
Cross-Sector Interventions Inventory Analysis

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Introduction

The Housing Insecurity and Homelessness in Illinois among the Pregnant and Parenting (HIHIPP) project is a joint effort between Chicago Coalition for the Homeless, UIC Center for Research on Women and Gender, and Start Early to create a Theory of Change and accompanying Action Plan to eliminate homelessness for young children and their families in Illinois. This project will pay special attention to investigate what supports exist for populations experiencing homelessness who are also pregnant and parenting youth, women and children who experience domestic violence, formerly incarcerated women who are parenting, and people living with HIV. The first phase of this project is to create an inventory of promising cross-sector interventions used across the U.S. to prevent homelessness and transition into longer-term housing. The findings of that inventory are shared in this analysis and will be used to identify known drivers of homelessness, identify elements of effective interventions that should be replicated, identify gaps in research where more investigation is needed, and to inform inputs and impactful activities for the Theory of Change and Action Plan.

Overview of the Issue

Homelessness is a persistent issue in Illinois that affects pregnant people and those parenting young children acutely. Developmentally, birth to 3 are the most important years in life.¹ Children experiencing homelessness during this critical time are more likely to experience developmental delays and less likely to receive therapy or be enrolled in a program like Early Head Start or Head Start.² Pregnant adults and young children experiencing homelessness have less access to proper prenatal care, safe and supporting birthing environments, and postpartum care. There are many vulnerable subpopulations among parenting and pregnant people in Illinois who's intersectional identities and experiences make them even more vulnerable to homelessness. Many of these populations rarely receive targeted support despite data demonstrating their unique vulnerability.

Federally, the Department of Housing and Urban Development (HUD) uses a definition of homelessness that only includes individuals living in shelter and on the streets. This differs from the McKinney-Vento Act definition used by school districts which provides rights to children and youth experiencing homelessness and goes

¹<https://pn3policy.org/why-do-we-focus-on-the-prenatal-to-3-age-period-understanding-the-importance-of-the-earliest-years/#:~:text=Our%20health%20and%20wellbeing%20prenatally,substantial%20challenges%20during%20these%20years.>

²<https://edsources.org/2024/homeless-infants-and-toddlers-largely-unenrolled-in-early-ed-programs/708574#:~:text=Enrollment%20in%20early%20childhood%20development,to%20a%20recent%20national%20report.>

further than the HUD definition by including “those who are: sharing the housing of others due to loss of housing, economic hardship, or a similar reason; staying in motels, trailer parks, or camp grounds due to the lack of an adequate alternative; staying in shelters or transitional housing; or sleeping in cars, parks, abandoned buildings, substandard housing, or similar settings”.³ Families with young children or who are expecting often experience homelessness more than individuals or groups of adults. The McKinney-Vento Act definition of homelessness is much more likely to capture families with young children who will do whatever it takes to not be on the street or in a shelter. The HIHIPP project and this analysis are grounded in this definition.

Pregnant and parenting youth are an example of a vulnerable population that rarely receive targeted support. These youth are in unique positions, sometimes they become homeless due to becoming pregnant and sometimes the reverse is true. However these circumstances come about, it is a growing experience. Pregnancy and parenthood are common among youth experiencing homelessness, and as homelessness has increased as a ramification of the COVID-19 pandemic it is realistic to assume homelessness among youth has increased as well.⁴ In 2017, 1.1 million children had a parent who experienced homelessness.⁵ These high numbers stand in contrast to national declining trends in teen pregnancy for housed youth.⁶

Women and children who experience domestic violence and decide to leave the abusive situation often have few resources to find other housing and are particularly vulnerable to homelessness. Lack of financial independence or stability, no renters history, and lack of steady employment, which are common power dynamics related to this kind of abuse, can make securing housing very difficult.⁷ A study by the National Center for Children in Poverty found that 80% of women and children experiencing homelessness had previously experienced domestic violence.⁸ Another study reported that as many as 57% of women experiencing homelessness name domestic violence as the immediate cause of their homelessness.⁹

³ <https://schoolhouseconnection.org/article/the-mckinney-vento-act-federal-law-guidance-and-funding>

⁴ <https://www.chapinhall.org/research/a-substantial-number-of-youth-experiencing-homelessness-are-pregnant-or-parenting/>

⁵ Dworsky, A., Morton, M.H., Samuels, G.M. (2018). *Missed opportunities: Pregnant and parenting youth experiencing homelessness in America*. Chicago, IL: Chapin Hall at the University of Chicago.

