End Homelessness

The Grand Challenge of Ending Homelessness

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Grand Challenges for Social Work Initiative

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The Grand Challenges for Social Work are designed to focus a world of thought and action on the most compelling and critical social issues of our day. Each grand challenge is a broad but discrete concept where social work expertise and leadership can be brought to bear on bold new ideas, scientific exploration and surprising innovations.

We invite you to review the following challenges with the goal of providing greater clarity, utility and meaning to this roadmap for lifting up the lives of individuals, families and communities struggling with the most fundamental requirements for social justice and human existence.

The Grand Challenges for Social Work include the following:

1. Maximize productive and meaningful activity throughout life
2. Ensure all youth get a good and healthy start
3. Reduce isolation and loneliness
4. Stop family violence
5. End homelessness
6. Create greater healthy equity
7. Safely reduce our incarcerated population
8. Strengthen financial security
9. End racial injustice
10. Strengthen social responses to environmental changes
11. Reverse extreme inequality
12. Harness digital technology for social good

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The Grand Challenge of
Ending Homelessness

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The notion that homelessness in the United States can be ended, rather than managed, represents a fundamental shift in expectations that has occurred over the past three decades. Many U.S. cities now have plans to end homelessness. Yet homelessness and housing instability are substantial problems that afflict a diverse group of subpopulations such as families, youth, veterans, and chronically homeless single adults. Ending homelessness for each of these populations may require tailored interventions that are responsive to specific individualized needs. These factors make tackling homelessness a difficult task. Although evidence-based solutions exist for some subpopulations, such as *housing first* for chronically homeless adults, scaling up best practices remains a challenge. For other subpopulations, such as transitional aged youth, evidence-based interventions need to be developed. In this paper we argue that ending homelessness is a Grand Challenge that is big, important, and compelling—one that the profession of social work should be adopt. Meeting this challenge will require a focused, organized response from social work researchers, clinicians, and policymakers. Ending homelessness will require innovation and interdisciplinary or cross-sector collaboration.

Key words: Housing First, Permanent Supportive Housing, rapid rehousing, prevention, poverty.

The notion that homelessness in the United States can be ended, rather than managed (Mangano, 2002; National Alliance to End Homelessness, 2012), represents a fundamental shift in expectations from the 1980s and '90s. Since the early 2000s, researchers, policymakers, advocates, service providers, and other stakeholders have reached the conclusion that the goal of ending modern day homelessness is achievable through a reimagined approach that combines evidence, resources, innovative thinking, and political will. This is reflected in the United States' first-ever comprehensive Federal Strategic Plan to Prevent and End Homelessness (U.S. Interagency Council on Homelessness, 2010). Many U.S. cities also have plans to end homelessness. Great strides have been made in recognizing homelessness as a solvable social ill, but much work is needed to realize the goal of eliminating homelessness.

The most recent available data indicate that on any given night in the United States, roughly 610,000 men, women, and children find themselves homeless (U.S. Department of Housing and Urban Development, 2013). During the course of a year, nearly 1.49 million people—approximately one in every 200 Americans—will experience homelessness for at least one night (U.S. Department of Housing and Urban Development, 2013). Meaningfully addressing homelessness will require a significant focus on prevention and early identification, intervention, and service provision, with both individuals who are vulnerable to housing instability and also those who are already homeless. Homelessness and housing instability are substantial problems that afflict a diverse group of subpopulations such as families, youths, veterans, and chronically homeless single adults who may require tailored interventions that are responsive to specific individualized needs. These factors make tackling homelessness a difficult task, but one that social work is uniquely qualified to handle.

