

Chapter 1

The Approach

Background

Each year, approximately one percent of the U.S. population, some two to three million individuals, experiences a night of homelessness that puts them in contact with a homeless assistance provider. The estimate is conservative – it does not include those affected by natural disasters, nor those who do not contact a homeless assistance provider, e.g., who may be taken in by a friend or spend the night in a car.

The circumstances that cause homelessness for two to three million Americans are varied. However, research conducted since the late 1980's shows that interactions among the supply of affordable housing, poverty, and disability account for most of the precipitating factors. Among poor persons, the risk of a night of homelessness is far higher than for the general population. Somewhere between four to six percent of the poor experience homelessness annually. Most of these experiences are short-term and the individuals exit homelessness with minimal assistance and generally are not seen again.

But the subgroup that tends to be the most visible is a group of about 200,000 people who experience homelessness on a protracted or repeated basis. On any given night, this group will represent almost half of those who are homeless. This subgroup has been identified as the chronically or long term homeless. There is increasing consensus that we can take actions that will reduce and end this level of chronic homelessness.

Exploring Solutions

Beginning in March, 2001, the Secretary's office initiated several activities to improve the Department of Health and Human Services' (HHS) response to the services needed by persons experiencing homelessness.

- Secretary Tommy Thompson met with Secretary Mel Martinez of the Department of Housing and Urban Development (HUD) and Secretary Thompson committed his Department to a collaboration that capitalized on the expertise of HHS in service delivery and of HUD in housing.
- HHS staff initiated regular, informal discussions with HUD and Department of Veterans Affairs (VA) staff to understand the programs and opportunities that could be involved in a collaboration.
- HHS, HUD and VA staff explored goals and activities of mutual interest and recommended to leadership that collaboration was best achieved by adopting a specific and targeted focus on the issue of long term and repeated homelessness.
- Discussions with the HHS Operating Divisions were held to determine what options they saw to make their programs more accessible to homeless persons.
- Budget formulations and other administrative scenarios within HHS were considered.

- ❑ An ambitious partnership with States was initiated that acknowledged the role of State agencies in setting the priorities for using HHS assistance. The Secretary sent all Governors an invitation to participate in the partnership. Beginning in November 2001, a series of Policy Academies for State and Local Policymakers was begun. Thirty-six States applied to participate in the first of these, knowing that only eight could be accommodated.

Throughout these explorations, a leading concern was for HHS-assisted services to be more accessible to eligible homeless persons being placed in HUD-supported housing. Interdepartmental discussions had clearly identified new emphases that were making it increasingly important for applications for HUD's homelessness assistance to demonstrate the use of mainstream HHS treatment services to assist chronically homeless people. By summer's end, it was clear that the complexity of HHS' structure and program variety obviated a simple linear plan, i.e., one that involved an easily introduced change that expanded opportunities for access by homeless individuals.

The final development of significance came in the release of the Administration's budget for fiscal year 2003. President George W. Bush endorsed as goal of his administration ending chronic homelessness in a decade.

The Secretary's Work Group on Ending Chronic Homelessness

At the start of calendar year 2002, Secretary Thompson established the Secretary's Work Group on Ending Chronic Homelessness. He asked Deputy Secretary Claude Allen to lead the Work Group in a comprehensive review of the Department's relevant programs. 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 HHS' ability to assist persons experiencing chronic homelessness.

Representation on the Secretary's Work Group On Ending Chronic Homelessness:

- ❑ Office of the Secretary
- ❑ Administration on Aging
- ❑ Administration on Children and Families
- ❑ Assistant Secretary for Budget, Technology, and Finance
- ❑ Assistant Secretary for Legislation
- ❑ Assistant Secretary for Planning and Evaluation
- ❑ Centers for Medicare & Medicaid Services
- ❑ Health Resources and Services Administration
- ❑ Office of the General Counsel
- ❑ Substance Abuse and Mental Health Services Administration

The action simultaneously addressed two needs:

First, it brought the relevant HHS agencies into a collaboration to formulate a Department-wide strategy that addressed the multiple needs of this subgroup.

Second, by focusing on chronic homelessness, it established a compelling link to themes that had been articulated by the White House, HUD and VA on this same issue.

On February 28, 2002, Deputy Secretary Allen convened the first meeting of the Secretary's Work Group on Ending Chronic Homelessness. Representatives were chosen by agency administrators for their knowledge of agency programs and their ability to represent the agency authoritatively (Appendix A).

Mr. Allen itemized charges to the Work Group members and offered a plan of approach to undertake four tasks:

1. Define the population that experiences chronic homelessness and itemize their service needs.
2. Analyze the response of relevant HHS mainstream assistance programs to the itemized service needs.
3. Specify outcomes and objectives that would improve the response of these mainstream programs to long term and repeated homelessness.
4. Offer actions the agencies could take that would improve access to and coordination of services that would contribute to reducing and ending chronic homelessness.

Charge to the Work Group:

- Improve access to treatments and services
- Improve coordination across these services
- Identify strategies to prevent additional episodes of chronic homelessness
- Itemize accountability and evaluation processes

An Interagency Subcommittee was formed immediately (Appendix B) and charged with pursuing each of the four tasks. The Subcommittee met formally over a dozen times and held numerous informal meetings to analyze data, formulate recommendations, and edit written work.

To accomplish its work, the Subcommittee:

1. Reviewed epidemiological and services research literature that documented what is known about those who experience long term and repeated homelessness and about treatments, services, and supports that are effective with these persons. This material is summarized in Chapter 2.
2. Developed, administered and tabulated a service inventory for eight relevant mainstream HHS programs. The inventory sought not only to understand the administrative features of each program, but their specific response to the services needed by persons experiencing chronic homelessness. The findings are summarized in Chapter 3.
3. Summarized what was learned from the inventory in the areas of
 - a) administrative characteristics of the programs;
 - b) regulatory or program design barriers to services identified by program officials;
 - c) service coverage offered by relevant programs, including what was known about current access by homeless persons; and
 - d) opportunities or concerns that program officials identified for improved access by chronically homeless persons.
4. Convened a Listening Session on July 16 to benefit from the experiences of States, municipalities, and providers who had struggled with weaving together a comprehensive set of funding sources to address the complexities of chronic homelessness. Six presenters, including the executive director of the U.S. Interagency Council on Homelessness spoke to Work Group and Subcommittee members about their experiences, with particular attention to the use of HHS assistance to provide treatments and services responsive to chronic homelessness.

5. Based on the above processes, the Subcommittee identified objectives under each of its charges that could position HHS to be more responsive to the issue of chronic homelessness. Numerous options were itemized that could contribute to implementing the objectives, with an emphasis on short term steps HHS could take that would support the Administration's goal of ending chronic homelessness. The Work Group selected and refined these options and developed goals and strategies for a comprehensive Department plan. The Work Group recommendations are presented in Chapter 5.

Throughout the process, the Deputy Secretary's office provided critical guidance and support for the completion of the tasks. Work Group members were kept informed via a series of progress reports that summarized progress and next steps and by their representatives on the Interagency Subcommittee.