⁶ [https://www.npr.org/2023/01/08/1147737247/teen-pregnancy-rates-have-declined-significantly#:~:text=T](https://www.npr.org/2023/01/08/1147737247/teen-pregnancy-rates-have-declined-significantly#:~:text=Teen%20pregnancies%20are%20on%20the,in%20the%20past%2030%20years)

⁷ https://safehousingpartnerships.org/sites/default/files/2017-05/SHP-Homelessness%20and%20DV%20Infographic_1.pdf

⁸ Aratani, Y. (2009). *Homeless Children and Youth, Causes and Consequences*. New York, NY: National Center for Children in Poverty

⁹ *Women and Children in Chicago Shelters*, 3; Nat'l Center for Homelessness & Health Care for the Homeless Clinicians' Network (2003). *Social Supports for Homeless Mothers*, 14, 26; Inst. for Children & Poverty (2004). *The Hidden Migration: Why New York City Shelters are Overflowing with Families*; *Homes for the Homeless and Inst. for Children & Poverty* (1998). *Ten Cities 1997-1998: A Snapshot of Family Homelessness Across America*, 3.

People living with or at risk of HIV infection are at unique risk to experience homelessness. The cost and time commitment to keep up with medical care is intense and can affect one's ability to maintain employment and housing.¹⁰ Those experiencing homelessness with HIV have greater barriers accessing PrEP, testing, and other medical care.¹¹ Symptoms associated with untreated or advanced HIV infection can also make it very difficult to care for young children or pursue stable housing.

Recently incarcerated parents of young children are another population very vulnerable to homelessness. People who have been to prison just once experience homelessness 7x more than the general public, people who have been to prison more than once experience homelessness 13x more than the general public.¹² The number of mothers who are incarcerated increased 96% between 1991 and 2016.¹³ As the crisis of mass incarceration has entered more into public awareness, there is a robust body of research on the implications of incarcerated fathers on young children, but little investigation on the effect of a previously incarcerated mother. Bias against someone with a criminal record can affect employment and housing possibilities, which are important factors to create a stable environment to raise young children.

The aforementioned subpopulations can overlap in many ways; and with all populations, vulnerability and risk can be different for members of the same group based on their race, age, and gender. Black women represent the majority of new HIV cases in the U.S.¹⁴, face higher incarceration rates than white women along with Indigenous women¹⁵, and are more likely to experience homelessness than other racial groups of women.¹⁶ It is important for interventions targeting support to pregnant and parenting people and their young children to be aware of how intersectional identities can increase vulnerability to homelessness for some people. Stigma against these circumstances creates barriers of its own in learning more about these populations, which highlights the importance for future interventions to add to existing research and best practices.

Cross Sector Intervention Examples

The interventions included in this analysis were hidden among a plethora of research about the drivers of homelessness at large. Many have conducted meta analyses and

¹⁰<https://www.socialworkers.org/LinkClick.aspx?fileticket=2p326AfQb1A%3D&portalid=0#:~:text=HIV%2FAIDS%20and%20homelessness%20are,of%20frequent%20health-related%20absences.>

¹¹ <https://www.cdc.gov/hiv/policies/data/role-of-housing-in-ending-the-hiv-epidemic.html>

¹²<https://www.prisonpolicy.org/reports/housing.html#:~:text=People%20who%20have%20been%20to,higher%20than%20the%20general%20public>

