

# *Opening Doors*

**FEDERAL STRATEGIC PLAN TO  
PREVENT AND END HOMELESSNESS**

**UPDATE 2011**



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FEDERAL STRATEGIC PLAN TO  
PREVENT AND END HOMELESSNESS

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## *Preface from the Chair*

As the Chair of the United States Interagency Council on Homelessness (USICH), I am honored to present the first annual report and update on *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*.

Over the last year, we have had unprecedented collaboration from federal agencies—with one another, and with state and local governments and nonprofits—in our efforts to implement *Opening Doors*. We are laying the groundwork for future successes through better collaboration, better data collection, better use of mainstream resources, and engaging states and local communities in the Plan's goals and strategies.

To reduce chronic homelessness, USICH has been working with the Departments of Housing and Urban Development (HUD), Veterans Affairs (VA), Health and Human Services (HHS), and the Social Security Administration to get more permanent supportive housing under development through better use of mainstream resources for health care, services, and benefits. And we've extended this partnership to the philanthropic and the nonprofit communities.

HUD and VA have made tremendous strides in working with local leaders to get homeless Veterans off the street through the HUD-VASH program.

We're tackling youth homelessness by listening to community leaders who are dealing directly with these issues and connecting our federal partners at the Departments of Education (ED), Labor, HHS, HUD, Justice, and the Social Security Administration.

We're also not losing sight of the needs of families with children. HHS, HUD, and ED have developed an innovative demonstration project that is awaiting Congressional approval. It includes 6,000 supportive housing vouchers through HUD, mainstream services like Temporary Assistance for Needy Families (TANF) through HHS, and homeless student identification and service coordination by ED-supported homeless liaisons in school districts.

Make no mistake; the goals of this plan are bold. And bold goals require bold leadership.

Our efforts are being made at a time when families across the country are feeling the effects of the recession, and when Congress and the Administration are in important negotiations about the federal budget.

Now, more than ever, we have a sense of urgency to work with Congress, mayors, governors, legislatures, Tribes, nonprofits, faith-based and community organizations, and business and philanthropic leaders across the country to ensure that every American has an affordable, stable place to call home. There is no question that the road ahead remains long and steep, but we remain committed to the goals of *Opening Doors* and confident that the objectives are the right ones to accomplish these worthy goals.

Sincerely,

*Hilda L. Solis*  
*Secretary, U.S. Department of Labor*



## Executive Summary

One year has passed since the United States Interagency Council on Homelessness (USICH) and its 19 member agencies launched *Opening Doors*, the nation's first-ever comprehensive strategic plan to prevent and end homelessness, on June 22, 2010. Progress in implementing strategic plans has occurred across the United States—locally, in states, and here in the federal government. While it is too soon to tell the full impact of *Opening Doors'* first year, evidence is emerging that local and state efforts supported by federal mainstream and targeted resources—when coupled with partnerships with the private and nonprofit sectors—have made a significant difference. Such progress can be found in Worcester, Massachusetts which has effectively ended chronic homelessness, as well as in Salt Lake City, Utah where collaborative efforts have made significant progress on all types of homelessness. A growing body of research further demonstrates that addressing chronic homelessness through permanent supportive housing is cost effective.

Over the last year, there has been unprecedented collaboration from federal agencies—with one another, and with state and local governments and nonprofits—in our efforts to implement the plan. The federal government is laying the groundwork for future successes through better collaboration, better data collection, better use of mainstream resources, and engaging states and local communities in the Plan's goals and strategies.

The bold and measurable goals in *Opening Doors* are meant to catalyze efforts to prevent and end homelessness. For the first time, the federal government is measuring progress against clear numerical targets. While it is too early to track the success of *Opening Doors*, the 2010 data that is included in this update provides a baseline going forward. These measures are critical to ensuring the federal government and its partners take accountable action toward ending homelessness.

Commitment to the goals of the Plan remains strong. Despite significant FY 2011 cuts in federal spending, some programs vital to the success of the goals of *Opening Doors* received solid funding because ending homelessness is a cost effective investment for taxpayers. The Department of Housing and Urban Development's (HUD's) homelessness related programs were the only HUD programs to receive additional funding and new vouchers. Additional resources were also provided for the Department of Veterans Affairs programs to prevent and end homelessness. The President's historic FY 2012 Budget proposal for targeted homeless assistance programs demonstrates the Administration's resolve to ending homelessness. Continued support from both the Administration and Congress is vital in our efforts to invest in cost effective and proven solutions across the country.

As this update documents, there is an enormous amount of work happening at the federal level that contributes toward the vision of preventing and ending homelessness. This update provides an overview of the Council, *Opening Doors*, the latest information available on the number of people experiencing homelessness, the federal programs that provide assistance, and information on USICH and member agencies' activities and accomplishments in the last year.

Homelessness continues to be a serious problem across the country, and the face of homelessness is shifting to suburban and rural areas. According to the most recently available HUD data, 649,917 individuals were identified on the streets or in shelters on a single night in January 2010. Significantly, this is only a one percent increase from 2009. Even in the midst of the greatest economic downturn since the Great Depression, homelessness barely increased. Investments through the Recovery Act may have helped prevent more rapid increases in homelessness.



This update documents the forward progress during the first year of Plan implementation. Particularly noteworthy are the following:

- ▶ **Breaking down silos.** Unprecedented collaboration and coordination across and within federal agencies have helped to ensure that resources are aligned with the Plan. This alignment improves both the efficiency and effectiveness of the use of government resources. Numerous examples of this coordination and collaboration are documented.
- ▶ **Better data collection, analysis, and reporting.** Agencies within HHS and the VA are working with HUD to coordinate these efforts. Good data is essential to measuring what works, what doesn't and what we need to do better. A concrete example is the issuance of the first Veterans supplement to the Annual Homeless Assessment Report (AHAR).
- ▶ **Adoption of proven tools to prevent and end homelessness.** For example, the VA has pushed a clear charge out to its medical centers, local providers, and partners to initiate community planning and adopt best practices such as Housing First and Critical Time Intervention.
- ▶ **Better use of targeted resources.** The Recovery Act's Homelessness Prevention and Rapid Re-Housing Program (HPRP) has assisted more than 935,000 people, already three times more than projected with more than one year remaining. While this is significant, perhaps equally important is the fact that the program paved the way for a fundamental change in the way many communities respond to homelessness, moving from shelter-based programs to cost effective systems of prevention, diversion, and rapid re-housing.
- ▶ **Improved access of mainstream resources.** Affordable Care Act implementation has served as a major focal point in the past year, with HHS playing a catalytic role in helping communities begin to prepare for the opportunities that lie ahead. With careful planning now, the implementation of Medicaid expansion can significantly increase access to health care for people experiencing homelessness.
- ▶ **Increased engagement with states and local communities.** One example is the meaningful engagement of USICH and its federal partners with community stakeholders in Los Angeles to increase progress on ending chronic and Veterans homelessness.

While there has been an increased inventory of permanent supportive housing units, more significant gains in the coming years will be needed. Since we cannot expect all of the needed housing to come through new appropriations, communities must continue to examine local performance outcomes to identify the most strategic and cost effective use of resources in order to help more people avoid or end their homelessness. Communities should work closely with their local housing agencies to identify resources through use of mainstream systems like public housing and the Housing Choice Voucher program. There is a need for improved targeting in permanent supportive housing and homelessness prevention to serve the most vulnerable populations.

The country has faced economic uncertainties in the first year of *Opening Doors* implementation, but one thing remains clear: homelessness is an urgent problem – not only is it devastating to families and individuals who experience it, but it is very costly to society as a whole. Years of research have documented significant cost savings for public systems when people with histories of homelessness become stably housed. While much of this research has focused on individuals experiencing chronic homelessness, recent research has expanded our understanding of the costs related to family homelessness and rural homelessness as well. This evidence reinforces that ending homelessness is not only the right thing to do, but the smart thing to do.

## Introduction

### Background on the Council

USICH was originally authorized by Title II of the landmark Stewart B. McKinney Homeless Assistance Act enacted on July 22, 1987. The most recent reauthorization of USICH occurred in 2009 with the enactment of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. USICH’s mission is to “coordinate the Federal response to homelessness and to create a national partnership at every level of government and with the private sector to reduce and end homelessness in the nation while maximizing the effectiveness of the Federal Government in contributing to the end of homelessness.” The HEARTH Act amended the USICH’s authorizing statute to include several new responsibilities, including preparation, and submission of “a national strategic plan” to end homelessness.

Members of the Council include the heads of nineteen federal agencies (see Table 1 below.) During 2010, Department of Housing and Urban Development (HUD) Secretary Shaun Donovan served as the Council Chairperson. For 2011, Department of Labor (DOL) Secretary Hilda Solis became the Chairperson and Department of Health and Human Services (HHS) Secretary Kathleen Sebelius became Vice Chair. USICH Executive Director, Barbara Poppe has served in that capacity since November 2009. The Council is supported by twelve professional and administrative staff based in Washington, DC and five regional coordinators across the country.

**Table 1.** USICH Member Agencies

Member Agency	Principal	Member Agency	Principal
Department of Agriculture	Secretary Tom Vilsack	Department of Labor	Secretary Hilda L. Solis
Department of Commerce	Secretary Rebecca Blank (acting)	Department of Transportation	Secretary Ray. H. LaHood
Department of Defense	Secretary Leon Panetta	Department of Veterans Affairs	Secretary Eric K. Shinseki
Department of Education	Secretary Arne Duncan	Corporation for National and Community Service	Chief Executive Officer Robert Velasco II (acting)
Department of Energy	Secretary Steven Chu	General Services Administration	Administrator Martha N. Johnson
Department of Health and Human Services	Secretary Kathleen Sebelius	Office of Management and Budget	Director Jacob Lew
Department of Homeland Security	Secretary Janet Napolitano	Social Security Administration	Commissioner Michael J. Astrue
Department of Housing and Urban Development	Secretary Shaun Donovan	U.S. Postal Service	Postmaster General Patrick R. Donahoe
Department of Interior	Secretary Ken Salazar	White House Office of Faith-based and Neighborhood Partnerships	Executive Director Joshua DuBois
Department of Justice	Attorney General Eric Holder		

## Creation and Overview of the Plan

During the development of the Plan, four federal workgroups were convened to analyze specific populations: families with children, youth, Veterans, and individuals experiencing chronic homelessness. A fifth workgroup analyzed how the federal government can better support communities (including public and private sectors) in their efforts to prevent and end homelessness. Workgroup members from Council agencies reviewed the literature and spoke with experts for additional insights into the scope of the problem, its causes and consequences, and best practices. They then synthesized the information into recommendations for the Plan.

Input from more than 750 stakeholders across the country was obtained during regional meetings held in February and early March 2010. USICH also developed a website to solicit public comment, which resulted in more than 7,000 visits and 2,300 individual suggestions. Additional input was generated through meetings and conference calls with mayors, Congressional staff, the National Alliance to End Homelessness Leadership Council, and the National Health Care for the Homeless Consumer Advisory Board. Some organizations submitted written comments.

On June 22, 2010, USICH and its nineteen member agencies released *Opening Doors*, the nation's first-ever comprehensive strategic plan to prevent and end homelessness among all populations. *Opening Doors* serves as a roadmap for joint action by the federal government and its partners at the state and local levels. The Plan is based on the vision that no one should experience homelessness—no one should be without a safe, stable place to call home. It is a five-year Plan, covering FY 2010-2014. The Plan has four goals:

- ▶ Finishing the job of ending chronic homelessness by 2015;
- ▶ Preventing and ending homelessness among Veterans by 2015;
- ▶ Preventing and ending homelessness for families, youth, and children by 2020; and
- ▶ Setting a path to ending all types of homelessness.



*“If we are going to end Veterans homelessness by 2015, we must attack the root causes of homelessness by offering education and jobs; treating depression; fighting substance abuse; and, providing safe housing. And we must do all of this in a struggling economy as the population of young Veterans coming home from war grows daily.”*

VETERANS AFFAIRS SECRETARY ERIC K. SHINSEKI

The Plan has 52 strategies and four population-focused Signature Initiatives under ten objectives that cover five themes:

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**INCREASE LEADERSHIP, COLLABORATION, AND CIVIC ENGAGEMENT**

- Objective 1:* Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Americans to commit to preventing and ending homelessness
- Objective 2:* Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness

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**INCREASE ACCESS TO STABLE AND AFFORDABLE HOUSING**

- Objective 3:* Provide affordable housing to people experiencing or most at risk of homelessness
- Objective 4:* Provide permanent supportive housing to prevent and end chronic homelessness

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**INCREASE ECONOMIC SECURITY**

- Objective 5:* Increase meaningful and sustainable employment for people experiencing or most at risk of homelessness
- Objective 6:* Improve access to mainstream programs and services to reduce people’s financial vulnerability to homelessness

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**IMPROVE HEALTH AND STABILITY**

- Objective 7:* Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people’s vulnerability to and the impacts of homelessness
- Objective 8:* Advance health and housing stability for youth aging out of systems such as foster care and juvenile justice
- Objective 9:* Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice

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**RETOOL THE HOMELESS CRISIS RESPONSE SYSTEM**

- Objective 10:* Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing

As the President wrote in the preface to the Plan, “preventing and ending homelessness is not just a Federal issue or responsibility. It also will require the skill and talents of people outside of Washington....These State and local stakeholders must be active partners with the Federal Government, and their work will inform and guide our efforts at the national level.” Collaboration is at the heart of the Plan, among federal agencies and with State, local, and tribal government. The Plan is based on proven, cost effective strategies.

