

Community Action Targeting Children Who Are Homeless (CATCH): Addressing the Mental Health and Developmental Needs of Children Experiencing Homelessness

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The purpose of this article is to describe a collaborative community project designed to enhance the mental health and development of children experiencing family homelessness. In spite of the many risk factors faced by children without homes, there has been limited attention to understanding and addressing their needs. Community Action Targeting Children who are Homeless (CATCH) was developed by a group of community leaders in family homelessness and experts in young children's mental health; the goal of CATCH is to promote the social-emotional adjustment and developmental status of children who are homeless. In this article we provide a rationale for the project, discuss the goals and strategies implemented to meet those goals, and describe the lessons learned.

IMPLICATIONS FOR PRACTICE

- An ongoing practice challenge is balancing the importance of macro-level approaches to address the needs of all families experiencing homelessness over the long term and attending to immediate micro-level direct practice for families currently in shelter and transitional housing programs. Blending macro- and micro-level practice is an ideal CATCH strives to achieve

The National Center on Family Homelessness (2010) estimated that nearly 1 million families experienced homelessness in 2010; approximately 1.55 million children were homeless that year. The number of families entering shelters increased by 39% between 2007 and 2010 (U.S. Department of Housing and Urban Development, 2012). In Wake County, NC, point-in-time data from 2011 indicated that approximately 500 family members resided in a shelter, transitional housing, or supportive housing each night, and approximately 64% of those individuals were children (U.S. Department of Housing and Urban Development, 2012). Children who experience homelessness are likely to have faced many challenging—and sometimes traumatic—life experiences, including maltreatment, neighborhood violence, and sustained poverty. Cumulative adverse experiences place children without homes at risk for poor mental health and developmental challenges, so this is a high-risk population of children whose needs should be prioritized. Unfortunately, for 2009 North Carolina was ranked 44th in the nation in *America's Youngest Outcasts: State Report Card on Child Homelessness* (National Center on Family Homelessness, 2009). This fact, combined with North Carolina's ranking of 37th in the 2009 Kids Count rating by the Annie

E. Casey Foundation, painted a bleak picture of child well-being in the state. Research indicating high risk for mental health problems among homeless children and low state rankings for child well-being indicated that Wake County needed to improve and expand approaches to address the needs of homeless children.

Background

Rationale for Project CATCH

Experiences of children who are homeless. Although there is wide variability in life experiences of children who enter shelters for homeless families, many have faced one or more challenges that place them at risk for mental health concerns and developmental delays. By 12 years of age, 83% of children experiencing homelessness have been exposed to at least one serious, violent incident, and almost 25% have witnessed intimate partner violence (National Center on Family Homelessness, 2011). Many children experiencing homelessness also have been the target of maltreatment and/or have been separated from their caregiver temporarily (Anooshian, 2005; Haber & Toro, 2004). These children are likely to have experienced chronic health conditions and limited access to health care (Cutuli, Herbers, Rinaldi, Masten, & Oberg, 2010; Perlman & Fantuzzo, 2010), family violence (Zlotnick, 2009), and maternal substance abuse and depression (Lee et al., 2010). After entering a shelter, the lives of children who are homeless can continue to be stressful. Shelter policies (e.g., denying admission to fathers), physical layout (e.g., barracks-style accommodations), and regulations (e.g., no personal foods allowed) are intended for safety, not for support of positive parenting and healthy family interactions (e.g., Tischler, Rademeyer, & Vostanis, 2007). Families in shelters can

be isolated from their social networks, and family routines and traditions are disrupted (Paquette & Bassuk, 2009). School mobility of homeless children can impact academic performance, school engagement, and peer relationships (Buckner, Bassuk, & Weinreb, 2001).

Given the multitude of challenges faced by children who are homeless, professionals at family shelters should be attentive to the mental health status of children. Unfortunately, children are often “invisible” because staff members’ primary role is to focus on immediate safety and housing goals. Most agencies that serve families without homes lack screening and assessment protocols or procedures for referring children to appropriate mental health providers, and they lack sufficient resources to follow children over time to ensure that services are accessed and effective (Bri-namen, Taranta, & Johnston, 2012; Lee et al., 2010). To illustrate, prior to implementation of the Community Action Targeting Children who are Homeless (CATCH) project, only 1 of 11 family shelters in Wake County included any questions about children’s functioning in the family intake process.