¹³ <https://www.sentencingproject.org/policy-brief/parents-in-prison/>

¹⁴<https://pubmed.ncbi.nlm.nih.gov/38225200/#:~:text=Black%2FAfrican%20American%20women%20represent,mortality%2C%20and%20are%20often%20understudied.>

¹⁵<https://www.naacpldf.org/case-issue/kemba-smith-black-women-and-mass-incarceration/#:~:text=Three%20decades%20later%2C%20Black%20women,women%20that%20year%20were%20Black.>

¹⁶ <https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/inequality/>

literature reviews looking into the systems level factors and circumstances that contribute to homelessness, information that is vital to develop a well-informed intervention. Interventions included in this analysis met at least 3 of the following criteria:

1. Did not include reference to federal housing programs or hotlines as primary referral
2. Used a definition of homelessness consistent with McKinney-Vento
3. Any length of program duration and any study design
4. Intervention model addressed housing insecurity and homelessness and one other co-occurring/related need, (ex. interaction with the child welfare system or substance abuse support)
5. Was an active intervention within the last 10 years

These criteria were established to attempt to identify interventions that effectively and efficiently utilized resources. A framework for how these terms contribute to successful interventions is described in the next section. Excluding families based on a narrow definition of homelessness, primarily referring to federal resources that are not culturally or geographically specific and usually have long waitlists, and trying to intervene against homelessness in a vacuum are all examples of not effective or efficient use of resources. These inclusion criteria attempt to capture robust interventions that specifically support pregnant people and young children and their families experiencing homelessness, as well as the subpopulations mentioned in the previous section. This, of course, does not represent the full breadth of existing research or intervention models designed to support this target population. The interventions included in this analysis are listed in the table below. The table also identifies two categories of themes present, elements that could be replicated and scaled in another intervention and elements that stifle success.

Themes that Support Success

Themes that Demonstrate Gaps

Title	Author(s)	Publish Date	Provide Comprehensive services	Prevent Homeless Experience	Identify Creative Ways to Fund Initiatives and Build Housing Supply	Social Service Expenditures as Measure of Success	Gaps in Data	Focus on Those Who Meet Federal Definition of Homelessness	Behavior Change Requirement for Eligibility	No Focus on Non-English Speakers
Denver Supportive Housing Social Impact Bond Initiative Evaluation and Research Design	Mary Cunningham, Shiva Kooragayala, Mike Pergamit, Sarah Gillespie, Devlin Hanson	March 2016	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Supportive Housing for Homeless Families: Foster Care Outcomes and Best Practices	Sonja Lenz-Rashid	May 2013	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Supporting young parents facing homelessness: Evaluation of First Steps	Lee Ann Huang	March 2024	<input checked="" type="checkbox"/>							<input checked="" type="checkbox"/>

Program to improve child health.										
Impact of a New York City supportive housing program on Medicaid expenditure patterns among people with serious mental illness and chronic homelessness	Sungwoo Lim, Qi Gao, Elsa Stazesky, Tejinder P. Singh, Tiffany G. Harris, Amber Levanon Seligson	2018	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>
Addressing Homelessness Through Hotel Conversions	Carolina Reid, Shazia Manji, Hayden Rosenberg				<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>			
Putting the Funding Pieces Together: Guide to Strategic Uses of State	California Interagency Council on Homelessness.	October 2023	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					

Common Themes that Contribute to Effectiveness

Of the interventions included in this inventory, a few themes arose to summarize effective elements that indicate the ability to scale and sustain these interventions with appropriate resources. The Center for Evidence-based Solutions to Homelessness defines ‘effective interventions’ as “interventions that help people who are at risk to find stable housing and avoid homelessness.”¹⁷ This brief also encourages readers to consider how “efficiency” also contributes to a successful intervention, that the model identifies those who are most in need of services and most likely to benefit, and avoids using resources on those who would be unlikely to experience homelessness if they did not receive an intervention. These ideas work hand in hand to identify successful interventions, and using this mindset identified themes of: housing insecurity and homelessness as a complex issue, prevention initiatives, creative financing, and social service expenditures as measures of success as elements that contribute to the effectiveness and efficiency of the interventions included in this analysis.

