Chapter 4

How the Plan Was Developed

Addressing the Charge

The overall charge to the Work Group was to develop and recommend a comprehensive approach for how the Department could contribute to the Administration's goal of ending chronic homelessness in a decade. The approach had to be responsive to three[1] components of the original charge. Each of these components has been restated as a separate charge addressed by the plan.

1. **To improve access** for persons experiencing chronic homelessness -- 'determine what actions can be taken to expand access to treatments and supports for chronically homeless persons.'
2. **To improve service coordination** -- 'identify partnerships at the federal, national, state, and local levels to improve coordinated service delivery.'
3. **To prevent additional chronic homelessness** -- 'identify and address the risks of homelessness faced by current service participants' and 'provide treatments and supports that contribute to housing stability.'

The Administration's goal to end to chronic homelessness in a decade has been incorporated into the charge by offering both short term recommendations, reflecting actions for the next two years, as and recommendations that would allow the Department to evolve and adapt throughout the decade.

The Structure of the Plan

A comprehensive plan for HHS on chronic homelessness should demonstrate parallels to the HHS strategic plan to permit its possible consolidation into the HHS strategic plan. Therefore, the Work Group has used the components of the HHS strategic plan – ***mission, goals, objectives, and strategies*** – to structure its recommendations.

The **mission and goals** are readily derived from the overall charge and the three component charges noted above. Within each of the three goals, the Work Group formulated **objectives** – statements that are unique to each goal and articulate what the Department might try to accomplish. They have been stated with a long-term focus, but could be modified based on experience or policy.

For each set of goals and objectives, **strategies** that implement the goal and its objectives have also been listed. These strategies have a shorter time frame: It is generally the Work Group's expectation that they would be focused on during the next two years.

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1. A charge to the work group also called for establishing monitoring and evaluation benchmarks. The absence of data to inform the Department about a baseline suggested considerable developmental work would be needed before empirical benchmarks could be established. The plan includes a recommendation for this work.

While the time frame for these strategies may be short term, the actions they reflect are founded on the relatively well-defined repertoire of responses that the Department and its programs must work within. The Department's repertoire is summarized in the themes noted in the insert. One of more or these themes characterizes each of the strategies for action stated in the next chapter.

Recurring Themes for Opportunities Where HHS May Take Action:

- *Application processes, waivers, or conditions for HHS funding* – Capitalizing on the work processes by which awards and entitlement programs are granted, such as application instructions, opportunities to request waivers from standard operations, or conditions that must be met to receive funding.
- *Tools, technical assistance and training* – Developing and delivering guidance such as curricula, blueprints, or best practices in the form of materials, training events, and technical assistance interventions such as site visits or specialized consultations.
- *Administrative flexibility*– Examining opportunities for relief or flexibility in administrative practices that may be creating impediments for eligible persons to participate in an HHS assistance program.
- *Organizational realignment* – Considering structural changes that would improve the administration of programs.

Action steps typically constitute the next component of a plan. However, since each of these strategies will need to be considered by the divisions of the Department that are responsible for the relevant program, action steps are not offered in this report. The final level of the plan presents **examples**. For each strategy, brief examples of how the strategy might be implemented have been developed. The examples apply either to specific operating divisions within HHS or may have broader Departmental application. The examples are illustrative; *their viability under Department authority or regulation has not yet been vetted*.

As the strategies are explored by the divisions that make up HHS, the examples may fall away or undergo substantial modification. Actions by Department and its components will be based on careful consideration of each of the following:

- ❑ Authority
- ❑ Resources, staffing, and program applicability
- ❑ Time frame for accomplishment
- ❑ Cost to the State or grantee
- ❑ Internal consistency
- ❑ The best sequence for implementation

Feasibility of Recommendations

The Work Group was further assisted in developing its goals and strategies by program officials from the eight mainstream programs identified in Chapter 2. The officials were invited to review an extensive listing of potential recommendations and, using a standard response protocol, to identify:

- ❑ The program's current implementation of any activity related to the recommendation;

- ❑ What HHS agencies should be involved if the recommendation were to move to the implementation stage;
- ❑ If there were cost implications to the program, States, or grantees; and
- ❑ If new legislation or regulation would be required.

The responses of the program officials were considered before shaping final suggestions. The desire was to ensure a mix of challenges, rather than a set of recommendations that might be too complex to be attempted or a set that was so elementary that it reflected actions that had already been taken in the programs.

The result of all of the processes described above is presented in the next chapter.