



Estimated Annual Cost of Child Homelessness in Pennsylvania: **\$321 Million**

Updated November 2012

Summary:

Pennsylvania's state policy makers have reduced funding for strategies that address the needs of children who experience homelessness, resulting, in part, in increases in family homelessness. They should be cautious of the potential consequences of not supporting high quality, outcomes-based services that lead to ending homelessness for the families and improving child-well-being indicators like achieving academic success.

This report shows that the societal cost of childhood homelessness reaches well beyond the cost of providing housing. An examination of thirteen cost categories associated with child homelessness shows that the estimated *annual* marginal cost of child homelessness in Pennsylvania is \$321,506,087. This averages to an *annual* marginal cost of approximately \$33,943 per child for the 9,472 children who slept at least one night in shelter in 2011. Compared to the average cost of a child who is not homeless - ending homelessness should be a desired societal outcome.

It is common for children who experience homelessness to be served by multiple systems. For example, Ms. Smith is the young mother of two children. Over the past few years, her children were served by an early intervention specialist, the foster care system, the county child welfare agency, and the emergency housing system. Ms. Smith is now stably housed and her children are no longer receiving services.

No child should be homeless:

Each night thousands of children sleep in a shelter in Pennsylvania. Children and their families who are experiencing homelessness can be strong and healthy families, but the overwhelming majority of them need temporary support to become stable again. In many ways, emergency housing provides a measure of security and a healing environment – providing safety from an abuser, someone to talk to about overwhelming problems, a successful way to find an affordable apartment or a job. A stay in an emergency or transitional housing program can

provide this stability. In addition, homeless prevention services can provide one-time funding that will avoid a costlier stay in shelter and stabilize many families at minimal cost.

Cost of child homelessness in Pennsylvania:

Childhood homelessness exacts a costly toll on children's short- and long-term health, development, and well-being. In terms of health related outcomes, research demonstrates that children contending with homelessness experience higher than average rates of asthmaⁱ, ear infectionsⁱⁱ, iron-deficiency based anemiaⁱⁱⁱ, and are disproportionately more likely to test positive for lead toxicity^{iv}.

They are more likely than their peers to utilize hospital emergency rooms as their primary source of health care^v. Given that many children have experienced trauma and other forms of developmental risk prior to homelessness, they are also more likely than their peers to be in need of mental health services^{vi}. Furthermore, research indicates that early experiences of trauma, including homelessness, can exert a long-term, detrimental influence on children's growth and development that extends into adulthood^{vii}.

Nearly 25% of children experiencing homelessness enter foster care at some point – compared to < 1% of the general population^{viii}.

Young children experiencing homelessness exhibit high rates of developmental delays and academic difficulties— resulting in an increased need for early intervention and special education services^{ix,x}.

The effects of childhood homelessness extend into adulthood. Youth who experienced homelessness evidence higher rates of high school drop-out relative to their peers^{xi}. As a result, a recent report suggests that they make, on average, \$200,000 less across their lifetimes^{xii}.

Additionally, children and youth experiencing homelessness who do not graduate from high school are more likely than their peers to be involved with the criminal justice system – resulting in lost contributions to society and increased costs for public systems^{xiii}.

This report presents the findings from a cost analysis of child homelessness in Pennsylvania. Prior cost estimates of homelessness have focused on adults and primarily examined the cost of providing emergency/ transitional housing relative to providing rent subsidies^{xiv,xv}. This report moves beyond only considering the cost of housing/shelter for adults to focus on the health, developmental, educational, and societal impacts of homelessness experienced in childhood.

The findings of this analysis are based on the calculated annual marginal cost of 13 cost categories. The marginal cost is defined as the additional cost of serving children who have experienced homelessness above and beyond the cost associated with addressing the needs of

children who have not experienced homelessness^{xvi}. Details on how the marginal costs were calculated are presented later in this report but here is one example:

Research shows that children experiencing homelessness are more likely than their peers to be placed in foster care. A study conducted by C. Zlotnick^{xvii} suggests that there are 26% more children who are homeless placed in foster care compared to housed-children. The adjusted marginal cost associated with child welfare investigations is \$2463 and the cost of foster care is \$38,338 annually – for a total of \$97,818,397 in Pennsylvania.

It should be noted that based on the calculations in this study, the cost of providing emergency/transitional housing comprises less than 25% of the total marginal cost associated with childhood homelessness. This suggests that the short- and long-term societal cost of childhood homelessness reaches well beyond the cost of providing housing.

Cost calculations of childhood homelessness:

The total number of children served by emergency/transitional housing programs in Pennsylvania during 2011 was 9,472¹ across 17 Continuums of Care (CoC)². Each of the cost estimates were calculated by multiplying the marginal number of children impacted by the cost associated with the Cost Category. The Total Marginal Cost was calculated by summing the costs associated with each of the 13 Cost Categories. Finally, the Average Cost per Child was calculated by dividing the Total Marginal Cost (\$321,506,087) by the total number of children served (N = 9,472). More specific information on how each of the cost estimates was derived is provided in the “Cost Calculations” section below.

¹ The number of children served, 9,472, represents the unduplicated count of children served by Family Emergency/ Transitional Housing programs in Pennsylvania in 2011. Further details on how this count was derived are presented in the Methods section at the end of this report.

² Data from only 17 of the 18 Continuums of Care were included in this study. While the Harrisburg/Dauphin CoC contributed data for this study, they do not currently have a Homeless Management Information System (HMIS), and only Point-In-Time count data were available. These data are not comparable to HMIS data, and therefore, the Harrisburg/Dauphin CoC was not included in the current report.

