

## **Chapter 4**

### **Progress Made Since 2003**

#### **Introduction**

The strategic action plan developed in 2003 has served as the framework for developing and implementing activities across the Department related to chronic homelessness. The general premise of the strategic action plan posits that homelessness is a complex social problem, and ending chronic homelessness requires housing combined with the types of services supported by the programs funded and operated by HHS. The goals outlined within the strategic action plan provided a course of action for the Department to follow in order to improve access to needed health and social services for individuals experiencing chronic homelessness, empower states to improve their response to individuals experiencing chronic homelessness, and to prevent future episodes of homelessness within HHS clientele. Since 2003, the Department has worked in partnership with the states, other federal Departments, and the U.S. Interagency Council on Homelessness to advance the goals outlined in the strategic action plan.

In considering the direction of the 2007 Strategic Action Plan, two documents in particular were reviewed carefully: the final report of the National Learning Meeting and the activities matrix of the Secretary's Work Group. The National Learning Meeting, held in October of 2005, was the capstone meeting of the first seven Homeless Policy Academies. Representatives of fifty-four states and U.S. territories joined federal agency partners, public and private organizations addressing homelessness, and technical assistance providers to showcase innovative approaches that states and territories are implementing, exchange peer-to-peer technical assistance, and renew the states and territories commitment to fully implementing their Homeless Policy Academy action plans. The recommendations of the states and territories were captured in the final report of the meeting and were considered carefully when developing the revised goals and strategies of the 2007 Plan. The second document that was reviewed was the activities matrix developed by the Secretary's Work Group on Ending Chronic Homelessness. The matrix provides the means by which the agencies and staff divisions within the Department track progress towards achieving the goals outlined in the Plan. By reviewing the activities matrix, the Department can identify where opportunities to move forward exist.

There are two key areas in which the Department can track its progress since 2003: 1) the programs that serve persons experiencing homelessness and 2) the range of research and programmatic activities that have been undertaken since 2003.

#### **HHS Programs That Serve Individuals, Youth, and Families Experiencing Homelessness**

HHS operates a range of programs that may serve individuals and families experiencing homelessness. The relevant programs are divided into two categories: *targeted* homeless assistance programs, which are specifically designed to serve individuals and families who are homeless, and *mainstream* programs, which are designed to meet broader goals, such as alleviating poverty or providing health care to low-income persons. The budgets of the targeted homeless programs have experienced growth since 2003 (see Table 1), but improving access to

mainstream programs remains critical to increasing the Department’s capacity to serve this population.

Often times, individuals or families who are homeless are eligible for, or can access, services provided through mainstream programs. The combined total budget of the targeted homeless assistance programs is less than one percent of the combined total budget of the mainstream programs that individuals or families who are homeless may access (see Table 2). Additionally, utilization of the mainstream programs not only represents a significant funding stream, but also greatly expands the capacity of the Department to provide the necessary services to persons experiencing homelessness. However, barriers to accessing mainstream programs often hinder the engagement of some persons experiencing homelessness (such as a lack of a permanent, fixed address), and a lack of knowledge about engaging persons experiencing homelessness commonly exists within the broader mainstream service provider community. In order to improve the accessibility and take advantage of the funding and capacity available within the mainstream programs, the Department has engaged in a range of strategies to increase access to mainstream resources for persons experiencing homelessness.

**Table 2. HHS Budget Growth- Targeted Homelessness Programs FY 2003-FY2006**  
(all values in millions)

	FY 2003	FY 2004	FY 2005	FY 2006
<b>TARGETED PROGRAMS</b>				
Grants for the Benefit of Homeless Individuals	\$29.7	\$33.2	\$36.0	\$44.0*
Health Care for the Homeless	\$121.7	\$135.7	\$145.8	\$151.4
Projects for Assistance in Transition from Homelessness (PATH)	\$43.1	\$49.8	\$54.8	\$54.2
Programs for Runaway and Homeless Youth	\$105.4	\$104.7	\$103.9	\$102.8
Title V/ Surplus Property**	---	---	---	---

**Note:** Table reports funding only for targeted homeless programs and does not include funding for research (NIH, OASPE, SAMHSA, HRSA, ACF); \*Includes \$4 million in one-time CMHS funds to support competitively-awarded supplements for chronic homelessness; \*\* The Title V/Surplus Property program involves the transfer of surplus federal property from HHS to a homeless assistance provider, and the program does not have a line item budget.

