VOICES FOR 2020: ENDING FAMILY HOMELESSNESS
HOMELESS ALLIANCE OF WESTERN NEW YORK
STRATEGIES TO ADDRESS FAMILY HOMELESSNESS IN WNY

Ending family homelessness will require a wide variety of community-based strategies to ensure that every member of each family experiencing homelessness is offered the services and supports they need to thrive. Following engagement with homeless families and health and human service providers; a review of the research literature and best practices in addressing the needs of homeless families; and completion of a local environmental scan, several strategies were identified for local action to end family homelessness.

Increasing Early Identification and Linkage Among Early Childcare and Education Programs. Research has shown that homelessness puts children at increased risk of poor health, developmental delays, academic underachievement, and mental health challenges (Administration for Children and Families, 2016). Research also suggests that early childcare and education providers can play a critical role in improving these outcomes by identifying and supporting families experiencing homelessness and connecting them to resources within their community (Pearlman, 2015). This is especially important for younger families who may have limited experience with health and human service providers or engagements with larger helping systems.

Unfortunately, few local early childcare and education providers – including Head Start, Early Head Start, and public pre-kindergarten programs as well as center- and home-based childcare providers - understand the nature and extent of homelessness in the community or where to turn for assistance if they identify a family in need. They are also not fully aware of changes in federal rules (including Preschool: Subtitle VII-B of the McKinney-Vento Homeless Assistance Act; The Head Start Act and the Head Start Program Performance Standards; and Child Care and Development Block Grant Act) designed to remove barriers and better support young children experiencing homelessness.

Current barriers include:

- **Hidden Nature of Homelessness:** Most families experiencing homelessness stay in a variety of unstable situations, including temporary housing with other people or in motel rooms. They may be unwilling to openly share their situation with others because of stigma, pride, lack of understanding/denial, or fear that a report will be made to the Department of Social Services or Child Protective Services. The "hidden" nature of homelessness makes outreach to and identification of homeless families very difficult.

- **Lack of Awareness/Training:** Early childcare and education professionals are often unaware of family homelessness in their community. They receive limited training on the topic and are unlikely to screen for homelessness or risk of homelessness among the families they serve. Most providers are not aware of the unique needs of homeless children and families and/or evidence-supported practices to address them. As a result, they are unlikely to know how to best serve homeless families or how to connect them to needed resources in the community.

- **High Mobility**: Families in homeless situations are frequently forced to move among temporary living situations. Parents frequently move in search of employment; acquaintances may only be able to provide housing assistance for a short period of time; and shelters often limit a family's stay. Due to the instability of homelessness, many families are forced to leave the service area of early childcare and education programs with little or no notice and without needed support linkages. Homeless families are typically unaware of their child's continued eligibility to participate in early childcare and education programs under federal regulations.

- **Lack of Documents:** Families experiencing homelessness often lack documents required by early childcare and education programs, such as health records, proof of income, and birth certificates, which may result in enrollment or re-enrollment being delayed or denied. Homeless families are often unaware of their right to receive expedited and supported enrollment in early childcare and education programs (even after the initial enrollment period) as well as the priority to serve children experiencing homelessness.

- **Transportation:** Families experiencing homelessness often do not have vehicles or funds to pay for transportation for their children to begin attending or remain in early childcare and education programs. Most homeless families are unaware of their child's right to receive transportation, in public pre-school, Head Start, and Early Head Start programs, using community resources at the parent or guardian's request.

To maximize support provided by early childcare and education providers, stronger early identification and linkage systems need be developed. Such systems would require professionals to receive extensive training on local family homelessness, best practices in providing care, and support resources; implement appropriate screening protocols to identify families experiencing homelessness as well those who are at risk; and ensure continuous improvement of commonly-employed information and referral mechanisms.[1] Similarly, homeless families need to be educated about their rights and the availability of needed services.

Government and foundations can play an important role in providing support to early childcare and education providers by funding professional development; use of screening protocols; and information and referral mechanisms. Funders can also support development and distribution of informational materials for families.

