

***U.S. Department of Health and Human Services  
Health Resources and Services Administration***

**Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program  
Technical Assistance Coordinating Center's**

Webinar

**“Working Together to Provide Stability for Families: Home Visiting and Homeless Service Systems”**

March 27, 2014

3:00pm Eastern

Presentations by:

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***Sharon McDonald***, Director for Families and Youth National Alliance to End Homelessness

***Gordon Limb***, Director, School of Social Work, Brigham Young University

***Matthew Aronson***, Homeless Programs Specialist, U.S. Department of Housing and Urban Development

***Brandi Smallwood***, Director, Chahta InChukka, (Tribal Maternal Early Childhood Program) Choctaw Nation of Oklahoma

***Angelina Ahedo***, Program Manager, Strong Families Home Visiting Program Native American Health Center, Inc.

***Beth Kelton***, Project Manager, Together for Children Port Gamble S'Klallam Tribe, Tribal MIECHV

Operator: Good day and welcome to the Working Together to Provide Stability for Families Home Visiting and Homeless Service Systems conference call.

Today's conference is being recorded. At this time I would like to turn the call over to Christy Stanton. Please go ahead.

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Christy Stanton: Hello everyone welcome. My name is Christy Stanton and I'm a Technical Assistant Specialist with the TACC and will be the moderator for today's Webinar.

Additional support will be provided today by TACC staff members Lena Cunningham, Tracey Harding, and Kathy Reschke.

Today's Webinar is a collaborative effort between the MIECHV Technical Assistance Coordinating Center, the TACC and the Tribal Home Visiting whoops - pushed something a little quickly there, forgive me, the Tribal Home Visiting Technical Assistance Center VisTA.

The TACC is funded by HRSA and staffed by ZERO TO THREE and subcontracted partners Chapin Hall, the Association of Maternal and Child Health Programs and Walter R McDonald & Associates.

The TACC provides different levels of support to MIECHV grantees using ZERO TO THREE and partner staff along with numerous expert consultants and in coordination with other TA providers.

VisTA is administered by ACF and staffed by Walter R. McDonald & Associates and other partners.

Your participation is important to this Webinar and we encourage you to ask a question via the question box moderated by Kathy Reschke, e-learning coordinator with the TACC.

To post a question please see the Control Panel which is located to the right of your screen. At the bottom of the panel is an open text field. You should see it above the words GoToWebinar.

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Type your question in the section labeled Enter a Question for Staff -- see Number 1 on your screen -- and next click the Send button as shown in Number 2.

At the top of your panel is an orange arrow. Click the arrow button to show or hide the panel.

Please feel free to post a question at any time during today's Webinar. You will see that we have a very full and lively agenda today featuring much expertise, experience and perspective.

Even if we are unable to get your question during the Webinar today we want to reassure you it will be answered as part of the follow-up packet that will be sent to registrants or in other venues such as the TACC's e-newsletter.

This is the focus of the Webinar today. As a result of attending you will gain awareness of homelessness issues and their impact on young children and families.

You will explore opportunities to collaborate and integrate with homeless entities resulting in better supports for families.

You'll learn about resources available to families experiencing homelessness or unstable housing.

You'll also hear a presentation from the state of California as to how they've succeeded in developing a process for integration with housing organizations.

And finally you'll learn strategies from home visiting program administrators for addressing common challenges of serving homeless families in their communities.

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These objectives will be accomplished with engaging pieces of today's Webinar which include a welcome an opening remarks from Julie Ross of HRSA and Moushumi Beltangady of ACF.

We'll have a roundtable discussion with Dr. Sharon McDonald, Dr. Gordon Limb and Matt Aaronson. The California Home Visiting Program presentation will be shared by Dr. Chris Krawczyk and Dr. Robin Pleau.

And there will be a Q&A with tribal grantee representatives Brandi Smallwood, (Angel Ahedo and Beth Kelton.

And we'll have a few slides at the end with some additional resources to share.

It's my pleasure to welcome Julie Ross of HRSA and Moushumi Beltangady of ACF. They will each provide an introduction to our topic today. Julie?

Julie Ross: Thank you Christy. Good afternoon or good morning to our MIECHV grantees, model developers and other MIECHV stakeholders. Thank you for joining us for today's presentation.

My name is Julie Ross and I am a team lead in the Division of Home Visiting and Early Childhood Systems at HRSA.

On behalf of my HRSA colleagues it is my pleasure to welcome our grantees and partners to today's discussion on collaborations that support housing stability of vulnerable families.

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The MIECHV program is not collecting demographic information on housing status at the federal level so we are not able to quantify the extent to which housing stability effects clients enrolled in MIECHV programs at the national level.

However, in a July 2013 survey of MIECHV local implementing agencies providing home visiting services to families just over 40% of respondents called housing issue of a program participant a leading challenge to the program second only to mental health issues and equal to engagement of families and transportation of families to other community services.

As MIECHV grantees work toward making improvements in benchmark six or coordination and referral for other community resources and supports connecting clients with supports that contributed to housing stability is just one of many collaborations that must be considered.

I will now turn to Moushumi Beltangady my colleague with the Administration for Children and Families to provide a welcome and discuss how we are ensuring the collaboration first is modeled at the federal level.

Moushumi Beltangady: Thank you Julie. Welcome everyone to today's Webinar. My name is Moushumi Beltangady and I work on the MIECHV program at the Administration for Children and Families in partnership with HRSA.

I direct the Tribal MIECHV program and am so excited to welcome our 25 tribal grantees today along with our state and territory partners.

I know this topic is of great interest to both state and tribal MIECHV grantees and the children and families you serve.

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My role today is to provide a little context for how this Webinar fits into broader federal collaboration efforts around ending family homelessness and instability in housing.

This collaboration at the federal level could provide a model, an example, or a motivation to collaborate at other levels.

Ensuring the well-being of our youngest children is essential to the work of ACF and HRSA and is especially urgent when you consider the vulnerability of young children experiencing homelessness.

In the United States more than 1.6 million children many under the age of 6 live on the streets in homeless shelters, in campgrounds, temporarily doubled up with others or otherwise without a stable home.

As you'll here today research shows that low income children who experienced homelessness also experience higher rates of chronic disease, developmental delay, anxiety and depression than low income children who live in stable homes.

In December 2012 the US Inter-Agency Council on Homelessness directed the Department of Health and Human Services along with the Council to convene an inter-agency work group tasked with developing a framework to achieve the goal of ending family homelessness by 2020.

The inter-agency group developed a vision of what it means to end family homelessness in the United States and strategies that federal agencies would implement or promote to advance progress on the goal of ending family homelessness.

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And early childhood homelessness interagency workgroup has also been meeting to discuss the particular issues with families with young children in ways that early childhood programs including home visiting can address the needs of families that are experiencing or at risk for homelessness.

This group has included members from HHS including HRSA and ACF, the Department of Education and the Department of Housing and Urban Development, HUD.

Today's Webinar emerges from action plan that was developed by that group which includes steps related to exploring opportunities to more broadly connect pregnant women and families experiencing homelessness within MIECHV and home visiting as well as encouraging improved collaboration and communication between home visiting, Head Start, child care and other early childhood program administrators and local continuums of care to identify pregnant women and children who are experiencing homelessness, support their enrollment and relevant health and early childhood programs and address their educational physical and mental health and developmental needs.

ACF also reached out to partners about a year ago with a letter containing recommendations for increasing early childhood services for homeless children and their families which many of you may have seen.

