

**U.S. Interagency Council on Homelessness
Federal Strategic Plan to Prevent and End Homelessness**

**Federal Homelessness Workgroups Listening Session Background Materials from
February 2010**

Preface:

The federal workgroups that convened to initiate development of the Federal Strategic Plan to Prevent and End Homelessness invited community experts and leaders to a meeting to discuss best practices, recommendations for the plan, and what still needs to be learned. These were dynamic meetings with much discussion among the experts, as well as with federal employees. The experts were invited to submit short briefing papers in advance of the meeting. This document is a compilation of those briefs, organized by workgroup.

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CHRONIC HOMELESSNESS WORKGROUP

Michael. W. Brose, MSW – Mental Health Association in Tulsa, OK Executive Director

From the perspective of our work here at the Mental Health Association in Tulsa, Oklahoma, the two central keys to ending homelessness and preventing people from becoming homeless, center on the development of adequate and appropriate types and levels of affordable housing, coupled with best practice models of wraparound services that help the individual stabilize into the community. These two baseline components operate best from a “housing first”, or rapid re-housing model that work both to end an existence of chronic homelessness, and to prevent people who lose their housing from languishing and becoming chronically homeless. However, to provide for the housing needs of the target population, a community must have adequate stock of safe, affordable, and decent housing that is located in areas of the community that have relatively easy access to public transportation, grocery shopping, pharmacy services, mental and physical health care, and employment opportunities.

In Tulsa, we have utilized what we call our “debt free” model by raising millions of private dollars which have allowed us to leverage public brick and mortar funds, together with HUD Continuum of Care and state appropriated fee-for-service dollars. The private funds, coupled with the public dollars, have allowed us to purchase and renovate 12 apartment buildings and to build one new property that has created a continuum of housing options that can fit the different needs of each individual. In total, we own and operate 370 units of housing. Three of our properties are staffed 24/7, with two “safe havens” of 50 units total, that are used as a first step to bring people directly from the streets and out of shelters into the “low demand, high expectation” housing first units. The balance of our units are independent apartments, that are coupled with effective, PACT model wrap around case management services customized for each individual need. We partner with local universities and other organizations to provide medical treatment and other services as needed.

To address the housing needs of Tulsa’s transitional age youth coming out of foster care and state custody, our fundraising effort, called Building Tulsa Building Lives has raised funds to purchase two apartment buildings dedicated to young adults that are owned and operated by Youth Services of Tulsa.

But the Mental Health Association is learning that it requires even more than that to reintegrate people back into the mainstream fabric of life in the community. This becomes especially true for those who have been living an existence of chronic homelessness for a period of time and who have developed coping skills that work for them on the streets, but do not work well in the whole of the community. In other words, it becomes more than just providing people with the most essential needed services that fit each individual’s most basic needs, it is also creating an environment where they feel safe to once again, or for the first time, to explore their world and find a place to live and thrive. How does this happen in Tulsa?

Beyond the development of small apartment buildings scattered around the metro Tulsa area, we have utilized a mixed income/population model with each of our independent apartments having one-half of the units dedicated to availability for “market rate” renters, helping to maintain diversity and community integration. We talk about the need to address the whole individual in terms of mind, body, and spirit. To address the spiritual needs of our residents, we have hired an individual who outreaches to faith communities who are located in the areas of our properties. This outreach helps congregations become better educated about the people who live in our properties and to encourage them to reach out to our residents, to provide them with assistance and to encourage

them to participate in their respective faith communities. This effort is also helping to move the faith communities away from a “feed the homeless” mentality and transform them into an “engage the formally homeless,” mindset, and to help these individuals reintegrate into the full fabric of the community. To support community reintegration, we are also in the process of developing the role of an activity director and a “drop in” center. Our operation of these apartments has also allowed us to develop a growing property maintenance department in charge of caring for our properties which has allowed us to hire and employ people who have been formally homeless and disabled. This effort has grown into an enterprise, as we now contract with two other non-profits to lease and care for their housing properties. We are now negotiating with other private sources to provide property maintenance and leasing services to them, as well. The funds from the enterprise effort go back into the Association to support the non-profit.