Marginal Cost of Childhood Homelessness in Pennsylvania: A Review of 13 Cost Categories			
Cost Category	Number of Children Impacted (based on marginal percentage difference)	Annual Cost (in 2012 dollars)	Total Marginal Cost
Costs Associated with Physical and Mental Health Care			
Emergency Room Utilization	757	\$432	\$327,636
<i>Chronic Health Conditions</i>			
Asthma	1,752	\$3,863	\$6,769,646
Anemia	1,136	\$11,574	\$13,115,758
Chronic Ear Infections	852	\$4,697	\$4,003,742
Lead Toxicity	378	\$654	\$247,934
Mental Health Care	1,354	\$2,865	\$3,880,739
Costs Associated with Social Services & Housing			
Child Welfare Costs	2,463	\$39,720	\$97,818,397
Emergency/Transitional Housing ³	5,711	\$14,175	\$80,955,317
Costs Associated with Early Development & Education			
Early Intervention	1,801	\$3,886	\$6,999,395
Early Childhood Education	3,333	\$6133	\$20,441,958
Special Education	1,704	\$7,791	\$13,238,343
Costs Associated with Not Completing High School			
Lost Wages	2,746	\$23,921	\$65,708,489
Incarceration	140	\$41,321	\$5,788,729
Net Fiscal Loss to Society	2,746	\$774	\$2,125,004
Total Marginal Cost			\$321,506,087
Average Marginal Cost per Child			\$33,943

³ Given that the cost associated with emergency/transitional housing is calculated per family, this cost is based on the number of families served by emergency and transitional housing programs, rather than the number of children served by emergency and transitional housing programs.

Marginal cost of childhood homelessness per Pennsylvania’s 17 ‘Continuum of Care’ (CoC) regions:

The following chart shows the estimated marginal costs per Pennsylvania’s 17 ‘Continuum of Care’ (CoC) regions. The 17 CoCs lead the regional planning, data collection, and implementation of strategies to end homelessness. The cost categories used to estimate the marginal costs for each of the 17 CoC’s are the same as the cost categories used to calculate the overall estimate.

# and Name of Continuum of Care	Total Marginal Costs
500- Philadelphia	\$141,457,620
502- Upper Darby/Chester	\$21,087,105
503- Wilkes-Barre/Hazleton Luzerne	\$5,711,805
504- Lower Merion/Norristown	\$8,756,952
505- Chester County	\$5,383,808
506- Reading/Berks	\$6,329,292
507- Altoona/Central PA	\$11,506,439
508- Scranton/Lackawanna	\$7,287,898
509- Allentown/Northeast PA	\$16,520,140
510- Lancaster City/County	\$13,598,623
511- Bristol/Bensalem/Bucks	\$11,339,298
512- York City and County	\$10,227,489
600- Pittsburgh/Allegheny	\$31,756,032
601- Southwest PA	\$11,925,265
602- Northwest PA	\$5,421,266
603- Beaver County	\$2,186,976
605- Erie City	\$9,595,334

Figure 1⁴:

