

**REPORT OF THE
VIRGINIA COMMISSION ON YOUTH AND
VIRGINIA HOUSING STUDY COMMISSION**

**STUDY OF THE NEEDS OF
HOMELESS CHILDREN**

**TO THE GOVERNOR AND
THE GENERAL ASSEMBLY OF VIRGINIA**



HOUSE DOCUMENT NO. 37

**COMMONWEALTH OF VIRGINIA
RICHMOND
1997**



COMMONWEALTH OF VIRGINIA
HOUSE OF DELEGATES
RICHMOND

January 8, 1997

TO: The Honorable George F. Allen, Governor of Virginia
and
Members of the Virginia General Assembly

The 1996 General Assembly, through House Joint Resolution 181, requested that the Virginia Commission on Youth and the Virginia Housing Study Commission "be directed to study homeless children in the Commonwealth."

Enclosed for your review and consideration is the report which has been prepared in response to this request. The Commissions received assistance from all affected agencies and gratefully acknowledge their input into this report.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Jerrauld G. Jones".

Jerrauld G. Jones
Chairman
Commission on Youth

A handwritten signature in black ink, appearing to read "Alan A. Diamonstein".

Alan A. Diamonstein
Chairman
Housing Study Commission

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**HJR 181 STUDY OF THE NEEDS OF HOMELESS CHILDREN
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I. Authority for Study

§ 9-292 of the *Code of Virginia* establishes the Commission on Youth and directs it to "...study and provide recommendations addressing the needs of and services to the Commonwealth's youth and their families." § 9-294 provides the Commission the power to "...undertake studies and gather information and data in order to accomplish its purposes...and to formulate and present its recommendations to the Governor and members of the General Assembly."

The Virginia Housing Study Commission was established by the 1970 General Assembly and was originally mandated to "...study the ways and means best designed to utilize existing resources and to develop facilities that will provide the Commonwealth's growing population with adequate housing."

The 1996 General Assembly enacted House Joint Resolution 181 requesting a study to be conducted by the Commission on Youth and the Virginia Housing Study Commission to examine the prevalence and needs of homeless children in the Commonwealth. The study resolution further directed the Commissions to identify the barriers to service for this population and develop recommendations to respond to those barriers. In fulfilling their legislative mandates, the two Commissions undertook the study.

II. Members Appointed to Serve

The authorizing legislation required the Commission on Youth and the Housing Study Commission to study the needs of homeless children. The full membership of both Commissions received the briefings from staff in the summer and fall of 1996 and participated in public hearings on the topic.

Virginia Commission on Youth Members

Del. Jerrauld C. Jones (Norfolk)
Sen. Mark L. Earley (Chesapeake)
Sen. Yvonne B. Miller (Norfolk)
Sen. R. Edward Houck (Spotsylvania)
Del. Eric I. Cantor (Henrico)
Del. Karen L. Damer (Arlington)
Del. R. Creigh Deeds (Bath)
Del. Phillip Hamilton (Newport News)
Del. Thomas M. Jackson, Jr. (Carroll)
Ms. Norma M. Clark (Virginia Beach)
The Hon. Gary L. Close (Culpeper)
Ms. Lisa R. McKeel (Norfolk)

Virginia Housing Study Commission Members

Del. Alan A. Diamonstein (Newport News)
Sen. Charles L. Waddell (Loudoun)
Sen. Stanley C. Walker (Norfolk)
Sen. Jane H. Woods (Fairfax)
Del. James F. Almand (Arlington)
Del. Franklin P. Hall (Richmond City)
Del. William C. Mims (Loudoun)
Ms. Tracey S. DeBoissiere (Arlington)
Mr. F. Gary Garczynski (Fairfax)
Mr. Walter J. Parker (Norfolk)

III. Executive Summary

The HJR 181 workgroup met six times over the course of the study. The workgroup reviewed the literature, catalogued existing initiatives and identified strategies to respond to child homelessness. Members of both the Virginia Housing Study Commission and the Virginia Commission on Youth heard presentations on national policy, state programs, service statistics, and a fiscal analysis of the funding support provided to serve homeless children in Virginia. In addition, testimony was received at two public hearings on the needs and barriers to respond to child homelessness.

On the basis of these activities, the Commission on Youth and the Housing Study Commission offer the following recommendations in seven policy areas. Priority recommendations are identified by an asterisk.

A. IMPROVE THE SERVICE DELIVERY AND SYSTEM CAPACITY FOR HOMELESS CHILDREN

Recommendation 1*

Provide General Fund support for the designation of a staff position to provide case management and direct services to children in homeless and domestic violence shelters serving minor children.

Recommendation 2*

Codify the role of the Virginia Interagency Action Council for the Homeless to coordinate program development and delivery of essential services to the homeless.

Recommendation 3

Request the Department of Health to coordinate with the Departments of Social Services and Criminal Justice Services to insure the accessibility of sexual assault services to minors.

Recommendation 4

Request the Department of Housing and Community Development to provide training on collaborative approaches to serving the homeless.

Recommendation 5*

Request the Departments of Social Services and Juvenile Justice to assess the need for shelter beds to serve homeless unaccompanied minors.

B. ADDRESS HOMELESS CHILDREN'S EDUCATIONAL NEEDS

Recommendation 6*

Provide General Fund support to homeless education programs to offset reduction in federal funds.

Recommendation 7*

Increase funding for child day care for the homeless under the Child Care Block Grant.

Recommendation 8*

Expand availability of Head Start in Virginia and reserve slots for children residing in homeless shelters.

Recommendation 9*

Amend §22.1-3.1 and §22.1-271.2 of the Code of Virginia to facilitate the enrollment of homeless children in local schools.

Recommendation 10

Include Homeless and Domestic Violence Shelters in the definition of *in loco parentis* to foster enrollment of homeless children in schools and to enable shelters to serve non-emancipated homeless minors.

Recommendation 11*

Continue the Commission on Youth's Study of the Needs of Homeless Children for an additional year to address their educational issues.

C. RESPOND TO THE HEALTH NEEDS OF HOMELESS CHILDREN

Recommendation 12*

Pilot a Public Health/Shelter Partnership.

Recommendation 13

Request the Department of Health to study the feasibility of developing a statewide Child Immunization Tracking System.

D. PREVENT CHILD HOMELESSNESS

Recommendation 14*

Re-establish Virginia's Rent Reduction Tax Credit Program and amend eligibility to include low income families.

Recommendation 15*

Enact the Virginia Earned Income Tax Credit.

Recommendation 16

Request the Department of Education to study the feasibility of providing mandatory life skills training in secondary schools.

Recommendation 17

Increase General Fund support for additional respite care programs for adolescents.

Recommendation 18

Expand the funds available through Family Violence Prevention Grants for child abuse prevention programs.

Recommendation 19

Expand independent living programs for youth exiting foster care.

Recommendation 20

Mandate foster parent training.

Recommendation 21

Provide General Funds to local human service agencies to offset FEMA budget cuts.

Recommendation 22

Request a legislative study on the establishment of community banks and credit unions for small loans to low income families.

E. STRENGTHEN TRANSITIONAL SERVICES FOR HOMELESS FAMILIES

Recommendation 23

Establish a tax incentive for employers to hire the homeless.

Recommendation 24

Request the Department of Social Services to establish non-traditional jobs training.

Recommendation 25

Request a legislative study to review credit rating assessments for the homeless moving from transitional to permanent housing.

F. IMPROVEMENT OF SHELTER CARE SERVICES TO THE HOMELESS

Recommendation 26*

Increase General Fund support for additional shelter beds, supportive services and facility repairs.

Recommendation 27

Restore the Virginia Tax Check-Off For Housing Program targeted for the homeless, elderly and disabled.

G. ASSESS THE IMPACT OF FEDERAL POLICIES ON VIRGINIA'S HOMELESS

Recommendation 28

Request the Secretary of Health and Human Services to identify the impact of cuts in Supplemental Security Income (SSI) and Welfare Reform on homeless children.

Recommendation 29

Request Virginia field offices of the U. S. Department of Housing and Urban Development (HUD) to assess the impact of "one strike" federal eviction policies.

IV. Study Goals and Objectives

On the basis of the requirements of HJR 181, the following study objectives were developed by staff and the study workgroup and approved by the Commission on Youth and the Housing Study Commission:

- A. Identify the prevalence of homelessness of minor children in Virginia;
- B. Identify the current service delivery system and funding structure; and
- C. Analyze service needs and barriers to the provision of necessary preventative and intervention strategies to respond to the needs of homeless children.

In response to the study objectives, the following activities were undertaken:

- 1. Convene workgroup of state experts on child homelessness;
- 2. Identify and reach consensus on the different “typologies” of homeless children, i.e.,
 - Minor children with parents in homeless shelters
 - Minor children with mothers in homeless shelters
 - Minor children with mothers in domestic violence shelters
 - Unaccompanied minor children
 - Runaway and homeless adolescents;
- 3. Determine the different demographic features of each subpopulation;
- 4. Identify the level of and trends in funding support of state and federal agencies;
- 5. Identify the service needs specific to homeless children;
- 6. Review state policies and procedures and assess their impact on homeless children;
- 7. Identify the service barriers;
- 8. Identify effective state and national models to respond to the needs of homeless children; and
- 9. Develop recommendations to respond to the needs and barriers identified.

V. Methodology

The findings of HJR 181 are based on several different methodologies. While the primary focus of the study was homeless children, information on the causes, system response (both programmatic and financial), and legal remedies to the larger issue of homelessness were examined. A literature review was conducted on the causes of homelessness and the impact of homelessness on children. The methodology also included extensive research and trend analysis on the available state and federal funding sources to prevent and respond to homelessness. Analysis of evaluations of the impact of federal legislation were reviewed, as were Virginia-based evaluations of, and reports on, state initiatives addressing homelessness. In addition, staff met with representatives of state and national organizations to identify legal,

programmatic, and funding issues. Meetings with representatives of state and regional coalitions addressing homelessness were held throughout the course of the study.

In order to respond to the study mandate, a workgroup of professional and lay persons was established. The disciplines and expertise represented in the workgroup were:

- State associations representing domestic violence and homeless shelters and programs,
- Representatives from the state Departments of Social Services, Housing and Community Development, and Mental Health/Mental Retardation/Substance Abuse Services,
- Local direct service providers working with homeless children,
- Representatives of local and state homeless coalitions,
- Homeless educational programs,
- Church organizations,
- Health organizations working with the homeless, and
- A working mother formerly homeless.

The workgroup met six times from May through November. They developed working definitions of the study population, identified the different needs of homeless children, developed strategies and recommendations for the General Assembly's consideration and prioritized recommendations.

Members of both the Commission on Youth and the Housing Study Commission were presented in May with a work plan and study objectives for their approval. A legislative briefing on homeless children was held in June and attended by members of both Commissions. Presentations by representatives of the National Law Center on Homelessness and Poverty and U. S. Department of Housing and Urban Development provided a national perspective on funding and policy issues. Other presenters provided the members with an overview of the prevalence and needs of homeless children in Virginia. Members were exposed to different program models of responding to the educational and social development needs of the population. Two public hearings were held to receive testimony on the issue of the needs of homeless children. The first was held on October 21 in Arlington. Staff presented information on the causes of homelessness, its impact on children, and trends and demographics of Virginia's homeless population. The presentation concluded with a summary of the state and federal aid provided to respond to homelessness. Twenty two individuals provided testimony at the hearings. Representatives from local service providers and clients shared their views on the needs of the homeless community with the Commission members.

The second hearing was held on December 9 in Richmond. Staff presented the draft recommendations from the workgroup for consideration. Two individuals provided testimony on the needs of the homeless children population. The coordinator of the Homeless Education Program provided a thorough overview of the educational challenges facing homeless children.

Final workgroup recommendations were forwarded to the two commissions in December. Fiscal analysis and public testimony verified and supported the workgroup recommendations. On December 5, the Housing Study Commission endorsed the workgroup recommendations. The Commission on Youth was presented the recommendations on December 9, and they also endorsed the workgroup's strategies.

VI. Background

A. DEFINING HOMELESSNESS

To most citizens, the homeless are those "street" people encountered in urban settings sleeping on grates or in parks surrounded by their belongings. This stereotypical image is at odds with changing demographics of the homeless, in which young children and families comprise over half of the homeless population. While the portion of the homeless population which is visible to the public drives common perceptions, it is important to note that many homeless go undetected. There is a segment of the homeless population that does not live in or seek services from shelters, but rather moves from one temporary accommodation with friends or family to the other. Defining the homeless requires an understanding of both the causes of homelessness and the range of services those without permanent residence seek.

The federal definition of homelessness established by the Stewart B. McKinney Act to Assist the Homeless and adopted by the U.S. Department of Housing and Urban Development for funding purposes is as follows:

The absence of fixed, regular, and adequate nighttime residence, with a primary nighttime residence of:

- 1. A shelter providing temporary accommodations,*
- 2. An institution providing temporary residence, and*
- 3. A public or private place not designed for regular sleeping accommodations.*

The working definition of homeless children developed by the HJR 181 workgroup to direct the study inquiry was:

Homeless children under the age of 18 who are voluntarily or involuntarily without a permanent, regular, fixed and adequate nighttime residence.

Children placed in institutional settings, i. e., hospitals, group homes, residential care, and correctional settings, were not included in the study population. Despite the availability of non-institutional residence available to these children, they were understood to represent a distinct service population beyond the scope of the study.

It is impossible to address the causes of homelessness for children without also looking at the factors which impact their adult caregivers. While there are additional factors which may cause homelessness for the unaccompanied minor (most of which relate to parent/child conflict), both the homeless child who is part of a family and those on their own share many similar characteristics. Since children who are part of a

homeless family represent the largest portion of homeless minors, the causes of family homelessness are addressed first.

B. CAUSES OF HOMELESSNESS

Many advocates for the homeless insist homelessness is not a condition but a consequence of a variety of factors. Poverty, domestic violence, unemployment, housing costs, mental illness, substance abuse, and natural disasters are most routinely cited as causes of homelessness.

1. Poverty

Homelessness and poverty are closely intertwined. Often poverty is caused or exacerbated by a number of factors such as a medical illness, housing costs or family crises. Poor people are frequently unable to pay for food, housing, clothing, health care, transportation and school supplies. Minimum wage and/or public assistance benefits are inadequate to meet the daily costs of living in the many Virginia communities. According to the most recent census data, poverty rates in America remain high at 14.5% of the population or 38.1 million Americans.¹ The real median income of households has remained at 1988 levels despite a national economic recovery. Nationally, 40% of all poor people are children under the age of 18.² Although many factors put children at risk, none appears to be more salient than poverty. In 1994, there were 5.6 million American children who lived in poverty although one or both of their parents worked. In 1994, the median income of the working poor family was \$9,600 compared to \$6,700 for the average family on public assistance.³ In Virginia, based on 1993 statistics, 13% of the state's children live below the poverty line. Of these children, 5% live at an income level 50% below the poverty line.⁴ In the same year, 1993, the average monthly rent for all housing complex units in Fairfax, Virginia was \$761 or \$9,132 annually.⁵ A parent earning full-time minimum wage plus Federal Earned Income Tax Credit benefits minus payroll taxes would leave a family of four with one full time worker earning \$750 a month, not enough to meet the rent, let alone other costs of living.

The connection between wage earners and homelessness was substantiated by a 1995 survey of 29 U.S. cities, which revealed that one out of five homeless persons was employed in full or part time jobs.⁶ In Virginia, 35% of those entering shelters in 1994 had full time employment.⁷

The declining value of government benefits for the working poor is an additional cause of increasing poverty. In Virginia, the major benefit programs available to low

¹ National Coalition for the Homeless, Fact Sheet #1, Why Are People Homeless, Washington, D. C., July 1996, P. 1.

² The Annie E. Casey Foundation, Kids Count Data Book, 1996, p. 7.

³ Casey, Ibid, p. 127.

⁴ Casey, Ibid, p. 127.

⁵ Research and Analysis Branch, Rental Housing Complex Census Analysis, Office of Management & Budget, County of Fairfax, July 1996

⁶ Waxman, Laura, Status Report on Hunger and Homelessness In American Cities, U. S. Conference of Mayors, Washington, D. C., 1995, p.6.

⁷ Virginia Coalition for the Homeless, 1995 Shelter Provider Survey, Richmond, Virginia, 1995, p. 16.

income families are Aid to Dependent Children (AFDC), food stamps and Medicaid. The amount of benefits for Virginia families receiving financial assistance under AFDC has remained constant since 1985. In FY 95, Virginia averaged over 73,000 active AFDC cases per month.⁸ These cases served approximately 130,000 children with an average monthly per child payment of \$101.⁹ Food stamps were distributed to over 233,000 households per month, with a range of benefit levels from \$50 to \$79. General Assistance Benefits is a voluntary program for localities and many do not provide the assistance. However of those localities which do provide the assistance, the average level of support is \$142 per month. The remaining benefit program targeted to low income children is Supplemental Security Income (SSI) funded by the federal government. There are approximately 10,400 children in Virginia who receive SSI.

Congressional action in August, resulting in the welfare reform legislation (the Personal Responsibility and Work Opportunity Reconciliation Act of 1996) has a far-reaching impact on governmental assistance. While there has been no federal promulgation of regulations to implement these reforms, the following changes and timeframes will impact Virginia's receipt and use of cash benefits to low income children.