As noted earlier, we utilize best practice models in the form of accessing the services of three Programs of Assertive Community Treatment (PACT Teams) who work with the mental health/substance abuse needs of our residents, delivering services at the housing location when needed. We are now in the early stages of implementing use of the Seeking Safety model of addressing trauma and substance abuse issues to our residents coming out of years of homelessness.

The federal government plays a critical role in helping to end homelessness. First, the federal fair housing laws must be protected at all cost. To develop housing for people who have special needs, organizations will run into NIMBY and the only thing that may stand in the way of angry, fear mongering neighbors is the federal fair housing laws. Legal counsel from the Justice Department to assist organizations facing these issues in communities would be very helpful, otherwise, expensive legal fees may ensue at best, or the effort to provide the housing may fail due to public opposition. Investment from HUD for innovative approaches has been made available. However, it seems SAMHSA is increasingly locked on only providing funding for evidence based practices. We would recommend that SAMHSA create a larger niche for innovative new approaches that are promising, but may not have had time or funding to elevate to a level of evidence based, or best practice models. Passage of a strong federal housing trust fund bill that encourages states without to do the same, would be helpful, allowing private developers, non-profits, and faith based communities to be better able to fund brick and mortar development for special, and low income populations. A total overhaul of the Social Security system is needed that allows people with disabilities a chance to try to come off of disability without risk of losing benefits, either monetary or health, for an extended period of time. The current approach is archaic and provides major disincentive for people with disabilities to take the risk of returning to work. We continually find formally homeless, mental ill individuals who really want to return into the work force but are afraid to do so because they well know how hard it was to get their disability in the first place, and they want to avoid any chance of having to go through the process once again should they fail. While the Veteran’s Administration has made great strides in recent years of partnering with non-profits to help meet the need of returning veterans, it still seems difficult for them to step outside of their current bureaucratic mindset into more effective partnering relationships. For example, the VA will not participate in our local HMIS system that is required by HUD for all Continuum of Care participants. To their credit, they have greatly improved the ease of their contracting efforts with non-profits to provide housing and case management to homeless, mentally ill or dually diagnosed veterans.

Richard Cho – Corporation for Supportive Housing, New York, NY

Director, Innovations and Research Team

and

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Portland, OR**

Senior Program Manager, Consulting Group

Suggested Strategies for Ending and Preventing Homelessness

- Permanent Supportive Housing (PSH) – PSH is unmatched as the most effective vehicle known for ending homelessness among people experiencing chronic homelessness. Research and evaluation has demonstrated that PSH is not only the most effective means of allowing the most vulnerable individuals to permanently exit homelessness, but that it is highly cost-effective.
- Focus on Chronic Homelessness – Key to maximizing PSH’s effectiveness is to ensure that the units are targeted to the subset of homeless individuals who, without PSH, will remain homeless persistently and for the long-term. (The same targeting principle applies when providing PSH to homeless families or to individuals experiencing episodic homelessness, where PSH is reserved for those households who have chronic health and behavioral health challenges and who require those ongoing wrap-around services to successfully remain housed.) CSH believes that the focus on chronic homelessness which has been adopted by the federal government, as well as many states and local communities, is critical to ending homelessness. Coupled with this focus are housing and services models (“low threshold”, “housing first”) that assertively target and recruit more challenging tenants, such as those considered “resistant” to services or those who have multiple barriers to entry.
- Targeting Frequent Users or High Utilizers of Emergency Public Services – Many communities are successfully targeting services and housing to the subset of chronically homeless individuals who are frequent users of avoidable and high-cost emergency public services (e.g. jails, EDs, hospitals, detox and treatment programs, psychiatric centers, etc.). Implicit in these programs is the recognition that many chronically homeless people experience homelessness as an “institutional circuit,” and that chronic homelessness is not a separate and distinct policy problem, but one belonging to a variety of policy sectors/spheres. By reaching this subset of chronically homeless individuals, PSH becomes a vehicle for helping states and communities reduce avoidable public spending on services that do not ultimately change the trajectories and improve outcomes among people experiencing chronic homelessness.

