

**Addressing Child Homelessness in Minnesota:
Report of the
Visible Child Work Group
December 2012**

**Submitted pursuant to Minnesota Statutes 2012,
Chapter 247, Article 3**

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The Visible Child Work Group was facilitated and supported by staff from the Family Housing Fund and Children's Defense Fund-Minnesota (CDF-MN), at no public cost.

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Executive Summary

This report summarizes the work of the Visible Child Work Group (VCWG). The VCWG was established by the 2012 Legislature to “identify and recommend issues that should be addressed in a statewide, comprehensive plan to improve the wellbeing of children who are homeless or have experienced homelessness.”¹ Its members include legislators, community representatives appointed by the Governor and designees of the Governor’s Children’s Cabinet. Information presented to the Work Group provided a current picture of the nature and scope of child homelessness in Minnesota.

Up to 39,000 children and youth are estimated to be homeless on any given night in Minnesota. One in ten is an infant. This includes children living on the street, in shelters, or staying temporarily with family or friends because they have nowhere else to live. The trauma of homelessness, if unaddressed, can have detrimental consequences for children’s brain development—especially young children’s. The result can be poor health and other problems in adulthood. One-third of homeless adults in Minnesota were homeless as children.

Some resources already exist in Minnesota that could address the needs of young children and families who have experienced homelessness. However, homeless families with young children are underrepresented in these systems for several reasons. These include an inadequate supply of shelters, supportive housing and program slots, problems families have accessing or maintaining connections with early childhood providers, housing staff that may not be trained in child development or with limited resources to use to assist young families, and shortcomings in the response of early childhood and related systems to the particular challenges homeless families face.

Services vary widely across the state, with many areas having no emergency shelters or supportive housing programs. Homeless teen parents with infants have an especially hard time finding housing support. Where services do exist, there are often inadequate funds to meet the all needs or assure the continuation of current efforts. Minnesota’s children and families of color are particularly impacted by these shortcomings in state and federal policies due to their higher incidence of homelessness.

The VCWG reviewed information that showed homeless children and their families are not a priority in the laws and policies authorizing most programs. In addition, few data are reported to provide a clear picture of these issues, although much of the data necessary to implement and monitor a plan to address child homelessness are potentially retrievable from existing systems.

¹ Minnesota 2012 Session Laws, Chapter 247, Article 3, Section 27. See Appendix A.

To build toward a more comprehensive response to child homelessness, the VCWG identified several issues that should be addressed in a statewide plan to improve the wellbeing of homeless children. Key recommendations include the following:

- 1) Children—particularly 0-3 year olds—must be the focus of the plan’s goals and objectives, which should be limited in number, specific, measureable and attainable within five years.
- 2) The plan should make young children who have experienced homelessness more “visible” in current systems and address the special issues they and their families often experience. This requires outreach, service coordination, therapies and programs that address issues associated with homelessness, including trauma, difficulty accessing and maintaining connections to services, high mobility, deep poverty and involvement in multiple systems that are often uncoordinated and unaware of children’s housing status.
- 3) The plan should result in policies and programs that are strengths-based, and respect and recognize the cultures and values children and families bring with them.
- 4) The plan should recognize that housing stability and access to stable and affordable housing is foundational and critical to children and families’ ability to fully participate in available services.
- 5) The plan should address the geographic differences in access to and type of services that exist across the state.
- 6) The plan and associated data requirements should be coordinated with other relevant plans and data systems whenever possible.
- 7) A wide variety of community perspectives should be involved in the plan’s development and implementation, including those from families who will be affected by the plan, and the business community for whom future workforce issues are critical. Allies and champions within the administration are critical.
- 8) The prevention of family homelessness should be the state’s ultimate goal.

VCWG members expressed interest and willingness to continue following through on these recommendations, depending on their role. This includes participating in the plan’s development, reviewing proposed legislation, sharing information with colleagues and educating policymakers and others about Work Group members’ sense of urgency in addressing the needs of these highly vulnerable children, all of whom have strengths on which their future wellbeing can be built.

Many children who experience homelessness go on to healthy and productive lives with little additional assistance. The intent of the VCWG’s recommendations is to increase the odds that all children are able to avoid the negative consequences of homelessness.

Visible Child Work Group Final report

Part I. Introduction and Background

Homelessness is on the rise in the U.S. and in Minnesota, and the fastest growing segment of the homeless is children and youth. The current economic recession and foreclosure crisis exacerbated an already growing challenge.

Research indicates that homeless children are at high risk for poor outcomes in adulthood—even greater than the odds faced by children growing up in deep poverty but without the added stressors of homelessness. These additional challenges include toxically high stress levels associated with witnessing or experiencing domestic violence and frequent moves that disrupt or prevent the establishment of meaningful social connections. It is not surprising that homelessness—which may be episodic or ongoing—frequently results in children being unready to succeed in school. Because homelessness disproportionately impacts children of color, homelessness is a contributing factor to the large racial disparities observed in school achievement. The trauma of homelessness in childhood is likely one of the reasons that one-third of homeless adults were homeless as children.

Key findings from research in Minnesota and elsewhere include the following:²

- Homeless families with children move up to three times a year before turning to shelters, doubling up in apartments with others, staying in motel rooms or sleeping in cars or in campgrounds.
- School age children frequently switch schools. Almost half attend two schools in one year; more than one-fourth attend three or more different schools in a year.
- Families are often forced to split up.
- Many homeless parents experienced traumatic stress themselves in their childhoods due to abuse and neglect, domestic violence or deep poverty.
- Mothers of homeless children are four to five times more likely to be depressed, but their mental illness often goes unaddressed.
- Children who are homeless are more likely than others to have acute and chronic medical illnesses, including asthma, digestive system maladies and ear infections. They are also more likely to be undernourished.