Efforts to end homelessness to date often focus on specific subpopulations, namely chronic and veteran homelessness. Since 2005, state and local governments have used targeted interventions, most notably Housing First, to reduce the overall number of homeless individuals who fit these criteria. Many cities across the country now have set dates to end chronic and veteran homelessness by 2016, with some cities such as Salt Lake City, Utah, already announcing the achievement of this remarkable goal. This important work does not include timelines or plans for eradicating homelessness among other vulnerable subpopulations, including victims of domestic violence, sexual minorities, families, unaccompanied women, and unaccompanied youth. For these groups, the scope of the problem itself is more difficult to ascertain, as is the solution. Although there is concern about their accuracy, recent estimates suggest that between 1.1 and 1.6 million children are homeless at some point in a given year; this an 11% increase from 2009 at least double the number that was reported in 2005 (Child Trends, 2013; National Center for Homeless Education, 2012).

Today, quantifiable scientific evidence exists that demonstrates how ending homelessness is an attainable goal for veterans and the chronically homeless. To eradicate all forms of homelessness in 10 years, interdisciplinary and cross-sector collaboration will be necessary for accurately assessing the scope of the problem; improving data; establishing innovative and clear solutions to family, youth, and other subpopulation homelessness; and disseminating existing effective solutions. Ending homelessness cannot be accomplished simply by focusing on how best to respond to individuals who experience homelessness; it will require ongoing effort to address the structural, macro-level factors of poverty and income inequality. Although it may not completely resolve these issues, policy change on affordable housing, raising the minimum wage, and increasing disability benefits can help prevent people from becoming homeless. In addition to delivering targeted evidence-based interventions, social work can help meet the grand challenge of eradicating homelessness through community organizing and advocacy tactics and by leveraging the field's strength of working across micro, mezzo, and macro levels.

ERADICATING HOMELESSNESS: BIG, IMPORTANT, AND COMPELLING

It has been almost 70 years since the adoption of the United Nations Declaration on Human Rights, which proclaimed housing a fundamental human right that should be attainable by all.

Indeed, housing—more specifically, having a place to call home—is the foundation for health; security; personal relationships; and overall physical, social, and emotional well-being. Yet homelessness has become a pervasive part of the modern industrial society. Homelessness has a disproportionate impact on certain historically marginalized or stigmatized groups, including African Americans and individuals with mental illnesses and other disabilities. Recent evidence points to the existence of cohort effects in the homeless population and indicates that there is likely to be substantial growth in homelessness among two populations at either ends of the age spectrum: older adults (aged 55 years or older) and young adults (aged between 18 and 25 years) (Culhane & Byrne, 2013). Without a coordinated and concerted strategy to provide targeted housing and clinical interventions to these two populations, older adults are likely to place great strain on health-care resources as they age, whereas young adults are likely to be at risk of poor housing, economic, and social outcomes during their entire life course. Family homelessness has been more constant, is correlated with poverty, and is often a byproduct of unaffordable housing, a problem particularly common in cities such as Los Angeles, San Francisco, and New York.

The cost of homelessness

Homelessness comes at a great cost to society. Studies that document the high costs of health care, behavioral health, criminal justice, and other services persons experiencing chronic homelessness incur—upwards of $40,000 per year for certain high-need individuals—make it abundantly clear that the continued existence of homelessness is staggeringly expensive to taxpayers (Culhane, Metraux, & Hadley, 2002; Larimer et al., 2009; McLaughlin, 2010; Poulin, Maguire, Metraux, & Culhane, 2010; Salit, Kuhn, Hartz, Vu, & Mosso, 1998). Such studies support new economic arguments that support the goal of ending chronic homelessness by revealing how the cost of maintaining a person in homelessness is more expensive than solving the problem itself. In the United States, the cost to maintain a person on the streets or in shelters, which often involves being processed through health and law enforcement systems, ranges annually from $35,000 to $150,000 per person. Yet it costs only $13,000 to $25,000 annually to create a trajectory of recovery out of chronic homelessness through providing permanent supportive housing. Cost studies on other forms of homelessness have not been widely conducted. This leaves unanswered questions on how best to operationalize costs for homeless families and youths and much opportunity to discover new solutions for cost-effective interventions for these populations.