These included prioritizing access to services for homeless families, having policies in place for families who are temporarily homeless after a disaster, offering flexibility for homeless families, coordinating with homeless education state coordinators and local liaisons, working with homeless coalitions and coordinating between Head Start and CCDF policies.

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HRSA and ACF believe that MIECHV and home visiting programs can be of great benefit to homeless families or those at risk for homelessness.

Home visitors can meet with and follow pregnant women and families wherever they are currently living, provide ongoing support and consistency in the lives of children who may be highly mobile, and home visiting can strengthen parent's capacity to provide the stimulation necessary to promote their children's language acquisition, motor coordination and achievement of other developmental milestones regardless of their housing situation.

MIECHV grantees could have a lot to offer to homeless pregnant women, children and families. And I hope that today's Webinar provides you with information, ideas, and resources to enhance your work in states, localities, and tribal communities as you strive to meet the needs of vulnerable children and families. Thank you.

Christy Stanton: Thank you Julie and thank you Moushumi. Here I am trying to move my slides again. Sorry about that everyone.

It's time to begin our roundtable discussion with guests Sharon McDonald, Gordon Limb and Matthew Aaronson.

Biographies of each of these guests today are contained in the registration packet that was sent to you.

Agencies and organizations that focus on homelessness and unstable housing and those that provide home visiting have dual purposes.

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For housing systems it might be about getting more support and services to young children and families in their homeless service programs.

For home visiting providers it might be about getting help to solve the housing needs of families they encounter regularly as well as creating opportunities to enroll more families at high risk in line with MIECHV's legislative intent.

Therefore collaboration across these systems is mutually beneficial.

To set some context for us I'd like to ask Sharon McDonald to talk about what we know about how homelessness is defined and who is homeless? Sharon can you get us started?

Dr. Sharon McDonald: Sure. Thank you so much Christy. I really appreciate the opportunity to be here and to speak with you.

I think the first thing that is important to put into context is the different definitions of homelessness that are in use.

HUD uses the definition that sometimes gets referred to as literal homelessness but essentially people who are in a shelter transitional, housing program or in a place unintended for human habitation.

So that's really the epitome of the need. There is no other roof over - other than one that is provided by a homeless service provider.

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So on any given night there are 222,000 persons and families who are homeless and that includes 130,000 children.

On any given night 31,000 people and families are in an unsheltered location so that can mean families sleeping in cars, in abandoned buildings, in tents, in garages. We've seen an array of things, so the limited resources even under this more narrow definition of homelessness we are not serving everyone.

Over the course of a year the HUD Homeless Service Program serve 175,000 families. And that includes 340,000 children that stay in homeless service program each year.

So this is a fraction of the families you may have heard about or the children you may have heard about is experiencing homelessness.

So the broader definition of homelessness is used by the Department of Education. So that includes school age children that are in shelter or in non-sheltered location.

It also includes families who and children who are staying in motels or maybe in doubled up situations because they don't have the resources for their own housing.

This in turn is a fraction of people with very bad housing needs. So across the country we hear reports of over 3 million families in worst case housing needs.

And so what that means is families with very limited incomes who are paying more than 50% of their income for rent or living in seriously substandard housing. And there is 7.4 million families or

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people in - people in doubled up housing so there's housing instability and homelessness is fairly prevalent in the US.

Next slide please, so to give you a little bit of information about who is using the shelter program and that's what we have data about.

It's mostly single parents headed by a female. The parents of children are surprisingly young.

I was on a call just yesterday where folks from different cities were reporting as many as 1/3 to 50% were under the age of 25. It's somewhat closer to, you know, 20% to 25% nationally but significant numbers of families are headed up by very young parents.

The children in homeless families are themselves very young. So half of the children that get served in the homeless service program is age 5 or under.

And researchers have told us that essentially the risk of homelessness is higher the younger the child. So infants are more likely to be homeless than toddlers. Toddlers are more likely to be homeless than preschoolers. So the time in life, the age in life you're most likely to be homeless is when you're 1 year old or less.

We have found among low income families that pregnancy can be a risk factor for homelessness. So essentially before people enter homelessness and again the more literal definition of using a shelter they have doubled up.

So doubled up is not a different population. It's a stage many folks will never leave a doubled up situation to enter homelessness but some will.

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So pregnancy is a risk factor for actually entering a shelter. Folks may have already burned through all those doubled up situations and that may be the sort of precipitating event a young child in the home, an infant in the home might compel to force the extended family to force these young families out of the home.

So it's not uncommon unfortunately that women will leave shelter to have a baby and return to shelter with their newborn child.

Another characteristic is that families are of course very poor. They tend to be poorer than other poor housed families. And they often have thin social networks so they have few people that they can turn to.

They by and large they may have a social network but again they may have burned through it in their attempt to stay outside of the homeless service system.

Christy Stanton: Thank you Sharon.

(Crosstalk)

Dr. Sharon McDonald: Okay.

Christy Stanton: That is sobering information but important for us to understand.

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Matt Aaronson, your work with homeless with this homeless population perhaps you have something to add or another - some other consideration we should think about with who are homeless in our country?

Matt Aaronson: Yes sure. And I'd also like to say thank you. It's an honor to not only speak with the two doctors who I get to speak with as Sharon and Gordon who are wonderful but also to all the participants who are doing the work that we like to talk about here in Washington a lot so really appreciate the time.

I think I would just offer from a federal perspective that as you heard Sharon discuss the different nuances of defining who is homeless it gets a little bit more complicated than that.

And while we're trying to do our best and we'll talk a little bit later about, I think about coordination and collaboration not only do you have these different definitions housed within the different agencies, she talked a little bit about the HUD definition being a little bit more restrictive and the literally homeless and you have the Ed definition which is a little bit more broad

But within our programs and as home visiting providers are thinking about their clients and the people and the families that they're working with each program and sometimes the components within programs also have different eligibility requirements that match to a definition.

So for example the HUD homeless definition has four different categories, some that Sharon mentioned. One is on the street, place not meant for human habitation or in converted shelters or transitional housing having come from emergency shelters.

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There is a category for those fleeing domestic violence. There's a category for imminently at risk of homelessness.

We also then have a set of definitions for at risk of homelessness that apply to different set of programs.

So it's really important as you're discussing with your counterparts in the homeless services world in the housing services world sorry, to think about the connection not only to the definition under the different umbrella for the agencies but also how that relates to eligibility for different programs.

And certainly your continuum of care folks and maybe some of your public housing and homeless service folks at the city and the state level can help you navigate that. You can also on our web site we have some guidelines for understanding how those definitions map to eligibility.

Christy Stanton: Right. Thanks Matt. That's important - that nuance is important for us to understand.

Dr. Gordon Limb could you please talk about the impact of homelessness on young children and also share with us the experience of homelessness or unstable housing in Native American communities?

Dr. Gordon Limb: Sure. So continuing this issue from a more general perspective we see that the impact of homelessness on young children as demonstrated by national statistics. And Sharon showed us some of those statistics.

The children with - that families with children and especially young children are one of the fastest growing segments of the homeless population.

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Child welfare research often describes children as falling on a continuum of risk in which children who experience homelessness are much worse off than other poor children and at the far side of this continuum.

That is children who are homeless often share the negative impacts or risk factors of poverty but also experience additional risks associated with episodes of homelessness.

Sarah McLanahan and her colleagues at Princeton, among many others, have done a lot of research on what they term fragile families.

And much of their research talks about the risks of single and young parents and some of these potential risks on their children. I really encourage you to look up some of their work.