² *America's Youngest Outcasts 2010*. (2011). The National Center on Family Homelessness, Needham, MA.

- Homeless children are three times more likely to have emotional and behavioral problems, which can affect their ability to function and form healthy relationships.
- Homeless children are four times more likely to have delayed development.
- Homeless children are nine times more likely than other children to repeat a grade.³

In Minnesota, few data are available on the number and wellbeing of young children who have experienced homelessness. What is known comes primarily from a triennial survey conducted by Wilder Research.⁴ The last published survey, conducted in 2009, estimated that on any given night in Minnesota, 29,000 to 39,000 children and youth are homeless, including those living on the street, in emergency shelters or doubling up with others because they have nowhere else to live. The number and proportion of homeless children is expected to be higher when the results of the 2012 survey are released in April 2013.

According to the 2009 survey, one-third of homeless Minnesotans are children. One in ten homeless children is an infant.

Fortunately, research is illuminating the pathways through which homelessness and trauma impact brain development in young children. This research also points to ways to mitigate or prevent trauma's harmful effects. Furthermore, economic analyses show that providing effective services as early as possible in a child's life are among the most cost-effective investments. The return on investment is especially high for the most 'at-risk' children.

At present in Minnesota, however, no plan specific to homeless children exists nor is a public entity charged with the responsibility of addressing these issues. Rather, as in other states, programs, data collection and policies focus on adults.

In an effort to better address these issues, a coalition of concerned organizations came together to pass relevant legislation during the 2012 legislative session. The coalition of groups included the Children's Defense Fund-Minnesota (CDF-MN), the Visible Child Initiative of the Family Housing Fund (FHF), Affirmative Options, Greater Twin Cities United Way, Heading Home Minnesota, Hearth Connection, Lutheran Social Service, Minnesota Coalition for the Homeless, and Simpson Housing. The result was legislation establishing the Visible Child Work Group and the preparation of this report.

³ *Education of Homeless Children and Youth*. (2009). National Coalition for the Homeless.

⁴ The most recent survey currently available is *2009 Minnesota Homeless Study: Homeless Children and Their Families*. (2010). Wilder Research, St. Paul, MN.

The membership of the Work Group, established by law, includes legislators; members of the Children’s Cabinet or their designees; family shelter, transitional housing and supportive housing providers; people who have experienced homelessness; housing and child advocates; and representatives from the business and philanthropic community. See Part IV for a list of participants.

As provided in the legislation, non-profit organizations staffed and facilitated the group, its meetings and report, at no public cost.

Visible Child Work Group Tasks and Responsibilities

The Visible Child Work Group was charged with the following duties in statute:

- Recommending goals and objectives for a comprehensive, statewide plan to improve the wellbeing of children who are homeless or have experienced homelessness;
- Recommending a definition of child wellbeing;
- Identifying evidence-based interventions and best practices for improving the wellbeing of young children;
- Recommending plan timelines and ways to measure progress, including measures of child wellbeing from birth through adolescence;
- Identifying ways to address issues of collaboration and coordination across systems, including education, health, human services and housing;
- Recommending the type of data and information necessary to develop, effectively implement and monitor a strategic plan;
- Examining and making recommendations regarding funding to implement an effective plan;
- Providing recommendations for ongoing reports on the wellbeing of children, monitoring progress in implementing the statewide comprehensive plan and any other issues determined to be relevant.

The Visible Child Work Group met five times between September and December 2012.

- September 13, 2012: The Work Group reviewed its purpose and background materials, heard presentations on basic research and statistics related to child homelessness and heard from state agency leadership staff involved in the state’s plan to end long-term homelessness.
- September 27, 2012: The Work Group heard presentations from children’s services providers and administrators and a supportive housing provider with a specific early childhood services component.
- October 18, 2012: The Work Group discussed information presented by its own members regarding current state responsibilities and programs that impact homeless children and associated data systems, as well as presentations from staff involved in a county effort to better understand through data the needs and experiences of homeless families.
- November 15, 2012: The Work Group reviewed a survey produced by one of its members, completed its inventory of state agency programs, reviewed material

regarding other states' plans and an inventory of Minnesota early childhood programs and discussed its conclusions to date.

- December 6, 2012: The Work Group reviewed its draft recommendations and discussed next steps.

The Visible Child Work Group expires June 2013.

Part II. Record of Meetings: Presenters' Summaries

The Visible Child Work Group heard presentations from several people over the course of its study, and participants shared their own expertise and experience. Below are some of the major points from the presentations. Handouts and PowerPoint presentations are attached at the end of the report.

**Ann Masten
Distinguished McKnight University Professor
Institute of Child Development
University of Minnesota**

Presented: 9/13/12

Risk and resilience in homeless and highly mobile children

- Research in Minneapolis schools has shown that homelessness in childhood increases children's risk for doing poorly in school.
- Homeless families are similar to other very poor families but higher on the risk gradient for poor outcomes:
 - High poverty, low education,
 - Health risks (ear infections, asthma, etc.),
 - Prenatal and postnatal exposure to toxic stress,
 - Stress-affected parents,
 - Instability.
- Many currently poor but housed families previously experienced homelessness, and so their children face similar risks.
- The lasting effects of toxic stress due to homelessness contribute to the achievement gap.
- Characteristics of homeless families vary greatly. Some are resilient and their children do well despite experiencing homelessness.
- Early childhood (ages 0-3) is a unique time in a child's development that provides a window for effective intervention.
 - Some of the risk and adversity homeless children experience is preventable with early intervention.
 - We need to protect their healthy brain development, especially development of the 'executive function' in children.

