

Ending Homelessness for Families

The Evidence for Affordable Housing

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Community development corporations (CDCs) help revitalize communities and meet the affordable housing needs of low-income families. By offering residents such services as employment support, financial literacy training and after-school activities, many organizations also effectively propel families to greater social well-being and economic self-sufficiency.

CDCs can further strengthen families and communities by working to end family homelessness. Communities are increasingly adopting new strategies to prevent homelessness and to rapidly secure permanent housing for families when they do become homeless. These community-based organizations are shifting practices and achieving results. But substantive progress requires broader networks and commitments, including the expertise and resources of the affordable housing and community development industry. Enterprise Community Partners and the National Alliance to End Homelessness are committed to working together to forge local partnerships that end family homelessness.

The continuing crisis in affordable housing has led to a situation in which all too many poor families have become homeless. Many of these parents came of age when housing costs were high, and they were never able to break into the housing market. Others have lost housing and cannot find a new home that they can afford. For the vast majority of families, affordable housing, typically secured with a voucher or other subsidy, is sufficient to assure housing stability.

This paper reviews research showing that homeless families are far more similar to other poor families than to homeless adults without families, but they do not have the resources to secure housing. It examines patterns of shelter use and

returns to stable housing and shows that housing that families can afford is sufficient to end homelessness – or to prevent it – for most families. Extensive research demonstrates that housing subsidies solve homelessness for the majority of families. In some jurisdictions, programs have succeeded in re-housing families even without ongoing subsidies. Supportive housing [see box for definitions] is only needed to help a small proportion of families with greater needs. Although most families do not need supportive housing and can attain stable housing with subsidies alone, they often have other needs that make them a good match for affordable housing with less intensive resident services.

HOUSING FOR LOW-INCOME FAMILIES

Affordable Housing is any housing that costs no more than 30 percent of a household's gross income. This includes both private sector and publicly-owned housing. A variety of federal, state, and local programs, including rent subsidy programs, keep housing affordable for low-income families. There are almost 7 million units of subsidized rental housing, including the Section 8 program. Section 8 vouchers pay the difference between 30 percent of a household's income and rent, up to the local Fair Market Rent. Section 8 housing can be project-based, in a single building or cluster of buildings, or tenant-based, where tenants find their own housing anywhere in the community. No specific services are offered, but families may access whatever services are available in their communities.

Affordable Housing with Resident Services is affordable housing in which a service coordinator or family advocate links families with existing community services to meet basic needs and address emergency needs for rental assistance, health services, or getting a job. The service coordinator may also offer a varying menu of resources designed to enhance individual assets, such as adult education and job training programs, after-school education enrichment and recreational activities, computer centers, or child care. Services can also include activities to help residents get to know one another and build a sense of community. Typically a single service coordinator serves 80 to 100 households, sometimes more. Nationally, nonprofits have developed and largely manage about 1.3 million units of affordable housing. About a third of these organizations provide housing with some form of resident services, according to a 2005 industry census by the former National Congress of Community Economic Development (NCCED).

Transitional Housing is housing with intensive services intended to stabilize high-need homeless families and help them make the transition from shelter to subsidized or unsubsidized housing in the community. Programs can operate in a single site or in scattered sites. Services are time-limited (with maximum length of stay ranging up to 24 months) but some programs allow families to “transition in place” or stay permanently in the same complex or unit after the transition period ends. Programs typically offer case management, counseling, help with securing housing, help obtaining public benefits and employment, help in building support systems, and training in daily living skills, including budgeting and conflict resolution. Staffing is intensive, with an average of two full-time staff for every five families in one large study. Programs typically require sobriety and participation in activities to gain self-sufficiency. Nationwide, there are 34,621 units of transitional housing for families, according to the 2008 Annual Homeless Assessment Report to Congress.

Permanent Supportive Housing is a combination of permanent subsidized housing and intensive services that was originally developed for single individuals, but has more recently been extended to a small group of homeless families facing complex and persistent challenges such as mental illness, substance abuse, and HIV/AIDS. One survey of programs found 7 to 25 households per case manager, and services are often, but not always, voluntary. Services typically include case management, supports for mental, physical and chemical health, parenting, child care, child custody, adult education, employment services, and information and referral to community services. Nationwide, there are 25,141 units of permanent supportive housing in the homeless assistance system for families.