We also know the children who are born into or experience homelessness early in life not only face many risks including physical, psychological, emotional and sexual but research has shown the trauma and extreme stress in childhood can lead to detrimental changes in brain structure and function and have long term impacts.

So this increased risk overtime leads to a cumulative stress that if not mitigated it can have long term negative impacts.

Having said that resiliency is an important term to understand with regard to these children. And as I talk a little bit more about American Indian children that's a very important term as well.

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As research has shown that if programs and services are put into place for these homeless and at risk youth they can recover and lead productive lives.

Let's go to the next slide. So we know that homelessness is a challenge in the general population. But when looking at groups of color and my area of interest American Indians, it is a major challenge as American Indians are overrepresented among this population and have overrepresentation among many of the risk factors with that are associated with homelessness.

While not completely unique to American Indians many are unaware that 2/3 or more American Indians, some may even say up to 3/4 of all American Indians now live in urban areas.

We also see this in the general population of moving away from rural to urban areas but it's very prevalent in the American Indian population.

So this stereotype of American Indians living only on the reservation is becoming less and less of an issue and almost a myth.

Further we know that urban American Indians are three times more likely to be homeless than the general population.

A Minnesota report stated that American Indians were significantly overrepresented among the homeless population in that state.

There they found that American Indians made up 1% of the state's general population but 11% of the off reservation homeless adult population.

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So with the trend of more and more American Indians moving off reservations and to urban areas this does provide more economic possibilities for these families and individuals.

But we see more and more struggling with adjusting to this often foreign lifestyle and finding similar natural support systems as they had on the reservation.

Further, these urban Indians do not know where to find services in larger cities and often fall through the cracks leading to additional increased risk of homelessness and other stressors whereas reservation or near reservation services are much more accessible and can be tailored to the individual population needs.

So American Indians have to navigate federal, state, and tribal service organizations and may or may not depending on the laws and policies be eligible for these services.

So for workers it is vital to understand concepts important especially to American Indians. Two that I would just like to mention is the evolution in tribal sovereignty.

I know we're limited on time but if any participants would like additional information on some of these impacts I'd be happy to give additional resources on those two very important concepts.

So in summary each of these - each set of circumstances for American Indians has both positive and negative consequences with regard to the homeless risk.

Let's go to the next slide. So as mentioned before Minnesota has done some good work in this area. And I provided a reference to one of their studies and some of the innovative approaches they have taken to combat homelessness on tribal lands.

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So I mentioned also before some of the risks of urban Indian homelessness. But homes on tribal lands or reservation lands are three more three times more likely to be crowded as those in the general population.

So while this can be a cultural strength when families are not in a crisis situation doubling up is a common occurrence among American Indians and is often the last resort taken before an individual becomes homeless.

Then, as you can see in this slide, overcrowding becomes a problem and also has a host of potential risks.

So in summary multi-generation American Indian families living in the same household can be a strength as it taps into multi - multiple support systems but when not in balance due to underemployment or other stressors it adds increased risk and stresses.

Also while American Indians face many of the same homeless risks as the general population health, mental health, drug and alcohol issues increase the risk for these American Indians as they have higher rates of challenges in these areas.

So Christy American Indians face similar challenges of the general population but they are much more at risk in many ways than the general population.

So there's a number of cultural issues that need to be considered when you're working with American Indian families.

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Christy Stanton: Right. Thank you so much Gordon for that important information. For those that's very helpful to understand the fuller context of who might be experiencing homelessness and unstable housing.

And for those of us working in home visiting understanding homeless and housing programs and systems might be new.

I wonder if Sharon you could get us started talking a little bit about how homeless services have changed over time? I think it's helpful for us to just understand the general landscape of how this looks currently in the United States.

Dr. Sharon McDonald: Thanks so much Christy and I know Matt's going to provide the bigger picture of the broader vision nationally.

I think over the years what we've seen and as you saw in my first slide, you know, on any given day we have 31,000 people who are in families and that includes very young children who are outdoors.

So we are not - our homeless service system is not reaching everybody who is vulnerable. And that's not including all those people that have very bad housing needs. These are people with no housing.

So what we've traditionally done with the homeless service resources is offered temporary place for people to stay, usually emergency shelter.

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And what we find is that the majority of families that's all they use. They'll enter emergency shelter and stay there for typically, you know, around a month or two and then they will move out.

So usually they're using the emergency shelter very often as sort of a respite but also as a place to kind of gather what they need to get back into housing.

People who enter shelter have not a lot of interest in making that their permanent home. So there's a lot of interest in moving out quickly and getting what they need to go out.

You know, we - this a couple of decades ago, I think at this point we developed another model for families called transitional housing.

And the idea was that families might move from emergency shelter to transitional housing.

Transitional housing would offer families a place to stay for a year or two to families who are eligible to stay for up to 24 months.

And the idea was that this would provide a place for families to get ready to get back into housing and to improve their employment services and meet educational goals and prepare to be on their own.

And about 20% to 25% of families typically enter transitional housing, longer term transitional housing programs but most didn't stay that long. They tended to exit fairly quickly.

There's been some research that's really shook up how we look at things. And that's really around the dynamics of how families end up using shelter.

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And what we're learning is that the families who were entering the longer term and staying in longer term transitional housing programs are not the most vulnerable but rather, you know, they're - they may be the least needy in some situations.

So it's become a - an alternative affordable housing venue. And when we have so many persons and families sleeping outside it may not be one that we can afford.

So what we have seen is, you know, a dramatic shift over the last few years and it was sort of stimulated by new resources that were provided during the recession under the Stimulus Act to put some resources that prevent families from becoming homeless in the first place but help those families who may be sitting in emergency shelter for months trying to get what they need to get back out or for families who may be staying in transitional housing because they can't find housing they can afford to provide them with the startup resources that help them move back into housing using a new model of rapid rehousing.

And so that has taken hold. And it has a number of benefits which we'll go into. But what we're really seeing is a push I think at the federal level and at the community level to maybe downsize some of the longer term interventions for homeless families and really focus on how do we get back, families back into stable housing as quickly as possible with the realization or and the belief that a stable home of their own is the best thing for children and their families?

Matt do you want to take it from there and describe the big picture?

Matt Aaronso): Yes sure. And I think what I'll end up doing is really tell the parallel government perspective story. But it really is a very similar story so that everything that we at HUD and that

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our partners at other agencies who are working to end homelessness are doing is really guided by the federal strategic plan to preventing homelessness called Opening Doors that Moushumi actually talked a little bit about the working group that she and the frameworks that she has been a part of and developing are also derivative of Opening Doors.

And the plan just simply has four goals to prevent and end homelessness for the veterans in 2015 for those chronically experiencing homelessness in 2015 for families and youth by 2020 and then developing an overall path to end all homelessness in the same timeframe.

And it supports these main goals with a series of objectives and research-based action steps and policy positions some of which Sharon just described and there are a number of others.

And really without going into great detail the message that we got at the federal level is essentially that to meet those four goals we need to work smarter and more efficiently.

And what that means is we need to collect better data and then use the data to perform our drive to meet those goals.

We need to research best practices and promising strategies and implement them with fidelity.

And we need to make the most of our existing resources by aligning communitywide systems in a coordinated process for crisis services and also moving from relatively inefficient program models like the high barrier transitional housing that Sharon was talking about to housing first and rapid rehousing.

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So specifically for families in your communities there are two significant trends that have come out of that that are being supported very much by our agency by HUD to funding requirements and performance measures.