The welfare reform legislation enacted by the 104th Congress will potentially impact homeless children in Virginia in five major areas: AFDC, SSI, food stamps, day care and Child Support Assistance. The legislation repeals AFDC benefits and administration, Emergency Assistance and JOBS and replaces them with the Temporary Assistance for Needy Families (TANF) Block Grant. States have until July 1997 to convert their programs to TANF. The amounts sent to the states are based on their 1994 federal fiscal year expenditures plus 2.5% of the total allocation. States must maintain 80% of this combined state and local expenditure for FY 94 which, for Virginia, totals \$116.1 million.¹⁰ The TANF Block Grant requires that all eligible benefit recipients have a five year lifetime limit with hardship exemptions. States are given the flexibility to determine eligibility requirements and benefit levels. It is estimated that 45 to 50% of Virginia's caseload will qualify for hardship exemptions.¹¹ Virginia must have 25% work participation rates by federal fiscal year 1997. It is estimated that 44,671 families in Virginia will be receiving TANF assistance in July of 1997.¹² As Virginia has already phased in work requirements as part of its welfare reform initiative, it is estimated Virginia will surpass the federal work requirement participation rates.

In terms of child day care services, all existing day care streams are now consolidated into one block grant. The base allocation replaces the federal portion of old funding streams with new state and local matching requirements. 38.4 million dollars is required for state and local matching funds which is seven million dollars more than is currently budgeted.¹³ The state has to develop a comprehensive day care plan

⁸ Action Alliance for Virginia's Children and Youth, Kids Count Virginia, 1996, Supplement, p. 3

⁹ Atkinson, Teresa A., Federal Welfare Reform Legislation House Appropriations Briefing Packet, October 21, 1996, p. 21.

¹⁰ Atkinson, Ibid, p. 10.

¹¹ Atkinson, Ibid, p. 15.

¹² Administration Presentation to House Appropriations, Oct. 21, 1996, p. 8.

¹³ Atkinson, Op Cit, p. 19.

which will reflect the merged requirements of the block granted day care programs. The Homeless Day Care funding from the current block grant is currently \$200,000. As of the date of this report, it was unclear if the state planned to maintain day care funding specifically targeted for the homeless.

SSI eligibility requirements under the new welfare reform legislation will be more stringent. Currently, there are 10,400 children in Virginia receiving SSI. Virginia has historically been conservative in implementing SSI benefits, and it is estimated that a portion of the 10,400 children will be eligible for benefits under other programs. Because of the implementation schedule it is estimated that the impact on SSI will be experienced two years from now.¹⁴ The food stamp program has a new work requirement and a three month limit in any three year period without employment.

The greatest immediate changes as a result of the welfare reform legislation will impact legal alien children in Virginia. The state can choose to provide TANF and Medicaid benefits to "qualified aliens" with some exceptions. Most current legal immigrants will not receive food stamps or SSI until they become citizens. According to the Department of Social Services, there are less than 1,000 legal alien children receiving AFDC in Virginia. Localities with more than 20 legal immigrant children receiving AFDC are indicated in Table 1.

Table 1
Localities With More Than 20 Legal Alien Minors Receiving AFDC in Virginia

Locality	Adults	Children	Total
Alexandria	79	69	148
Arlington	226	178	504
Fairfax	527	607	1,134
Harrisonburg	11	25	36
Prince William	44	23	67
Roanoke City	13	21	34
Total	900	923	1,823

Source: Commission on Youth Analysis of Department of Social Services data, 1996.

It is too soon to know how the federal changes in benefit programs will impact Virginia's children. However, given the documented correlation between poverty and homelessness, it is fair to assume that, where benefits are no longer available and wage earnings do not meet the cost of living, the number of homeless children will increase.

2. Affordable Housing

The U. S. Department of Housing and Urban Development (HUD) has established 30% as the acceptable proportion of gross household income to spend on housing. A high rent burden household (where rent absorbs more than 30% of income)

¹⁴ Atkinson, *Ibid*, p. 21.

is at greater risk of failing to make monthly payments and thus face subsequent eviction from their home. The number of rent burdened households has increased nationally 8% from 1989 to 1993 and currently includes 5.3 million households.¹⁵ Housing subsidies are intended to bridge the gap between welfare benefits and housing costs; however, most AFDC recipients do not receive rent subsidies. In 1995, fewer than one quarter of all AFDC families received some form of housing assistance.¹⁶ A 1995 study on the status of homelessness in 29 U. S. cities found requests for housing assistance increased in 19 of the cities. Applicants for public housing in the sample cities had an average wait of 17 months from the time they made application to the point at which they received housing. In 20 of the cities, the waiting list for assisted housing was so long the municipality stopped accepting applications.¹⁷ Excessive waiting lists for public housing and an inadequate supply of affordable housing in many Virginia localities means that the homeless stay at shelters for longer periods of time. The increased length of stay results in fewer shelter beds available to other homeless persons seeking shelter.

3. Domestic Violence

In 1990, a report by the Ford Foundation found that 50% of homeless women were fleeing domestic violence.¹⁸ Domestic violence affects more than six million women a year.¹⁹ Many of these women flee with their children immediately after a violent episode. Rarely do these women have the economic viability to secure permanent housing on their own. Battered women who live in poverty are often forced to choose between an abusive relationship and homelessness. The lack of money and available housing forces many women to return to their violent homes. National studies on domestic violence substantiate that women are most vulnerable to being stalked by their abusers immediately after they flee the home. The presence of a stalker forces women to move from one temporary housing arrangement to another. This continual relocation occurs against the backdrop of legal proceedings, medical treatment and psychological stress. In addition to the trauma of domestic violence, these homeless families are now faced with immediate economic crisis and instability of housing.

According to the National Center on State Courts, there has been an 83% increase in all domestic violence cases from 1988 to 1994. In Virginia, between 1992 and 1994, there has been a 35% growth in the number of domestic violence cases. It is unclear how much of the growth of domestic violence cases heard in the criminal justice system is attributable to increased prevalence or a change in the system's procedures which have resulted in more cases coming to court.

Women who are fleeing domestic violence may look for temporary housing in homeless or domestic violence programs. Regardless of the immediate cause of the homelessness, the short term needs of stability, shelter, food and clothing remain the

¹⁵ National Coalition Fact Sheet, Op Cit, p. 3.

¹⁶ Ibid, p. 3.

¹⁷ Waxman, Op Cit, p. 8.

¹⁸ Zorza, Joan, "Women Battering: A Major Cause of Homelessness", Clearinghouse Review, Vol. 24, No. 4, 1991, p. 427.

¹⁹ Zorza, Ibid, p. 424.

same. The implications of a separate service response system for a subpopulation of the homeless is addressed in Section VII of this report.

Domestic violence programs have become more available across the state in the last five years as the issue has received greater attention. Most of the program interventions provide short-term housing, psychological counseling, legal assistance, victim witness services and transitional housing. The focus of these services has been to provide alternative living arrangements and support for the victims and their families. Unfortunately, this approach, while understandable, has increased the number of homeless children. When a woman flees domestic violence with her two children, three people become homeless, while the batterer remains in a stable housing situation. Some states, such as Virginia, have sought to alter the system's response by developing model protective order statutes which seek to remove the batterer from the home.²⁰

4. Substance Abuse/Chemical Dependency

Rates of alcohol and substance abuse among the homeless are disproportionately high when compared to the general population.²¹ Substance abuse clearly serves to increase the risk of displacement for the precariously housed. Parents struggling with chemical addiction tend to be poor stewards of their income which increases the risks of eviction and displacement. Young mothers with substance abuse problems find their drug addiction has isolated them from friends and family who are unwilling to provide financial or emotional support or temporary shelter. Drug addicted individuals have a harder time finding and maintaining employment, suffer from more medical complications and are more prone to neglect their parental responsibilities. Many of the service barriers with respect to adequate numbers of detoxification programs, case management services, and transitional housing programs apply to the homeless struggling with drug addiction and mental illness. To compound the problems faced by the homeless substance abuser, in many localities the only short term housing alternative is the local jail. Public inebriate centers are available in a few Virginia localities; however, for most inebriated individuals or those on drugs in the public domain, housing options are limited. When the option of public inebriate centers is available, housing arrangements must be made for the minor children. When there is no family support system available, the state often steps in through a child protective services emergency placement. Depending on a variety of factors, not the least of which is the parents' willingness to seek treatment, this short-term protective placement may lead to foster care placement for their children.

5. Family Dysfunction

The unaccompanied minor who is homeless is doubtlessly impacted by each of the previously cited factors. Children who are in homes where there is domestic violence are often also victims of abuse. Poverty has been a reliable predictor of many problems facing youth, such as substance abuse, delinquency, school failure and teen pregnancy.

²⁰ Virginia's statutes will go into effect July 1, 1997.

²¹ National Coalition Fact Sheet, Op Cit., p. 8.

The preceding section discussed the interconnection between domestic violence and homelessness. However, there are also correlations between child abuse and homelessness which manifest themselves in adolescents running away. Previous studies conducted for the Virginia legislature in 1988 verified the correlation between allegations of child abuse and running away.²² Adolescents run from their homes for a variety of reasons. While physical and sexual abuse is one of the reasons why teens run away from home, other forms of family conflict also influence the decision to flee. Conflicts with stepparents over the rules of the household and choice of friends can be found in the case histories of the majority of runaway youth. However, minor conflicts which prompt teens to run are usually resolved fairly quickly. The majority of teenagers who run away from home are gone for less than 48 hours and stay with family or friends. However, one quarter of the adolescents who run away do not return prior to 72 hours and 10% of this population never returns home.²³ The chronic runaways who do not return home pose specific risks to themselves and the community.

As with their homeless counterparts who are part of a family, there is no one data source to capture the number of adolescents who run away in Virginia. It is possible to know the number of juveniles who were arrested by law enforcement for running away; however, arrest data captures only a fraction of the prevalence, as many youth run from home and are not arrested. Arrest rates for running away have steadily increased since 1990. In 1995, 6,888 teens were arrested for running away. This represents a 20% increase from 1990 to 1995. While the incidence of running away has increased, the resources available to respond to these adolescents has decreased as the juvenile justice system has shifted its attention to the more serious juvenile offender.

A second type of unaccompanied homeless minors is those who are pushed out from their families. These adolescents come from families which are economically burdened and can be characterized as highly chaotic. For many of these adolescents, the decision to leave the home is prompted by the parent or caretaker asking that they leave. Some parents are overwhelmed by the challenges of raising an adolescent and seek relief by removing the teen from the family. These adolescents lack social support structures to aid them in achieving successful independence. This group of adolescents is often not known to public service agencies and falls through the cracks of the service delivery system.

Once adolescents run away from the home, they live on the streets, usually forming relationships with other adolescents in the same situation. They survive by panhandling, engaging in prostitution and other forms of street crime. Their chances of being victimized or victimizing others increases proportionately to the time they are out on the streets. Within this group of adolescents there is a subpopulation of females who present specific service needs. Homeless adolescent females who are either pregnant or are young mothers with their babies have additional problems. Shelter services across the state are not available to minors and their children unless the minor

²² Division of Legislative Services, Report on HJR 292, Chronic Status Offenders, 1988.

²³ Gillespie, Spike, There's No Place Like Home, National Coalition for the Homeless, Feb. 1996, Washington, DC, p. 3.

is emancipated. Emancipation is a legal process by which a juvenile court judge deems the minor to have the same responsibilities and rights as an adult. Few of these minors have been legally emancipated. Liability issues prohibit runaway shelters from serving these teenage mothers with their children, and youth shelters are unable to house their children.

Unaccompanied homeless minors, whether they have run away or have been pushed out of their home, are unprepared to secure permanent housing. Without job skills or support systems and often involved in abusive relationships, this group of homeless children is most vulnerable to becoming chronically homeless.

C. EFFECTS OF HOMELESSNESS ON CHILDREN

Studies of sheltered families suggest most are headed by single women with children under the age of five.²⁴ While there has been limited research on the effects of homelessness on children, what has been conducted has focused on children in shelters. The findings of this research, while helpful, does not address the impact of homelessness on children living in vacant buildings, doubled up with neighbors or friends or living on the streets. Many of the problems experienced by homeless children are long standing but are exacerbated by the stresses of losing one's home and the conditions of shelter life.²⁵ Much of the research verifies these children experience developmental delays and chronic physical health problems; however, it is unclear to what extent these problems are attributable to homelessness versus extreme poverty.²⁶

According to the National Coalition for the Homeless, children are the fastest growing group of the homeless. While the percentage of minors comprising the homeless population varies from state to state, most studies cite the proportion of children to the general homeless population between 15 and 25%. The impact of homelessness on children is evidenced in their psychological status, medical needs and academic achievement. Obviously, when homelessness is caused by domestic violence, there are additional legal, psychological, and physical concerns.

1. Health Problems

The impact of homelessness on the health of children has been documented in the literature. Children housed in homeless shelters experience chronic health problems at twice the rate of other children.²⁷ Developmental delays are the most significant problems experienced by homeless infants and preschoolers. Some homeless children also manifest slow physical growth as indicated by being below the norm in age-appropriate height and weight.²⁸

²⁴ Solarz, Andrea, "To be Young and Homeless. Implications of Homelessness for Children", Homelessness: A National Perspective, Plenum Press, New York, 1992, p. 31.

²⁵ Bassak, Ellen L., & Weinreg, Linda. "The Plight of Homeless Children", When There's No Place Like Home, Options for Children Living Apart from their Natural Families, Jan Blacher Ed., Paul H. Brookes Publishing Co., Baltimore, Maryland, 1994, p. 93.

²⁶ Solarz, Op Cit., p. 35.

²⁷ Solarz, Ibid., p. 35.

²⁸ Walsh, Mary E., Developmental and Socio-Emotional Needs of Homeless Infants and Preschoolers, Ellen Bassak, ed., in Community Care for Homeless Families, p. 95.

The most common physical ailments include upper respiratory infections, skin problems, ear infections, gastrointestinal problems and injuries. Children in shelters may also have been exposed to lead-based paint causing higher lead concentrations in the blood. With respect to chronic conditions, anemia, asthma and recurrent ear infections are very common and often go untreated.²⁹

The health status of homeless children is also negatively impacted by conditions of shelters. Given the nature of the environment, there is increased risk of transmission of minor as well as more serious communicable diseases such as lice, scabies, and tuberculosis. The diet of the homeless is often high in calories, sugar and fat with limited access to fruits and vegetables. Cognitive development is closely linked with physical development. Proper nourishment is crucial to the brain and neurological development of children. Malnutrition has more severe consequences for cognitive development in the first five years of life. Lifestyle modifications which most individuals are able to make to prevent the occurrence of common illnesses are not feasible when homeless, making the risk of medical complications much greater.

The health risk for runaway teens increases the longer they are living on the streets. In addition to the risks of victimization, poor nutrition, sexually transmitted diseases (including AIDS) and pregnancy are common. Runaways also often have significant substance and alcohol abuse which creates additional medical complications.

2. Psychological Impact

The high rate of developmental and emotional problems of homeless infants, preschool and school-age children is also documented in the literature. Young children are particularly susceptible to the uncertainty and chaos of homelessness. They often react to these conditions by developing delays in acquiring skills and age-appropriate behaviors.³⁰ Some delays go undetected by the mother who is overwhelmed by her living circumstances.

Homeless mothers are taxed by a variety of demands. Caring for a new infant or baby as well as parenting a preschooler is difficult for women who do not feel cared for themselves. Homeless mothers often have limited access to information on childrearing. Shelter living may interfere with the mother's relationship with her children. Small, crowded spaces curtail the child's exploration of surroundings and needed privacy for parent/child bonding. In a study of Massachusetts homeless children under five, 47% manifested at least one developmental delay and 36% evidenced language delays.³¹ In comparison to housed children living in poverty, homeless children manifested problems in attention span, sleep patterns, social interaction and aggressiveness.³² In very young infants, developmental delays are evidenced in a lag

²⁹ Redlener I, Karich, K. M. The Homeless Children Health Care Inventory: Assessing the Efficacy of Linkages to Primary Care, New York Academy of Medicine Journal, Vol. 71, No.1, P. 39.

³⁰ Walsh, Op Cit, p. 91.

³¹ Bassak, Op Cit, p. 13.

³² Bassak, Ibid, p. 13.

in their fine and gross motor development. As these infants age, these developmental lags are most often confined to one area, such as language.

In response to the frustration and insecurity of homelessness, school-age children may regress in their development and mastery of new skills. Some children feel angry about losing their home and most of their previous emotional attachments and become aggressive and defiant. Others perform poorly at school and become depressed. Young children rely on others to satisfy their basic needs for safety, love, food and shelter. Children who are unable to experience adults as effective protectors who can satisfy their needs, often develop low self-esteem and are likely to either withdraw or act out aggressively.

When first becoming homeless, some younger school-aged children manifest symptoms that typify behavior of a child of a younger age. They may experience nightmares, bedwetting, and excessive fears of the dark and strangers. Children may interpret their parents' stress as a lack of caring. However, the stresses faced by homeless mothers may lead to role reversals with older children. The oldest sibling will take on the role of protector and "provider" with the younger children.

