessness in our communities, identify which interventions work best for which young children and their parents, and track our progress on reaching our shared goal of preventing and ending family homelessness by 2020. HUD, HHS, and ED believe implementing the recommendations and strategies above can help move us closer to this shared goal so every young child and parent has the opportunity to thrive.



APPENDIX

RELEVANT HEALTH AND HUMAN SERVICES PROGRAMS

Child Care and Development Fund

The Child Care and Development Fund (CCDF) is, administered by the Office of Child Care (OCC) within the Administration for Children and Families (ACF), is a formula-based grant program for States, Territories and Tribes dedicated to providing access to child care services for low-income families so they can work, attend school, or enroll in training to improve the well-being of their families. At the same time, it promotes the healthy development and school success of our nation's low-income children by providing them with higher-quality early learning and afterschool experiences. In 2014, 1.4 million children from over 850,000 low-income families received a child care subsidy from the CCDF program every month. Of the children served, roughly two-thirds were children under the age of six, and approximately one-third were school-aged children up to age 13.

This program offers States, Territories, and Tribes significant flexibility in designing CCDF policies, including the ability to define eligibility and prioritize resources. OCC encourages States to leverage this flexibility to offer access to the most vulnerable populations, including families experiencing homelessness.

On November 19, 2014, the President signed the Child Care and Development Block Grant (CCDBG) Act of 2014, which authorizes the CCDF. The law, which Congress passed with strong bipartisan support, reauthorizes the child care program for the first time since 1996 and represents an historic re-envisioning of the CCDF program. The new law makes significant advancements by defining health and safety requirements for child care providers, outlining family-friendly eligibility policies, and ensuring parents and the general public have transparent information about the child care choices available to them.

HHS issued a CCDF Final Rule in September of 2016 that updates regulations and provides clarity on how to implement the law and administer the program to best meet the needs of children, child care providers, and families. The new law and the new regulations have several provisions that specifically benefit children and families experiencing homelessness, including requiring States to:

- Use CCDF funds for activities that improve access to child care services, including:
 - Procedures to permit enrollment of homeless children (after an initial eligibility determination) while required documentation is obtained;
 - Training and technical assistance on identifying and serving homeless children and their families; and
 - Specific outreach to families experiencing homelessness.
- Establish a grace period that allows children experiencing homelessness to receive CCDF services while their families take any necessary action to comply with immunization and other health and safety requirements.
- Coordinate CCDF services with early childhood programs serving homeless children.
- Collect child-level data on whether CCDF children are homeless.



[Comprehensive Community Mental Health Services for Children and their Families Program \(Children’s Mental Health Initiative or CMHI\)](#)

These SAMHSA cooperative agreements support the development, expansion and sustainability of comprehensive, coordinated home and community-based services and supports for children, youth and young adults with serious emotional disturbances and their families, delivered through a “system of care” approach. A system of care is a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health challenges and their families. A system of care is organized into a coordinated network that builds meaningful partnerships, guided by family and youth participation, and addresses their cultural and linguistic needs, in order to help them function better at home, in school, in the community, and throughout life.

[Head Start](#)

The Administration for Children and Families’ Head Start (with Early Head Start) is a comprehensive child development program that serves children from birth to age five, pregnant women, and their families. It is a child-focused, multi-generational program with the overall goal of increasing the school readiness of young children in low-income families. The children of families experiencing homelessness are categorically eligible for Head Start and are identified and prioritized for enrollment. The children of families experiencing homelessness can apply, enroll, and attend while documents are collected in a reasonable time frame. Head Start directly serves children experiencing homelessness from birth to five years old and provides children and their families with services related to nutrition, developmental, medical and dental screenings, immunizations, mental health and social services referrals, family engagement, and in some cases transportation.

Head Start was reauthorized by the Improving Head Start for School Readiness Act of 2007 (Public Law 110-134). In this reauthorization, age-eligible children whose families are determined to be homeless are categorically eligible for Head Start and Early Head Start programs. Many Head Start grantees serve families experiencing homelessness through home-based and center-based programs, both of which provide many supportive services to children and families regardless of their living circumstances. HHS issued a Head Start Eligibility Final Rule, which became effective March 12, 2015. This regulation affirms that section 725(2) of the McKinney-Vento Homeless Assistance Act definition of “homeless” applies for Head Start eligibility and ensures that no requirements in the regulation create barriers for children experiencing homelessness being served in Head Start.

[Healthy Start](#)

Healthy Start works to prevent infant mortality in 100 communities with infant mortality rates at least 1.5 times the national average and high rates of low birthweight, preterm birth, maternal mortality and maternal morbidity (serious medical conditions resulting from or aggravated by pregnancy and delivery). Healthy Start is located in some of the highest risk communities, serving some of the highest risk populations, and Healthy Start families frequently struggle to meet their most basic needs. Healthy Start reaches out to pregnant women and new mothers and connects them with the health care and other resources they need to nurture their children. The Health Resources and Services Administration (HRSA) funds community-based organizations, universities and local health departments to develop Healthy Start programs that

- Improve women's health before, during and after pregnancy and
- Help families care for their infants through their first 2 years so they are healthy and ready to learn.



[“Learn the Signs. Act Early” Program](#)

The Centers for Disease Control and Prevention’s (CDC’s) “Learn the Signs. Act Early” program aims to improve early identification of children with or at risk for developmental delays and disabilities, including autism, by promoting parent-engaged developmental monitoring and screening so children and families can get the early support and services they need.

The program is made up of the following components:

- Health education campaign promotes awareness of:
 - Healthy developmental milestones in early childhood
 - The importance of tracking each child’s development
 - The importance of acting early if there are concerns
- Act Early Initiative works with State, territorial, and national partners to improve early childhood systems by:
 - Enhancing collaborative efforts to improve screening and referral to early intervention services
 - Supporting the work of 45 State and territorial Act Early Ambassadors to promote “Learn the Signs. Act Early” messages and tools to improve early identification efforts in their State.

The “Learn the Signs. Act Early” program has free, research based, customizable materials for parents and providers.

[Maternity Group Homes](#)

The intent of Family and Youth Services Bureau-funded Maternity Group Homes is to promote long-term economic independence in order to ensure the well-being of youth and their children. The Maternity Group Home (MGH) Program supports homeless pregnant and/or parenting young people between the ages of 16 and 22, as well as their dependent children. Services are provided for up to 21 months, or until a young person turns 18 years old if they enter a program at age 16. MGH grantees are required to teach young people parenting skills as well as child development, family budgeting, health and nutrition, and other skills.