And the first is a shift from the highly structured short or medium term transitional housing which as was mentioned can be very expensive. It's very prescriptive in its service requirements.

In general it does not have high success rates and for a while was really the only option for non-disabled homeless families.

Moving to a short or medium term rental assistance model called operative rehousing which tends to be much less expensive, can be more client centric with regards to the services provided is set in the client's own apartments where they will live once the rental assistance is over and for the general population appears so far to have much higher rates of success.

And in this new model it's really important for home visiting programs to understand how to become a part of the available service array for families when they're in rapid rehousing and part of the aftercare solution that stays with the family once they are no longer using the program's rental assistance.

The second big shift is kind of from this decentralized and siloed access and assessment system to really a communitywide, standardized access assessment and referral system.

And in coordinated assessment which you can see on the screen it's a bit of a diagram of how this flows and works in a community, every stakeholder in the homeless service community participates.

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The outreach and access is streamlined and standardized. The assessment tools are standardized and hopefully include an early childhood assessment.

And the referral process is coordinated in real-time so that no matter where a family is experiencing a crisis whether they entered the system through like a two in one phone number, a coordinated assessment center or an emergency shelter they will have access to the right array of resources among all of the resources that are available to the community at that moment in time. And hopefully one of those resources is a home visiting program.

And this last piece is just really important because all of the federal agencies so HUD and you've heard HHS and Education and Labor are being asked right now to do more with less.

And then that means that we are asking our grant recipients and local program folks, you guys to do more with less.

And the only way to do that is to get out more value from the resources that we have already been allocated by collaborating and cooperating and using data better and becoming smarter and more efficient.

And a coordinated assessment system is one of those tools and processes that we have and that you guys really need to be a part of.

Most communities around the country are in the middle of developing these right now so you guys need to be at the table explaining your perspective and how you need to work with these

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types of clients in achieving the efficiency gains that the federal strategic plan really demands of us.

Christy Stanton: Great. Thank you so much for that perspective, Matt. From Sharon and Matt's comments just now it does seem like rapid rehousing is the direction of the field. And Sharon I wonder if you could share with us just a bit more detail about that approach?

Dr. Sharon McDonald: Sure delighted to. Well so rapid rehousing actually is quite simple if you think about it. When you think about those families who are in emergency shelter and they're trying to get out what is it that they need to get back out?

And what we found or what some of the really innovative providers in the world found was that they were often using emergency shelter as a waiting room. They were waiting there to accumulate maybe find a job, accumulate enough money, try to find a landlord who will be willing to take them and overlook some of their challenges. And, you know, essentially they were scrambling.

So you have a bunch of folks scrambling trying to get out of a shelter and not much in the way of help to help them get out.

As you know, so the shelters were providing and transitional housing program were funding parenting classes or employment classes but they weren't necessarily helping them make that transition back out.

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And so essentially rapid rehousing is providing the tools that families need to get back into housing or individuals. So that's help finding housing that they can afford and helping them make informed decisions about housing options, you know, do some research on the utility bills.

It's providing some upfront help so that they can pay for housing so that you can make perhaps a rapid rehousing provider might provide a security deposit and first month's rent.

And that way you can rehouse a family without waiting for them to get not only their first job but then their first paycheck and then their second paycheck in order to cover both the security deposit and first month's rent or maybe even three or four the way that the rental costs are.

So it's a little bit of money to help them bridge that leap into housing until they are able to sustain the rent.

And that often means services as well that's designed to help them connect to the right kinds of supports in order to make sure they're going to have the income to pay the rent so it's often employment services.

There's really also a big focus on making a smooth transition into housing. So housing focus case management making - being responsive to landlords in case they have any concerns but also making sure that the parent is stable and is thriving in a new house.

And if there's any issues that might pop up that might threaten their tenancy that the rapid rehousing provider can intervene so that you're not looking at another housing disruption.

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I mean to kind of go back to what we know about homeless children one of the things it seems pretty clear from research is that mobility, frequent mobility, lots of moves isn't good for children whether they're homeless or not.

So it's, you know, this is a way of providing greater stability.

So if you can go to the next slide I think that Matt provided a nice overview of what we know about the benefits of rapid rehousing.

It actually is surprisingly even though it's a shorter term intervention and it's a least less costly intervention it does seem to have better outcomes and that is definitely connecting more people to permanent housing and they seem to be less likely to return to shelter so they tend to stay housed or they're not becoming homeless a second time.

I think for me there's two other benefits that's really important. One is that you're minimizing family and children's exposure to homelessness and shelter by returning them to communities and to a stable place which is I think what all families need and children require.

And actually for us at, you know, this alliance to end homelessness and we're sort of serious about ending homelessness for everyone the efficiency is hugely important. Because the intervention costs less it means we can serve everyone.

It's not we're not dipping into a segment of the population and serving them and everyone else is left to fend for themselves.

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The goal of the intervention is really to be able to provide the resources so that we can reconnect all families to housing.

And for the, you know, if you look back, think back to the chart that Matt showed you the families really just can't do it on their own. It's reserving that richer intervention which may be transitional housing or may be permanent rent subsidies for those who just aren't going to be able to reconnect to housing on their own. They just aren't going to be able to do it.

And again we have a lot of housing needs in this country so what you're counterparts and your local communities are trying to do in the homeless service system and being charged with doing is really being very discriminating about who gets what as a way to make sure that nobody is outdoors.

Christy Stanton: Thank you so much. So to each of you Sharon, Gordon and Matt I wonder if you could share your perspective on how can housing program such as rapid rehousing programs and home visiting programs benefit one another?

I'd like to start with Sharon to talk us through the next three slides and then hear a bit from Gordon on some tribal resources and assessing what might be available in any further comments Matt has from a federal perspective. Sharon could you take us through these slides?

Dr. Sharon McDonald: Sure. I think that what you heard from Gordon and I hope that you understand is that these may be some of the most vulnerable families that are in your target areas.

And often I believe that they're under the radar of targeting for early childhood development programs.

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I think it's important to know that parents are under an enormous amount of stress. Often I think some of the homeless service providers are under enormous levels of stress.

And the goal is to get people back into housing. And, you know, I'm not proud to say but I will say that the well-being and, you know, the developmental needs and improving the health and education of children may come secondary. And it may come secondary to parents who primarily are thinking of shelter. And it may become secondary to, you know, some shelter providers as well, you know, when they have some people who are sleeping outside.

So I think that what we have heard certainly from people who are child experts in the field that when they go to see shelters they're disappointed that the quality of services isn't what they would like.

And I'm certainly not speaking universally. It's just we I think in the homeless services world often lack the expertise and the resources to do what's really required.

And again these are children at a critical developmental life stage. They're very young. Seems like the research is telling us how very, very important this time of life is.

And so I think that, you know, speaking as a homelessness representative we need some help. And I am really excited by the partnership idea of the rapid rehousing provider working on the housing and home visitors working on improving the parenting and supporting young children.

And of course we can be a resource for you as well. The - you know, we have some expertise in housing resources. They're much thinner than you might have imagined. But we have developed

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expertise in working with landlords and helping to intervene with housing crises and are aware of what's out there.

As far as how rapid rehousing and home visiting programs can work together I might ask Gordon if he wants to add anything to what I've said there?

Dr. Gordon Limb: I'll let you go one more and then I'll jump in if that's okay.

Dr. Sharon McDonald: Sure. Okay well I...