See attachment

**Greg Owen
Consulting Scientist
Wilder Research**

Presented: 9/13/12

Homelessness in Minnesota: How are the children?

Information on children from the 2009 Wilder survey includes the following:

- One-third (34%) of homeless people were children with their parents:
 - Nearly half (47%) of the children were 0-5 years old.
 - Two-thirds (67%) of homeless children were with their mother only; 5% with their father only; 19% with both parents; 9% with no parent.
 - Fifty-nine percent of children were in transitional housing when counted; nineteen percent were in emergency shelters, nine percent were in battered women shelters.
- Minnesota is seeing increasing rates of homelessness.
- African Americans, American Indians are much more likely to be homeless than others:
 - Forty-eight percent of homeless parents were African American, although African-Americans represent only 4% of Minnesota's adult population.
 - Eleven percent of homeless parents were American Indian, although American Indians represent only 1% of Minnesota's adult population.
- One-third of homeless parents were homeless as children.
- Homelessness is just one thread in a complex system (child welfare, juvenile justice, etc.).

See attachment

Tim Marx

CEO Catholic Charities

Former Commissioner Minnesota Housing Finance Agency

and

Laura Kadwell

Statewide Director, Heading Home Minnesota

Former Director, Ending Long-Term Homelessness, State of Minnesota

Presented: 9/13/12

Minnesota's Prior Planning Experience

Minnesota's State Plan to End Homelessness was initiated in 2004. Experience developing and implementing that plan suggests the following:

- Focusing on a limited set of objectives and supporting goals is important. The Plan to End Long-Term Homelessness had three primary goals.
- Holding regular meetings and communicating frequently among the planning group is helpful.
- Support from the Governor and commissioner-level involvement is critical:
 - Plan developers were able to secure champions within the administration because the plan had specific goals, timelines and resources.
 - Allies within the administration came from unexpected places (e.g., units within other agencies that share responsibility for the population).
- Specifying measurable goals and objectives provide plan accountability.
 - Plan administrators periodically demonstrated progress toward goals graphically.

- Implementing a plan depends on its strategies:
 - Translate what you want to do into the steps in how to get there.
 - Identity concrete strategies that are measurable at the beginning and the end of the process.
- A call to action brought foundation support.

Catherine Wright
Early Childhood Mental Health System Coordinator
Children’s Mental Health
Department of Human Services (DHS)

Presented: 9/27/12

The early childhood mental health system in Minnesota

- “Early Childhood Mental Health” refers to the social and emotional development of children ages 0-5 and is interwoven with overall health.
- Early intervention is the key to reversing the effects of adverse early experiences.
- Minnesota is promoting the use of children’s developmental assessment/screening tools such as the ASQ: SE (Ages and Stages Questionnaire: Social Emotional).
- DHS Children’s Mental Health unit is working to expand the pool of providers who have been trained in assessing and working with 0-3 year olds and their families.
- DHS is also administering its second round of Early Childhood Mental Health Grants. The results so far include the following:
 - Seventy-two percent of the children served are 3-4 year olds (DHS staff was hoping more 0-3 year olds would be served and is working to increase infants and toddlers participation).
 - Referrals are coming mostly from families, and county staff:
 - Only 9% from Head Start; 3% from Public Health Nurses, one percent from ECFE; 1% from home visitors.
 - Only one-third of the participating infants and toddlers are receiving Part C services.
- DHS is administering another grant to increase integration and coordination across adult’s and children’s mental health services to better serve families with young children and a parent with a serious mental illness.

See attachment

Gay Bakken
Project Manager
Metro Alliance for Healthy Families (MAHF)
Dakota County

Presented: 9/27/12

Family home visiting

- MAHF provides family home visiting services to families across the metropolitan area so services are not interrupted when families move across county lines.
- They have seen positive results in terms of parenting, child development and reduction of risk for maltreatment.
- MAHF receives few referrals from homeless shelters and housing programs.
- In general, family home visiting services (all models) do not outreach to homeless shelters and housing programs.

See attachment

Anne Garity

School of Social Work

University of Minnesota

Washburn Child Guidance Center Consultant

Presented 9/27/12

Homelessness from a child's point of view

- High mobility and the unstructured and disorganized environments that are characteristic of homelessness make it difficult for children to understand and organize their world, and can affect their brain development.
- The chaos of homelessness combined with highly stressed parents can result in little help for children dealing with the stressors of homelessness. If parents cannot perform their role as mediators to help children manage their stressful environments, children may not learn to self-regulate.
- Children must feel safe and in a stable environment to engage in imaginative play which helps build the 'executive function' in the brain and develop self-regulation, which is necessary for school success.
- Housing staff should be trained in child development and the impact of toxic stress, and guided via reflective supervision in their work with families.
- Shelters should be 'tolerably' stressful for infants and toddlers:
 - Predictable structure and pace.
 - Specific help learning to self-regulate.
 - Services focused on supporting the parent-child relationship.

Wendy Wiegman

Director of Programs

and

Janelle Leppa

Family Housing Programs Director

Simpson Housing Services

Minneapolis, MN

Presented: 9/27/12

Providing early childhood services in a supportive housing program

- Simpson Housing provides supportive housing for families with children.
- Simpson staff was trained by staff from the Family Housing Fund Visible Child Initiative to help parents complete developmental assessments of their children.
- An early childhood specialist on Simpson's staff helps parents follow through on referrals to address potential developmental delays. Without assistance, families are sometimes hesitant to tap into existing resources.
- Simpson's experience shows parents want information and support regarding their children's healthy development.
- Referrals to programs outside of Simpson are often not successful, however, for the following reasons:
 - Simply providing a phone number for families is not enough.
 - Some families wait three months for an assessment once referred.
 - Head Start is effective but often doesn't continue once children leave the housing program.
- Families have trouble accessing and maintaining quality child care under current rules for several reasons, including non-traditional work hours or unemployment associated with homelessness and/or mental illness.
- Adding services to address early childhood were not costly, but there are no ongoing funding sources to support its continuation. Simpson currently relies on foundation funds.
- Simpson—like other supportive housing programs—does not serve homeless teen parents with infants and toddlers.