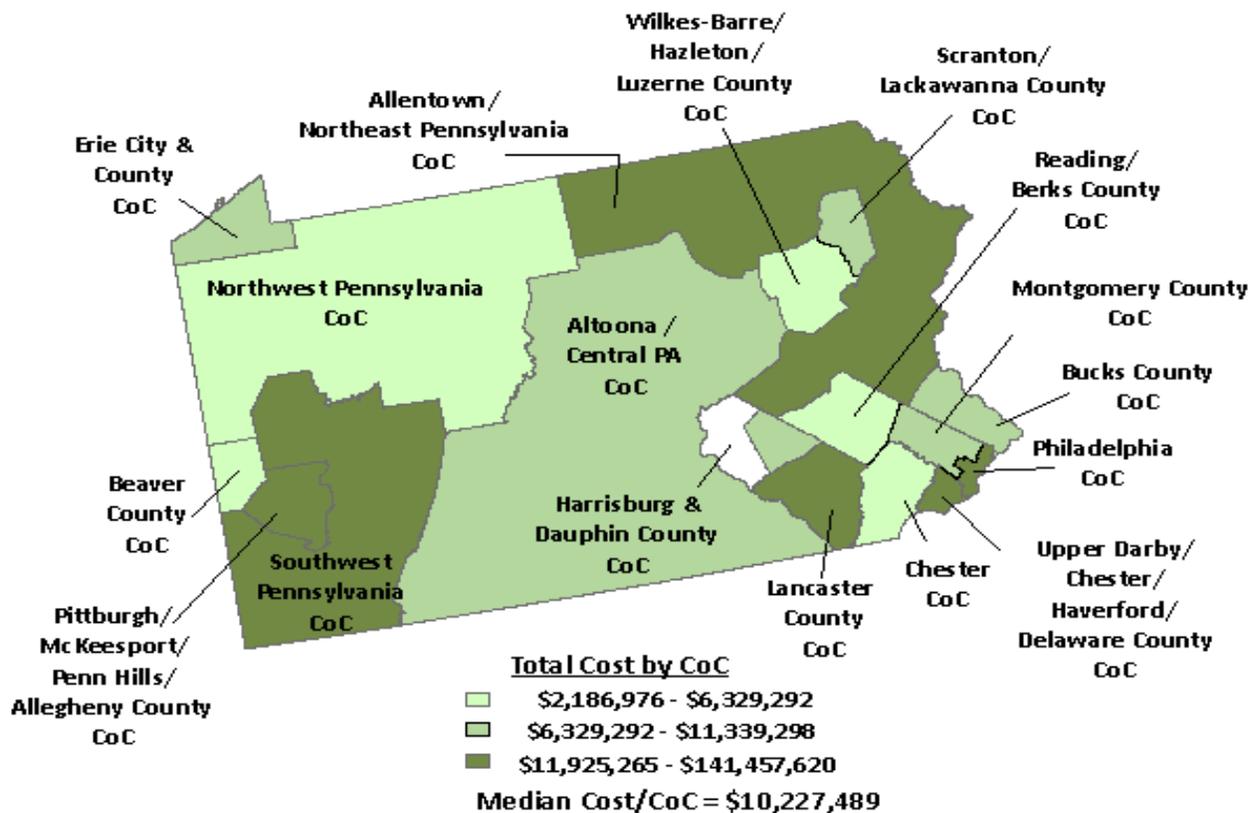


Figure 1 presents a picture of the estimated marginal costs for each of the 17 CoC's that reported HMIS data. Continuums were grouped into tertiles based on estimated marginal cost. The dark green CoC's (Allentown/Northeast PA; Lancaster City & County; Pittsburgh/McKeesport/Penn Hills/Allegheny County; Upper Darby/ Chester/ Haverford/ Delaware County; Southwest; and Philadelphia) represent the top third in terms of total estimated marginal cost of child homelessness. The marginal cost associated with childhood homelessness for these CoC's ranged from \$11,925,265 to \$141,457,620. The light green CoC's (Northwest PA; Beaver County; Chester County; Wilkes-Barre/Hazleton/Luzerne County; and Reading/Berks) comprise the bottom third in terms of total estimated marginal cost of child homelessness. The marginal cost associated with childhood homelessness for these CoC's ranged from \$2,186,976 to \$6,329,292. The estimated median annual cost of child homelessness across the 17 CoC's reporting data was \$10,227,489.

⁴ The map used to create Figures 1 & 2 is based on CoC's from 2010 and thus does not include York City and County. York City & County CoC was in the middle third on both cost of child homelessness (Figure 1) and percentage of children homeless (Figure 2).

Figure 2:

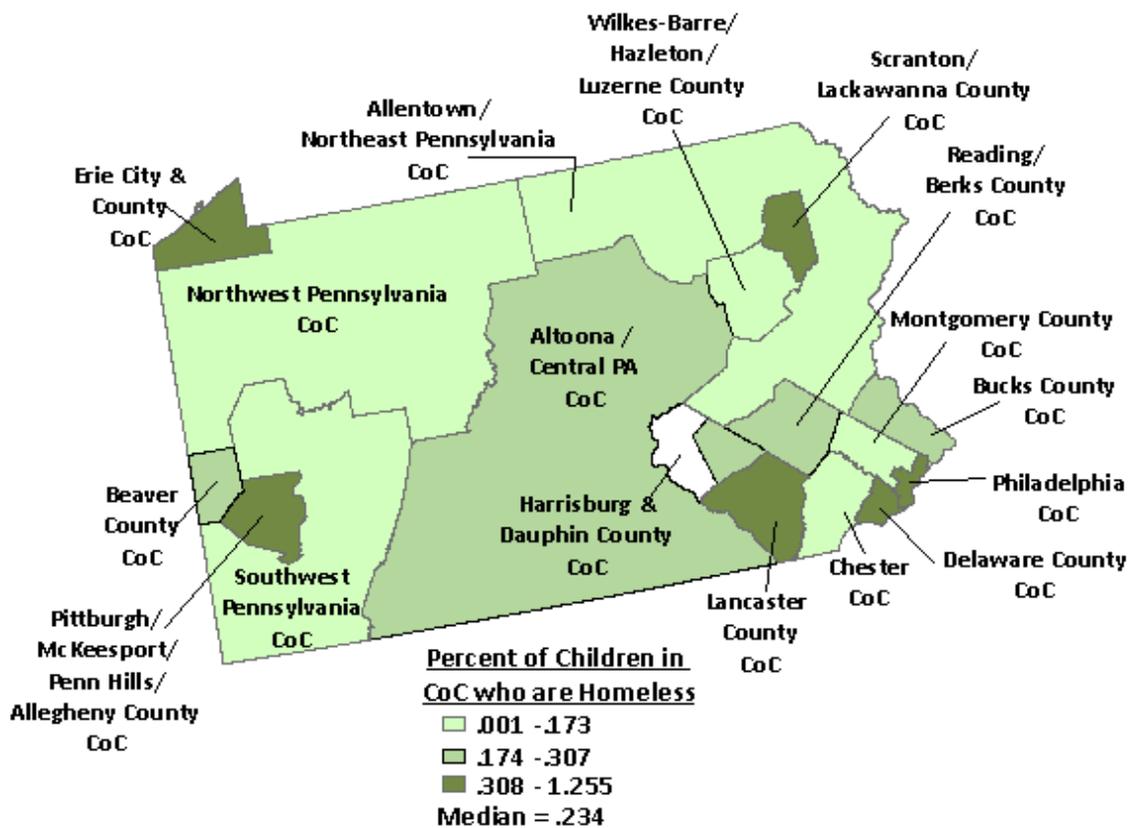


Figure 2 presents a picture of the percentage of the child population who were homeless in 2011 by CoC. Continuums were grouped into tertiles based on the percentage of children in the Continuum who experienced homelessness. For instance, 216 children were identified as having been served by emergency/transitional housing programs in the Scranton/Lackawanna CoC. The total population of children in this Continuum was 43,947. Based on these numbers, .49% [i.e. $(216 \div 43,947) \times 100$] of the child population living in the Scranton/Lackawanna CoC experienced homelessness in 2011. The dark green CoC's (Pittsburgh/McKeesport/Penn Hills/Allegheny County; Erie City & County; Lancaster City & County; Scranton/Lackawanna County; Upper Darby/Chester/Haverford/Delaware County; and Philadelphia) are the CoC's with the highest prevalence of child homelessness. Prevalence of child homelessness in these CoC's ranged from .308% to 1.26%. The light green CoC's (Southwest PA; Northwest PA; Allentown/Northeast; Wilkes-Barre/Hazleton/Luzerne County; Lower Merion/ Norristown/ Abington/Montgomery County; and Chester County) comprise the lowest third in terms of prevalence of childhood homelessness. Prevalence of child homeless across these CoC's ranged from .001% to .173%. The median prevalence of child homelessness across the 17 CoC's reporting data was .23%.

Conclusion:

The cost data above can be used to help the leadership of organizations, counties, policy makers, and the public understand the importance of ending homelessness.

However, Pennsylvania's legislators have reduced funding of the Homeless Assistance Program and Human Services Development Fund (HSDF), which support emergency housing, homeless prevention programs and other strategies. In fact, they have reduced funding these programs every year since at least 2008:

PA State Funds	2007-2008 (in thousands)	2008-2009 (in thousands)	2009-2010 (in thousands)	2010-2011 (in thousands)	2011-2012 (in thousands)	2012-2013 (in thousands)
	Actual	Actual	Actual	Available	Enacted	Final
Homeless Assistance Program	\$26,700	\$26,613	\$23,023	\$22,606	\$20,551	\$18,496
HSDF	\$35,035	\$33,925	\$29,346	\$23,243	\$14,956	\$13,460

These cuts resulted in more and more families being denied emergency housing because of a reduction in available beds and services^{xviii}. Newspapers from throughout the state reported on the increasing number of homeless families.^{xix} In Philadelphia alone, there was a 339% increase in the number of families who asked for assistance^{xx}. There is a clear correlation between the increase in family homelessness and the reduction of state funding for emergency housing and related services. Reduced state funding likely does not save money; as noted above, the cost of providing emergency/transitional housing comprises less than 25% of the total marginal cost associated with childhood homelessness. Other expenses can occur in areas like emergency room care, managing chronic health conditions, mental health care, and other reactive service use. The benefit of emergency housing and the corresponding services is that families are helped on the path of economic self-sufficiency through access to permanent housing, employment training, health care services, support in dealing with school issues, and promoting families' competence across all important areas of life. These successes are long-term successes that benefit society over many years.

Action Steps: The cost analysis can be used by public and private leaders throughout the Commonwealth.

(1) Public and private-sector leaders throughout Pennsylvania can use this cost analysis to better understand how to solve the problems brought on by homelessness. This effort requires a partnership between state, federal, and county public leaders along with the private sector of agencies, businesses, community leaders, volunteers and the families themselves. Pennsylvania has a 400-year history of communities working together to benefit each other. This tradition needs to continue in order to achieve the goal of ending homelessness.

(2) State legislators and the Corbett Administration need to understand that budget cuts to programs serving homeless children and youth only shift or ignore costs to other sources. Members of the public can contact their legislators today and ask them not to cut human services. Find their contact information at <http://www.housingalliancepa.org/take-action>.

(3) Pennsylvania's business community needs to understand that state and local revenue is critically important to ending homelessness. Hundreds of business leaders support these efforts, but thousands are needed. County and regional Chambers of Commerce need to actively support local efforts.

(4) Providers of services need to evaluate their success by targeting measurable outcomes related to ending homelessness, improved child well-being, employment for the parent(s), and other indices demonstrating that the family is moving toward healthy participation in the local economy.

Resources:

Campaign That Works: <http://whycutwhatworks.myfastsite.net/>

Housing Alliance of Pennsylvania: www.housingalliancepa.org

Pennsylvania Cares for All: <http://pacareshforall.org/>

Pennsylvania General Assembly: <http://www.legis.state.pa.us/>

Pennsylvania Budget and Policy Center: <http://www.pennbpc.org/>

Pennsylvania Budget Information:

http://www.budget.state.pa.us/portal/server.pt/community/office_of_the_budget_home/4408

People's Emergency Center: www.pec-cares.org

Methods:

Sample

The number of children experiencing homelessness in Pennsylvania (n = 9,472) is representative of children served by emergency and transitional housing providers throughout the state who report data using HMIS. In April 2012, representatives from each of the 18 Continuums of Care in Pennsylvania were contacted and asked if they would be willing to share data on the number and age of children served by their emergency and transitional housing provider agencies. Data from 17 of the 18 Continuums of Care were included in this report⁵. To create an unduplicated estimate of the total number of children served, the number of children served by emergency and transitional housing programs were added together and multiplied by .9513 (the adjustment factor from the 6th Annual Homeless Assessment Report^{xxi}). Based on these data, the total number of children/youth served by family emergency and transitional housing providers throughout the state during 2011 was 9,472.

Cost Categories

Cost categories were identified based on available studies of the influence of homelessness on children's development and well-being. Studies included peer-reviewed journal articles, as well as publicly available reports. Based on these studies, four overarching categories encompassing 13 individual cost categories were identified. The four overarching categories included: Physical and Mental Health; Social Services and Housing; Early Development and Education; and Costs Associated with Not Completing High School.