Early childcare and education programs can be a positive force in the lives of children, mitigating the negative impact that homelessness can have on their lives by creating an environment that is safe, educationally-enriched, and developmentally appropriate. Supporting for children experiencing homelessness can reduce the prevalence of developmental and behavioral disorders that are associated with high costs and long-term consequences within the health, mental health, education, child welfare, and justice systems.

Increasing Early Identification and Linkage Among Health Care Professionals. In a review article citing more than twenty-five years of research on family homelessness, homeless children and youth were found to have higher rates of nutritional problems, as well as developmental and behavioral problems, compared to housed low-income children (Grant, Gracy, Goldsmith, Shapiro, & Redlener, 2013). Although hunger and food insecurity were experienced by housed low-income children, severe hunger was more prevalent among homeless children (Weintreb, Whehler, & Perloff, 2002). Additionally, homeless children were four times more likely to be under-immunized compared to their housed peers and rates of lead exposure, iron deficiency anemia, and hospitalization were also higher (Kerker, Bainbridge, & Kennedy 2011; Sherman, Grant, Kory, & Redlener, 2002).

Researchers found larger percentages of parents in homeless families rating their child's health as fair or poor compared to parents of housed poor children (Shinn, Schteingart, & Williams, 2008). Unfortunately, in many cases, these families did not have access to medical care through a regular health care provider because of the lack of providers willing to accept their insurance; insufficient insurance coverage; inability to pay insurance deductibles; and lack of health insurance of any kind. Based on a national study, homeless children and youth sought care in hospital emergency departments and/or community-based health centers at a rate two to three times higher than typical for the population and were less likely to receive preventive health care services, such as tuberculosis testing and measles vaccination (Harvard University Center on the Developing Child, 2013).

Similar to early childcare and education providers, local health professionals are often unaware of homelessness in their community and may not readily detect family homelessness when providing care. Here, again, extensive training on local family homelessness, best practices in providing care, and support resources; implementation of screening protocols; and continuous improvement of commonly-employed information and referral mechanisms is needed.

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[1] The United States Administration for Children and Families (ACF) has developed several tools to assist with early identification of homeless children including a *Self-Assessment Tool for Early Childhood Programs Serving Families Experiencing Homelessness*. Specifically designed for childcare, Head Start and Early Head Start, and public pre-kindergarten programs, the self-assessment also includes a guide for enrolling and addressing the needs of families and children experiencing homelessness in these programs.

Hospitals and other health care providers can also aid in the identification of homeless families by recognizing housing instability or homelessness status as a "vital sign" that should be integrated into routine screening when patients visit their facilities. Hospitals and health care facilities can encourage the consistent use of the ICD-10 (International Classification of Diseases, Tenth Revision) diagnosis code for homelessness (Z59.0) in medical records, making it easier to use data to identify patients who experience homelessness, plan for appropriate discharge and service linkage, and better understand the needs, costs, and patterns of service use for these patients (Wilkins, 2018).

Additionally, it is critically important when identifying families at risk for or experiencing homelessness to collaborate with community partners who can engage them in case management services linked to housing and other supports. This can be coordinated through use of the Buffalo Area Services Network (BAS-Net) Homeless Management Information System. Partnerships that include hospitals and community-based health clinics, health home providers, and professionals in the homelessness assistance system can offer housing as a platform for engaging people in more appropriate care for their health and social support needs. These collaborations can achieve better outcomes at lower costs for people who are frequent users of health care.

Similarly, it is imperative that health care providers understand the local homelessness assistance system and establish protocols for linking patients to coordinated entry/assessment systems. Health care and homelessness assistance systems often "speak different languages" and there are important differences in how these systems offer help to people in need. Hospital leaders, social workers, and discharge planners need to get to know and understand how to collaborate with providers of homelessness assistance. Hospitals and health care providers can partner with coordinated entry/assessment systems to connect their most vulnerable patients to housing options.