Dr. Gordon Limb: Or if you want me to go I'm happy to go.

Dr. Sharon McDonald: Yes I think this is yours as well.

Dr. Gordon Limb: Okay. I'll take over. Sorry about that Sharon. Yes I just want to mention three things.

And Edwin and Chris might add some more a little bit later.

But, you know, for the - for American Indians those working in home visiting rapid rehousing or homeless service providers it's vital to tap into potential tribal resources.

So whether the individual lives on the reservation or in an urban area where you might have access to liken an urban Indian center those are very important resources to help the individual or family both financially and for support resources.

So having a discussion with the tribe or tribal organization can potentially have a positive impact.

That's the first piece.

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The second piece, you know, every community is different. But, you know, a question workers should be asking themselves is, you know, do I know about the extended family support systems in native families?

It's much different than the nuclear family that is in the general population but what resources are in that extended family and what viable options are available within the culture?

And then finally, you know, know the resources in the local community and be open to cultural ideas and differences and be creative in this collaboration.

I think there are - tribes have very limited resources but there are resources and there are many opportunities out there.

Christy Stanton: Thank you.

Dr. Sharon McDonald: So if I can kind of go back because I think I, you know, left some pieces out.

So just in summary the complementary service model, the rapid rehousing home visitors can provide -- I think it's the next slide Christy -- home visitors can provide really critical support to children in need.

They can promote and make sure that children's needs aren't being overlooked, promote the positive development, really buffer the negative impact of what might be happening in the families' lives while again the rapid rehousing providers have been, you know, again focused in on getting those families out of those environments as quickly as possible.

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And so one of the things that I was asked to do was to just share some models of progress. And so one of those is essentially we don't see enough models that are out there doing home visiting and rapid rehousing so we're really hungry for them.

Ounce of Prevention in Illinois is developing a curriculum for home visitors to learn more about homelessness and how to work with homeless families.

Philadelphia Safe Home is an example of an organization that receives referrals from Early Head start programs. So the Early Head Start program when they go out on home visits will identify families with really critical, critical housing needs and make a referral.

And so then the home, Safe Home folks will go out and do an assessment about housing needs, work with the family to find housing, work with landlords to provide some upfront cash assistance to help them pay for that housing and home based case management to make sure that they are able to stay in housing.

Unfortunately they have only done it with a very small cohort of families. So it's something that's really critically, you know, it's critically needed. We're very hungry for more, you know, for more help with the housing needs. But again this is a poorly funded homeless service program that is using private dollars to make this happen.

Again we really think that home visiting with rapid rehousing is particularly important as opposed to other housing models largely because it's evolving as the primary response to family homelessness and is going to be the response that we expect for, you know, at some point in time 80% to 85%.

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So if you target the resources just to transitional housing programs or just shelters or even just to programs and supportive housing or affordable housing you're going to miss a large swath of vulnerable people.

And if I could just provide like one example of, you know, of something that isn't being done in the home visiting world right now that I'm aware of, maybe you're doing and I'd love to hear about it if you are, Philadelphia if you think back to Matt's diagram does have this coordinated intake so all homeless families touch the city system at one point.

And the city's developed a requirement that within two weeks of entry into a homeless shelter program children under the age of 5 are screened for a developmental disability.

Of course that's voluntary service so they're not - parents aren't required to accept it but the shelter's required to make it available and to make it easily accessible.

So what happens is if there is a family who's identified a child with a developmental disability you have that child development expert that's in the shelter providing support and that moves with the child and the family as they may move from shelter to transitional housing program or hopefully from a shelter back into housing.

And it offers what I think is a critical amount of consistency and stability in the lives of families who are in a very vulnerable state.

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So, you know, I would love to see something kind of institutionalized like that with home visiting. Because again as you remember very young families, very vulnerable families, very young children and during a very, very dramatic period of time of their lives.

Christy Stanton: Thank you so much. Matt do you have any final comments from a federal...

Matt Aaronson: Yes.

Christy Stanton: ...perspective?

Matt Aaronson: Sure. And I'll keep it short. I know we're running short of time and Sharon and Gordon did a great job of covering the landscape.

I think the last thing I'd leave you with is as home visiting folks as you're discussing these issues with your continuum of care know that everything that Sharon just said is what we're asking them to do as well.

So we're pushing them towards these new models. We're asking them to actually really focus their resources on housing.

And so they're going to need you as a partner. At the same time as were asking them to focus on housing we're asking them to be comprehensive to serve these additional populations, to find the funding and the capacity to do things that a home visitor will do that someone in education will do so some in mental health help will do but as collaboration as opposed to using our funding streams for them.

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So you guys are wonderful. And they're going to be looking for these types of partnerships.

And at the same time those wonderful models that Sharon just described that are connected to coordinated assessment those really are being built right now.

And so as much as the home visiting community can be a part of those discussions today they will build into those workflows and their processes where home visiting is appropriate, where you need to connect to the family, how home visiting professionals can stay with the family as they move through the crisis response system.

So it's really important not just from a funding perspective to connect to those folks who they want you as partners but from a systems perspective for you guys to get at the table as quickly as possible so that you can see those mutual benefits for your folks.

Thank you so much. Thanks to each of you Gordon Limb, Sharon McDonald and Matt Aaronson for laying that foundation to talk about a state level approach and some of the on the ground experiences we will soon hear about.

And in fact Matt that was a wonderful call to action for collaboration between homeless systems and home visiting programs. And California as a state has certainly answered that call to action.

So I'd at this moment like to turn things over to our guest from California. So in the roundtable our guest presenters compellingly describe what's important to know and understand about homelessness in our country, its impact on children, and how strong collaborations between these two systems can benefit both partners.

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So our guest today from California Dr. Chris Krawczyk and Dr. Robin Pleau will describe a process to suggest how collaboration can occur.

And at this point I'd like to turn it over to Chris and Robin.

Dr. Chris Krawczyk: Thank you Christy and thank you to TACC for the opportunity to share what we've been doing here in California with homelessness and home visiting.

The California Home Visiting Program is a relatively new program. And we didn't exist prior to the Affordable Care Act and the creation of the Federal Maternal Infant and Early Childhood Home Visiting Program.

So as a new program we developed and implemented a statewide home visiting infrastructure that included multiple different avenues to pull information from state and local level so that we could efficiently identify any challenges and program improvement opportunities that arose.

And one area that was regularly identified as a key challenge for us to address was housing and homelessness.

So today Robin Pleau is going to share with you what our experience has been and how we developed a statewide infrastructure and then how it was implemented and how that led towards housing and homelessness rising up to us at the state level as a high priority for us to address and then how we worked with partners to respond to the challenge of housing and what has taken place in California as a result.

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So it is my honor to hand this over and to give Robin the opportunity to share with you what we have done in California.

Dr. Robin Pleau: Thank you Chris. Yes the next slide please. So just as an overview the California Home Visiting Program or CHVP funds 22 home visiting sites in 21 California counties.

And one of the mandates as we know of the funding is to improve coordination of services for at risk communities.

And California's efforts around improving systems integration is multipronged as Chris mentioned and includes efforts at both the state and local levels.

And our systems integration efforts are driven primarily by our site's experiences.

And in addition to collecting client level quantitative data we also collect systems level qualitative data from our home visiting sites. And we do this through annual site visits, bi-monthly CQI or Continuous Quality Improvement calls and periodic surveys and interviews.

And these qualitative data inform our systems integration work at the state level. And that work is primarily done through our state inter-agency team or SIT Home Visiting Workgroup.