Adjustment of children who experience homelessness. Studies suggest that children who experience homelessness show high rates of mental health problems, including internalizing and externalizing disorders (Obradovic, 2010; Park, Fertig, & Allison, 2011). Based on surveys completed by mothers and case managers at 18 supportive housing units, Gewirtz et al. (2009) found that 14% of infants and toddlers met criteria for mental health services; 47% of 5- to 11-year-old children and 67% of adolescents met those criteria. In terms of development, a longitudinal study indicated that children who were homeless began to show delays in cognitive functioning and language skills as early as 18 months (Garcia Coll, Buckner, Brooks, Weinreb, & Bassuk, 1998). As a group, these children show lower classroom engagement (Fantuzzo, LeBoeuf, Brumely, & Perlman, 2013) and lower scores on measures of reading, math, and general cognitive ability (Perlman & Fantuzzo, 2010; Shinn et al., 2008).

Parenting practices of parents experiencing homelessness. Unfortunately, many mothers who are homeless have difficulty providing sensitive caregiving for their children (e.g., Koblinsky, Morgan, & Anderson, 1997), report more frustration in the parenting role than nonhomeless mothers (Lee et al., 2010), and have a higher rate of involvement with child protective services (McChesney, 1995). Given the protective function of sensitive parenting, supporting the role of parents in the shelter environment could be a key strategy to promote the well-being of children. Indeed, studies indicate that homeless parents who are more positive, less coercive, and better problem solvers have children with fewer adjustment problems (Danseco & Holden, 1998; Gewirtz

et al., 2009). Herbers et al. (2011) found quality of homeless mothers’ parenting moderated the link between cumulative risks and children’s academic success.

Local trends in services. Prior to the launch of Project CATCH, a leading organization serving homeless families, The Salvation Army, identified a community gap in assistance for children experiencing homelessness. They hired a child case manager to conduct assessments of children in their shelter and in neighboring shelters, and screening data pointed to significant concerns about children’s social-emotional adjustment and developmental delays. The critical need for mental health support for homeless children was brought to the local Young Child Mental Health Collaborative (YCMHC), a group of professionals from public, private, and nonprofit sectors that seeks to fill gaps in services for children in Wake County. For 2 years, a working group consisting of YCMHC members and shelter professionals met monthly to discuss the status of services to homeless families. This focus at the macro level allowed the group to assess potential broad barriers such as siloed service delivery across agencies, the negative impact of federal policies on shelter priorities (e.g., Housing First, a federal initiative to re-house individuals and families as rapidly as possible), and problematic communication patterns within and between service sectors. Understanding the priorities, funding sources, and decision-making streams at each shelter was also critical at this level of analysis. In addition, an intensive study was conducted of four shelters using staff and parent focus groups and observation of family interactions and routines to gain an understanding of the organizational influences on families and professionals.

The working group concluded that, despite rich resources and expertise to support adjustment of children in Wake County, homeless families often did not benefit from those resources. There was no mechanism for communication across shelter agencies to facilitate advocacy from the shelter community, and there was a lack of commitment among family- and child-serving agencies to receive and prioritize families experiencing homelessness. Many families moved from shelter to shelter without consistent provision or coordination of services across shelters. In addition, shelter staff accessed community resources sporadically and inefficiently because (a) mental health needs of children were a relatively low priority, (b) there was not a cohesive shared source of accurate information related to child and family resources in the community, and (c) there was no mechanism for consistent and sustained linkage between families and services. These factors created an environment in which shelters could not maximize and leverage resources, followed by disruption or duplication of services and an inability to remove barriers to shared activities among shelters that would have been beneficial to families.

Finally, shelters were not grounded in trauma-informed practices, and there were few resources within shelters to support positive parenting and healthy parent–child relationships. It was clear that a multileveled comprehensive plan to address the well-being of homeless children in Wake County was needed. It was also evident that interventions would need to be initiated at the macro as well as micro level of practice (see Salas, Sen, & Segal, 2010).

Goals and Components of CATCH

CATCH was developed based on the following vision: *All families experiencing homelessness in Wake County will have access to a coordinated system of care that nurtures the health, well-being, and success of their children.* In terms of best practices, the National Center on Family Homelessness identified five categories of needs that should be addressed in interventions for children from homeless families: housing, maternal well-being, child well-being, family functioning, and family preservation (DeCandia, 2012). These needs can be organized according to a “bioecological model” (Bronfenbrenner & Morris, 2007) because they represent multiple levels of influence on children. Children develop in the context of families, which are embedded in shelters and transitional housing programs, which are, in turn, set within communities. CATCH provides leadership to implement and sustain this system of care by (a) coordinating shelter and community services for homeless families (community level); (b) changing the structure, policies, and practices of shelters to better support families (shelter level); (c) enhancing parenting to strengthen parent–child relationships that can mitigate the potentially harmful impact of homelessness on children (family level); and (d) assessing children’s mental health and development to inform referrals for appropriate services (child level).