School age children living in shelters often experience a lack of privacy. This lack of privacy may disrupt the development of boundaries necessary for their sense of identity. Shelter settings often require pubescent siblings to share sleeping quarters, and adolescents to share room(s) with their parents. Children also lose friends from their old neighborhood and school. For older children, the consequences of homelessness may be depression and conduct disorders.

Children who are homeless as a result of domestic violence have additional psychological stresses. Domestic violence has severe psychological effects on children even when the children themselves are not being physically abused.³³ Children of battered women are physically abused and neglected at a rate as much as 15 times higher than the national average.³⁴ Children experience terror at the threat of violence to their parent or themselves. Once abuse has occurred, they may have pervasive anxiety, fearing another attack is imminent. Children who witness the abuse of their parent (usually the mother) often feel fear, confusion and helplessness. Cognitively, children from homes with domestic violence learn that anger equals violence and violence is normal behavior. They may equate caring with abuse and almost always believe they are to blame for the abuser's behavior. Having no experience of intimate relationships based on equality and nonviolence, these children may believe that dominance and subordination are intrinsic to all relationships.

3. Academic Problems

A 1995 compliance report to Congress under the Stewart B. McKinney Homeless Assistance Act reported that at least 18% of all school age homeless children are not attending school. Nationally fewer than half the homeless children are reading at grade

³³Zorza, *Op. Cit.*, p. 12

³⁴Jackson, Jann, Intervention With Children Who Have Witnessed Abuse, Baltimore, Maryland, 1993, p. 1.

level, and 43% have repeated at least one grade.³⁵ According to the U. S. Department of Education's 1995 estimate, nationwide approximately 750,000 school age children are homeless.³⁶ In comparison to New York City's non-homeless children of similar ages, homeless children are two times as likely to score lower on standardized tests, three times more likely to be placed in special education, four times as likely to drop out of school; and nine times as likely to repeat a grade.³⁷ Two-thirds of homeless parents do not graduate from high school. These parents feel ill-equipped to assist their children with school assignments or teach basic academic skills.³⁸

Early education lays the foundation for future academic success. Low income and homeless children participate in preschool at significantly lower rates than middle or upper income children. National surveys of homeless families report 80% of the school age children did not attend any form of schooling prior to kindergarten.³⁹ Although Head Start was designed to insure low income children attend preschool, it serves less than 20% of all children eligible. The majority of homeless parents are either working or enrolled in educational programs. Lack of child care can easily force homeless parents to give up their jobs or training to attend to their children. Most preschool day care programs operate on a per child per slot basis. With homeless preschoolers in a transient living pattern, day care programs, even if they are able to subsidize attendance, are hesitant to reserve slots for an unpredictable population.

Once homeless, families often are forced to leave their community to find shelter. Relocation is often the case for families in rural areas without temporary housing options. Changes in localities necessitate a change in school districts. Requirements for public school enrollment vary by state; however, most require proof of residency, age, and immunizations. Some state statutes do not recognize temporary accommodations such as shelters as permanent residence for the purposes of enrollment. Loss of birth certificates and immunization records creates additional barriers to school enrollment. Once enrolled, lack of transportation, school supplies, and a physical environment conducive to school work are formidable barriers to the homeless child's education. The longer a child is homeless, the less meaningful the concept of homework becomes. Factors associated with homelessness, such as the preoccupation of meeting basic shelter and food needs, and frequent changes of address are barriers to educational achievement.

Few schools routinely assess the prevalence of homelessness among their population. Many homeless children, once enrolled in school, find they are behind academically. Frequent moves, poor concentration and emotional problems create difficulties for the homeless student. Embarrassment over living at a shelter, self-consciousness about clothing and depression all negatively impact the child's ability to learn. Lack of remedial opportunities and tutorial support create academic obstacles to

³⁵Solarz, *Op Cit*, p. 37.

³⁶National Law Center on Homelessness and Poverty, A Foot in the Schoolhouse Door, Progress and Barriers to the Education of Homeless Children, Washington, D. C., Sept. 1995. p. 1.

³⁷National Coalition for the Homeless, Access to Success, Meeting the Educational Needs of Homeless Children and Families, 1993, January, p. 1.

³⁸National Coalition for the Homeless, ibid, p. 2.

³⁹National Coalition for the Homeless, ibid, p. 5.

homeless children. While schools often provide stability and structure for homeless children, absenteeism and frequent moves limit the child's opportunity to benefit from this stability. The National Law Center on Homelessness and Poverty has conducted national surveys since 1990 to measure the impact of the Education for Homeless Children and Youth component of the Stewart B. McKinney Act. In 1995, the Center found through a survey of 116 service providers accounting for 4,500 children:

- 50% reported residency and guardianship requirements of local school districts posed a barrier to student enrollment,
- 40% reported inability to meet immunization requirements and lack of transportation remained barriers to enrollment, and
- 30% cited obtaining birth certificates and the transfer of school records to be significant barriers.⁴⁰

For most runaway youth living on the street, school attendance has long ceased being a part of their daily routine. National statistics place the drop-out rate for runaway and homeless youth at over 75%.⁴¹ Truancy in the younger grades is common among most street youth. According to the National Network for Runaway and Homeless Youth, the last grade completed for chronic runaways was 9th grade. Street outreach programs for this population offer G.E.D. preparation but lack of predictable attendance makes achievement of a high school equivalency degree often beyond the practicalities of this population.

D. NATIONAL STRATEGIES

Homelessness was initially seen by Congress as a temporary problem. In 1983, Congress appropriated \$100 million for the Emergency Food and Shelter Program. Through the Federal Emergency Management Administration (FEMA), the appropriations are distributed annually by local community boards representing charitable organizations. At that time it was assumed the provision of temporary financial relief would curtail homelessness. Understanding the growth of homelessness, especially in families, to be directly attributable to the recession, congressional action focused on short-term financial relief. The 98th Congress made it easier for the homeless to qualify for Social Security, Food Stamps, Aid to Dependent Children and Medicaid by increasing outreach efforts and removing requirements for a permanent address to be deemed eligible.

In the late 1980s, deinstitutionalization of the mentally ill, demolition of boarding homes, and the ongoing recession prompted the 100th Congress to take a more comprehensive approach with the passage of the Stewart B. McKinney Homeless Assistance Act in the spring of 1987. While still short term in focus with the emphasis on emergency relief, the McKinney Act authorized a wide range of emergency and transitional housing, primary health and mental health services, substance abuse treatment and educational and job training. With allocations of \$355 million in fiscal year 87 and \$358 million in fiscal year 88, the legislation included demonstration

⁴⁰ National Law Center, Op Cit, p. 10.

⁴¹ National Network for Runaway and Homeless Youth, Life on the Streets, December 1994, Washington,

educational projects and the first national attempts to quantify the number of homeless in America.

The McKinney Act statutorily defines homeless people, including children, as those “who lack a fixed, regular, and adequate nighttime residence; and have a primary nighttime residency that is a (i) shelter providing temporary accommodations, (ii) an institution providing temporary residence, (iii) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.” This definition has been adopted by the federal agencies which administer program funds authorized by the McKinney Act. In 1990 the program was amended to provide an expanded list of barriers states must remove to ensure the education of homeless children and increased funding to allow local school districts to receive sub-grants. In 1994 the Act was further amended to address the needs of homeless preschoolers. The Stewart B. McKinney Act federal appropriations have grown from \$500 million in 1989 to \$1.35 billion in 1994 to \$1.76 billion in 1996.

The McKinney Act consists of nine titles providing food, shelter, education, health services and housing for the homeless and 21 program grant subcomponents. Exhibit 1 provides an overview of federal and state administering agencies and McKinney grant programs. Shaded grant programs indicate those programs which are accessible to homeless children. Additional state and federal funding support will be further detailed in Section VII of the report. Section 429 of the Act requires 25% of total allocations be directed towards homeless families. An additional funding source is the Runaway and Homeless Youth Act administered through the federal department of Health and Human Services.

As different needs of subgroups of the homeless have become recognized, the federal response has been to designate specific program dollars to address the problem. While this approach has created great flexibility, it has also led to fragmentation and poor communication at the state and federal level. The role of the federal government has been to provide funding to states who are willing to comply with various eligibility and reporting requirements. The federal government provides the bulk of financial support to states to respond to their homeless populations. Demonstration projects in the areas of health care, housing, case management, and substance abuse services are also funded through the federal government. The Department of Housing and Urban Development administers 70% of the funds for housing. HUD has relied on consolidated plans from the states to guide their allocations. In turn, states have requested communities to submit comprehensive plans in which their strategies for addressing the homeless is part of a larger community development strategy.

There exists today a climate of great uncertainty relating to federal housing programs, policies, and allocations. Both the administration and Congress continue their efforts to restructure HUD. HUD's multifamily loan portfolio, the Section 8 rental subsidy certificate and voucher program and other multifamily subsidy programs, as well as other public housing programs are all under increased scrutiny. In addition, it is widely anticipated that the federal Low Income Housing Tax Credit Program (LIHTC), which has fostered the development of thousands of affordable rental units nationwide,

Exhibit 1
McKinney Act Funding Programs

Federal Agency		State Agency	
DOL	Department of Labor	VDHCD	Department of Housing and Community Development
EDUC	Department of Education	VDH	Department of Health
FEMA	Federal Emergency Management Agency	VDOE	Department of Education
HHS	Department of Health and Human Services	VDSS	Department of Social Services
HUD	Department of Housing and Urban Development	VDMH/MR/SAS	Department of Mental Health, Mental Retardation and Substance Abuse
McKinney Act Grant Program			
ADAT	Alcohol and Drug Abuse Treatment Demonstration (HHS)		
AESL	Adult Education Statewide Literacy Initiatives (Adult Education for the Homeless Program) (EDUC)		
CDBG	Community Development Block Grant (HUD)		
CMHS	Community Mental Health Services Research Demo (HHS)		
EEG	Homeless Children & Youth Exemplary Projects Grant Program (EDUC)		
EHP	Emergency Community Services Homeless Grant Program (HHS)		
EFSP	Emergency Food and Shelter Program (FEMA)		
ESG	Emergency Shelter Grants Program (HUD)		
HCH	Health Care for the Homeless Program (HHS)		
HCYE	Homeless Children & Youth Education Grants (EDUC)		
HOME	Housing Investment Partnership Program (HUD)		
HOPWA	Housing Opportunity Persons with AIDS		
HVR	Homeless Veterans Reintegration Programs (DOL)		
JTH	Job Training for the Homeless Demonstration (DOL)		
MHSH	Community Mental Health Services Block Grant Program (HHS)		
PATH	Projects for Assistance in Transition from Homeless (HHS)		
PHH	Permanent Housing for Handicapped Homeless Persons/Supportive Housing Demonstration Program (HUD)		
SAFAH	Supplemental Assistance for Facilities to Assist the Homeless (HUD)		
S+C	Shelter Plus Care Program (HUD)		
SRO	Section 8 Mod Rehab Assistance for SRO Dwellings (HUD)		
THD	Transitional Housing/Supportive Housing Program (HUD)		

Shaded areas indicate programs available for homeless children.

Source: COY analysis, National Coalition for the Homeless Funding List, December 1996

will again in 1997 be a target for federal sunset legislation. Specifically, these and the following issues are generating concern among low-income housing advocates in the Commonwealth and nationwide.

The HUD annual budget has declined from \$53.9 billion in FY75 to \$19.1 billion in FY96. The number of households receiving federal assistance has continued to increase, resulting in a potential budget gap of nearly \$30 billion. It is anticipated that demolition of several hundred units of assisted housing will take place in Virginia. Federal regulations requiring public housing to serve "the poorest of the poor" have been suspended, reducing the number of units available to those potentially at risk of homelessness. Thousands of subsidized units will likely become market rate rentals in the next five to ten years in Virginia as federal mortgage subsidy and rental contracts expire and owners opt out of affordable housing programs. As subsidized and public housing units are lost from the affordable housing inventory, the net decrease in

affordable units is compounded by neighborhood opposition to new units, limited urban land available for development, and lack of federal funds for replacement units.

Experts studying the preservation of affordable housing in the Commonwealth have recommended that the state, and the Virginia Housing Study Commission in particular, should play a leading role in the coming years in addressing the preservation of the Commonwealth's affordable housing stock. As federally assisted housing continues to decrease, there will be an impact on all who are involved with assisted housing: tenants, for-profit and non-profit owners, localities, and housing authorities. The situation will require close monitoring as it evolves to determine how changes in federal housing policies may ultimately relate to increased homelessness in the Commonwealth.

E. VIRGINIA'S HOMELESS SERVICE NETWORK FOR CHILDREN

According to the 1990 United States Census, approximately 6.2 million people reside in Virginia's 95 counties and 41 cities. This represents a 15.7% increase in population since the 1980 census with the greatest percentage change occurring in urban areas (20.4%) and the lowest in rural areas, which grew by less than 1%. Whites account for 79% of the population, blacks for 17% and Hispanic/Asians for 2%. A significant number of localities lost population across the decade. Virginia is a state that includes distinct rural, urban, suburban and small metropolitan areas. The disparity in incomes among these areas and different geographical regions in the state is a result of growth patterns, where primarily wealthier people are attracted to suburban communities.

The Commonwealth of Virginia has distinct rural, urban and smaller metropolitan areas. Older urban areas (central cities) typically have the greatest problems with concentrated levels of poverty, disinvestment and middle class flight. Lower income levels in central cities (the median income in central cities in 1989 was 73.6% of the income earned in adjacent suburbs) means that local governments in these jurisdictions have fewer resources to assist their increasingly poor and disadvantaged populations. Rural areas face difficulties related to transportation, infrastructure, jobs, substandard housing and isolated poverty conditions. Responsibility for implementing and enforcing public policies in the area of housing is shared by state and local governments. In some regulatory areas, the state has granted local governments extensive discretionary powers, while in others, the state has developed uniform regulations.

1. Virginia's Consolidated Plan

In its Consolidated Plan, submitted to the federal government, Virginia identified as its 1994-1997 housing agenda six priorities which address the needs of low and very low-income renters and of the homeless and other persons who are in need of supportive services. Ninety-two percent of Virginia's 2.5 million housing units are occupied, with 66% of them occupied by homeowners and 34% by renters. Two percent of all units lack plumbing and 14% are over fifty years old. In 1990, the statewide ownership rate was 66.3%, slightly up from the 1980 figure of 65.6%. In meeting the housing needs of its cities and rural communities, the Department of

Housing and Community Development is assigned the role of advancing initiatives that expand home ownership.

Four of the state's priorities stated in the plan which impact services for the homeless are:

- safe and sanitary emergency shelter to meet immediate housing needs;
- transitional housing for long-term support;
- permanent housing options, such as single-room occupancy (SRO) facilities; and,
- rental assistance.

Other state needs include the provision of supportive services, the promotion of homeless prevention activities and the coordination of services and programs for homeless persons.

The plan identifies the goal of expanding rental housing opportunities for low-income people by increasing the stock of affordable and decent rental housing and by promoting activities that result in economic self-sufficiency among tenants. Permanent housing opportunities, such as SRO units, and expansion of the housing available for populations requiring some level of supportive services are also cited as needs.

To help meet these needs the Virginia Housing Development Authority (VHDA), administers the federal Section 8 Certificates and Vouchers not administered by local public housing authorities. The VHDA also maintains direct administrative relationships with over 70 local jurisdictions and Public Housing Authorities throughout the State. The VHDA also implements the Virginia Housing Fund, bond financing and other housing programs through private mortgage lenders.

One of the priorities identified in the state's plan is to enhance coordination by developing partnerships at the state, local community and regional levels in order to better facilitate the coordinated use of resources and shared accountability. The state distributes its federal funds through a network of providers and project sponsors, which include units of local government, nonprofit and for-profit housing providers and works with over 60 governments and public housing authorities in the administration of its Housing Partnership Program. The only resources which Virginia allocates on a formal geographic basis within its state are the federal Low Income Housing Tax Credit, the State Rent Reduction Tax Credit Program and the State Tax Check-Off for Housing Programs. Under the Low Income Housing Tax Credit and the State Rent Reduction Tax Credit Program, the state established urban, rural and suburban pools that track with those areas identified by HUD. Funding set-asides within the corresponding geographic regions were allocated to projects located within the areas.

2. Virginia's Shelter Network

Virginia has three different shelter networks serving the homeless: (1) homeless shelters/transitional living programs, (2) domestic violence shelters/transitional housing and (3) runaway shelters/independent living programs. Each of the service programs has their own network of ancillary services. The public sector, through federal, state and local allocations, provides approximately one-third of these shelters' operational

and capital costs. The remaining funds come from faith community sponsorship, United Way and donation and/or foundation support. The percentage of funding from the public sector as part of the overall budget varies between the three different types of shelters. Many of the shelters serving hundreds of families are church-based and do not accept public sector funding. In addition, there are winter-only emergency shelters which allow 24 hour stays for three months out of the year.

Emergency shelters provide short-term (approximately 30 to 45 days) accommodations. Some shelters have dormitory arrangements, some have separate rooms to house families. All shelters impose rules on their residents. These rules may include the requirement that residents' have, or be actively seeking, employment and all alcohol or drugs are prohibited. Services provided focus on meeting short-term needs for financial assistance and securing transitional or permanent housing.

Transitional programs have longer lengths of stay (90 days to 24 months) usually in apartment or single room accommodations. Employment, vocational, and/or educational training is required. Services include life skills training, employment assistance and case management services.