Finally, opportunities to enroll uninsured people in Medicaid or other governmental supports are also critically important. Hospitals that implement presumptive eligibility programs can immediately enroll patients deemed "likely eligible" under the state's Medicaid eligibility guidelines for a temporary period of time, based on information provided by the individual. Hospitals and health care facilities can also partner with benefits advocacy service providers to assist patients with establishing eligibility for Medicaid through SAMHSA's SSI/SSDI Outreach, Access, and Recovery (SOAR) program as well as other benefits like SSI/SSDI.

By working collaboratively with the homeless assistance system, health care providers, including hospitals and community-based clinics, can realizing cost savings and insurance-based revenue generation while also improving patient outcomes.

Increasing Early Identification and Linkage Among School Personnel. For children and youth experiencing homelessness, schools can be a critical lifeline providing safety, stability, and a connection to the community that can help mitigate the impact of homelessness (United States Interagency Council on Homelessness, 2018). School personnel can also ensure that vulnerable children and youth do not fall behind academically, impacting their ability to stay stably housed and achieve their future goals.

Unfortunately, local homeless families identified several challenges associated with their engagement within schools and school districts. Much of their dissatisfaction stemmed from the necessity to identify themselves as homeless in order to access needed supports and services for their children and their families and the stigma and judgment they felt as homeless families. Study participants suggested that school personnel (including faculty, staff, and administrators) should be better trained on the unique challenges faced by homeless children, youth, and families and how best to work with this population. They also suggested that school personnel be trained on how to identify a child or family who may be at risk and the types of community resources that are available to help them before becoming homeless.

Homeless families and service providers also stressed the importance of eliminating barriers to enrollment and retention within home districts and the importance of providing seamless and timely transitions for students in elementary, secondary, and post-secondary education. They described the importance of engaging collaboratively with parents, homeless service providers, and school personnel to increase school attendance and participation among children and youth experiencing homelessness while reducing stress.

Finally, homeless families and providers highlighted the importance of educating homelessness assistance providers about the laws, and the programs and practices under those laws, designed to increase access to early care and education, such as those carried out under Head Start, the McKinney-Vento Act's education subtitle, and the independent student provisions of the Higher Education Act. They also felt that providing this information directly to homeless families through informational materials and videos would be helpful.

Helping Families Secure Mainstream Resources. Mainstream resources include a range of government benefits and supportive services that can help homeless and at-risk families address crises, achieve stability, and improve income, education, and well-being. They include safety net programs such as Temporary Assistance to Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), and Women Infants and Children (WIC), employment, and community-based services to secure housing and achieve financial stability.

Unfortunately, there are myriad reasons why access to mainstream resources is difficult for families living in Western New York. A national study conducted by Burt, Carpenter, Hall, Henderson, Rog, Hornik, Denton, and Moran (2010) identified three types of barriers to accessing mainstream benefits and provides suggestions for addressing them:

- Structural barriers are obstacles that prevent an eligible person from accessing available benefits based on where programs are located, how they are organized, or what they require of applicants. Local homeless and near homeless families face unique structural obstacles because, by definition or circumstance, they do not have the ready means of geographic access, transportation, communication, and documentation that most mainstream programs require. There are several opportunities to reduce structural barriers include conducting outreach within local soup kitchens, food pantries, and other homeless-serving programs; providing transportation to facilities; using technology for pre-application or application activities; co-locating mainstream eligibility workers within homeless assistance programs; creating "one-stop" intake centers for homeless people; providing multilingual services; and improving communications among homeless assistance workers and mainstream agency eligibility workers.
- Eligibility barriers are program rules that establish the criteria for who may receive the benefit as well as time limits on receipt. Many eligibility restrictions are embedded in federal policy and cannot easily be influenced at the local level. However, there are options that local communities can employ that alter eligibility but not overall capacity. This could include establishing a priority for homeless households within local rent subsidy programs; changes in eligibility for non-entitlement services; and/or establishing demonstration projects which allow for greater flexibility (example: Pittsburgh Housing Authority, Moving to Work Demonstration Project).
- Capacity barriers result from the inadequacy of available resources as funding may be finite or capped. Capacity barriers are often addressed through expanding mechanisms, or efforts to extend overall capacity via the commitment of additional resources, including funds raised from state or local sources or allocating undesigned federal funding. One such example is the imposition of a tax on food and beverages served in restaurants and bars to provide resources to address homelessness through a "Homeless Trust" (example: Miami-Dade County).

