

Permanent Housing Linked to Services: Definitions are Important in Ending Family Homelessness

POLICY PAPER

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ABSTRACT. In the absence of empirical evidence demonstrating best practice interventions for homeless families, a growing diversity of housing-based service models has emerged. Their emergence has spawned a multitude of terms describing these models that are often used loosely and interchangeably. This trend has led to confusion and misconceptions among policymakers, practitioners, and scholars in various fields, and has the potential to adversely impact policy making, funding decisions, and program planning.

This article is an effort to help develop a shared understanding by defining and clarifying what is sometimes a confusing set of models, programs, and approaches to ending homelessness for particular subgroups of families. The discussion describes the limitations of the U.S. Department of Housing and Urban Development's Continuum of Care policy, as well as federal statutes defining housing and services models, and offers recommendations to support the effective allocation and targeting of finite affordable housing and services resources.

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The arrival of the Obama Administration in Washington, DC, has spread hope and optimism across much of the country. Positive expectations for change, however, are tempered by the current economic recession and reports of increasing financial hardship for many Americans, including the growing ranks of homeless families (HUD, 2009a; Sard, 2009). During the present crisis, discussions of labels and definitions of permanent housing and services models to address family homelessness – the topic of this article – might seem meaningless or purely academic. It would seem that immediate action to address the escalating problem would be more important. Such discussions, however, should not be viewed as conflicting with proactive measures to address family homelessness, but rather as complementary to those efforts for two related reasons.

First, efforts to formulate policies to combat family homelessness are challenged by the limited state of our knowledge base. There is a gap in the literature on best practice service models that address the needs of homeless families (Nolan, Magee & Burt, 2004; Shinn, Rog & Culhane, 2005). In reviewing the limited research on housing and services interventions for this population, Bassuk and Geller (2006, p. 795) conclude that “our knowledge is not yet sufficient to determine the most effective approaches for ending family homelessness.”

There are inherent dangers and formidable challenges in addressing a serious social problem like family homelessness without an adequate understanding of “what works” and “for whom.” New policies could result in funding priorities that unduly influence programmatic responses without evidence for their efficacy. As a result, the potential array of housing and services models available to address families’ needs could be unnecessarily narrowed to a few specific models, or, worse yet, families could be unnecessarily “steered” towards better funded or more politically popular interventions when their needs do not warrant such steering and when there may be viable, and potentially more cost effective, alternatives.

Second, given the lack of knowledge about best practices, as well as rising family homelessness, it is imperative that practitioners continue to test, develop, and refine a wide range of housing and services initiatives until such time that an evidence base exists to better inform program development and the targeting of funding and interventions to specific subgroups. Fundamental to these efforts is the development of a common language to describe and differentiate these initiatives and, ultimately, to support policy making. Such a language, however, does not currently exist.

While “permanent housing linked to social services” has emerged over the past few years as a popular intervention strategy for homeless families, particularly those with special needs, there have also emerged sometimes conflicting and confusing definitions and theoretical bases for different housing and services models, including supportive housing, service-enriched housing, and sometimes transitional housing. There is an abundance of terms, moreover, which, while seeking to describe these housing and services initiatives, have multiple meanings and which are often used loosely or interchangeably (Cohen, Mulroy, Tull, White, & Crowley, 2004).

This article is an effort to help develop a shared understanding among policymakers, practitioners, and scholars in various fields by defining and clarifying what is sometimes a confusing set of models, programs, and approaches to ending family homelessness for particular subgroups among the target population. The discussion seeks to advance the present dialogue around permanent housing options linked to services by distinguishing between available models using an existing typology; explaining the flexibility of different models in meeting various family needs; and cautioning against the “steering” of families, in the absence of a documented evidence base, into particular program types based on household characteristics, political trends, and/or the availability of such housing.