*Opening Doors* has been extraordinarily well-received around the country and by most national advocacy groups. There is much consensus that if we all work together to faithfully and urgently implement the objectives, we can and will prevent and end homelessness in America. USICH also received feedback that there are areas of the Plan that will need greater development in implementation, especially related to youth, early childhood, education, and employment.

## **Implementation Approach**

With its 19 member agencies, USICH is facilitating and overseeing the implementation and achievement of ten objectives, 52 strategies, and four Signature Initiatives in *Opening Doors*. Most agencies have the responsibility to move the Plan forward through their mainstream and targeted programs. USICH and federal agencies are working in partnership with Congress, states, local and Tribal governments, nonprofit organizations, private sector, and faith-based organizations to do this. Achieving reductions in homelessness requires a collective and strategic effort focused on solutions.

Oversight of each objective has been assigned to a USICH staff member, who is responsible for working with member agencies to identify priority projects and action items, identify resources, develop work plans, and advance implementation. Due to the cross-cutting nature of homelessness, member agencies are typically involved in multiple objective areas and working collaboratively.

USICH has continuous dialogue with advocates focused on key issue areas like affordable housing, permanent supportive housing, health care, education, child care, and legal protections, as well as population groups, including Veterans, children, youth, and families. Feedback from advocates and other stakeholders helps shape implementation.

## **Measuring Progress**

To measure progress towards the Plan’s goals, *Opening Doors* noted six key measures that would be tracked. The first three are population-specific measures that tie directly to the goals outlined (i.e., the change in the number of individuals experiencing chronic homelessness, the change in the number of Veterans experiencing homelessness, and the change in the number of households with children experiencing homelessness). We will also track the change in the total number of people experiencing homelessness. The two other measures are intended to track progress against two overarching strategies in the Plan: the change in the number of permanent supportive housing units (nationally), and the change in the number of households exiting homeless assistance programs with earned income and/or mainstream benefits.

## **USICH Congressional Reporting Requirements**

This report provides the latest information on the number of people experiencing homelessness, the federal programs that provide assistance, and our activities and accomplishments in the past year. In so doing, this report fulfills several requirements contained in the HEARTH Act for USICH:

- ▶ An assessment of the nature and extent of homelessness and the needs of those experiencing homelessness;
- ▶ A description of the activities and accomplishments of federal agencies and the Council;
- ▶ An account by USICH member agencies of the programs they administer that assist people experiencing homelessness (as an appendix to this document); and
- ▶ An assessment of what is needed going forward.

USICH has designed this update to meet all of these reporting requirements within one document. We provide an updated assessment of the nature and extent of homelessness in America based on current data recently released by HUD and the Department of Education (ED). We review activities and accomplishments of the Council, including an overview of federal funding and people served by federal programs, as well as a review of major USICH and member agency activities that have happened during the last year. The report also highlights the strong federal interagency collaboration that has occurred in the past year, which is a critical foundation for accomplishing the goals of the Plan.

### **A Note on Timeframes**

There are multiple and different timeframes used in this document.

- ▶ The federal fiscal year runs from October 1 through September 30. When this report references budgets and reports how many people were served in a year, it is referencing this federal fiscal year, unless otherwise noted.
- ▶ The Plan covers the period starting October 1, 2010, even though it was not launched until June of 2011. We wanted to include activities that began with this Administration for fiscal year 2011.
- ▶ While HUD's full year data covers the federal fiscal year, ED's data are for the school year.
- ▶ USICH marks the anniversary of the Plan in June, noting in this report activities that have occurred since the Plan's release.



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## NATURE AND EXTENT OF HOMELESSNESS

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*The number of people using homeless programs in cities decreased 17 percent between 2007 and 2010, while the number of people using homeless programs in suburban and rural areas increased by 57 percent*

## Nature and Extent of Homelessness

*Opening Doors* used 2009 figures from HUD, VA, and ED to establish a baseline for how many people in America experience homelessness. The newly released HUD data includes information from HUD’s January 2010 Point-in-Time (PIT) Count, as well as data from HUD’s Sixth Annual Homeless Assessment Report (AHAR) which covered the period October 1, 2009 to September 30, 2010.<sup>1</sup>

It is important to acknowledge that we will not be able to assess the impacts from the Plan during this beginning phase. Much of the data that is available predates the June 2010 release of *Opening Doors*, and therefore does not provide a measure of the Plan’s impact. Furthermore, some aspects of the Plan build upon programs and initiatives already under way, and consequently, it is impossible to isolate the impacts of *Opening Doors* from ongoing efforts. The 2010 PIT and AHAR results reflect some of the investments made through the American Recovery and Reinvestment Act of 2009, including HUD’s Homelessness Prevention and Rapid Re-Housing Program. Lastly, when beginning any initiative, a significant amount of start-up planning, mobilizing, and education is required to build the momentum that leads to change. When HUD releases the January 2011 PIT data, they will reflect only the initial six months of *Opening Doors* implementation. USICH will not truly be able to gauge the impacts of the Federal Strategic Plan until 2012 and beyond.

### 2010 Trends

According to new HUD data, 649,917 individuals were identified on the streets or in shelters on a single night in January 2010.<sup>2</sup> Approximately 62 percent of those counted were sheltered—sleeping in emergency shelters or transitional housing; the other 38 percent were unsheltered—sleeping on the streets, in their cars, in abandoned buildings, or in other places not meant for human habitation (see Table 2 below).<sup>3</sup>

Nearly two-thirds of the people experiencing homelessness on a single night were individuals (63 percent), while more than a third (37 percent) were with persons in families. Persons in families were much less likely than individuals to be unsheltered: 21 percent of all persons in families experiencing homelessness were unsheltered on the night of the PIT count, while nearly half of individuals experiencing homelessness (48 percent) were unsheltered.

**Table 2.** Homelessness in the United States at a Point in Time, 2006 - 2010

	2006	2007	2008	2009	2010
<b>Individuals</b>	<b>452,580</b>	<b>423,377</b>	<b>415,202</b>	<b>404,957</b>	<b>407,966</b>
Sheltered	224,293	213,073	204,855	215,995	212,218
Unsheltered	228,287	210,304	210,347	188,962	195,748
<b>Persons in Families</b>	<b>306,521</b>	<b>248,511</b>	<b>249,212</b>	<b>238,110</b>	<b>241,951</b>
Sheltered	203,678	178,328	181,506	187,313	191,325
Unsheltered	102,843	70,183	67,706	50,797	50,626
<b>Total Homeless Persons</b>	<b>759,101</b>	<b>671,888</b>	<b>664,414</b>	<b>643,067</b>	<b>649,917</b>
Sheltered	427,971	391,401	386,361	239,759	403,543
Unsheltered	331,130	280,487	278,053	403,308	246,374

Source: U.S. Department of Housing and Urban Development, <http://www.hudhre.info/index.cfm?do=viewCoCMapsAndReports>



The total number of people identified as experiencing homelessness on a single night has decreased over time (14 percent between 2006 and 2010), though there was a slight increase between 2009 and 2010 (see section titled “Impact of the Recession” below for additional information on this recent increase). Over time, a smaller share of all people experiencing homelessness is unsheltered, and a larger share is found in emergency shelters or transitional housing. This may in part reflect better street counts, but it likely also reflects community success in getting people off the streets and into shelters or housing.

For the past decade, national policy has focused on ending chronic homelessness through funding incentives to develop permanent supportive housing and through the dissemination of best practice strategies for reducing chronic homelessness. (HUD defines chronic homelessness as a person with a disabling condition who has experienced homelessness one year or longer, or at least four times in the last three years.) The January 2009 PIT count of chronic homelessness was 110,917 individuals, more than a 10 percent drop from the PIT count in 2008. In the 2010 PIT, the number remained about the same, a decrease of approximately 1,000 people. The majority of decrease over time has occurred among unsheltered individuals experiencing chronic homelessness.

**Table 3.** Chronic Homelessness in the United States at a Point in Time, 2006–2010

	2006	2007	2008	2009	2010	Change 2006–2010
Sheltered	53,365	41,768	45,418	45,592	43,374	-19%
Unsheltered	102,258	82,065	78,717	65,325	66,438	-35%
<b>Total</b>	<b>155,623</b>	<b>123,833</b>	<b>124,135</b>	<b>110,917</b>	<b>109,812</b>	<b>-29%</b>

Source: U.S. Department of Housing and Urban Development, <http://www.hudhre.info/index.cfm?do=viewCoCMapsAndReports>

The results of the 2010 PIT count confirm that homelessness remains a serious problem. On the night of the January 2010 PIT count, roughly one in every 500 people and one in every 67 people living below the poverty line was in a shelter or on the streets.

## Geographic Concentration

The national data masks some important trends regarding the geographic concentration of homelessness within the United States. Just under half of all individuals experiencing homelessness at a single point in time (45 percent) reside in four states: California, Florida, Texas, and New York. These four states, however, represent just 33 percent of the overall U.S. population.<sup>4</sup> (See Table 4 below.) In three of these states (CA, FL, and TX), the percentage of unsheltered persons is significantly higher relative to the national average of 38 percent.

**Table 4.** The Concentration of Homelessness in the United States (2010)

	SHELTERED	UNSHELTERED	TOTAL
California	50,899 (38%)	82,032 (62%)	132,931
Florida	21,817 (38%)	35,734 (62%)	57,551
New York*	61,467 (94%)	4,139 (6%)	65,606
Texas	19,191 (55%)	15,930 (45%)	35,121
			<b>291,209</b>

**NOTE**

\* New York City accounts for 81 percent of the homeless population in the State of New York. Unlike other states, New York’s Legal Right to Shelter (based on a 1979 class action lawsuit against New York City and State) ensures greater availability of local and state resources; consequently there is a low proportion of unsheltered versus sheltered persons.

Source: U.S. Department of Housing and Urban Development, 2010 Point In Time Count, <http://www.hudhre.info/index.cfm?do=viewHomelessRpts>

Homelessness is heavily concentrated in large metropolitan areas. HUD's 20 Continuums of Care (CoCs)—HUD's local areas of funding—with the greatest homeless prevalence (excluding Balance of State continuums) are presented in Table 5 below. These 20 continuums represent only four percent of all continuums, yet they have 34 percent of homelessness in the United States. Consequently, large shifts in homelessness prevalence in these communities can have a significant impact on the national figures.<sup>5</sup>

**Table 5.** Metropolitan Continuums of Care with Greatest Homeless Prevalence (2010)

Continuum of Care	2008	2009	2010	% Change	Continuum of Care	2008	2009	2010	% Change
New York City	50,261	49,343	53,187	<b>6%</b>	Phoenix/ Maricopa County	7,189	7,889	6,999	<b>-2.60%</b>
Sheltered	46,955	47,015	50,076		Sheltered	4,763	4,971	4,270	
Unsheltered	3,306	2,328	3,111		Unsheltered	2,426	2,918	2,729	
Los Angeles	<b>68,608</b>	<b>42,694</b>	<b>42,694</b>	<b>-38%</b>	District of Columbia	<b>6,044</b>	<b>6,228</b>	<b>6,539</b>	<b>8.20%</b>
Sheltered	11,442	14,050	14,050		Sheltered	5,666	5,907	6,109	
Unsheltered	57,166	28,644	28,644		Unsheltered	378	321	430	
Las Vegas/Clark Co.	<b>11,417</b>	<b>13,338</b>	<b>13,338</b>	<b>16.80%</b>	Houston/Harris Co.	<b>10,363</b>	<b>7,576</b>	<b>6,368</b>	<b>-38.60%</b>
Sheltered	3,844	7,004	7,004		Sheltered	5,666	5,907	4,249	
Unsheltered	7,573	6,334	6,334		Unsheltered	5,346	2,119	2,119	
Seattle/King Co.	<b>8,501</b>	<b>8,952</b>	<b>9,022</b>	<b>6%</b>	Chicago	<b>5,979</b>	<b>6,240</b>	<b>6,240</b>	<b>4.40%</b>
Sheltered	5,808	6,089	6,222		Sheltered	4,346	5,356	5,356	
Unsheltered	2,693	2,863	2,800		Unsheltered	1,633	884	884	
Denver	<b>8,482</b>	<b>8,752</b>	<b>8,752</b>	<b>3%</b>	Philadelphia	<b>6,871</b>	<b>6,304</b>	<b>6,084</b>	<b>-11.40%</b>
Sheltered	4,951	7,053	7,053		Sheltered	6,414	5,798	5,603	
Unsheltered	3,531	1,699	1,699		Unsheltered	457	506	481	
New Orleans/ Jefferson Parish	<b>1,619</b>	<b>8,725</b>	<b>8,725</b>	<b>439%</b>	San Francisco	<b>5,171</b>	<b>5,823</b>	<b>5,823</b>	<b>12.61%</b>
Sheltered	990	1,340	1,340		Sheltered	2,400	2,881	2,881	
Unsheltered	629	7,385	7,385		Unsheltered	2,771	2,942	2,942	
Orange County, CA	<b>3,649</b>	<b>8,333</b>	<b>8,333</b>	<b>128%</b>	Boston	<b>5,198</b>	<b>5,101</b>	<b>5,101</b>	<b>-1.87%</b>
Sheltered	2,578	2,609	2,609		Sheltered	5,014	4,882	4,882	
Unsheltered	1,071	5,724	5,724		Unsheltered	184	219	219	
Tampa/ Hillsborough Co.	<b>6,483</b>	<b>7,473</b>	<b>7,473</b>	<b>15.30%</b>	Pasco County, FL	<b>4,074</b>	<b>4,527</b>	<b>4,527</b>	<b>11.12%</b>
Sheltered	1,050	726	726		Sheltered	1,500	1,674	1,674	
Unsheltered	5,433	6,747	6,747		Unsheltered	2,574	2,853	2,853	
San Jose/ Santa Clara Co.	<b>7,202</b>	<b>7,086</b>	<b>7,086</b>	<b>-1.60%</b>	San Diego City	<b>4,354</b>	<b>4,338</b>	<b>4,526</b>	<b>3.95%</b>
Sheltered	2,101	2,103	2,103		Sheltered	2,618	2,470	2,477	
Unsheltered	5,101	4,983	4,983		Unsheltered	2,302	2,146	2,049	
Atlanta/Roswell/ DeKalb/Fulton	<b>6,840</b>	<b>7,019</b>	<b>7,019</b>	<b>2.60%</b>	Oakland/ Alameda Co.	<b>4,838</b>	<b>4,341</b>	<b>4,341</b>	<b>-10.30%</b>
Sheltered	4,725	4,855	4,855		Sheltered	2,342	2,378	2,378	
Unsheltered	2,115	2,164	2,164		Unsheltered	2,496	1,963	1,963	

**NOTES ON ITALICIZED ITEMS**

1. **2010.** See endnote 2: CoCs are required by HUD to conduct an annual count of their sheltered and unsheltered homeless population every other year, starting in 2007, then 2009, and so on. For CoCs that elect not to conduct a count during even years, HUD uses previous-year data.
2. **Los Angeles.** The reduction in LA may reflect methodological changes, not reflecting an actual decrease of this magnitude.