Given limited resources for homeless-specific assistance programs, it is essential that communities develop strategies to improve access to and coordination of mainstream resources among homeless and at-risk families. These programs can provide comprehensive, wrap-around services for families and children, as needed. More effective coordination between homelessness services, prevention efforts, and mainstream resources is essential to address family homelessness. However, this system-level transformation will require a great deal of community-level partnerships and engagement.

Developing and/or Strengthening Coordinated Entry/Assessment Systems. Families experiencing homelessness have varying levels of strengths and service needs. An effective and well-coordinated entry/assessment system can help prevent or address the immediate crisis of homelessness by connecting families to the most appropriate level and type of assistance based on their strengths and needs. Effective response systems have various entry points through which families can seek help, be appropriately assessed, and connected to housing and supports. The process should offer families an opportunity to access the best options to address their needs, rather than being evaluated by and for single programs.

At present, the local coordinated entry system is still in its formative, developmental stages and is not designed for utilization throughout Western New York. It operates primarily in Erie and Niagara Counties and must be expanded to include Genesee, Orleans and Wyoming Counties.

Additionally, in order for coordinated entry/assessments systems to function effectively, homeless housing providers must change their admissions policies and remove barriers to entry that may be embedded in eligibility criteria, as well as accept referrals from coordinated access point(s). Locally, many homeless service providers continue to operate under previous eligibility criteria and frequently decline referrals to provide services - especially to individuals and families who have complex needs.

Finally, the current coordinated entry/assessment system does not include the full complement of mechanisms necessary to ensure appropriate levels of support to the families accessing it. This includes effort to "close the front door to homelessness" through targeted prevention and diversion strategies; provision of transitional shelter to promote stabilization and assist families with their housing searches; as well as use of rapid re-housing or transitional housing with services. Regardless of how homeless families are initially served, each should be supported in securing permanent housing, services, and supports whether in the community or through permanent supportive housing.

The diagram below was developed by the United States Interagency Council on Homelessness (2018) to explain how an effective response system can assess the needs of families experiencing a housing crisis, prevent homelessness, and/or connect families to the housing and services needed to exit homelessness quickly and safely.