History of Housing and Services Initiatives for Homeless Families

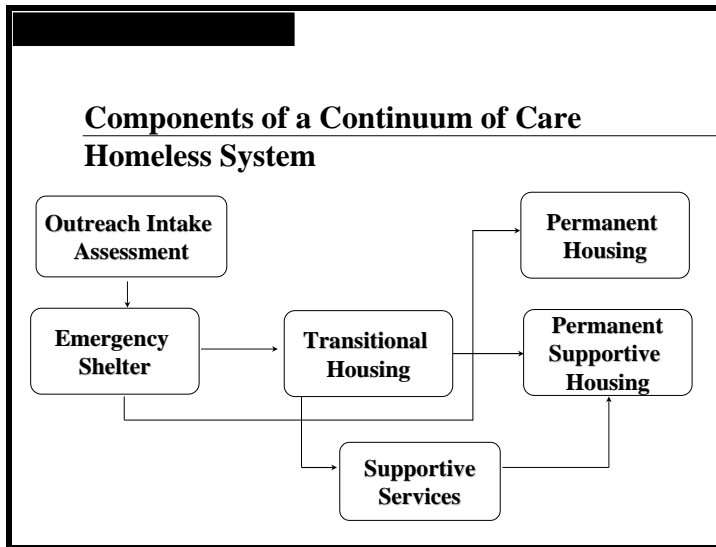
Within the current context, homeless families began appearing in significant numbers primarily in central cities in the early 1980s (Gerstel, Bogard, McConnell, & Schwartz, 1996). Emergency shelters were initially put forth as a response to address what was believed to be a temporary crisis; however, as shelters became overloaded with families experiencing prolonged stays due to rapidly declining affordable housing options, new approaches with a greater emphasis on behavioral health services, job training, and life skills development began to take root across the country (Barrow & Zimmer, 1999). Transitional housing programs, which provided up to 24 months of specialized services focused on promoting self-reliance, emerged to fill the void between short-term, crisis programs and permanent housing.

The passage of the Stewart B. McKinney Act of 1987 effectively began the institutionalization of transitional housing for homeless families with children. The Act, the first federal response to the homeless crisis, provided \$589 million over 2 years, including \$180 million for transitional housing and other “demonstration projects”, and only \$70 million for permanent housing subsidies, with eligibility for those subsidies restricted to individuals with disabilities (Gerstel et al., 1996). The Continuum of Care¹ policy, developed in 1994, of the U.S. Department of Housing and Urban Development further institutionalized this model as a fundamental component of a coordinated system to address homelessness (Barrow & Zimmer, 1999; Culhane & Metraux, 2008).

¹ A Continuum of Care is “a regional or local planning body that coordinates housing and services funding for homeless families and individuals” (National Alliance to End Homelessness, 2007a).

Figure 1 illustrates the Continuum of Care model, which consists of the basic components of a homeless services system. Since the inception of this paradigm, transitional housing programs for all populations have grown substantially nationwide, for example, with a 60 percent increase from 1996 to 2004. In 2004, 53 percent of transitional housing beds reported by Continuums of Care served homeless families (Burt, 2006).

Figure 1. HUD Continuum of Care Model (HUD, 2001)



The proliferation of transitional housing has occurred despite the absence of a single controlled study of the efficacy of this model (Shinn et al., 2005). Evaluation studies of transitional housing programs (e.g., Burt, 2006; Bodonyi, Orlando, & Yancey, 2008) and synthesis papers (e.g., Barrow & Zimmer, 1999) report a wide range of successes and challenges but do not give a conclusive picture of which aspects and configurations of transitional housing are helpful for which populations. Rather than empirical evidence, practical and financial considerations, as well as politics and ideology, have largely fueled the expansion of this housing and services initiative (Gerstel et al., 1996). As previously stated, the availability of new federal monies dedicated to sheltering homeless persons, coupled with the need to provide longer-term shelter for families not able to leave existing crisis programs on their own for permanent housing, helped to drive program development.

However, there were other salient factors involved in the growth of transitional housing during the 1990s and early 2000s. Among these were institutional and community barriers to expanding public housing; the dearth of programs, especially for families, to subsidize rents in private-market apartments; and the evolving myth of “housing readiness,” that is, that families had to be prepared to live independently in order to overcome the individual failings believed to be the primary cause of their homelessness (Gerstel et al., 1996). Furthermore, by focusing on shelter placement as the principal response to housing crises and by progressively investing more money in transitional housing, HUD’s Continuum of Care policy has promoted longer-term, shelter-based

service models for homeless families (Culhane & Metraux, 2008). The historical emphasis on longer-term, service-rich shelter programs shifted the “focus from the systemic problem of not enough permanent housing to the more tractable problems of individual families that could be addressed through services” (Barrow & Zimmer, 1999, p. 4).

Recent local and national data from Continuums of Care suggest a gradual shift, however, away from temporary housing and services models, as the dominant response to family homelessness, to permanent housing models. Locally, there are promising examples of cities and counties reconfiguring their homeless services systems to promote housing first² and prevention strategies. Through shelter diversion, the creation of rental assistance programs, concerted landlord outreach, and the provision of services once families are re-housed, some communities are beginning to slow or even reduce the incidence of family homelessness (National Alliance to End Homelessness, 2006). Nationally, the inaugural Annual Homeless Assessment Report (AHAR) to Congress reported that Continuums of Care are placing greater emphasis on developing “permanent supportive housing” than on emergency shelter or transitional housing; 52 percent of new family beds under development were permanent supportive, 33 percent transitional and 15 percent emergency shelter (HUD, 2007a).

