

## **Chapter 3**

### **What's New in the Strategic Action Plan**

#### **Introduction**

The primary purpose for the development of the 2007 Strategic Action Plan is to refine the goals and strategies outlined in the 2003 Strategic Action Plan in order to reflect the progress that has been made, and has not been made, in the four years since the development of the initial HHS strategic action plan on homelessness. There are two new elements that represent the greatest departure from the 2003 Strategic Action Plan and deserve to be highlighted for their magnitude and breadth. First, the Department has broadened the scope of the plan to address issues faced by a clientele that encompasses not only chronically homeless individuals, but also homeless families with children and runaway and homeless youth. Second, the Department has added a new goal that focuses exclusively on issues of data and measurement; specifically, the Department's ability to document progress in preventing, reducing, and ending homelessness for the HHS clientele. This new goal related to data and measurement includes strategies that seek to identify what types of data are needed to measure progress in addressing homelessness, as well as methods by which to obtain this data. It is important to note that while these new goals and strategies will broaden the focus of the Department's activities related to ending and reducing homelessness, it is not the intention of the Department to retreat from the initial 2003 commitment to help end chronic homelessness. Rather, the expanded scope will reflect the work related to addressing homelessness for families and children, as well as youth, which is already ongoing and critical to the mission of the Department of Health and Human Services, *in addition to* the Departmental priority to end chronic homelessness.

This chapter will summarize how the two major changes have been incorporated into the framework of the strategic action plan, and will provide the rationale for the expansion of the plan in these two new directions. In addition, this chapter will briefly discuss the other changes made to the strategic action plan that, while not as prominent in the goals-and-strategies framework as the two major changes mentioned above, are significant and warrant highlighting.

#### **Broadening the Plan to Incorporate a Focus on Homeless Families with Children and Youth**

##### ***The Change***

When the Secretary established the Secretary's Work Group on Ending Chronic Homelessness in 2002, the Work Group was to report recommendations for a Department-wide approach that would contribute to the Administration's goal of ending chronic homelessness and improve the Department's ability to assist persons experiencing chronic homelessness. As the title of the 2003 Strategic Action Plan indicates (*Ending Chronic Homelessness: Strategies for Action*) the focus of the Work Group was on chronic homelessness. For the last three years, however, the Work Group has actively tracked the efforts of numerous components of HHS to improve access to treatment and services for all eligible groups, including chronically homeless individuals, homeless families with children, and homeless youth. While chronic homelessness has remained

a priority, the Department has also engaged in other homelessness related activities that affect families with children and youth, who make up a substantial portion of the HHS clientele.

The goals and strategies from the 2003 Strategic Action Plan framework specifically focused on chronic homelessness. For example, the language in Goals 1 and 2 used the terms *chronically homeless* and *chronic homelessness*, and the same two terms were also used throughout the different strategies under all three goals. In order to accurately capture the clientele served by all homelessness-relevant HHS programs, the Work Group decided that the plan would have to be broader in scope. Therefore, the goals and strategies were edited to include families and youth, where applicable. In general, phrases such as “chronically homeless individuals” were substituted by “homeless individuals and families” so as to be inclusive of families and children experiencing homelessness, while still including *individuals* experiencing homelessness, whether chronic or episodic. However, in order to maintain chronic homelessness as a priority, the Work Group highlights chronic homelessness in a few different strategies in the new framework. Additionally, the new Goal 4 (which will be discussed in more detail below) also takes a broader approach and applies to the whole of the HHS clientele, including individuals and families.

### ***The Rationale***

Evidence of the growing number of homeless families supports the expanded scope of the Department’s strategic action plan to include homeless families with children. Findings from the research literature show that families are a significant subgroup that warrants specific attention and interventions that may differ from those that are successful in serving homeless individuals.

