

Chapter 1

Overview of the Strategic Action Plan

Introduction

Each year, approximately one percent of the U.S. population, some 2-3 million individuals, experiences a night of homelessness that puts them in contact with a homeless assistance provider, and at least 800,000 people are homeless in the United States on any given night (Burt et al 2001). Persons experiencing homelessness can benefit from the types of services supported by the programs offered by the U.S. Department of Health and Human Services (HHS). Among this population, there are several key subgroups, including:

- *Chronically Homeless.* Of the 2-3 million persons who experience homelessness annually, ten percent have been identified as *chronically homeless* due to their protracted spells of homelessness and the duration of their homelessness history. On any given night, this group will represent almost half of those who are homeless (Kuhn & Culhane 1998; Metraux et al. 2001). This subgroup has been identified as the long-term, or chronically homeless. HHS, the U.S. Department of Housing and Urban Development (HUD), the U.S. Department of Veterans Affairs (VA) and the U.S. Interagency Council on Homelessness (USICH) have agreed on the following definition of chronically homeless: “An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or has had at least four episodes of homelessness in the past three years.”
- *Homeless Families.* Data from the National Survey of Homeless Assistance Providers and Clients estimates that in 1998, families comprised 34 percent of the homeless population; 23 percent were children and 11 percent were adults in homeless families (Burt et al 1999). In a given year, this means 420,000 families, including 924,000 children, experience homelessness in the United States. For the purposes of this 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 recent periods during which they lacked housing.
- *At-Risk Individuals.* There are a number of other types of individuals who may be at-risk for becoming homeless or chronically homeless. For example, the annual prevalence of homelessness among adolescents is estimated at between 5.0 and 7.6 percent among youth aged 12 to 17, and evidence suggests that adolescents are the single age group most at risk for experiencing homelessness (Ringwalt, et al 1998; Robertson & Toro 1998). For the purposes of this Plan, homeless youth are defined as persons between the ages of 16-24 who do not have familial support and are unaccompanied – living in shelters or on the street. Other vulnerable groups at-risk of homelessness include individuals with disabilities, immigrants, persons leaving institutions (e.g., incarceration, inpatient care for psychiatric or chronic medical conditions), youth aging out of foster care, frail elderly, persons experiencing abuse, and disaster victims.

HHS and Homelessness

The Department of Health and Human Services (HHS) is the United States government's principal agency for protecting the health of all Americans and supporting the delivery of essential human services, especially for those who are least able to help themselves. The Department is the largest grant-making agency in the federal government, and the Medicare program alone is the nation's largest health insurer (<http://www.hhs.gov/about/whatwedo.html>). The programs and activities sponsored by the Department are administered by eleven operating divisions that work closely with state, local, and tribal governments. Many HHS-funded services are provided at the local level by state, county or tribal agencies, or through private sector and community and faith-based grantees.

HHS' work in the area of homelessness fits well with the Department's mission and priorities. The principals that form the philosophical underpinnings of the Secretary's 500 Day Plan are applicable to persons experiencing homelessness, particularly the first principal which reads "care for the truly needy, foster self-reliance" (<http://www.hhs.gov/500DayPlan/>). Additionally, the Department seeks to further the President's New Freedom Initiative to promote participation by all Americans with disabilities, including mental disabilities in their communities. One of the goals in the report of the President's New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America* (<http://www.mentalhealthcommission.gov/reports/FinalReport/FullReport.html>) outlines the need for stable housing as a requirement for enabling individuals and families with mental illness to fully participate in their treatment and their communities. The Department's focus on homelessness is consistent with this recommendation.

Ending homelessness requires housing combined with the types of services supported by HHS programs. The delivery of treatment and services to persons experiencing homelessness are included in the activities of the Department, both in five programs specifically targeted to homeless individuals and in fourteen non-targeted, or mainstream, service delivery programs (see Table 1 below). The *targeted programs* are much smaller in scope, but are designed specifically for individuals or families who are experiencing homelessness. *Mainstream programs* are designed to serve those who meet a set of eligibility criteria, which is often established by individual states, but are generally for use in serving low-income populations. Very often, persons experiencing homelessness may be eligible for services funded through these programs. Because the resources available for the mainstream programs are so much greater than the resources available for the targeted homeless programs, HHS has actively pursued an approach of increasing access to mainstream services for persons experiencing homelessness.