EFFECTIVE RESPONSE SYSTEMS FOR HOMELESS FAMILIES
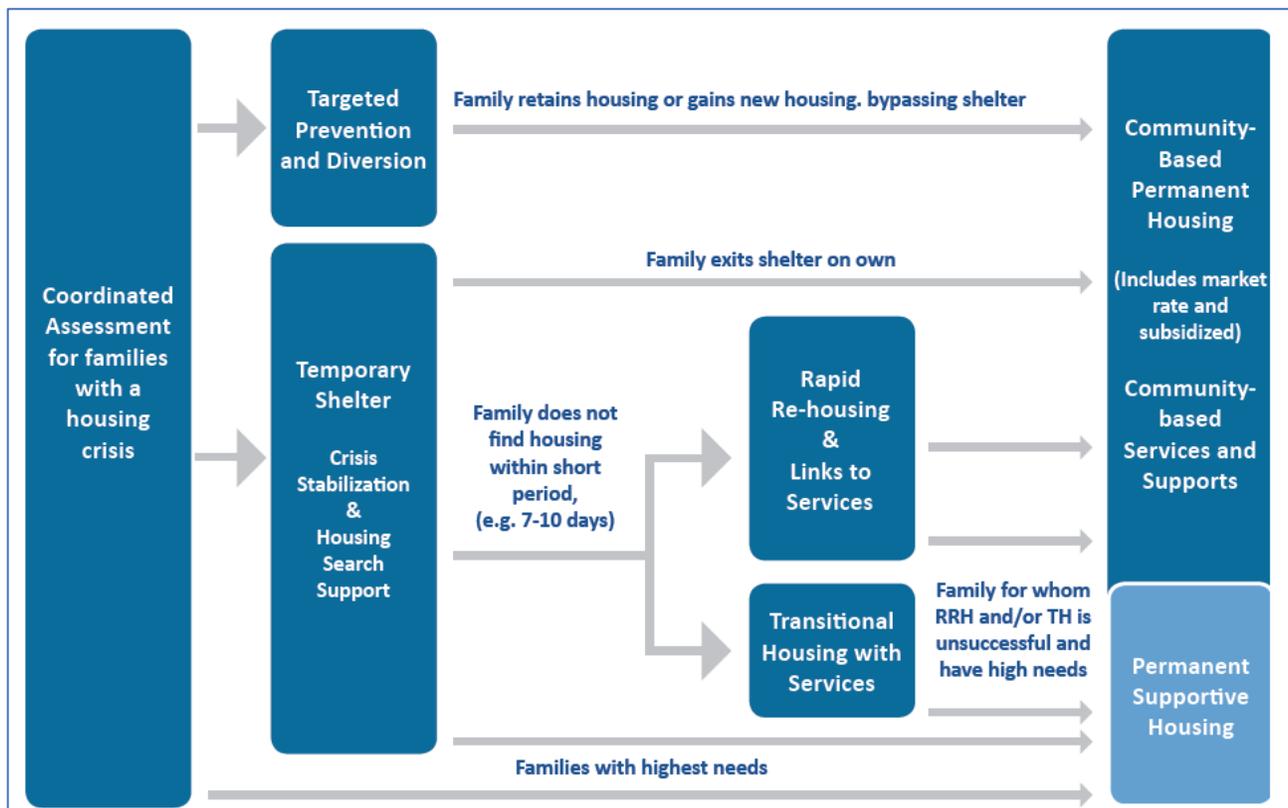
Targeted prevention and diversion assistance may include a combination of financial assistance, mediation, housing location, or other supports with the intention of bypassing the shelter system by offering the family assistance in retaining their current housing (if deemed safe and appropriate) or gaining new housing.

- Homelessness prevention is first and foremost an intervention to prevent a housing crisis. Most of the time, the crisis is a financial setback, conflict between a tenant and landlord, or a dispute between household members. A very short-term intervention such as payment for past due rent, a telephone call to the landlord, or a problem-solving session can resolve many problems quickly. Such interventions are less expensive than housing intervention with resources that can be stretched to serve many families. Well-developed prevention programs strive to target people who have the highest risk of becoming homeless but who also have a good chance of remaining housed if they receive assistance.

- Diversion strategies prevent homelessness by helping them families identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Diversion programs can reduce the number of families becoming homeless, the demand for shelter beds, and the size of program wait lists.

The local community is limited in its use of both homeless prevention and diversion programs. Programs that do exist experience challenges meeting current demand among families as they have limited financial and staffing capacity. Additional funding is needed to support and expand prevention and diversion efforts in WNY.

For those families for whom prevention and diversion is unsuccessful, there is temporary shelter. Temporary shelter is designed to provide a family safety and to address their immediate crisis through stabilization services. These services may include access to schools or early childcare and education providers; mainstream resources (including government supports); and health services including substance use and mental health services. Housing placement is the primary objective for temporary shelter which is designed to be very short term (roughly seven to ten days).