Thirteen individual cost categories corresponding to the four overarching categories were identified for inclusion, including emergency room utilization, chronic health problems, mental health care, foster care, etc. The marginal cost of childhood homelessness was calculated for each of the thirteen categories. Marginal cost is defined as the additional cost of serving children who have experienced homelessness *above and beyond* the cost associated with addressing the needs of children who have not experienced homelessness^{xxii}. To calculate the marginal cost, the prevalence of the cost category in the general child population was subtracted from the prevalence of the cost category among children experiencing homelessness. This percentage difference was then multiplied by the total number of children experiencing homelessness in PA⁶. The resulting number of children was then multiplied by the cost of the service/outcome (adjusted for inflation to 2012 values). An example of the calculation steps is provided below under emergency room utilization.

⁵ All 18 Continuums of Care provided data for inclusion in this report. However, one continuum only had Point-In-Time count data available, and therefore could not be included in the current report.

⁶ Exceptions to this include early intervention – for which the resulting prevalence difference was multiplied by the total number of children under five; and lost wages, incarceration, and net fiscal loss to society, which were derived by using the estimated number of children experiencing homelessness who will did not graduate from high school.

Costs Associated with Physical and Mental Health Care

Emergency Room Utilization. Research demonstrates that children experiencing homelessness are more likely than their peers to utilize hospital emergency rooms as their primary source of healthcare^{xxiii}. A study by Shinn and colleagues found that 14% of children experiencing homelessness used the emergency room as their primary source of healthcare compared to 6% of housed children (a marginal difference of 8%). The cost of emergency room utilization is estimated to be \$432/visit^{xxiv}, after adjusting for inflation. Based on the marginal increase of 8% for children experiencing homelessness, the annual cost of emergency room utilization is: \$327,636. This estimate is likely a conservative one because research demonstrates that children experiencing homelessness are likely to use the emergency room more than once/year.

Sample Calculation:

Step 1: Calculate the difference between the prevalence of emergency room utilization in the general public and the prevalence of emergency room utilization among children experiencing homelessness. [14% - 6% = 8% difference].

Step 2: Multiply the percent difference by the total number of children experiencing homelessness. [8% × 9,472 = 758 children].

Step 3: Multiply the marginal difference of children experiencing homelessness who used the emergency room by the cost of emergency room utilization. [758 × \$432/visit = \$327,636].

Chronic Health Problems. Children experiencing homelessness are more likely than their peers to be diagnosed with chronic health conditions, such as asthma^{xxv}, ear infections^{xxvi}, anemia^{xxvii}, and lead toxicity^{xxviii}. There is an 18.6% marginal increase among children experiencing homelessness being diagnosed with asthma relative to the general population children^{xxix}. The annual adjusted cost of treating asthma is \$3,863/episode^{xxx} – for a total annual marginal cost of \$6,769,646. Approximately 9% more children experiencing homelessness were diagnosed with ear infections, compared to housed-children^{xxxi}. The annual adjusted cost of treating ear infections is \$4,697/episode^{xxxii} – for a total annual marginal cost of \$4,003,742. Nineteen-percent of children experiencing homelessness were diagnosed with anemia compared to 7% of housed-children^{xxxiii}. The annual adjusted cost of treating anemia is \$11,574/episode^{xxxiv} – for a total annual marginal cost of \$13,155,758. And, finally, 4% more children who experienced homelessness tested positive for elevated blood lead levels^{xxxv}. The cost for treating elevated blood lead levels is \$654/child^{xxxvi} – for a total annual marginal cost of \$247,934. The combined cost of chronic health problems for children experiencing homelessness is: \$24,177,080.

Mental Health Care. Research documents that children experiencing homelessness are more likely to experience trauma such as child maltreatment and exposure to domestic violence^{xxxvii}. As such, these children are more likely than their peers to be in need of mental health services. Fifteen-percent more children experiencing homelessness use mental health services, compared to their housed peers. The average adjusted cost of mental health services is: \$2,865/episode^{xxxviii} – for a total annual marginal cost of \$3,800,739. It should be noted that, given the information available, it was not possible to calculate the long-term costs associated

with the trauma of experiencing homelessness. However, a substantial body of research documents that experiences of early childhood trauma are associated with long-term adverse outcomes^{xxxix}.

Costs Associated with Social Services and Housing

Child Welfare Costs. Children experiencing homelessness are more likely than their peers to be placed in foster care. A study conducted by C. Zlotnick^{xl} suggests that 26% of children who are homeless are placed in foster care compared to a national prevalence of less than 1%. The adjusted marginal cost associated with child maltreatment investigations and foster care is \$39,720/child^{xli} annually – for a total annual marginal cost of \$97,818,397

Emergency/Transitional Housing Costs. This cost was calculated based on the number of *families* served by emergency and transitional housing programs (rather than the number of children served by emergency and transitional housing programs). According to the data collected for this analysis, 5,211 families were served by emergency/transitional housing providers in the state of Pennsylvania in 2011. A study conducted by Abt Associates^{xlii} found that the median cost of first time shelter stay equals \$14,175/family. This leads to a total annual marginal cost of \$80,955,317 associated with emergency/transitional housing.

Costs Associated with Early Development & Education

Early Intervention. Children experiencing homelessness are more likely than their peers to utilize early intervention services. Nearly 33% more children experiencing homelessness used early intervention services compared to housed children^{xliii}. The annual adjusted cost is \$3,886/child (as per the PA State Budget) – for a total annual marginal cost of \$6,999,395.

Early Childhood Education. Children experiencing homelessness are prioritized for access to high quality early childhood education experiences through the McKinney-Vento Act. As such, 100% of children preschool-age children are eligible for enrollment in early childhood education. Approximately 12% of the overall preschool-age child population is eligible for enrollment in income-based early childhood education programs. As such, the marginal cost was calculated based on 88% of preschool-age children experiencing homelessness. The annual adjusted cost is \$6,133/child – for a total annual marginal cost of \$20,441,958.