And the SIT workgroup is comprised of state level early childhood partners, for example Department of Social Services, Education, Developmental Services and also groups such as Head Start, the Academy of - American Academy of Pediatrics.

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And we also have materials on adolescence health county level directors who participate and they're the ones who provide the voice of local sites to our workgroup.

The SIT Workgroup provides a mechanism for both vertical and horizontal collaboration, communication and coordination across state programs and for local sites to the state.

And the next slide shows graphically how we envision how CHVP, it's workgroup, the CHVP funded local sites and their community advisory boards communicate and coordinate systems integration efforts at the state and local levels.

So the local home visiting programs are represented by the lower large black outlined rectangle at the bottom.

And in terms of systems integration work they work to increase agreements and collaborative relationships with local service providers among all their other wonderful work.

They also work with their tabs represented by the black circle on the bottom right to improve the coordination of referrals in their community.

And the California Home Visiting Program is located is represented by the top large rectangle.

And we work with local sites primarily through our quality assurance, our QA team.

And this conduit allows us to hear about system level barriers, opportunities and best practices directly from the sites on an ongoing basis.

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Finally the SIT Home Visiting Workgroup is represented by the top right circle. And CHVP works with that workgroup on systems level barriers and opportunities at the state level.

And so let's go to the next slide please. And this is all by way of introduction to our systems integration efforts around housing through our state level SIT Home Workgroup.

And the workgroup's recent work is focused on identifying system barriers and opportunities that affect home visiting families. And through a planning process the workgroup selected three topic areas that pose significant barriers to home visiting families -- housing, quality, child care and educational opportunities.

And the workgroup chose the topic of housing first as (Chris) mentioned because when we first started visiting our site two years ago we heard anecdotal stories that housing was one of the greatest needs for our clients.

In the data that we have now we took a quick path through our data, quantitative data and we see the roughly 2% of currently enrolled CHVP clients are homeless or living in shelters in group homes.

But when we look at screening data that identifies a broader category of "unstable housing" we see that 30% identify as in that category.

So qualitative data gathered from our sites through surveys and interviews last year supported earlier anecdotal reports about housing issues.

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And the surveys and interviews included questions about the context of housing in their communities. We also asked what their top three service gap areas were in the next slide.

So this slide gives a brief summary of some of the data that we gathered through our interviews. And these data were helpful to this SIT workgroup in their work.

First we learned that 73% of our sites identified housing as one of their top three local service gaps. Other - other top gaps included mental health services, transportation and childcare. And this echoes what some of our earlier speakers mentioned.

Other things we heard from our sites also echo previous speakers. Unstable housing situations for home visiting families are common with many clients couch surfing, living in tents, living in cars or otherwise moving around. And sometimes they move across counties or states or even go south and cross country lines.

And in fact our sites tell us that some pregnant and parenting mothers are not receiving home visiting services because their unstable housing situations makes it difficult for them to keep connected with the local system of services.

And also worth mentioning is that in rural areas home visiting clients often live far away from town and which also affects their ability to stay connected to services.

And community resources for home visiting clients we heard include rotating emergency shelters for example among churches, short term motel vouchers and temporary housing provided by nonprofit and faith-based organizations.

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When we asked the most common resources offered by home visiting staff in helping our families was to sign up for public housing and vouchers and directing them to local emergency shelters and temporary housing.

But the most common housing barrier we heard was the long wait list for public housing and vouchers. And the reality is for most home visiting clients is that with a two year or longer wait list for these resources that they may graduate out of our home visiting program before they move near the top of the wait list.

Other barriers we heard about was the high cost of living. And that's often - excuse me, high cost of housing. And that's often exacerbated by limited employment opportunities for them even to afford stable housing.

Another barrier worth mentioning is substandard housing conditions. But we've heard that some families often refused to report poor housing conditions because they fear eviction.

And finally policies exist that exclude minors from signing leases or living alone in shelters which are often barriers for those under the age of 18.

Next slide, so these and other qualitative data around housing help to inform the efforts of the work group.

And one of the first steps taken by the SIT workgroup was to have two topic experts on the issues of homelessness and housing make presentations at our meeting.

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And once the workgroup was introduced to statewide and local structural housing barriers they developed a discussion guide for themselves to identify opportunities that keep partners necessary and obtainable actions around housing.

And as a group they asked how can we increase opportunities for CHVP families to access safe affordable housing?

The workgroup recognized that housing is an entrenched problem but they also recognized that safe stable housing is essential for the healthy growth and development of young children as our speakers mentioned earlier.

Next slide, so through this process the workgroup identified two primary opportunities stated here. The first they identified was to strengthen CHVP involvement in state level housing activities and the second to enhance the connection between our local home visiting programs and affordable housing efforts at the county level.

Next slide, so under opportunity one in strengthening CHVP involvement and state level housing activities the worker developed the following actions steps. And I'll say a little bit about the progress and challenges under these.

So a first up was to identify those key partners that work on the workgroup at the moment.

And so we invited the Department of Housing and Development representative to become a member of the SIT workgroup.

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We wanted to have the perspective and expertise of that state level housing rep as we discussed the issue. The representative has attended one of our meetings and we hope to grow that relationship.

Second was to develop an information sheet about how home visiting relates to housing as we heard today. And the brief is just a one page information sheet outlining the importance of stable housing to very young children's development and health and some of the barriers encountered by home visiting families.

We created the brief in collaboration with the state's homeless youth project and it's currently under review here.

The third action step was to research national state and state housing activities that impact home visiting families.

And this includes things like the Administration of Children and Families letter. I think it was about a year ago. Many of you may have seen it that encouraged the provision of early childhood services to homeless children.

And so we tried to incorporate that type of information into our housing brief. And this is an ongoing effort.

Next slide, so the second opportunity that was identified by our SIT workgroup was to enhance connections between local home visiting programs and affordable housing efforts at the county level.

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And the first step was identified was to have the CHVP staff here at the state research compile and distribute HUD Continuum of Care or COC local information for each CHVP site.

And HUD provides these grants through a continuum care program to communities and states to organize and deliver housing and services to meet specific needs of their communities.

And local community of care - Continuum of Care housing coalitions are comprised of representatives from many organizations that provide services to at risk populations that include our home visiting families.

And our thought was that attending these coalitions can be a way to further integrate home visiting programs into local systems and services.

It's also a way for our home visiting sites to develop connections with local service providers and hopefully increase the number of relationships that they have with clear points of contact as measured in MIECHV benchmark Area 6.

And we successfully completed the distribution of that contact information. One of the challenges was that it took much longer than we anticipated and several CHVPs staff were involved.

We tried to contact each local coordinator ourselves in the 21 counties and to gather as much information about their local meetings as possible and to pass that information along to our sites.

Some coordinators were more quick to respond than others. Some of our sites had heard of the local housing coalitions. One of our sites was even participating in one.

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We followed up with our sites either through our CQI calls or site interviews and we asked them about their experience with the local housing coalition.

Many had attended the local housing meetings after we gave them the information and found them a good place to network.

A few attended but didn't find it particularly helpful. One site though said that the biggest benefit of attending the local housing coalition meeting was making those connections.

And so that if she had a question or wanted to talk about something housing related for her clients that she knew someone to talk to.

The second action step under opportunity two was to recommend to our sites adding a local housing rep to their community advisory boards or CABs.

One of our sites told us that they invited their local housing authority rep to attend. And the woman was excited to attend and she's attended their last three meetings.