The growth in homelessness in New Orleans and Jefferson Parish is a reminder that natural disasters have the potential to cause long term loss of housing and homelessness. Recent tornadoes, floods, and wildfires have displaced thousands of Americans and strained local shelters and relocation programs.

## Annual Estimates on Shelter Use

While the PIT count provides a snapshot of the number of people experiencing homelessness on a given night in America, the development and implementation of Homeless Management Information Systems (HMIS) has allowed CoCs to produce counts of the number of specific individuals who use emergency shelter or transitional housing programs during the course of a year. This longitudinal data also helps track lengths of stay, service use patterns, and flow in and out of the system.

As shown below in Table 6, the annual estimate of *individuals* using shelter decreased approximately six percent between 2007 and 2010. In contrast, the number of persons in *families* has steadily increased. There are a number of factors that may contribute to this trend, including an emphasis on housing high cost or frequent users, variations in the number of beds available to individuals versus families, and variations in length of stay between individuals and families. However, almost certainly, the increase in the number of families experiencing homelessness is also a reflection of the recession.

**Table 6.** Annual Estimate of Individuals Using Shelter, 2006–2010

	2006*	2007	2008	2009	2010
<b>Total Persons**</b>	N/A	<b>1,588,595</b>	<b>1,593,794</b>	<b>1,558,917</b>	<b>1,592,150</b>
Individuals		1,115,054	1,092,612	1,034,659	1,043,242
Persons in Families		473,541	516,724	535,447	567,334

### NOTES

\* The Second Annual Homeless Assessment Report (AHAR) captured data for a six-month period only (January 1 through June 30, 2006) and therefore is not comparable to figures presented for subsequent years.

\*\* Approximately 1 percent of persons experiencing homelessness were served both as an unaccompanied individual and a person in a family. In this table, such people appear in both categories, so the total number of sheltered persons is slightly less than the sum of individuals and families.

Source: HUD Annual Homeless Assessment Report (AHAR) data, 2006-2010, <http://hudhre.info>

## The Impact of the Recession

At 18 months, the 2007-2009 recession was the longest since World War II. The number of Americans living below the poverty line increased by nearly four million (10 percent) between 2008 and 2009, with millions more hovering just above it.<sup>6</sup> The unemployment rate peaked in October 2009 at 10.1 percent, with many of the cities listed in Table 5 experiencing even higher rates. Although officially out of the recession, indicators suggest that many Americans continue to struggle. As of July 2011, the length of unemployment averaged over 40 weeks in duration.<sup>7</sup> According to the Pew Research Center, half of all American workers have been affected by job losses, reduced hours, and pay cuts.<sup>8</sup> Rental housing costs have remained stubbornly high.<sup>9</sup> Unemployment, particularly for extended periods of time, often results in an inability to make rent and mortgage payments. Thus, unemployment can begin the downward spiral to homelessness.

This recession has been especially tied to the housing crisis. With the foreclosure crisis impacting the owner-occupied housing market, there has been an increase in the number of households competing for affordable rental units.

Combined, the shrinking affordable housing stock, falling incomes, and increased competition from higher-income renters have widened the gap between the number of very low-income renters and the number of affordable, adequate, and available units. In 2003, 16.3 million very low-income renters competed for 12 million affordable and adequate rentals that were not occupied by higher-income households. By 2009, the number of these renters hit 18.0 million while the number of affordable, adequate, and available units dipped to 11.6 million, pushing the supply gap to 6.4 million units.<sup>10</sup>

This supply gap has pushed many low-income households into “doubled-up” housing situations. The extent to which multiple individuals and families actually share housing units and how sharing has changed over time is not well documented. The U.S. Census Bureau reports that the number of multifamily households jumped nearly 12 percent between 2008 and 2010—reaching 15.5 million (or 13 percent of all households). Even that figure, however, is believed to be an undercount of doubled-up households.<sup>11</sup> The census’ multifamily household figures, for example, do not include such situations as when a single brother and a single sister move in together, or when a childless adult goes to live with his or her parents. A 2010 study found that the recession has caused a dramatic increase—nearly five-fold—in the rate of overcrowding.<sup>12</sup> For many, the arrangements represent their last best option—the only way to stave off entering a homeless shelter or sleeping in their cars.

HUD’s one-year estimates of shelter use show that 93,000 more persons in families—or approximately 37,000 more family households—were in shelter at some point during 2010 relative to 2007. According to HUD’s 2010 Annual Homeless Assessment Report to Congress, more families entered shelter directly from “housed situations” in 2010 than in previous years—most commonly staying with family. The data also show that in 2010 adults in families were somewhat more likely to be men than in 2007. Due to the recession, more families with two adults may have become homeless, as well as more families with only a father present. Lastly, although the majority of people experiencing homelessness is still located in large cities, there has been a steady increase in the proportion of people using homeless programs in suburban and rural areas. According to HUD 2010 AHAR data, the number of people using homeless programs in principal cities decreased 17 percent between 2007 and 2010, while the number of people using homeless programs in suburban and rural areas increased 57 percent.<sup>13</sup>

ED also collects data on the number of homeless students enrolled in public schools (preschool–12th grade) in the United States each year.<sup>14</sup> ED uses a broader homeless definition than HUD that includes youth and families that are doubled-up with other households, so ED’s data are not comparable to HUD’s data. According to ED, 939,903 homeless students were identified during the 2009-2010 school year compared to 794,617 in the 2007-2008 school year—an 18 percent increase.<sup>15</sup>

ED also requires local education agencies (LEAs) to capture information on the primary nighttime residence of the student when he or she was determined eligible for McKinney-Vento services (i.e., identified as homeless). The primary nighttime residence categories are sheltered, unsheltered, hotels, motels, and doubled-up (see Table 7 on the following page). The number of students whose primary nighttime residence was categorized as unsheltered or doubled-up increased and the number of students whose primary nighttime residence was categorized as sheltered or in hotels or motels decreased between school years 2008-09 and 2009-10. The number of students whose primary residence is classified as doubled-up has been the most frequently reported category for the past three years, increasing 33 percent over the three-year period.

While the increase in the number of families and youth experiencing homelessness is troubling, the fact that HUD’s PIT figure held largely steady between 2009 and 2010 is positive news. HUD has attributed the flat PIT numbers to

the Recovery Act-funded Homelessness Prevention and Rapid Re-Housing Program (HPRP). Additionally, the extension of unemployment benefits has helped many Americans. With HPRP funds hitting the street in late 2009 and early 2010, HPRP has helped prevent or end homelessness for approximately 935,000 people (through March 31, 2011). And, as discussed later in this report, HPRP has helped pave the way for a fundamental change in the way communities respond to homelessness.

**Table 7.** Primary Nighttime Residence of Homeless Students

	SY07-08	SY08-09	SY09-10	NOTE
Shelters	164,982	211,152	179,863	* Six states did not capture data on primary nighttime residence, thus totals in this table are less than overall totals reported by ED.
Doubled-Up	502,082	606,764	668,024	
Unsheltered	50,445	39,678	40,701	
Hotels/Motels	56,323	57,579	47,243	
<b>Total*</b>	<b>773,832</b>	<b>915,173</b>	<b>935,831</b>	

Source: National Center for Homeless Education. *Education for Homeless Children and Youth Program Data Collection Summary*. May 2011

The effects of this recession are still being felt throughout the country, and the long-term impacts are unclear. As these households continue to struggle to make ends meet, we expect some (or even many) of these doubled-up households to end up in the shelter system. Since HPRP was a one-time appropriation, some communities have already exhausted their resources, while others are now beginning to ramp down programs. At the writing of this report, many communities had begun releasing the results of their local 2011 PIT counts. Some communities were reporting spikes in homelessness, while others are continuing to see reductions, especially in the chronic population. Comprehensive data will be available on the 2011 PIT Count in the fall of 2011.

## The Costs of Homelessness

*Opening Doors* is based on a large body of research that demonstrates both the costs of homelessness, as well as the cost savings to states and local communities when permanent supportive housing is made available to highly vulnerable populations. Although the published literature on costs remains relatively modest, there has been a proliferation of smaller-scale studies in recent years. Cities are attempting to determine the cost offsets afforded to their community through the provision of integrated housing and services for homeless individuals facing serious health issues. Most of these studies have focused on individuals experiencing chronic homelessness, and in some cases, a subset of individuals who are very heavy users of public systems/emergency services. More recent studies have examined the costs related to family homelessness and rural populations.

In the year leading up to the launch of *Opening Doors*, there were at least five cost studies conducted (and probably several more since many are not published). One of the larger studies was conducted in Los Angeles—a community with a homeless prevalence second to only New York City. Researchers examined the public costs for different types of individuals experiencing homelessness when they are housed and when they are not housed, the extent to which any cost savings when housed are sufficient to pay the cost of housing, and the public agencies that bear these costs. The study tracked 10,193 individuals experiencing homelessness in Los Angeles County—1,007 who exited homeless by entering supportive housing. The typical public cost for residents in supportive housing was \$605 a month. The typical public cost for similar homeless persons was \$2,897, five-times greater than their counterparts

that are housed. The researcher noted that the cost of homelessness increases for individuals that are older, have HIV/AIDS, co-occurring disorders, and/or no recent employment history.<sup>16</sup>

Other studies conducted during this timeframe found similar results. A study of a Housing First program in Seattle found total cost offsets for Housing First participants relative to controls averaged \$2,449 per person per month *after accounting for housing program costs*.<sup>17</sup> In a randomized control study in Chicago of individuals experiencing chronic homelessness identified in the hospital, researchers found placement in permanent supportive housing led to a reduction of 29 percent in hospitalizations, 29 percent in hospital days, and 24 percent in emergency department visits relative to the control group.<sup>18</sup> In Maine, the first-ever statewide study of supportive housing in a rural setting, researchers found that permanent supportive housing is also effective outside of large metropolitan areas. In the Maine study, permanent supportive housing placements reduced service costs of the following systems: shelter (99 percent savings), emergency room (14 percent), incarceration (95 percent), and ambulance transportation (32 percent). The total cost savings for the six month period was \$219,791, or an average of \$1,348 per person.<sup>19</sup>

In the past year, work to demonstrate the costs of homelessness and the cost offsets that can result from targeted, evidence-based interventions has continued. In November 2010, the first-ever study to examine the distribution of service utilization and costs within a chronic population in a major U.S. city (Philadelphia) was released, increasing our understanding of how to better target relatively more expensive interventions to effectively realize cost offsets.<sup>20</sup> Several other studies are under way, including two in New York City, one in Ohio, and another in King County, Washington, with findings expected in early 2012.

As more is learned about the costs of homelessness, patterns of system and service utilization, and how to right-size interventions relative to need, it will be important to adapt strategies in order to use resources as effectively as possible. However, based on over a decade of research, one thing is clear: homelessness is a costly problem—not only to those households experiencing it, but to society as a whole. The challenge, of course, is that the costs of actively addressing homelessness versus the costs of passively managing it by allowing individuals to cycle through shelters, emergency rooms, jails, and detox facilities are not borne by the same systems nor within the same timeframe. In an era of shrinking budgets and increasing fiscal uncertainty at the federal, state, and local levels, it is important to remember that ending homelessness is not only the right thing to do, but the fiscally prudent thing to do.