Domestic violence programs offer either short-term emergency housing or transitional housing. Focus of services tends to be on resolving legal, medical and emotional issues surrounding the abuse. Job training and placement, parent education, and counseling and educational services to the children are often provided. Domestic violence programs tend to have aftercare components to assist women and provide peer support as they begin to live independently from the batterer.

Runaway shelters provide individual family counseling to teens. Often they facilitate reunification with the family, re-enrollment in schools or entry into treatment programs. Some programs have begun to operate independent living services which assist the adolescent in job search and retention, budgeting and daily living skills.

There are 37 homeless shelters in Virginia which receive public sector support and house homeless families. There are an additional 15 transitional shelters which serve families with children. In addition, there are twelve winter-only shelters identified which will serve children if space allows. There are two shelters in Virginia available to runaways off the streets without a formal public agency referral. There are 36 domestic violence shelters across the Commonwealth, of which 14 have policies restricting the admission of adolescent males. Three of the programs also run longer term transitional living programs specifically for victims of domestic violence. The availability of beds, by facility type and Region is listed in Chart 1. A listing of each type of facility by locality is provided in Appendix E.

Approximately 52% of available beds in homeless shelters accepting minors are used by children under age 17. The proportion of beds serving children in transitional living programs increases to 72%. Programs listed include only those which receive public funds. Programs operated by church-based organizations or volunteer groups receiving no public sector support are not listed.

Chart 1

**TEMPORARY SHELTER/TRANSITIONAL PROGRAMS
AVAILABLE TO HOMELESS CHILDREN IN VIRGINIA**

Region	Homeless Shelter■	Transitional Living†	Winter Shelter	Domestic Violence Shelter▼	Runaway Shelter	Independent Living Program
Northern	18 (596 beds)	7 (276 beds)	4 (88 beds)	12 (193 beds)	-0-	1 (12 beds)
Central	3 (82 beds)	2 (79 beds)	2 (180 beds)	3 (74 beds)	1 (12 beds)	1 (12 beds)
Tidewater	8 (246 beds)	2 (55 beds)	4 (200 beds)	7 (187 beds)	1 (12 beds)	2 (18 beds)
Piedmont	7(138 beds)	2 (67 beds)	2 (60 beds)	9 (199 beds)	-0-	1 (4 beds)
Western	1(10 beds)	2 (30 beds)	-0-	5 (89 beds)	-0-	-0-
TOTAL	37 (1,072 beds)	15 (507 beds)	12(528 beds)	36 (761 beds)	2(24 beds)	5 (46 beds)

†Fourteen shelter programs have different age restrictions for males between 12 and 17.

▼Approximately 72% of the beds in transitional housing are used by children.

■Approximately 52% of the beds in homeless shelters are used by children.

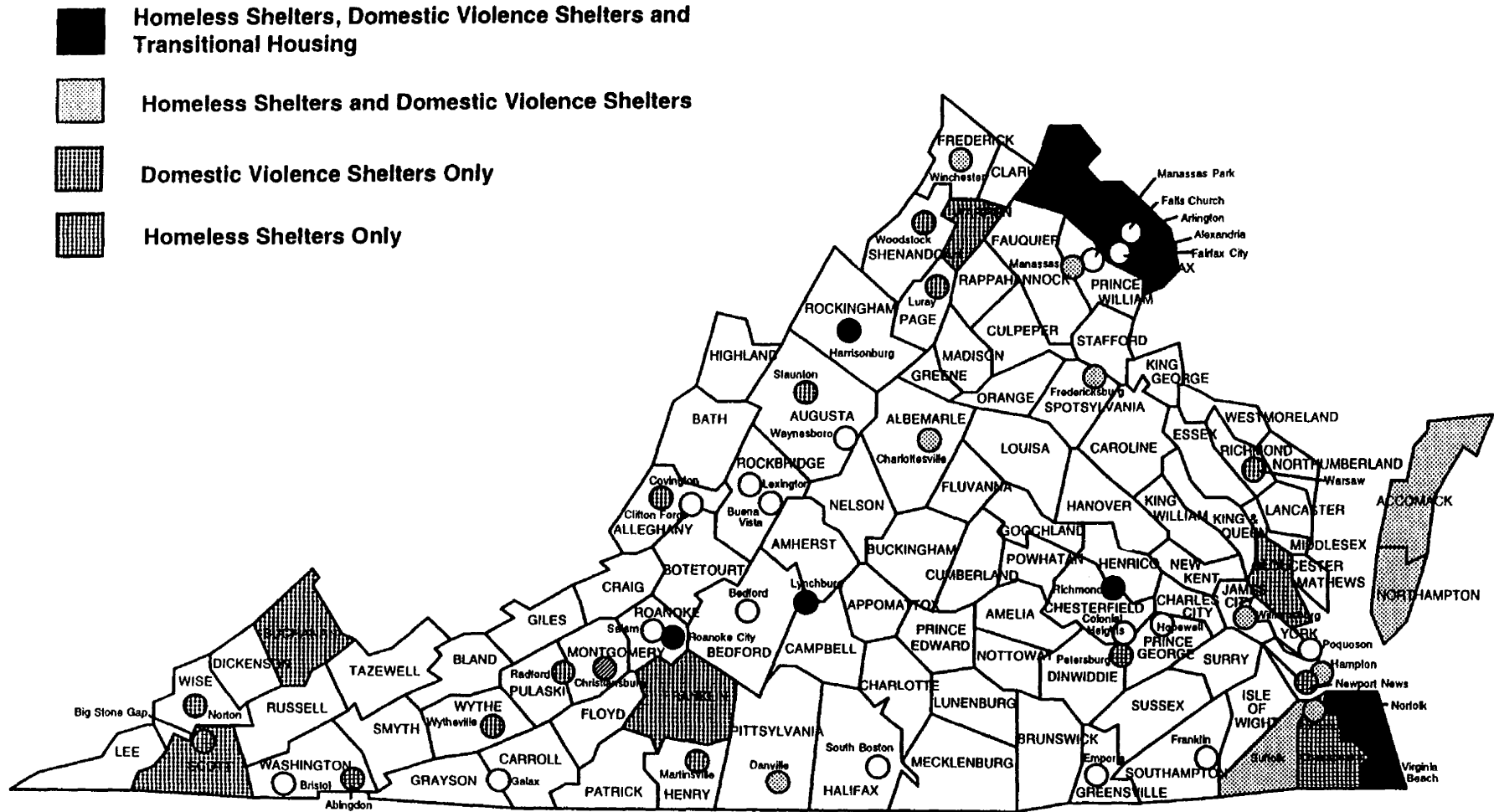
Source: Commission on Youth Analysis of Data from the Coalition for the Homeless Provider Survey, Department of Housing and Community Development and Virginians Against Domestic Violence Survey.

Domestic violence shelters and homeless shelters may share a common population if the women are homeless as a result of family violence. The focus of services in these two settings is quite distinct. If a battered woman is unable or unwilling to seek services at a domestic violence shelter and finds temporary housing at a homeless shelter, the issues causing her homelessness may go unaddressed. Homeless shelters do not routinely assess for domestic violence. Coordination and the sharing of case information between service providers is limited across the state. Two localities have all services from three shelter networks available. Nine have domestic violence and homeless shelters and transitional living programs. Nine have both homeless and domestic violence shelters. The remaining jurisdictions with either homeless or domestic violence shelters number 21. However, most services are not limited to specific catchment areas. The accessibility of emergency shelter and transitional services is displayed on the following page as Exhibit 2.

VII. Homeless Children in Virginia

In examining the various types of homeless children and the existing service network in place to respond to their needs across the Commonwealth, certain characteristics were identified. Homeless children, either those accompanied by an adult caregiver or on their own, can likely be found in every Virginia locality. Regardless if they are part of a homeless family or on their own, they may be doubled up in accommodations, served in short-term homeless, domestic violence or runaway shelters, or seek temporary shelter in campgrounds. These children may also be found sleeping in cars, or in such public venues as under bridges and in bus and rail stations. The type of program available to serve homeless children is partially determined by their status (i.e., accompanied by an adult or alone), identification of the causes of their homelessness (i.e., domestic violence, running away) and program policies.

Geographic Distribution of Shelters Accessible to Homeless Children



Loudoun County and Richmond City are the only jurisdictions to have walk-in runaway shelters in addition to the other listed services. Prince William and Culpeper Counties both have transitional housing plus either a homeless or domestic violence shelter.

Source: Virginia Commission on Youth analysis of data from the Coalition for Homeless Providers Survey, VDHCD List of Funded Programs, Virginians Against Domestic Violence Providers Survey and Northern Virginia Homeless Coalition Referral Sheets, Fall 1996

A. Prevalence of Child Homelessness

There is no one data source which captures the number of homeless children. The data which does exist only counts those who received services in a shelter or who have been arrested for running away. There are no counts of children who do not avail themselves of services or who are turned away. State agencies which fund shelters do not have statistics which provide facility capacity by age, type of services or length of time services have been received. Many chronically homeless may be duplicated in service counts. Undoubtedly, there are homeless children who have been sheltered in both a homeless and domestic violence shelter within the same year and are counted twice. However, statistics verify that almost as many people are turned away for lack of space in homeless shelters as are served. Therefore, one can assume that the numbers of children sheltered is an underreport of the actual incidence of homelessness. Fluctuations, in the reported number of children served, more than likely reflect changes in the data collection methodology as they do changes in the prevalence of child homelessness.

For the most recent year reporting calendar year, 1995, the Virginia Coalition for the Homeless reports 14,478 children served in homeless shelters. A total of 9,995 children were served in domestic violence programs; of those, 3,742 were housed in a shelter and 132 lived in transitional housing programs. The majority of these children had been at a domestic shelter only one time; however, 598 had previously accompanied their mothers to shelters.¹

Approximately 10% of the children served in domestic violence shelters stay for only 24 hours. At least 110 were housed for a period between one week and one month. More than 650 were housed for periods longer than one month.² Unfortunately, similar breakdowns are not available for homeless shelters. For all homeless populations, the average length of stay was three weeks.

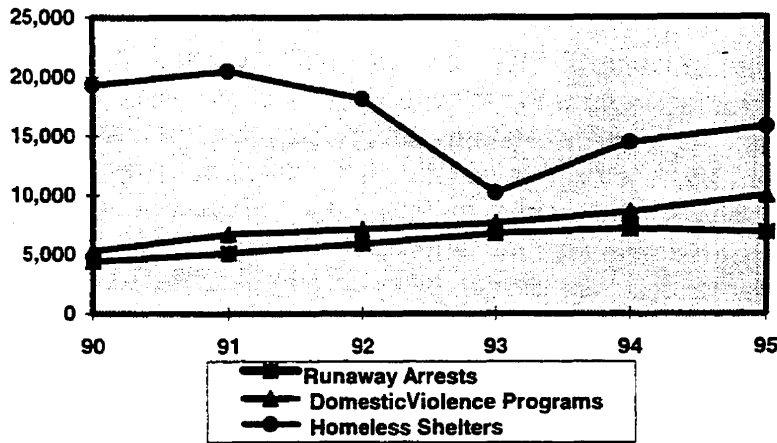
In terms of runaways (unaccompanied homeless children), the only statistics available are those capturing arrests for runaways. In 1995 6,885 were arrested for running away. Arrests for running away have increased 20% from 1975 to 1995 from 5,742 to 6,888. In the past five years (1990-1995) arrest rates increased 71%. No single point in time data collection fully captures the prevalence of child homelessness; therefore, a five year trend is depicted in Chart 2 below.

There are a number of reasons why the Virginia Coalition for the Homeless's number of homeless children served in homeless shelters decreased from the high of approximately 20,000 in 1990 to 15,789 in 1995. One explanation is the growth in availability of domestic violence shelters. In the same five year period, the number of domestic violence shelters grew from 25 in 1990 to 31 in 1994 and 28 in 1995. Thus, the number of children served in domestic violence programs grew from 5,318 in 1990 to 9,995 in 1995. An additional explanation is that average lengths of stay at shelters

¹ Study prepared by Virginians Against Domestic Violence, Report to the HJR 181.

² Virginians Against Domestic Violence, Ibid.

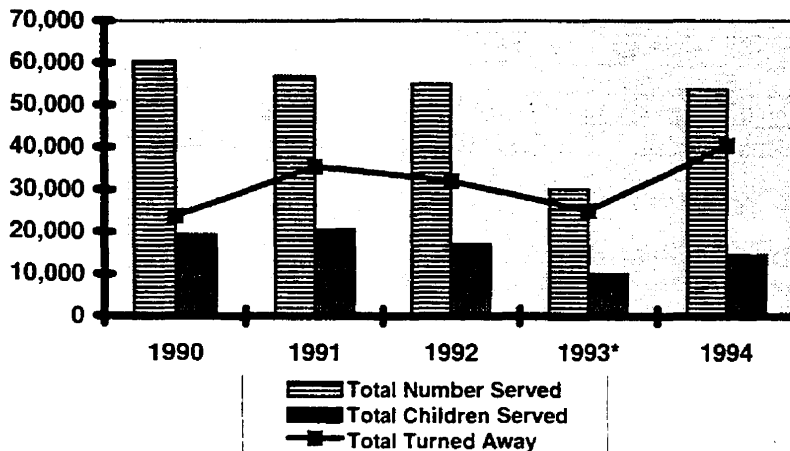
Chart 6
Selected Indicators of the Prevalence of Homeless Children
1990-1995



Note: Homeless shelter numbers for all years were provided by the Virginia Coalition for the Homeless; 1993 shelter statistics reflect only those shelters funded by VaDHCD.
 Source: Virginia Commission on Youth, October 1996.

have increased from two weeks in 1990 to three weeks in 1995. As a result of longer lengths of stay, more people are turned away for lack of space. Finally, the number of homeless persons are not increasing at as high of an annual rate as they were at the beginning of the decade. Service providers have been able to respond more comprehensively to this population's needs, lessening the proportion of the population which are chronically homeless. The cumulative numbers of those served by homeless shelters and those turned away are provided in Chart 3.

Chart 3
Utilization Trends in Homeless Shelters
1990-1994



Note: Homeless shelter numbers for all years were provided by the Virginia Coalition for the Homeless; 1993 shelter statistics reflect only those shelters funded by VaDHCD and does not include domestic violence program.
 Source: Virginia Commission on Youth, October 1996.

While it is impossible to verify the exact number of homeless children, it is possible to surmise that the trend of the proportion of people being turned away shows no signs of abating. Despite the growth in the availability of domestic violence shelters, expansion of homeless shelters has not kept pace with the request for services.

B. Fiscal Analysis

Funding for the homeless can be characterized as follows: (1) the federal government is the major funding source at a ratio of 3 to 1 to state and local public allocations, and (2) funding is highly categorical by subpopulation and specific service area. While the Stewart B. McKinney Act is the primary funding source for the homeless, the Runaway and Homeless Youth Act and the Victims of Crime Act are two other major federal funding sources targeted to runaway youth and domestic violence victims respectively. The federal funding strategy for the homeless i.e., identification and categorical funding of subpopulations and specific service areas has resulted in the development of a patchwork of funding programs across federal and state agencies. In analyzing only those programs accessible to homeless families and children, thirteen different funding programs administered by four federal and four state agencies were identified. A listing of those programs is provided in Exhibit 3. A complete description of these programs as well as historical allocations is provided in Appendix C.

Exhibit 3

Primary Funding Sources for Virginia's Homeless Children and Families as of December 1996

Program Name	Federal Agency	State Agency
Emergency Shelter Grants	Housing and Urban Development	N/A(1)
Federal Emergency Shelter Grants	Housing and Urban Development	Housing and Community Development
Shelter Support Grants	N/A(2)	Housing and Community Development
Emergency Community Services Homeless Grant	Health and Human Services	Social Services
Supportive Housing	Housing and Urban Development	N/A
Domestic Violence Prevention Grants	Justice	Social Services
Emergency Food and Shelter	Federal Emergency Management Agency	N/A(3)
Runaway and Homeless Youth	Health and Human Services	N/A
Health Care for the Homeless	Health and Human Services	Health
Child Care for the Homeless	Health and Human Services	Social Services(4)
Homeless Education Project	Education	Education(5)
Independent Living	Health and Human Services	Social Services
Homeless Intervention Program	N/A(2)	Housing and Community Development

(1) Funds are entitlements directly to localities.

(2) State funded program.

(3) Funds are administered locally through Departments of Social Services and United Way.

(4) Originally administered by the Day Care Council which was sunset and its functions transferred to Department of Social Services 7/1/96.

(5) State Department of Education subcontracts grant administration to the College of William and Mary.

While not considered specifically for this report, there are other funding programs addressing child abuse, homeless with AIDS and Education for At-Risk Youth which were not included but clearly also touch the lives of homeless children. The cumulative funding for all the programs listed in Exhibit 3 grew from slightly less than 10 million

dollars in 1990 to roughly 17 million in 1996. The majority of this growth can be attributed to the infusion of state and federal funds for domestic violence. From 1990 to 1996, \$99.3 million in state and federal funds were spent on the homeless in Virginia. This figure does not include contributions made by local government, the faith community, and charitable organizations. However, only 7.6% of these funds were specifically targeted to children despite their representing 27% of the sheltered population.