While the increased emphasis on permanent housing nationally is encouraging, there is ongoing confusion and misunderstanding about terminology used to describe various permanent housing and services initiatives (Cohen et al., 2004). The shift to permanent housing-based service models, however gradual, seems to be occurring despite lingering confusion about the available array of community-based housing and services models to support vulnerable families with children. As the next section will illustrate, this lack of understanding not only appears prevalent among Continuums of Care but also extends to other related fields, including child welfare.

Present State of Permanent Housing Terminology

The term “[permanent] supportive housing” is often used to describe various types of affordable, rental housing that are connected to services delivery and coordination in some manner (Tull, 1996; Beyond Shelter, 1998). Many different terms – service-enriched housing, service-enhanced housing, permanent housing with time-limited services, permanent housing linked to services, service-linked housing, and affordable housing with support services – are believed to fall under this rubric. The meaning of “permanent supportive housing” and these other terms varies, however, depending on the population being served (Kudlowitz & Pinder, 2006).

² Housing first for homeless families, or rapid re-housing as it is also known, is an approach that emphasizes assisting families to access permanent housing as quickly as possible and then providing them the services that traditionally have been provided in transitional housing (Beyond Shelter, 1999).

There is evidence that some local Continuum of Care definitions also conceive of “permanent supportive housing” as though it were a generic housing and services model for homeless families and individuals at-large rather than one targeted to specific subgroups with common and specific objectives for services delivery. A recent report (Foster & Snowden, 2003) on housing strategies to address long-term homelessness in California revealed that while some definitions explicitly describe target groups and the purpose and nature of supportive services, such specificity is noticeably absent from other definitions. These other definitions seem to generally describe permanent, affordable housing that may or may not have services provision and that could cater to a wide range of homeless populations. Examples excerpted from Foster and Snowden (2003) and listed in Table 1 illustrate these vast definitional and conceptual discrepancies.

Table 1. Divergent Continuum of Care Definitions of Permanent Supportive Housing (Drawn from Foster & Snowden, 2003)

Broad, Loose Definitions of Permanent Supportive Housing

Stanislaus County: An affordable housing program, which provides housing for an indefinite period of time. The program may be a tenant-based or project-based program which, depending upon the individual’s needs, may or may not include supportive services. The level of rent a participant pays can be no more than 30% of his/her income, including cost for utilities. (p. 66)

Kings/Tulare County: Community-based long-term housing with supportive services. (p. 62)

City of Pasadena: ...a residence that provides permanent housing that is linked with on-going supportive services (on-site and/or off-site) designed to allow clients to live at the facility on an indefinite basis. Services include employment counseling, health care, mental health care, and substance abuse treatment and counseling. (p. 62)

Orange County: Services enriched housing with residency ranging from 24 months and longer with no time limit in place. (p. 63)

Tight(er) Definitions of Permanent Supportive Housing

Mendocino County: Community-based housing for homeless persons with disabilities that provides permanent housing with supportive services. (p. 62)

Placer County: ...long-term housing for individuals with disabilities who are not able to live independently without support. There are no time limits to the stay. The level of support varies by the needs of the individual and the services of the program. (p. 63)

Redding/Shasta County: ...long-term community-based housing and supportive services for homeless persons who face various obstacles which prevent them from living independently in a permanent setting. This typically involves a mental or physical disability. The supportive services may be provided by the organization managing the housing or coordinated by the applicant and provided by other public or private sector agencies. (p. 63)

San Mateo County: Housing with on-site support service[s] with no limitations on length of stay. Target population is typically individuals and families with [a] disability which ha[s] caused them to experience chronic homelessness...services...focus on assisting tenants to retain their housing, gain skills and increase their self-sufficiency...services are generally tailored for specific subpopulations of homeless persons: serious mental illness, substance abuse, dual diagnosis, HIV/AIDS youth, and families with children. (p. 65)

As the preceding examples make clear, there is not a consensual understanding of the actual meaning of the term “permanent supportive housing.” While some definitions explicitly identify target populations (i.e., chronically homeless, persons with disabilities, and/or those with obstacles to independent living), other definitions conspicuously omit such populations. Only one definition directly mentions homeless families, whereas the other definitions use more generic language (i.e., “individuals” and “persons”), making it ambiguous as to whether “permanent supportive housing” is conceived of as an appropriate model for any families experiencing homelessness.