Special Education. Similar to early intervention, research suggests that children experiencing homelessness are more likely than their peers to qualify for special education services (33% v. 15% - for a marginal difference of 18%)^{xliv}. The annual adjusted cost is \$7,791/child^{xlv} – for a total annual marginal cost of \$13,283,343.

Costs Associated with Not Completing High School

Research demonstrates that children experiencing homelessness are more likely than their peers to drop out of high school^{xlvi}. A local estimate indicates that approximately 62% of children experiencing homelessness graduated from high school,^{xlvii} – this is a 22% decrease from the state graduation rate according to the American Communities Survey^{xlviii}.

Lost Wages. It is estimated that individuals with less than a high school education earn, on average, \$23,921/individual^{xlix} less in income compared to individuals who have graduated from high school. The estimated total annual marginal cost of lost wages associated with having less than a high school education for children experiencing childhood homelessness is: \$65,708,489.

Incarceration. Research demonstrates that over 5% of youth who have less than a high school education experience incarceration as adults – compared to 1% or less of individuals who graduate high school^l. The disproportionately lower rate of homeless children and youth who complete high school suggests that these children may also be at increased risk for incarceration as adults. The estimated annual cost of incarceration in Pennsylvania is \$41,321/individual^{li}. This cost, multiplied by 5% of the less than high school education rate equals a total annual marginal cost of \$5,788,729 associated with incarceration.

Net Fiscal Loss to Society. Another cost associated with not completing high school is the net fiscal loss to society^{lii}. This is defined as the total amount of taxes paid (local, state, and federal) minus the total amount of cash and in-kind benefit transfers. Children and youth who do not complete high school are the only group to evidence a *negative* net fiscal contribution to society. In other words, the average annual tax payments made by this group are less than the amount of cash and in-kind benefits received by this group. Again, given that children experiencing homelessness are more likely than their peers to not graduate from high school, the net fiscal loss to society associated with this rate is also increased. Using the same graduation percentages as reported above, the attributed net loss to society is \$774/individual annually^{liii}. The total annual fiscal loss associated with childhood homelessness is: \$2,125,004.

TOTAL ANNUAL MARGINAL COST OF CHILD HOMELESSNESS: \$321,506,087

Additional Considerations:

It should be noted that the total annual marginal cost in this report is likely an underestimate of the total cost of childhood homelessness. First, cost categories included in this report are services/outcomes associated with child homelessness that are documented in the research literature. As such, outcomes not documented in the literature - or inconclusive outcomes, were not included in this report.

Additionally, the number of children experiencing homelessness was based on AHAR HMIS data provided by each of the CoC's in Pennsylvania. These data likely under-represent the true number of Pennsylvania's children experiencing homelessness for several reasons. Children served by providers who do not report data to the HMIS system, as well as domestic shelter providers, were not included. Additionally, as noted previously in this report, there have been a growing number of families seeking services who have been turned away due to the reduction in beds and services resulting from decreases in state funding. The children of these families are also not included in the overall count. Finally, the overall count presented in this report does not include children who are living doubled-up with relatives or family friends. This limitation is notable because a recent report by the National Alliance to End Homelessness^{liv} indicates that the number of individuals who are doubled-up has increased significantly. Similarly, the most

recent Report Card on Child Homelessness^{lv}, which includes doubled-up children/youth in its homelessness count, indicated that as many as 31,386 children in the state of Pennsylvania were homeless.

About Us:

This policy brief was written by Dr. Staci Perlman, Assistant Professor at Kutztown University and Joe Willard, Vice President of Policy for the People's Emergency Center.

Dr. Staci Perlman is an Assistant Professor of Social Work at Kutztown University. She earned her doctoral degree in Social Welfare and MSW from the School of Social Policy and Practice at the University of Pennsylvania. Currently, she is working with a team at PEC to evaluate the feasibility of implementing an intervention focused on promoting positive parent-child interactions in the context of emergency/transitional housing. Dr. Perlman is currently co-editing a book, *Supporting Homeless Families: Current Practices and Future Directions*. She is the co-chair of the APA Taskforce on Promoting Positive Parenting in the Context of Homelessness and was the 2011 recipient of the Child Maltreatment Section of the American Psychological Association's Early Career Award for Outstanding Contributions to Practice in the Field of Child Maltreatment.

Joe Willard is Vice President for Policy and supervises all policy and research at PEC. Most recently, Willard was associate manager for public policy at the United Way of Southeastern Pennsylvania for four years and associate director at The Reinvestment Fund's, Regional Workforce Partnership, for four years. He earned his master's degree from Hunter College and his bachelor's degree from Penn State University.

People's Emergency Center nurtures families, strengthens neighborhoods, and drives change. We are committed to increasing equity and opportunity throughout our entire community. People's Emergency Center is located at 325 N. 39th Street, Philadelphia, PA 19104. Review its web site at www.pec-cares.org. For more information, contact us at policy@pec-cares.org.

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ⁱ Cutuli, Herbers, Rinaldi, Masten & Oberg (2009). Asthma and behavior in homeless 4- to 7-year olds. *Pediatrics*, 10, 145-151.

ⁱⁱ Weinreb, L., Goldberg, R., Bassuk, E., & Perloff, J. (1998). Determinants of health and service use patterns in homeless and low-income housed children. *Pediatrics*, 102, 554.