Community Level: Coordinate and Integrate Community Services With Shelters

One of the most critical aspects of the Project CATCH model is the community’s capacity to work as a unit to listen to each agency’s concerns, collaborate to identify strategies to address the concerns, and successfully implement those strategies as a unified group of partners.

Monthly meetings of CATCH staff and personnel representing shelter partners are the primary method to integrate services across shelters. Using macro-level practices, gaps in community services are discussed and agencies that could assist in closing gaps are invited to a CATCH meeting to discuss ways to meet needs of families. There is increased power to advocate for families when 11 agencies plea for services with a decisive and united voice. Meetings also provide an

opportunity to generate solutions to common problems across shelters (e.g., centralized intake, distribution of child care vouchers). In addition, each month an agency is introduced through a brief presentation by the organizations (e.g., early childhood programs, agencies that offer financial planning, legal aid). Finally, meetings are used to develop procedures to maximize and share resources. For example, a plan was discussed to open parenting groups at one agency to the parents who reside at nearby shelters. These personal face-to-face contacts are greatly appreciated by shelter staff, and attendance at the meetings is excellent (i.e., a high number of attendees).

In addition to the monthly meetings, the project coordinator reaches out to local agencies and takes advantage of opportunities to promote CATCH and integrate community services into the project. For example, CATCH has developed working relationships with the YMCA, public health clinics, child therapy providers, and the school district McKinney-Vento coordinator (a position mandated by the McKinney-Vento Act that calls for protections for the education of homeless children, among other protections). These relationships have led to effective partnerships that have enhanced services for children and families. To illustrate, the coordinator was invited to serve on a policy council for the agency that manages Head Start. As a member of the council, the coordinator identifies ways the agencies can work together. Another partnership has been developed in which a local children’s museum and the public schools offer a series of evening workshops for homeless families to increase awareness of school system services. Following dinner, parents attend workshops on relevant topics (e.g., eligibility for preschool services), while children participate in developmental experiences in the museum. The series has been very well attended, drawing 80 parents and 120 children in 2013.

Shelter Level: Training and Support to Ensure Shelters Provide Trauma-Informed Care

One responsibility of the agencies engaged with Project CATCH is development of policies and practices based firmly in a trauma-informed approach to working with families and children admitted to their shelters. Trauma-informed practices and policies recognize the importance of offering services that support and empower individuals who might have experienced violence and other traumatic experiences. Providers in a trauma-informed setting are considered partners who guide those who seek services while also engaging in self-care practices (Lee & Miller, 2013), defined as strategies (e.g., relaxation, meditation, exercise) to manage strain linked to their own past traumas and compassion fatigue. According to the National

Center for Trauma-Informed Care, the effectiveness of trauma services can be weakened if they are delivered by an agency that has not adopted a trauma-informed management and training orientation. Thus, a goal of CATCH is to guide shelters toward providing care and establishing policies that are trauma informed (see Guarino, 2013).

Training in provision of trauma-informed care was provided for CATCH personnel and service providers at the 11 shelters through a contract with the National Center on Family Homelessness (NCFH). The curriculum is research-based and applies specifically to provision of services to families in homeless programs. Pretraining involved shelter self-assessments using the NCFH Trauma-Informed Organizational Self-Assessment (see <http://www.familyhomelessness.org/media/90.pdf>), which requires individuals to rate the degree to which policies and practices at their workplace are trauma informed. Optimally, the assessments were completed by all shelter staff, including administrators, case managers, support staff, and volunteers. The tool was converted to an online version to streamline the evaluation process and use of the data. The coordinator met individually with shelters to share assessment data and plan in-service training and other procedures to meet shelter goals for increased attention to trauma-informed care.

The first phase of formal training was a Web-based overview of the consequences of trauma, which was made available to staff at all shelters by NCFH. The second phase included a 2-day local workshop delivered by NCFH on trauma-informed best practices to promote strong families and child well-being. Training included a discussion of the effects of trauma on the developing brain, potential retraumatization via the service system, recognizing traumatic stress, mislabeling mental health symptoms without considering past experiences of trauma, and policies and strategies to support clients and provide self-care. Ongoing consultation with NCFH led to an extra 2-day training a year after the initial training to address questions that arose as agencies began to shift policies and practices to become trauma informed. In addition, we wanted to share the training with community partners—such as school social workers—who became curious about trauma-informed practices from connecting with CATCH staff and agency members. The first day of training focused on becoming trauma informed, and the second training day was for lead individuals from CATCH agencies to review the Trauma-Informed Organizational Self-Assessment and determine next steps with consultation from NCFH.