See attachment

Lisa Thornquist

Human Services and Public Health/Hennepin County Office to End Homelessness

and

Maria Hanratty

**Professor, Humphrey School of Public Affairs
University of Minnesota**

Presented: 10/18/12

Heading Home Hennepin project

Hennepin County expects to see 5,000 homeless families this year; this is the highest since 2000; up 15% this year.

- Last night, more than 1,000 children were in emergency shelters in the county.
- Forty percent of shelter residents are age 25 or younger with young children.

Regarding services and families' experiences:

- Parents in the University of Minnesota study reported utilizing early childhood services but often stop participating in services, once they leave the shelter.

- Many parents reported not understanding or seeing the need for early childhood services, so they do not use them.
- Families don't feel stable when they leave the shelter and often show up in other systems.

Regarding data:

- Much of the information necessary to answer questions about the nature and scope of homelessness, including children's wellbeing and participation in various programs is currently available but buried in data and not currently accessible.
 - Integrating data across programs would provide a better picture of risk and protective factors.
 - Associated data privacy issues can be addressed.

See attachments

Craig Helmstetter
Senior Research Manager
Wilder Research

Presented: 10/18/12

Housing Management Information System (HMIS)

- The Homeless Management Information System (HMIS) is federally mandated (with no funding), and most of the information collected is to respond to federal requirements.
- Wilder collects housing systems data for MHFA and DHS under contract.
- There are several issues with HMIS, including:
 - Low provider participation rate in HMIS, especially emergency shelters.
 - The state and county have no leverage to collect data from providers not receiving public funds (e.g., Mary's Place).
 - Data collected are primarily about adults, and not service or outcome oriented.
 - Administrators have concerns about data input accuracy.
 - Lack of funding constrains Wilder's ability to conduct research with the data they do collect.

See attachment

Erin Sullivan-Sutton (VCWG member)
Assistant Commissioner
Department of Human Services (DHS)

Presented: 10/18/12

Department of Human Services programs and data related to child homelessness

- DHS has several programs utilized by homeless children:
 - Child Care Assistance,
 - Child Safety and Permanency,
 - Children’s Mental Health,
 - Minnesota Family Investment Program,
 - Health Care.
- For the most part, DHS data systems do not collect or report information regarding the housing status of the children and families using these programs. However, data are collected on housing status in the following systems/programs:
 - The Office of Economic Opportunity collects basic demographic data (through HMIS) regarding children in housing programs under age six.
 - The MN Child Welfare Report provides information regarding inadequate housing as a reason for entry into out-of-home placements (1.5% in 2011).
- Health care reform data needs are a major focus of current state information technology efforts.

See attachment

**Tonja Orr (VCWG Member)
Assistant Commissioner
Minnesota Housing Finance Agency (MHFA)**

Presented 10/18/12

Minnesota Housing Finance Agency programs and data related to child homelessness

- MHFA has a limited role in programming/service provision. Its primary function is to be a ‘bank’ for financing housing development and home ownership.
- MHFA does operate several programs to assist individual and families who are homeless or at risk of homelessness, primarily through supporting their housing. Basic data is collected regarding the number of children served:
 - Family Homeless Assistance (2,319 children served in 2012),
 - Supportive Housing Programs (2,019 children served in 2012),
 - Section 8 (13,783 children served in 2012),
 - Family Housing Preventions Assistance Program (6,328 children served in 2012); the grants are for a broad range of purposes to prevent or shorten length of homelessness.

See attachment

Mary Vanderwert for Karen Cadigan (VCWG member)
Director, Office of Early Learning
Department of Education (MDE)

Presented: 10/18/12

Department of Education programs and data related to child homelessness

- MDE Early Childhood programs that serve homeless children:
 - Head Start/Early Head Start,
 - Part C/Part B Early Childhood Special Education /Early Intervention,
 - School Readiness,
 - Early Childhood Screening,
 - Early Childhood Family Education.
- Information regarding housing status is available only for Head Start:
 - In 2011-12: 1,190/15,000 (8%) Head Start participants were children experiencing homelessness.
- The federal McKinney-Vento Act (school liaisons for homeless students) includes preschool (3-5 year olds), but it does not appear that most school districts extend the program beyond kindergarten - grade12.
- The federal mandate is greatly underfunded.

See attachment

Marcie Jefferys
Policy Development Director
Children's Defense Fund-Minnesota

Presented: 9/27/12

Health Care Homes

- Health care homes provide a team of professionals who work in partnership with patients and their families to provide coordinated care.
- Minnesota is ahead of other states in certifying health care homes (primarily to address chronic health conditions).
- The potential for using health care homes to link vulnerable young children and their families to community early childhood and other services is underutilized.
 - Eighty-nine percent of all children get at least one preventive health visit between birth and age five (compared to 29% in formal child care and 24% in WIC), making health care providers a logical place to locate an effort that identifies developmental needs and coordinates care.