Summary of Best Practices and Barriers to Best Practices

- Collaborative PSH Production Systems - Despite its demonstrated cost-effectiveness, PSH can be challenging to create due to the complexity of its financing structure, and in many communities, PSH is still financed and created on a “project-by-project” and “patchwork” basis. As an alternative to this project-by-project approach, many states and communities have created effective interagency collaborative systems for bringing PSH to scale to end chronic homelessness. These communities have undergone what CSH refers to as “systems

change”, in which public resources (federal, state, and local) are committed, invested, and blended, often through coordinated or unified Requests for Proposals, to finance and produce supportive housing. Communities that have established these integrated systems count their PSH inventories not in the teens or scores, but in the hundreds or thousands of units. In some communities like Portland, quantifiable reductions in street and chronic homelessness are widely attributed to the growth in PSH production.

The primary barriers preventing the proliferation of these collaborative production systems are the lack of local political will and the lack of services funding sources. In communities that have at least minimally sufficient resources at their disposal, the most significant barrier is enlisting the various agencies that control or manage these resources to change the way they use or administer their funding. This enlistment often requires direct mandates from chief executives at the state, county, or local level as well as the interest and will of agency leaders. Elsewhere, communities may have resources available to finance capital and operating costs (federal HOME, state/local bond financing and/or trust funds, Section 8 Housing Choice Vouchers, HUD Continuum of Care, and low-income housing tax credits), but no identified or leveraged sources of funding to finance supportive services.

- New Approaches to Developing PSH and Delivering Housing-Based Supportive Services - Over the past decade, new and innovative approaches have been developed for creating PSH. The varieties of PSH that exist today include the traditional single-site model, scattered-site models, clustered scattered-site models, public housing-based models, and integrated models of affordable-supportive housing. Integrated affordable-supportive models and supportive housing developed in partnership with Public Housing Authorities (PHAs) are the newest approaches to creating PSH that: a) tap the prolific development capacity of the mainstream affordable housing sector, b) can further increase PSH availability, and c) create more integrated and “normalized” settings for formerly homeless tenants. Moreover, new approaches to delivering and financing services have been developed, including promising approaches that integrate primary and behavioral health care alongside typical housing-based services and where a key services partner or member of the services network is a Federally Qualified Health Center (FQHCs). CSH can provide examples of several promising PSH models have further tapped FQHCs’ by either integrating them as part of the services network, co-locating an FQHC as part of a PSH building, or where an FQHC serves as the primary services provider.

The most significant barriers preventing the creation of integrated housing models and public housing-based PSH models are the lack of experience and exposure among developers and providers, given the relative newness of these approaches, as well as adequate financial incentives to include PSH units in their developments. For FQHC-PSH partnerships, the lack of familiarity is also a significant barrier along with start-up capital to develop co-located models or initiate services integration.

- Frequent User PSH Models and Initiatives – Initiatives that target frequent users of public services and which use PSH as a means of ending homelessness and breaking the institutional circuit have not only allowed PSH to catch chronically homeless individuals in other public service settings, but have also begun to leverage resources from the mainstream systems that often perpetuate their homelessness. Again, CSH can provide successful models across a range of target populations including chronic inebriates, those re-entering communities following incarceration and more.

Several barriers prevent the expansion of frequent user PSH models and initiatives. First and foremost is that many communities still lack the capacity to match across administrative data systems to identify frequent users. In fact, many communities’ Homeless Management Information Systems (HMIS) remain rudimentary and incapable of even identifying the subset of clients who are chronically homeless. In some cases, privacy

and legal concerns present a barrier for sharing data (especially Medicaid and health-related data) to identify frequent users. Second is the limited capacity among services providers to either tailor services to the needs of individuals with long histories of institutional involvement or with greater health and behavioral health challenges, and a lack of familiarity with conducting “in-reach” and recruitment in institutional settings.

Areas Where Federal Government is Effective Preventing and Ending Homelessness

CSH's view is that HUD's McKinney-Vento Homeless Assistance Grants program has been highly successful in preventing and ending homelessness largely because of its flexibility in the use of funds its low barriers to access, along with its focus on targeting the chronically homeless. That said, this program is miniscule in comparison to other mainstream programs that address the housing, healthcare, education and employment needs of homeless people. The key for federal planning to prevent and end homelessness should be to make these mainstream programs, many of which are effective in serving those without special needs, more flexible for communities and more accessible for individuals. We believe that programs that effectively combine mainstream housing and mainstream healthcare resources have the greatest potential to eliminate homelessness, particularly for those with multiple barriers to housing stability.