[Maternal, Infant, and Early Childhood Home Visiting \(Federal Home Visiting Program\)](#)

The Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV, also known as the Federal Home Visiting Program) supports pregnant women and families and helps at-risk parents of children from birth to kindergarten entry tap the resources and hone the skills they need to raise children who are physically, socially and emotionally healthy and ready to learn. The Health Resources and Service Administration (HRSA), in close partnership with the Administration for Children and Families (ACF), funds States, territories and tribal entities to develop and implement voluntary, evidence-based home visiting programs using models that are proven to improve child health and to be cost effective. The MIECHV Program builds upon decades of scientific research showing that home visits by a nurse, social worker, early childhood educator, or other trained professional during pregnancy and in the first years of a child’s life improves the lives of children and families by preventing child abuse and neglect, supporting positive parenting, improving maternal and child health, and promoting child development and school readiness. Challenges impacting families served by MIECHV include premature birth, low-birth weight infants, infant mortality, poverty, crime, domestic violence, high rates of school dropout, substance abuse, unemployment, or child maltreatment. MIECHV supports services in 825 counties across all 50 States, the District of Columbia, and five territories (52% of counties served are rural, thus posing additional



challenges for accessing housing and other resources). Through the efforts of home visitors, 145,561 parents and children were served in 2015.

[Preschool Development Grants \(PDG\)](#)

The Every Student Succeeds Act (ESSA) includes a new discretionary grant program for States to improve the coordination and quality of, and access to, early childhood education programs for children birth to age 5. This program, to be jointly administered by the U.S. Departments of Health and Human Services (HHS) and Education (ED), builds on the original Preschool Development Grants (PDG) program authorized in fiscal year 2014,¹² which currently funds 18 States developing and expanding high-quality preschool programs in high-need communities. The new PDG competitive grant program, as authorized in ESSA section 9212, supports States through two types of competitive grants: *initial grants* and *renewal grants*. *Initial grants* support States in assessing their overall needs regarding the availability and quality of existing early learning programs in the State and the number of children served, as well as facilitate coordination and collaboration¹³ (ESSA section 9212(c)). *Renewal grants*—for States that have received an *initial grant* under ESSA section 9212(c) or received a PDG grant as initially authorized in FY 2014—support States in the improvement or expansion of existing early learning programs as well as in developing new programs to address the needs of children and families that are eligible for, but not served by, early learning programs (ESSA section 9212(g)). These grants will help States, especially those that are further along in efforts to implement high-quality preschool programs, to reach more children.

[Project LAUNCH \(Linking Actions for Unmet Needs in Children’s Health\)](#)

Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health) is a SAMHSA initiative that funds States, tribes, territories and communities to promote the wellness of young children ages birth to 8. Project LAUNCH activities are designed to promote young children’s development in all domains (physical, social, emotional, cognitive, and behavioral), with a particular focus on social and emotional wellbeing. The long-term goal of Project LAUNCH is to ensure that all children enter school ready to learn and able to succeed. Project LAUNCH seeks to improve coordination across child-serving systems, build infrastructure, and increase access to high-quality prevention and wellness promotion services for children and their families. Project LAUNCH brings mental health expertise into primary care practices, child care programs, preschools, Head Start, elementary schools, and home visiting programs and ensures that caregivers and providers can identify and address developmental and behavioral challenges, and link children and families with assessment and treatment services as needed. Examples of ways Project LAUNCH grantees serve children and families experiencing homelessness include through screening and referral for basic needs (including housing assistance), and through mental health consultation in early care and education programs, homeless shelters, and primary care settings. Project LAUNCH grantees may also partner with housing entities to provide parenting education and support activities and offer developmental and behavioral screenings. Project LAUNCH funding has supported work in 70 communities to date, with efforts underway to scale up successful practices more broadly.

¹² The statutory authority for this program is sections 14005 and 14006 of the ARRA, as amended by section 1832(b) of division B of the Department of Defense and Full-Year Continuing Appropriations Act, 2011 (Pub. L. 112–10), the Department of Education Appropriations Act, 2012 (title III of division F of Pub. L. 112–74, the Consolidated Appropriations Act, 2012), and the Department of Education Appropriations Act, 2014 (title III of division H of Pub. L. 113–76, the Consolidated Appropriations Act, 2014).

¹³ This aspect of the program is discussed in greater detail under the “Ensuring Alignment, Collaboration, and Coordination” section of this guidance document.



State Youth Treatment Programs

SAMHSA's State Youth Treatment (SYT) programs treat youth with substance use disorders (SUDs) and/or co-occurring substance use and mental disorders and address gaps in service delivery by providing services for youth and their families/primary caregivers using effective evidence-based family-centered practices. The populations of focus are adolescents (ages 12-17), transitional-aged youth (ages 18-25), and their families/caregivers. This program is relevant for pregnant and parenting youth and young adults who are experiencing homelessness with their young children.

Since FY 2012, SAMHSA has supported cooperative agreements at the State, territorial, and tribal levels. SAMHSA supports a two-year planning cooperative agreement and a three-year implementation cooperative agreement. The SYT-Planning program is an infrastructure only grant that supports States, territories, and tribes in strengthening their existing infrastructure through the development a comprehensive strategic plan to improve treatment for adolescents and/or transitional aged youth with SUD and/or co-occurring substance use and mental disorders. The SYT-Implementation program is an infrastructure and direct services grant that further strengthens the existing State, territorial, and tribal infrastructure system and provides direct treatment services for adolescents and/or transitional aged youth and their families/care givers with SUD and/or co-occurring substance use and mental disorders.

The SYT programs help to further the use of, and access to, effective evidence-based family-centered treatment approaches for youth with SUDs and/or co-occurring substance use and mental disorders. The Programs include: statewide training and collaboration between local community-based providers and their State, tribal, or territorial infrastructure. The services provided under these programs include evidence-based assessment and treatment interventions, which increase the availability of appropriate treatment for youth with SUDs.

Tribal Early Learning Initiative

The Tribal Early Learning Initiative (TELI) is administered by the Administration for Children and Families' (ACF's) Office of the Deputy Assistant Secretary and Inter-Departmental Liaison for Early Childhood Development, in partnership with the Office of Head Start, the Office of Child Care, and the Tribal Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) program. TELI's objective is for tribes and their communities to continue to grow and sustain critical early childhood systems to meet the needs of young children, families, and the community as a whole and increase the number of children in quality early care and education settings.