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- ⁱⁱⁱ Grant, R., Shapiro, A., Joseph, S., Goldsmith, S., Rigual-Lynch, L., & Redlener, I. (2007). The health of homeless children revisited. *Advances in Pediatrics*, 54, 173-187.
- ^{iv} Children's Work Group. (2010, August 26). *Philadelphia children and youth experiencing homelessness*. Author.
- ^v Shinn, M., Schteingart, J.S., Chioke Williams, N., Carlin-Mathis, J., Bialo-Karagis, N., Becker-Klein, R., & Weitzman, B.C. (2008). Long-term associations of homelessness with children's well-being. *American Behavioral Scientist*, 51, pp 789-809.
- ^{vi} Guarino, K. & Bassuk, E. (2010). Working with families experiencing homelessness: Understanding trauma and its impact. *Zero to Three*, 30, 11-20.
- ^{vii} National Scientific Council on the Developing Child. (2008). *Mental Health Problems in Early Childhood Can Impair Learning and Behavior for Life: Working Paper No. 6*. Retrieved from www.developingchild.harvard.edu.
- ^{viii} Zlotnick, C. (2009). What research tells us about the intersecting streams of homelessness and foster care. *American Journal of Orthopsychiatry*, 79, 319-325.
- ^{ix} Dworsky, A. (2008). Educating Homeless Children in Chicago: A case study of children in the Family Regeneration Program. Chicago: Chapin Hall at the University of Chicago.
- ^x Garcia Coll, C. Buckner, J.C., Brooks, M.G., Weinreb, L.F., & Bassuk, E.L. (1998). The developmental status and adaptive behavior of homeless and low-income housed infants and toddlers. *American Journal of Public Health*, 88, 1371-1374.
- ^{xi} Purnell-Cuff, D. (2010, December 20). *Education for homeless children and youth: Annual performance report (2009-2010)*. (Report No. 1003). School District of Philadelphia Office of Research and Evaluation.
- ^{xii} National Center on Family Homelessness. (2009). *America's Youngest Outcasts: State Report Card on Child Homelessness*. Newton, MA: author.
- ^{xiii} National Center on Family Homelessness. (2009). *America's Youngest Outcasts: State Report Card on Child Homelessness*. Newton, MA: author.
- ^{xiv} Spellman, B., Khadduri, J., Sokol, B., Leopold, J. (2010). Costs associated with first-time homelessness for families and individuals. Washington, D.C.: US Department of Housing and Urban Development, Office of Policy Development and Research.
- ^{xv} Culhane, D.P., Gross, K.S., Parker, W.D, Poppe, B., & Sykes, E. (2008). *Accountability, cost-effectiveness, and program performance: Progress since 1998*. National Symposium on Homelessness Research.
- ^{xvi} Nicholson, W. (2001). *Intermediate microeconomics and its application*. (8th edition). PA: Dryden Press.
- ^{xvii} Zlotnick, C. (2009). What research tells us about the intersecting streams of homelessness and foster care. *American Journal of Orthopsychiatry*, 79, 319-325.
- ^{xviii} People's Emergency Center: Pennsylvania's Housing Inventory for Homeless Families Shows Decline in Capacity, July 2011. See http://www.pec-cares.org/clientfolders/pdf/bg_pa_housing_inventory_june_2011.pdf
- ^{xix} Wilkes-Barre Times Leader: Ruth's Place May Have Permanent Home, But Funding Cuts Threaten Its Operations [http://www.timesleader.com/news/Ruth's Place may have permanent home but funding cuts threaten its operations 11-04-2011.html](http://www.timesleader.com/news/Ruth%20s%20Place%20may%20have%20permanent%20home%20but%20funding%20cuts%20threaten%20its%20operations%2011-04-2011.html) November 4, 2011
- Wilkes-Barre Citizens Voice Funding Cuts Continue to Hamper Women's Shelter <http://citizensvoice.com/news/funding-cuts-continue-to-hamper-women-s-shelter-1.1227508#axzz1cjpw1VpX> November 4, 2011
- Williamsport Sun Gazette: Full Extent of Housing Shortage, Homelessness Soon Will Be Felt, November 30, 2011 <http://www.sungazette.com/page/content.detail/id/571617/Full-extent-of-housing-shortage--homelessness-soon-will-be-felt.html?nav=5011>
- The Inquirer: Even In a Tony Philadelphia Suburb, Some Struggle to Find Shelter http://articles.philly.com/2011-11-25/news/30441310_1_point-in-time-count-montgomery-county-number-of-homeless-people, November 25, 2011
- The Express-Times: Warren County Homeless Men Claim They Have Nowhere to Go http://www.lehighvalleylive.com/phillipsburg/index.ssf/2012/01/phillipsburg_homeless_claim_th.html January 22, 2012
- ^{xx} Mintz, Dainette: FY 2013 Operating Budget Testimony to Philadelphia City Council, April 30, 2012
- ^{xxi} U.S. Department of Health and Human Services, Office of Community Planning and Development. (2011). *The 2011 Annual Homeless Report*. Author.