**Table 3. HHS Budget Growth- Mainstream Programs FY 2003-FY 2006**  
*(all values in millions)*

	<b>FY 2003</b>	<b>FY 2004</b>	<b>FY 2005</b>	<b>FY 2006</b>
<b>MAINSTREAM PROGRAMS</b>				
Access to Recovery	---	---	\$99	\$98
Child Support Enforcement Program	\$4,063.1	\$4,004.2	\$4,093.5	\$4,206.5
Community Mental Health Services Block Grant	\$437	\$435	\$433	\$429
Community Services Block Grant	\$646	\$642	\$637	\$630
Community Health Centers	\$1,505	\$1,617	\$1,735	\$1,782
Family Violence Prevention and Services Grant Program	\$129.0	\$128.6	\$128.9	\$127.6
Head Start	\$6,667	\$6,775	\$6,843	\$6,786
Maternal & Child Health Services Block Grant	\$731	\$730	\$724	\$693
Medicaid	\$160,693	\$176,231	\$181,780	\$180,625
Ryan White CARE Act	\$2,018	\$2,045	\$2,073	\$2,063
Social Services Block Grant	\$1,700	\$1,700	\$1,700	\$1,700
State Children's Health Insurance Program	\$4,355	\$4,607	\$5,129	\$5,451
Substance Abuse Prevention and Treatment Block Grant	\$1,754	\$1,779	\$1,776	\$1,759
Temporary Assistance for Needy Families	\$17,009	\$17,209	\$17,881	\$17,059

**Key Research and Programmatic Activities Between 2003 - 2006**

Between 2003 and 2007, the Department made significant progress towards the goals identified in the 2003 Plan. Reviewing key research and programmatic activities accomplished under each of the three original goals of the strategic action plan provide an opportunity to measure the progress of the Department in a quantitative manner and provide context for the revisions that are ultimately laid forth in the 2007 Strategic Action Plan.

**2003 Strategic Action Plan Goal 1: Help eligible, chronically homeless individuals receive health and social services**

The objective of goal one was to expand the capacity of HHS programs to assist persons experiencing chronic homelessness. Many HHS programs lack the funding to serve individuals

with multiple, complex needs. If the funding is available, effective service delivery interventions may not be applied when working with this population. The activities developed to meet this goal centered on strengthening outreach and engagement activities, improving the eligibility review process, exploring way to maintain program eligibility, and improving the transition of clients from targeted homeless programs to mainstream service providers.

- ***Collaborative Initiative to Help End Chronic Homelessness:*** Between 2003 and 2005, HHS partnered with the HUD, VA, and USICH to sponsor the Collaborative Initiative to Help End Chronic Homelessness. Funds from HHS' Substance Abuse and Mental Health Services Administration (SAMHSA) and Health Resources and Services Administration (HRSA), are helping to support eleven communities that are working to integrate housing and treatment services for disabled persons who have experienced long-term and repeated homelessness. HHS contributed \$10 million to the initial \$35 million in funding in 2003, and an additional \$10 million each in both fiscal years 2004 and 2005 for these projects. An additional \$1 million has been made available within HHS in order to provide technical assistance to the grantees. An evaluation of the initiative is also being sponsored by HHS, HUD, and VA; with HHS contributing a total of \$600,000 towards the evaluation project.
- ***Supplemental Security Income and Social Security Disability Insurance Outreach, Access and Recovery (SOAR):*** In 2003, SAMHSA, in consultation with the Social Security Administration, published a volume entitled: *Stepping Stones to Recovery, A Case Manager's Manual for Assisting Adults who are Homeless, with Social Security Disability and Supplemental Security Income Applications*. This volume is designed to provide an overview of the Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI) programs, and to provide frontline caseworkers with the tools to assist persons experiencing homelessness to apply for SSA disability programs.
- ***Supplemental Security Income and Social Security Disability Insurance Outreach, Access and Recovery (SOAR) Technical Assistance Initiative:*** This training initiative utilizes SAMHSA's *Stepping Stones for Recovery* curriculum, with the goal of providing states and local community providers with the tools to implement a specific set of action steps that will lead to increased access to SSA disability benefits for people who are chronically homeless. Participating states receive in-state facilitation to devise a plan that identifies the staff, training, and interagency coordination needed to increase such access, learn how to use the curriculum and receive follow-up technical assistance, including training for two or more trainers per state to create on-going local training capacity. SOAR training has been funded through the pooled resources of the funders of the Homeless Policy Academies: HHS, HUD, DOL, and VA. Since 2005, 25 states have participated in the SOAR training initiative.
- ***Documenting Disability: Simple Strategies for Medical Providers:*** HRSA sponsored the development of this manual, which is a guide to documenting medical impairments in support of applications for the Social Security Administration's disability benefits programs. It is primarily for health care providers in the United States serving individuals with disabilities who are homeless or marginally housed. The purpose of the manual is to inform clinicians about SSA's disability criteria and to explain how they can expedite the disability determination process. By understanding the process of applying for SSA disability benefits and the requirements for providing evidence in support of a disability claim, providers can do so more efficiently and effectively.