See attachment

**Sharon Henry-Blythe (VCWG)
Director Visible Child Initiative
Family Housing Fund**

Presented: 10/18/12

Training housing program staff in child development assessment tools

- Children who manage their emotional and social behavior well are more likely to be prepared for kindergarten. Young children whose social or emotional behavior is inappropriate and unacceptable to others in their home or community are seen as troubled or disabled.
- The Ages and Stages Questionnaire: Social and Emotional (ASQ: SE) is an evidence-based parent completed, child-monitoring system for social-emotional behaviors targeted to children three to 66 months.
- Many supportive housing programs lack the resources and tools needed to effectively assess the developmental needs of children and to support parents in nurturing their children's healthy development. The ASQ: SE provides supportive housing case managers and parents a tool that reliably provides an early indicator of children who may be experiencing difficulty in their social emotional development.
- Results from the ASQ: SE help parents and staff identify appropriate resources needed to improve young children's social emotional development.
- The tool is not costly and is available online.

See attachment

**Chuck Slocum (VCWG Member)
The Williston Group**

Presented: November 15, 2012

Future workforce issues: Grasstops community scan of the Williston Group

- An informal survey shows general support and understanding among business leaders for investing in early childhood to assure a strong future workforce.
- There is less understanding of the needs of, and ways to, support young homeless children. Suggested messaging to increase understanding and support includes:
 - *"A qualified workforce of the future, business owners and operators report, is a strong concern in Minnesota; failure to do so currently is and will continue to cost Minnesota jobs resulting in an economic double-whammy, and*
 - *"By improving the wellbeing of children who are homeless or have experienced homelessness, the state is creating a template that has far broader application; it is estimated that one-in-three Minnesota children are at risk of failure to become economically self-sufficient by adulthood, thus incurring substantial social costs over a lifetime."*

See attachment

Jim Koppel (VCWG member)
Deputy Commissioner
Department of Health (MDH)

Presented 11/15/12

Department of Health programs and data related to child homelessness

- MDH administers several programs that impact, or have the potential to impact young homeless children, especially within its maternal and child health unit, including:
 - Family home visiting,
 - WIC,
 - Part C/Help Me Grow (Public health portion), and
 - Follow Along Program.
- Data are collected relevant to homeless children in these programs but they are often not reported or shared with other relevant programs. This suggests an untapped potential for expanding cross-agency information sharing efforts that could benefit children and their families.

See attachment

Alexandra Fitzsimmons
Legislative Affairs and Advocacy Director
Children's Defense Fund-Minnesota

Presented 11/15/12

Other states' homeless plans related to children

- No state has a plan to improve the wellbeing of children who are homeless.
- Four states have plans that seek to end child homelessness (New Mexico, Georgia, Florida and Mississippi):
 - Three of the state plans break down the recommendations into three broad areas: increasing public awareness of the scope and impact of homelessness on children and families, informing state and local policies and plans to address the needs of homeless children and families, and improving programs and services to meet the unique needs of homeless children and families.
 - The recommendations address various issues related to child wellbeing, including: prioritizing access to programs and services for children who are homeless, intervening early, improving coordination among programs and services, ensuring that programs serving homeless children are trauma-informed, ensuring that housing and service programs have age appropriate child development resources, activities, curricula, counseling and tutoring, and applying a two-generational approach through family home visiting and other programs.

- Though each state's combined recommendations are called "plans," in reality they provide a framework from which a detailed plan could be created.

See attachment

Marcie Jefferys
Policy Development Director
Children's Defense Fund-Minnesota

Presented: 11/15/12

Minnesota early childhood programs' responsibility for homeless children

- Homeless infants and toddlers are not prioritized in most early childhood programs, except for the following:
 - Early Intervention (Part C/Part B)-- state agencies must have an interagency agreement that promotes an early intervention system that ensures "meaningful involvement of underserved groups" including children with disabilities from homeless families;
 - Family Home Visiting—families with a history of homelessness are among those to whom services must be targeted;
 - Early Head Start/Head Start—homeless children are a priority group.
- Early childhood programs in which homeless children are not specifically mentioned as a target or priority group include Early Childhood Family Education (ECFE), McKinney Vento School Liaisons (for 0-3 ages), Child Care Assistance, Children's Mental Health, Family Housing Prevention and Assistance Fund, WIC, MFIP and Family Stabilization Services.

See attachment

III. Visible Child Work Group Recommendations

The Visible Child Work Group (VCWG) was established in law “to identify and recommend issues that should be addressed in a statewide, comprehensive plan to improve the wellbeing of children who are homeless or have experienced homelessness.” The recommendations below are based on VCWG discussions over the course of the meetings. This section is organized according to the provisions contained in the law.

1) Recommendations for the goals and Objectives for a Comprehensive, Statewide Plan to Improve the Wellbeing of Children Who are Homeless or Who Have Experienced Homelessness

The first priority of the plan should be to improve the wellbeing of young children who are currently experiencing homelessness or who have experienced homelessness. Housing stability is critical to their wellbeing, but attention to young children’s healthy development must be a major goal. This includes children in families who are frequently homeless, who have only one episode of homelessness or housing crisis and those who share many of the risk factors but may never have been homeless.

Young children (especially infants and toddlers) should be the specific and primary focus of the plan’s goals and objectives.

- Their parents and others will be ‘at the table’ too, even if infants, toddlers and preschoolers are the focus.
- Desired outcomes for children should be specific and measurable.
- Current plans focus primarily on adults or families and do not adequately address young children’s needs.

A successful effort to address the wellbeing of children who have experienced homelessness must also address their housing status. The U.S. Interagency Council on Homelessness recommends the following framework:

- Improve the wellbeing of homeless children.
- Decrease the incidence of family homelessness.
- Increase access to stable and affordable housing.
- Prevent homelessness.
- Rapidly returning families to stable housing.