While the majority of definitions discuss the prevalence of service components, one definition states that services may or may not be included or offered, depending on individual need. Some definitions, moreover, use potentially stigmatizing labels like “facility” and “program”, while others avoid such language and describe “permanent supportive housing” as permanent housing of various configurations (single-site or scatter-site) which is integrated into communities. These widespread inconsistencies, albeit examples from just one state, suggest that similar definitional and conceptual issues may be prevalent in other geographic areas of the country as well.

The loose use of the phrase “permanent supportive housing” is not limited to Continuum of Care definitions. Some scholars and policy experts in other arenas, including child welfare and mental health, broadly use the term in discussing coordinated housing and services initiatives for various homeless and low-income populations. For example, Harburger and White (2004, p. 494) state in their article discussing the need for a housing-child welfare nexus: “Child welfare agencies will not be able to meet the permanency standards...until they place children who are in care primarily due to a lack of housing with their families in permanent supportive housing.” Elsewhere in the article the authors interchange the terms “service-enriched housing,” “supportive housing,” and “affordable housing with support services,” suggesting that their use of permanent supportive housing does not refer to a specific housing and services model, but rather more generally to affordable housing that is linked in some manner to support services of various kinds.

The inconsistent and/or broad use of the term “permanent supportive housing” in various circles is problematic, because the label actually refers to a specific housing model that is typically targeted to persons with the greatest barriers to independent living, including long-term or chronically homeless persons with disabilities (Corporation for Supportive Housing, 2007). Federal law, in fact, has given “permanent supportive housing” both a

precise definition and intended application. According to the U.S. Department of Housing and Urban Development (HUD),

“By law, HUD’s permanent supportive housing programs for homeless persons are designed to serve persons who are disabled, including those who are currently seriously mentally ill and/or who have chronic problems with alcohol, drugs, or both” (HUD, 2007b, p. vii).

HUD’s definition of permanent supportive housing includes both individuals and families with disabilities. This clear-cut definition not only defies the use of this term as a unifying framework for housing and services strategies addressing homelessness, but it also points to the need to distinguish this model from other housing and services initiatives.

A New Framework: Housing Linked to Services

The widespread confusion and loose use of housing and services terminology call for a unifying framework for understanding and discussing permanent housing-based approaches to ending family homelessness. A few years ago, in an effort to clarify and demystify the complex housing and services nomenclature, the National Low Income Housing Coalition (NLIHC) proposed the umbrella term “housing plus services” to describe various models of housing linked to services that address the needs of low-income and homeless populations (Granruth & Smith, 2001). The NLIHC defined housing plus services as: “permanent affordable housing that incorporates various levels of services provided by trained professionals for whom service delivery, not property management, is the primary responsibility” (Cohen et al. 2004, p. 510).

This new perspective offered a way to organize existing nomenclature and reduce the proliferation of terminology describing housing-based service delivery models. The confusion regarding terminology has continued and even worsened, however, as various stakeholders adopt language and terms to describe new initiatives or housing models linked to services, with little consistency in their meanings. Concerned with the ongoing confusion in the field, members of the NLIHC’s Housing Plus Services Committee, the present authors included, have recently undertaken the task of further qualifying and modifying the terms that appear to be most often in use.

For this paper, the term “housing linked to services” is being used to describe permanent housing and services models that address family homelessness. This proposed term is beneficial to discussions of family homelessness for at least three reasons. First, it replaces the often misused label “permanent supportive housing” as an umbrella term for discussing housing models, and at the same time reframes permanent supportive housing as one subset within the universe of housing and services options available to families. It also aligns this particular model with the federal definition.

Second, housing linked to services is sufficiently broad to encompass the wide variation that exists in the level, structure, and intensity of services delivery and coordination

among current (and future) permanent housing models. Such breadth is critical because, while all families striving towards housing stabilization after a homeless episode may benefit from a certain amount and period of services, the mix and intensity of services needed varies considerably; the needs and characteristics of homeless families are not homogeneous.³

Third, the term “permanent supportive housing” refers to a specific housing model, albeit one with many configurations, that is intended for families with disabilities; however, most homeless families do not struggle with disabilities, but rather have needs and characteristics that are similar to those of poor, housed families (Bassuk, Weinreb, Buckner, Browne, Salomom, & Bassuk, 1996; Shinn, Weitzman, Stojanovic, Knickman, Jimenez, Duchon, James, & Krantz, 1998; Bassuk, Buckner, Perloff, & Bassuk, 1998; National Alliance to End Homelessness, 2007b).