*Amber, 24, is from a very poor family in rural Ohio. She was attending the University of Cincinnati and became homeless due to lack of funds. She recently found that she could manage her life on the street by becoming part of a Renaissance Fair's traveling cast members. She lives in a tent on the fairgrounds during the season and in her car in the off season. She is trying to save the little money she makes to one day finish college.*



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## ACCOMPLISHMENTS AND ACTIVITIES

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*Over the last year, there has been unprecedented collaboration from federal agencies—with one another, and with state and local governments and nonprofits—in our efforts to implement the Plan. The federal government is laying the groundwork for future successes through better collaboration, better data collection, better use of mainstream resources, and engaging states and local communities in the Plan’s goals and strategies.*

## Accomplishments and Activities

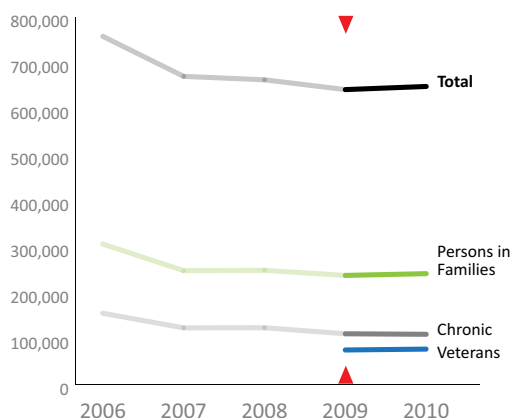
### Progress Against Plan Goals

As discussed in the introduction, USICH is tracking six key measures to assess progress against the Plan. The first four are population measures that tie directly to the goals of the Plan: (i.e., the change in the total number of people experiencing homelessness, the change in the number of individuals experiencing chronic homelessness, the change in the number of Veterans experiencing homelessness, and the change in the number of families experiencing homelessness). The other two measures are intended to track progress against two overarching strategies in the Plan: the change in the number of permanent supportive housing units (nationally), and the change in the number of households exiting homeless assistance programs with earned income and/or mainstream benefits.

### Population Measures

As discussed in the last section, and as seen in Exhibit 1, 649,917 individuals were identified on the streets or in shelters on a single night in January 2010. This represents a 1.1 percent increase relative to 2009. Limiting the analysis only to CoCs that submitted new data for 2010, the total homeless count increased 1.8 percent and the unsheltered count increased 6.3 percent. Specific subpopulation changes are as follows:

**Exhibit 1.** *Opening Doors* Performance: Population-Specific Measures



	2006	2007	2008	2009	2010
<b>Total</b>	<b>759,101</b>	<b>671,888</b>	<b>664,414</b>	<b>643,067</b>	<b>649,917</b>
Persons in Families	306,521	248,511	249,212	238,110	241,951
Chronic	155,623	123,833	124,135	110,917	109,812
Veterans				75,600	76,329

Source: U.S. Department of Housing and Urban Development, Annual Homeless Assessment Report (AHAR) Data, 2006-2010.

- ▶ 241,951 people in families were identified in 2010, compared to 238,110 in 2009, an increase of 1.5 percent.
- ▶ 109,812 individuals experiencing chronic homelessness were identified in 2010, compared to 110,917 in 2009, a decrease of less than 1 percent.
- ▶ 76,329 Veterans were identified in 2010, relative to 75,609 in 2009.<sup>21</sup>

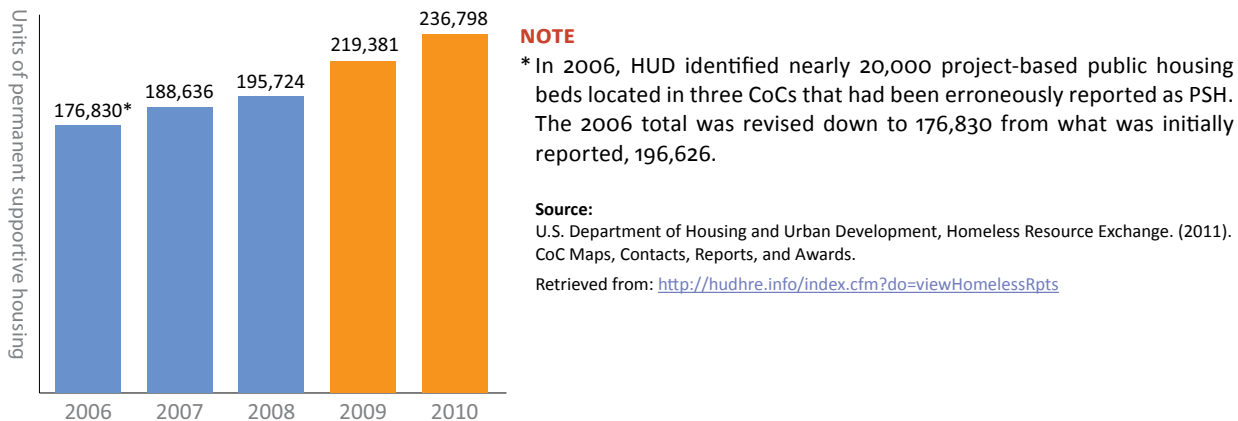
While much work remains to end homelessness in America, a mostly flat trendline in the face of a recession is positive news and signals the opportunity to make real gains as we see economic recovery in the coming years.



## Strategy Measures

One of the most critical strategies in *Opening Doors* centers on increasing the number of permanent supportive housing units in the country. As seen in Exhibit 2, over 17,400 units came online between 2009 and 2010—an increase of eight percent. While this is positive news, we need to see more significant gains in the coming years, and improved targeting of units, if the nation is to meet Plan goals (particularly in those states and communities that have the greatest numbers of homeless individuals/households). Since we cannot expect all of the needed units to come through new appropriations, communities must continue to examine local performance outcomes to identify the most strategic and cost effective use of resources in order to help more people avoid or end their homelessness.

**Exhibit 2.** *Opening Doors* Performance: Permanent Supportive Housing Inventory



The last key set of measures focuses on the number of households exiting homeless assistance programs with earned income and/or mainstream benefits. Baseline data on this measure was captured from 2009 HUD Annual Performance Reports (APRs) during the creation of *Opening Doors*. Due to HUD’s conversion to a new performance reporting system and changes in the way the data was collected during the 2010 transition year, comparable data for 2010 is unavailable. 2011 program year data will be available for the next annual update.

## Number of Persons Assisted

Council member agencies administer multiple programs targeted to those experiencing homelessness or through mainstream programs that broadly assist low-income populations. The majority of mainstream programs do not collect information on the housing status of people served by the program. Consequently, USICH cannot determine the extent to which individuals experiencing or at risk of homelessness are accessing those programs at a single point or over time. Since they are all generally targeted to low-income populations, USICH believes they offer a critical safety net to those households.

To improve and document outcomes for existing homeless programs, technical assistance efforts have been initiated between agencies to ensure a greater understanding of the mainstream safety net programs utilized by individuals experiencing homelessness. For example, the Department of Labor worked with the Department of Housing and Urban Development to ensure mutual understanding of how each agency’s employment and training and housing programs tracks outcome related to increasing self-sufficiency and employment for serving individuals

experiencing homelessness. Through such interagency coordination, member agencies can better target and focus efforts to increase outcomes.

The targeted programs collect information on the number of persons served by the program (see Table 8). Note that these figures are for separate programs and there could be some people who are served by multiple programs. As discussed in the previous section, Nature and Extent of Homelessness, the need for assistance continues to outpace available resources. As such, the federal investment in these programs is critical to support state and local efforts to prevent and end homelessness.

**Table 8.** Persons Assisted by Targeted Federal Homeless Assistance Programs

Department	Program	2010 Appropriations	Number of Homeless Persons Assisted, 2009/2010 <sup>a</sup>
<b>Education</b>	Education for Homeless Children and Youth	\$65.4 million	852,881
<b>Health and Human Services</b>	Grants for the Benefit of Homeless Individuals	\$42.5 million	5,398
	Health Care for the Homeless	\$171.3 million	827,519 <sup>a</sup>
	Projects for the Assistance in Transition from Homelessness	\$65.1 million	90,442 <sup>a</sup>
	Runaway and Homeless Youth	\$115.7 million	48,811
	Services in Supportive Housing	\$34.6 million	3,550
<b>Homeland Security</b>	Emergency Food and Shelter Program	\$200 million	Not provided
<b>Housing and Urban Development</b>	Homeless Assistance Grants (ESG, SHP, S+C, Section 8 SRO)	\$1.865 billion	920,113 <sup>a</sup>
	Homelessness Prevention and Rapid Re-Housing Program	N/A <i>(Recovery Act Funded)</i>	690,000 <sup>b</sup>
	HUD-VA Supportive Housing (HUD-VASH)	\$75 million	22,643 housed <sup>c</sup> <i>(May 2011)</i>
<b>Justice</b>	Transitional Housing Assistance Grants to Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking	\$18 million	7,735 <sup>d</sup>
<b>Labor</b>	Homeless Veterans' Reintegration Program	\$36.3 million	23,500
<b>Veterans Affairs</b>	Case Management for HUD-VASH	\$71 million *	22,643 housed <sup>c</sup> <i>(May 2011)</i>
	Domiciliary Care for Homeless Veterans	\$176 million	15,005
	Homeless Providers Grant and Per Diem	\$175.3 million	35,904
	Healthcare for Homeless Veterans	\$110 million	90,220
	Veterans Justice Outreach Initiative	\$5 million *	5,854 <i>(Outreach)</i> 9,649 <i>(Re-Entry)</i>

**NOTES**

- a. Agencies reported number of individuals assisted by their programs during the most recent year for which data were available at the time this report was compiled. For most agencies, this was 2010. Numbers denoted with <sup>a</sup> are from 2009.
- b. 690,000 is the number of people helped in FY 2010. HUD has helped 935,000 since HPRP began in August 2009.
- c. The number used here is actual number housed at the end of May 2011. In other places, the number used reflects total number served over the period, which includes those who are not currently under lease.
- d. 7,735 is the number of victims and their children and other dependents served by Transitional Housing grantees from January-June 2010.
- \* In January 2012, these figures were updated from those in the original 2011 publication to accurately reflect funding levels.

## Progress Across Plan Themes

The following is a review of activities and accomplishments by USICH staff and member agencies over the last year. This summary is organized by the five themes that capture the Plan's ten objectives.

### Increasing Leadership, Collaboration, and Civic Engagement

In order to increase leadership, collaboration, and civic engagement, the Plan focuses on promoting collaborative leadership at all levels of government and across all sectors. Furthermore, *Opening Doors* proposes strengthening the capacity of public and private organizations by increasing knowledge about the causes and nature of homelessness and successful interventions to prevent and end it. Leadership and collaboration matter because the lives and needs of people experiencing or most at risk of homelessness are impacted by many different systems and sectors. Effective collaboration requires strong and sustained leadership. Effective collaboration is required if mainstream programs are going to successfully work together to build a better mechanism for identifying people at risk of homelessness and braiding together resources to fund the range of interventions called for in the Plan.

Unprecedented collaboration among federal agencies, and between the federal government and state and local governments and nonprofits, is occurring to implement the Plan. Highlighted examples are found throughout this Report.

Starting with USICH, the Council fulfilled its Congressional requirement to meet four times per year in 2010, the most meetings in a single year since 1990. The Council has met three times in 2011, with plans for one additional meeting. All meetings have had significant Cabinet-level participation. They have been very constructive and engaged dialogues that included approving the Plan, discussing ways to increase Veterans' access to mainstream assistance, the collaboration work HUD and HHS are doing to find ways to braid together funding and integrate programs, the ways in which the Affordable Care Act creates opportunities to help end chronic homelessness, and engagement with governors and mayors.

Examples of collaboration among federal agencies include:

- ▶ In September, HUD held two national conferences in Atlanta and Denver to help communities begin to prepare for HEARTH implementation. The conferences promoted best practices to reduce and end homelessness. Representatives from HUD, HHS, ED, VA, DOL, and USICH had the opportunity to engage with over 1,000 HUD CoC grantees from across the country around local efforts to prevent and end homelessness.
- ▶ In late 2010, VA and USICH planned and conducted a two-day National Forum on Veterans Homelessness for four hundred people—federal staff from VA, HUD, HHS, and DOL; Veterans Integrated Service Network (VISN) staff; advocates; and housing and service providers who work with Veterans. Three Cabinet Secretaries spoke at the Forum. Most notably, VA Secretary Shinseki directed each Veterans Health Administration (VHA) Director to work with local community partners to develop local strategic plans to end Veteran homelessness and to synergize their activities with their respective communities.
- ▶ Veteran Affairs Medical Centers (VAMCs) and Veteran Integrated Services Networks (VISNs) have held approximately 160 community planning meetings and created integrated Five Year Plans to End Homelessness among Veterans that align with other community plans.

- ▶ In early 2011, HUD, VA, and DOL staff planned for and conducted a start-up conference for the Homeless Veterans Homelessness Prevention Demonstration Program (VHPD). USICH staff also participated. The VHPD is a pilot collaborative initiative to explore early interventions to help prevent Veteran homelessness, targeted to service members returning from the wars in Afghanistan and Iraq. The communities selected for this demonstration are located near the following military installations: MacDill Air Force Base in Tampa, Florida; Camp Pendleton in San Diego, California; Fort Hood in Killeen, Texas; Fort Drum in Watertown, New York; and Joint Base Lewis-McChord near Tacoma, Washington.
- ▶ In April 2011, USICH co-hosted an historic convening in Los Angeles County with over 140 federal, state, and local leaders to determine the best ways to partner around better access to and utilization of federal funding, services, and resources to end chronic and Veteran homelessness in LA. Leaders from USICH, HUD, HHS, DOL, VA, and the Social Security Administration all participated.
- ▶ One of the Plan's Signature Initiatives involving Veterans is intended to spur increased collaboration at a federal and local level for both government and community providers that will result in action items to reduce and eventually end Veterans homelessness in Washington, DC, by 2015. Stakeholders have come together to identify collaborative opportunities and consider alignment of resources toward this common purpose.