Table 1. HHS Programs Relevant to Persons Experiencing Homelessness

Targeted Homeless Programs	Total Program Budget FY 2006 (millions)
Grants for the Benefit of Homeless Individuals (Treatment for Homeless)	\$ 44.0
Health Care for the Homeless	151.4
Projects for Assistance in Transition from Homelessness (PATH)	54.2
Programs for Runaway and Homeless Youth	102.8
Title V/Surplus Property*	-----
Mainstream Programs	
Access to Recovery	98.2
Child Support Enforcement Program	4,206.5
Community Mental Health Services Block Grant	428.0
Community Services Block Grant	630.0
Community Health Centers	1,785.0
Family Violence Prevention and Services Grant Program	127.6
Head Start	6,782.1
Maternal and Child Health Services Block Grant	692.5
Medicaid	180,625.0
Ryan White CARE Act	2,036.3
Social Services Block Grant	1,700.0
State Children's Health Insurance Program	5,451.0
Substance Abuse Prevention and Treatment Block Grant	1,757.4
Temporary Assistance for Needy Families	17,059.0

** 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.*

HHS Response to Homelessness: 2001-2006

An Environment for Change. In 2001, the Secretaries of HHS and HUD met and committed to a collaboration that capitalized on the expertise of HHS in service delivery and the expertise of HUD in housing. A leading concern was for the services funded by HHS to be more accessible to eligible homeless persons residing in HUD-funded housing. Subsequently, HHS, HUD and VA explored goals and activities of mutual interest and concluded that collaboration was best achieved by adopting a specific and targeted focus on the issue of long term and repeated homelessness. Concurrently, in 2002, the Administration revitalized the U.S. Interagency Council on Homelessness (USICH) to coordinate the federal response to homelessness across twenty federal departments and agencies, and to create a national partnership at every level of government and the private sector, with the goal of reducing and ending homelessness across the nation. The final development of major significance came in the release of the Administration's

budget for fiscal year 2003, where President George W. Bush officially endorsed ending chronic homelessness as a goal of his Administration.

The Secretary’s Work Group on Ending Chronic Homelessness. In support of the articulated Administration goal of ending chronic homelessness, senior leadership within HHS established a Departmental work group in 2002 and tasked the group with developing a strategic action plan that would articulate a comprehensive approach for enabling the Department to better serve individuals experiencing chronic homelessness. This work group, entitled the *Secretary’s Work Group on Ending Chronic Homelessness*, comprises senior leadership from seven operating divisions and numerous staff divisions within the Office of the Secretary and has expanded to encompass more offices as the Work Group has matured (see Figure 1).

Figure 1. Members of the Secretary’s Work Group on Ending Chronic Homelessness	
Immediate Office of the Secretary	Center for Faith-Based and Community Initiatives
Administration for Children and Families	Office on Disability
Administration on Aging	Office of the Assistant Secretary for Resources and Technology
Centers for Medicare and Medicaid Services	Office of the Assistant Secretary for Legislation
Health Resources and Services Administration	Office of the Assistant Secretary for Planning and Evaluation
National Institutes of Health	Office of Intergovernmental Affairs
Substance Abuse and Mental Health Services Administration	Office of the General Counsel
Program Support Center	

In early 2002, the Secretary’s Work Group on Ending Chronic Homelessness was charged with designing a plan to:

- improve access to treatments and services;
- improve coordination across these services;
- identify strategies to prevent additional episodes of chronic homelessness; and
- itemize accountability and evaluation processes.

The strategic action plan developed by the Work Group, entitled *Ending Chronic Homelessness: Strategies for Action* (<http://aspe.hhs.gov/hsp/homelessness/strategies03/index.htm>), was released in 2003. The purpose of the 2003 Plan was to define the chronically homeless population and itemize the service needs of the population; analyze the response of HHS mainstream assistance programs to these needs; specify outcomes and objectives that would improve the response of mainstream programs to the chronically homeless population; and offer actions the agencies could take that would improve access to and coordination of services. The 2003 Plan 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.

From its inception to the present time, the Secretary's Work Group has met regularly in order to discuss policy issues related to chronic homelessness, as well as homelessness among families and youth, review progress, and report about key activities occurring in the various operating divisions. The Work Group has developed an activities tracking matrix, which allows agencies to chart homeless-related activities under the specific goals and strategies outlined in the Plan noted above. The matrix provides Work Group members with a way to measure progress towards achieving these goals and strategies and also provides a simple measure of the level of activity within each key area of focus.

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. As the plan approached its third anniversary, the Work Group collectively reviewed the Department's progress towards achieving the goals outlined in the plan, and has concluded that significant progress has been made towards certain goals and strategies, where other goals and strategies needed additional focus. Furthermore, though the 2003 Strategic Action Plan focuses solely on the chronically homeless population, the scope of work and focus of the Work Group was actually much broader, and includes activities that focus on homeless families with children, as well as homeless youth. The Work Group concluded that the Department would benefit from a new plan that would provide a framework for future efforts. The intent of this revision is not to usurp or replace the original strategic action plan, but rather to refine the goals and strategies to reflect the changing set of challenges and priorities three years after the development of the first plan.