TELI has four goals:

- Support tribes to fully and effectively coordinate and leverage Child Care and Development Fund, Head Start/Early Head Start, and Tribal MIECHV programs to meet the needs of communities, children, and families.
- Create and support seamless quality early childhood systems across programs serving young children and families.
- Raise the quality of services to children and families across the prenatal to age 5 continuum.
- Identify and break down barriers to collaboration and systems improvement.

ACF envisions the TELI as a learning laboratory focused on quality improvement and innovation. ACF works closely with the TELI tribes to identify obstacles to collaboration and systems improvement, and to help them develop and carry out plans to address these obstacles that are in line with tribal community



values, traditions, and priorities. ACF also hopes that the TELI tribes will serve as models for other tribes and communities that are trying to work across traditionally siloed programs to build stronger early childhood systems to support their youngest and most vulnerable citizens.

Tribal MIECHV

The Tribal Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program provides grants to tribal organizations to develop, implement, and evaluate home visiting programs in American Indian and Alaska Native (AIAN) communities. It is funded by a 3 percent set-aside from the larger Federal Home Visiting (MIECHV) program. Tribal Home Visiting grants are awarded to Indian tribes, consortia of tribes, tribal organizations, and urban Indian organizations.

The Tribal Home Visiting Program is designed to develop and strengthen tribal capacity to support and promote the health and well-being of AIAN families; expand the evidence-base around home visiting in tribal communities; and support and strengthen cooperation and linkages between programs that service AIAN children and their families.

The goals of the Tribal Home Visiting Program include:

- Supporting the development of happy, healthy, and successful AIAN children and families through a coordinated home visiting strategy that addresses critical maternal and child health, development, early learning, family support, and child abuse and neglect prevention needs.
- Implementing high-quality, culturally-relevant, evidence-based home visiting programs in AIAN communities.
- Expanding the evidence base around home visiting interventions with Native populations.
- Supporting and strengthening cooperation and coordination and promoting linkages among various early childhood programs, resulting in coordinated, comprehensive early childhood systems.

RELEVANT HOUSING AND URBAN DEVELOPMENT PROGRAMS

Continuum of Care Program

The Department of Housing and Urban Development's (HUD's) Continuum of Care (CoC) Program is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.

Federally Subsidized Multifamily Housing Programs

HUD helps private apartment building owners offer reduced rents to low-income individuals and families through housing assistance programs such as the Project-Based Rental Assistance Program (aka Project-Based Section 8). Tenants pay a share of their income as rent to the landlord (no more than 30%) and HUD pays the housing subsidy directly to the apartment building owner. The subsidy is tied to the apartment building rather than the tenant. A tenant of a subsidized apartment will pay reduced rent while they live in that building, but when they move out they will not have the reduced rent anymore at their new apartment (unless their new apartment is also at a subsidized building).



Some subsidized apartment buildings only accept rental applications from households headed by a person over the age of 62 or a person with disabilities, while other buildings (often called ‘Family Buildings’) accept applications from low-income households headed by a person aged 18 or older.

[Emergency Solutions Grant Program](#)

The Department of Housing and Urban Development’s (HUD’s) Emergency Solutions Grant (ESG) provides funding for identifying and assisting people to quickly regain stability in permanent housing after experiencing a housing crisis and/or homelessness by providing funding for interventions such as street outreach, emergency shelter, rapid rehousing, and homelessness prevention.

[HOME Investment Partnerships Program](#)

The HOME Investment Partnerships Program (HOME) provides formula grants to States and localities that communities use - often in partnership with local nonprofit groups - to fund a wide range of activities including building, buying, and/or rehabilitating affordable housing for rent or homeownership or providing direct rental assistance to low-income people. It is the largest Federal block grant to State and local governments designed exclusively to create affordable housing for low-income households.

[Public Housing and the Housing Choice Voucher Program](#)

Public Housing is a Federal housing assistance program, providing rental housing for eligible low-income families. These developments are managed by local Public Housing Authorities (PHAs). Public housing comes in all sizes and types, from scattered single family houses to high-rise apartments for elderly families. The housing choice voucher program provides rental assistance enabling low-income families to afford decent, safe, and sanitary housing in the private market. Both Public Housing and Housing Choice Vouchers are administered locally by public housing agencies (PHAs).

RELEVANT EDUCATION PROGRAMS

[The Individuals with Disabilities Education Act \(IDEA\)](#)

The Individuals with Disabilities Education Act (IDEA) is a law that requires States to make available special education and related services to eligible children with disabilities and to make available early intervention services to eligible children aged birth through two with disabilities, and their families. Based on State’s definitions under IDEA, children with developmental delays may be eligible to receive services. IDEA governs how States and public agencies provide early intervention, special education and related services to more than 6.5 million eligible infants, toddlers, and children with disabilities. Infants and toddlers with disabilities (birth through age two and at the State’s option through kindergarten if the State has adopted such a policy) and their families receive early intervention services under IDEA Part C. Children and youth (ages 3-21) receive special education and related services under IDEA Part B. The preschool section of IDEA (Part B, Section 619) applies to children ages 3 through 5. Contact list for IDEA Part C and 619 coordinators can be found on ED’s [Early Childhood Technical Assistance Center](#) website.

IDEA requires States to have policies and procedures in place that ensure timely referral for an evaluation and assessment, appropriate services, and continuity of services for children with disabilities who are homeless. IDEA was amended to specifically require States to comply with the [McKinney-Vento Homeless Assistance Act](#), which establishes protections and educational rights for all children experiencing homelessness, including children with disabilities. An IDEA provision known as *Child Find* requires states to identify, locate, and evaluate all children with disabilities, including children with



disabilities who are homeless and who are in need of early intervention or special education and related services.

[McKinney-Vento Education for Homeless Children and Youths \(EHCY\) Program](#)

Authorized by Subtitle VII-B of the McKinney-Vento Homeless Assistance Act (McKinney-Vento Act), as amended by the Every Student Succeeds Act (ESSA), the Federal Education for Homeless Children and Youths (EHCY) Program supports educational access and success for homeless children and youths, including preschool-aged children. Under the McKinney-Vento Act:

- Schools must ensure that preschool-aged children experiencing homelessness have access to public preschool programs.
- Schools must work to improve the identification of preschool-aged homeless children to enable these children to enroll, attend, and succeed in public preschool programs.
- Local liaisons, appointed in all public school districts, must ensure that homeless children have access to and receive educational services for which they are eligible, including services through Head Start programs (including Early Head Start), early intervention services under IDEA Part C, and other preschool programs administered by the school district.
- Preschool-aged children can continue attending their same public preschool program (“school of origin”), even if they move into a different attendance area, according to the child’s best interest; if the child needs transportation to and from the public preschool of origin, the school district must provide it.
- School districts that receive McKinney-Vento subgrant funding may use these funds to provide developmentally appropriate early childhood education programs not otherwise provided through Federal, State, or local funding for preschool-aged homeless children.