Provide Comprehensive Services

The first that emerged was the recognition that housing insecurity or homelessness is a culmination of many other complex factors, namely poverty. A program offering supportive housing to families involved in the child welfare system in San Francisco provided eligible families with housing, comprehensive case management, employment and education preparation, and sobriety support during their stay at Serna Village, the average stay was 23 months.¹⁸ Only 10% of the 207 children that were involved in the program experienced reentry to the child welfare system 2-5 years after leaving the program. Another intervention in Chicago provided wraparound services for their participants, pregnant and parenting youth, that fell into the domains of: parent health, child development and early intervention access, nutrition and cooking skills, and racism in healthcare.¹⁹ This study also focused on building relationships between systems that their participants interacted with and building capacity of the workforce to be able to better serve these populations on a greater scale. While the study administrators acknowledged several restrictions to being able to accurately measure outcomes, this study identified a gap in service delivery and offered a model that would be able to fill the space with proper resourcing. Homelessness services are extremely resource intensive, that is the nature of the types of services individuals and families need to maintain long-term permanent housing. Current research continues to search for the “silver bullet” cheap solution, the success of comprehensive interventions and lack of efficiency in interventions that don’t utilize resources necessary to fully support those

¹⁷ Shinn, M., Cohen, R. (2019). Homelessness Prevention: A Review of the Literature. Center for Evidence-based Solutions to Homelessness.

¹⁸ Lenz-Rashid, S. (2013). Supportive Housing for Homeless Families: Foster Care Outcomes and Best Practices. San Francisco State University.

¹⁹ Huang, L. A. (2024). Supporting young parents facing homelessness: Evaluation of First Steps Program to improve child health. Chapin Hall at the University of Chicago.

experiencing homelessness are indicative of a needed mindset shift in the field. This shift needs to bring the field to the conclusion that homelessness is a complex experience, especially for families, and it is a resource intensive endeavor to prevent and end homelessness for all populations.

Preventing Homeless Experiences

The understanding that homelessness is a complex issue also provides opportunity to engage in prevention rather than reactive support. A literature review from the Center for Evidence-based Solutions to Homelessness identified five evidence-based prevention intervention types: permanent deep rental housing subsidies, eviction prevention, community-based service connection, critical time intervention, and proactive screening of populations at heightened risk of homelessness.²⁰ These interventions try to provide financial assistance and make connections with case management and other services by identifying those who could most benefit and are at greatest risk of homelessness. The purpose of these program models are to help vulnerable households find or maintain stable housing before an episode of homelessness has occurred.

Identifying Creative Ways to Fund Interventions and Build Housing Supply

One of the greatest barriers to longevity and impact of interventions is the ability to sustainably finance. Creative avenues to combine state and federal funding streams was shared in a powerpoint presentation by the California Interagency Council on Homelessness.²¹ This guide separates funding streams into primary purpose categories of: non-congregate shelter and interim housing, short term to permanent rental assistance, permanent supportive and service-enriched housing, homelessness prevention, and outreach and engagement to people experiencing homelessness to ensure basic needs are met while seeking services. This wide array of service delivery identifies parts of the system that need to collaborate and be fully resourced in order to provide a safety net framework that prevents and ends homelessness. Another aspect to a well rounded safety net is a robust housing supply. Housing markets across the United States have priced people out of their homes and neighborhoods, and have also made it extremely difficult to acquire housing for permanent or transitional support programs. Hotel and motel acquisitions and conversions can be a creative way to increase housing supply in a variety of ways. A brief from the Turner Center for Housing Innovation out of UC Berkeley identified 13 case studies across the country of cities in various stages of the process of acquisition of hotel and motel space for conversion.²² This brief acknowledges the need for political will from local and state leaders, continuum of

²⁰ Shinn, M., Cohen, R. (2019). Homelessness Prevention: A Review of the Literature. Center for Evidence-based Solutions to Homelessness.