What We Know From Research on Homeless Families

Families Who Experience Homelessness Are Similar to Other Low-Income Housed Families in Characteristics and Needs for Services

Homeless families generally do not share the same challenges as single homeless adults. Adults in homeless families are younger, typically in their 20s or 30s, with one or two children. They are more likely than adults who are homeless on their own to be female (84 vs. 23 percent) and married (23 vs. 7 percent).¹ Adults in homeless families are far less likely than homeless single adults to have psychotic disorders, or to have spent time in a

mental hospital or prison or jail.² People who are homeless, whether as part of families or on their own, are more likely than other poor people to be members of minority groups, most often African Americans.³ Ongoing discrimination in both housing⁴ and employment⁵ probably contributes to this pattern.

Homeless families actually look much more similar to other poor families. They share many of the challenges of other poor families, including limited education and work histories – only about half have a high school diploma or GED. Adults in homeless families are somewhat more likely than adults in other poor families, but far less likely than single homeless adults, to use substances. Like adults in other poor families, they experience high

levels of depression and exposure to both community and domestic violence, but homeless families do not stand out here.⁶ Like other poor families, they can benefit from services to improve education and employment skills, as well as from safer communities.

One major difference between homeless families and other poor families is that homeless families tend to be younger, and at an earlier stage of family formation.⁷ Having a baby is a joyous event, but also a challenge that can stretch resources, even for middle class families. A new child increases a family's expenses and its housing needs, and the demands on parents' time make paid work more difficult. Approximately a quarter of all episodes of poverty in the United States begin with the birth of a child,⁸ so it is not surprising that being pregnant or having an infant is associated with beginning episodes of homelessness as well.⁹ Nationally, infancy is the age at which a person is most likely to stay in a homeless shelter. Risk of homelessness remains high in the preschool years, when parents struggle to juggle child care and jobs, but is lower during the elementary and high school years than in adulthood.¹⁰ Thus, services that would benefit homeless families include child care and after-school or summer programs that would foster children's development and allow their parents to work.

Homeless Families Lack Access to Affordable Housing.

The three most important differences between homeless families and other poor families concern not their personal characteristics, but the resources they need to secure housing. First, homeless families have extremely low incomes. In a national sample (in 1996), homeless families had a median income of only \$418 in the last thirty days,¹¹ far too little to rent market-rate housing and provide for other needs. Although homeless families are more likely than homeless single adults to receive public benefits, they are less likely to receive them than housed low-income families.¹²

Second, homeless families are less likely than low-income families who remain housed to have access to housing subsidies. In a Worcester, Massachusetts study,¹³ they were less likely to have vouchers, and in a New York City study,¹⁴ they were less likely to live in public housing or to receive other subsidies. In both cities, they were more likely to be doubled up with others, and in New York they lived in more overcrowded circumstances. Both groups of homeless mothers had moved more frequently in the recent past, typically traveling between family and friends in an effort to avoid literal homelessness. In New York City, 46 percent had never had an apartment of their own for as long as a year. They simply never had the resources to break into the housing market.

Third, the social networks of homeless families are not able to provide sufficient help. In a national sample, 15 percent of homeless families had received money from parents in the last 30 days, 8 percent from spouses, 7 percent from other relatives, 11 percent from friends, and 6 percent from child support, but their incomes were still only two fifths of the federal poverty line.¹⁵ In Worcester, the social networks of families who were already homeless were smaller than those of housed families.¹⁶ In New York, families at the point of shelter entry were more likely than other poor families to be in contact with families and friends, and most had stayed with these network members before turning to shelter. However, their friends and relatives were less able to provide housing than the networks of housed families.¹⁷ Race may play a role here as well. Disparities in wealth between African Americans and whites are much larger than disparities in income,¹⁸ and for most poor and middle class Americans, a substantial portion of wealth involves housing. These differences in wealth probably mean that the social networks of African American families are less able to supply them with resources, especially housing resources, to prevent homelessness.