Benefits to ending homelessness

Ending homelessness can help put individuals—including disabled or otherwise disenfranchised people—and families on a trajectory toward inclusion, integration, health, and well-being. It can also free up the public resources currently spent on managing homelessness for other crucial purposes such as early childhood education. Therefore, ending homelessness could also serve as a catalyst to reconsider other complex social problems (e.g., foster care, mass incarceration, failing public education) and bring about critical reflection on American values, assumptions, and approaches that have existed while such problems have endured and become institutionalized. In turn, working to resolve similarly complex issues such as foster care will help to reduce homelessness. Identifying and recognizing the interrelatedness of these issues will

help foster new collaborations to better address the underlying issue of poverty and inequality. These collaborations can also help redirect current spending on so-called alternatives to affordable housing (e.g., jails and prisons, police, medical emergency services, public investments and tax breaks for private development) to affordable housing policies and standards.

Child poverty

Significantly reducing poverty would directly reduce homelessness. In 2010, 22% of children in the United States were living in poverty, the highest level in over two decades (U.S. Census Bureau, 2010). Among the host of challenges children in poverty face is the disproportionate risk of housing instability and homelessness. Children in poverty experience homelessness at five times the rate of the general population (Child Trends, 2013).

Children who are homeless, as a group, are more likely than their stably housed peers to experience physical, mental, and behavioral problems, and to have experienced various psycho-social risks including exposure to violence and lack of access to medical care (Buckner, 2008; Child Trends, 2013). They are also at risk for poor academic adjustment, grade repetition, lower standardized test score performance, suspensions, poor attendance, and reduced graduation rates (Buckner, 2008; Miller, 2011). A recent study linked housing instability with increased rates of child abuse (Wood et al., 2012). These negative outcomes are extremely harmful and expose children and families to toxic levels of stress and trauma that affect family functioning and child development (Miller, 2011; Perlman, Cowan, Gewirtz, Haskett, & Stokes, 2012).

Building on current efforts

The formula for providing a home for all is highly complex; must be adapted for different populations (e.g., youths versus families); and requires collaboration among multiple systems, organizations, and individuals. However, many of the basic elements of the formula are already known. It is necessary to build on past successes and take advantage of the momentum generated by stakeholders such as the National Alliance to End Homelessness, the U.S. Interagency Council on Homelessness, and the 100K Home Campaign.

Since the early 2000s, 1,500 city, county, and provincial jurisdictional leaders across the United States and Canada have partnered in more than 350 10-year plans to end chronic homelessness. Such plans are informed by consumer preference and expansive groups of community stakeholders working in partnership; shaped by innovative ideas; and guided by business principles such as baseline data, budget planning, adoption of best practices, and benchmarking of results. Held from 2010 to 2014, The 100K Home Campaign documented how more than 100,000 Americans were lifted out of chronic homelessness through community collaboration to

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implement a Housing First approach.[1]

Although ending homelessness requires more innovation, the passage of the Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 represents the first major overhaul of federal homelessness assistance programs since the 1990s. This begins to make available substantial new federal resources for homelessness prevention and rapid rehousing on a more permanent basis.

By adopting a Housing First approach and implementing new programs dedicated to homeless prevention and rapid rehousing, the U.S. Department of Veteran's Affairs (VA) has reported a 24% decrease in the number of homeless veterans between 2009 and 2013. The VA has currently invested more than $1 billion in homelessness prevention and rapid rehousing for veterans and their family members since 2011. Its goal is to end veteran homelessness by the end of 2015.

To date, youth homelessness has largely been assessed and addressed through K–12 education as a result of the McKinney-Vento Homeless Education Assistance Act, which created numerous homelessness assistance programs. Congress has amended and reauthorized the law several times, leading to significant advances in services for homeless students and families. One of the most significant changes occurred in 2001, when the U.S. Department of Education began requiring every school district to appoint a local homeless liaison and to participate in mandated data collection. In addition, the reauthorized act provided a limited number of grants to school districts to improve services for homeless families. This additional data collection and services infrastructure provides an opportunity to identify homeless children early, accurately assess their needs, and improve service provision and coordination. Still, current data collection probably underestimates the true population of families experiencing homelessness and there are many homeless youth—especially transition-aged youth—who no longer attend school. Further efforts are needed to develop accurate assessments of this population and to explore whether interventions such as Housing First could be adapted for it. Social workers are deeply embedded in all the aforementioned efforts to end homelessness, but they have not been highly visible in leading the charge.