The National Low Income Housing Coalition’s Housing Plus Services Committee developed a matrix and typology to provide an overview of permanent housing and services initiatives for low-income and homeless persons (Housing Plus Services Committee, 2004). The typology organized models based on target population(s), core services, common goals, and general requirements and restrictions. The following descriptions of housing and services models in Table 2 are considered a next generation approach and are adapted from previous definitions of types of housing linked to services contained in articles (Cohen et al., 2004; Cohen, Mulroy, Tull, Bloom, & Karnas, 2007) and other sources, as noted.

Table 2. Definitions of Permanent Housing and Services Models

Permanent Housing with Transitional Services: This term refers most often to scattered-site apartments in the private rental market, usually leased by formerly homeless families themselves or in some cases master-leased for a period of time by an agency serving such families. The major goal of this housing model is to help homeless individuals and families transition to stability in permanent housing, improve coping skills, develop stable living patterns, and establish links with community-based resources and services, where needed, for longer term support. The housing first/rapid rehousing approach to ending and preventing family homelessness, while promoting a variety of housing options, typically involves this housing model, often with either short-term or longer-term rental assistance, including Housing Choice Vouchers (Section 8). Once families are assisted back into permanent housing, service providers then offer families intensive, home-based case management services on a voluntary basis for a limited period of time (often six months to one year), while connecting vulnerable and at-risk families to mainstream systems to facilitate ongoing stability and support. Sometimes, intensive, home-based case management services are provided up to 2 years to families with special needs including mental illness and/or drug addictions (Beyond Shelter, 1999; Lanzerotti, 2004).

³ See Rog and Bucker, 2007 for a recent review of research on the needs and characteristics of homeless families.

Public Housing: Public housing refers to housing publicly funded and owned through the Federal Department of Housing and Urban Development (HUD) and/or through state and local Public Housing Authorities (PHAs). It also refers to housing that is non-profit or for-profit owned and made affordable through Housing Choice Vouchers (Cohen et al., 2007). The major goal of this housing model is to provide housing that is affordable for low-income populations, including two-parent and single-parent families with children, extended families, individuals, persons with disabilities, people with special needs, elderly people, and so on. Examples of the housing plus services link include the Hope VI partnerships with federally assisted PHAs and the ROSS Program, which funds services coordinators to assist families to move towards economic security, enable elderly residents to age-in-place, and help individuals with disabilities to improve their quality of life.

Permanent Supportive Housing: The term “permanent supportive housing” generally defines housing that offers intensive support services to promote stable, independent living among persons who without such support would not be able to live independently. The major goal of this housing and services model is to prevent homelessness and/or its recurrence, or to end chronic or long term homelessness, through the delivery of holistic, wraparound services, designed to help individuals and families to live independently and interdependently in the community (Cohen et al., 2004). Although individuals who are homeless, formerly homeless, or at risk of homelessness, are often targeted for supportive housing units, the model is increasingly being offered to homeless and at-risk families and youth/young adults with severe barriers to housing access and retention, including chronic health and/or mental health conditions that are at least episodically disabling (Corporation for Supportive Housing, 2007). As with other housing linked to services models, including special needs housing, permanent supportive housing is promoted as a valuable and cost-effective alternative to expensive institutional care, including hospitalizations, nursing homes, and foster care.

Special-Needs Housing: Special needs housing generally refers to permanent housing targeted specifically to persons with special needs, including those with psychiatric, cognitive, sensory, physical or neurological conditions that are permanent or likely to be permanent, or those who require ongoing care or treatment (e.g., individuals with HIV/AIDS, persons in recovery from substance abuse). The major goal of this housing and services model is to improve the quality of life of residents and to help them to live independently and interdependently (Cohen et al., 2004). Though special needs housing and permanent supportive housing are similar in nature, and could conceivably serve similar populations, the key distinctions often lie in the targeting of the housing and the historical emphasis of special needs housing on persons with a specific need irrespective of their homeless histories. Furthermore, special needs housing isn’t necessarily service rich or intensive, whereas permanent supportive housing by definition is service rich.

