

Executive Summary

The Issue:

Each year homelessness affects 2 - 3 million individuals in the United States. For most people, homelessness is a short, one-time event. But a relatively small and visible group experiences **homelessness repeatedly or for long periods** and places heavy demands on available assistance. This group, persons experiencing **chronic homelessness**, is most often made up of single, poor adults with prevalent disabilities.

Ending their homelessness requires housing combined with the types of services supported by the programs of the Department of Health and Human Services (HHS). To improve the response of these programs to chronic homelessness, and to address a collaboration agreed to with Secretary Mel Martinez of the Department of Housing and Urban Development, the Secretary established a Work Group on Ending Chronic Homelessness. The Work Group was charged to develop a **comprehensive approach for the Department to better serve these persons**.

The Work Plan:

The Work Group assigned the task of developing a comprehensive approach to an **Interagency Subcommittee** that focused on **four tasks**:

- 1) Defining chronic homelessness and identifying effective treatments and services
- 2) Understanding how relevant Departmental programs respond to the identified treatments and services
- 3) Identifying objectives and desirable outcomes that would improve responsiveness
- 4) Formulating a comprehensive action plan.

To develop a plan, eight assistance programs of the Department were identified as relevant to the treatment and service needs of chronically homeless persons. The programs were asked to enumerate barriers and opportunities on service use for this population. The eight programs were:

- Medicaid
- Temporary Assistance for Needy Families
- Social Services Block Grant
- Community Services Block Grant
- Community Health Centers
- Ryan White Programs
- Substance Abuse Prevention and Treatment Block Grant
- Community Mental Health Services Block Grant

The Findings:

Availability of the services: The eight assistance programs have **considerable flexibility** to offer treatments and services needed by chronically homeless persons. However, **no mainstream program is sufficiently comprehensive** to serve as a single source for the full range of identified treatments and services.

Use of the services by homeless persons: While each of the eight programs indicated

that at least some of the treatments and services are used by homeless persons, the **absence of data** to validate access was pervasive.

Categorical funding: The Department's assistance programs are authorized and funded as responses to specific conditions (e.g., poverty, lack of insurance) or populations (e.g., HIV/AIDS patients). The multi-problem nature of chronic homelessness revealed several issues of significance when trying to bridge these categorical approaches.

- 1) Coordination – The lack of a requirement for coordination across categorical programs makes the **creation of a seamless service delivery system a challenge**. The flow of HHS resources to different State agencies and community based organizations means that both providers and homeless persons may have to interact with many different agencies.
- 2) Eligibility Gaps – A person experiencing chronic homelessness may **meet eligibility standards in one categorical program but not another**. This creates problems in constructing a comprehensive service response to the multi-problem nature of chronic homelessness.
- 3) Flexibility – There are **few incentives** to support State and local providers as they search for ways to combine these programs flexibly. There may be numerous **structures and rules that present challenges** when working across categorical programs.

Capacity: Programs may lack any **funding** leeway to take on clients with complex, multiple needs, may not have **staff with the skills** to work with these individuals, or may not be familiar with the **effective service delivery interventions**.

Proposed Goals and Strategies:

Help eligible, chronically homeless individuals receive health and social services

- Strengthen outreach and engagement activities
- Improve the eligibility review process
- Explore ways to maintain program eligibility
- Improve the transition of clients from homeless-specific programs to mainstream service providers

Empower our State and community partners to improve their response to people experiencing chronic homelessness.

- Use State Policy Academies to help States develop specific action plans to respond to chronic homelessness
- Permit flexibility in paying for services that respond to the needs of persons with multiple problems

- Reward coordination across HHS assistance programs to address the multiple problems of chronically homeless people
- Provide incentives for States and localities to coordinate services and housing
- Develop, disseminate and use toolkits and blueprints to strengthen outreach, enrollment, and service delivery
- Provide training and technical assistance on chronic homelessness to mainstream service providers
- Establish a formal program of training on chronic homelessness
- Address chronic homelessness in the formulation of future HHS budgets or in priorities for using a portion of expanded resources
- Develop an approach for baseline data, performance measurement, and the measurement of reduced chronic homelessness within HHS
- Establish an ongoing oversight body within HHS to direct and monitor the plan

Work to prevent new episodes of homelessness within the HHS clientele

- Identify risk and protective factors to prevent future episodes of chronic homelessness
- Promote the use of effective, evidence-based homelessness prevention interventions

Closing Consideration:

The strategies in the plan are for consideration within HHS. It is assumed that no strategy would be implemented without going through the Department's normal policy and budget approval processes, particularly since some strategies may require additional financial and staffing resources and/or review for legislative authority.