²¹ (2023). Putting the Funding Pieces Together: Guide to Strategic Uses of State and Federal Funds to Prevent and End Homelessness. California Interagency Council on Homelessness.

²² Reid, C., Manji, S., Rosenberg H. (2021). Addressing Homelessness Through Hotel Conversions. Turner Center for Housing Innovation UC Berkeley; Housing Crisis Research Collaborative.

care partner input during the entire process and implementation, and technical assistance for organizations without a background in real estate to make these conversions successful. Creative financing and housing supply development have the potential to scale some other intervention models mentioned in this analysis.

Social Service Expenditures as Measures of Success

Analyzing the efficacy of a given housing intervention, besides how long an individual or family stays housed, for a population that has many complex needs can be an additional intricacy. A supportive housing program in New York used Medicaid expenditure patterns as a measurement of success. Individuals who qualified for a NYC supportive housing program because they were either chronically homeless and had a serious mental illness or were dually diagnosed with mental illness and a substance use disorder were sheltered using a Housing First model, which prioritizes permanent and stable housing not contingent on adherence to treatment or services²³. An evaluation of this program identified Medicaid savings overall, especially from hospital emergency department stays and psychiatric emergencies. The success of this program can be attributed to both stable housing and increased participation in managed care.²⁴ The target population for a Supportive Housing Initiative in Denver sought individuals who were frequent users of the legal system and emergency medicine, who also were experiencing homelessness, substance use issues, and needed mental health support. The goal of this intervention was to interrupt expensive, and ineffective, cycles of public service utilization by way of detox centers, jail, and emergency rooms.²⁵ 363 participants were randomized into the treatment group, 361 into the control group, and found that the control group saw a 34% reduction in police contact and 40% reduction in arrests, spent an average of 38 fewer days in jail, saw a 65% reduction in use of detoxification services, and overall this intervention offset half the annual cost per person in public services.²⁶ These types of interventions have the ability to reduce social service expenditures if resourced appropriately. Impacts can be seen in several dimensions beyond housing, families with young children who receive supportive housing might see children perform better in school and have more robust social interactions while their parents might gain employment and achieve more economic security.

Gaps in Existing Interventions

²³<https://endhomelessness.org/resource/housing-first/#:~:text=Housing%20First%20is%20a%20homeless,improve%20their%20quality%20of%20life>.

²⁴ Lim, S., Gao, Q., Stazesky, E., Singh, T., Harris, T., Seligson, A. (2019). Impact of a New York City supporting housing program on Medicaid expenditure patterns among people with serious mental illness and chronic homelessness. BMC Health Services Research. DOI 10.1186/s12913-017-2816-9

²⁵ Cunningham, M., Pergamit., Gillespie, S., Hanson, D., Kooragayala, S. (2016). Denver Supportive Housing Social Impact Bond Initiative.

<https://www.urban.org/sites/default/files/publication/79041/2000690-Denver-Supportive-Housing-Social-Impact-Bond-Initiative-Evaluation-and-Research-Design.pdf>

²⁶<https://www.urban.org/policy-centers/metropolitan-housing-and-communities-policy-center/projects/denver-supportive-housing-social-impact-bond-initiative/what-we-learned-evaluation>

There also exist detrimental gaps in research and tried interventions that exclude some of the most vulnerable populations from much needed services. Themes that arose during this analysis to encompass current needs are gaps in available data on subpopulations, the restrictive nature of the HUD definition of homelessness, behavior change eligibility requirements, and lack of language diversity.