### *Civic Engagement and Capacity Building*

Civic engagement and capacity building are important strategies to achieve the goals of *Opening Doors*. Progress made in educating the country about *Opening Doors*, and what is needed to prevent and end homelessness in America, includes the following:

- ▶ After the launch of *Opening Doors*, USICH undertook a focused effort to educate and engage national, state, and local partners on the goals and strategies of the Plan. USICH staff has presented the Plan across the country, including at over fifty national, statewide, and major metropolitan area conferences, and to Regional and State Interagency Councils on Homelessness, while also encouraging communities to align their work with the Plan through over one hundred local site visits. In addition, *Opening Doors* has been downloaded over 300,000 times from the USICH website.
- ▶ In the first year of Plan implementation, efforts have also focused on the creation and revitalization of State Interagency Councils on Homelessness (SICHs) and Regional Interagency Councils on Homelessness (RICHs). USICH staff has held conference calls and webinars focused on the importance, purpose, and role of SICHs, as well as best practices related to forming and managing SICHs. And, through the work of the USICH Regional Coordinators, 41 SICHs are now operating, and eight of ten RICHs are now active and meeting on a regular basis.
- ▶ HUD, working with USICH, is developing an assessment process that is being tested with an initial set of Continuums of Care. At the writing of this Report, communities were being debriefed on the assessment results. Following conclusion of the assessments, HUD, USICH and other federal agency representatives will work with the communities to develop and implement action plans to increase local capacity and improve performance outcomes. The initiative may be expanded over the coming year to cover additional communities and to involve other federal partners in the response. The assessment tool will be shared broadly and is intended to be available for all Continuums of Care to determine opportunities to improve performance.

- ▶ Over the past year, USICH staff designed and developed a new website to improve access to information on the scope, causes, and costs of homelessness, as well as on available federal resources and promising practices to prevent and end homelessness. The redesigned website—located at [www.usich.gov](http://www.usich.gov)—was launched in May 2011. The website redesign was part of a broader communications strategy (including a retooled biweekly newsletter, a social media strategy, and a webinar series) to convey information to partners and the public in a more timely and easily accessible fashion.
- ▶ USICH convened a federal interagency research group to share information about federally-funded research projects that are underway and to set priorities for future research. The first project tackled by the federal research group was the compilation of over 200 studies conducted in the United States over the past 15 years, designed to make information more accessible to our state, tribal, local, and private sector partners. The creation of the [USICH research library](#)<sup>22</sup> has allowed us to begin to identify gaps in knowledge and start shaping the research agenda.
- ▶ DOL's Women's Bureau recently published a guide for community-based service providers called [Trauma Informed Care for Women Veterans Experiencing Homelessness](#).<sup>23</sup> The guide seeks to share the unique experiences and needs of women Veterans, while providing self-assessment tools to service providers on how to appropriately treat this population.

Finally, having quality information to track our impact in reducing homelessness requires better data and more integrated systems. Progress includes the following:

- ▶ HUD, HHS, VA worked with USICH to issue joint guidance and hosted a webinar on strategies to improve accuracy of local PIT Counts of people experiencing homelessness, particularly with regard to youth and Veterans, in advance of the January 2011 count.
- ▶ A component of the VA's plan to end homelessness among Veterans in five years is promoting use of management systems to monitor outcomes for both individual Veterans and the programs that serve them. Accordingly, the VA announced in December of 2010 that it plans to fully participate in HUD's Homeless Management Information Systems (HMIS) over the next year. HUD, VA, and USICH staff and contractors have been meeting regularly to work through policy issues, develop guidance, and plan the rollout.
- ▶ Likewise, HHS' Substance Abuse and Mental Health Services Administration (SAMHSA) has been working with HUD to plan the transition of PATH grantees to HMIS, while conversations have also begun between HUD and HHS Administration for Children and Families (ACF) staff—who manage the Runaway and Homeless Youth programs—to identify ways to better coordinate data collection. After a series of meetings, agreement has been reached to work towards standardizing reporting where there is overlap in order to simplify reporting for communities that capture Runaway and Homeless Youth Management Information System (RHYMIS) data in HMIS.
- ▶ In January 2011, USICH hosted a meeting per the HEARTH Act, in response to the Government Accountability Office report called *Homelessness: A Common Vocabulary Could Help Agencies Collaborate and Collect More Consistent Data*. A report to Congress was issued in June. In the coming year, USICH will convene an interagency working group to identify next steps to move towards a common vocabulary and data standard related to housing status across targeted homeless and mainstream programs.

## Improving Health and Stability

In order to improve health and stability, the Plan's objectives focus on integrating primary and behavioral health care services, child and family services, and youth education, employment readiness, and transitional services with homeless assistance programs and housing.

### *Affordable Care Act*

The Affordable Care Act presents a particularly significant opportunity in the coming years for two key reasons. First, the Affordable Care Act will increase Medicaid eligibility for more individuals and families who experience homelessness by creating a more uniform minimal eligibility threshold and allowing adults without dependent children to enroll. Often the result as well as the cause of poor health, homelessness contributes to illness through a variety of factors, including physical and psychological stress, exposure to the elements, exposure to bacteria and viruses, lack of access to sanitation/hygiene facilities, poor nutrition, and sleep deprivation. However, many individuals experiencing homelessness do not have access to adequate health care. In 2009, HHS reported that nearly 70 percent of Health Care for the Homeless clients were uninsured.<sup>24</sup> Starting in 2014—and sooner in some states—Medicaid will expand to include all individuals who earn at or below 133<sup>25</sup> percent of the federal poverty level (FPL).<sup>26</sup> This is the single greatest benefit health reform offers to individuals experiencing homelessness.

Second, while states have Medicaid programs which provide home and community-based long-term services and supports for eligible seniors, individuals with disabilities, and families including such persons, few provide such community-based services for individuals and families experiencing homelessness. While individuals experiencing homelessness are often in need of these same services, very few states have intentionally designed their State Medicaid Plan to incorporate these services, despite significant research showing cost savings for public systems when people with long histories of homelessness become stably housed.<sup>27</sup> This population has high levels of emergency department use, longer inpatient hospital stays, and increased contact with police, courts, and correctional systems. This high-end system use is often driven by both acute and chronic disease as well as untreated behavioral health conditions that require ongoing care. Absent appropriate venues to promote healing and both short- and long-term stability, these individuals are at great risk of recidivism to the hospital or emergency department, corrections system or the streets.

The implementation of the Affordable Care Act has begun, with several major provisions put into place over the last year.<sup>28</sup> *Opening Doors* highlighted this opportunity nationally, and USICH has begun working with both federal and state partners to capitalize on the increased number of individuals experiencing homelessness who will be eligible for Medicaid. In addition to the extensive planning that has occurred in preparation for the Housing and Services for Homeless Persons demonstration (see page 29), HHS and USICH have also been working closely with states to coordinate plans to end homelessness with their planning around health reform implementation.

In addition, HHS' Centers for Medicare & Medicaid Services (CMS) has issued guidance on the use of health homes and home and community-based services, which both offer opportunities to help vulnerable people with complex health and social needs. Additional work is being done to understand the unique needs of people dually-eligible for Medicaid and Medicare, and develop guidelines for Accountable Care Organizations.

## *Youth Stability*

In order to achieve the Plan's goal of ending youth homelessness by 2020, USICH and its member agencies are working with national organizations along with state and local agencies to develop a better understanding of the needs of youth who are at risk of and experiencing homelessness, as well as the best approaches to achieve the goal.

The Plan objective to advance health and housing stability for youth aging out of systems such as foster care and juvenile justice focuses on improving discharge planning, reviewing federal program policies, procedures, and regulations, and promoting targeted outreach strategies.

There is concurrence that better data on the number of youth experiencing homelessness is needed, as well as typologies that help classify the causes and nature of youth homelessness and predictors of appropriate program models and interventions. Toward that end:

- ▶ HHS has led the Interagency Working Group on Youth Programs, which includes 12 Federal departments and agencies. A subgroup focused on transition-age youth is reviewing existing federal supports for addressing youth homelessness and identifying possible steps toward the goal.
- ▶ USICH staff has prioritized outreach to unaccompanied youth and youth-serving providers in visits around the country. Through meetings with organizations that are demonstrating the impact of effective public-private collaborations, touring programs that are getting consistent outcomes, and talking with youth themselves, we are gathering information to inform federal action.
- ▶ As was mentioned earlier, USICH and member agencies HHS and HUD collaborated to increase awareness of what local communities could do to better count unaccompanied youth during HUD's January 2011 PIT count. While we hope to see improvements in this data, preliminary data from some areas suggest there is still much more that needs to be done to know how many youth experience homelessness across the country.
- ▶ HUD has commissioned a study of programs that assist youth who are aging out of foster care. This will be completed in the next year.

Ending youth homelessness requires collaboration at all levels of government and across sectors. Mainstream systems including schools, Temporary Assistance for Needy Families (TANF) and workforce systems, juvenile justice, child welfare, and health care will need to pay more attention to family unification and preservation. Notable collaborations are as follows:

- ▶ ED and HHS are working together on implementation of the Fostering Connections Act, a law reforming federal child welfare policy that was enacted in 2008.
- ▶ ED hosted the first-ever federal summit on lesbian, gay, bisexual, and transgendered youth in June 2011.
- ▶ The Casey Family Foundation, a national leader on youth issues, has provided three staff people to work at HUD, ED, and DOJ to help advance federal progress on the intersections between child welfare, housing, education, and juvenile justice.

## *Reducing Criminalization of Homelessness*

Another key set of strategies to improve health and stability targets the criminalization of homelessness. In December 2010, with the Department of Justice’s (DOJ) Access to Justice Initiative, USICH, and HUD co-sponsored “Searching for Balance: Civic Engagement in Communities Responding to Homelessness”—a day-long summit of 80 people who represented 20 communities to discuss alternatives to criminalization of homelessness. Representatives from law enforcement, courts, city governments, federal partners, and advocates were all in attendance. A report with recommendations will be available later this summer. It will be broadly disseminated and used by local communities to adopt more effective responses to homelessness. The report documents solutions—constructive policies and practices—that treat those experiencing homelessness with dignity and respect, while at the same time meeting the needs of communities to maintain safety and civic order.

In addition, Attorney General Eric Holder convened the inaugural meeting of the Federal Interagency Reentry Council in January 2011. The purpose of this group is to bring together relevant federal agencies in an effort to assist individuals returning from prison to become productive, tax-paying citizens, save taxpayer dollars by lowering the direct and collateral costs of incarceration, and make safer and healthier communities. Since there is a reciprocal relationship between incarceration and homelessness, USICH and its member agencies have been active members of this group. In its first few months of existence, the Council’s staff-level working group launched a website within the National Reentry Resource Center website and also began work on a number of educational, guidance, and reference materials. One of the first products developed was a series of Reentry Myth Busters. These fact sheets clarify existing federal policies that affect formerly incarcerated individuals and their families in areas such as [public housing](#), [access to benefits](#), [parental rights](#), [employer incentives](#), and more.<sup>29</sup> As a part of this effort, in April Attorney General Holder sent a [letter](#)<sup>30</sup> to all of the states’ Attorneys General asking them to review the collateral consequences of incarceration in their states and to consider removing adverse consequences that “impede successful reentry without community benefit.” Such reviews are likely to benefit individuals experiencing homelessness who have been incarcerated.

## **Increasing Access to Affordable and Supportive Housing**

Today, more than eight million Americans pay more than 50 percent of their income on rent.<sup>31</sup> On February 1, 2011 HUD released its biannual *Worst Case Housing Needs Report to Congress*. The findings indicate that the number of households with worst case housing needs increased by almost 1.2 million households (or 20 percent) between 2007 and 2009. The primary cause of worst-case housing needs remains the shortage of affordable, available, and physically adequate rental housing. According to the report, only 32 units of adequate, affordable rental housing are available for every 100 extremely low-income renters—those earning 30 percent of the Average Median Income (AMI) or less—and only 60 units are available for every 100 very low-income renters.<sup>32</sup>

While affordable housing is key to addressing homelessness more generally (and family homelessness in particular), the most successful intervention for ending chronic homelessness is permanent supportive housing (PSH). PSH combines permanent housing with support services that target the specific needs of individuals or families. The challenge, however, is that there is a shortage of permanent supportive housing across the country. This is due to the scarcity of financial resources, and to insufficient local capacity to develop and operate supportive housing.

Increasing the stock of affordable and supportive housing is central to achieving the goals in *Opening Doors*. Simply put, we cannot reduce and end homelessness without it. Correspondingly critical are efforts to improve targeting



the most vulnerable households, and to remove barriers to the access of mainstream housing assistance programs. Over the past year, the Council has undertaken several efforts to advance these objectives.