Analyses of geographic variation in levels of homelessness also point to the importance of the availability of affordable housing. Rates of homelessness in general across cities in the United States and rates for families across counties in California were higher where rental vacancy rates were low and median rental costs relative to incomes were high.¹⁹

Patterns of Homelessness Vary from Place to Place, but Most Families Exit Homelessness Quickly

Patterns of homelessness among families vary widely, with average shelter stays across 19 cities ranging from 24 nights in Cleveland to 18 months in Santa Monica.²⁰ Nevertheless, about three quarters of families exited shelter quickly, relative to other families in the same system, in four jurisdictions analyzed in detail by Dennis Culhane and colleagues. (What qualified as a "quick" exit varied from 33 days in Columbus to 139 days in New York City, probably because of differences in both the cost of housing and the nature of the homeless service system.) In all four jurisdictions, most families who exited quickly stayed out of shelter thereafter.²¹

Another fifth of the families in these same jurisdictions had much longer stays (187 days, on average, in Columbus and 552 days in New York City), but appeared no needier than the families who exited quickly.²² These two groups of families—the vast majority—succeeded in accessing housing, whether in the private or the subsidized market, and they remained housed. Families in both the quick and longer-stay groups seem unlikely to need intensive case management or other specialized services.

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Only a small group of families used shelters repeatedly. These families also appeared more troubled, with higher levels of inpatient treatment for mental health and substance use problems and higher levels of disability, as measured by receipt of supplemental security income (SSI), and more foster care placements.²³ Families in this small group of episodic shelter users (2 percent in Columbus; 5 to 8 percent in New York City, Philadelphia, and Massachusetts) seem good candidates for intensive service models, such as supportive housing.

The Role of Housing Subsidies in Housing Stability

Housing Subsidies Alone Help Most Families Who Exit Homelessness to Stay Housed

In every study that examined this issue, subsidized housing—with or without any additional services—has helped families to leave shelters and stay out. For example, in Philadelphia, the number of families entering shelter who had been in shelter previously dropped from 50 percent in 1987 to less than 10 percent in 1990, after adoption of a policy to place families in subsidized housing.²⁴

A study of formerly homeless families in St. Louis interviewed 201 (out of a possible 450) families who were deemed by shelter staff to have permanent housing placements when they left shelter and who could be located an average of 3.5 years later. Only 6 percent (of 127) who received subsidies via Section 8 certificates, compared to 33 percent (of 74) who did not, reported an additional episode of homelessness.²⁵

In New York City, a review of records of 24,640 first-time users of family shelters who left from 1988 to 1993 found that the 45.1 percent who were discharged to subsidized housing were unlikely to return to shelter (only 7.6 percent returned in the next two years). Families who did not receive subsidies did not fare as well. Among 44.3 percent of families who went to “unknown arrangements,” 37.0 percent returned to shelter, and among 7.0 percent who found their own housing or returned to their previous residence, 13.2 percent returned to shelter.²⁶ Thus, only about a third of New York families (in the last two groups) left shelter during this period without help of a subsidy and succeeded in staying out for as much as two years.

Additional studies have shown that housing subsidies are a powerful intervention, not simply to help families avoid shelter but to foster stability in housing. A long-term follow-up study in New York City during the same time period defined housing stability as being in one’s own place for a year without a move. It found that housing subsidies were very nearly both necessary and sufficient for housing stability among 244 first-time shelter users. Among families who received any form of subsidy, 97 percent were in their

own apartment five years after applying for shelter, and 80 percent had been there for at least a year—and an average of 35 months—without a move. Among families who did not receive a subsidy, only 38 percent were in their own apartments, and only 18 percent had been there for a year without a move. The comparable figures for 308 poor families in a comparison group receiving public assistance were 95 percent in their own place and 80 percent without a move. Thus a housing subsidy alone brought formerly homeless families to the same level of housing stability as poor families generally, but few families achieved stability without subsidies.²⁷

This study also offered insight into why some families returned to shelter from subsidized housing. They generally did so because of building conditions (such as fire or other disaster, rats, failure to pass a Section 8 inspection, condemnation of the building) or safety (for example, a murder in front of the building). The buildings they left were most often those that the City had taken over “in rem” because of the owner’s failure to pay taxes, and even after rehabilitation, many were in poor condition. Returns to shelter from the better-managed public housing projects were rare. Families who returned to shelter from in rem housing often attained stability later when they moved to better quality subsidized housing.²⁸