SCIENTIFIC EVIDENCE INDICATES THAT ERADICATING HOMELESSNESS CAN BE ACHIEVED

Within the past decade, the first documented national decrease in homelessness has occurred: a 42% decrease in street and chronic homelessness (2005–2012), a 24% decrease in the number of homeless veterans (2009–2013), and a 20% overall decrease in homelessness between 2005 and 2013 (U.S. Department of Housing and Urban Development, 2013). Data- and research-driven, performance-based, and results-oriented approaches have reduced levels of homelessness. The widespread dissemination of an evidence-based practice that ends homelessness has made such approaches possible. However, the state of the science varies based on the type of homelessness in question.

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[1] See. http://100khomes.org.

In 2002, 20 federal agencies of the U.S. Interagency Council on Homelessness launched research, policy, and budget initiatives to advance the goal of ending chronic homelessness. They funded 11 awardees, relying primarily on the Housing First strategy. Together they achieved an 85% housing retention rates after 12 months (Mares & Rosenheck, 2007). Two years later, the U.S. Department of Housing and Urban Development (HUD) published the outcomes of its three-city, 12-month study of Housing First programs and reported an 84% housing retention rate for 12 months.

Chronic homelessness

In a randomized controlled trial (RCT) that used a primarily street-dwelling sample, participants assigned to Housing First spent approximately 80% of their time stably housed compared to only 30% of participants assigned to traditional services after two years (Tsemberis, Gulcur, & Nakae, 2004). Similar outcomes occurred for chronically homeless adults in suburban and rural settings (Stefancic & Tsemberis, 2007; Stefancic et al., 2013). The Canadian government conducted the largest and most comprehensive experiment of Housing First across a variety of settings, and allocated $110 million to implement an RCT. In the At Home/*Chez Soi* experiment, which took place over four years and across five cities, Housing First appears to have eliminated homelessness for dually diagnosed, single adult, and chronically homeless individuals (Goering et al., 2014; Groton, 2013).

Veteran homelessness

Given the diverse population it serves, the VA has recently embraced best practices for ending chronic and family homelessness by adopting a Housing First model in its permanent supportive housing program for homeless veterans. This shift was backed in part by research that shows how veterans who receive Housing First access permanent housing more quickly, have higher housing retention rates, and have less intensive use of emergency department services than their counterparts served with a treatment first model (Montgomery, Hill, Kane, & Culhane, 2013). The VA has also embedded Housing First principles in its ambitious new homelessness prevention and rapid rehousing initiative, the Supportive Services for Veteran Families (SSVF) program. The VA has invested more than $1 billion in SSVF since it launched in 2011; consequently, SSVF has become an integral component of the VA's strategy to prevent and end homelessness among veterans. Early evidence points to successful outcomes. One year after exiting SSVF, approximately 85% of those served had avoided either becoming homeless or returning to homelessness (Byrne, 2014).

Family homelessness

Family homelessness is mainly associated with affordable housing, which is a function of housing costs and disposable income. Homelessness is most common for families with young children, in part because of child care costs and the instability of balancing child care and employment. Three methods of addressing family homelessness have emerged: (1) make housing more affordable (policy and advocacy); (2) get more money into the hands of poor families

(minimum wage, federal assistance programs, etc.); and (3) subsidize high-quality and flexible child care (Shinn, Greer, Bainbridge, Kwon, & Zuiderveen, 2013).

The broader shift in homelessness prevention has affected assistance programs for families that now include prevention-oriented approaches. In addition, policymakers have embraced rapid rehousing for homeless families, which makes a quick return to stable housing and a shortened experience of homelessness a priority for all. However, research on effective interventions for families has been limited. An RCT funded by HUD in 12 communities across the United States is currently comparing outcomes of four different housing options for homeless families: (1) subsidy only, (2) transitional housing, (3) rapid rehousing, and (4) treatment as usual. Results from this study will provide important insights (Gubits, Spellman, Dunton, Brown, & Wood, 2013).