### *Chronic and Family Homelessness Signature Initiatives*

*Opening Doors* featured two signature initiatives designed to create incentives for communities to build effective local collaborations across mainstream housing and services systems through the provision of new vouchers and service funding. The first initiative was designed to bring Public Housing Agencies (PHAs), Medicaid providers, and behavioral health providers together to tackle chronic homelessness. As explained earlier, the Affordable Care Act offers a particularly significant opportunity in the fight against homelessness. Not only are a significant number of individuals that experience homelessness currently uninsured, but the absence of a reliable and sustainable source of funding for services in supportive housing has become a barrier to the creation of more supportive housing opportunities in many communities. The chronic homelessness demonstration would create incentives of new housing vouchers and funds for wrap-around mental health and substance abuse services for State Medicaid Agencies to work with PHAs and supportive housing practitioners. Together, they would embed eligible supportive housing services into State Medicaid Plans, while simultaneously allowing the federal government to learn about barriers and successes in order to encourage this practice nationwide.

The second demonstration would provide incentives for PHAs, state Temporary Assistance for Needy Families (TANF) agencies, and local school district liaisons to break down silos and work in partnership to address family homelessness. Since housing and service dollars enter communities through different agencies, on different geographic scales (e.g., county versus city), with different eligibility rules, and on different timelines, communities have historically had a difficult time figuring out how to combine mainstream services with housing to support families experiencing or most at risk of homelessness. By incenting local collaboration to access competitively-awarded housing vouchers, the federal government can learn more about what makes collaborations work, as well as what barriers presently inhibit such collaboration from occurring more naturally.

A significant amount of interagency planning and design work was done in anticipation of these demonstrations, though funding for these has not yet been enacted. Both of these demonstration projects are vehicles for building on what we know in order to promote effective solutions at scale. Although states and local communities theoretically have the latitude to build local collaborations across mainstream housing and services systems without a federal demonstration project, the difficult budget situations they face make it significantly less likely that they will pursue these in the absence of federal investment. Although no funding was enacted for the family homelessness demonstration, the HHS Office of the Assistant Secretary for Planning and Evaluation (ASPE) is supporting a study entitled “Linking Human Services and Housing Supports” to document promising models that integrate human services and housing support.

The planning work that was done between HUD and HHS on the chronic homelessness demonstration project resulted in two significant efforts. The first is from HHS’ Substance Abuse and Mental Health Services Administration’s April 2011 *Cooperative Agreements to Benefit Homeless Individuals Request for Applications*, which seeks to place more chronically homeless individuals in permanent supportive housing while promoting community-based provider efforts to increase their enrollment in mainstream programs like Medicaid. A series of reports is expected, and the first, entitled [“Medicaid and Permanent Supportive Housing for Chronically Homeless Individuals: Literature Synthesis and Environmental Scan”](#)<sup>33</sup> was released by HHS in May 2011. The second is a multi-site case study, also supported by ASPE, examining innovative ways that sites are using Medicaid to support chronically homeless individuals.

### *Increasing Access to Supportive and Affordable Housing*

In addition to the signature initiatives, HUD has been working on a number of other activities over the past year that helps further the housing objectives in *Opening Doors*:

- ▶ HUD's Office of Special Needs Assistance Programs (SNAPs) continued to build the national permanent supportive housing inventory by providing incentives for the creation of supportive housing through its annual CoC competition. Over 8,276 units came on line in 2010 (funded with previous years' appropriations), and another 9,547 units were added to the pipeline through the FY 2010 competition.
- ▶ HUD's Office of Public and Indian Housing (PIH) has undertaken a review of agency policy, administrative data, and PHA administrative plans in a sample of 25 large Metropolitan Statistical Areas (MSAs) in attempt to project/track the number of turnover units that will be available to assist with *Opening Doors*' goals and to identify what type of guidance and/or incentives may be needed to encourage PHAs to implement local preferences for persons experiencing homelessness.
- ▶ In October 2010, HUD issued regulations to protect victims of domestic violence from homelessness. Guidance in the rule requires that PHAs or management agents exhaust protective measures before eviction. Evictions can only take place after the housing or subsidy providers have taken actions that will reduce or eliminate the threat to the victim, including transferring the abuse victim to a different home; barring the abuser from the property; contacting law enforcement to increase police presence or develop other plans to keep the property safe; or seeking other legal remedies to prevent the abuser from acting on a threat.
- ▶ In March 2011, the United Nations Human Rights Council (UNHRC) conducted the first comprehensive review on human rights done in the United States. For the first time, the United States acknowledged housing as a human rights issue on an international stage. The Department of State, with the support of representatives from HUD, noted its support of the recommendation by UNHRC,<sup>34</sup> which stated "broad range of safeguards for the homeless people to allow them the full enjoyment of their rights and dignity,"<sup>35</sup> and supports reducing and ending homelessness as a human rights concern.

### *HUD-VASH*

Lastly, HUD and the VA have been working closely to increase the supply of permanent supportive housing for homeless Veterans, and to improve targeting of those housing opportunities:

- ▶ VA and HUD have provided permanent housing to more than 28,000 Veterans and families through the HUD Veterans Affairs Supportive Housing (HUD-VASH) program since the expansion of the program in 2008, and are on pace to house 10,000 more Veteran households in the next year. 7,500 new vouchers were included as part of the final FY 2011 appropriation
- ▶ While it is very difficult to achieve both speed and quality, the VASH program is succeeding at both. VA and HUD have developed data dashboards and other tools to help communities improve VASH lease-up rates and targeting. At the writing of this report, approximately 940 Veterans per month were being leased-up, up from 548 per month in 2009. Also, targeting of VASH vouchers to Veterans with the most extreme barriers is steadily increasing. In 2010, 54 percent of VASH vouchers went to chronically homeless Veterans, up from 46 percent in 2009. The percentage has continued to climb in early 2011, and is even higher in some of the highest prevalence communities such as Los Angeles.

## Increasing Economic Security

In order to increase economic security, the Plan's objectives focus on increasing meaningful and sustainable employment opportunities for all sectors of our society, and for increasing and improving access to mainstream workforce and income support programs to reduce financial vulnerability to homelessness. As the economy improves and Americans return to work, a drop in unemployment rates will undoubtedly reduce the number of people at risk of homelessness. Although current data shows that six million jobs were created on non-farm payrolls across the country between July 2010 and July 2011, much work remains to ensure those opportunities extend to the most vulnerable members of our society.<sup>36</sup>

While more progress is needed, some federal advances have been made in the last year:

- ▶ The Social Security Administration (SSA) Office of Program Development and Research, in cooperation with the SSA San Francisco Regional Office, designed and launched a pilot project with SSI applicants who are homeless and diagnosed with schizophrenia. This project is using the Presumptive Disability process to expedite benefits to project participants. The objective of the pilot is to identify more efficient and expedient procedures for processing SSI cases to persons most in need.
- ▶ SSA has also been working on a demonstration to support disability beneficiaries' employment efforts by simplifying program rules and creating administrative efficiencies. This plan is designed to eliminate complexities of current provisions.
- ▶ HHS, through SAMHSA, continues to operate the SSI/SSDI Outreach, Access, and Recovery (SOAR) initiative that aims to improve access to SSI/SSDI benefits for individuals who are homeless through federally-funded technical assistance. In 2010, five new states started SOAR initiatives bringing the total number of states participating in the initiative to 47. In addition, three issue briefs were published on [hospital partnerships, effective partnerships between PATH and SOAR](#), and [using AmeriCorps as a funding strategy](#).<sup>37</sup>
- ▶ ED implemented a simplified Free Application for Federal Student Aid (FAFSA) to assist students who are experiencing homelessness or in foster care in applying for financial assistance for college.
- ▶ HHS and VA are working with the American Bar Association in nine sites around the country to address child support issues of Veterans experiencing homelessness that impede housing, employment, credit restoration, and family reengagement.
- ▶ Building on guidance the DOL issued on Veterans priority of service implementation in the public workforce system, DOL's solicitations for competitive grants also include language to ensure grantee compliance in the implementation of priority for Veterans and their spouses in training programs funded by DOL. This will help ensure all Veterans, including those at risk of becoming homeless have the priority access needed to training opportunities, preventing their homelessness and increasing their economic stability.
- ▶ DOL led the Job Corps demonstration project for up to 300 young Veterans, which was located in Edinburg, Indiana; Morganfield, Kentucky; and Excelsior Springs, Missouri. The focus of the project was to address the needs of young Veterans who were transitioning from service. The site locations were selected based on the variety of career training offerings available at each center and available bed space. As of June 17, the date the demonstration project ended, 40 young Veterans had enrolled. And, as a result of increased awareness and recruitment across the nationwide Job Corps network, including relationships with the Transition Assistance Program, a total of 341 young Veterans have enrolled in Job Corps programs over the last year; a 67 percent increase over the prior year.

- ▶ DOL released guidance on assisting female Veterans with job training and placement services.
- ▶ DOL's new grant solicitation for the Homeless Veterans Reintegration Program (HVRP) expands the definition of homeless to include individuals and families at risk of becoming homeless, including those living in hotels or with friends or relatives.
- ▶ DOL hosted the first ever Stand Down for Women Veterans in Kansas City, with four more planned through September 2011.
- ▶ As of March 31, DOL's HVRP program has achieved an entered employment rate of 65 percent.
- ▶ SSA established a data sharing agreement with the VA to conduct research on the number of Veterans applying for SSA disability benefits and their disabilities.
- ▶ HHS is conducting a study of benefits access efforts that utilize web-based technology to improve access to multiple public benefit programs for eligible low-income populations. The study involves three main components: [a summary of existing benefits access efforts in each state](#),<sup>38</sup> in-depth case studies of eight selected initiatives; and a final report that will address the potential for sustaining, expanding, and replicating promising models.
- ▶ Thirty-nine states, the District of Columbia, Puerto Rico, and the Virgin Islands used \$1.3 billion of the Emergency Contingency Funds authorized under the American Recovery and Reinvestment Act for TANF to support a wide range of subsidized employment programs, including transitional jobs, summer jobs for youth and supported work programs for individuals with disabilities or other barriers to employment. One survey suggests that states placed nearly 250,000 people in subsidized jobs, including about 120,000 low income youth during the summer of 2010.
- ▶ As part of the Disability and Employment Initiative (DEI), DOL has awarded nine grants to States to support extensive partnerships, collaboration, and coordination across multiple service delivery systems to leverage public and private resources to better serve persons with disabilities and improve their employment outcomes. Seven of these projects include some focus on expanding the capacity of the public workforce system to serve persons who are homeless. Through these projects, States partner with Local Veterans' Employment Representatives (LVERs) and Disabled Veterans' Outreach Program (DVOP) specialists in One-Stop Career Centers to assist homeless disabled Veterans in accessing the system's employment and training services, as well as linking them to other benefits. A second round of DEI grants will be awarded in program year (PY) 2011.

## Retooling the Homeless Crisis Response System

In some communities, homeless assistance is provided through a linear model where people experiencing homelessness are expected to demonstrate “housing readiness” and progress through levels of care (emergency shelter, transitional housing, and finally permanent housing). However, over the last decade, many communities have begun to adopt an approach that focuses on preventing homelessness and rapidly returning people who become homeless to housing. Despite the documented success and cost-effectiveness of this model over the more traditional model, implementation varies markedly in each community. To end homelessness in this country, *Opening Doors* calls on communities to restructure their homeless services system into effective and rapid crisis response systems.

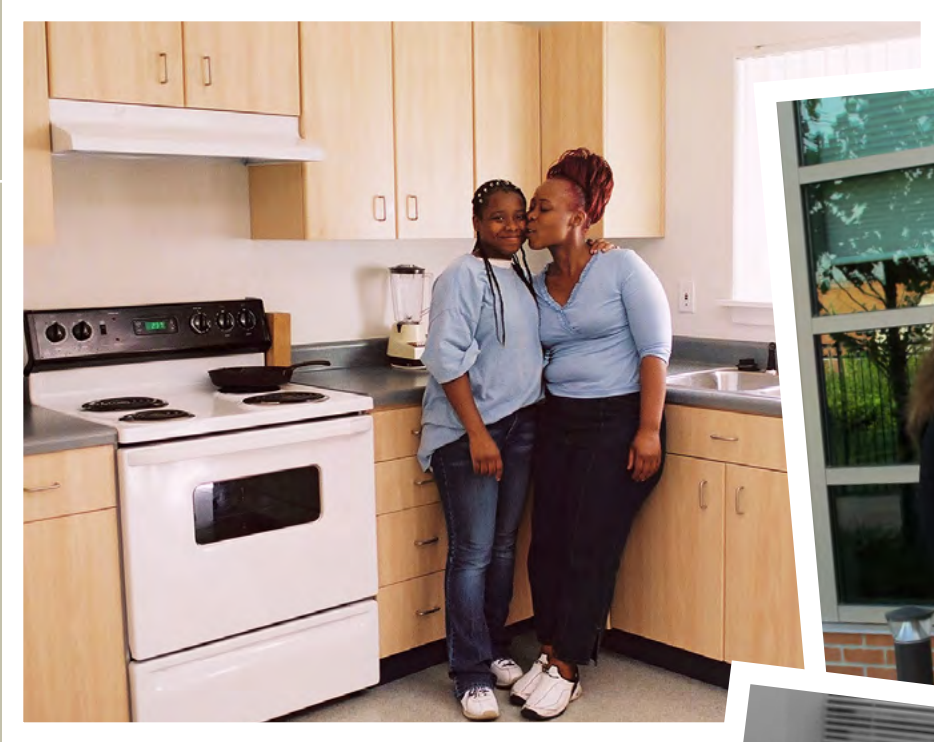
As discussed elsewhere in this report, the creation of HPRP under the American Recovery and Reinvestment Act of 2009 has been one of the most significant success stories of the past year. Communities began administering funds in late 2009 and early 2010. From the program’s inception through May 2011, 935,000 persons had received assistance under the program. Not only has HPRP helped ward off an increase in homelessness that might have otherwise been expected during the recession, but it also had a secondary—and potentially even greater—impact. It paved the way for systems change in communities across the country. HPRP hit fast and, admittedly, some communities were better positioned than others to use the infusion of new resources to change the way they respond to homelessness. But, without a doubt, the program set the nation on a new course, with key strategies in *Opening Doors* designed to help finish what HPRP started.