She asked good questions about what kind of issues the site was having with teen clients around housing. At one meeting they brought up a case study about a 16-year-old mother who couldn't find housing or shelter because she was under the age of 18. Her parents had left the country and had given up parental rights when she became pregnant.

The housing authority rep was able to hear about the difficulties experienced by these often very young families and she intended to take that information back to her department.

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And the final action under this opportunity was communicating our housing efforts, the workers housing efforts to our maternal child and adolescent health directors so that they would be aware of - to create connections between home visiting programs and housing groups.

CHVP has a monthly call with MCH directors from MIECHV funded counties. And we updated the directors during one of those calls last year.

And in conclusion we began this process with our SIT workgroups around mid 2012. Some of this work is ongoing in parallel with other things they're working on.

We continued our discussions with sites about their CAB composition and workaround housing connections and referrals.

And all of the work we described today helps to embed our home visiting programs into local systems of services and to improve the coordination of referrals for local community resources and supports around housing.

Christy Stanton: Thank you so much (Robin) and (Chris) for that inspiring and dedicated state level response to this issue.

I think you will probably get many others state grantees thinking about how they can support local efforts to integrate with community resources.

Now although focus on systems integration is critical and impact sustained change what actually confronts individual home visitors and local programs are the day in and day out challenges related to homelessness.

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Today we have three program administrators who will respond to several of the questions that have come into through the registration process.

Thank you for being with us Brandi Smallwood, Angel Ahedo and Beth Kelton. I also have my Technical Assistance Specialist colleagues Ed Gonzalez-Santeen and Chris Sharp with VisTA who are on the line. And Ed and Chris I invite you at any point to un-mute your line and offer your perspective as we talk about these questions.

Thank you for being with us Brandi who works with the Choctaw nation of Oklahoma. And a question I'd like to pose to you and remind you to un-mute your phone line -- they've been quietly listening this whole time -- the question I would put to you is what are some things that your home visiting program has done to meet the immediate needs of families struggling with homelessness or housing instability particularly when resources for housing are limited?

Brandi?

Brandi Smallwood: Hi. When it comes...

Christy Stanton: Hi.

Brandi Smallwood: ...to of course dealing with a family that is in lack of housing and it's an immediate concern to get them of course somewhere that they can be safe and secure with a roof over their head and we - the first thing that we look at is kind of the circumstances of the family and how did they get to the point that they're at and then immediately go into how to get them into housing?

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Is it because she's a mother that's fleeing a domestic violence situation? What can we do short term? Can we get her into a shelter somewhere?

And of course even that has limitations. Being in rural southeast Oklahoma we have only two women's children centers and they both have age limitations on male children.

So she is a child that is a male and over the age of 12 she's not going to want to leave him.

Of course we have been lucky enough that we do have some domestic violence programs that can provide short term safe housing for these families when it comes to families that is in that predicament or situation so that helps.

We also of course go to our tribal programs first because that's what we are the most familiar and grounded with.

So we have emergency assistance programs that will provide hotel rooms for these families until we can find them housing.

Of course that's short term, maybe a week at the most is what they would be able to pay for those. And then on the ground we immediately start looking into rental assistance programs, what kind of waiting list is in the county that they are looking for looking for housing in or that they would like to be located in.

Is their families that they can stay with? Perhaps they just can't get to the family. They have a grandmother or an aunt somewhere that would let them stay but they don't have any ways to get

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there, how we can meet that immediate need right there on the ground until we can get them something more permanent.

And of course transportation to get to the resources that they do need to focus on for getting applications filled out and looking for housing.

We provide that transportation. And we provide fuel vouchers if they do happen to have a vehicle which most times they don't. But our home visiting specialist can take the family to wherever they need to go.

If they need a birth certificate so that they can get an ID or if they need to go to the Social Security office, the closest one may be an hour and a half away. But our home visiting specialist can do that so that they can go get a card and have the documentation that they need in order to apply for the services to get them in stable housing.

Christy Stanton: Great thank you so much Brandi for that perspective. I am wondering if one of my colleagues perhaps Sharon or Matt could speak to that issue around declining adolescent boys in shelters. That's a disturbing historical experience I know.

Sharon would you be willing to un-mute your line and speak to that for a moment?

Dr. Sharon McDonald: Sure. And I'm not sure of the funding stream that's being discussed here. But under the Hearth Act so that's the legislation that supports or authorizes the homeless assistance programs that HUD funds, family shelter programs are no longer able to prohibit services to adolescent boys.

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And that's a very, unfortunately a very common practice I think in domestic violence and in HUD funded family programs where it's, you know, boys over the age of 13 weren't allowed to be sheltered with their families.

If it receives HUD funding that's no longer permitted. Matt do you want to add anything to that?

(Matt Aaronson): Yes, no that's right. And I think the sad truth is that it's unfortunately still going on and we know that it's going on. We don't allow it but it certainly is.

And we are currently engaged in conversations with the Department of Justice and folks in the federal community the rights and guidance to that effect.

So yes it's both it's a Hearth violation and it brings up issues with fair housing. But the challenges is what was rightly brought up is too often in the community, you know, parents and often mothers sometimes in domestic violence situations are being forced to choose involuntary separation or living on the street/going back to a victimized situation, et cetera.

So yes where we know about it we're working on guidance because it shouldn't be happening and hopefully we'll be able to address it soon.

Dr. Sharon McDonald: And just if I can add just if you can remember again or just think - put yourself in the place of these families it's so traumatic to be homeless and to be without a safe place and to ask parents to separate from their young boys or young girls anybody -- any of their children -- it's just not a very good thing to do. It's an awful practice and we need to stop it.

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Matt Aaronson: Yes the only case that they're allowed to -- and these are all legal precedents -- is when they can display -- and I believe I'm getting this right and we can talk about this after off line if you'd like -- is if there's an immediate threat to the safety of those other participants in the particular facility.

But barring - and that is a very high bar to actually meet that - yes barring that everything Sharon said is right and that it shouldn't be happening.

Christy Stanton: Right. Thank you Brandi thank you for bringing up the different successes you have at leveraging resources and the barriers you encountered.

And maybe this is a good example of how collaboration can happen where policy at the federal level might actually support local communities and confronting barriers. So I thank you for offering your perspective.

And our next guest is Angel Ahedo who works with a home visiting program, Native American Health Centers in Oakland, California.

And Angel I wonder if you could share with us what strategies a home visiting program can use especially in an urban setting like yours to keep families engaged and supported when they're transient or mobile due to unstable housing or homelessness?

Angel Ahedo: Can you hear me?

Christy Stanton: I do but I'm getting a lot of feedback.

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Angel Ahedo: Okay. I'm not sure what that is. There is that better?

Christy Stanton: Much better.

Angel Ahedo: Fabulous. Okay hi everyone.

Christy Stanton: Great. Thanks Angel.

Angel Ahedo: Well at first I just wanted to let everybody know that we are actually serving about 30% of - well 30% of our participants have been or are currently homeless.

And if you're counting those that have lived with a relative like parents, their partner's parents grandparents or doubling up with another family it would be pretty much close to all of them.

And I guess some strategies that our program has been using to keep families engaged and supporting them while they're transient would be really that a lot of things that Brandi mentioned to but that our home visitors are very flexible.

We're very flexible about where we meet and when we meet. We're open to meeting in public places, parks, you know, McDonald's -- a lot of more child friendly places. And our schedules are very flexible and we're constantly, you know, having to change sometimes our appointments or our home visits with the family.