Suggestions for Improving Federal Government Effectiveness

- Create PSH Demonstration Programs that Target Frequent Users of Public Services – The federal government should encourage communities to share and match administrative data to identify chronically homeless frequent users of public services. HUD should increase the availability of technical assistance around the development and maintenance of Homeless Management Information Systems to increase the integrity and accessibility of data on clients of homeless services. In addition, the Center for Medicaid and Medicare Services should provide guidance to states and communities around ways to use of Medicaid data to identify high utilizers of health services, while still protecting client privacy. Competitive collaborative funding can then be awarded to communities to develop innovative solutions that use PSH to help break the institutional circuit among chronically homeless people who are frequent users of public services such as emergency health and corrections.
- Increase Federal Interagency Coordination and Integration through Coordinated Funding Programs and Initiatives – Collaborative funding efforts like the Chronic Homelessness Initiative and HUD-VASH were a good start to the kind of federal funding and systems integration needed to end chronic homelessness, and should be considered the prototypes for future interagency initiatives. New collaborative funding initiatives might include:
 - A joint HUD-Department of Justice program to fund PSH programs that target frequent users of homeless services and corrections,
 - A joint HUD-Centers for Medicaid/Medicare Services program to create PSH programs that target frequent users of Medicaid-funded health services,
 - A joint HUD-HRSA program to encourage PSH and FQHC collaborations.
 - Coordination between HUD and SAMHSA to encourage mental health and substance use treatment agencies to collaborate with PSH providers. This includes finding ways for each block grant to invest in PSH.
- Encourage Affordable Housing Sector and Public Housing Authority Participation in PSH Production – Through technical assistance and policy changes, the federal government can encourage the creation of integrated and public housing-based models of PSH by encouraging mainstream affordable housing developers and PHAs to

participate in the creation of PSH production. HUD can provide guidance to PHAs around the development of PSH using their property and other resources, and should also encourage local policies that are more inclusive of homeless people with criminal justice histories, poor credit ratings, or other barriers to housing. HUD PIH can also encourage PHAs to use a portion of their capital financing to create PSH projects or require set-asides of PSH units targeted at chronically homeless individuals. In addition, changes to the Low Income Housing Tax Credit program can be made that either require or encourage the designation of tax credit awards to create PSH units.

Rosanne Haggerty – Common Ground, New York, NY

President and Founder

Last year at the start of the Obama administration, a group of us were asked by the Penn Institute for Urban Research at UPenn to make recommendations to the new HUD Secretary on game-changing approaches to housing the “hard to house”. Our committee’s report covered preferred strategies, based on evidence to end and prevent homelessness. The Committee benefited from the experience and ideas of many thoughtful people who represented the entire affordable housing industry and who are not typically consulted on this question. The recommendations introduced a wide range of possibilities for achieving significant progress. Committee members included housing authority directors; large scale private sector developers of affordable housing and large not for profit mixed income developers; national consultants on affordable housing finance; bankers and directors of state housing finance agencies in addition to Nan Roman (NAEH), Deborah DeSantis (CSH) and myself. The group’s recommendations (published in the report, *Retooling HUD for a Catalytic Federal Government: A Report to Secretary Shaun Donovan*), are worth repeating.

The recommendations fell into three categories:

- Integrating housing and services
- Integrating housing for the hard to house into all government assisted housing initiatives
- Supporting local plans to end homelessness

The Committee’s full report is at: www.upenn.edu/penniur/pdf/RetoolingHUD-Chapter3.pdf. I include sections of the text to elaborate those recommendations that require detailed description.

Recommendation 1. Determine appropriate measures for Hard to House need and track and report on an annual basis.

Recommendation 2: With White House support, HUD must play a leadership role in a federal inter-agency initiative to create a national system to house the Hard to House. Similar to the New York-New York III Agreement (outlined below), this system would match service and housing dollars for the Hard to House, allowing for local flexibility and innovation. HUD should increase the allocation of Section 8 and other agency resources to advance this interagency effort. Regional offices should be empowered to play a coordinating role with other federal agencies and with state and local governments in linking housing and service funds to specific projects.