According to the 1996 National Survey of Homeless Assistance Providers and Clients, 34 percent of all persons using homeless services were members of a homeless family (Burt et al 1999), though more recent studies (Shinn, et. al 1998) estimate that families make up roughly 40 percent of those who become homeless. The U.S. Conference of Mayors Hunger and Homelessness Survey of 23 cities (2006), report that requests for shelter from homeless families increased by 5% over the previous year, with 59% of the 23 cities reporting an increase. For the purposes of this strategic action plan, a homeless family is defined as one or two adults accompanied by at least one minor child who are either not housed or who have had periods during some recent time period during which they lacked housing. A significant body of research documents the broad array of negative health and mental health outcomes experienced by both children and their mothers in association with episodes of homelessness.

Current research indicates that homeless families are more similar to poor housed families than to single homeless individuals (Burt, et al 1999; Bassuk et al 1996). Several studies have compared housed and non-housed low-income families in an effort to document what characteristics or contextual factors influence a low-income family’s probability of experiencing homelessness. While these studies each examine the experiences of homeless families in only one city, and therefore are not nationally representative, the studies report similar results. In general, researchers have found that heads of homeless families have higher rates of victimization, mental illness, and substance abuse along with weaker social networks, less robust employment histories, and lower incomes than the heads of housed low-income families (Bassuk et al 1996; Bassuk et al 1997; Shinn et al 1998). Additionally, homeless heads of household tend

to be younger and tend to have younger children than their housed counterparts (Shinn et al 1998; Webb et al 2003).

In considering which families might be at greatest risk for homelessness, one must consider individual characteristics that might indicate a higher chance of experiencing homelessness, such as substance abuse or mental illness; family factors, such as the presence of violence in the home; as well as contextual factors, such as a lack of affordable housing in the community. Other issues related to the causes and consequences of family homelessness, such as a family's interaction with the child welfare or foster care systems, may be important as the dynamics of children and their parent(s) while they move through the shelter system may not be the same (Park et al 2004). Fifty-five percent of the cities participating in the 2006 Hunger and Homelessness Survey report that families may have to separate in order to be sheltered (U.S. Conference of Mayors 2006). Many studies have documented a large number of single homeless individuals, primarily women, who are parents but are no longer residing with their children (Burt et al 1999). A number of other studies indicate that housing instability in childhood appears to be associated with adolescent homelessness, suggesting that housing stabilization for homeless or poorly housed families may contribute to the prevention of chronic homelessness (Robertson et al 1999; Park et al 2004).

Runaway and homeless youth, defined in the Runaway and Homeless Youth Act as "individuals who are not more than 21 years of age...for whom it is not possible to live in a safe environment with a relative and who have no other safe alternative living arrangement," may have different needs than homeless youth who are still connected to their families due to runaway and homeless youth's lack of adult supervision during a homeless episode. Other youth who may be at-risk of homelessness include youth who are aging out of foster care or exiting the juvenile justice system (Farrow et al 1992). After reviewing the range of estimates of the number of homeless youth, Robertson and Toro concluded that youth under the age of 18 may be at higher risk for homelessness than adults (1999).

A focus on homeless youth not only fits with the mission of the Department, but also provides an additional opportunity to advance the goal of preventing chronic homelessness among adults. Research indicates that "the problems that homeless individuals experience as adults have very clear analogs in their childhoods" (Koegel et al 1995), and individuals who experience homelessness and other forms of residential instability are at higher risk of becoming homeless as an adult. Developing effective intervention strategies to prevent homelessness among youth and rapidly re-house those who may become homeless during adolescence may provide an additional strategy to reduce the risk of adult homelessness.