Finally, the CATCH coordinator models trauma-informed practices by promoting the self-care of staff members at partner shelters. Shelter work is difficult

and can be incredibly stressful, with a high level of staff turnover (Olivet, McGraw, Grandin, & Basuk, 2010). Thus, encouraging self-care for providers in CATCH agencies is a high priority. At monthly CATCH meetings, the final agenda item is a period of self-care exclusively for shelter staff. Facilitated by an intern in a divinity school program, this time is an opportunity for reflection, reenergizing, and discussion of strategies to reduce strain and compassion fatigue. The monthly meetings are attended by case managers who work at shelters during the daytime hours. Night staff members do not typically have an opportunity to participate in those CATCH meetings; in fact, they rarely have the opportunity even to be together in one room to talk about issues and problems faced in their work. The coordinator recognized the unique needs of night staff and conducts training for evening staff at their location to increase awareness of trauma, with a focus on the impact of their own experiences and the potential for vicarious trauma (see Cohen & Collens, 2013). These sessions, using agency-specific examples of client cases, give staff an opportunity to get to know one another and to facilitate a healthy, productive team environment. Content of the sessions is consistent with evidence-informed practices for mitigating the potentially negative impact of vicarious trauma and compassion fatigue (McCann & Pearlman, 1990; van Dernoot Lipsky, 2009).

During a monthly CATCH meeting, staff of several shelters expressed frustration with parents who appeared unmotivated to make the changes staff felt were essential to the parents' success in securing employment, education, and housing. The discussion led to a decision to offer professional development in motivational interviewing—a collaborative, person-centered form of guiding clients to elicit and strengthen motivation for change. Practitioners who use motivational interviewing techniques avoid arguments and confrontation, which can increase clients' defensiveness and resistance. Motivational interviewing is an effective way to engage individuals with co-occurring disorders, develop therapeutic relationships, and determine and work toward individualized goals. Specific strategies include assessing the person's perception of the problem (rather than defining the problem for the client), examining the person's desire for continued treatment, and expanding the person's views about the possibilities of making changes. Research shows these techniques lead to positive treatment outcomes for parents (Hoban & James, 2012; Sterrett, Jones, Zalot, & Shook, 2010). A 1-day training in motivational interviewing was facilitated by the Center for Social Innovation. The CATCH coordinator regularly visits shelters to support implementation of trauma-informed practices and motivational interviewing. The

coordinator's task is to listen for the challenges faced by shelters with respect to these practices and note the commonalities in concerns across shelters that can be addressed in the monthly meetings.

Family Level: Offer Support to Enhance Parenting and the Parent–Child Relationship

Research provides strong support for the effects of parenting programs as mechanisms for alleviating child adjustment problems and promoting child well-being. For that reason, CATCH sponsors on-site services for families to enhance parenting skills, lower parenting stress, and support healthy parent–child relationships. Evidence-based or research-informed programs are promoted by (a) launching several programs at the host shelter and (b) collaborating with community agencies to deliver their programs in CATCH partner shelters. A variety of programs are implemented, given that there are diverse needs among the families. All of the interventions can be conducted within the constraints of the shelter environment, are consistent with trauma-informed practices, and are culturally sensitive.

Promoting social–emotional adjustment of young children through parent skills training. Raising a Thinking Child (Shure & DiGeronimo, 1996) is a parent intervention based on the *I Can Problem Solve* curriculum (ICPS; Shure & Spivack, 1982), designed to help children develop interpersonal cognitive problem-solving skills. ICPS is rated “promising” by the California Evidence-Based Clearinghouse for Child Welfare in the area of child disruptive behavior treatments. The 6- to 8-week parent group intervention is designed to help parents use a problem-solving style of communication (referred to as “dialoguing”) that guides children to think for themselves. Parents are given exercises to help them consider their own feelings and become sensitive to those of their children. Parents learn how to engage their children in the process of active problem solving. There is no formal accreditation process to implement this program; however, a manual is available to guide the group leader. This intervention has been offered to parents in seven CATCH agencies by a provider employed by the agency who holds a contract for Head Start. This is an example of the positive effects of partnering with local agencies.