- ***Evaluation of Housing Approaches for Persons with Serious Mental Illnesses:*** SAMHSA sponsored a project to identify models of housing for adults with serious mental illnesses and co-occurring substance abuse disorders that may reduce homelessness and institutionalization and promote community living. The study evaluated a cross-site evaluation on six sites using a common data collection protocol and site-specific evaluations, with the goal of developing a supportive housing tool kit. The *Supportive Housing Implementation Resource Kit* is under development and will be piloted in 2007.
- ***Funding Health, Behavioral Health, and Support Services for Persons Who Are Homeless with Medicaid:*** CMS is developing a primer for policy makers and others who wish to understand what medical, behavioral health, and support services can be reimbursed by Medicaid that would benefit individuals who are homeless. This report will address an important knowledge gap identified by states, providers, consumers and consultants and is due to be published in 2007.
- ***Health Care for the Homeless/Community Mental Health Center Collaboration Project:*** Between 2002 and 2005, HRSA and SAMHSA funded a demonstration project to expand access to health and behavioral health services for homeless persons with psychiatric and substance use disorders. Twelve program sites funded with \$3.1 million annual funding. Additional funding was provided by SAMHSA and ASPE to support an evaluation of the demonstration project, and the final evaluation is expected in 2007.
- ***Blueprint for Change: Ending Chronic Homelessness for Persons with Serious Mental Illnesses and/or Co-Occurring Substance Abuse Disorders:*** In 2003, SAMHSA developed a report designed to help states and local communities develop integrated systems of care to address homelessness among people who have serious mental illnesses and/or co-occurring substance abuse disorders.
- ***How States Can Use SAMHSA Block Grants to Support Services for People Who are Homeless:*** In 2003, SAMHSA published a report to highlight efforts of many states to use the federal block grant funds for mental health and substance abuse services to provide more effective care for people who are homeless.
- ***Medicare Prescription Drug Coverage and Persons Experiencing Homelessness:*** In 2005/2006, the Centers for Medicare and Medicaid Services developed a flyer entitled “What do I need to know about Medicare prescription drug coverage to help my homeless clients?” and circulated the material widely to homeless assistance providers.
- ***Benefits for individuals leaving institutional settings:*** In 2004, HHS issued policy guidance to encourage states to “suspend” and not “terminate” Medicaid benefits while an individual is in an institutional setting.
- ***National Institutes of Health (NIH) Research Initiatives:*** Since 2002, the National Institute of Mental Health (NIMH), the National Institute on Drug Abuse (NIDA), and the National Institute on Alcohol Abuse and Alcoholism (NIAAA) have jointly issued a program announcement to support research on homelessness and to develop further knowledge and evidence-based practices for treating and preventing the development of chronic homelessness in vulnerable populations. A number of research projects have been or are currently supported via this mechanism.

## **2003 Strategic Action Plan Goal 2: Empower our state and community partners to improve their response to people experiencing chronic homelessness**

HHS is the largest grant-making agency in the federal government and the nation's largest health insurer. HHS administers more grant dollars than all other federal agencies combined and handles more than one billion insurance claims per year. These activities are administered by eleven Operating Divisions across the Department. The Operating Divisions work closely with state, local, and tribal governments, as many HHS-funded services are provided at the local level by state, county or tribal agencies, or through private sector and faith-based grantees. Much of the funding awarded by HHS is distributed in the form of block grants to states, allowing states to prioritize and direct the funding towards the needs they have prioritized, which may be different than their neighboring states. As such, it is critical that HHS works with states and community partners to empower them and provide the appropriate tools by which to improve their response to people experiencing chronic homelessness.