Gaps in Data on Vulnerable Populations

The first and most pressing gap exists in the available body of research. During this investigation, it was very difficult to find accurate data or interventions focused on formerly incarcerated women or people with HIV who were pregnant or parenting young children. Being a parent and caring for young children is a complicating factor for many to participate in traditional housing programs or encourage people to seek housing that disqualifies them from many programs. Acknowledging it is difficult to collect data on these populations, a strong stigma against homelessness, HIV status, incarceration, and teen pregnancy still persists in our society. People are less likely to self identify when receiving services in another part of life, including child care or prenatal services. These gaps in data are symbolic of the grave need for a societal hearts and minds shift when it comes to thinking about homelessness and other co-existing circumstances. Until this stigma is reduced or eliminated, it will continue to be difficult to collect data from individuals experiencing homelessness. Those developing interventions should take this into consideration when considering where to recruit participants or developing tools like self-identifying surveys to be able to identify those who are most vulnerable.

Focus on Federal Definition of Homelessness

The federal Department of Housing and Urban Development's definition of homelessness is "an individual or family who lacks a regular, fixed, and adequate nighttime residence."²⁷ This definition usually describes people living in shelters, other short-term transitional housing, or on the street. Many parents with babies and young children will do anything possible to avoid living in a shelter or on the street and the federal definition of homelessness does not include them. The focus that exists in the literature on this definition creates a gap in our understanding of the experience of homeless families. There is plenty of information on how the experience of homelessness can have adverse effects on child development and birth outcomes, but very little on *how* families experience homelessness. Our understanding of the negative effects this experience can have on development should suggest that pregnant people and children with young families should be prioritized much more often for services, however, in many ways, this definition restricts how and on whom federal dollars can be spent and families are often left out. The field is missing out on opportunities to learn how to successfully support this population when individuals who meet the federal definition of homelessness are prioritized for resources.

²⁷ <https://www.law.cornell.edu/uscode/text/42/11302>

Behavior Change Requirements for Program Eligibility

The third gap identified relates to behavior changes to be eligible for housing programs. The Serna Village intervention in San Francisco, which was included because of the wraparound social services it offered families, required custodial adults to be six months free from using substances to participate in the program.²⁸ While families are less likely to continue to interact with the child welfare system when a caregiver that is not using substances, it is an unrealistic expectation to require adults experiencing homelessness to abstain from substances for six months prior to enrolling in this program. Expecting an individual or family to change their habits without stable housing and social service support fails to recognize the interconnected nature of social support needs, the primary need being housing. Other interventions that require behavior change prior to enrolling in a housing program, or terminate enrollment when a participant relapses into substance or alcohol use, can be more punitive than helpful, perpetuate lack of long term housing, and lengthen someone's period of homelessness. This theme demonstrates that there are not enough low threshold programs. From an effectiveness and efficiency perspective, it could be argued that those who could most benefit from these interventions are excluded because of steep eligibility requirements. People experiencing homelessness are also often experiencing co-morbidities, such as substance or alcohol use, and interventions should be developed with the mindset of meeting people where they are at to increase the opportunity of efficiently reaching the populations most likely to benefit from intervention and resources.

Lack of Language Diversity in Interventions and Outreach

The final element of the interventions included in this analysis that may stifle further progress in the field is the lack of interventions that focused on populations with limited English proficiency.²⁹ There are frustratingly few providers staffing prevention call centers, shelters, and other emergency support resources that speak languages other than English, or if providers do speak another language it is usually Spanish. There are significant barriers to accessing health and other services while experiencing homelessness, speaking a different language than providers, information pamphlets and websites, and others experiencing similar circumstances increases the intensity of these barriers. Language barriers between healthcare professionals may result in lack of comprehension of healthcare information, decreased medication adherence, longer hospital stays, and higher risk of delays and medical readmission.³⁰ These outcomes can be particularly dangerous for people experiencing homelessness as they are more likely to use emergency departments

²⁸ Lenz-Rashid, S. (2013). Supportive Housing for Homeless Families: Foster Care Outcomes and Best Practices. San Francisco State University.