For more information on the McKinney-Vento program in your area, contact your [State Coordinator for Homeless Education](#) or your local homeless education liaison (call the district switchboard or your State Coordinator to request liaison contact information).

[Title I Preschool Programs](#)

Since its inception, the Title I, Part A program has included provisions allowing local educational agencies (LEAs) to provide preschool programs to improve educational outcomes for eligible children from birth to the age at which the LEA provides a free public elementary education. Title I preschool programs are intended to assist children most at risk of failing to meet the State’s academic achievement standards based on multiple, educationally related, objective criteria.

Homeless children are automatically eligible to participate in a Title I preschool program, although waiting lists often prevent newly homeless families or those that are new to a community from accessing scarce slots in a Title I preschool program.

RELEVANT FOOD AND NUTRITION PROGRAMS

[Supplemental Nutrition Assistance Programs \(SNAP\)](#)

SNAP (formerly the Food Stamp Program) puts healthy food within reach for 28 million people each month with an Electronic Benefit Transfer (EBT) card that you use like a debit card to buy food at the grocery store. SNAP puts benefits on this card once a month. Through nutrition education partners, SNAP



helps clients learn to make healthy eating and active lifestyle choices. SNAP also has programs to help clients learn to eat healthy, be active, and look for work or enroll in a training program.

[Women, Infants, and Children \(WIC\)](#)

The Special Supplemental Nutrition Program for Women, Infants, and Children - better known as the WIC Program - serves to safeguard the health of low-income women, infants, and children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care.

[National School Lunch Program](#)

School districts and independent schools that choose to take part in the lunch program get cash subsidies and donated commodities from USDA for each meal they serve. In return, they must serve lunches that meet Federal requirements, and they must offer free or reduced price lunches to eligible children. Families experiencing homelessness are automatically eligible for free meals for their children. School food authorities can also be reimbursed for snacks served to children through age 18 in afterschool educational or enrichment programs.

[School Breakfast Program](#)

The School Breakfast Program operates in the same manner as the National School Lunch Program. School districts and independent schools that choose to take part in the breakfast program receive cash subsidies from USDA for each meal they serve. In return, they must serve breakfasts that meet Federal requirements, and they must offer free or reduced price breakfasts to eligible children. Families experiencing homelessness are automatically eligible for free meals for their children.

[Child and Adult Care Food Program \(CACFP\)](#)

CACFP plays a vital role in improving the quality of day care and making it more affordable for many low-income families. Each day, nearly 4.1 million children receive nutritious meals and snacks through CACFP. The program also provides meals and snacks to adults who receive care in nonresidential adult day care centers. CACFP reaches even further to provide free meals to children residing in emergency shelters or attending eligible afterschool programs.

[Summer Food Service Program \(SFSP\)](#)

SFSP is the single largest Federal resource available for school and community agencies that want to combine a summer meal program with an activity program for children and in low-income areas, after the school year ends. During the school year, 21 million children receive free and reduced-price breakfast and lunch. But when school is out many of the children relying on these school meals go hungry. Summer meal programs help close that gap to give children the nutrition they need so they are ready to learn when they return to school.

EARLY CHILDHOOD AND HOMELESSNESS RESOURCES

Resource Guides

- [Early Childhood Homelessness in the United States: 50-State Profile](#) is a “snapshot” of early childhood data available for children who are experiencing homelessness in each State. [Find Individual State profiles here.](#)
- The [Early Childhood Self-Assessment Tool for Family Shelters](#) is specifically designed to guide family shelter staff as they create a safe and developmentally appropriate environment for infants, toddlers, and preschoolers.



- The [Guide to Developmental and Behavioral Screening](#) for housing and shelter providers addresses the [importance of developmental and behavioral screening](#), how to talk to parents, where to go for help, and how to select the most appropriate screening tool for the population served as well as the provider implementing the screening.
- [Head Start Interactive Homelessness Lessons](#) provide Head Start, Early Head Start, and Migrant and Seasonal programs information about serving families who are experiencing homelessness, including eligibility and enrollment requirements. The lessons highlight outreach and identification strategies, evaluate positive options for working with families, and identify ways to work with community partners.
- The [Highlights on Homelessness from the ECD Newsletters in 2015](#) compilation of articles provides resources from the Administration for Children and Families (ACF) and partners including Project CATCH in Raleigh, NC; Primo Center for Women and children, Chicago, IL; Research to Policy Resource List; UMOM in Phoenix, AZ and Families in Transition, Rockford, IL.
- [Psychological First Aid for families experiencing homelessness](#) was a guide developed by a university-community partnership housed at the University of Minnesota, in conjunction with the National Child Traumatic Stress Network (NCTSN), administered by the US Substance Abuse and Mental Health Administration (SAMHSA). This resource has practical suggestions and guidelines for shelter providers on how to help families in crisis feel safe and connect to services—the first step in long-term stability.
- The Early Childhood Technical Assistance Center provides resources on [children and families experiencing homelessness](#).
- This National Center for Homeless Education (NCHE) [Early Care and Education for Young Children Experiencing Homelessness brief](#) provides information and suggests best practices to facilitate collaboration between schools, service provider agencies, and early childhood programs, and to increase the enrollment of and provision of services to families with young children experiencing homelessness.
- The National Center for Homeless Education (NCHE) [Supporting Children and Families Experiencing Homelessness: CCDF State Guide](#), developed jointly by the National Association for the Education of Homeless Children and Youth (NAEHCY) and the Ounce of Prevention Fund, assists States in utilizing their Child Care and Development Fund (CCDF) State plan as a vehicle for improving access to high-quality early care and education for children who experience homelessness. The guide provides background information on child and family homelessness, including common barriers and challenges and best practices for serving families experiencing homelessness; a summary of requirements of the Child Care and Development Block Grant Act (CCDBG) related to homelessness; and a summary of opportunities available through the CCDF State plan to improve access. There is a companion resource, [Supporting Children and Families Experiencing Homelessness: CCDF State Self-Assessment](#).
- The [Access to Pre-K Education Under the McKinney-Vento Homeless Assistance Act](#) policy brief by the Education Law Center provides an overview of the McKinney-Vento Homeless Assistance Act and discusses policies that can help increase the number of homeless children in pre-k programs.
- [The Most Frequently Asked Questions on the Education Rights of Children and Youth in Homeless Situations](#) by the National Law Center on Homelessness & Poverty discusses education for homeless children and includes a section on preschool education and a section on special education and related services.