The plan should be limited to a few measurable objectives with realistic and obtainable goals.

Goals and objectives should reflect the following principles:

- The first few years of life (beginning prenatally) are years of rapid and critical brain growth that lay the foundation for future physical, emotional, social, and cognitive wellbeing. Attending to a child's wellbeing in these years is cost-effective from both a public and personal perspective.
- Experiencing homelessness in the early years of life can be traumatic and have lifelong, negative consequences if unaddressed.
- The wellbeing of homeless and formerly homeless children is important to all Minnesotans—including the business sector. Today's infants and toddlers are tomorrow's workforce.
- Parents are a child's first and foremost teacher.
- All families have strengths on which growth and health can be built.

All cultures must be respected and incorporated into the design and delivery of services. The additional impact of historical trauma impacting some families must be acknowledged and addressed.

Goals and objectives should recall and address the different characteristics, experiences and resources available to families in different regions of the state. Many areas in Minnesota have very limited or no access to emergency shelters and supportive housing programs.

Goals and objectives should be coordinated with the goals and objectives in other state planning efforts. These include the state plan to end homelessness and the early learning Race to the Top challenge grant. In addition, existing plans (including the federal child care plan and state-required county plans) that impact young children should be reviewed to ensure the needs of homeless children are addressed or, if necessary, added.

A logic model should explicate the relationships between plan inputs, outputs and outcomes, and be organized by identifying the problem to be addressed, needs and current gaps in service to be addressed.

Specific roles and responsibilities among state agencies to achieve the plan's outcome measures should be identified and assigned.

2) Recommendations Regarding a Definition of Child Well-Being

The definition of wellbeing should reflect cultural norms and expectations.

Child wellbeing measures should track the progress of children's cognitive, physical, social and social emotional development, and report the extent to which children's growth is meeting developmental norms. For example, child wellbeing could be defined and measured as the extent to which children's developmental progress meets expectations for their age.

- The state's early childhood indicators (published by MDE) and the Ages and Stages Questionnaire provide specific information regarding expected behaviors by age to use in developing a definition and ways to measure child wellbeing.
- School readiness is an important measure of child wellbeing.

Child wellbeing should be periodically reassessed, especially for children in high-risk groups, since some children who meet early developmental milestones fall behind later.

Concepts of child wellbeing should capture the nature of a child's environment, including the capacity of his or her caregivers to provide nurturance and meet his or her basic needs.

Child wellbeing is related to their parents' wellbeing. Tracking child development and child outcomes can also provide an indication of how well parents are doing.

(3) Recommendations Regarding Evidence-Based Interventions and Best Practices [to] improve the Wellbeing of Young Children

In general, the plan should encourage the provision of services that are evidence-based, research informed, and culturally appropriate and extend their delivery to supportive housing or shelters as appropriate. Services should include two-generation, family oriented approaches that address the parent-child relationship. Existing services (with varying levels of research-backed evidence of effectiveness) that benefit these children and their families include quality child care, intensive case management, mentoring (provided by volunteers), early literacy programming, health care homes, regular child and teen check-ups, family home visiting, WIC, children's mental health services, and follow-up once families leave shelters or supportive housing. The following issues should be considered when identifying those services and programs that will be supported and encouraged through the state planning effort.

Services and programs should be at an intensity level adequate to address the trauma many homeless children have experienced.

- Many early childhood programs, such as Head Start, may not be adequate alone to address the trauma resulting from homelessness and frequently associated issues (e.g., domestic violence, deep poverty, parental mental illness). Children's mental health and family therapy may also be necessary, for instance.

Programs should have components specific to meet young children's needs and employ a developmental approach to foster healthy social, emotional, cognitive and physical growth as children progress from infancy through childhood.

- In Duluth, staff working in a shelter model essential parenting skills in a ‘tots’ respite care room (e.g., ways for parents to help their children feel more comfortable when meeting strangers).
- A shelter in St Paul is designing its space with infants and toddlers in mind.
- A housing program in Minneapolis has an early childhood coordinator who helps parents assess their child’s development, follow through on referrals and travel to early childhood activities.

Programs should use a strengths-based approach, in recognition of the strengths all families have, and to build on the resilience homeless families have already demonstrated in coping with their multiple challenges.

Services should follow the child. They should not be contingent on a parent’s eligibility for a program or compliance with program rules. Support services should not just be embedded in shelter and housing programs because most homeless families quickly leave shelter and may not remain in stable supportive housing placements. Services should also be tailored to meet the differing needs of families who frequently use crisis services and those who only use them once.

Continuity of care is even more important for children in unstable housing situations. Tying child care assistance to parents’ employment, for instance, means many of these children will not be eligible for child care or will cycle on and off, frequently changing providers.

- Head Start, child care and Part C/Part B (Early Intervention) programs must make special efforts to track and maintain connections with families once they leave emergency shelter or other programs to ensure children are able to continue their participation in programs and do not lose ground developmentally.
- Efforts should be made to help housing staff understand the need to attend to critical developmental issues and help families pursue services for their children.
 - Training in helping housing program staff use developmental screening tools with parents is currently ongoing with staff from the Family Housing Fund Visible Child Initiative.

The potential for expanding the use of pediatric health care homes to provide coordinated health and early childhood care for homeless children should be explored. Nearly all children visit a health clinic during their early childhood (more than any other provider).

Services should respect and reflect the culture of the children and families being served. Evidence of effectiveness must be determined within a cultural context.

Services should be geographically specific in recognition of the varying capacity to provide housing-related services in less densely populated areas of the state.

Processes must be developed and put in place to ensure children who have experienced homelessness are able to access existing services. This means more than minor adjustments to meet the needs of homeless children, including staff training, overcoming multiple access barriers and establishing referral processes that help families navigate the various services to which they are referred.