²⁹ <https://www.lep.gov/source-and-methodology>

³⁰ <https://www.kff.org/racial-equity-and-health-policy/issue-brief/overview-of-health-coverage-and-care-for-individuals-with-limited-english-proficiency/>

and urgent care centers as forms of primary health care.³¹ Lack of targeted outreach to people experiencing homelessness who are not fluent in English can have very dangerous consequences, especially if those people are experiencing a co-morbidity such as a positive HIV diagnosis. In general, the lack of language diversity and culturally responsive support implies that many populations are not being reached adequately, contributing to longer periods of homelessness or housing insecurity and lack of data available on highly vulnerable populations.

Implications for Future Interventions

We know the drivers of housing insecurity and homelessness in Illinois include primarily poverty, but other co-occurring circumstances such as substance use, being justice involved, or significant health morbidities such as an HIV+ status. In addition to economic pressures from inflation and housing markets across the country that price out average income earners and a fractured national safety net that does not provide needed support to vulnerable populations. There are many paths to economic instability, housing insecurity, and homelessness. Each person exists in a variety of systems that interact, making it impossible to isolate the need of housing from other needs in their life. For a person experiencing homelessness to find and maintain stable, permanent housing, these needs need to be addressed in tandem.

Considerations for future interventions need to take this understanding into account. The interventions included in this inventory have shared many valuable findings. The interventions that find the most success are the ones that follow a Housing First model, to co-locate multiple services to minimize transition for program participants, and to tailor interventions to a specific service population. These interventions should be implemented concurrently with prevention based interventions to reduce the amount of people experiencing homelessness. Interventions that have the resource and morale backing of powerful systems, such as municipal government, have greater opportunity to make lasting systems change. People with lived experience and the “right” staff need to be involved with these interventions, individuals with deep knowledge of the housing support system in the local area and those who have experience trying to navigate it are the best positioned to develop and implement a successful intervention.

Another significant consideration for interventions that target pregnant people and families with young children need much more involvement with the early childhood education system. It is a good start to identify children experiencing homelessness who are interacting with the child welfare system, but these interventions need to go further to connect families with Early Intervention to identify and support possible disabilities and delays and work to enroll children in Head Start or other early

³¹ Vohra, N., Paudyal, V. & Price, M.J. Homelessness and the use of Emergency Department as a source of healthcare: a systematic review. *Int J Emerg Med* 15, 32 (2022). <https://doi.org/10.1186/s12245-022-00435-3>

childhood education programs. This might include connecting parents and caregivers to the Child Care Assistance Program (CCAP) and other financial support programs, supporting family enrollment in Medicaid, and support data collection efforts to better understand how many young children are experiencing homelessness in Illinois. Future interventions that seek to support this population should contribute to the development of more robust state infrastructure and build collaboration and communication structures to support the breadth of subpopulations that can be part of this umbrella population.

The question remains what is needed to scale these interventions to make a greater impact. An example of a model that supports children as well as their parents experiencing homelessness with co-located services comes from a child care center in Hoffman Estates, Illinois. Kimberly Bianchini, the owner of Advance Preschool Inc, developed a full time staff position who is a specialist at reviewing Child Care Assistance Program (CCAP) applications and has a deep institutional relationship with the organization Illinois Action for Children (IAFC). This staff member even supports the enrollment of children experiencing homelessness before their CCAP application is approved. In addition to this relationship, they also have a program for parents interested in working in child care. After supplying the proper documentation and undergoing a background check, parents can work in the same facility their child attends. This model allows the child to observe their parent engaging in a workforce activity and gives the opportunity for parents to develop parenting skills, boost their resume, and develop work skills that can be transferred to other opportunities. Advance Preschool Inc also has the ability to connect parents with certification programs if they wish to become teachers and continue their education. Reducing barriers for families experiencing homelessness to receive child care and providing opportunities for job building skills for parents and financial support, and connecting families to housing services when appropriate, demonstrates the positive impact of interacting supports.

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