Service-Enriched, Affordable Housing: The term “service-enriched housing” emerged in the 1990’s to describe the integration of supportive services into the operation and management of affordable rental housing for the low-income population at-large. While residents of such housing might benefit from a wide array of services and resources, being considered “at risk” or possessing “special needs” are not their defining characteristics, unlike residents of other housing linked to services models. Even though not all service-enriched housing operators serve homeless families, the model can expand limited housing options for these families by providing a simple, cost-effective means for services coordination and navigation in the community at-large. Also known as “resident services model in affordable housing” or “affordable housing with resident services” (Proscio, 2006), the major goal of service-enriched, affordable housing is to promote improved quality of life and the social and economic well-being of residents. The three key elements of this model, crisis intervention and short-term case management, resource and referral, and resident participation in the decision-making process, are typically achieved through the presence of an on or off site services coordinator. The services coordinator has less an ongoing case manager or service provider relationship with tenants and more an as needed or desired service broker role, linking residents to programs and resources available in the surrounding community (Beyond Shelter, 1998; Tull, 2000; Proscio, 2006).

Although there are differences between housing linked to services models, a review of common practices indicates that the described models share several defining features or characteristics in common. For example, housing linked to services models generally offer, in varying degrees of intensity, levels of importance, and periods of time, the following services to residents: life skills and stabilization, crisis intervention, services coordination and linkages with community-based programs, specialized programs, and enrichment, recreational, or educational activities (Cohen et al., 2004). While not a service per se, case management, either short-term or ongoing in nature, is a common method by which services are delivered and/or brokered across housing models.

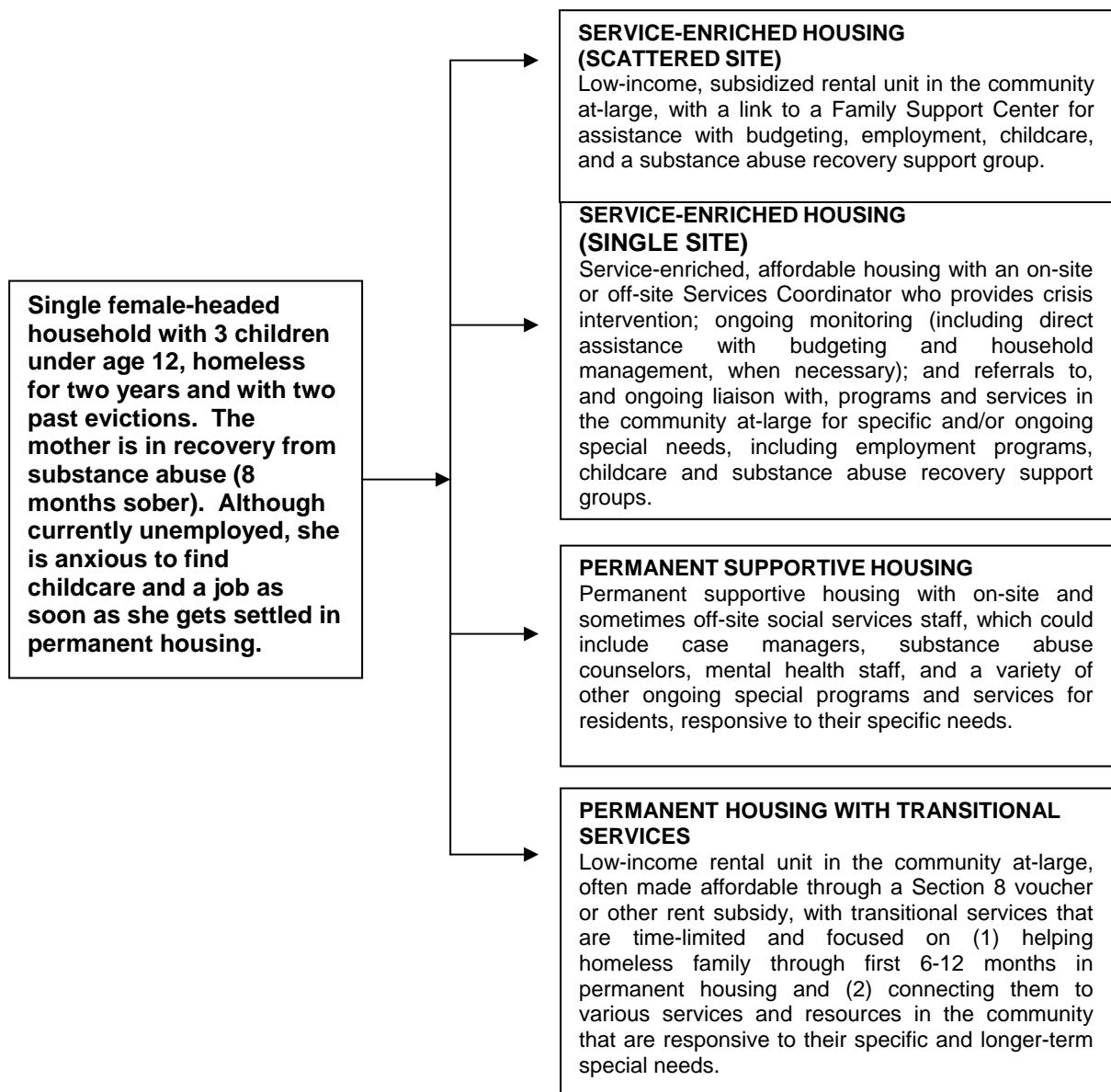
Another common characteristic of most permanent housing models linked to services is the voluntary nature of services. These models view services as opportunities, not obligations, for residents to improve housing stability and social and/or economic well-being. This philosophy is seen as critical to undermining the historical and often coercive bundling of housing and services for special needs populations (Allen, 2003). It is also critical to defying the still common tendency to “clientize” persons who have experienced homelessness, that is, to treat such persons as members of a permanent client class (Cohen, 2008). In contrast to past federal policy which predominantly emphasized treating individuals’ and families’ personal problems in shelter settings as a primary response to homelessness (Bogard et al., 1999), permanent housing models linked to services are increasingly employing affordable housing with integrated services as the dominant and necessary response to this social problem.