Emerging data highlight the characteristics of homeless mothers and the effectiveness of housing programs that serve them. Like previous research, a study that compared outcomes for families in emergency shelters, transitional housing programs, and permanent supportive housing found that homelessness generally follows a longer period of housing instability (Burt, 2006; Hayes, Zonneville, & Bassuk, 2013). A new and important finding of this study is the correlation between mothers' trauma history and housing instability. This suggests that successful housing programs for families would benefit from including components that link services such as trauma-informed care when addressing physical and behavioral health issues among mothers and children.

Social work has a working edge in this area. An array of evidence-based practices could be adopted to support families as they make the transition into supportive housing programs. For example, Cuyahoga County (Cleveland) is endeavoring to reduce homelessness among children and families to cut the fiscal and personal costs of placing children into foster care. Developed as a social-impact bond, this collaboration will provide subsidized housing and an evidence-based homeless transition intervention, Critical Time Intervention (CTI) (Herman, Conover, Gorroochurn, Hinterland, Hoepner, & Susser, 2011). Paired with Trauma Adapted Family Connections, (Collins, Strieder, Tabor, Hayward, & Davis, 2014), CTI will be an evidence-based intervention developed by social workers for families that have returned home or been reunified. Cuyahoga County and its partners are using an innovative funding model, Pay for Success, in which private and philanthropic organizations provide up-front financing for the innovative program. The county will repay a return on investment only if the services for homeless families achieve a predetermined target level of reduction in foster care days as proven by a random assignment evaluation (Third Sector Capital Partners, 2014).

Social work practice has a long history of addressing issues that are central to the struggle of homeless families (e.g., depression, trauma, posttraumatic stress disorder, family conflict). The tools used to address these issues in the larger population can be adapted to effectively serve homeless families. For example, social work has long provided leadership in the development of interventions that support healthy parenting, reduce externalizing problem behaviors, and improve placement stability for children in out-of-home care (Dorsey, Farmer, Barth, Greene, Reid, & Landsverk, 2008; Festinger & Baker, 2013). One such program, Incredible Years, was

recently adapted to include additional content on trauma and pilot-tested with homeless mothers living in supportive housing (Rogers, Heppell, & Bobich, 2013). Outcomes from the pilot study have yet to be reported, but the effort represents a promising direction for providers who seek to adapt evidence-based programming to serve homeless families.

In another example of innovative use of familiar social work practices, the Seimer Institute for Family Stability, in collaboration with the United Way, has developed a preventive program to identify and serve families at risk of homelessness. Using an intensive case-management model in neighborhoods with high rates of school mobility, the Seimer Institute is employing a multigenerational approach to service provision and working with schools and other stakeholders to promote family stability and prevent homelessness. As of 2011, the institute had active programs in 47 communities with plans for expansion in 2014 (Siemer Institute for Family Stability, 2014). Also noteworthy is the effort to adapt psychological first aid for homeless families and unaccompanied youths (Schneir, 2009). Each of these efforts has met the first criteria of an evaluable program by having a program model and associated outcome measures.

Youth homelessness

Youth homelessness refers to children within in the context of their homeless families and youth who are alone. To date, research in the area of youth homelessness has been largely focused on cataloging the correlates of family homelessness rather than evaluating services (Grant, Gracy, Goldsmith, Shapiro, & Redlener, 2013). Studies have chiefly been limited to small convenience samples of families living in shelters and transitional housing, which constitute less than 20% of the homeless population (Grant et al., 2013; Miller, 2011). A recent systematic review found that the descriptions of interventions for children and families experiencing homelessness fall short in quantity and quality (Zlotnick, Tam, & Zerger, 2012). They found 13 articles that describe evaluations of interventions or promising practices for homeless children and youths. Most described case-management services that shelters or schools provide. These findings are similar to those in a previous review (Dennis, Locke, & Khadduri, 2007) that concluded that the increase in programming to serve homeless youths since the late 1990s have not been accompanied by corresponding efforts to evaluate them.