For the purposes of the fiscal analysis, funding programs were grouped into three categories with the following descriptions:

- Children's Programs--Funding directed to the day care, educational services to homeless children and short-term shelter needs of runaway youth.
- Shelter and Support Programs--funding for shelter, counseling and health services to homeless families.
- Prevention programs--funding for one-time financial or in-kind support to keep families in their home.

The thirteen programs are grouped in the three categories in Exhibit 4.

Exhibit 4

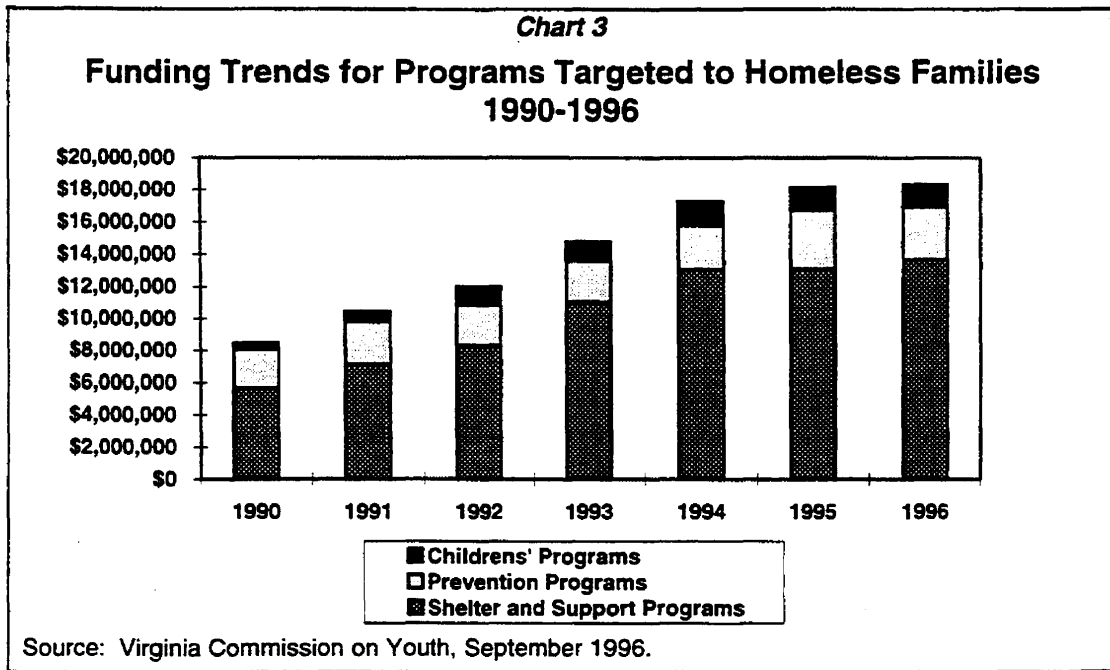
**Categorical Grouping of Funding Programs
for Homeless Children and Families**

<p>Children's Programs Day Care for the Homeless Homeless Children and Youth Education Runaway and Homeless Youth</p> <p>Prevention Programs Homeless Intervention Project Emergency Community Services Independent Living</p>	<p>Shelter and Support Programs Emergency Food and Shelter Health Care for the Homeless Domestic Violence Prevention Supportive Housing Emergency Shelter Federal Emergency Shelter State Shelter</p>
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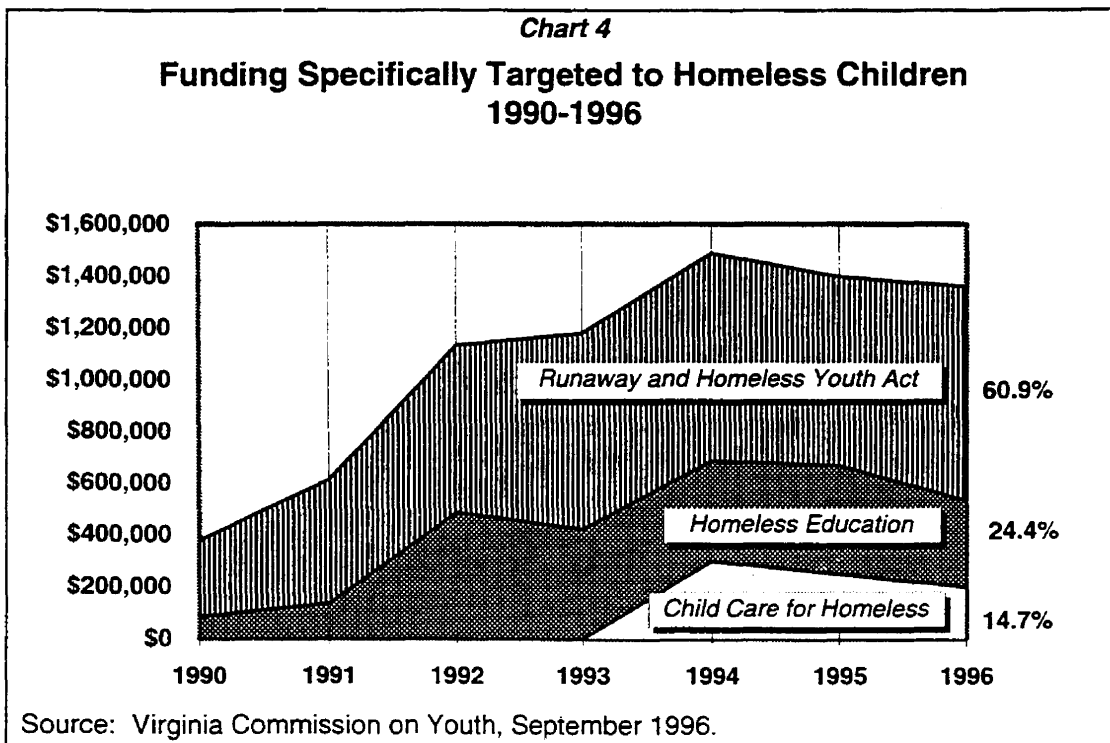
Source: HJR 181 Workgroup Analysis, October 1996

For the last five years, the majority of the funding for homeless families has been targeted to shelter and support programs. Funding for prevention services has remained relatively stable, comprising approximately 13% of the total as shown in Chart 3.

There are no state funds in programs specifically targeted to homeless children. Total annual federal allocations increased from \$378,176 in 1990 to \$1,360,195 in 1996. The growth in funding is attributable to increased allocations for the Runaway and Homeless Youth Act funds. The number of programs funded through the Runaway

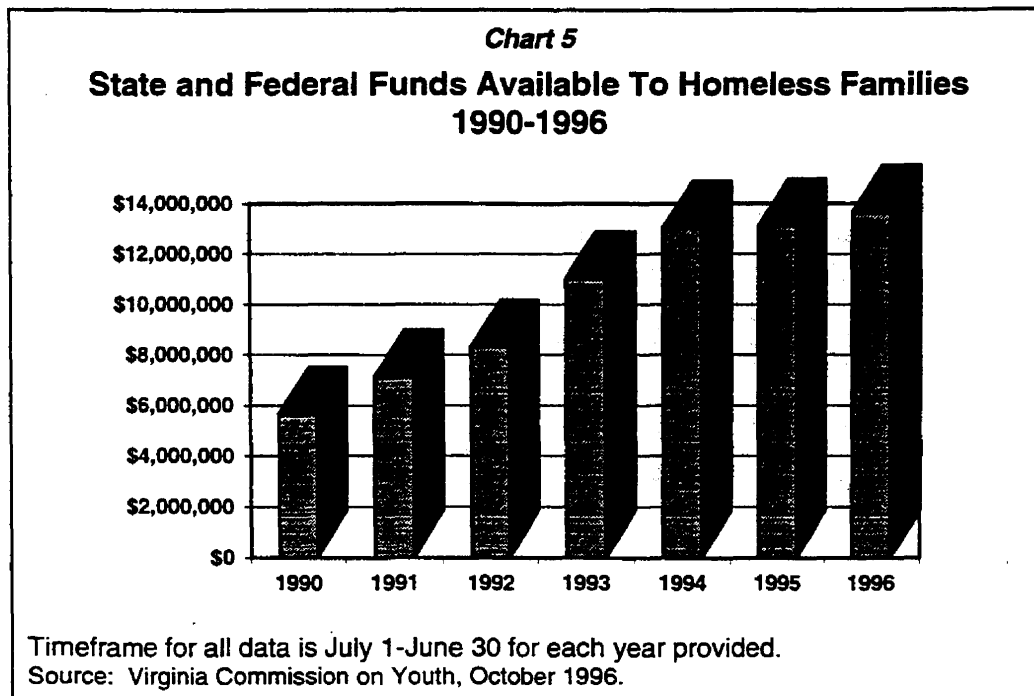


and Homeless Youth Act has increased from 4 to 9 between 1990 and 1996. The relative percentage of funding for the three programs is displayed in Chart 4. Ninety percent of the funding for children in this category has been for shelter care and services for runaway teens. The remaining 10% has been for preschoolers through the Day Care for the Homeless and school age children through the Homeless Education Grants.



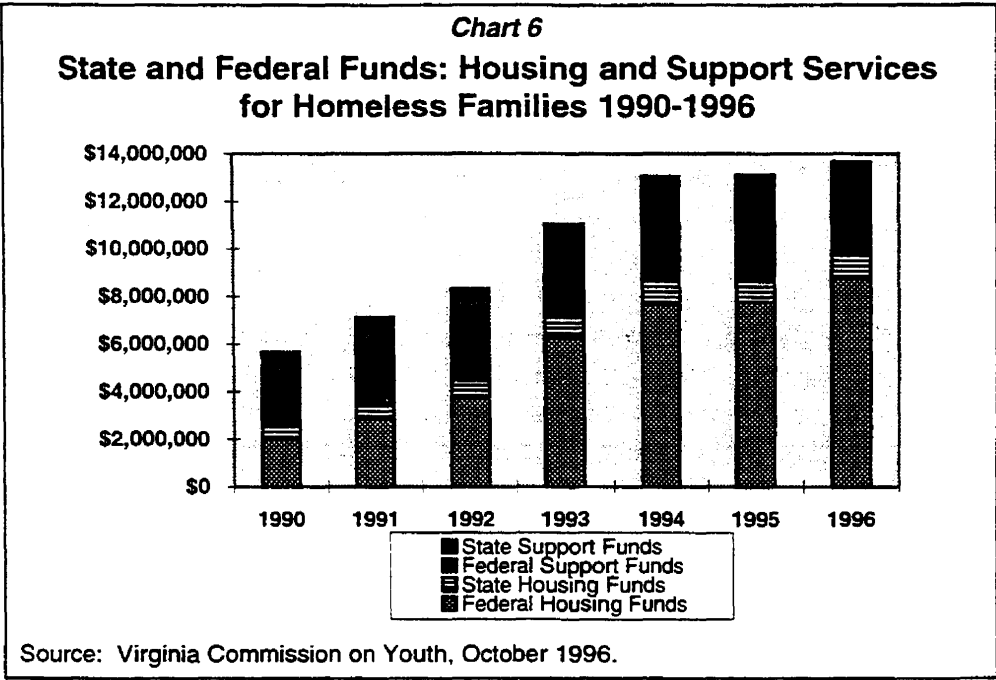
The Day Care for the Homeless Program is part of the Child Day Care Block Grant. Allocations for the program has been determined as part of the consolidated day care plan developed by the Day Care Council. With the dissolution of the council and the transfer of its responsibilities to the Department of Social Services, it is unclear if the program will remain funded in FY 98. The Homeless Education program was cut \$87,000 in fiscal year 96. This cut has resulted in two jurisdictions losing their funding in the most recent year.

From 1990 to 1996 state and federal funds providing shelter and support services grew from \$5.65 million to \$13.65 million as displayed in Chart 5. Again, federal funds comprise the bulk of allocations with 80% from federal sources. State funding is evenly split between emergency shelter grants which are available to homeless as well as domestic violence programs and funding for personnel and services in domestic violence programs.

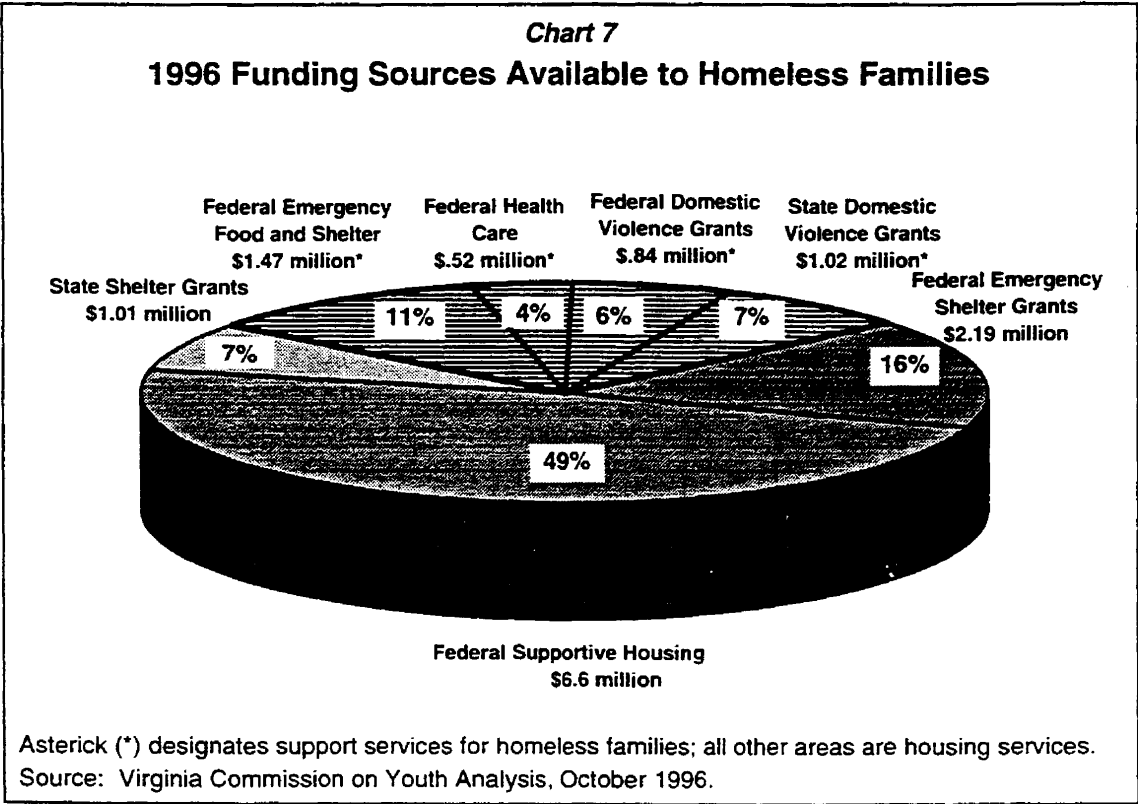


Funding in this category is best understood to be comprised of two parts. One set of funding programs is for facility costs and covers rent, renovation and supplies expenses. The second funding component is for personnel and counseling services and is termed supportive services. Since 1992, the majority of federal funds has been for housing services. In the most recent year, 72% of the funds were for housing services. As Chart 6 indicates, state support lags behind federal dollars in both categories.

In FY 1996 \$13.6 million in state and federal funds were available for homeless programs. As the piechart in Chart 7 indicates, state funding is evenly divided between housing and supportive services. For domestic violence programs state funding is

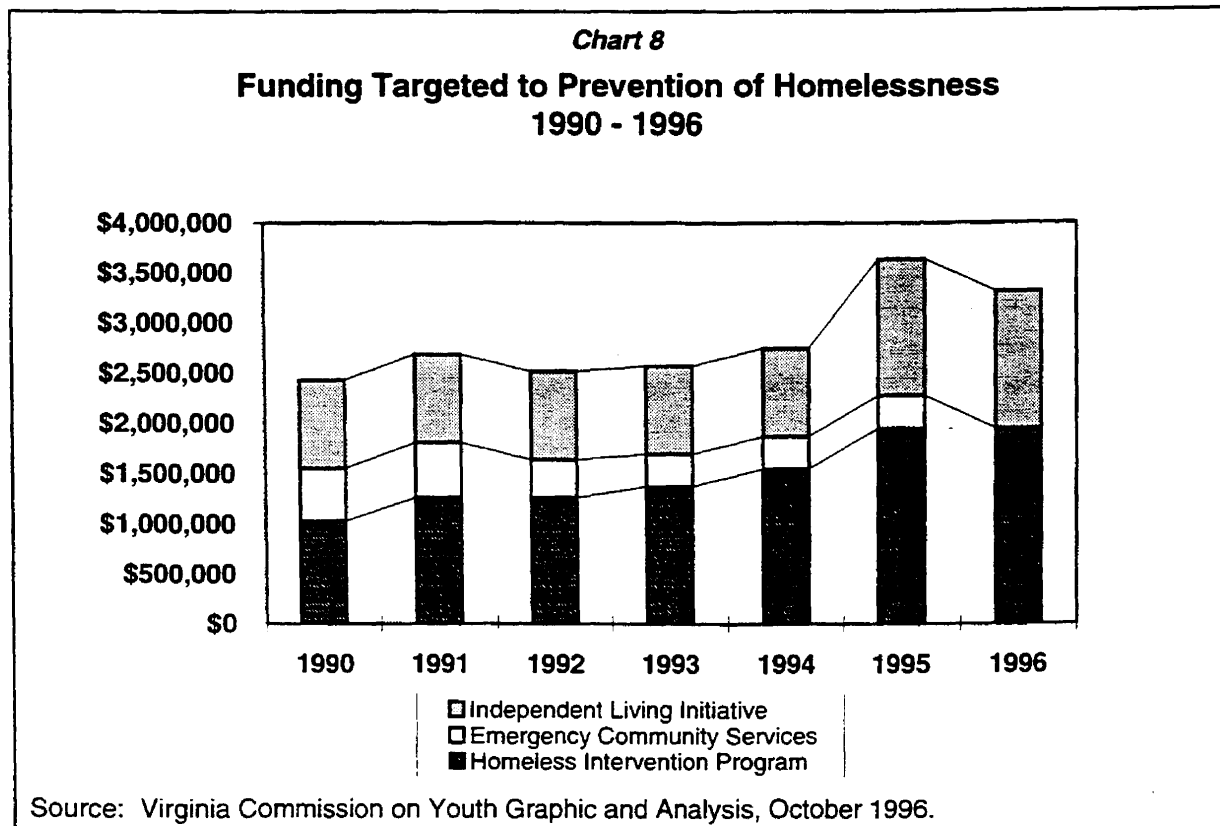


targeted to personnel and services. For homeless programs state funding is targeted to facility costs. The Federal Emergency Food and Shelter program goes directly to local jurisdictions for emergency assistance in the aftermath of natural disasters such as floods and fire. Other facility-focused programs, both those which are community entitlements and those distributed on a per bed basis through the Department of Housing and Community Development, comprise 65% of the total funding in this area.