Locally, most homeless shelters do not operate as temporary shelters. In fact, in 2017, the average length of family shelter stay was 67 days (two months) in Niagara County and 92 days (three months) in Erie County – however, there was substantial variation by race particularly in Erie County where African Americans and Latino families stayed an average of twenty (20) days longer. This is due, in large part, to the lack of safe, adequate, and affordable housing available in the local community as well as patterns of landlord discrimination. While some homeless families are able to secure housing (on their own or with other people) and leave shelter, the vast majority are unable to readily do so.

Within an ideal response system, shelter participants would be connected to rapid-rehousing opportunities if they are not able to find housing on their own. Such opportunities are designed to help families quickly exit homelessness to permanent housing by locating housing in the local community. This form of assistance is offered without preconditions (such as employment, income, criminal record, mental health or substance abuse status) and the resources and services provided are typically tailored to the unique needs of the household. The core components of a rapid re-housing program include housing identification services, financial assistance for rent and move-in, and accompanying case management and supportive services (although families are not required to use all resources).

By providing families these supports, as well as transitional case management assistance, communities across the country have been able to prevent families from fully entering the homeless system, avoiding shelterization and supporting their stabilization. Unfortunately, such opportunities are quite limited in WNY – due in part to limited funding support for rapid re-housing programs as well as the limited community-based housing options for homeless families. Additional funding, organizational, and community support are needed to expand rapid re-housing efforts as well as the development of stronger relationships with landlords who are willing and able to provide housing to identified families.

Finally, for those families for whom rapid re-housing is not an option, transitional housing programs are designed to provide residence - usually for up to 24 months - combined with intensive services. Opportunities for transitional housing are, however, increasingly limited in Western New York, as the United States Department of Housing and Urban Development's support for this intervention model, through its Continuum of Care program, has declined.

Currently, most communities fund their housing capacity by relying upon federal resources that are targeted to addressing homelessness, such as HUD Emergency Solutions Grants, HUD Continuum of Care, or Veterans Administrative (VA) Supportive Services for Veteran Families funding. However, there are other sources of federal assistance that communities can use to fund (1) housing searches and landlord negotiations; (2) short-term financial and rental assistance; and (3) delivery of home-based housing stabilization services, as needed. These include resources administered by mainstream public systems like human services agencies, child welfare agencies, and housing agencies, who all play a key role in efforts to end homelessness.

The United States Interagency Council on Homelessness (2015) released a report highlighting these federal resources including United States Department of Health and Human Services (HHS) Administration for Children and Families (ACF)Temporary Assistance to Needy Families (TANF); HUD Home Investment Partnerships Program; HHS Promoting Safe and Stable Families (PSSF) (through Title IV-B funding); HHS/ACF Title IV-E funding; HHS Community Services Block Grant and Social Services Block Grant Funding; HHS Chafee Foster Care Independence Program; and Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking funds. Collaborative efforts to secure these funds on behalf of WNY homeless families are needed.

Expanding Use of Innovative Housing and Service Interventions Tailored to Needs of Families and Special Populations. There is a wealth of evidence on practices that improve the efficiency and effectiveness of interventions that enable families to achieve and maintain a permanent housing outcome. Enhancing services for families experiencing and at risk of experiencing homelessness through the implementation of evidence-based practices can lead to a range of improved outcomes for parents and their children, all while making scarce resources go further.

Related to housing, the WNY community should focus on:
- Expanding availability of rapid re-housing assistance to the majority of families experiencing homelessness;
- Building its network of "friendly" landlords and otherwise increasing access to affordable housing; and
- Directing more service-intensive housing interventions to the highest need households.

As it relates to evidence-based practices for serving families, the WNY community may wish to consider:
- Strengthening use of trauma-informed approaches among homeless assistance providers by emphasizing safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice and choice; and an awareness of cultural, historical, and gender issues;
- Adopting harm reduction and housing first principles in the design and delivery of programming including calls for non-judgmental, non-coercive provision of services and resources;
- Using critical time intervention – a time-limited, evidence-based practice that mobilizes support to vulnerable individuals during periods of transition through community integration, continuity of care, and ties to community and support systems; and
- Ensuring connections between families and early childcare, education, and supportive home visiting programs.