A study of 397 homeless people that included 66 families in Alameda County, California also examined stable exits from shelter in which the respondent obtained an apartment, house, or rented room and remained there for the balance of the 15-month follow-up period. The most important predictors of stable exits were receipt of entitlement income and subsidized housing. Indicators of dysfunction (such as mental illness and substance abuse) and disaffiliation (getting income from sources such as panhandling) were not associated with stable housing, but longer histories of homelessness (over a year) reduced the likelihood of exits from that state.²⁹ Families who received case management and advocacy service while homeless were also less likely to have a repeat episode of homelessness.³⁰

Housing Subsidies are Also Successful in Preventing Family Homelessness

There is by now a substantial body of work that shows that housing subsidies, most typically Section 8 certificates or vouchers, are very successful in preventing homelessness. The recently completed Family Voucher Study, in which families eligible for welfare were randomly assigned to receive housing vouchers or not, provides the most rigorous evidence. Five years after random assignment, 12.5 percent of families who did not receive vouchers had been homeless (on the streets or in shelter) during the previous year, compared to only 3.3 percent of those using a voucher, a reduction of 74 per-

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cent.³¹ Unfortunately, there are not enough of these vouchers to serve all eligible families.

Some Cities Have Re-Housed Homeless Families Without Ongoing Subsidies

In some communities, working families may need only short term or bridge supports to escape from homelessness. The assistance could include aid in finding housing and financial help with costs such as security deposits, first month's rent, moving, and furnishings. In Columbus, where 80 percent of family shelter users got out in an average of just 33 days, the Community Shelter Board's Transition Project provides short-term financial assistance with rent and utilities to help families move into both private and subsidized housing. A Family Housing Collaborative links low-income families with subsidized housing and provides transitional services and financial assistance to help families who do not need subsidies to locate and move into permanent housing within three weeks of referral. Columbus also succeeds in diverting many families from shelter with financial assistance and case management. These efforts no doubt contribute to short stays in family shelter.³²

Similarly, in Hennepin County, Minnesota, rapid exit caseworkers help families to find housing and leave shelter in an average of about 30 days. They also work to stabilize and sustain families in communities over the next six months. In 2002-2003, the rapid exit program served 1024 families at an average cost of under \$800; only 12 percent returned to shelter within 12 months. The County has achieved this success despite screening low-risk families out of shelter altogether and using preventive services to deal with their housing crises.³³

Possibilities for extending the success of these programs to other communities may depend on local housing costs relative to incomes and on vacancy rates. The National Low Income Housing Coalition regularly calculates the "housing wage" for each metropolitan and non-metropolitan area in the country. This is the wage a full-time year-round worker would have to make to afford the fair market rent for an apartment of a particular size if the renter paid no more than 30 percent of income on rent and utilities. For 2007-2008, the housing wage for a 2-bedroom apartment was \$14.23 per hour in Columbus, and \$16.79 per hour in Hennepin County, but exceeded \$18 per hour in 14 states and the District of Columbia, and topped \$30 per hour in some metropolitan areas.³⁴ Of course, housing units range in cost, most low-income families pay more than 30 percent of their income on housing, and many families with children crowd into units that are smaller than two bedrooms or double up with others. Still, as long as wages for low-income workers everywhere remain well below the housing wage, it is unlikely that many families can secure

even these less-than-ideal forms of housing in high-cost areas without some type of assistance.

The Role of Services in Housing Stability and Family Well-Being

Supportive Housing Helps Higher-Risk Families Stay Housed, but There Is Little Evidence That More Intense Services Lead to Greater Housing Stability

Homeless families, particularly those deemed to be at special risk, sometimes receive various forms of transitional or long-term services along with housing vouchers or other subsidies. Research suggests that programs that combine housing with services succeed in stabilizing most families, but it is not clear that they do better in promoting stability than subsidized housing alone, because few studies compare these approaches. In particular, there is little research on the long-term benefits of transitional service models.