With respect to the prevention programs, total spending increased 37% from 1990 to 1996. Prevention is one area in which the state share of total funding is larger than the federal share of funding. The Homeless Intervention Program is 100% state-funded and provides one-time emergency financial assistance and counseling to keep families in their homes. The Independent Living Program, targeted to adolescents exiting foster care, is federally funded requiring a 50% local match. When total funds available are not spent by localities, the Department of Social Services approves special initiative projects developed by localities. As of 1996, 112 communities participated in this program. The third funding program, the Emergency Community Services Program operates much the same way as the Homeless Intervention Project but was locally administered through community action programs. The 104th Congress zeroed this program out in its 1996 budget, resulting in a loss of \$324,197 serving 20 Virginia communities. The growth of these programs is detailed in Chart 8.

In summation, the financial analysis points to a number of different conclusions. First it is necessary to acknowledge that there are other funding programs, financial assistance and family counseling programs which also address homelessness. While not included in the formal analysis, the role of these other programs in meeting the needs of the homeless is important. State and federal funding for the homeless has grown in the last five years approximately 44%. However, funding targeted specifically to children has remained flat representing less than 8% of total allocations, despite their increased proportional representation in the total homeless population. The funds which are available for homeless children's needs are primarily targeted to adolescents, and not the needs of preschoolers or younger children. The federal government is by



far the dominant funding source for total funding. However, the growth in state and federal funding for domestic violence programs has resulted in an equal amount of financial support for victims of domestic violence as that provided to programs which serve the remainder of the homeless population.

None of the state agencies administering those programs identified in Charts 1-8 was aware of the scope of services for the homeless funded through other state agencies. These agencies do not request or keep standardized information with respect to receipt of funds or what the funds purchase. At least one state agency was unable to provide historical program or funding data for the homeless program it administers. Federal information sources, the Internet, and in some cases program managers served as sources for financial information for the majority of the programs. Different funding cycles (i.e. federal fiscal years, state fiscal years, and calendar years) multi-year funding and the merging of entitlement versus competitive awards in fiscal reporting made the analysis extremely difficult. Lack of clear fiscal tracking and units of measurement hindered cross-program analysis.

C. Current Housing Initiatives

The Virginia Department of Housing and Community Development (DHCD) administers a broad array of housing programs designed to foster a continuum of housing opportunities ranging from emergency shelter to home ownership. The list below covers state-funded programs, administered by DHCD, that are designed to prevent and address homelessness. Historical funding trends and current funding levels are provided in Appendix C.

Expansion Funds--This program provides grant assistance to expand the stock of emergency and transitional housing available to homeless individuals and families. Funds may be used for acquisition, rehabilitation, new construction or refinancing. Eligible project sponsors are local governments, public housing authorities, non-profits, for-profits, partnerships, and corporations.

Shelter Support Grants (SSG)--This program provides grant assistance to providers of emergency and transitional housing for rehabilitation, repair, and improvements to bring existing facilities into compliance with state and local health and building codes, and for operations and supportive services. Eligible project sponsors are local governments and non-profits.

Homeless Intervention Program (HIP)--This program provides grant assistance to local administrators for use as loans or grants for the payment of temporary rental, mortgage, and security deposit assistance to households who are homeless or in imminent danger of becoming homeless. Eligible local administrators are local governments and non-profits.

In addition to these three SHARE (State Homeless Housing Assistance Resources) programs, DHCD also administers the following five federally-funded programs aimed at preventing and addressing homelessness.

Federal Shelter Grants (FSG)--This program provides grants to emergency shelter, day care, and transitional housing providers for operations and supportive services. Eligible project sponsors are local governments and non-profits.

Supplemental Assistance for Facilities to Assist the Homeless (SAFAH)--This program provides grant assistance to formerly homeless families moving into permanent housing and toward self-sufficiency. Allocations may be used for case management, housing, counseling, and other housing-related services. Federal allocations are awarded on a three-year basis in a nationally competitive process.

Supportive Housing Program (SHP)--This program provides grant assistance for transitional housing for homeless persons, permanent housing for handicapped homeless persons, innovation projects for homeless persons, and supportive services not associated with housing for the homeless. Allocations may be used for acquisition, rehabilitation, new construction, leasing, administrative costs, operating costs, and supportive services. Funding awarded on a three-year basis as part of a national competitive process.

Housing Opportunities for Persons with AIDS (HOPWA)--This program provides grant assistance for housing acquisition, rehabilitation, leasing, or operations; short-term rent, mortgage, and utility payments; project-or tenant-based rental assistance; housing information; resource identification; technical assistance; supportive services; and administrative expenses. Eligible persons include low-income persons with AIDS or HIV or their families, and eligible local sponsors include local governments and non-profits.

In addition to homelessness and home ownership initiatives, other housing programs administered by DHCD include:

Emergency Home Repair--a grant program providing repair assistance to homes of very low income persons and funded by the state in FY96 at almost \$453,000.

Weatherization--a grant program providing energy-related repair assistance to very low income households and funded by the federal government in FY96 at \$3.7 million;

Indoor Plumbing/Rehabilitation Loans-- a program providing low-interest, deferred and forgivable loans for the installation of indoor plumbing and rehabilitation for very low income households and funded by the state and federal governments in FY96 at approximately \$7.45 million;

Community Development Block Grants (CDBG)-- a "small cities" community improvement program federally funded for FY96 at approximately \$24 million;

Multifamily Loans--a program for acquisition, rehabilitation, or construction of low-income multifamily housing funded by the state for FY96 at about \$11.8 million;

Congregate Loans--a program for acquisition, rehabilitation, or construction of low-income assisted living facilities funded by the state at about \$2.0 million for FY96; and

Urban Rehab Loans--a program for acquisition and rehabilitation of low-income rental units in entitlement localities funded by the state at about \$3.0 million in FY96.

D. Current Child Service Initiatives

There are a variety of activities at the federal, state, and local level which are designed to address the issue of child homelessness. Some of these programs are directly targeted to the children, but the majority deal with family and/or children's needs, including but not limited to, lack of permanent affordable housing. For very young children services are focused on the parent or family unit. As children age, they present their stand alone service needs which communities struggle to address.

The HJR 181 workgroup spent considerable time identifying the causes of homelessness for children, current initiatives to address the issue and additional strategies to be employed. The results of their work and analysis is presented on pages 41-47 as part of Table 2 Issues and Strategy Summary. A few explanatory notes on the chart are offered below.

Homelessness is often cyclical, and there are distinct prevention, intervention and reintegration issues and strategies at each phase. Each of these phases was examined and recommendations for each issue were developed. As Table 2 illustrates, four separate groups of issues were identified under the prevention of homelessness: First, financial causes of homelessness were identified. These included financial crisis, either brought on by a medical or physical crisis or perhaps caused by lack of employment; chronic or sporadic poverty; and the absence of a livable wage. Second, there are unaccompanied minors, who either run away or are abandoned. Family violence which may result in a teen running away or a battered spouse fleeing with their children is the third issue cited. The last issue identified is the lack of an adequate supply of affordable housing. All four of these causes have triggered the development of a variety of financial support services, legal remedies, housing financing and supportive services. A listing of these services is provided in the first two pages of Table 2.

Once the child becomes homeless, either on their own or as part of a family unit, there are five distinct sets of issues which arise. The first and perhaps most important, is the lack of shelter space. As previously noted, almost as many people are turned away as are served by homeless shelters.³ Second, there are only two walk-in shelters available for runaways despite the steady increase in arrest rates. Third, if a homeless child receives shelter, there is limited child programming available. Domestic violence shelters report 22 of their 36 Virginia shelters have staff designated to work with the children; only 18, half of all shelters, have full-time staff. In addition, day care programs

³ Virginia Coalition for the Homeless 1995 Provider Survey.

are available in less than one-third of all shelters and only five homeless shelters out of the total 43 serving families had staff designated to work with children. Fourth, services between providers are not routinely coordinated. The network of child service providers is not routinely integrated with the homeless or domestic violence community. The disruption of the child's education and inadequate support system were also identified. Rarely does homelessness occur in a vacuum, and homeless families are often without transportation or ancillary services to treat their addictions, improve their parenting, or find employment. Lastly, the homeless have a myriad of health needs which are rarely attended to prior to reaching the level of a medical emergency.

Many issues which occur at the transitional/reintegration phase can also apply at the preventative part of the cycle. Integration of services as it relates to aftercare for adolescents exiting either institutional or foster care and an expansion of transitional services were identified. Lastly, the importance of family support to maintain the family in permanent housing was identified as a crucial component to keep the family from re-experiencing homelessness.

E. Service Gaps and Barriers

The primary barriers to comprehensive services for homeless children is a lack of coordination between funding sources, the high degree of categorization of these funding streams, and the absence of reliable client or fiscal data. Despite the request by HUD for communities to develop consolidated plans for funding, the administration of funding programs is highly fragmented and balkanized. As a result, there is limited state level comprehensive planning of needs or designation of funding to meet and prioritize needs. Localities are often forced to submit as many as twelve different applications/proposals for funding (that do not include other funding requests for homeless adults). The absence of a reliable data base to capture the demographics of the homeless served, as well as those turned away, limits any effective planning efforts. The majority of data on programs is not readily accessible and has not been analyzed over time or across programs. Neither the state nor the federal government has clear tracking systems to quantify what services have been provided through public funds. The absence of this information has hindered homeless advocates and public sector officials from conducting comprehensive planning for services to the homeless population. While one impressionistically can cite the need for additional services, it is impossible to quantify how much more is needed and where the needs are.

The primary service gap for homeless children is the absence of a designated staff person in homeless and domestic violence shelters and transitional living programs to specifically attend to the children. As the focus of services in homeless and domestic violence shelters is understandably on the parent, the psychological and educational needs of the children are not a priority. Many shelters try to be responsive to the children's needs, but it is often no one staff person's responsibility.

Educational services, including pre-school and day care services are sporadically available. Coordination with local school districts to facilitate enrollment does not routinely occur. Homeless children have limited access to day care programs and future funding stability of designated day care dollars for this population is uncertain.

There are no standard mechanisms to respond to the academic needs of homeless children even after they have enrolled in school. Younger children experiencing developmental delays are without preschool educational programs to respond to their deficits.

An additional barrier is the limited availability of transitional and support services to ease homeless families' reintegration to permanent housing. Many of the families have a variety of service needs with respect to substance abuse counseling, financial planning, vocational training and medical services. Transportation barriers, lack of counseling services and medical services are formidable obstacles for the homeless.

Finally, the absence of a living wage for many working homeless puts housing stability beyond their reach. When a full-time minimum wage is insufficient for monthly rent and other basic expenses such as food, medicine, utilities and clothing, permanent housing for many families is truly a dream deferred.

Table 2

HJR 181 Study of the Needs of Homeless Children
ISSUE AND STRATEGY SUMMARY

Prevention of Homelessness

ISSUES	CURRENT INITIATIVES	STRATEGIES	LEGISLATIVE RECOMMENDATIONS
<p>Financial Crisis Poverty Livable Wage</p>	<p>SHARE Homelessness Intervention Program Social Service Assistance FEMA/Emergency Food and Shelter Program Charitable Contributions Food Pantries Foundations Federal, State and Local Programs Faith Community and Private Non-Profit Organizations' Programs Federal Increase in Minimum Wage</p>	<p>Enhance Eviction and Foreclosure Prevention Provision of Emergency Financial Assistance Provision of Financial and Housing Counseling Provision of Creditor Intervention Lower Gap between Minimum Wage and Cost of Living</p>	<ul style="list-style-type: none"> ◆ Provide State Support to Offset FEMA Cuts ◆ Enact Enabling Legislation to Promote Charitable Giving ◆ Establish Homeless Trust Fund (98/99 Session) ◆ Enact Virginian Earned Income Tax Credit ◆ Request the Department of Social Services to Establish Non-Traditional Job Training Programs ◆ Request the Secretary of Health and Human Services to Identify the Impact of Cuts in SSI and Welfare Reform on Homeless Children ◆ Request the Secretary of Economic Development to Monitor Decreases in Housing Allocations and Assess their Impact on Homeless Children ◆ Request a Legislative Study on the Establishment of Community Banks and Credit Unions for Small Loans for Low Income Families
<p>"Abandonment" Running Away</p>	<p>Comprehensive Services Act for At-Risk Youth and Families Family Preservation and Support Act Independent Living Programs Runaway And Homeless Youth Act Two Shelters Operating in Virginia Available to Non-System Involved Runaway Teenagers</p>	<p>Expansion of Family Counseling Establishment of Youth Support Programs Expansion of Respite Care for Natural and Foster Parents Expand Home-Based Services Expansion of Family Support Services Drop In Centers for Teens</p>	<ul style="list-style-type: none"> ◆ Expand Availability of Family Resource Centers and Education Programs ◆ Request the State Executive Council of the Comprehensive Services Act to Investigate Ways to Improve Parent Involvement ◆ Increase General Fund Support for Additional Respite Care Programs for Teens ◆ Request the Departments of Social Services and Juvenile Justice to Assess the Need for Additional Runaway Shelters

Prevention of Homelessness (page 2)

ISSUES	CURRENT INITIATIVES	STRATEGIES	LEGISLATIVE RECOMMENDATIONS
<p>Family Violence</p>	<p>Family Violence Prevention Grants Protective Order Policies Statewide Training for Criminal Justice Community Child Abuse Prevention Programs Comprehensive Health Investment Project Healthy Families Virginia Family Preservation and Support Act</p>	<p>Expand Public Education Efforts/Use of Protective Orders Use of Judicial Orders Use Of Civil Remedies Effective Prosecution to Remove Batters Provision of Domestic Violence Assessment Training to Social Service and Educational Personnel</p>	<ul style="list-style-type: none"> ◆ Request the Federal Department of Housing and Urban Development Field Offices Servicing Virginia to Assess the Impact of Federal "One-Strike" Eviction Policies ◆ Develop a Statewide Violence Prevention Initiative (98/99 Session) ◆ Fund a Child Coordinator Position In All Domestic Violence Shelters ◆ Expand the Funding of Virginia Family Prevention Violence Grants for Child Abuse Prevention Programs ◆ Encourage the Department of Health to Coordinate with the Departments of Criminal Justice Services and Social Services to Insure Accessibility of Sexual Assault Services to Minors
<p>Inadequate Supply of Affordable Permanent Housing</p>	<p>Virginia Housing Partnership Fund Virginia Housing Development Authority Housing Fund Local Authority to Initiate Affordable Dwelling Unit Ordinances Ordinances and Local Tax Credit Programs Virginia Low Income Housing Tax Credit Program Community Development Block Grants Indoor Plumbing Program Redevelopment and Housing Authorities Habitat for Humanity First Homes Faith Community and Private Non-Profit Organizations</p>	<p>Provision of Tax Incentives to Developers Support Renovation of Abandoned Property Support One-to-one Replacement Policies. Expand Land Trust Funds Establish Housing Trust Funds Establish Set-Asides for Affordable Housing</p>	<ul style="list-style-type: none"> ◆ Request the Virginia Housing Study Commission to Review Credit Rating Assessments for Households Moving from Transitional to Permanent Housing. ◆ Restore Funding for Virginia Housing Partnership Fund Including Allocations to Stabilize the Supply of Assisted Units ◆ Re-establish Virginia Rent Reduction Housing Tax Credit Program and Broaden Eligibility to Include Low Income Families ◆ Request the Secretary of Economic Development to Monitor Decreases in Housing Allocations and Assess their Impact on Homeless Children.