Persuading Medicaid to extend their services to cover case management and other housing support services will not be an easy lift: HHS has for years resisted the linkage of Medicaid to housing. Yet the clinical and fiscal benefits to Medicaid itself are now well established. ...

There are thoughtful, disciplined ways to create greater flexibility in the use of Medicaid that would reap significant savings for federal and state governments. For instance, limiting Medicaid funded housing services to SSI recipients, and certain narrowly defined other groups (homeless or chronically ill individuals who are high cost patients, for example) would be a way to move the issue forward.

HUD's partnership with the Department of Veterans Affairs through the Veterans Affairs Supportive Housing (VASH) program is in some respects a model that HUD might follow with other government agencies...In building on this model, we would urge a more flexible design than the current VASH program, and allow project basing of Section 8, and for community organizations to provide support services on a contracted basis rather than require that only VA employees perform the work. With these caveats, we can imagine the VASH model being applied successfully, for example, to transitioning youth or the chronically homeless, with HHS providing services funds matched to HUD Section 8 vouchers and private landlords providing many of the housing units.

Recommendation 3: Make HUD a center of housing innovation. Allow regulatory flexibility to encourage new housing arrangements suitable for the Hard to House. Establish a "Hard to House" Coordinator position within the agency.

Recommendation 4: Use HUD's leverage to challenge exclusionary local housing practices. Link HUD grant priorities and other assistance to communities' openness to supporting housing for the Hard to House.

Recommendation 5: Provide incremental, flexible Section 8 voucher authority to enable expanded access to privately owned housing. As an immediate budget item, target significant, incremental Section 8 resources to the Hard to House, beginning with those families and individuals who are now homeless. Allow flexible terms to maximize participation by a wide range of landlords and service providers.

Recommendation 7: Establish the statutory flexibility to allow and encourage the production of housing for the Hard to House in FHA multifamily programs. Devise and include such objectives in tandem, to the extent that needed operating subsidies and supportive services can be bundled with the relevant insurance or capital advances.

Recommendation 8: Broaden the class of eligible recipients beyond the elderly and disabled to include the Hard to House to qualify for HUD's Multifamily Housing Service Coordinators grant program. Allow all developments offering housing for the Hard to House to apply residual receipts, excess income and/or budget-based or special rent adjustments to support on-site resident service coordinators as a standard practice.

Recommendation 9: Engage the Treasury Department, Congress, and states as feasible, in including Hard to House objectives in enhancements and applications of the Low Income Housing Tax Credit program.

Although HUD has no direct policy or administrative control over the LIHTC program, it can help shape additional statutory and regulatory changes that would support the production of new housing for the Hard to House. A particular opportunity is to work with Congress and the Treasury Department to provide for the allocation of additional credits or a tax credit bonus on a pro rata basis for projects that include Hard to House units.

Recommendation 12: Fully fund the implementation of ten high quality Ten Year Plans. Treat these communities as laboratories for testing new strategies and bringing proven approaches to scale. Enable each community to draw up to \$20 million in new resources to fully implement their plans.

Recommendation 13: Finish the job of ending chronic homelessness. Direct HUD resources toward housing the 127,000 remaining chronically homeless, and creating 90,000 additional units of supportive housing nationwide.

Recommendation 14: HUD should partner with the Department of Veterans Affairs to expand the VASH program and develop housing for Hard to House and other veterans at their campuses throughout the country, using HUD financing, insurance programs and technical expertise.

Recommendation 15: Align Continuum of Care process with Ten Year Plans

The goal is clear: HUD homelessness funding should support a uniform community strategy that focuses on housing rather than shelters or other short term assistance. While HUD examines the role of the CoC, there are administrative measures that could better align CoC funding with Ten Year Plans in those communities where both are operative. HUD should announce its expectations that these plans be aligned and focus on housing.

It is also the case that the Ten Year Plans are of uneven quality, and that not every community has a plan. Thus more important than the specific mechanism, a Ten Year Plan or the Continuum of Care, are outcomes. We urge HUD to base its decisions on McKinney-Vento funding on how many chronically homeless persons and other Hard to House homeless households will be housed as the result of the investment made.