- ***Homeless Policy Academies:*** Between 2002 and 2005, HHS played a lead role in the development and implementation of nine Homeless Policy Academies designed to improve access to mainstream services for chronically homeless individuals and families with children experiencing homelessness. The Policy Academies 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. To date *every state and U.S. Territory and the District of Columbia has participated in a Homeless Policy Academy*. Over the course of three years, nine Policy Academies have been sponsored by HHS, HUD, VA, DOL, Department of Education, Department of Justice, Department of Agriculture, and the U.S. Interagency Council on Homelessness.
- ***Follow-up Policy Academy Technical Assistance:*** Customized technical assistance for the states who have attended a Homeless Policy Academy is a critical component of the Policy Academy activity. Each state and territory has been provided with a technical assistance budget, and those funds can be used to support a range of technical assistance activities that enable the state to implement their action plans. Funds from multiple contracts have been woven together to provide this technical assistance, and HHS is partnering with the other sponsoring federal agencies to fund technical assistance to all state and territories developing and implementing state action plans that were initiated by attending a Homeless Policy Academy. Technical assistance has been delivered since 2003 and will continue into 2007.
- ***Learning Community Workgroups:*** In 2006, HHS partnered with other federal agencies to develop and implement a series of Learning Communities Workgroups, which were small meetings gathering representatives from ten to twelve states to focus on specific topic areas to help move states along in their implementation of their state plans drafted through the policy academy process. Four Learning Community Workgroups were held during 2006 on the following topics: youth homelessness, transition/discharge planning, employment, and data and performance measurement.
- ***FirstStep, a CD-ROM resource:*** HHS and HUD jointly developed and disseminated widely FirstStep, an easy-to-use, interactive tool for case managers, outreach workers and others working with people who are homeless. FirstStep, first released in October 2003, is a CD-ROM resource that staff can use to identify the health services and benefits needed by a

homeless person available through mainstream programs, and to determine how to go about accessing these services. Currently, CMS is making a series of refinements to the FirstStep product to address additional needs articulated by states and other constituents. The Social Security Administration, the Department of Agriculture, the Department of Labor, and the Department of Veterans Affairs also partnered with HHS and HUD to develop FirstStep.

- ***Participation of HHS Regional Offices in Regional Interagency Councils on Homelessness:*** All ten regions have established regional ICHs or other homelessness committees involving appropriate federal agencies. Several Regional ICHs are working with their states and communities in the development of ten-year plans for ending chronic homelessness. Other activities include technical assistance workshops for state and local homelessness program coordinators, conferences, resource directories, and working with local governments to identify barriers to accessing services.
- ***National Training Conference on Homelessness and Mental Illness:*** SAMHSA hosts a biennial national training conference addressing homelessness for people with mental illness and/or substance abuse disorders. The conference typically features three days of interactive workshops on housing, services, and cross-cutting issues, and is attended by roughly 800 clinicians, program officials, and policy makers.
- ***National Health Care for the Homeless Conference:*** HRSA sponsors an annual National Health Care for the Homeless (HCH) conference. These conferences, typically attended by 800-900 consumers, providers, and administrators, focus on the clinical, administrative, and policy challenges facing homeless persons and those that serve them. In addition to the main conference, there are supplemental all-day sessions on timely topic areas.
- ***National Returning Veterans Conference: The Road Home: National Behavioral Health Conference on Returning Veterans and Their Families:*** In March of 2006, SAMHSA sponsored a conference to give federal, state, and local public and private service providers evidence-based information and approaches that can help veterans and their families build resiliency to prevent and to treat mental health disorders (including Post-Traumatic Stress Disorders), substance abuse disorders, suicide, and/or co-occurring disorders.
- ***Symposium on Housing for Persons with Disabilities: Understanding Universal Design and Access Modification.*** In June 2004, the HHS Office on Disability partnered with CMS, HUD, Fannie Mae and North Carolina State University to host a Symposium on housing for persons with disabilities. The focus of this Symposium was on universal design and access modification for persons with disabilities; including those with physical, visual, hearing, cognitive, and mental disabilities. A webcast of the Symposium, as well as a webcast for a prior Symposium on home ownership are both available online at [http://www.hhs.gov/od/archive\\_webcasts.html](http://www.hhs.gov/od/archive_webcasts.html)