Intervention with Homeless

ISSUES	CURRENT INITIATIVES	STRATEGIES	LEGISLATIVE RECOMMENDATIONS
Inadequate Shelter Space	4,480 Shelter Beds Federal and State Shelter Grants Private Non Profit and Faith Community Sponsored Shelters	Establish Adequate Number of Shelter Beds for All Homeless Populations Provision of Funding for Building Maintenance Increase Support for Operational Costs of Shelters	<ul style="list-style-type: none"> ◆ Increase General Fund Support for Shelter Beds and Facility Repairs ◆ Restore Virginia Tax Check-Off Program Targeted for the Homeless, the Elderly, and the Disabled ◆ Provide General Fund Support for Runaway Shelters
Limited Child Programming	Foster Care Parent Training Child Protective Services Child Day Care for The Homeless Homeless Education Programs Headstart Private Non-Profit Programs	Develop Financial Incentives for Child Programming In Shelters Improved Community Linkages With Service Providers Enact Regulatory Changes to Increase Shelter Access for Adolescents Support for Training for Caregivers Expansion of Foster Homes for Adolescents Expansion of Effective Group Homes for Adolescents Maintain and Enhance Child Day Care Services	<ul style="list-style-type: none"> ◆ Increase Funding for Homeless Child Day Care ◆ Mandate Foster Parent Training ◆ Request the Department of Social Services to Review their Guidelines for Foster Parent Recruitment ◆ Fund a Children's Service Coordinator in All Shelters ◆ Develop Residential Care Services for Adolescents to Meet their Multiple Needs(98-99 Session) ◆ Improve the Financial Incentives Provided to Foster Parents ◆ Increase Availability of Emergency Foster Care
Limited Coordination Among Systems	Anchor Data Systems for Shelter Providers Virginia Interagency Action Council for The Homeless Comprehensive Services Act for At-Risk Youth and Families Local Initiatives State and Regional Coalitions	Facilitate Community Planning Develop Shared Data Systems Initiate Streamlined Intake Process Promulgate Joint Regulations and Policies Require Funding to be Tied to Coordinated Community Service Delivery	<ul style="list-style-type: none"> ◆ Codify the Role of Virginia Interagency Action Council for the Homeless to Coordinate Program Development and Delivery of Essential Services to the Homeless ◆ Request the Virginia Interagency Action Council for the Homeless to Study Systems Integration through Funding Streams at State And Local Levels to Improve Service Delivery to Homeless Children

Intervention with Homeless (page 2)

ISSUES	CURRENT INITIATIVES	STRATEGIES	LEGISLATIVE RECOMMENDATIONS
<p>Disruption of Education</p>	<p>14 Homeless Education Projects (Out of 134 School Divisions) 18 Shelter Schools Truancy Grant Programs Summer School Remediation Programs Private Non-Profit After School Tutoring Programs Civic Organizations English as a Second Language Classes.</p>	<p>Provision of Case Advocacy Mainstream Homeless Children into Public Schools Expand In-Shelter Schools In Domestic Violence Settings Improve Transportation between Shelters and Local Schools Expand Availability of Preschool Programs Provision of G.E.D. Preparation for Parents Deliver Training to Educational Personnel on Effects of Homeless Develop After-School Tutoring for Remediation and School Readiness Establish Summer Enrichment Programs for Students Provide School Supplies for Homeless Children</p>	<ul style="list-style-type: none"> ◆ Provide General Fund Support for Homeless Education Projects to Offset Federal Budget Cuts ◆ Amend School Residency Definitions to Include Shelters ◆ Waive Summer School Fees for Homeless Children (98 Session) ◆ Request to Department of Education with the assistance of the Virginia Coalition for the Homeless and the Virginia Interagency Action Council for the Homeless to Develop Materials to Enhance Public Awareness of Homeless In Educational Community ◆ Expand Headstart and Reserve Slots for Children In Homeless Shelters ◆ Expand the Number of Headstart Slots and the Length of the Program Day ◆ Include Shelter Providers in Definition of <i>In Loco Parentis</i> ◆ Increase Funding for Child Day Care for the Homeless
<p>Inadequate Support Services</p>	<p>HUD Funding of Supportive Housing including Continuum of Care Strategies Comprehensive Services Act for At-Risk Youth and Families Child and Maternal Health Clinics Health Care for the Homeless Programs Part H Services for Infants and Toddlers with Disabilities Virginia Interagency Action Council on the Homeless Private Non-Profit and Faith Community Programs.</p>	<p>Provision of Case Management and Access to Necessary Services Develop Community Service Board linkages to Shelters for Mental Health and Substance Abuse Services Expand Transportation to Services Expand Aftercare Services for Families leaving Shelters Increased Access to Family and Parent Support Services</p>	<ul style="list-style-type: none"> ◆ Request the Department of Education to Study the Feasibility of Developing Mandatory Life Skills Training in Secondary Schools ◆ Increase General Fund Support for Supportive Services for the Homeless ◆ Expand the Federal ACCESS Pilot to Provide Integrated Service Delivery to the Homeless in all Localities ◆ Request the Department of Housing and Community Development Disseminate Information on which Localities Demonstrate Integrated Approaches to Respond to Homelessness ◆ Request the Training Center of the Department of Housing and Community Development Provide Training on Collaborative Approaches to Serve the Homeless

Intervention with Homeless (page 3)

ISSUES	CURRENT INITIATIVES	STRATEGIES	LEGISLATIVE RECOMMENDATIONS
<p>Unmet Health Needs</p>	<p>Comprehensive Health Investment Project (CHIP) of Virginia Medicaid Services Maternal and Child Health Clinics Health Care for the Homeless Project Medicaid Services Healthy Families of Virginia Programs</p>	<p>Expand Nutritional Counseling and Services Pilot Shelter Based Health Services Improve Linkages with Public Health and Homeless Programs Provision of Case Management</p>	<ul style="list-style-type: none"> ◆ Develop a Statewide Tracking System to Record Child Immunizations ◆ Provide General Fund Support for Health Screening in all Shelter Settings ◆ Pilot Public Health/Shelters Partnerships to Include Screenings, Parent Education and Facilitation of Volunteer Health Outreach by Medical Personnel ◆ Communicate to HJR 240 the Need to Designate Children as a Mandated Population with Community Service Boards

Reintegration and Stabilization of Homeless

ISSUES	CURRENT INITIATIVES	STRATEGIES	LEGISLATIVE RECOMMENDATIONS
Integrated Aftercare for Teens	Department of Juvenile Justice Parole Officers Independent Living Programs Sponsored by Local Departments of Social Services Three Runaway and Homeless Youth Act Transitional Living Programs Crisis Pregnancy Programs	Comprehensive Medical Discharge Planning Discharge Planning and Case Management for Youth Exiting Foster Care, Correctional Centers and Special Education Programs	<ul style="list-style-type: none"> ◆ Encourage the Department of Health to Coordinate with the Departments of Criminal Justice Services and Social Services, Local Law Enforcement and Emergency Room Staff to Insure Accessibility of Sexual Assault Services to Minors ◆ Request the Health Care Commission to Develop Model Protocols for Comprehensive Medical Discharge Plans for Adolescents ◆ Provide General Fund Support to Expand Independent Living Services to Youth Exiting Foster Care
Transitional Housing And Services	Transitional Housing Programs Family Violence Aftercare Support Programs Independent Living Programs for Teens HUD Supported Housing and Transitional Housing Local Collaborative Programs SAFAH Programs	Provision of Financial Management Development of Job Skills Training Expand Access to Substance Abuse Counseling Increase Availability of Aftercare Support Services Expand the Number of Transitional Housing Units	<ul style="list-style-type: none"> ◆ Increase General Fund Support for Supportive Services Programs ◆ Request the Department of Social Services to Review Residential Care Standards to Promote Flexibility to Serve Minors and Minors with Children ◆ Communicate to HJR 490 the Importance of Maintaining Substance Abuse Services in Community Service Boards ◆ Request the Virginia Ad Council to Develop Public Service Announcements on Aiding the Homeless ◆ Communicate the HJR 161 the Importance of Localities Supporting the Development of Low Income Housing ◆ Establish a Tax Credit Program to Encourage Employers to Hire the Homeless

Reintegration and Stabilization of Homeless (page 2)

ISSUES	CURRENT INITIATIVES	STRATEGIES	LEGISLATIVE RECOMMENDATIONS
<p>Family Support</p>	<p>Faith Community and Private Non-Profit Sponsored Parent Training Family Preservation and Support Act In-Home Services Big Brothers/Big Sisters Mentoring Programs</p>	<p>Parent Education Shelters for Non System Involved Youth Drop-In Centers Family Advocacy Services Family Counseling Services Self-help Parenting Groups</p>	<ul style="list-style-type: none"> ◆ Request the Departments of Juvenile Justice and Social Services Assess the Need for Additional Runaway Shelters ◆ Request Department of Housing and Community Development Evaluate State and Local barriers to Multi-Generational and Extended Family Members Living Together in Public Housing ◆ Increase General Fund Support for Shelters to Enable Them to Keep Homeless Families Intact ◆ Communicate to the Federal Department of Housing and Urban Development the Need to Extend the Current 24 Month time frame for Transitional Housing and Supportive Programs to 36 Months ◆ Request the Secretary of Health and Human Services to Identify the Impact of Cuts in SSI and Welfare Reform on Homeless Children

VIII. Findings and Recommendations

A. IMPROVE THE SERVICE DELIVERY AND SYSTEM CAPACITY FOR HOMELESS CHILDREN

Findings

In FY 95, 14,478 children were housed in homeless shelters and 9,995 children were served in domestic violence programs. Despite the growth in the percentage of children represented in the homeless population, children who are housed in homeless or domestic violence shelters have unique needs which often go unattended. They are more likely than other low income housed children to suffer medical, psychological and educational problems. The focus of most shelter services is directed to the parent in response to their housing, employment, legal and counseling needs. Due to inadequate staff resources, the children are not generally receiving the services they need to lessen the impact of homelessness. Case management services are needed to insure that children are provided day care, they maintain school attendance, and their medical and psychological problems are addressed.

Recommendation 1*

Provide General Fund support for the designation of a staff position to provide case management and direct services to children in those homeless and domestic violence shelters serving minor children.

Findings

The federal government's policy towards the homeless has been to identify needs within subpopulations of the homeless and to fund specific program initiatives. As a result, there are 13 different federal programs which provide services to homeless families. These programs are administered by four federal and four state agencies. On the state level there is limited communication between the administering agencies with respect to planning for the allocation of funds. This lack of communication regarding policy and funding decisions has hindered collaborative planning and service delivery efforts. Localities often seek funding without an awareness of all the potential funding sources available. There is no system-wide coordination to comprehensively track the number of homeless families served, the dollars allocated, or services provided. As new federal funding streams come into the state, interagency planning to address children's needs does not routinely occur. The Virginia Interagency Action Council for the Homeless has existed since 1990 to share information informally on state and local programs serving the homeless. Five states have statutorily created interagency councils to better plan and fund services for the homeless.

Recommendation 2*

Codify the role of the Virginia Interagency Action Council for the Homeless to coordinate program development and delivery of essential services to the homeless.

Recommendation 3

Request the Department of Health to coordinate with the Departments of Social Services and Criminal Justice Services to insure the accessibility of sexual assault services to minors.

Recommendation 4

Request the Department of Housing and Community Development to provide training on collaborative approaches to serving the homeless.

Findings

Adolescents often run away from home in response to family problems. Unaccompanied minors who are homeless may be arrested on runaway charges. The number of arrests for runaways in Virginia has increased steadily since 1990, with approximately 7,000 teenagers picked up for running away in 1995. Unaccompanied homeless minors are at high risk for being victimized or committing crimes when they are on the streets. There are only two shelters in Virginia which serve adolescents off the streets without a formal public agency referral. Homeless adolescents who are pregnant and adolescent mothers who are homeless represent a specific service population whose needs have gone unmet.

Recommendation 5*

Request the Departments of Social Services and Juvenile Justice to assess the need for shelter beds to serve homeless unaccompanied minors.

B. ADDRESS HOMELESS CHILDREN'S EDUCATIONAL NEEDS

Findings

Homeless children often have their schooling interrupted as a result of being without a permanent residence. For safety reasons, the majority of domestic violence shelters do not arrange for school age children to attend local schools. Homeless shelters routinely lack the staff resources to work with the local schools to facilitate children's school enrollment. School registration requirements, including copies of immunization records, school records, and verification of residency, often pose insurmountable barriers to school enrollment. Only 14 out of 134 school districts receive funds to facilitate homeless children's enrollment in school as required by federal law. These programs served fewer than 15% of the homeless school age children last year. In addition, many pre-school age children have inadequate care while their parents seek or maintain employment. Developmental delays experienced by many homeless children remain undetected in the pre-school years and present additional educational challenges. Few shelters are able to offer supervised day care. Day care services are unavailable to many homeless parents and their frequent moves have limited their ability to access Head Start programs.

Recommendation 6*

Provide General Fund support to homeless education programs to offset reduction in federal funds.

Recommendation 7*

Increase funding for child day care for the homeless under the Child Care Block Grant.

Recommendation 8*

Expand availability of Head Start in Virginia and reserve slots for children residing in homeless shelters.

Recommendation 9*

Amend §22.1-3.1 and §22.1-271.2 of the Code of Virginia to facilitate the enrollment of homeless children in local schools.

Recommendation 10

Include Homeless and Domestic Violence Shelters in the definition of *in loco parentis* to foster enrollment of homeless children in schools and to enable shelters to serve non-emancipated homeless minors.

Recommendation 11

Continue the Commission on Youth's Study of the Needs of Homeless Children for an additional year to address their educational issues.

C. RESPOND TO THE HEALTH NEEDS OF HOMELESS CHILDREN

Findings

Families who are homeless tend to access the health care system as a last resort and, by then, the presenting complaint is sometimes of an acute nature. Preventive health and dental care are not routinely used. Upper respiratory and ear infections, gastrointestinal problems and injuries are the most frequent physical complaints. Given the nature of the shelter environment, there is increased risk of transmission of minor and communicable diseases. The provision of nutritionally balanced meals is difficult in settings dependent upon donations. Homeless unaccompanied adolescents seek medical care for complaints which are direct consequences of living on the streets, including pregnancy and sexually transmitted diseases, as well as trauma related to physical vulnerability. While some shelters have developed mechanisms to bring public health services to their clients, such services are the exception rather than the rule in Virginia.

Recommendation 12*

Pilot a Public Health/Shelter Partnership.

Recommendation 13

Request the Department of Health to study the feasibility of developing a statewide Child Immunization Tracking System.

D. PREVENT CHILD HOMELESSNESS

Findings

Poverty and homelessness are inextricably linked. Minimum wage earnings and welfare benefits are insufficient in many Virginia communities to meet the cost of living. The availability of affordable housing has not kept pace with the need. Tax incentives and local ordinances supporting low income housing have been successful strategies to maintain the supply of affordable housing for low income families. Certain tax credit programs may prove helpful in offsetting reduced federal housing allocations and preventing homelessness. Virginia's Homeless Intervention Project, which provides mortgage and rent assistance, has been highly effective. Financial support from the federal government to maintain families in their home through emergency assistance has been reduced as a result of Federal Emergency Management Assistance (FEMA) cuts.

Adolescents who run away from home are unprepared to successfully live independently. Many youths run away as a result of violence in their homes as well as other conflicts in the family. Some families push their adolescents out of the home in response to conflicts, financial strain, or other family crises. Programs which respond to family stress prior to its reaching crisis proportions and which prepare teens for successful independence are effective approaches to prevent homelessness.

Recommendation 14*

Re-establish Virginia's Rent Reduction Tax Credit Program and amend eligibility to include low income families.

Recommendation 15*

Enact the Virginia Earned Income Tax Credit.

Recommendation 16

Request the Department of Education to study the feasibility of providing mandatory life skills training in secondary schools.

Recommendation 17

Increase General Fund support for additional respite care programs for adolescents.

Recommendation 18

Expand the funds available through Family Violence Prevention Grants for child abuse prevention programs.

Recommendation 19

Expand independent living programs for youth exiting foster care.

Recommendation 20

Mandate foster parent training.

Recommendation 21

Provide General Funds to local human service agencies to offset FEMA budget cuts.

Recommendation 22

Request a legislative study on the establishment of community banks and credit unions for small loans to low income families.

E. STRENGTHEN TRANSITIONAL SERVICES FOR HOMELESS FAMILIES

Findings

For homeless families, the road back to stable housing and employment is an arduous one. Length of stay in shelters from 1994 to 1995 has increased an average of two weeks. This increase in length of stay is attributable partially to the lack of transitional bed space. Waiting lists and restrictions on the number of children who can be housed in transitional programs limit the number of homeless families which can be served. Securing employment which can lead to economic self-sufficiency is an additional obstacle to transitioning into permanent housing. Many homeless parents and adolescents have few job skills. The job skills they possess are often suitable only for low paying jobs without medical benefits, which continue their precarious living arrangements. Those who can secure housing and have full time employment at a livable wage are often unable to amass necessary security deposits and pass credit assessments, which result in their inability to secure permanent housing without governmental assistance.

Recommendation 23

Establish a tax incentive for employers to hire the homeless.

Recommendation 24

Request the Department of Social Services to establish non-traditional jobs training.

Recommendation 25

Request a legislative study to review credit rating assessments for the homeless moving from transitional to permanent housing.

F. IMPROVEMENT OF SHELTER CARE SERVICES TO THE HOMELESS

Findings

Despite the increasing numbers of homeless families, many shelters in Virginia have closed for lack of operational money. The state contributes only 4% to the operating costs of emergency and transitional shelters. State funding for shelters has not increased for four years. Many shelters need facility repair and/or

expansion and additional personnel to meet the diverse need of the client population. Clearly, homeless children cannot receive the services they need if there are no shelters to serve them.