- [Homeless and Special Education Administrative Collaboration: Recommendations](#) through the Project Forum at the National Association of State Directors of Special Education (NASDSE) is a proceedings document that describes challenges faced by administrators who support homeless education under the McKinney-Vento Act and those who provide early intervention and special education services for children with disabilities who are homeless. It includes recommendations on developing policies and practices for: (1) expediting enrollment and provision of services; and (2) coordinating programs and services.
- The [Individuals with Disabilities Education Improvement Act \(IDEA\) of 2004: Provisions for Children and Youth with Disabilities Who Experience Homelessness](#) policy brief by the National Center for Homeless Education discusses provisions in IDEA 2004 for children who are homeless.
- [Resources for Young Parents and Children Experiencing Homelessness](#) is a database that practitioners, policymakers, and young parents can use to find resources about programs, guidance, practices, and supports available to young parents experiencing homelessness, as well as for their children.
- [Housing and Education Cross-Systems Collaboration](#) webpage provides resources and case studies about effective strategies for cross-systems collaboration among housing and service providers for the homeless and the education system.
- NAEHCY's [Aligning Early Childhood Programs to Serve Children Experiencing Homelessness](#) chart compares preschool, Head Start, and child care policies for children experiencing homelessness.

Policies and Guidance

- The U.S. Interagency Council on Homelessness [Family Connection](#) brief (and related [webinar](#)) provides the Federal vision of a coordinated community response to family homelessness, which highlights the role of early childhood programs and coordinated entry.
- [U.S. Department of Housing and Urban Development \(HUD\) Coordinated Entry Policy Brief](#) provides an overview of effective coordinated entry processes.
- [Policies and Procedures](#) to increase access to early care and education (ECE) services for homeless children and families
- [Policies for Tribal Maternal, Infant, and Early Childhood Home Visiting \(MIECHV\)](#) to increase access to ECE services for homeless children and families in tribal communities
- [Strategies](#) for increasing early care and education (ECE) services for homeless children
- [Definitions of Homelessness for Federal Programs Serving Children, Youth, and Families](#) chart illustrates the similarities and differences of the two major Federal definitions of homelessness in use by the Department of Education in Subtitle VII-B of the McKinney-Vento Act, and the Housing and Urban Development (HUD) in Section 103 of Subtitle I of the McKinney-Vento Act
- [Children and Youth and HUD's Homeless Definition](#) provides an overview of HUD's definition of homelessness, how it affects eligibility for emergency shelter and other resources, and the documentation that HUD requires.
- Although targeted toward TANF agencies, [Enhancing Family Stability: A Guide for Assessing Housing Status and Coordinating with Local Homelessness Programs for TANF Agencies](#) may serve as a resource for early childhood programs looking to better assess families for homelessness and housing instability during intake.
- The [Promising Practices for Children Experiencing Homelessness: A Look at Two States](#) resource paper provides a fresh look at the effects of homelessness on young children, and efforts in



Massachusetts and Oregon to implement innovative policies to improve early childhood outcomes for young children experiencing homelessness

- [Building Partnerships to Address Family Homelessness](#) resource paper highlights efforts by local Head Start and Early Head Start programs to connect with public housing associations, emergency shelter providers, local education agencies, and other community service providers
- The U.S. Department of Education has issued the following guidance documents to inform States about serving children experiencing homelessness and highly mobile children with disabilities under the Individuals with Disabilities Education Act (IDEA):
 - [Office of Special Education Programs \(OSEP\) Letter to State Directors of Special Education on Highly Mobile Children](#) (July 2013)
 - [Questions and Answers on Special Education and Homelessness](#) (February 2008)
 - [Guidance for the Education for Homeless Children and Youths Program](#) (July 2016)
- The U.S. Department of Agriculture has issued policy guidance and Program information to help States connect parents to SNAP benefits, WIC foods and screenings, and free meals for their children while at school, in child care, or at an emergency shelter:
 - [SNAP - Clarification of Policies Barriers Facing Homeless Youth](#)
 - [Are you homeless? You might be able to get food help from SNAP!](#)
 - [Frequently Asked Questions about WIC](#)
 - [Updated Guidance for Homeless Children in the School Nutrition Programs](#)
 - [Child and Adult Care Food Program Meals in Emergency Shelters](#)

Webinars

- [Working Together: Increasing Early Childhood Education Services for Homeless Children](#) (slides)
- [Working Together to Provide Stability for Families: Home Visiting and Homeless Service Systems](#)
- [Overview of the Continuum of Care \(CoC\) Program for Healthy Start and MIECHV Grantees](#)
- [Determining Homeless Status of Youth for HUD Programs](#)
- [The Early Childhood Self-Assessment Tool for Shelters: Success in Practice](#)
- [McKinney-Vento and IDEA: Part B and C - Information for Part C Coordinators and Part B State Directors](#), hosted by the National Center for Homeless Education (NCHE) and the Office of Special Education Programs (OSEP), highlights information provided in the following briefs:
 - [Navigating the Intersections of the McKinney-Vento Act and Individuals with Disabilities Education Act: Coordination to Help Homeless Children and Youth with Disabilities](#) provides practical strategies to help local homeless education liaisons and special education program administrators create a coordinated approach to serve homeless children with disabilities.
 - [School Help for Homeless Children with Disabilities: Information for Parents](#) provides information for families who are experiencing homelessness on how to enroll and keep their children in school, including children with special needs.
 - [Supporting Homeless Children and Youth with Disabilities: Legislative Provisions in the McKinney-Vento Act and the Individuals with Disabilities Education Act](#) reviews the requirements of the McKinney-Vento Act and the Individuals with Disabilities Education Act (IDEA) regarding the educational rights of children with disabilities who are experiencing homelessness.