Key Events Shaping Strategic Action Plan Revision

Between 2001 and 2006, several key events and activities guided the development of the 2007 Plan. First, HHS partnered with HUD, VA, ICH, the U.S. Department of Labor (DOL), and the U.S. Department of Education (ED) to fund 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. Five Policy Academies focused on chronic homelessness, and in response to demand, the remaining four Academies focused on homeless families with children. To date, every state (including the District of Columbia) and U.S. Territory has attended a Homeless Policy Academy. HHS, along with our federal partners, has provided significant technical assistance resources to these jurisdictions to assist them in the implementation of their Policy Academy action plans over the past several years.

Another key effort extending into the states is the work of the ICH to encourage the development of *State Interagency Councils on Homelessness* as well as *state and local ten-year planning processes to end chronic homelessness*. As part of the Council's strategy to create intergovernmental partnerships to end homelessness, Governors of 53 states and territories have taken steps to create a state-level ICH, while over 280 Mayors and County Executives have initiated a ten-year planning process. Currently, many of the states and Territories are leveraging the support and infrastructure of the ICH and the Homeless Policy Academies to strengthen and coordinate their State Interagency Councils on Homelessness, Homeless Policy Academy teams and state and local planning processes that may already be institutionalized through HUD's Continuum of Care process.

A cornerstone effort of the increased focus on chronic homelessness was the development of the *Collaborative Initiative to Help End Chronic Homelessness*, also known as the Chronic Homelessness Initiative (CHI), an innovative demonstration project coordinated by the ICH and jointly funded by HUD, HHS (SAMHSA and HRSA) and the VA. Recognizing that homelessness is an issue that cuts across various agencies in the federal government, this unique effort across the Department offered permanent housing and supportive service funding through a consolidated application process. Successful applicants described an integrated and comprehensive community strategy to use funding sources, including mainstream service resources, to move chronically homeless individuals from the streets and emergency shelters into stable housing. Once housed, the residents would be able to access the range of services needed to promote and maintain greater self-sufficiency. The CHI is important because it operationalizes many of the key goals and strategies outlined in both the original and revised strategic action plans; for example, use of interagency partnerships on both local and federal levels, increasing the effectiveness of integrated systems of care, and the use of mainstream resources. In October 2003, 11 grantees received funding for three years, FY 2003-2005. HHS funding totaled \$30 million for the three-year period.

Another key event that influenced the Secretary's Work Group was *Hurricane Katrina*, which occurred in August 2005. A special meeting of the Secretary's Work Group was held in September 2005 on this topic. At this meeting, a literature review compiled for the meeting was used to guide discussion pertaining to: the key players during the hurricane; housing and health issues; the impact on the historically homeless; and data pertaining to and lessons learned from previous disasters. Furthermore, agency representatives at the meeting described their experiences providing concrete assistance during Hurricane Katrina. Lessons learned from this disaster have led the Department to carefully consider how HHS should prepare for and respond to homelessness and human service needs in future disasters, and how the structure of the Work Group might be used as a tool for future natural disasters.

Finally, one of the original charges to the Work Group was to "itemize accountability and evaluation processes." This called for establishing *monitoring and evaluation benchmarks* pertaining to chronic homelessness. However, the absence of data to inform the Department about a baseline suggested considerable developmental work would be needed before empirical benchmarks could be established. Over the past several years, the ability to demonstrate results towards ending and reducing homelessness in a quantitative fashion has increased, and thus, where the original plan included a recommendation for this work, a more focused effort to

develop data and performance measurements will be critical to documenting future success and is a key component to the revised strategic action plan.

HHS 2007 Homelessness Strategic Action Plan

Purpose of Plan. The purpose of the 2007 Plan is to provide the Department with a vision for the future in the form of a formal statement that addresses how individuals, youth, and families experiencing homelessness can be better served through the coordinated administration of Departmental resources. This Plan allows the Secretary to highlight the accomplishments that have been achieved over the past several years, as well as to chart a course for future activities for the Department that builds on the current efforts. The revised Plan covers a five-year time frame, from FY 2007-FY 2012.

Audience for the Plan. The 2007 Plan has both internal and external audiences and thus may be utilized in various ways. The internal audience consists of the HHS operating and staff divisions that have approved the Plan and agreed to implement it as is appropriate to their respective agency/division. For example, the Plan may impact HHS agencies' strategic and performance plans, program activities, training, data collection/performance measurement, and/or budgets.