Over the past year, federal efforts to identify proven and promising approaches under HPRP and carry forward those lessons learned have been strong. Following are just a few key examples:

- ▶ HUD, through its team of technical assistance (TA) providers, has developed a legion of HPRP TA materials to provide guidance to the field and promote promising program models and practices. Additionally, TA providers have been engaged to provide direct assistance in communities throughout the country.
- ▶ In the past year, HUD initiated three studies to help identify and document promising practices and program models with regard to prevention and rapid re-housing assistance. The first is an evaluation of the Rapid Re-Housing Demonstration Program; the second is a qualitative evaluation of HPRP-funded prevention programs; and the third is an evaluation of the HUD/DOL/VA Veterans Homeless Prevention Demonstration Program. Additionally, HUD has moved forward with its experimental design with random assignment study, which is designed to help understand the effectiveness of different housing interventions and, consequently, how to better target housing and services to families with different types and levels of needs. Study sites began to enroll households into the study during the fall of 2010.
- ▶ HHS/SAMHSA hosted a day-long panel bringing together experts on substance abuse prevention and homelessness prevention to begin developing guiding principles that would help inform federal homelessness prevention programs.
- ▶ Although the uncertainty around the FY 2011 Budget created challenges related to planning for HEARTH implementation, HUD staff worked diligently to draft the new regulations, and made significant efforts to incorporate lessons learned from HPRP and the earlier Rapid Re-Housing Demonstration into its draft Emergency Solutions Grant (ESG) regulations. While the FY 2011 Budget did not fully implement HEARTH, Congress signaled their dedication to helping communities continue the work started under HPRP by increasing the ESG appropriation by \$65 million in FY 2011.

- ▶ HUD has also been working with VA staff to share data and lessons learned from HPRP to help inform VA planning efforts around the new Supportive Services for Veteran Families (SSVF) Program. Similar in nature to HPRP, SSVF funds nonprofit organizations and consumer cooperatives to provide supportive services and short-term rental assistance for very low income Veteran families currently residing in or transitioning into permanent housing.
- ▶ The VA has also undertaken a number of steps to improve crisis response at the local level. The VA has been collecting data and monitoring the effectiveness of its call center, working to implement process improvements over time. The VA has begun to promote the Housing First model and improved targeting of permanent supportive housing resources, as evidenced by the increasing percentage of VASH vouchers targeted to Veterans experiencing chronic homelessness (at the end of 2009, 46 percent of VASH vouchers were held by chronically homeless Veterans. At the end of 2010, this number rose to 54 percent).

Retooling the crisis response system is a multi-year effort due to the breadth of the objectives and strategies. As such, it will be critically important to collect data on impacts and to continually assess what is working and what is not. Strategies and implementation plans must adapt to what is learned in future years. This is a long-term commitment and must be dynamic and timely, with a relentless focus on results.



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## FEDERAL ASSISTANCE REQUIRED

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*Preventing, reducing, and ultimately ending homelessness for America's children, Veterans, and people with disabilities requires partnerships at all levels of government and with the nonprofit and private sectors. The Obama administration is committed to working with Congress to identify what can be done in the upcoming year together to advance the nation toward the goals of Opening Doors.*

## Federal Assistance Required

Per the Council’s reporting requirements outlined in the McKinney-Vento legislation, this section of the report examines the level of federal assistance needed moving forward.

### Federal Investments

Preventing, reducing, and ultimately ending homelessness in America requires partnerships at all levels of government and with the nonprofit and private sectors. The Obama administration is committed to working with Congress to identify what can be done in the upcoming year together to advance the nation toward the goals of *Opening Doors*. There will also be opportunities to consider how education, TANF, workforce, and other programs can be enhanced to improve the lives of the most vulnerable Americans.

The goals of *Opening Doors* around ending chronic, Veteran, family, child, and youth homelessness were established based on an analysis of need in this country using 2009 data, and an analysis of the housing opportunities needed to meet those needs. This analysis was intended to help track progress in securing the resources needed to meet Plan goals. In the long run, it will also help monitor the field’s success in translating those resources into the needed interventions and appropriately targeting those interventions.

The Council acknowledges the very challenging fiscal environment we are operating in and understands that Congress and the Administration had to make some very difficult decisions. Despite the \$38.5 billion in cuts to the Federal budget, the targeted homeless programs fared relatively well in the final FY 2011 Budget, with most of the targeted programs being flat funded from FY 2010 (see Table 9). In addition, the HUD-VASH program received 7,500 new housing vouchers to aid the most vulnerable Veterans experiencing homeless—significant to the work of ending Veterans homelessness by 2015.

HUD did receive enough funding to cover renewals of all existing homeless assistance programs across the country, but funding levels will not allow for a substantial number of new projects in FY 2011. Additional funding—whether federal, state, local, or philanthropic—will be needed in the out years if the United States is to meet the goals established in *Opening Doors* on the timelines established by the Plan.

In addition to the new targeted initiatives that did not receive funding in FY 2011, several of HUD’s mainstream programs were cut. \$650 million was cut from HUD’s Community Development Block Grant (CDBG) program—a vital source of funding for emergency shelters and prevention programs in many communities across the country. The Public Housing Capital Fund, which provides money for capital and management activities by public housing agencies, saw its finances lowered by 18 percent, while spending on the HOME Investment Partnerships Program, which helps pay for affordable housing projects, was cut by 12 percent. A primary strategy in *Opening Doors* focuses on increasing access to and use of mainstream assistance, but the cuts to these housing programs will undoubtedly impact communities’ ability to reduce the vulnerability of unemployed and underemployed households to homelessness.

Despite the economic challenges the country has faced in the first year of *Opening Doors* implementation, commitment to the goals of the Plan remain strong. The President’s historic FY 2012 Budget proposal for targeted homeless assistance programs demonstrates the Administration’s resolve to end homelessness. It also acknowledges the



reality that not solving homelessness is also costly, and we can no longer afford to operate at the status quo. Congressional support for *Opening Doors* is vital in our efforts to invest in cost-effective and proven solutions across the country.

**Table 9.** Targeted Homeless Assistance Programs: Appropriations History

Department	Program	2009 Enacted	2010 Enacted	2011 Enacted
Education	Education for Homeless Children and Youth	\$135M (including \$69.6M in Recovery Act funding)	\$65.4M	\$65.3M *
Health and Human Services	Grants for the Benefit of Homeless Individuals	\$42.9M	\$42.5M	\$41.7M
	Health Care for the Homeless	\$331.7M (including \$160M from Recovery Act)	\$171.3M	\$215.8M
	Projects in Assistance from Transition to Homelessness	\$59.7M	\$65.1M	\$64.9M
	Runaway and Homeless Youth	\$114.9M	\$115.7M	\$115.4M
	Services in Supportive Housing	\$34.6M	\$34.6M	\$30.8M *
Department of Homeland Security	Emergency Food and Shelter Program	\$200M (including \$100M from Recovery Act)	\$200M	\$119.8M *
Housing and Urban Development	Homeless Assistance Grants (ESG, SHP, S+C, Section 8 SRO)	\$1.67B	\$1.865B	\$1.905B
	Homelessness Prevention and Rapid Re-Housing Program	\$1.489B (Recovery Act)	N/A	N/A
Housing and Urban Development and Veterans Affairs	HUD-VA Supportive Housing (HUD-VASH)	\$75M	\$75M	\$50M
Justice	Transitional Housing Assistance Grants to Victims of Sexual Assault	\$18M	\$18M	\$18M
Labor	Homeless Veterans' Reintegration Program	\$26.3M	\$36.3M	\$36.3M
Veterans Affairs	Domiciliary Care for Homeless Veterans	\$115M	\$176M	\$141M
	Homeless Providers Grant and Per Diem	\$128M	\$175.3M	\$128M
	Healthcare for Homeless Veterans	\$80M	\$110M	\$136M
	HUD-VASH Services	\$27M	\$71M	\$151M
	Supportive Services for Veteran Families	\$15K	\$20M *	\$60M *
	Veterans Justice Outreach Initiative	N/A	\$5M	\$19M

\* In January 2012, these figures were updated from those in the original 2011 publication to accurately reflect funding levels.

## Barriers

### Winning the Battle, Losing the War: The Need for Affordable Housing

In many areas, the nation is making good progress in the fight to reduce and end homelessness—particularly chronic homelessness. As discussed throughout this Update, there is an urgent need to increase the stock of affordable rental housing.

As more Americans struggle to make ends meet, the affordable housing stock has actually decreased. During the boom years, units were upgraded to serve higher income tenants, converted to condos in strong markets, and demolished or lost to neglect elsewhere. Analysis of American Community Survey data from 2000 to 2007 shows that the number of units affordable to Extremely Low Income (ELI) households declined by nearly 900,000 units while the number of ELI renter households increased by over 1 million.<sup>39</sup> Greater competition for a shrinking resource also drives rental prices up. Despite the growing need, housing assistance programs are at risk as tough budget decisions at the federal level and in state houses, city halls, and county seats across the country are debated.

Affordable housing is the cornerstone of any effort to reduce and ultimately end homelessness. The preservation and expansion of affordable housing through acquisition, rehabilitation, new construction, and rental assistance is critical to accomplishing our goals.

### Other Challenges Ahead

One year into implementation, the challenges ahead are clear. While *Opening Doors* has been well received as the right plan to end homelessness, its implementation requires a mix of resources and the ability to implement best practices in every community across America.

Resources—whether federal, state, local, or philanthropic—need to be wisely spent. Public awareness that there are solutions to homelessness could help secure needed resources and public support for political action needed to make changes.

USICH and its member agencies, working together with states and local communities on *Opening Doors*, are focused on identifying and removing barriers. Sometimes a local barrier is a local policy decision or process. Sometimes there is a lack of awareness about benefits, services, and programs. USICH has uncovered myths about program eligibility and operating rules.

For people experiencing homelessness, there can be barriers to obtaining documentation, or having transportation to services, the cost of fees, or co-pays.

Collaboration among programs federally, locally, and between the two, also takes a lot of work. Rules can vary across programs making it hard to match people with needed services. Sadly, there are times when services are denied or made inaccessible to people experiencing homelessness because of stereotypes or prejudice.

## Conclusion

Even in the midst of the greatest economic downturn since the Great Depression, homelessness barely increased. While homelessness for families, particularly those in rural and suburban areas has increased, other homelessness is decreasing and the total number of homeless persons remains virtually flat. The Obama administration remains committed to achieving the goals of *Opening Doors*. Continued support from both the Administration and Congress is vital in our efforts to invest in cost-effective and proven solutions across the country.

The initial work in any project life cycle includes a significant amount of time and effort to evaluate possible options, identify resources, and agree on direction, and then planning how the work will actually be carried out. Consequently, much of the Council's work over the first year of implementation has involved this initial development. As the report documents, an enormous amount of work has occurred at the federal level that contributes toward the vision of preventing and ending homelessness.

Over the last year, the federal government has laid the groundwork for future successes through better collaboration, better data collection, better use of mainstream resources, and engaging states and local communities in the Plan's goals and strategies. USICH is appreciative of the hard work that has taken place both by federal Council member agencies, as well as its partners working to implement best practices out in communities across the country. These efforts will translate into even more tangible results as the objectives in the Plan truly begin to be realized.

There is no question that the road ahead remains long and steep, but USICH remains committed to the goals of *Opening Doors* and confident that the objectives are the right ones to accomplish these worthy goals. Now, more than any time in recent history, the federal government has a sense of urgency to work with Congress, mayors, governors, legislatures, nonprofits, faith-based and community organizations, and business and philanthropic leaders across the country to ensure that every American has an affordable, safe, and stable place to call home.