Triple P–Positive Parenting Program® (Sanders, 2008) is an evidence-based, tiered suite of parenting support programs. The full five-tiered system is rated as “supported” for parent training by the California Evidence-Based Clearinghouse. Many studies indicate that Triple P is associated with reductions in child behavior problems, increases in positive parenting, and reductions in child maltreatment (e.g., Prinz, Sanders, Shapiro, Whitaker, & Lutzker, 2009; Sanders, Baker, & Turner, 2012). Providers must complete training and

accreditation to offer the intervention, and the program is manualized. The local public school system obtained funding to support implementation of Triple P throughout the county, and it will hire two providers specifically to serve families in CATCH partner agencies beginning in spring 2014. Providers will offer Triple P group seminars on topics of common concern for parents of young children, as well as individual parenting intervention for parents with greater parenting challenges and risk for maltreatment. This collaboration resulted from the CATCH coordinator having a central role in the community; the coordinator serves on the steering committee for the Triple P initiative.

Facilitating high-quality parent–child relationships. Theraplay® is an attachment-based intervention to enhance attachment, self-esteem, trust in others, and “joyful engagement” among family members. It is based on natural patterns of playful, healthy interaction between parents and children. Theraplay sessions focus on four essential qualities in parent–child relationships: structure, engagement, nurturing, and challenge. Sessions create an active, emotional connection between the child and parent or caregiver, resulting in an enhanced view of the self as worthy and lovable and of relationships as positive and rewarding. Theraplay has been rated as demonstrating “promising research evidence” by the California Evidence-Based Clearinghouse in the area of infant and toddler mental health. Research supports the benefits of Theraplay in children’s communication skills and trust (Wettig, Coleman, & Geider, 2011) and behavioral functioning (Weir et al., 2013). Training and certification in Theraplay is available, and a manual guides administration of the intervention. A CATCH case manager obtained certification to provide Theraplay for parents with very young children at the CATCH host agency.

Enhancing parenting and preventing child maltreatment through support. Circle of Parents® is a mutual self-help support group model developed to prevent child abuse and neglect and to strengthen families. The program offers parents the opportunity to participate in weekly group meetings with other parents to exchange ideas, share information, develop and practice new parenting skills, learn about community resources, and give and receive support. Groups are led by parents with the support of a trained group facilitator, and developmentally appropriate children’s programs or child care is offered during the parent meetings. Circle of Parents has been reviewed by the California Evidence-Based Clearinghouse, but the evidence base to support it was deemed insufficient to apply a rating. However, a four-state evaluation of Circle of Parents (Falconer et al., 2008) indicated that parents reported positive changes in parenting, increased social support, and improved parent–child relationships following attendance at

Circle of Parents groups. Project CATCH recently obtained funding to implement Circle of Parents in four shelter locations; an evaluation, using a no-treatment comparison group, is underway.

Directly promoting children's social-emotional development. Physical and Emotional Awareness for Children who are Homeless (PEACH) is a 16-session curriculum developed by NCFH to teach groups of young children about good nutrition, physical activity, and how to deal with the emotional stress of being homeless. Games and interactive activities, as well as children's books and DVDs, are used to communicate strategies for coping with stress and understanding ways to care for one's health. A process outcome evaluation completed in 2007 by NCFH indicated that children seemed to benefit from the program. A kit can be purchased from NCFH with materials (puppets, DVDs, lesson plans) to implement PEACH. To date, PEACH has been offered in four CATCH partner shelters. Volunteers lead the groups, so it is not costly to implement, and children seem to enjoy the groups a great deal.

Child Level: Assess Children's Functioning and Refer to Appropriate Services

Two outreach case managers conduct screening assessments of every child who enters a CATCH partner shelter. When a family enters a shelter, intake workers ask parents for permission to contact CATCH to request a screening of the children in the family. CATCH is provided with parent contact information, and a screening session is scheduled at the shelter at the family's convenience. A psychosocial interview is followed by administration of the Brigance Early Childhood Screen II (Brigance, 2010) to assess development of children aged birth to first grade. To assess parents' perceptions of children's social-emotional adjustment, parents complete the Ages and Stages Questionnaire: Social Emotional form (Squires, Bricker, & Twombly, 2002) for children through age five and the Eyberg Child Behavior Inventory (Eyberg & Pincus, 1999) for older children. CATCH case managers also collect collateral information such as medical and school records. Based on all the information, they identify family and child strengths and needs and then make appropriate referrals for family services. A database is used to track referrals and the health and well-being services children receive; this allows case managers to follow up with families to facilitate connection with resources. CATCH staff provide transportation for families, as needed, to attend appointments (we purchased an automobile for this purpose). The unofficial motto of the case managers is "Once a CATCH child, always a CATCH child." Because case managers are viewed as valuable sources of information and support for families, many parents contact

their case manager to seek referrals for assistance well after leaving shelters. This speaks to the importance of relationship-building skills among CATCH personnel. To date, more than 600 children have been screened.