HHS operates a wide range of programs that may be accessed by homeless families with children and runaway and homeless youth. The following is a list of HHS programs (both targeted and mainstream) that provide services to homeless families:

**Figure 2. HHS Programs That May Provide Services to Homeless Families and Homeless Youth**

***Targeted Programs:***

- Health Care for the Homeless (HRSA)
- Programs for Runaway and Homeless Youth (ACF)

***Mainstream Programs:***

- Community Mental Health Services Block Grant Program (SAMHSA)
- Community Health Centers (HRSA)
- Community Services Block Grant (ACF)
- Family Violence Prevention and Service Grants (ACF)
- Head Start (ACF)
- Medicaid (CMS)
- Social Services Block Grant (ACF)
- State Children's Health Insurance Program (CMS)
- Substance Abuse Prevention and Treatment Block Grant (SAMHSA)
- Temporary Assistance for Needy Families (ACF)
- Title V Maternal and Child Health Services Block Grant (HRSA)

Expanding the scope of the strategic action plan to encompass family and youth homelessness will formalize the Department's already ongoing efforts to assist homeless families with children and youth, as well as tie the work of the Department's agencies closely to the Secretary's goals and objectives for the Department as a whole.

**Adding a New Goal Focusing On Data and Performance Measurement**

***The Change***

The 2003 Strategic Action Plan devoted one strategy (Strategy 2.9) to data and measurement issues, which read as follows: "Develop an approach for baseline data, performance measurement, and the measurement of reduced chronic homelessness within HHS." While this is an important strategy, a single strategy alone cannot encompass the many data and measurement issues related to homelessness that have been raised within the Department over the past three years. For example, Strategy 2.9 did not address how the Department would measure progress in improving the access to mainstream services for eligible homeless clients. It also did not address how HHS data activities would be coordinated with other federal department's important data activities related to homelessness, such as the creation and utilization of HUD's Homeless Management Information System (HMIS). Therefore, an entirely new goal that contains four separate strategies and focuses exclusively on homelessness data issues and how they relate to tracking Departmental success in addressing the problem of homelessness for the HHS clientele was added to the 2007 Plan.

The new goal (Goal 4) was established to develop an approach to track Departmental progress in preventing, reducing, and ending homelessness for HHS clientele. Strategy 4.1 encourages the Department to inventory homelessness related data that is currently collected in HHS targeted and mainstream programs, including the housing status of participants. Strategy 4.2 promotes the development of an approach for establishing baseline data on the number of homeless individuals and families served in HHS programs, whereas Strategy 4.3 relates to developing a strategy by which to track improved access to HHS mainstream and targeted programs for persons experiencing homelessness. The final strategy identifies collaboration with other Federal departments as a critical component of the Department's homelessness data activities.

### *The Rationale*

In order to measure progress in preventing, reducing, and ending homelessness, the Department needs to have data systems and performance measures at its disposal. It has been the Department's experience that it does not yet have an established data approach by which to track its success in addressing homelessness. The Work Group believes that devoting an entire goal and set of objectives to data and performance measures related to homelessness will aid in the process of measuring the success of the strategic action plan. There is a growing desire within the federal government to focus on results and to measure success by documenting progress. This perspective can be seen within different HHS operating divisions' strategic plans. For example, the Health Resources and Services Administration (HRSA) strategic plan for fiscal years 2005-2010 (<http://www.hrsa.gov/about/strategicplan.htm>) discusses how the agency measures its progress by monitoring a variety of performance measures that are linked to the goals and objectives set out in the strategic plan. In addition to performance measures, the HRSA strategic plan also discusses the need to assess results, program effectiveness, and strategies. Likewise, there should be a Department-wide approach to measuring the effectiveness of the homeless assistance programs, and of the Department's strategic action plan. This new focus on data and measurement issues may also assist HHS homelessness programs with future Program Assessment Rating Tool (PART) reviews.

Furthermore, the Department has been pursuing a strategy over the past several years of increasing access to mainstream resources for eligible homeless individuals and families. In the 2003 Strategic Action Plan the Work Group outlined sixteen strategies to reduce chronic homelessness, one of which was to "improve the transition of clients from homeless-specific programs to mainstream service providers." A cornerstone activity under this strategy has been the development and implementation of nine Homeless Policy Academies that were designed to bring together state-level program administrators and homeless service providers in order to develop state-specific action plans designed to increase access to mainstream resources for persons experiencing homelessness. However, the key policy question, "Has HHS been successful at improving access to mainstream service programs?" cannot yet be answered because no baseline data are available. At the federal level, most mainstream programs are not required to collect data related to the number of homeless clients served. This lack of baseline information about the number of homeless individuals and families served in HHS mainstream programs makes it difficult, if not impossible, for HHS to document improvements in access.