The key differences in housing linked to services models are most often dictated by the needs of the residents, the primary outcomes desired by the owner or developer of the housing, particularly in single-site configurations, the design of the housing (single-site

or scattered site with single units or clusters of units otherwise integrated into mixed income buildings), and the requirements of funding streams, which often dedicate resources to specific target populations or desired outcomes (Cohen et al., 2004).

While funding sources often restrict which populations can be served in specific housing models, the common program element in housing linked to services of individualized service and resource coordination affords program operators flexibility in meeting varying tenant needs. In this way, individual needs do not necessarily dictate or restrict in what type of housing one can successfully live, as illustrated by the example in Figure 2.

Figure 2. Homeless Families with Specific Special Needs Could Successfully Stabilize in Permanent Housing of Many Different Types



Policy and Practice Implications and Recommendations

The proliferation of labels and terms in various fields to describe housing and services interventions for homeless persons, including families with children, has been problematic due to the lack of consistency in their meaning and use. The umbrella term “housing linked to services” and the corresponding definitions of housing and services models offered in this article are an attempt to address the loose and interchangeable use of nomenclature that has led to unnecessary confusion and conflicting definitions.

In order for the proposed framework presented in Table 2 to have real impact, however, public policy must better reflect and embrace it. In particular, the U.S. Department of Housing and Urban Development’s (HUD) Continuum of Care policy should be reformed to better align with this new framework.

The current policy needs to be updated to acknowledge the diversity of permanent housing options linked to services for homeless households, and in particular to account for those models that have emerged since the policy was first introduced in 1994. In its current form, the Continuum of Care model (Figure 1) would seem to suggest the existence of only two permanent housing types, permanent housing and permanent supportive housing, with only the latter having clearly stated links to services.

These shortcomings have significant implications for program definition, development and funding. While federal statutes have codified definitions of permanent supportive housing for homeless persons, as well as definitions of special needs housing and public housing for homeless and non-homeless populations, statutory definitions for other housing models, most notably service-enriched housing, do not exist. The codification of a definition for service-enriched housing is necessary in order to: acknowledge the viability of this housing type in addressing homelessness, support its expansion, and promote greater understanding among policy makers, program planners and service providers of key distinctions between housing-based service interventions dealing with homelessness.

Naming housing linked to services models in this way is not just a matter of semantics; it’s inherently political. Presently, while HUD – the federal department with primary responsibility for funding homeless initiatives nationally – supports the development and operation of permanent supportive housing, including an annual 30% set-aside of McKinney-Vento dollars for this housing type (Carter, 2007), HUD does not provide funding for services coordinators in service-enriched housing for families (National Resident Services Collaborative, 2008). However, HUD does fund services coordination in federally assisted multifamily housing for seniors and individuals with disabilities (HUD, 2009b).

The absence of comprehensive statutory definitions of housing linked to services models is an impediment to improving policy and planning around homelessness. For example, in its efforts to evaluate and understand the current scale of available permanent housing

resources to address homelessness nationwide, HUD requires local Continuums of Care (CoCs) to submit Housing Inventory Charts with their annual SuperNOFA funding applications. From 2004 to 2006, CoCs reported a total decrease of 21,000 permanent supportive housing beds, even though HUD has been funding approximately 9,000 new permanent supportive housing beds for individuals and families a year since 2001 (Burt, 2008). What could explain this apparent paradox?