Future Plans

Evaluation. Gaining an understanding of the process and outcomes of CATCH will be critical to enhancing and sustaining the project and will contribute to the understanding of practices that support mental health of children experiencing homelessness. Process data (e.g., number and demographic characteristics of children served, shelter policies and practices changed, partnerships developed, and lessons learned) have been collected throughout implementation of CATCH, and those data have been used to strengthen the project over time. Findings will be summarized at the conclusion of the 3-year funding cycle to inform additional efforts to enhance the project. To examine the impact of CATCH, we will repeat the focus groups of shelter staff that were conducted at the beginning of the project. These qualitative data will provide information about the effects of CATCH on shelter staff members as well as policies and practices of shelters. In addition, the Trauma-Informed Organizational Self-Assessment will be repeated, and analyses will be conducted to compare the status of trauma-informed practices at shelters before CATCH and 3 years after the project began.

Sustainability. Diversifying funding sources has been a priority since the inception of CATCH. We have obtained state and foundation funding, and we will continue to pursue a range of funding sources. Fundraisers have been successful in generating funds and increasing awareness of CATCH. Although the coordinator position was originally funded through a foundation grant, the position is now a permanent position at The Salvation Army. This will ensure ongoing project management. At the outset, we envisioned the community taking responsibility for sustaining CATCH after the initial grant ended. To that end, we have begun to develop a CATCH agency manual that will assist the partners in implementation of the trauma-informed principles on their own. In addition, we are shifting the process of screening and case management for the children to CATCH agencies to decentralize this aspect of the project. In anticipation of this shift of responsibility, we redesigned the family and child intake assessment to provide the opportunity for agency case managers to gather more of the assessment information.

Dissemination. At national presentations of Project CATCH, we have been asked for materials to assist other communities with replication of the project. Neighboring communities have asked the coordinator to share experiences with CATCH, and

representatives from communities in other states have made site visits to learn about the project. Recently, a grant was obtained from a local organization that provides volunteer business and legal professionals who collaborate with nonprofit agencies to further the agency's mission. This group is collaborating with CATCH to develop a toolkit that will allow replication of CATCH in other communities and provide a manual for current CATCH partners to use in training new staff members.

Implications for Practice

The purpose of this article was to provide a blueprint for communities to address the mental health and developmental needs of homeless children residing in emergency shelters or transitional housing. Ending the cycle of family homelessness likely will require much greater attention to the needs of children than is currently provided in most communities. Preliminary findings from process data indicate a very strong need for CATCH, and the project has been embraced by the shelter community and local agencies that serve families. Most partner agencies have made sustained commitments to the project and participate as active members who invest time and resources into policy and practice shifts to increase and improve services for children in their shelters. Their investment is a testament to the positive impact of CATCH on the children and families they serve. It is also a result of concerted effort by the CATCH coordinator to nurture relationships with agencies that will encourage them to continue their involvement, since agencies are constantly experiencing changes in leadership and funding as well as shifts in directives from state and federal policies that can undermine their involvement in Project CATCH.

An ongoing practice challenge is balancing the tension created by the importance of engaging in macro-level approaches to address the needs of all families experiencing homelessness over the long term and efforts to attend to immediate micro-level direct practice for families currently in shelter and transitional housing programs. Blending macro- and micro-level practice is an ideal CATCH strives to achieve, but consistent with most nonprofit entities, CATCH funds are limited, and the number of staff members is minimally sufficient to maintain current programs. It is hoped that in the coming years the CATCH partner agencies (shelter programs as well as nonshelter agency partners such as clothing banks) will move toward shaping public policies to enhance care for homeless families and seek social and economic justice for these vulnerable and often disenfranchised families. Specifically, partners could engage in advocacy related to policies that impact homeless families, including the federal mini-

um wage, affordable housing, and child care voucher programs. We hope this article will encourage other communities to assess the gaps in their services for homeless children and to consider implementation of components of Project CATCH that will address those gaps while maximizing community strengths.

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