Services should begin prenatally, whenever possible. Developing programs to address homeless pregnant teens is especially important to disrupt generational homelessness.

The capacity of the field to deliver the type and quality of needed services must be addressed. Some disciplines may be better able to perform some of the responsibilities than others. Cross training across disciplines is needed.

Interagency Early Intervention Committees (IEICs) should be actively reaching out to shelters and housing providers to ensure children, their parents and housing staff receive necessary information to identify children who might benefit from early intervention services.

- Simply referring families to efforts like Help Me Grow is likely not to be successful for many children and their families. They often need additional assistance to navigate public services.
- Other families are able to follow through and connect to on services for themselves or their children without additional assistance.

Meeting families' basic needs must be the priority. This includes nutritious food.

4) Recommendations Regarding Plan Implementation Timelines and Ways to Measure Progress, including Measures of Child Wellbeing from Birth through Adolescence

Efforts to develop a substantial and effective response to address child wellbeing should begin immediately.

The plan should include a feedback loop.

Measureable benchmarks should be included with regular check-ins among those responsible for implementation regarding progress. This process was instrumental in the state's development of its plan to end long-term homelessness.

(Also see data recommendations in section 6.)

5) Recommendations Regarding Ways to Collaborate and Coordinate across Systems, including Education, Health, Human Services and Housing

Administrative procedures should systematize and institutionalize working relationships across education, health, human services and housing at the state, local and provider levels. Homeless children are seen in many places (MFIP, child welfare, schools, clinics) and have multiple relationships and issues with other programs, but their housing status often goes unrecorded, unrecognized and unaddressed.

- For example, ‘de-silo’ services by developing referral triggers to an online referral source (Help Me Grow) in response to a parent’s assessment of their child’s development that could be used by staff working in a variety of programs that see at-risk families, such as the Minnesota Family Investment Program (MFIP).

Children who have experienced homelessness should be a priority group and/or categorically eligible for early childhood services, regardless of their parents’ employment status.

Currently, no specific children’s services funding sources exist to support early childhood initiatives in MHFA housing programs, and homeless children are not categorically eligible for other services (although they must be targeted for early intervention, family home visiting and Head Start). They are not a priority group within other programs either, including children’s or adult’s mental health and child care assistance.

To maintain continuity, procedures should be developed and used by housing services providers to ensure the relationships children and families develop with other systems and providers while in their programs are maintained after they leave. This includes Head Start and home visiting.

Plan developers should build on and support current state agency efforts that are already underway to improve coordination across state agencies. This includes efforts in mental health coordination between MHFA and DHS, child welfare and early childhood coordination between DHS, MDH and MDE.

6) Recommendations Regarding the Type of Data and Information Necessary to Develop, Effectively implement, and Monitor a Strategic Plan

More information is needed to determine the scope of child homelessness, how best to address it, current service levels, and the effectiveness of current efforts.

A baseline of information is needed with ongoing regular reports thereafter regarding the number of children who are homeless, their ages, race, and disability, health, developmental progress, and success in school or other indicators of wellbeing.

When planning ways to improve the information available about homeless children,

the following should be kept in mind:

- A lot of information is already collected but not reported or shared in a way that could answer critical questions.
- Providers are already filling out a great deal of paperwork, much of which they view as redundant (i.e., uncoordinated with other reporting requirements) and for which they do not see a purpose.
- Some important information is very difficult to collect, e.g., information on social connections and children in informal child care.

To improve the amount and quality of information available on children who have experienced homelessness and to provide information regarding the extent to which the state is on track toward a productive workforce in the future, the plan should encourage the following:

- Data that can answer questions about program effectiveness and demonstrate the impact of a variety of efforts (therapeutic services, child care, income support, early childhood programs) on child wellbeing.
- Data that can educate the general public (including business people and corporate leaders) about the benefits and costs of investing--or not investing in these children.

Existing data systems should be aligned to improve and increase available data about children who are homeless:

- Extend the K-12 education tracking system (MARSS) to infants and toddlers.
- Integrate currently available data across and within systems, including the Race to the Top data system.
- Match data across systems to determine how at-risk children in one system (e.g., MFIP) are doing in another (e.g., school).
- Add questions about homeless children to existing data collection systems (e.g., HMIS).
- Develop procedures for providers to share relevant information.

Develop data systems in ways that will increase the likelihood that accurate information will be collected and used:

- Provide technical assistance to ensure accurate data entry and maximize compliance.
- Provide enough resources to analyze and report data in meaningful ways.
- Determine how to address distinct data issues in greater Minnesota due to different understandings and definitions of homelessness. For instance, even though they may not be stably housed, people in rural areas are often not asked if they are homeless because there are no homeless programs in the region.
- Move incrementally toward better data and information systems; break down the steps toward better data and systems.
- Review and consolidate existing reporting requirements across programs to increase efficiency.

- Consider using funding (including foundation and private donors) as leverage for data collection compliance.

Consider the tradeoff between investing in better and more data and investing in expanded service capacity.

Determine when a one-time evaluation or research effort can answer questions, rather than adding more requirements onto existing data collection efforts.

7) Recommendations Regarding Funding to Implement an Effective Plan

The plan should address funding and include estimated costs, such as the costs of going to scale over the course of five years. The funding plan should follow the framework identified in #1 (above) and be linked to the specific components. Development of a baseline estimate of current spending for current services should be part of the planning effort.

Explore existing, new and future funding streams for expanded support for homeless children, including McKinney-Vento (currently underfunded), Medical Assistance (and waivers) and federal Temporary Assistance to Needy Families (TANF).