## Endnotes

- 1 National 2011 PIT data was not available during the preparation of this report. Although PIT data is collected by communities in January, communities need time to clean and submit their data to HUD, and then HUD needs time to verify and aggregate data. Consequently, national PIT data is not anticipated to be available until fall of 2011.
- 2 U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2010). *2010 Annual Homeless Assessment Report to Congress*. Retrieved from: <http://www.hudhre.info/documents/2010HomelessAssessmentReport.pdf>
- 3 HUD allocates homeless assistance grants to organizations that participate in local homeless assistance program planning networks. Each of these networks is called a Continuum of Care (CoC). HUD introduced the CoC concept to encourage and support local organizations in coordinating their efforts to address housing and homeless issues and reduce homelessness. Each CoC can determine its own geographic boundaries; some cover a single city or county, others cover multiple counties, and a few are statewide. In addition, most states administer “balance of state” CoCs to cover rural areas and smaller cities not covered by their own continuum.  
CoCs are required by HUD to conduct an annual count of their sheltered and unsheltered homeless population every other year, starting in 2007, then 2009, and so on. Many CoCs, however, choose to conduct a PIT count each year. In 2010, 291 of HUD’s 445 CoC regions (or 65%) voluntarily conducted a count of both sheltered and unsheltered populations. Another 56 (12 %) conducted a sheltered-only count, and the remaining 98 (22%) did not conduct a count. For CoCs that did not conduct a count, HUD uses their 2009 data.
- 4 U.S. Census Bureau. (2010). Retrieved from: <http://2010.census.gov/2010census/popmap>
- 5 As communities have made improvements to PIT enumeration methods, it has been difficult to disentangle the effects of this increasing sophistication relative to impacts of policy interventions and external factors (e.g., natural disasters, changing housing and labor market conditions). However, the counts are becoming both more comprehensive (including not just HUD-funded beds but most/all community beds) and increasingly accurate. Consequently, we expect the 2011 figures to offer a more solid baseline for assessing progress.
- 6 U.S. Census Bureau. (2010). *Current Population Reports, Consumer Income, Income, Poverty, and Health Insurance Coverage in the United States (Report P60-238)*.
- 7 U.S. Department of Labor, Bureau of Labor Statistics. (2011). Databases, Tables & Calculators by Subject. Retrieved from: <http://data.bls.gov>
- 8 Pew Research Center. (2010). *The Great Recession at 30 Months*. Retrieved from <http://pewresearch.org/pubs/1643/>
- 9 The rent index rose 0.2 percent in January of 2011. U.S. Department of Labor, Bureau of Labor Statistics. (2011). Consumer Price Index. Retrieved from: <http://www.bls.gov/cpi>
- 10 Joint Center for Housing Studies, Graduate School of Design, Harvard Kennedy School, Harvard University. (2011). *America’s Rental Housing: Meeting Challenges, Building on Opportunities*. Retrieved from: [http://www.jchs.harvard.edu/publications/rental/rh11\\_americas\\_rental\\_housing/index.html](http://www.jchs.harvard.edu/publications/rental/rh11_americas_rental_housing/index.html)
- 11 Mykta, Laryssa and Suzanne Macartney, U.S. Census Bureau. (2011). *The Effects of Recession on Household Composition: “Doubling Up” and Economic Well-Being*. SEHSD Working Paper Number 2011-4. (Prepared for Population Association of America Annual Meeting, Washington, D.C., March 31 – April 2, 2011). Retrieved from: [www.census.gov/hhes/www/poverty/publications/recession-effects.doc](http://www.census.gov/hhes/www/poverty/publications/recession-effects.doc).
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- 13 U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2010). *2010 Annual Homeless Assessment Report to Congress*. Retrieved from: <http://www.hudhre.info/documents/2010HomelessAssessmentReport.pdf>

- 14 The McKinney-Vento definition of “enrolled student” includes those students attending classes and participating fully in school activities. For data collection purposes, an enrolled student includes any child for whom a current enrollment record exists.
- 15 National Center for Homeless Education. Education for Homeless Children and Youth Program Data Collection Summary. (2011).
- 16 Flaming, Daniel, Patrick Burns, Michael Matsunaga, Gerald Sumner, Manuel Moreno, Halil Toros, and Duc Doan. (2009). *Where We Sleep: Costs When Homeless and Housed in Los Angeles*. Retrieved from: <http://www.lahsa.org/docs/Cost-Avoidance-Study/Where-We-Sleep-Final-Report.pdf>
- 17 Sadowski, Laura, Romina Kee, Tyler VanderWeele, and David Buchanan. (May 2009). *Effect of a Housing and Case Management Program on Emergency Department Visits and Hospitalizations Among Chronically Ill Homeless Adults: A Randomized Trial*. Retrieved from: <http://www.ncbi.nlm.nih.gov/pubmed/19417194>
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- 19 Mondello, Melany, Jon Bradley, Tom Chalmers, and Nancy Shore. (May 2009). *Cost of Rural Homelessness: Rural Permanent Supportive Housing Cost Analysis*. Retrieved from: <http://www.mainehousing.org/docs/housing-reports/2011/04/07/costofhomelessnessrural.pdf>
- 20 Poulin, Stephen, Marcella Maguire, Stephen Metraux, and Dennis Culhane. (November 2011). *Service Use and Costs for Persons Experiencing Chronic Homelessness in Philadelphia: A Population-Based Study*. Retrieved from: [http://works.bepress.com/dennis\\_culhane/99/](http://works.bepress.com/dennis_culhane/99/)
- 21 Starting in the mid-1990s, the VA provided data on homeless veterans through a report called CHALENG (Community Homelessness Assessment, Local Education and Networking Groups for Veterans). The CHALENG Report used questionnaires completed by VA staff, community providers, and homeless veterans to estimate the number of homeless veterans and describe their service needs. CHALENG estimates focused on veterans who accessed services from VA medical facilities and relied mostly on staff knowledge about veterans’ homelessness status. Because a consistent methodology was not used across communities, and because community totals were not in all cases de-duplicated, VA’s estimates (131,000 in 2008; 107,000 in 2009) were believed to be an over-count. In contrast, many CoCs only included HUD-funded beds in their local HMIS and PIT estimates, and therefore missed veterans being served in VA-funded programs such as Grant and Per Diem programs. Therefore, HUD’s estimates (62,989 in 2009 and 59,390 in 2010) have historically been an undercount. In 2009, HUD and VA came together to develop a more reliable methodology for counting homeless Veterans—using HUD’s PIT as a base, but ensuring appropriate adjustments were made to capture individuals being served in VA-funded programs and to account for programs that did not capture Veterans status. Through this process, HUD and VA estimated that there were 75,609 homeless veterans in the United States on a single night in January in 2009 and 76,329 in January 2010. This number serves as the baseline against which we will measure progress ending Veteran’s homelessness.  
 U.S. Department of Housing and Urban Development, Office of Community Planning and Development, and U.S. Department of Veterans Affairs, National Center on Homelessness Among Veterans. (2009). *Veteran Homelessness: A Supplemental Report to the 2009 Annual Homeless Assessment Report to Congress*. Retrieved from: <http://www.hudhre.info/documents/2009AHARVeteransReport.pdf>  
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- 22 The USICH research library can be found on USICH’s website at [http://www.usich.gov/usich\\_resources/research\\_and\\_evaluation/](http://www.usich.gov/usich_resources/research_and_evaluation/)

- 23 U.S. Department of Labor, Women's Bureau. (2011). *Trauma Informed Care for Women Veterans Experiencing Homelessness: A Guide for Service Providers*. Retrieved from: <http://www.dol.gov/wb/trauma/>
- 24 U.S. Department of Health and Human Services, Health Resources and Services Administration. (2009). 2009 National Homeless Summary Data. Retrieved from: <http://www.hrsa.gov/data-statistics/health-center-data/NationalData/2009/2009nathosumdata.html>
- 25 Including the 5% income disregard, the effect is covering individuals up to 138% of FPL.
- 26 Several states and the District of Columbia have opted in for early expansion of Medicaid.
- 27 For the latest research documenting the cost effectiveness of permanent supportive housing, visit the USICH research library at [http://www.usich.gov/usich\\_resources/research\\_and\\_evaluation/cost\\_effectiveness\\_studies](http://www.usich.gov/usich_resources/research_and_evaluation/cost_effectiveness_studies)
- 28 For example, children up to age 26 are now able to stay on their parents' health insurance coverage, insurers are not allowed to screen out children for pre-existing health conditions, and eligible individuals, including children, with pre-existing conditions who are denied coverage on the private insurance market may enroll in the Pre-Existing Condition Insurance Plan program.
- 29 These MythBuster fact sheets can be found on the National Reentry Resources Center website.
- The Public Housing fact sheet is at [http://www.nationalreentryresourcecenter.org/documents/0000/1089/Reentry\\_Council\\_Mythbuster\\_Housing.pdf](http://www.nationalreentryresourcecenter.org/documents/0000/1089/Reentry_Council_Mythbuster_Housing.pdf).
  - The Parental Rights fact sheet is at [http://www.nationalreentryresourcecenter.org/documents/0000/1060/Reentry\\_Council\\_Mythbuster\\_Parental\\_Rights.pdf](http://www.nationalreentryresourcecenter.org/documents/0000/1060/Reentry_Council_Mythbuster_Parental_Rights.pdf).
  - The Employer Incentives fact sheet is at [http://www.nationalreentryresourcecenter.org/documents/0000/1061/Reentry\\_Council\\_Mythbuster\\_Federal\\_Bonding.pdf](http://www.nationalreentryresourcecenter.org/documents/0000/1061/Reentry_Council_Mythbuster_Federal_Bonding.pdf)
- There are four fact sheets that pertain to Accessing Benefits:
- SNAP Benefits  
[http://www.nationalreentryresourcecenter.org/documents/0000/1085/Reentry\\_Council\\_Mythbuster\\_SNAP.pdf](http://www.nationalreentryresourcecenter.org/documents/0000/1085/Reentry_Council_Mythbuster_SNAP.pdf)
  - TANF/Welfare Benefits  
[http://www.nationalreentryresourcecenter.org/documents/0000/1064/Reentry\\_Council\\_Mythbuster\\_TANF.pdf](http://www.nationalreentryresourcecenter.org/documents/0000/1064/Reentry_Council_Mythbuster_TANF.pdf)
  - Social Security Benefits  
[http://www.nationalreentryresourcecenter.org/documents/0000/1056/Reentry\\_Council\\_Mythbuster\\_SSA.pdf](http://www.nationalreentryresourcecenter.org/documents/0000/1056/Reentry_Council_Mythbuster_SSA.pdf)
  - VA Benefits  
[http://www.nationalreentryresourcecenter.org/documents/0000/1084/Reentry\\_Council\\_Mythbuster\\_VA.pdf](http://www.nationalreentryresourcecenter.org/documents/0000/1084/Reentry_Council_Mythbuster_VA.pdf)
- 30 Attorney General Eric Holder's letter to the states' Attorneys General can be found on the National Reentry Resources Center website at: [http://nationalreentryresourcecenter.org/documents/0000/1088/Reentry\\_Council\\_AG\\_Letter.pdf](http://nationalreentryresourcecenter.org/documents/0000/1088/Reentry_Council_AG_Letter.pdf)
- 31 National Low Income Housing Coalition. (2011). *Out of Reach 2011*. Retrieved from: <http://www.nlihc.org/oor/oor2011/oor2011pub.pdf>
- 32 U.S. Department of Housing and Urban Development, Office of Policy Development and Research. (2011). *Worst Case Housing Needs 2009: Report to Congress*. Retrieved from: [http://www.huduser.org/Publications/pdf/worstcase\\_Hs-gNeeds09.pdf](http://www.huduser.org/Publications/pdf/worstcase_Hs-gNeeds09.pdf)
- 33 U.S. Department of Health and Human Services. (2011). *Medicaid and Permanent Supportive Housing for Chronically Homeless Individuals: Literature Synthesis and Environmental Scan*. <http://aspe.hhs.gov/daltcp/reports/2011/ChrHomlr.pdf>
- 34 U.S. Department of State. (2011). *U.S. Response to UN Human Rights Working Group Report*. Retrieved from: <http://www.state.gov/g/drl/upr/157986.htm>

- 35 National Law Center on Homelessness and Poverty, Street Lawyer, Legal Tools for Economic Justice. (2010). *Universal Period Review 2010*. Retrieved from: <http://wiki.nlchp.org/display/Manual/Universal+Periodic+Review+2010>
- 36 U.S. Department of Labor, Bureau of Labor Statistics. (2011). The Employment Situation – April 2011. [News Release]. Retrieved from: [http://www.bls.gov/news.release/archives/empsit\\_05062011.pdf](http://www.bls.gov/news.release/archives/empsit_05062011.pdf)
- 37 All issue briefs can be found at <http://www.prainc.com/SOAR/library/> under the “Topic Area” tab, but the full links are as follows:
- *Hospital Partnerships* is at [http://www.prainc.com/SOAR/library/pdfs/Issue%20Briefs/Collaborating\\_with\\_Hospitals\\_A\\_How-To\\_Primer\\_March\\_2011.pdf](http://www.prainc.com/SOAR/library/pdfs/Issue%20Briefs/Collaborating_with_Hospitals_A_How-To_Primer_March_2011.pdf).
  - *Effective Partnerships Between PATH and SOAR* is at [http://www.prainc.com/SOAR/library/pdfs/Issue%20Briefs/PATH\\_and\\_SOAR\\_An\\_Effective\\_Partnership\\_Nov\\_2010.pdf](http://www.prainc.com/SOAR/library/pdfs/Issue%20Briefs/PATH_and_SOAR_An_Effective_Partnership_Nov_2010.pdf).
  - *Using Americorps as a Funding Strategy* is at [http://www.prainc.com/SOAR/library/pdfs/Issue%20Briefs/Ameri-Corps\\_and\\_SOAR\\_An\\_Opportunity\\_for\\_Sustainability\\_Sept\\_2010.pdf](http://www.prainc.com/SOAR/library/pdfs/Issue%20Briefs/Ameri-Corps_and_SOAR_An_Opportunity_for_Sustainability_Sept_2010.pdf)
- 38 U.S. Department of Health and Human Services. (2011). *Promoting Public Benefits Access Through Web-Based Tools and Outreach: A National Scan of Efforts*. Available on the HHS website at: <http://aspe.hhs.gov/hsp/11/BenefitsAccess/index.shtml>
- 39 National Low Income Housing Coalition. (2011). *Out of Reach 2011*. Retrieved from: <http://www.nlihc.org/oor/oor2011/oor2011pub.pdf>









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