Recommendation 16: Adjust McKinney-Vento eligibility criteria to preserve access to housing and services for the formerly incarcerated who were chronically homeless or homeless prior to incarceration.

Recommendation 17: Create incentives for communities to identify the homeless who are at greatest risk for premature death; who have been trapped in homelessness the longest, and who are the most costly to public systems. Allow communities who have systematically identified these individuals to obtain waivers from standard HUD marketing procedures in order to prioritize these Hard to House households for housing placement.

Recommendation 18: As a final recommendation, a plan for evaluation of major new initiatives should be designed and implemented so as to enable Federal officials to track the work underway, to identify and communicate successes and to make course corrections as needed.

Bill Hobson – Downtown Emergency Service Center, Seattle, WA

Executive Director

As has long been known, prevention of chronic homelessness is greatly enhanced by encouraging large institutional systems (jails, prisons, hospitals, foster care systems, etc.) to do more meaningful discharge planning. There should be federal encouragement or requirement for systems to do this under penalty of loss of federal funding. Applaud and encourage current VA and military efforts to provide planful, supported separations from military service. Encourage the creation of more crisis diversion program efforts nationally. They have a proven effectiveness in promoting housing retention and, if it's been lost, rapidly re-housing people post crisis. Develop

more ready access to mental health and drug/alcohol treatment with special financial incentives for providers to work with people who present with the most complicated clinical profiles.

Three words for ending homelessness – housing, housing, and, housing. For this population it's a particular type – housing first. We are not developing or acquiring it fast enough in nearly every community in the country. Pretending to end this problem without a definite federal strategy to develop more housing is just that, pretension. Many state and local governments are not stepping up to shoulder their share of financing housing development. Many state housing finance commissions are not allocating sufficient proportions of tax credits for the production of homeless housing. We need federal strategies to encourage them to do so. Finally, drop the federal antipathy toward emergency shelter until we are producing housing in adequate supply. Shelters keep people alive and, when well operated, promote effective clinical engagement and stabilization, reducing the pain of folks they serve.

Summary of best practices

Housing First **is** the best practice for this population. Many times, its efficacy has been demonstrated in empirical research published in very reputable referee journals. The model needs a stronger, clearer federal policy emphasis. Federal agencies need to get completely on board with the concept. Right now, the federal brain is bifurcated because housing first and harm reduction are conceptually joined at the hip. You like the rapid re-housing aspect of housing first but get twitchy about the harm reduction element. This is evident at both HUD and SAMHSA. Get over it – it works by reducing healthcare costs, saving lives, and making communities safer and more livable and a lot of good research proves that it does.

There are some barriers to taking housing first to scale. HIPAA and 42CFR stand in the way of realizing the cost reduction benefits of housing first. Modification of both to encourage/allow healthcare institutions to share cost data would enable communities in planning and developing projects that are truly effective in reducing costs. Another barrier is that housing first has acquired such policy cache that everyone now claims they are doing it but many are not. This is easily overcome by developing a national standard for the model.

Federal effectiveness in preventing and ending chronic homelessness

The most effective federal initiative has been the emphasis on 10 year planning. In the last 25 years, no single other effort has done more to focus national attention on homelessness and strategies to end it. Unfortunately, it has not been accompanied by an equally significant Congressional infusion of federal dollars.

Federal demonstration projects have also been effective in the development of national best practices. Unfortunately, there is an expectation that local communities will take over financial responsibility for successful demonstrations once the federal grant runs its course. That rarely happens.

How to improve federal effectiveness at ending chronic homelessness

Emphasize the importance of putting serious money into the National Housing Trust Fund specifically targeted to chronic homeless populations. A good source for this could be ending the federal low income housing tax credit program and harvesting the new tax revenue generated from corporations who currently buy tax credits to reduce tax liability. One study suggests that 20-25% more affordable units could be produced by that scenario.

Ted Houghton – Supportive Housing Network of New York, New York, NY Executive Director

I believe we now have a consensus that successful strategies to prevent and end homelessness start with getting vulnerable people into stable, appropriate affordable housing linked to flexible services that help address individualized service plans.