There are a number of challenges in developing this kind of baseline data, particularly due to the fact that homelessness is a dynamic state; a person may be homeless today but housed tomorrow, thus causing fluidity in the number of program participants experiencing homelessness at any given point in time. However, further exploration is warranted to improve the Department's ability to develop measures related to increasing access to mainstream resources for persons experiencing homelessness. It is also important to highlight that these data development efforts are likely to be fruitless if they are not coordinated with our federal partners. As such, Strategy 4.4 emphasizes the importance of coordinating homelessness data activities within HHS with relevant data activities in other federal agencies and Cabinet-level departments such as HUD, VA, DOL, and the USICH. Thus, while the Department will develop its own data strategies internally, it will be paramount to also coordinate our efforts and integrate data across multiple Federal departments.

### **Additional Changes to the Plan**

While the two major revisions discussed in detail above represent the most substantial changes to the plan, other smaller, yet significant changes have been made within the revised goals and strategies of the 2007 Plan. These changes address the following issues:

- At-Risk Individuals and Primary Prevention
- Federal Agency Collaboration
- Policy Academy Follow-up
- Disasters

In addition to broadening the plan to address homelessness experienced by families with children, the new plan also incorporates *populations who are at-risk of homelessness*. Vulnerable groups who may be at-risk of homelessness include individuals with disabilities, immigrants, persons leaving institutions (e.g., incarceration- including juvenile detention facilities, inpatient care for psychiatric or chronic medical conditions), youth aging out of foster care, frail elderly, persons experiencing abuse, and disaster victims. By including the at-risk population in the Plan, the Department is acknowledging those who may be on the verge of becoming homeless and who could become the next generation of chronically homeless individuals. Specifically, Strategy 3.1 in the new plan highlights the importance of identifying risk and protective factors to prevent episodes of homelessness for at-risk populations. This new strategy was added to the Plan to emphasize the importance of preventing first-time homelessness for at-risk populations (i.e. *primary prevention*). The inclusion of at-risk populations further acknowledges that effectively preventing chronic homelessness requires the two-pronged strategy of ending the homeless cycle for those who are already homeless, and the prevention of new episodes of homelessness for those who are currently housed, but who are at risk of becoming homeless.

The plan also contains new language and specific strategies about *federal agency collaboration* to encourage *intradepartmental* and *interdepartmental* coordination and collaboration across the federal government. Federal collaboration was included in Goal 4 as a specific strategy for data activities, but a separate strategy was added to Goal 1 in order to encourage federal partnership

across all Departmental activities related to homelessness. Strategy 1.6 reads as follows: “Explore opportunities with federal partners to develop joint initiatives related to homelessness and improve communication on programmatic goals, policies, and issues related to homelessness.”

Strategies in the plan were also revised to reflect the second phase of the Homeless Policy Academies. This *Policy Academy follow-up* includes providing technical assistance to the states and territories around effective implementation of their Action Plans and sustaining their momentum in addressing homelessness in their respective states and territories. In general, the strategies under Goal 2 (to empower our state and community partners to improve their response to individuals and families experiencing homelessness) are related to this second phase of the Homeless Policy Academies.

Finally, *disasters* are considered as an issue relevant to homelessness, given the devastation caused by Hurricanes Katrina and Rita, and the consequences to those who lost their homes and those who already were homeless before the catastrophe. To this end, a new strategy in the Plan specifically refers to working with state, local and tribal organizations around policies pertaining to homelessness, including addressing homelessness as a result of disasters, the needs of homeless persons before/during/and after a disaster, and ways to assist the new population of temporarily homeless persons due to a disaster.