-
- ^{xxii} Nicholson, W. (2001). *Intermediate microeconomics and its application*. (8th edition). PA: Dryden Press.
- ^{xxiii} Shinn, M., Schteingart, J.S., Chioke Williams, N., Carlin-Mathis, J., Bialo-Karagis, N., Becker-Klein, R., & Weitzman, B.C. (2008). Long-term associations of homelessness with children's well-being. *American Behavioral Scientist*, 51, pp 789-809.
- ^{xxiv} Machlin, S., & Chowdhury, S. (2011, March). *Expenses and Characteristics of Physician Visits in Different Ambulatory Care Settings, 2008*. Statistical Brief #318. Agency for Healthcare Research and Quality, Rockville, MD. http://www.meps.ahrq.gov/mepsweb/data_files/publications/st318/stat318.shtml
- ^{xxv} Cutuli, Herbers, Rinaldi, Masten & Oberg (2009). Asthma and behavior in homeless 4- to 7-year olds. *Pediatrics*, 10, 145-151.
- ^{xxvi} Weinreb, L., Goldberg, R., Bassuk, E., & Perloff, J. (1998). Determinants of health and service use patterns in homeless and low-income housed children. *Pediatrics*, 102, 554.
- ^{xxvii} Grant, R., Shapiro, A., Joseph, S., Goldsmith, S., Rigual-Lynch, L., & Redlener, I. (2007). The health of homeless children revisited. *Advances in Pediatrics*, 54, 173-187.
- ^{xxviii} Children's Work Group. (2010, August 26). *Philadelphia children and youth experiencing homelessness*. Author.
- ^{xxix} Cutuli, Herbers, Rinaldi, Masten & Oberg (2009). Asthma and behavior in homeless 4- to 7-year olds. *Pediatrics*, 10, 145-151.
- ^{xxx} Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality, USDHHS, Rockville, MD. Accessed online at <http://hcupnet.ahrq.gov/>, April 4, 2012.
- ^{xxxi} Weinreb, L., Goldberg, R., Bassuk, E., & Perloff, J. (1998). Determinants of health and service use patterns in homeless and low-income housed children. *Pediatrics*, 102, 554.
- ^{xxxii} Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality, USDHHS, Rockville, MD. Accessed online at <http://hcupnet.ahrq.gov/>, April 4, 2012.
- ^{xxxiii} Grant, R., Shapiro, A., Joseph, S., Goldsmith, S., Rigual-Lynch, L., & Redlener, I. (2007). The health of homeless children revisited. *Advances in Pediatrics*, 54, 173-187.
- ^{xxxiv} Healthcare Cost and Utilization Project, Agency for Healthcare Research and Quality, USDHHS, Rockville, MD. Accessed online at <http://hcupnet.ahrq.gov/>, April 4, 2012.
- ^{xxxv} Children's Work Group. (2010, August 26). *Philadelphia children and youth experiencing homelessness*. Author.
- ^{xxxvi} Kemper, A.R., Bordley, W.C., and Downs, S.M. (1998). "Cost-effectiveness analysis of lead poisoning screening strategies following the 1997 guidelines of the Centers for Disease Control and Prevention." *Archives of Pediatric and Adolescent Medicine*, 152, 1202-1208.
- ^{xxxvii} Guarino, K. & Bassuk, E. (2010). Working with families experiencing homelessness: Understanding trauma and its impact. *Zero to Three*, 30, 11-20.
- ^{xxxviii} Miller, T.R., Cohen, M.A., & Wiersema, B. (1996) *Victim costs and consequences: A new look*. The National Institute of Justice.
- ^{xxxix} National Scientific Council on the Developing Child. (2008). *Mental Health Problems in Early Childhood Can Impair Learning and Behavior for Life: Working Paper No. 6*. Retrieved from www.developingchild.harvard.edu
- ^{xl} Zlotnick, C. (2009). What research tells us about the intersecting streams of homelessness and foster care. *American Journal of Orthopsychiatry*, 79, 319-325.
- ^{xli} Harburger, D. S., & White, R. A. (2004). Reunifying families, cutting costs: Housing-child welfare partnerships for permanent supportive housing. *Child Welfare*, 83, 93-508.
- ^{xlii} Spellman, B., Khadduri, J., Sokol, B., Leopold, J. (2010). Costs associated with first-time homelessness for families and individuals. Washington, D.C.: US Department of Housing and Urban Development, Office of Policy Development and Research. Retrieved from the Web on April 4, 2012 at http://www.huduser.org/portal/publications/povsoc/cost_homelessness.html
- ^{xliii} Garcia Coll, C. Buckner, J.C., Brooks, M.G., Weinreb, L.F., & Bassuk, E.L. (1998). The developmental status and adaptive behavior of homeless and low-income housed infants and toddlers. *American Journal of Public Health*, 88, 1371-1374.
- ^{xliv} http://www.portal.state.pa.us/portal/server.pt/community/pennsylvania%27s_education_for_children_and_youth_experiencing_homelessness_program/7491
- ^{xliv} Reynolds, A.J., Temple, J.A., Robertson, D.L., & Mann, E.A. (2002). Age 21 cost-benefit analysis of the Title I Chicago Parent-Child Centers, *Educational Evaluation and Policy Analysis*, 24, 267-303.

^{xlvi} National Center on Family Homelessness. (2009). *America's Youngest Outcasts: State Report Card on Child Homelessness*. Newton, MA: author.

^{xlvii} Pennsylvania Department of Education. (2011). *District Report Card*. Author.

^{xlviii} U.S. Census Bureau, 2010 American Community Survey.

^{xlivx} Ibid

^l Fogg, N.P., Harrington, P.E., & Khatiwada, I. (2008). *The tax and transfer fiscal impacts of dropping out of high school in Pennsylvania*. Center for Labor Market Studies Northeastern University.

^{li} Ibid

^{lii} Ibid

^{liii} Ibid

^{liv} National Alliance to End Homelessness (2012, January). *The state of homelessness in America 2012*. Washington, DC: Author.

^{lv} *America's Youngest Outcasts: 2010*. (2011). The National Center on Family Homelessness, Needham, MA.