Transition-aged youth experiencing homelessness constitute a particular vulnerable population with high rates of substance use, traumatic experiences, institutional experiences, mental health disorder symptoms, and HIV and sexually transmitted infection risk behaviors (Logan, Frye, Pursell, Anderson-Nathe, Scholl, & Korthius, 2013; Saperstein, Lee, Ronan, Seeman, & Medalia, 2014). Homeless transition-aged youth come from diverse backgrounds, are less visible than older and chronically homeless individuals, and are often reluctant to use services. Permanent supportive housing and Housing First programs, which are considered the gold standard for improving outcomes among chronically homeless adults, have not been widely implemented among transition-aged youth experiencing homelessness. Existing Permanent Supportive Housing and Housing First programs for transition-aged youth have not been systematically studied; therefore, this is an important area for future research.

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This section explored how longstanding and ineffectual models for assisting homeless populations have been replaced with the evidence-based practices of Housing First, rapid rehousing in permanent housing, and community-based services. Further innovation is still necessary to ensure that formerly homeless individuals can survive and thrive rather than returning to homelessness. There are many promising practices still to be fully tested that could provide additional tools to end homelessness.

MEANINGFUL AND MEASURABLE PROGRESS TO END HOMELESSNESS IN A DECADE

In the United States, the homelessness crisis has spawned an infrastructure for addressing the issue. In the late 1980s, the government created the U.S. Interagency Council on Homelessness to "coordinate the Federal response to homelessness and to create a national partnership at every level of government and with the private sector to reduce and end homelessness" (U.S. Interagency Council on Homelessness, 2013, para. 1). In the 1990s, the government developed the Homeless Management Information Systems (HMIS), a data collection system, in response to a congressional mandate that required states to collect information on homelessness to continue receiving federal money from HUD to serve homeless populations. This system was developed to provide a better understanding of homelessness estimates and trends and can be used to measure meaningful progress to end homelessness over the next decade.

The Annual Homeless Assessment Report (AHAR) prepared by HUD provides two equally important metrics that measure progress toward ending homelessness. The first is the point-in-time (PIT) estimate, which attempts to count the number of individuals in emergency shelters or sleeping on the streets on a single night. The most recent PIT count found that on a single night in January 2013, 633,782 people were homeless across the United States. Though important, the PIT count is limited in that it cannot capture daily, weekly, or seasonal fluctuations in the size of the homeless population. Therefore, the AHAR uses local community HMIS data to supplement the PIT count with an estimate of the number of people who spend at least one night in an emergency shelter or a transitional housing program during the course of a year. According to the most recent of these annual prevalence estimates, nearly 1.5 million individuals were homeless at some point in 2012. A comparison of the PIT and annual prevalence estimates underscores the fact that there is significant turnover in the homeless population over time, and that progress toward ending homelessness should be evaluated based on both of these estimates. In addition, school district counts are the best routinely available way to capture homelessness estimates of children and families. Many of these children and families do not seek shelter services; therefore, they can be missed in the PIT and HMIS estimates.

According to current estimates, the past decade has seen a national decrease in homelessness, with a 42% decrease in street and chronic homelessness between 2005 and 2012 and a 20% overall decrease in homelessness between 2005 and 2013; however, child and youth homelessness has increased by 11% between 2009 and 2012 and more than doubled since 2005 (Child Trends, 2013; National Center for Homeless Education, 2012). Improved precision in measuring the incidence and prevalence of homelessness will require addressing shortcomings in the current methods of measuring and tracking homelessness. This will, in turn, help to better document the effectiveness of innovative interventions. For example, moving households out of

shelters and into permanent housing more quickly could result in a paradoxical situation in which the PIT count falls but the annual prevalence estimate rises. In other words, a more efficient and effective homeless assistance system could lead to fewer people experiencing homelessness on a given night but more households served with the same amount of resources during the course of a year.