A nine-city study sponsored by the Robert Wood Johnson Foundation and the Department of Housing and Urban Development offered Section 8 certificates plus various packages of services to families selected for their recurrent histories of homelessness. Housing retention was excellent – 88 percent of 601 families remained in housing for up to 18 months in the six cities where follow-up data was available – but the package of services available in each city was not related to housing stability.³⁵ Similarly, 85 percent of people who received Section 8 certificates and child welfare services in each of 31 cities remained housed at the end of a year despite numerous differences in population and services across sites.³⁶ The services in these studies may not have been as intensive as in many supportive housing models. [See text box]

A number of studies have also shown excellent outcomes for high-risk families in supportive housing. For example, 100 mothers sampled from seven permanent supportive housing projects in San Francisco had a median of 2 and mean of 4 prior episodes of homelessness, and a median of 25 and a mean of 49 months of homelessness. These are far more extensive histories of homelessness than the small group of episodic shelter users in the jurisdictions surveyed by Culhane and colleagues. Nevertheless the families had established stable residences for an average of 2.2 years in the programs at the time of the evaluation. It is not clear whether other residents had left the programs.³⁷

An evaluation of four supportive housing programs for homeless families in California and Minnesota found high 12-month retention rates of 94 and 95 percent in two programs (one of which was also included in the previous study) and lower rates of 67 and 71 percent in two others. The researchers from Philliber Research Associates sug-

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gested that the more restrictive rules in the latter two programs may have contributed to higher turnover but may have had benefits for other outcomes described below.³⁸

Most of these studies lack comparison groups of families who were not given subsidies or given less intensive services, so it is hard to judge the relative importance of housing and services. In one early study in New York City, 169 families deemed at high risk of returns to shelter received housing subsidies and either intensive case management services or no special service. Housing retention was excellent in both groups: at the end of the year, only 8 families had returned to shelter. Unfortunately, families were not randomly assigned to groups, and those who received the intensive services were also over four times as likely as the other families to get public housing, whereas the families without special services were more likely to receive housing in the properties taken over by the City for failure to pay taxes. The type of housing received and families' comfort in their new neighborhoods were the strongest predictors of who would return to shelter; case management services made little additional difference.³⁹

A more recent eight-site longitudinal study of interventions for homeless families in which the mother had a mental health or substance use disorder compared intensive case management (in forms that varied substantially from site to site) with less intensive services. This study, funded by the Center for Mental Health Services and the Center for Substance Abuse Treatment, found that most of these high-risk families in both the target and the comparison groups improved on a variety of outcomes, including housing stability, over the 15 months of the study. In general, the more intensive treatments had no additional benefit for housing outcomes, but there was some beneficial effect of on-site mental health services for psychiatric symptoms, and on-site substance use treatment for substance problems.⁴⁰

Services May Lead to Other Important Benefits for Families

The facts that housing vouchers “cure” homelessness for most families and that the intensity of service packages in a number of studies was unrelated to housing stability even for high-risk families suggest that most formerly homeless families do not need services to remain housed. However, the services may have important benefits for other aspects of family well-being. Additional research is needed to provide guidance in matching families with services. In the absence of guidance, communities work to cobble together the best solutions they can, and families often receive whatever is currently available, regardless of actual need. Because of the lack of research, the remainder of this section is speculative.

For families with a family member with a chronic and persistent condition, permanent supportive housing with intensive services may be the best housing solution. For transitional and some permanent supportive housing, there may be a tradeoff in which intense service models that make restrictive demands on families may actually reduce residential tenure, but yield greater benefits in other domains for families who remain. For example, in the permanent supportive housing studied by Philliber Research Associates, 17 of 24 families who had children living elsewhere were reunited in the two more restrictive programs with lower retention rates compared with only 2 of 11 families in the less restrictive programs with higher retention. The more restrictive programs may also have had benefits for self-sufficiency, although this is harder to judge, because the populations entering the more restrictive programs (in Minnesota) looked quite different from the families who entered the less restrictive programs (in California) to begin with.⁴¹ Similarly, in the Sound Families Program in the Seattle area, a transitional and then a transition in place model, both characteristics of residents and program restrictions may have contributed to the high proportion (25 percent) of families asked to leave. However, families who stayed gained in employment and income over time.⁴²

The numbers of families that require intensive service models is a topic of some debate, but the very high stability of even families targeted as high risk in non-restrictive programs, irrespective of the intensity of services, suggests that the number is small. The 2 to 8 percent of families identified by Culhane and colleagues as episodic shelter users across four jurisdictions provides one estimate of the number. What should be done for the other 95 percent of homeless families?