And being understanding that, you know, if there's a lack of response it may be due to the fact that, you know, the family is going through a lot and that their main priority is really finding shelter.

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We are also very, you know, understanding that because they are homeless we can't go in and expect them to pay attention to a lesson from the curriculum when they're worried about where they're going to sleep that night. So we have to be flexible about what sorts of things that we are doing with the family.

So as most other home visiting programs are realizing, you know, we just can't walk into the home and teach about I'm not sure, you know, safe, child safety I guess in the home if they don't have a home for example.

So, you know, those are things, very important things to talk about but there are also other priorities we have to really get to first.

So we are flexible in helping families stay engaged and or - through helping them find placement so like we have a list of shelter contacts that we've made ourselves.

And, you know, we also provide transportation to get them to their housing appointments and provide those referrals and those connections.

We assist with phone calls, appointments, completing applications applying for housing and et cetera.

And also we're using the family spirit curriculum which is very helpful in that it focuses a lot on the importance of routines.

So although, you know, we have had challenge or the challenge is really adapting the curriculum. For example in routine with lessons that for these homeless families or families that are transient

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and in those cases we can adapt the lessons really to focus on maybe figuring out one part of the day where the families can keep a bit of regular routine for the children like times that they're eating or times that they're going to bed if that's something that's possible for them and making it seem much more possible even though their lives are sort of in turmoil.

And although we're in an urban area and it seems like there are many more resources for our families there's also a lot more people.

And all of the resources we're finding are really at capacity. So we are finding that we are constantly serving as an advocate for the families and looking for shelter.

And even if it's just a referral or, you know, an extra hand to dial the wait list, call every morning. And we've also help families working, you know, as an advocate with their tribal TANFs to help them transfer their benefits and maintain their benefits or to receive like temporary assistance for hotel fees and things.

And I think just being very flexible and being constantly engaged with the client is really helping them feel like they can, you know, establish trust with us and want to continue, you know, the relationship with their home visitor and stay in the program.

Christy Stanton: Thank you so much Angel. It's so important to emphasize the power of the relationship between the home visitor and the parent to maintain their connection to the services along with the concrete services and strategies you provide links to. Thank you so much.

Next we have Beth Kelton with the Port Gamble S'Klallam tribe in the state of Washington. And Beth we have about five minutes but we'd love to hear from you your response to this question.

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Homelessness can be the biggest issue a family might be struggling with and it may prevent parents from feeling like they can focus on their own health or their child's development similar to what Angel was just describing.

Are there additional things you think a home visitor can do to help parents focus on their child's development even when they are in a crisis situation or experiencing a lot of instability in their living situation?

Beth?

Beth you might be muted. Can you un-mute your line?

It sounds like Beth might be coming on.

I'm afraid we might have lost Beth. I'm so sorry. It would have been great to get her perspective.

Ed Gonzalez-Santeen or Chris Sharp is there anything you'd like to offer from your perspective from what you've heard today in today's Webinar more of a ground level perspective?

Edwin Gonzalez-Santeen: Yes. This is Edwin Gonzalez-Santeen. One of the things I think that I'd like to link two things and that was when Gordon was talking about the a migration to urban areas. And I'll use Phoenix as an example.

And one of the things that has happened is and anticipating and seeing the homeless situation is that on a macro level where the American Indian Alaskan Native organizations that provide

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service whether it's Phoenix Indian Center, whether it's the native health, whether it's a Native American connection was that they actually had looked at and decided that there would be a strategy to those four.

And one of the organization itself went into building affordable housing, addressing this issue. But at the same time the entrance into the system is just as Beth indicated and Angel indicated it's wherever the point of contact that you get the person housed while you looked at other things that need to happen.

How do you educate them both in fiscal management? How do you educate people to get better job so that they can go into a system?

So actually in Phoenix now to one agency you have people who go from a homeless situation and then you going to transitional living and then you go into affordable housing and then all the way up.

So it's a long term strategy. It's something that can be done in community but it's not an easy task. It takes a long time to accomplish.

Those barriers that were mentioned earlier I think both in terms of the issue with 12-year-olds that's I don't - that's pretty prevalent in many places.

I think what's important is that home visitors act as an eyes in the communities. They're one of the first people to have contact and then they need to be able to know where to refer.

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And even though those resources are stretched I think that most organizations try to figure out a way to have it happen.

Christy Stanton: Yes.

Edwin Gonzalez-Santeen: So essential to this is the whole notion of being able to have agencies collaborate and cooperate and how to address the needs of this population.

Christy Stanton: Right. Thank you so much Ed for that. And Beth has been able to come back on the line so I'm glad you're with us Beth.

Do you have anything to add around supporting individual families as they struggle in these situations, things you've learned from your work in the field?

Beth Kelton: Yes thank you very much. What I wanted to expand on things that have already been mentioned but I just wanted to expand on how important the trust is in building the relationship with the family and the home visitor.

We have found that home visitors have quite a lot to do with being able to have a relationship that can teach a parent how they can actually support their child.

By us paying attention to the cues that a family might have when they're nervous, when they're anxious we're actually commenting and helping them in positive ways it helps them learn to pay more attention to their child.

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And we always are asking parents what they see in their child that they are the experts on their child. And we invite them to share with us about what goes on in their child's life.

We might be people with some expertise about general child development. But they know their child so much better than any of us will ever know their child.

We love to ask them to think about the times that they're feeding their child or they're rocking their child or they're helping their child go to sleep that this is what creates the security and the routine and the love and the safety around their child.

And there's things they can do. They can - and we can help them financially with having like the - a pack and play that they can carry with them as they go from house to house or place to place.

We can help them with them having a big enough bag or a backpack to carry some rattles or some children's needs.

And we also wanted to point out that with tribal families it's important to encourage them with their first food being the - their breast milk and always holding their baby, carrying their baby in a carrier where the baby can touch them, all these singing and holding and touching and talking and rocking their babies help their babies develop in ways that can counteract the trauma of their...

Christy Stanton: Yes.

Beth Kelton: ...situation of where the place is. Because it's the routine of the mom and the attention of the mom and it's our attention to that family.

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Christy Stanton: Thank you so much Beth. That was a wonderful way to conclude this discussion this idea of our influence as home visitors really in supporting children partially through reading the cues of a parent just like we would have them read the cues of a child to understand their experiences and their circumstances so that we can best support them.

Thank you for your point of view. As we're wrapping things up I'd like to thank each of you so much, all of the presenters on the Webinar today and Webinar participants who've been listening.

This is an important topic and we were glad to be together today discussing it.

Before we conclude let me share what's coming next. In April and May the TACC continues its Webinar focus on systems integration.

In April we'll have a two part series focused on better addressing the needs of families enrolled in home visiting who are experiencing violence in their homes.

And in May we conclude this series by addressing questions about measuring the effectiveness of efforts to better integrate home visiting services with other child and family service systems.

VisTA will host Webinars on April 24<sup>th</sup> and May 22<sup>nd</sup>. The first will be on foundations of CQI and the second will be about presenting data effectively for CQI.

Please watch for the follow-up packet to this Webinar as well as the MIECHV TACC e-newsletter for answers to the questions we couldn't get to today in the question box.

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In addition there is other helpful information that will be shared in the newsletter on today's topic.

Finally to further improve TA for the MIECHV program we encourage you to complete the feedback form you will receive via email from Stefan Bishop of Walter R. McDonald & Associates.

Thank you once again for attending today and have a wonderful rest of your day.

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