RELEVANT DATA RESOURCES

Resources on Using and Sharing Local Program Data, Aligning Data Systems, and Establishing Common Metrics

- The [Common Education Data Standards](#) apply to preschool through college.
- ACF's [INQUIRE Data Toolkit](#) provides information on building an effective early childhood data infrastructure.
- U.S. Department of Education's [Interagency Data Disclosure: A Tip Sheet on Interagency Coordination](#) discusses the privacy rights and protections in the Family Educational Rights and Privacy Act (FERPA) and focuses on how interagency partners can disclose aggregate data, disclose individual student data with consent, and disclose individual student data without consent under applicable exceptions outlined in Federal law. The tip sheet also highlights the work of several communities that have implemented effective data sharing and integration strategies to serve families, children, and youth experiencing homelessness more effectively.
- The Data Quality Campaign's brief on [Linking Education and Social Services Data to Improve Child Welfare](#) provides reasons for and examples of linking data to improve child outcomes.
- [Embracing the Use of Data for continuous Program Improvement](#) discusses how continuous improvement processes can strengthen family engagement strategies in organizations.
- For more information on and examples of sharing data at the local program level, see the set of technical assistance resources from the HHS project, [Building Capacity to Use Linked Data](#).
- HUD's Homeless Management Information System ([HMIS](#)) [Data Warehousing Curricula](#) serve as guides for communities interested in developing data warehouses for more effective and efficient reporting and analysis.

Sample Memorandums of Understanding (MOUs) and Data Sharing Agreements

- This example [Memorandum of Agreement](#), between the Georgia Department of Education and Georgia Head Start Association, outlines how local Head Start and Early Head Start programs will collaborate with the State Coordinator for Homeless Education and local homeless education liaisons to more effectively serve in early care and education settings young children experiencing homelessness.
- U.S. Department of Education's [Data-Sharing Tool Kit for Communities: How to Leverage Community Relationships While Protecting Student Privacy](#) includes links to a sample memorandum of understanding.
- A set of resources from the William T. Grant foundation, [Developing Data Sharing Agreements](#), provides key tools, including guiding tips, samples, and more.

Tools for Addressing Privacy and Related Issues

- The technical assistance product, [Education for Homeless Children and Youth \(EHCY\) Interagency Data Disclosure](#), clarifies permissions and restrictions under FERPA for LEAs disclosing aggregate data and individual student information to HUD's Continuum of Care grantees and organizations operating Homeless Management Information Systems, including spotlights on 3 communities who have partially integrated their data systems.
- This data sharing agreement [checklist](#) from U.S. Department of Education's Privacy Technical Assistance Center (PTAC) summarizes the requirements for written agreements for sharing data under key exceptions under the Family Educational Rights and Privacy Act (FERPA).



- U.S. Department of Education’s [Data-Sharing Tool Kit for Communities: How to Leverage Community Relationships While Protecting Student Privacy](#) provides guidance on how to use shared data to improve academic and life outcomes for students while protecting student privacy under FERPA. It includes links to a sample consent form and model notifications of rights, among other resources.
- ACF’s [Confidentiality Toolkit](#) aims to help jurisdictions navigate the balance between privacy and security with the delivery of efficient and effective services by providing information on a number of Federal laws that impact the implementation of human services. The Toolkit includes success stories and sample documents.
- PTAC’s [Early Childhood Data Privacy](#) website provides information on protecting the privacy of data on children and families participating in early childhood programs, including a definition of personally identifiable information, best practices for maintaining records, and more.
- PTAC’s [Data Governance Checklist](#) summarizes key data privacy and security components of a data governance program and lists specific best practice action items.
- [SAMHSA’s Consent2Share](#) provides a portal where patients can learn about and manage their consent options including completing and electronically signing their consent forms as well as revoking their consents.

Example Data Sources Communities Might Consider

- HHS’ [Data Inventory for Management and Evaluation of Place-Based Initiatives](#), developed by Urban Institute, highlights a range of available data sets, including those related to child care, early education, and housing, as well as census data that can provide a population overview.

ⁱ Gubits, D., Shinn M., Bell S., Wood M., Dstrup S., Solari, C...Abt Associates, Inc.. (2015, July). *Family options study: Short-term impacts of housing and services interventions for homeless families*. Washington, D.C.: Prepared for U.S. Department of Housing and Urban Development, Office of Policy Development and Research by Abt. Associates and Vanderbilt University. Retrieved from https://www.huduser.gov/portal/portal/sites/default/files/pdf/FamilyOptionsStudy_final.pdf

ⁱⁱ Richards, R., Merrill, R. M., & Baksh, L. (2011, August). Health behaviors and infant health outcomes in homeless pregnant women in the United States. *American Academy of Pediatrics*, 103(3), 438-436.

ⁱⁱⁱ Gubits, D., Shinn M., Bell S., Wood M., Dstrup S., Solari, C...Abt Associates, Inc.. (2015, July). *Family options study: Short-term impacts of housing and services interventions for homeless families*. Washington, D.C.: Prepared for U.S. Department of Housing and Urban Development, Office of Policy Development and Research by Abt. Associates and Vanderbilt University. Retrieved from https://www.huduser.gov/portal/portal/sites/default/files/pdf/FamilyOptionsStudy_final.pdf

^{iv} Shinn M, Greer AL, Bainbridge J, Kwon J, Zuiderveen S. (2013). Efficient targeting of homelessness prevention services for families. *American Journal of Public Health*. 103 (Suppl 2), S324-S330. doi:10.2105/AJPH.2013.301468.

^v Lino, Mark. (2014, August). *Expenditures on Children by Families, 2013*. (U.S. Department of Agriculture, Center for Nutrition Policy and Promotion. Miscellaneous Publication No. 1528-2013). Alexandria, VA. Retrieved from http://www.cnpp.usda.gov/sites/default/files/expenditures_on_children_by_families/crc2013.pdf

^{vi} Shinn, M., Weitzman, B.C., Stojanovic, D., Knickman, J.R., Jimenez, L., Duchon, L.,...Krantz, D.H. (1998). Predictors of homelessness from shelter request to housing stability among families in New York City. *American Journal of Public Health*, 88, 1651-1657.