Establish a stable funding source to address young children's needs in supportive housing and shelters since there is no current funding to support those efforts.

Make homeless children a priority for the services and programs currently funded and intended for developmentally vulnerable young children (see attached chart).

Use data to make the business case, including the return on investment, for these children. For instance, data from the Family Homeless Prevention and Assistance Fund program (MHFA) supports the financial case for prevention.

- The average assistance per household last year was \$772. Ninety-seven percent of the people who were identified as at risk of homeless and were served by the program did not return to shelter. In contrast, it costs about \$1,000 per month to house an individual in shelter.

Planning efforts should account for the impact on current programs from improved effectiveness in identifying, screening and service referrals for children in need.

8) Recommendations for Ongoing Reports on the Wellbeing of Children, Monitoring Progress in Implementing the Statewide Comprehensive Plan and Any Other Issues Determined to be Relevant to Achieving the Goals of this Section

Solicit the input of people who will be affected by the plan. Hold listening sessions across the state to gather information.

Utilize existing resources, including VCWG members as advisors, in the development of a statewide plan.

Develop champions within the executive branch to carry through the planning process to implementation.

Develop and adopt the plan through an inter-departmental process that includes DHS, MHFA, MDH, MDE, and Department of Energy and Economic Development (DEED).

Establish a five-year timeframe for accomplishing the plan.

Use the plan and its components as a template for efforts to address issues affecting other vulnerable children.

Seek the input and support of corporate Minnesota in its adoption and implementation.

Inventory relevant evidence-based services, review other Minnesota plans for their relevance to homeless children and coordinate the recommendations in this report with existing plans and other early childhood initiatives in the next phase of the plan development.

Jointly charge the Interagency Council on Homelessness and the Children's Cabinet (MDE, DHS, and MDH) with responsibility for developing the plan.

IV. Visible Child Work Group Participants

Melissa Brandt, Rochester Public School District

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Karen Cadigan, Office of Early Learning/Minnesota Department of Education

Nancy Cashman, Center City Housing Corp., Duluth

Katherine DeSantis, PICA Head Start, Minneapolis

Dave Ellis, Greater Twin Cities United Way

Sharon Henry Blythe, Visible Child Initiative, Family Housing Fund (VCWG Facilitator)

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Jim Koppel, Minnesota Department of Health

Margaret Lovejoy, The Family Place, St. Paul

Denise Mayotte, Sheltering Arms Foundation

Rena Moran, Minnesota State Representative, St. Paul

Sean Nienow, Minnesota State Senator, Cambridge

Tonja Orr, Minnesota Housing Finance Agency

Erica Rankka, Emma Norton Board Member, St. Paul

Joe Schomacker, Minnesota State Representative, Luverne

Kathy Sheran, Minnesota State Senator, Mankato

Chuck Slocum, The Williston Group, Minnetonka

Erin Sullivan Sutton, Minnesota Department of Human Services

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Alexandra Fitzsimmons, Children's Defense Fund MN

Marcie Jefferys, Children's Defense Fund MN

Sec. 27. **MINNESOTA VISIBLE CHILD WORK GROUP.**

Subdivision 1. Purpose. The Minnesota visible child work group is established to identify and recommend issues that should be addressed in a statewide, comprehensive plan to improve the wellbeing of children who are homeless or have experienced homelessness.

Subd. 2. Membership. The members of the Minnesota visible child work group include: (1) two members of the Minnesota house of representatives appointed by the speaker of the house, one member from the majority party and one member from the minority party; (2) two members of the Minnesota senate appointed by the senate Subcommittee on Committees of the Committee on Rules and Administration, one member from the majority party and one member from the minority party; (3) three representatives from family shelter, transitional housing, and supportive housing providers appointed by the governor; (4) two individuals appointed by the governor who have experienced homelessness; (5) three housing and child advocates appointed by the governor; (6) three representatives from the business or philanthropic community; and (7) children's cabinet members, or their designees. Work group membership should include people from rural, suburban, and urban areas of the state.

Subd. 3. Duties. The work group shall: (1) recommend goals and objectives for a comprehensive, statewide plan to improve the wellbeing of children who are homeless or who have experienced homelessness; (2) recommend a definition of "child wellbeing"; (3) identify evidence-based interventions and best practices improving the wellbeing of young children; (4) plan implementation timelines and ways to measure progress, including measures of child wellbeing from birth through adolescence; (5) identify ways to address issues of collaboration and coordination across systems, including education, health, human services, and housing; (6) recommend the type of data and information necessary to develop, effectively implement, and monitor a strategic plan; (7) examine and make recommendations regarding funding to implement an effective plan; and (8) provide recommendations for ongoing reports on the wellbeing of children, monitoring progress in implementing the statewide comprehensive plan, and any other issues determined to be relevant to achieving the goals of this section.

Subd. 4. Work group convening and facilitation. The work group must be organized, scheduled, and facilitated by the staff of a nonprofit child advocacy, outreach, research, and youth development organization focusing on a wide range of issues affecting children who are vulnerable, and a nonprofit organization working to provide safe, affordable, and sustainable homes for children and families in the seven-county metropolitan area through partnerships with the public and private sector. These two organizations will also be responsible for preparing and submitting the work group's recommendations.

Subd. 5. Report. The work group shall make recommendations under subdivision 3 to the legislative committees with jurisdiction over education, housing, health, and human services policy and finance by December 15, 2012. The recommendations must also be submitted to the children's cabinet to provide the foundation for a statewide visible child plan.

Subd. 6. Expiration. The Minnesota visible child work group expires on June 30, 2013.

VCWG Meeting
Handouts and Presentations