The external audience will be wide-ranging, including HHS grantees and other providers of homeless assistance services, participants of the state Homeless Policy Academies, the developers of state/local 10-year plans to end homelessness, participants of HUD's Continuum of Care process, advocacy/interest groups, Congress/legislative branch, states, researchers, federal partners, and the U.S. Interagency Council on Homelessness.

Approach Used In Developing the 2007 Plan. In order to develop the 2007 Plan, a Strategic Action Plan Subcommittee was formed, consisting of representatives from the various agencies participating in the Secretary's Work Group. This subcommittee, working in close partnership with the entire Work Group, utilized an iterative process to review recent accomplishments and to develop recommendations for the goals and strategies to be the framework of the 2007 Plan. Throughout the development of the revised goals and strategies, as well as the narrative text of the 2007 Plan, the subcommittee reported to the full Work Group and revised the plan based on the feedback of the full Work Group. The 2007 Plan was circulated throughout the HHS operating and staff division heads prior to being finalized by the Department and made public.

Major Plan Revisions. As a result of the above process, the following major changes for the 2007 Plan were incorporated:

- *Families/At-Risk Individuals.* The scope of the Plan was broadened to incorporate families with children and individuals at-risk of homelessness, particularly youth, while maintaining a continued commitment to ending chronic homelessness. By including a broader range of populations in the Plan, the Department is acknowledging that effectively preventing chronic homelessness requires the two-pronged strategy of ending the homelessness 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 significant work related to addressing homelessness for families and individuals is on-going and is critical to our mission as a Department.

- *Federal Agency Collaboration.* Homelessness is a complex social problem that will require solutions to be developed in partnership, not simply across HHS, but across the multiple federal agencies that dedicate resources towards ending homelessness, as well as our state and local partners. In recognition of the critical nature of these partnerships, specific strategies were added to the Plan to encourage intradepartmental and interdepartmental coordination and collaboration with other federal agencies who operate housing and service programs that complement HHS programs;
- *Policy Academy Follow-up.* To date, every state (including the District of Columbia) and U.S. Territory has attended a Homeless Policy Academy and is working to implement a state Action Plan intended to improve access to mainstream health and human services and employment opportunities that are coordinated with housing for persons who are experiencing homelessness. Strategies in the 2007 Plan were revised to reflect the second phase of the Homeless Policy Academies, including providing technical assistance to the states and territories around effective implementation of their Action Plans and sustaining their momentum in addressing homelessness in their jurisdictions;
- *Primary Prevention.* A new strategy was added to the Plan that emphasizes preventing first-time homelessness for at-risk populations;
- *Data/M Measurement.* A new and separate goal about data and measurement, as well as strategies that address the issue of developing a homelessness data infrastructure within HHS pertaining to targeted and mainstream programs, was added to the Plan.
- *Disasters.* A new strategy was added specifically referring to working with federal, state, local partners and tribal organizations around policies pertaining to addressing homelessness in the context of a disaster.

Measuring Work Group Outcomes. The Secretary's Work Group will continue to meet regularly. Prior to each of these meetings, the operating and staff divisions that participate in the Work Group will be asked to update the activities tracking matrix. This matrix includes key activities that the agencies are implementing related to homelessness and is organized by the goals and strategies outlined in the strategic action plan. Each activity listed in the matrix includes information about the activity, its timeframe, and its outcome or expected outcome. The matrix can then be used as an analytical tool to examine the Department's progress related to the activities by goal or strategy, as well as by agency. Each updated matrix is distributed to those attending the Secretary's Work Group meetings. In addition, participating agencies report orally on their key activities at each meeting; meeting minutes are recorded and sent to participants.

The chapters that follow provide further elaboration on various aspects of the 2007 Plan. Chapter two will outline the 2007 Strategic Action Plan in detail, providing examples of activities that might be undertaken in support of the goals and strategies proposed in the Plan. Chapter three highlights what is new in the plan and the rationale for expanding the existing goals and strategies established in 2003. The fourth chapter provides an overview of progress made by the Department towards achieving the goals outlined in the 2003 Plan. Finally, a series

of appendices provide supporting information to the strategic action plan. Appendix A provides an overview of the HHS programs that may serve persons currently experiencing, or at risk of, homelessness. A list of departmental homelessness web resources and research reports relevant to homelessness are included as Appendix B. Additional appendices provide a list of commonly used acronyms (Appendix C), a membership list of the Secretary's Work Group, including the staff list of the Strategic Action Plan Subcommittee (Appendix D), and finally, a crosswalk of the goals and strategies included in the 2003 and 2007 Plans (Appendix E).