Recommendation 26*

Increase General Fund support for additional shelter beds, supportive services and facility repairs.

Recommendation 27

Restore the Virginia Tax Check-Off For Housing Program targeted for the homeless, elderly and disabled.

G. ASSESS THE IMPACT OF FEDERAL POLICIES ON VIRGINIA'S HOMELESS

Findings

It is difficult to assess the impact of federal welfare reform on Virginia's homeless children. However, if implementation of these reforms increases poverty rates, there will also be an increase of homeless families. As Virginia begins to develop its plans to comply with federal law, the specific impact on children with respect to homelessness should be monitored. Other federal policies, implemented with the intent to improve the safety of public housing tenants, may potentially increase the number of homeless children. As the state responds to federal directives, Virginia would be well served to assess the impact on children as part of the planning and assessment efforts.

Recommendation 28

Request the Secretary of Health and Human Services to identify the impact of cuts in Supplemental Security Income (SSI) and Welfare Reform on homeless children.

Recommendation 29

Request Virginia field offices of the U. S. Department of Housing and Urban Development (HUD) to assess the impact of "one strike" federal eviction policies.

IX. Acknowledgments

In addition to the individuals who served on HJR 181 Homeless Children Workgroup, the Virginia Commission on Youth and the Virginia Housing Study Commission extend their appreciation to the following agencies and individuals for their assistance and cooperation on this study:

Arlington Community Temporary Shelter, Inc.
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Arlington County Government
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National Coalition for the Homeless

National Law Center on Homelessness & Poverty
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1996 SESSION

968055312

HOUSE JOINT RESOLUTION NO. 181
FLOOR AMENDMENT IN THE NATURE OF A SUBSTITUTE
 (Proposed by Delegate Jones, J. C.
 on February 9, 1996)

(Patron Prior to Substitute—Delegate Jones, J. C.)

Directing the Virginia Commission on Youth and the Virginia Housing Study Commission to study homeless children in the Commonwealth.

WHEREAS, the number of children, with and without their families, seeking assistance at homeless shelters is increasing dramatically in the nation and in Virginia; and

WHEREAS, the international Union of Gospel Mission, a network of 250 rescue missions, indicates that children and adolescents now constitute eleven percent of the homeless population, an increase of three percent in one year; and

WHEREAS, in 1995, the Virginia Coalition for the Homeless reported that twenty-seven percent of the persons who received shelter from one of the 128 participating programs in Virginia ranged from infants to age seventeen; and

WHEREAS, women and children comprise forty-five percent of the family units seeking shelter in Virginia, and families that are turned away from shelters due to unavailable space often sleep in abandoned buildings, automobiles, or other unsuitable accommodations; and

WHEREAS, the stressful experience of homelessness may adversely affect the emotional and physical health and development of such children; and

WHEREAS, because the families of homeless children move frequently and the children of such families transfer from school to school, they often demonstrate poor academic performance; and

WHEREAS, homeless children often have inadequate diets and may be at greater risk for illness than their peers; and

WHEREAS, in November 1989, the Department for Children and the Council on the Status of Women conducted a thorough study on homeless families in Virginia, and the Virginia Housing Study Commission has issued comprehensive reports and recommendations on homelessness, many of which have been implemented throughout the state; and

WHEREAS, these efforts notwithstanding, the current status of homeless children and their families needs to be ascertained, and creative strategies must be developed to meet the multiple and complex needs of such children and their families; now, therefore, be it

RESOLVED by the House of Delegates, the Senate concurring, That the Virginia Commission on Youth and the Virginia Housing Study Commission be directed to study homeless children in the Commonwealth. The Commissions shall (i) determine the number and demographic characteristics of Virginia's homeless children; (ii) identify the particular problems facing Virginia's homeless children, and the barriers to providing services to them; and (iii) recommend appropriate and feasible ways and alternatives to improve the lives of Virginia's homeless children.

All agencies of the Commonwealth shall provide assistance to the Commissions, upon request.

The Virginia Commission on Youth and the Virginia Housing Study Commission shall complete their work in time to submit their findings and recommendations to the Governor and the 1997 Session of the General Assembly as provided in the procedures of the Division of Legislative Automated Systems for the processing of legislative documents.

968055312

01/18/96

2/9/96 17:30

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EMERGENCY SHELTER GRANTS (ESG)

U.S. Housing and Urban Development (HUD) provides funding directly to larger Virginia jurisdictions as entitlements. The funds support operational and support services to local governments or non-profit organizations which operate shelter and/or transitional housing facilities. Determination of entitlement communities is based on a federal formula measuring population, poverty and unemployment rates.

Year	No. Entitlement Communities	Total \$\$\$
1990	8	525,000
1991	8	523,000
1992	8	523,000
1993	8	366,000
1994	8	806,000
1995	8	1,029,000
1996	7	755,000

EMERGENCY SHELTER (FESG) /SHELTER SUPPORT GRANTS (SSG)

The Virginia Department of Housing and Community Development administers both programs which fund domestic violence and homeless shelter operational and support services. The Emergency Shelter Grants is a federal funding program from the U.S. Department of Housing and Urban Development (HUD) for non-entitlement communities. Shelter Support Grants is a state-funded initiative which also directs funds to local units of government and non-profit organizations. Grant applications must be made and funding is calculated on a per bed basis. Both programs require a local match and there may be multiple awards in any locality.

Year	EMERGENCY SHELTER GRANTS FEDERAL FUNDS		SHELTER SUPPORT GRANTS STATE FUNDS		Grand Total \$\$\$
	No. Localities	Grant \$\$\$	No. Localities	Grant \$\$\$	
1990	20	678,000	33	567,044	1,245,044
1991	29	683,000	34	625,280	1,308,280
1992	38	688,000	38	709,120	1,397,120
1993	35	683,000	39	834,120	1,517,120
1994	35	483,000	38	1,009,120	1,492,120
1995	34	1,053,000	42	1,009,120	2,062,120
1996	37	1,439,000	40	1,009,120	2,448,120

EMERGENCY COMMUNITY SERVICES HOMELESS GRANT PROGRAM
(ECSH)

Funds are administered through U.S. Health and Human Services to the Virginia Department of Social Services, Office of Community Services. Funds are distributed on a competitive basis to localities, based on proposals grading assessment of homeless needs, coordination of services, etc. Using the community block grant formula to determine the state allocation, this program provides emergency maintenance and income support to the homeless to help them transition out of poverty.

<u>Year</u>	<u>No. Communities</u>	<u>Total \$\$\$</u>
1990	20	525,006
1991	20	549,044
1992	21	381,788
1993	19	320,414
1994	22	317,744
1995	20	324,197
1996	0	0

SUPPORTIVE HOUSING (SAFAH)

Amendments to the federal McKinney Act merged funding for three separate programs (Supplemental Assistance for Families to Assist Homeless, Permanent Housing for Handicapped Homeless, and Transitional Housing) into one in 1992. Localities receive funding directly for the renovation of homes, delivery of supportive services, conversion or leasing of facilities. (The funding listed below excludes the Handicapped Housing component.)

<u>Year</u>	<u>No. Communities</u>	<u>Total \$\$\$</u>
1990	1	785,799
1991	3	1,657,987
1992	6	2,525,826
1993	4	5,236,399
1994	6	6,404,764
1995	9	5,671,208
1996	6	6,596,628

DOMESTIC VIOLENCE PREVENTION GRANTS (DVP)

Administered by the Virginia Department of Social Services, these federal and state funds are awarded through a competitive grant process. Grant recipients are predominately non-profit shelter programs which provide shelter and safe houses to victims of domestic violence. Funding provided only supports personnel and supportive services.

<u>Year</u>	<u>No. Programs</u>	<u>Federal \$\$\$</u>	<u>State \$\$\$</u>	<u>Grand Total \$\$\$</u>
1990	30	308,648	400,000	708,648
1991	31	440,229	500,000	940,229
1992	35	481,122	500,000	981,122
1993	36	599,499	475,000	1,074,499
1994	37	697,030	1,041,578	1,739,608
1995	38	801,782	1,016,578	1,818,360
1996	39	843,315	1,016,578	1,859,893

EMERGENCY FOOD AND SHELTER PROGRAM (EFSP)

Funded through the Federal Emergency Management Agency (FEMA) to localities through formula allocations based on population, unemployment and poverty rates. State set-asides are distributed through the United Way. Funds are for purchase of food, shelter costs, rent/mortgage assistance, minor rehabilitation, etc. Money is to be used to supplement community resources.

<u>Year</u>	<u>No. FEMA Communities</u>	<u>Total \$\$\$</u>	<u>State Set-Aside \$\$\$</u>	<u>Grand Total \$\$\$</u>
1990	79	1,859,845	4,342	1,864,187
1991	81	2,102,573	4,663	2,107,236
1992	103	2,337,084	3,081	2,340,165
1993	92	2,227,399	4,396	2,281,795
1994	104	2,047,156	4,345	2,051,501
1995	104	1,964,923	4,205	1,969,128
1996	95	1,467,762	3,324	1,471,086

RUNAWAY AND HOMELESS YOUTH ACT PROGRAMS (RHYA)

Administered through the federal Department of Health and Human Services, grants are awarded directly to public and private non-profit programs in three-year cycles. Two forms of funding: basic shelter and independent living grants are provided to serve adolescents who are runaways, throwaways or who have aged out of public sector services and need assistance transitioning to independence.

<u>Year</u>	<u>No. Programs</u>	<u>Total \$\$\$</u>
1990	4	293,803
1991	5	478,442
1992	6	647,183
1993	8	757,643
1994	8	802,110
1995	8	729,791
1996	9	828,754

HEALTH CARE FOR THE HOMELESS (HCH)

The U.S. Department of Health and Human Services provides competitive funding to local public, private, or non-profit health agencies to meet health and substance abuse service needs of homeless individuals, children and families.

<u>Year</u>	<u>No. Communities</u>	<u>Total \$\$\$</u>
1990	2	520,331
1991	2	580,713
1992	2	546,241
1993	2	546,241
1994	2	546,238
1995	2	557,166
1996	2	523,108

CHILD CARE FOR THE HOMELESS (CCH)

Funds are made available to the state through the Child Care Development Block Grant administered through the U.S. Department of Health and Human Services. The Governor designates the administrating agency. The Virginia Day Care Council was the designated agency prior to its dissolution on June 30, 1996. Funds are directed to local government and non-profit agencies to provide day care services to homeless children who are in shelter/safe home settings. There may be multiple awards received by a single agency.

<u>Year</u>	<u>No. Grants Awarded</u>	<u>Total \$\$\$</u>
1994	32	300,000
1995	27	250,000
1996	28	200,000

HOMELESS EDUCATION PROGRAM (HEP)

The Virginia Department of Education has administered the Education for Homeless Children and Youth (Subtitle VII-B of the Stewart B. McKinney Homeless Assistance Act) since March 1989. The College of William and Mary assumed responsibility for coordination of the federal grant. All states are eligible for funding by facilitating the enrollment, attendance, and success of homeless children and youth in school. The Virginia Homeless Education Program submitted its plan as part of the state Department of Education's Consolidated Plan for the last two years. Within the state, competitive grants are awarded to local school divisions to provide supplemental services, such as tutoring and emergency assistance, to homeless students (pre-school through 18 years of age).

<u>Year</u>	<u>No. Localities</u>	<u>Total \$\$\$</u>
1990	.	84,373
1991	.	135,054
1992	7	485,728
1993	6	422,197
1994	15	386,954
1995	16	418,374
1996	14	331,441

No breakdown available

INDEPENDENT LIVING INITIATIVE (ILP)

Administered through the Virginia Department of Social Services, the program provides funds directly to local Departments of Social Services based on their foster care caseloads. Funds are used for services such as employment training, counseling, life skills training (as opposed to funding room and board) for youth ages 16-21 who are in or exiting foster care. In 1995, Virginia began drawing down additional federal funds which require a 50% match. Special initiative projects are approved by the state department with funds not allocated or spent by localities. Special initiatives are designed to prevent homelessness among the foster care population.

Year	No. Communities	Special Initiatives \$\$\$	Total \$\$\$
1990	92	---	875,289
1991	93	334,852	875,289
1992	95	260,829	875,289
1993	101	163,113	875,289
1994	109	128,802	875,289
1995	112	604,919	1,361,561
1996	112	568,415	1,361,561

HOMELESS INTERVENTION PROGRAM (HIP)

Funded by the General Assembly and administered through the Virginia Department of Housing and Community Development, program funds are provided to local governments or non-profit agencies. Funding is used to help individuals on a one-time, short-term basis to cover rent, mortgage and/or utility bills to keep families in their homes. Awards are made to local units of government or non-profit agencies and may serve multiple jurisdictions.

Year	No. Localities Funded	Total \$\$\$
1990	8	1,026,000
1991	8	1,260,000
1992	8	1,260,000
1993	9	1,376,000
1994	10	1,551,000
1995	11	1,951,000
1996	12	1,951,000

**Listing of Shelters and Transitional Living Programs Accessible to Homeless
Children As Of December 1996**

Domestic Violence Shelters

Program Name	Location	Number of Beds
Alexandria Domestic Violence Program	Alexandria	14
Arlington Community Temporary Shelter	Arlington	34
Abuse Alternatives	Bristol	17
Family Crisis Services	Buchanan	4
Shelter for Help in an Emergency	Charlottesville	20
Safehome Systems	Covington	17
Services to Abused Families	Culpeper	15
Domestic Violence Emergency Services	Danville	16
Rappahannock Council on Domestic Violence	Fredericksburg	23
Warren County Council on Domestic Violence	Front Royal	12
Cope	Gloucester	14
Virginia Peninsula Council on Domestic Violence	Hampton	51
First Step	Harrisonburg	16
Loudoun Abused Women's Shelter	Leesburg	15
Council on Domestic Violence for Page County	Luray	5
YWCA Family Violence Prevention Program	Lynchburg	38
ACTS	Manassas	13
Citizens Against Family Violence	Martinsville	30
Family Crisis Support Services	Norton	15
YWCA Women in Crisis Program	Norfolk	31
Eastern Shore Coalition Against Domestic Violence	Onancock	5
Help and Emergency Response	Portsmouth	42
Women's Resource Center of New River Valley	Radford	26
YWCA Women's Advocacy Program	Richmond	40
Turning Point	Roanoke	60
Franklin County Family Resource Center	Rocky Mount	10
Family Crisis Support Services	Scott	10
Alternatives For Abused Adults	Staunton	16
The Genieve Shelter	Suffolk	5
Samaritan House	Virginia Beach	39
Council on Domestic Violence	Warren	12
The Haven in Richmond County	Warsaw	16
Avalon	Williamsburg	18
The Shelter for Abused Women	Winchester	20
Response	Woodstock	14
Family Resource Center	Wytheville	28

Homeless Shelters

Program Name	Location	Number of Beds
Alexandria Community Shelter	Alexandria	65
Alive House	Alexandria	14
Carpenter's Shelter	Alexandria	40
Christ House	Alexandria	18
Mondolch House	Alexandria	47
Arlington Community Temporary Shelter	Arlington	16
Arlington/Alexandria Coalition for the Homeless	Arlington	50
Christhill	Big Stone Gap	10
Salvation Army	Charlottesville	22
MACAA	Charlottesville	15
Our House	Chesapeake	12
ACTS	Dumfries	15
Shelter House	Falls Church	40
Thurman Brisben	Fredericksburg	80 (winter only) 40 rest of year
H.E.L.P.	Hampton	28
Salvation Army	Harrisonburg	25
Volunteers of America	Loudoun	45
Present Help Ministries	Lynchburg	12
Salvation Army	Lynchburg	15
Hands Up lodge	Lynchburg	30
AGAPE	Manassas	25
Borromeo House	Manassas	6
S.E.R.V.E.	Manassas	43
Friends of the Homeless	Newport News	50
Dwelling Place	Norfolk	44
Haven Family Center	Norfolk	38
CARES Inc.	Petersburg	30
P.A.R.C.	Portsmouth	38
Embry Rucker	Reston	32
Emergency Shelter	Richmond	27
Salvation Army	Richmond	25
TAP	Roanoke	24
Trust House	Roanoke	30
Good Shepherd Alliance	Sterling	45
Shelter for the Homeless	Suffolk	18
Virginia Beach CDC	Virginia Beach	18
Volunteers of America	Woodbridge	30

Transitional Living Programs

Program Name	Location	Number of Beds
People Inc.	Abingdon	21
Carpenter's Shelter	Alexandria	90
Sullivan House	Arlington	50
Montgomery County Community Shelter	Christiansburg	7
Services to Abused Families	Culpeper	9
Virginia Peninsula Council On Domestic Violence	Hampton	39
Mercy House	Harrisonburg	48
Volunteers of America	Leesburg	30
Miriam's House	Lynchburg	37
Dawson Beach	Prince William	25
Emergency Shelter	Richmond	49
St. Joseph's Villa	Richmond	22
TAPS	Roanoke	30
Samaritan House	Virginia Beach	16
Salvation Army	Williamsburg	8
Salvation Army	Winchester	24

Programs listed are only those which receive public sector funding and exclude church based organizations

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