Measuring homelessness helps focus attention and track progress. Problematic are the populations—families that are doubled up (i.e., multiple families living together) or transient transition-aged youth—that current measurement methods are unable to track. The U.S. Department of Housing and Urban Development recently launched an initiative to help develop better strategies for identifying these transition-aged youth (Pergamit, Cunningham, Burt, Lee, Howell, & Bertumen, 2013). In 2013, the AHAR included separate estimates of the number of homeless youth aged between 18 and 24 years for the first time. Although much work remains to be done to develop best practices in this area, these are promising developments. With advances in data integration technology, HMIS systems can be merged with other data sources such as criminal justice, foster care, and health care to find new solutions to interrelated problems. In short, developing stronger approaches to data collection and measurement can be seen as part of the challenge of ending homelessness within the next decade.

ENDING HOMELESSNESS IS LIKELY TO GENERATE INTERDISCIPLINARY OR CROSS-SECTOR COLLABORATION

New strategies have reframed of the national perspective on the issue of homelessness from "How can we serve homeless people?" to "How can we solve their homelessness?" Many initially viewed the Housing First approach—the rapid rehousing of the most vulnerable and disabled homeless people on the streets—as counterintuitive, but it is now the central field-tested, evidence-based strategy of local business planning. The innovation is now the prevalent strategy to reduce street homelessness, not only in the United States but also around the world. This required unprecedented national partnership between public, private, nonprofit, and faith-based sectors. New public and private partnerships are necessary to increase investment in effective strategies, especially given governmental budget constraints.

The ongoing implementation of the Affordable Care Act is one example of a new opportunity for collaboration with the health-care delivery system to pursue the goal of ending homelessness. In states that have decided to expand Medicaid eligibility, large numbers of previously uninsured individuals experiencing homelessness now have health-care coverage. The field of social work should actively pursue ways to collaborate with the health-care system to leverage the substantial new resources that will accompany Medicaid expansion. New York is planning to use some of its Medicaid funding to finance the construction of new permanent supportive housing. This is an example that could be replicated in other states.

The field of education is another obvious area for collaboration. Academic success is tied to issues and experiences that occur outside the classroom or even the campus (Miller, 2011). Social workers have taken leadership roles in many important efforts to provide students with the resources and capacity to fully engage in the classroom. It is common for a school district's

McKinney-Vento liaison to be a social worker (Hernandez Jozefowicz-Simbeni & Israel, 2006). The effort to develop community schools that bring social, physical, and behavioral health services into the community is a natural collaborative point for social workers, educators, medical personnel, and increasingly legal and financial professionals who can help address homelessness.

There is no answer that fits all scenarios, and interdisciplinary collaboration is crucial for preventing homelessness as much as to end current homelessness. This refers not only to working across large systems (e.g., health care, foster care, criminal justice), but also means finding innovative partners in sectors that have not been widely engaged. Social work as a profession has not met the rapid shift in technology of the last decade with equal innovation. The innovation has been mostly limited to the for-profit sector, yet many of the advancements could be applied in social work with little modification.

For example, advancements in social technologies and communication tools have led to products that have reduced cost and expanded access in key sectors (e.g., ride-sharing initiatives such as Uber and Lyft, house-sharing programs such as AirBnB). The ability to share resources in real time provides opportunities to reduce the waste of time and resources at a point in history when both are in short supply. Future technological innovations include making service availability viewable on smartphones and tablets in real time, and the ability to offer an empty room, extra food or clothing, or a car that is not being used for the day to others in need.

Other important opportunities for collaboration are evident in engineering. Engineers have opened up exciting opportunities for creative housing options and reuse of materials, like shipping containers and earth houses, which could provide alternative affordable methods for increasing housing stock.

These strategies have been accepted as innovative enterprises worthy of investment in the for-profit sector. It is worth imagining that these technologies could be harnessed to help meet the needs of children and their families that are experiencing homelessness. Research showing that most transition-aged youth use mobile phone technology suggests that there are technological innovations and partners that can be better engaged and utilized (Rice, Lee, & Taitt, 2011).