For the vast majority of homeless families, a housing subsidy is the primary support needed to end homelessness and ensure housing stability. However, formerly homeless families, like other poor families, have other needs that services could address. Based on the characteristics of families summarized above, it seems likely that many could benefit from adult education and employment services, child care and after-school activities, family reunification efforts, assistance with maintaining housing benefits, and links to additional services in the community.

Even when they succeeded in staying housed, most of the formerly homeless families in follow-up studies continued to be poor, and many remained dependent on entitlement income. Those who made gains in income and employment often remained unable to afford market-rate housing after transition periods.⁴³ Because of relatively low educational levels, formerly homeless families, like other poor families, have difficulty breaking out of poverty. Thus, it seems likely that adult education

programs, job training, career counseling, and links to employers would help many to move toward self-sufficiency.

Because they are in general younger than other poor families and have younger children, formerly homeless families could benefit from child care, after-school services, and summer and recreational activities that would support children and enable mothers to work. Stable housing and services that support children would also support reunification of children who were separated from their parents during homelessness.

Maintaining hard-won subsidies can also be a problem for low-income families. Although there are no studies that clearly document the problem, informal discussions with homeless service providers⁴⁴ suggest that some families who can sustain subsidized housing in the community sometimes lose their subsidies simply through failure to renew Section 8 certificates or to fulfill other paperwork requirements. Assistance with these efforts could preserve stable housing for these families.

Exposure to violence and other traumas is unconscionably high for all poor families, although the most careful studies suggest that homeless families do not differ from other poor families in this respect.⁴⁵ For formerly homeless families, frequent residential moves to avoid shelter, into shelter, and back into housing may have compounded problems and disrupted links to services, such as medical, mental health, or dental care.⁴⁶ Specialized services sometimes available in shelters meet immediate needs, but they also disrupt links to mainstream service systems.⁴⁷ Safe, stable housing provides a base on which families can rebuild their lives, but many families could also benefit from help in linkages to community services in their new neighborhoods.

In all of these characteristics and service needs, formerly homeless families are quite similar to their housed peers. Models that enhance the welfare of poor families generally, such as affordable housing with resident services [see box], seem a good fit for homeless families as well. This model offers affordable housing with low-intensity resident services and services coordination to build individual assets and community and to link families with existing community services.

Conclusion

Formerly homeless families are generally quite similar to other low-income families. Homelessness for most is not a protracted experience, and housing subsidies alone are sufficient to allow the vast majority to leave shelter and maintain stable housing in the community. Some families succeed in affording market-rate housing with more temporary help. Although affordable or subsidized housing “cures” homelessness, many formerly homeless families, like other poor families, continue to have needs in other

domains. Low-intensity services within affordable housing have evolved to help low-income families build individual assets and community. Such models are likely to enhance the welfare of formerly homeless families as well. Fostering partnerships between homeless service providers and affordable housing developers can help families exit homelessness more rapidly and offer families a stable foundation to allow both parents and children to prosper.

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About the Author

Marybeth Shinn is Professor of Human and Organizational Development at Peabody College, Vanderbilt University. She has been studying homelessness and how to end it for families and single adults for over 20 years. She has done longitudinal surveys to understand factors that predicted initial shelter entry and long-term stability among families, and evaluated interventions for both families with children and single adults in field experiments. She has also written about the prevention of homelessness, evaluated the coverage of street counts, and used international comparisons to better understand homelessness in the United States. She is currently involved in a multi-site experiment comparing different housing and service interventions for homeless families. She has served on a Research Advisory Panel for the New York City Department of Homeless Services and as a faculty member for State Policy Academies run by the Federal Interagency Council on Homelessness.

About the Homelessness Research Institute

The Homelessness Research Institute, the research and education arm of the National Alliance to End Homelessness, works to end homelessness by building and disseminating knowledge that informs policy change. The goals of the Homelessness Research Institute are to build the intellectual capital around solutions to homelessness; to advance data and research so that policymakers, practitioners, and the caring public have the best information about trends in homelessness and emerging solutions; and to engage the media to ensure intelligent reporting on the issue.

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