Burt (2008) speculates that these decreases do not reflect actual declines, but rather better management of housing lists by CoCs, due in part to pressure from HUD. It is quite likely, though unknown, that some housing stock formerly counted as permanent supportive by CoCs was re-classified as service-enriched and/or other types of affordable, permanent housing linked to services.

In order to effectively target limited federal resources to address the needs of various homeless populations, it is imperative that HUD and other federal agencies with responsibility for addressing homelessness be able to compile an accurate record of the housing and services resources currently invested in communities across the country. Otherwise, future funding decisions could be based on faulty information and potentially misdirected. Federal policy, therefore, must account for all permanent housing and services models that serve homeless households, including service-enriched stock that targets such households in whole or part, in order to help facilitate better resource assessment and planning at local, state, and national levels.

Another critical area for policy attention is recognition that chronic homelessness among families with children exists. Until the passage of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act in May 2009, the federal definition of chronic homelessness, thus eligibility for targeted services, had only included individuals, who had a disability and who had experienced twelve consecutive months of homelessness or four or more episodes within the past three years (National Alliance to End Homelessness, 2007c). The HEARTH Act, which reauthorized HUD's McKinney-Vento homeless assistance programs, expands the federal definition of chronicity to include families with children (National Alliance to End Homelessness, 2009).

This expansion of the definition is a welcome policy change because the more inclusive statute, assuming it is precise and clear-cut once developed, should provide Continuums of Care with a national standard to guide program planning and resource allocation. The heretofore absence of an inclusive standard could be one reason why CoC definitions of permanent supportive housing vary so drastically and often are ambiguous as to the applicability of the model to homeless families with children, as the evidence presented from California made clear. In the past and at present, this absence has also provided reason for concern among some homeless advocates, the current authors included, about how finite affordable housing and services resources, including permanent supportive housing, have been allocated, and are now being allocated, in communities across the country. A new definition will allow for multiple strategies, service to vulnerable populations, as well as opportunities for innovation and evaluation, without the possible restrictions in the current definition.

Permanent supportive housing for homeless families, for instance, has experienced substantial growth nationally during the last ten years relative to other housing models serving such households, even though a definitive evidence base to justify this rapid growth does not yet exist (National Center on Family Homelessness and Corporation for Supportive Housing, 2006). What is more, some national housing experts have already called for an expansion of permanent supportive housing to serve non-disabled families with “other substantial barriers to housing stability including domestic violence and history of out of home placements” (Durham, 2005, p. 5; Corporation for Supportive Housing, 2007). Such an expansion, however, could actually undermine, not enhance, efforts to end family homelessness due to inefficient use of scarce resources.

While more research is needed to determine, first, which families are being served in which housing models and with what outcomes, and, second, how best to target models to meet individual needs, it is imperative that policy makers, program planners and practitioners caution themselves against the over promotion and institutionalization of particular permanent housing and services options for homeless families generally. Otherwise, the most service rich and resource intensive housing models could follow a troubling trajectory not unlike that of transitional housing, a similarly resource-intensive housing and services model that was originally designed and developed for homeless individuals and families, but whose widespread and poorly targeted use with families in particular has been challenged by researchers and policy experts (e.g., Culhane, 2006; Culhane, Metraux, Park, Schretzman, & Valente, 2007; Culhane & Metraux, 2008).

Over the last decade, research has emerged demonstrating that what most homeless families need is permanent housing in the community at-large that they can afford, similar to poor families generally, rather than specialized housing and services models (Shinn, 1998; Bassuk & Geller, 2006; Khadduri, 2008). This same body of research also indicates that housing vouchers are both necessary and sufficient to end the homelessness of all but a relatively small number of families. Once reintegrated into the community, formerly homeless families benefit from the same array of mainstream programs that support the service needs of other poor families. Bolstered by this evidence, the principles and practices of permanent housing linked to services, suggest that the focus of policymaking and community planning around family homelessness return to, or at least remain on, strategies that directly and most rapidly meet the permanent housing needs of homeless parents and children, through the prudent use of the full range of housing and services approaches available across the country today.

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Founded in 1988, the mission of Beyond Shelter is to develop systemic approaches to combat poverty and homelessness among family with children and enhance family economic security and well-being. Beyond Shelter accomplishes its goals through responsive service delivery, people-centered community development, and the creation of knowledge for social change. The agency's programs in Southern California serve as a "laboratory" for demonstration, research and evaluation, with information disseminated through the Institute for Research, Training and Technical Assistance.