^{vii} U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2016, October). *The 2015 annual homeless assessment report (AHAR) to Congress: Part 2: Estimates of homelessness in the United States*. Washington, DC: Solari, C., Morris, S., Shivji, A., & de Souza, T. Retrieved from <https://www.hudexchange.info/resource/5162/2015-ahar-part-2-estimates-of-homelessness/>



- ^{viii} U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2015, November). *The 2015 annual homeless assessment report (AHAR) to Congress: Part 1: Point-in-time estimates of homelessness*. Washington, DC: Henry, M., Shivji, A., de Sousa, T., & Cohen, R. Retrieved from <https://www.hudexchange.info/resources/documents/2015-AHAR-Part-1.pdf>
- ^{ix} Rog, D.J., Holupka, C.S., & Patton, L.C. (2007). Characteristics and dynamics of homeless families with children: Final report to the Office of the Assistance Secretary for Planning and Evaluation, Office of Human Services Policy, U.S. Department of Health and Human Services. Rockville, MD: Retrieved from <https://aspe.hhs.gov/sites/default/files/pdf/75331/report.pdf>
- ^x U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2016, October). *The 2015 annual homeless assessment report (AHAR) to Congress: Part 2: Estimates of homelessness in the United States*. Washington, DC: Solari, C., Morris, S., Shivji, A., & de Souza, T. Retrieved from <https://www.hudexchange.info/resource/5162/2015-ahar-part-2-estimates-of-homelessness/>
- ^{xi} See, for example, Center for Housing Policy and Children's Health Watch. (2015, June). *Compounding stress: The timing and duration effects of homelessness on children's health*. Sandel, M., Sheward, R., & Sturtevant, L. Retrieved from http://www.childrenshealthwatch.org/wp-content/uploads/Compounding-Stress_2015.pdf
- ^{xii} Richards, R., Merrill, R. M., Baksh, L., & McGarry, J. (2011). Maternal health behaviors and infant health outcomes among homeless mothers: US Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) 2000–2007. *Preventive Medicine*, 52(1), 87-94.
- ^{xiii} Stein, J. A., Lu, M. C., & Gelberg, L. (2000). Severity of homelessness and adverse birth outcomes. *Health Psychology*, 19(6), 524.
- ^{xiv} Richards, R., Merrill, R. M., Baksh, L., & McGarry, J. (2011). Maternal health behaviors and infant health outcomes among homeless mothers: US Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) 2000–2007. *Preventive Medicine*, 52(1), 87-94.
- ^{xv} Ziol-Guest, K. M., & McKenna, C. C. (2014). Early childhood housing instability and school readiness. *Child Development*, 85(1), 103–113.
- ^{xvi} Obradović, J., Long, J. D., Cutuli, J. J., Chan, C. K., Hinz, E., Heistad, D., & Masten, A. S. (2009). Academic achievement of homeless and highly mobile children in an urban school district: Longitudinal evidence on risk, growth, and resilience. *Development and psychopathology*, 21(02), 493-518.
- ^{xvii} Center on the Developing Child, Harvard University. (2009). *Five numbers to remember about early childhood development*. Center on the Developing Child: Harvard University. Retrieved from <http://developingchild.harvard.edu/wp-content/uploads/2015/06/Five-Numbers-to-Remember-About-Early-Childhood-Development.pdf>
- ^{xviii} Narayan, A. J., Kalstabakken, A. W., Labella, M. H., Nerenberg, L. S., Monn, A. R., & Masten, A. S. (2016, January 11). Intergenerational Continuity of Adverse Childhood Experiences in Homeless Families: Unpacking Exposure to Maltreatment Versus Family Dysfunction. *American Journal of Orthopsychiatry*. Advance online publication. <http://dx.doi.org/10.1037/ort0000133>
- ^{xix} National Child Traumatic Stress Network . (2014). *Complex Trauma: Facts for shelter staff workign with homeless children and families*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. Retrieved from http://www.nctsn.org/sites/default/files/assets/pdfs/complex_trauma_facts_homeless_shelter_staff_final.pdf
- ^{xx} The Ambit Network, & National Child Traumatic Stress Network . (2009). *Psychological First Aid for families experiencing homelessness*. Minneapolis, MN: The Ambit Network, University of Minnesota. Retrieved from http://www.nctsn.org/sites/default/files/assets/pdfs/PFA_Families_homelessness.pdf
- ^{xxi} Center on the Developing Child, Harvard University. (2007). *The impact of early adversity on children's development*. Center on the Developing Child: Harvard University. Retrieved from <http://developingchild.harvard.edu/wp-content/uploads/2015/05/inbrief-adversity-1.pdf>
- ^{xxii} Zero to Six Collaborative Group. (2010). *Early childhood trauma*. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress. Retrieved from http://www.nctsn.org/sites/default/files/assets/pdfs/nctsn_earlychildhoodtrauma_08-2010final.pdf
- ^{xxiii} Romero L., Pazol K, Warner L, Cox, S., Kroelinger, C., Besera, G.,...Barfield, W. (2016, April 29). Reduced Disparities in Birth Rates Among Teens Aged 15-19 Years – United States, 2006-2007 and 2013-2014. *Morbidity and Mortality Weekly Report* (65), 409-414. Retrieved from http://www.cdc.gov/mmwr/volumes/65/wr/mm6516a1.htm?s_cid=mm6516a1_w
- ^{xxiv} Abt Associates Inc., Gubits, D., Spellman, B., Dunton, L., Brown, S., & Wood, M. (2013, March). *Interim Report – Family Options Study*. Washington, DC: Prepared for U.S. Department of Housing and Urban Development. Retrieved from https://www.huduser.gov/portal/publications/pdf/HUD_503_Family_Options_Study_Interim_Report_v2.pdf
- ^{xxv} Institute of Medicine and National Research Council. (2015). *Investing in the Health and Well-Being of Young Adults*. Washington, DC: The National Academies Press. doi:10.17226/18869.