### **2003 Strategic Action Plan Goal 3: Work to prevent new episodes of homelessness within the HHS clientele**

Prevention activities are critical to any plan that seeks to end chronic homelessness. However, in order to prevent homelessness, we first need to understand effective prevention interventions. As such, HHS has sponsored research over the past several years to better understand what prevention models might be effective.

- ***Evaluability Assessment of Discharge Planning to Prevent Homelessness:*** ASPE sponsored an evaluability assessment of discharge planning in institutional and custodial settings, with a specific focus on whether discharge planning is a strategy that can prevent homelessness. The project included a literature review on discharge planning; a documentary analysis of selected exemplary programs, including site visits to identified programs; and a final report that summarizes key findings from the study, including possible evaluation design options. The final report was published September 2005 and available at: <http://aspe.hhs.gov/hsp/05/discharge-planning/index.htm>
- ***Characteristics and Dynamics of Homeless Families with Children:*** Recognizing that data on homeless families is not as robust as data available on single adults, ASPE is sponsoring a research project designed to identify opportunities and strategies to improve data about homeless families upon which future policy and program decisions may be based by investigating the availability of data with which to construct a typology of homeless families. A typology could foster a better understanding of these families' characteristics, service needs, interactions with human services systems, and the dynamics of their use of emergency shelter and other services and assistance. The final report from this project will be available in the spring of 2007.
- ***Evaluation of Chronic Homelessness Policy Academies:*** HRSA is partnering with SAMHSA/CMHS to co-fund an evaluation of the Chronic Homelessness Policy Academies, a multi-year project that was funded by HHS, HUD, VA, and DOL. The Homeless Policy Academies were designed to offer states an opportunity to bring together a team of policy-makers, providers, and program leaders to spend three days working on a strategic action plan to increase access to mainstream services for people experiencing chronic homelessness. Both a process evaluation and an outcome evaluation will document the process, assess the effectiveness of the Academies, and identify lessons learned from the Policy Academy activity for the 49 states and territories who attended a chronic homeless Academy. Final evaluation report is expected in late 2007.
- ***National Symposium on Homelessness Research:*** ASPE is partnering with HUD to sponsor a National Symposium on Homelessness Research. This project will oversee the commissioning of a series of synthesis papers, the organization of a symposium to present and discuss the papers, and the production of a final report featuring the papers commissioned for the project. Over the past decade, the landscape of homelessness research has evolved immensely; new models for housing and service delivery have emerged and cutting edge research has expanded our understanding of the various populations that experience homelessness. The findings presented through this project will serve to guide federal and state policymaking, to assist local practitioners in incorporating successful strategies into their programs, and to assist researchers to identify areas meriting future research. The Symposium will be held in 2007 and the volume of final papers will also be available in 2007.
- ***Homeless Families Program:*** SAMHSA funded a multi-site study of the effectiveness of services provided to homeless women and their children. Approximately 1600 women and their families received services under this program. The project was designed to document and evaluate the effectiveness of time-limited, intensive intervention strategies for providing treatment, housing, support, and family preservation services to homeless mothers with

psychiatric and/or substance use disorders who are caring for their dependent children. The study design involved a five-year, cross-site data collection and analysis program involving eight study sites. The project was begun in September of 1999 and data collection was concluded in September of 2006. A series of articles that report the study findings will be published in the *Journal of Community Psychology* in 2007.

- ***Promising Strategies to End Youth Homelessness:*** The Family and Youth Services Bureau within ACF, in consultation with the USICH, is conducting a study of "promising strategies to end youth homelessness" which responds to statutory requirements. The study will identify and assess a wide range of practices that show promise or carry evidence of effectiveness in helping young people find appropriate living situations, including those youth who have suffered from systemic failures, such as when child welfare and juvenile justice programs have been incapable of providing effective transitions to adult independence for youth in their care. Runaway and homeless youth served by FYSB are served in emergency situations and cases where returning home is not an option. The study is anticipated to be released in 2007.