ENDING HOMELESSNESS REQUIRES SIGNIFICANT INNOVATION

There are several ways in which innovation is required to meet the challenge of ending homelessness. First, innovations to measure of the numbers of transient or hidden homeless youths are necessary. Being able to measure the number of homeless youths is critical to ending homelessness among that population.

Second, innovation is necessary to rigorously test housing interventions or approaches that do not lend themselves to experimental designs. Although Housing First has been tested using an RCT, much of the evaluative work related to homelessness does not include counterfactuals and could benefit from more sophisticated methods such as propensity score matching and regression discontinuity designs. There is also considerable work to do in identifying populations to target

for homeless prevention (Shinn, Greer, Bainbridge, Kwon, & Zuiderveen, 2013). The scant body of research in this area means that there is substantial space to develop and test innovative prevention and rapid rehousing program models. Such research will be essential for determining who should receive such assistance and what type of assistance is likely to work best.

Third, innovations that connect homelessness to other social issues are required. The use of big data that integrates administrative information from a variety of sources can be used to investigate the interconnectedness of homelessness (using HMIS data) to such issues as foster care, incarceration, and health outcomes. Integrating data systems at the local and national level can create novel ways of understanding and responding to social issues. For example, the ability to match administrative school records with other datasets that track services commonly accessed by families at risk of homelessness (e.g., HMIS, public health records) has provided opportunities for researchers to examine the correlates of child development with a previously unavailable richness and rigor (Cutuli et al., 2013; Fantuzzo, LeBoeuf, Chen, Rouse, & Culhane, 2012). Shifting the ability to access information from complementary datasets into general practice could help to improve the coordination of services and outcomes and avoid redundancies.

Fourth, innovation is necessary to disseminate evidence-based practices to end homelessness. Knowing how to adapt best practices for different areas (e.g., rural versus urban) and populations (e.g., youths versus older adults) while maintaining fidelity to the approach is a general problem for evidence-based practices.

Lastly, innovation is required to fund effective strategies and bring to scale existing programs that work. State and local governments are increasingly experimenting with innovative ways to fund large-scale expansions of permanent supportive housing. This may mean reforming existing funding structures so that resources can be more effectively allocated or creating new sources of funding. For example, Massachusetts has initiated a process in which proceeds from social-impact bonds sold to private investors would be used to finance the development of new units of Permanent Supportive Housing (Finn & Hayward, 2013), and New York is planning to allocate more than $90 million of its 2013–2014 Medicaid budget for capital costs and other expenses to create new Permanent Supportive Housing units (Doran, Misa, & Shah, 2013). These approaches could be replicated across the country and demonstrate that there is momentum for developing and implementing creative solutions to ending homelessness.

CONCLUSION

Though innovation is necessary to end homelessness, meeting this challenge will require interdisciplinary or cross-sector collaboration that includes a focused, organized response from social work researchers, clinicians, and policymakers.

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ABOUT GRAND CHALLENGE 5

End homelessness. During the course of a year, nearly 1.5 million people, or approximately 1 in every 200 Americans, will experience homelessness for at least one night. Even brief periods of homelessness can have lasting effects on our development, health, and well-being. It costs $35,000 to $100,000 annually to maintain a person on the streets or in shelters, as they ricochet through social service, health, and criminal justice systems. Significant progress has already been made in reducing homelessness by 20% between 2005 and 2013 and dramatically reducing levels of chronic and street homelessness by 42% in the same period. Social work build on this hopeful work by advocating for policies that promote affordable housing, greater income security, and access to child care. We can help bring evidence-based approaches to reducing homelessness in particular sub-populations to scale. We can develop new service innovations and technologies that make short-term housing and transportation more accessible. And we can continue to build an integrated data infrastructure that helps coordinate services across agencies and sectors. Working with other disciplines and a variety of national, state, and community actors, we can make homelessness rare and brief in the next 10 years and in the long term, end homelessness altogether.

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