Finally, care should be directed to special populations including:

- **Children and Youth.** Ensuring that early childcare and education providers and schools re-double their efforts to aid in transition of homeless students – ensuring students can access the educational, social, and psychological resources they need. Homeless service providers must also assess the needs of children and youth and make effective linkages for appropriate services and stress-relieving recreational activities.

- **Survivors of Domestic Violence**. As many families experiencing homelessness are significantly impacted by domestic violence and other trauma, coordinated entry/assessment staff must have the training and capacity to engage in a trauma-informed manner to identify survivors of domestic violence. Successful homeless systems must also offer safety planning, advocacy, and access to specialized services that address the safety concerns of families fleeing domestic violence.

- **Formerly Homeless Families.** Transitional supports, including housing allowances, child care support, and transportation assistance as well as case management and financial coaching, can help to ensure that families who have recently left the homeless system do not return to it. Similarly, other community-based resources including individual and group counseling; help with mental and physical health; education; job training; soft skill development; and job search assistance - can support these families. When possible, these resources should be provided at shelter sites or in one-stop facilities to ease the burden of transportation and childcare concerns. Services need to be delivered in an empathetic and constructive manner – recognizing that crises will occur but do not need to derail the progress already made by formerly homeless families.

Increasing Access to Permanent Supportive and Community-Based Housing Options. As noted in the USICH diagram presented above, access to permanent supportive and community-based housing is critically important for stabilizing homeless families and returning them to self-sufficiency. Here, permanent supportive housing includes long-term affordable housing with on-going supportive services for families with high levels of need (including those who have experienced homelessness repeatedly or are frequent users of other systems of care) while community-based housing includes housing available on the open market for all consumers.

Housing affordability and access are critical issues throughout the WNY community. Data from a report released by the Partnership for Public Good (2017) suggests that more than half of Buffalo households (55%) cannot afford to pay their gross rent (which means, by federal definition, that they are paying more than 30% of their total income on contract rent and utilities). When coupled with underemployment and persistent poverty in the region, the vast majority of homeless families participating in the Voices for 2020 study suggested that housing-related costs were the primary reason they found themselves within the homeless system.

Another critical challenge – aside from the cost of housing more generally - is the availability of safe, adequate, and affordable housing. The region is reported to have among the oldest housing stocks in the nation. In the city of Buffalo, for example, nearly two-thirds of the housing stock was built in 1939 or earlier contributing to various long-standing issues related to its state of repair.

Drawing on insights from the Partnership for Public Good (2017) report, the following strategies are suggested to increase permanent housing options for homeless and near homeless populations:
- Increasing partnerships between homeless service providers and public housing authorities to help expedite access to housing through demonstration projects and prioritization processes;
- Working with landlords to establish affordable housing networks for homeless service providers;[2]
- Developing new programs designed to assist housing authorities and landlords in the maintenance of their properties while providing employment training opportunities for homeless and near homeless populations;
- Examining local, state, and federal funding opportunities for affordable housing development;
- Developing relationships between for-profit and non-profit developers;
- Working with local city and county government to increase opportunities to develop new affordable housing through re-zoning; releasing access to vacant lots; increasing funds available for home repairs; supporting proven home ownership programs; targeting support for affordable housing development through grant assistance; and/or providing city-owned properties for sale for one dollar;
- Working with foundations, banks, and developers to invest in development of affordable housing and/or mixed-use projects;
- Engaging with hospitals, business, non-profit, and faith groups to identify properties in their portfolio that can be re-developed into affordable housing;
- Creating inclusionary zoning to leverage new development for the creation of affordable housing. Under such a model, developers would be required to set aside a percentage of housing units (typically a third) for people with incomes below 60% of the area median income – ensuring that affordable housing is built in the same locations as market-rate units; and

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[2] The United States Interagency Council on Homelessness recently released a toolkit to support outreach and engagement with landlords (located at: https://www.community.solutions/landlord-toolkit).