- ^{xxvi} Child Trends. (2010, January). *Diploma Attainment among Young Mothers*. Washington, DC: Perper, K., Peterson, K., Manlove, J. Retrieved from http://www.childtrends.org/wp-content/uploads/2010/01/child_trends-2010_01_22_FS_diplomaattainment.pdf
- ^{xxvii} Biel, M. G., Gilhuly, D. K., Wilcox, N. A., & Jacobstein, D. (2014). Family Homelessness: A Deepening Crisis in Urban Communities. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(12), 1247–1250. <http://doi.org/10.1016/j.jaac.2014.08.015>
- ^{xxviii} Hodgkinson, S., Beers, L., Southammakosane, C., Lewin, A. (2014, January). Addressing the mental health needs of pregnant and parenting adolescents. *Pediatrics* 133(1), 114-122.
- ^{xxix} Institute of Medicine and National Research Council. (2015). *Investing in the Health and Well-Being of Young Adults*. Washington, DC: The National Academies Press. doi:10.17226/18869.
- ^{xxx} Center on the Developing Child, Harvard University. (2016, March). *Building core capabilities for life: The science behind the skills adults need to succeed in parenting and the workplace*. Center on the Developing Child: Harvard University. Retrieved from <http://developingchild.harvard.edu/resources/building-core-capabilities-for-life/>
- ^{xxxi} U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2015, November). *The 2015 annual homeless assessment report (AHAR) to Congress: Part 1: Point-in-time estimates of homelessness*. Washington, DC: Henry, M., Shivji, A., de Sousa, T., & Cohen, R. Retrieved from <https://www.hudexchange.info/resources/documents/2015-AHAR-Part-1.pdf>
- ^{xxxii} Gubits, D., Shinn M., Wood, M., Bell S., Dastrup S., Solari, C...Kattel, U.. (2016, October). *Family options study: 3-year impacts of housing and services interventions for homeless families*. Washington, D.C.: Prepared for U.S. Department of Housing and Urban Development, Office of Policy Development and Research by Abt. Associates and Vanderbilt University. Retrieved from <https://www.huduser.gov/portal/sites/default/files/pdf/Family-Options-Study-Full-Report.pdf>
- ^{xxxiii} Calzada, E. & Suarez-Balcazar, Y. S. (2014). Enhancing cultural competence in social service agencies: A promising approach to serving diverse children and families. Washington, D.C.: Prepared for U.S. Department of Health and Human Services, Office of Planning, Research, & Evaluation. Retrieved from <http://www.acf.hhs.gov/programs/opre/resource/enhancing-cultural-competence-in-social-service-agencies-a-promising-approach-to-serving-diverse-children-and-families>
- ^{xxxiv} National Center on Cultural and Linguistic Responsiveness, Bank Street College of Education, Education Development Center, Inc. (2012). *Head Start Cultural and Linguistic Responsiveness Resource Catalogue Volume Three: Cultural Responsiveness (First Edition)*. Prepared for U.S. Department of Health and Human Services, Administration for Children and Families, Office of Head Start. Retrieved from <http://eclkc.ohs.acf.hhs.gov/hslc/tta-system/cultural-linguistic/fcp/docs/resource-catalogue-cultural-linguistic-responsiveness.pdf>
- ^{xxxv} For more, refer to HHS and ED's *Policy Statement on Family Engagement from the Early Years to the Early Grades*. (2015, May 5). Available at <https://www2.ed.gov/about/inits/ed/earlylearning/files/policy-statement-on-family-engagement.pdf>
- ^{xxxvi} National Academies of Sciences, Engineering, and Medicine. (2016). *Parenting matters: Supporting parents of children ages 0-8*. Washington, DC: The National Academies Press. Doi: 10.17226/21868.
- ^{xxxvii} Ascend at the Aspen Institute. (2016, May). *Two-generation approaches*. Washington, DC: Retrieved from <http://www.jff.org/sites/default/files/publications/materials/Two%20Generation%20Approaches%20Paper%20052716.pdf>
- ^{xxxviii} Ascend at the Aspen Institute. (2016, May). *Two-generation approaches*. Washington, DC: Retrieved from <http://www.jff.org/sites/default/files/publications/materials/Two%20Generation%20Approaches%20Paper%20052716.pdf>
- ^{xxxix} Bassuk, E. L., Richard, M. K., & Tsertsvadze, A. (2015). The prevalence of mental illness in homeless children: A systematic review and meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry*, 54(2), 86-96.
- ^{xl} Weaver, J. D. (2014). Beyond child welfare—Theories on child homelessness. *Washington and Lee Journal of Civil Rights and Social Justice*, 21, 16-53.
- ^{xli} Rog, D. J., & Buckner, J. C. (2007, September). 5-homeless families and children. In *Toward Understanding Homelessness: The 2007 National Symposium*. 5-1 – 5-33. Retrieved from <https://aspe.hhs.gov/legacy-page/2007-national-symposium-homelessness-research-homeless-families-and-children-146546>
- ^{xlii} Gubits, D., Shinn M., Wood, M., Bell S., Dastrup S., Solari, C...Kattel, U.. (2016, October). *Family options study: 3-year impacts of housing and services interventions for homeless families*. Washington, D.C.: Prepared for U.S. Department of Housing and Urban Development, Office of Policy Development and Research by Abt. Associates and Vanderbilt University. Retrieved from <https://www.huduser.gov/portal/sites/default/files/pdf/Family-Options-Study-Full-Report.pdf>
- ^{xliii} Biel, M. G., Gilhuly, D. K., Wilcox, N. A., & Jacobstein, D. (2014). Family homelessness: A deepening crisis in urban communities. *Journal of the American Academy of Child & Adolescent Psychiatry*, 53(12), 1247–1250. Retrieved from <http://doi.org/10.1016/j.jaac.2014.08.015>
- ^{xliv} Hopper, E.K., Bassuk, E. L., & Olivey, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *Open Health Services and Policy Journal*, 3, 80-100. Retrieved from



<https://www.healthcare.uiowa.edu/icmh/documents/ShelterfromtheStormTrauma-InformedCareinHomelessnessServicesSettings.pdf>

^{xlv} National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. (2015, August 14). *Trauma-informed approach and trauma-specific interventions*. Alexandria, VA: Retrieved from <http://www.samhsa.gov/nctic/trauma-interventions>

^{xlvi} The Ambit Network, & National Child Traumatic Stress Network . (2009). *Psychological First Aid for families experiencing homelessness*. Minneapolis, MN: The Ambit Network, University of Minnesota. Retrieved from http://www.nctsn.org/sites/default/files/assets/pdfs/PFA_Families_homelessness.pdf

^{xlvii} Administration for Children and Families, U.S. Department of Health and Human Services. *Policies and procedures to increase access to ECE services for homeless children & families*. Washington, DC: Retrieved from <http://www.acf.hhs.gov/programs/ecd/interagency-projects/ece-services-for-homeless-children/policies>

^{xlviii} Hopper, E.K., Bassuk, E. L., & Olivey, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *Open Health Services and Policy Journal*, 3, 80-100. Retrieved from <https://www.healthcare.uiowa.edu/icmh/documents/ShelterfromtheStormTrauma-InformedCareinHomelessnessServicesSettings.pdf>