- Establishing community land trusts or private, nonprofit corporations that can acquire and retain ownership over plots of land, while selling housing on that land to low-to-moderate income households at below-market rates.

Supporting Local, State, and Federal Policies that Increase Housing Affordability. Since the 1980s, housing affordability has been identified as the driving force behind increases in homelessness in the United States (National Alliance to End Homelessness, 2018). Today, four programs represent the near totality of federal spending for affordable housing assistance: Tenant-Based Rental Assistance, Project-Based Rental Assistance, Public Housing Operating Funds, and Public Housing Capital Grants. Together, these programs provide affordable rental housing for more than five million people in 2.2 million households. While both parties have traditionally worked to renew these programs to keep pace with rising rents, Congress has provided only enough funding for about one-fourth of eligible households.

As a result, homeless advocates seek to advance new policies and demonstration projects to increase housing affordability at the local, state, and federal level. One such policy is Home Stability Support (HSS), a new statewide rent supplement for public assistance-eligible families who are facing eviction, homelessness, or loss of housing due to domestic violence or hazardous living conditions. HSS will be 100% federally and state-funded and will replace all existing optional rent supplements. The rent supplements will serve as a bridge between the current shelter allowance and 85% of the fair market rent determined by HUD. Local districts will have the option to further raise the supplement up to 100% of the fair market rent at local expense. A pilot effort is currently being undertaken in New York City and Rochester to determine the policy's effectiveness in the hopes of its expansion. Statewide advocates from the Coalition for the Homeless are calling for its expedited expansion across New York State.

Statewide advocates are also currently calling for:
- Accelerating the pace of production for 20,000 planned supportive housing units by scheduling their completion within ten (10) rather than fifteen (15) years;
- Funding community-based housing programs for individuals with psychiatric disabilities, many of which have lost 40 percent to 70 percent of the value of their initial funding agreements due to inflation and inadequate investment by the State;
- Implementing effective discharge planning for individuals being released from State prisons to identify viable housing options prior to each individual's scheduled date of release;
- Engaging in oversight of all hospitals and nursing homes to prevent inappropriate discharges to shelters; and
- Implementing an anti-discrimination law that prevents source-of-income discrimination in all localities in New York State.

The WNY community is encouraged to continue to take its leadership from local, statewide, and national homeless advocates to support policies to increase housing affordability for low-to-moderate income populations.

Continuing Research on Homeless Families. While the Voices for 2020: Ending Family Homelessness Project provided an important vehicle for developing a clearer picture of the physical, psychological, social, and resource needs of homeless families living in Erie, Niagara, Genesee, Orleans, and Wyoming Counties, it was limited in its capacity to answer a wealth of additional questions about the experiences of homeless families. As such, the WNY community may be interested in pursuing additional research to expand their understanding of this population.

This additional research may seek to:
- Gain a greater understanding of which families are most at risk of experiencing homelessness, in order to tailor prevention and diversion strategies, and better understand which families are at greatest risk for experiencing chronic homelessness;
- Analyze the thoroughness of BAS-Net, hospital, and school district data sources in identifying family households experiencing housing needs and homelessness and the degree to which family households are being appropriately identified and included across multiple data sets;

- Engage in longitudinal studies of families with children to identify patterns of housing instability and homelessness, characteristics of the most vulnerable families and children, and patterns of service utilization and outcomes, to inform the design of interventions that might identify and more effectively serve those at greatest risk for homelessness and housing instability;
- Improve documentation of the patterns and trajectories of families experiencing homelessness in rural areas; and
- Develop a deeper understanding of the impact of race, gender, and other demographic factors on entries into and exits from homelessness.

Through extended research on the experiences of homeless families living in WNY, the community can develop stronger interventions and better coordinated strategies to address their needs.

As a community, we can and must do more to support homeless families in their efforts to return home.