But we don't know how much of supportive housing's success is due to the services, and how much derives just from having an affordable place to live. Federal government can do more to figure out what the services do. Are they successful mostly because of the counseling and positive reinforcement that comes from having someone care about you? Or are they spending all their time helping tenants negotiate the entitlement bureaucracy? If it's the latter, the answer is to make entitlements more user-friendly. The point is, we still don't know all we need to know about why supportive housing works....

Another major challenge will be to figure out how we can make the services more nimble. How do we get services to follow the person, rather than stay stuck to housing units occupied by people who no longer need that level of services? How do we adjust the level and focus of services to reflect individuals' changing needs?

As we implement the HEARTH Act, many specific changes can be made to McKinney-Vento and other federal programs to make them more effective and easier to use:

- Restrictions on how localities and providers spend the money should be relaxed: for instance, restrictions on rent/reimbursement levels should be re-examined to address widening funding gaps in programs that have long been operating.
- We must ensure that VASH, McKinney service and operating dollars and other federal funds can still be used to leverage local, state and private capital investment. The funding rules and time limits for these programs must acknowledge that development delays happen to good projects, while maintaining a sense of urgency in getting these funds out the door.
- For localities that make other resources available for homelessness, we should explore how locally-funded programs can work more closely with federally-funded ones.
- For localities that don't contribute, we need to figure out how to incentivize them to bring other funding and resources to the table.
- We can better integrate homeless people into public housing and subsidies; all HUD-funded programs should prioritize participation in local initiatives to end homelessness, directing more project-based Section 8, HOME, CDBG and Choice Neighborhoods dollars toward this fundamental goal.
- Public housing authorities should be incentivized with additional federal service, placement and aftercare funding to provide vouchers and housing units to residents who have become independent enough to move on from supportive housing, thus freeing up a pipeline of existing supportive housing units for people who require the intensive services in supportive housing.
- Continuum of Care plans, 10-year plans to end homelessness and Consolidated Plans should be coordinated and mutually reinforcing.
- The VA needs to do more to contract with nonprofit community-based providers.

There are many improvements that can be made to reporting and managing federal homeless funds. But don't lose sight of the big picture: we must do more to address the failings of the mainstream housing, mental health, substance abuse, employment, healthcare, and law enforcement systems. Don't lose sight of primary goals:

- Prevent homelessness before it happens
- Keep homeless episodes as brief as possible
- Increase vulnerable people's access to affordable housing
- Offer housing-based services that link tenants to opportunities for recovery and increased independence, including employment.

Play to the federal government's strengths:

- Federal government is good at incentivizing policies and strategies of states.
- Federal government is not so good at contract management.
- Don't micromanage; look for simple, big policy changes that drive societal changes.
- Establish and disseminate evidence-based practices, both through training (especially of program supervisors) and enforcement of clear standards. Spend less time and money training providers on how to navigate application, reporting and administrative procedures. Instead, simplify and clarify those processes and spend the money on training providers on best practices for delivering services.
- Ensure localities have resources necessary to manage contracts well.

Focusing federal homeless resources on most expensive, chronically homeless people still makes sense. But as long as the needs of other poor people remain unaddressed by mainstream services and supports, there will be inordinate pressure to redirect limited homeless resources to them.

- Whenever possible, do not create parallel systems for homeless people; instead, ensure mainstream systems are accessible to homeless and vulnerable people.
- Address homeless housing needs within larger affordable housing development efforts.
- Direct those McKinney-Vento dollars that are spent on services to interventions that connect people to mainstream systems.
- Increase data-sharing across systems to identify and prioritize heavy users of emergency services. Improve and increase use of the vulnerability index.

Eliminate perverse incentives. Pay for what you want, stop paying for what you don't want. For example:

- Why does state SSI supplementary funding pay for institutional care like adult homes and nursing facilities, but not other community-based supportive housing?
- Why does federal funding favor quasi-institutional care systems dominated by for-profit operators over supportive, housing-based interventions by nonprofits?
- Why doesn't Medicaid pay for housing stability when it appears to have the most impact on health outcomes? And if Medicaid could pay for housing (or at least housing-based services), how do we ensure these services remain centered on the person's needs, and not on what services are billable?
- Why does TANF pay for shelter? Why not have TANF incentivize housing by paying states more (and longer) for permanent housing placements?
- Why is it so hard to get on SSI? Why does SSI pay so little?
- How can we incentivize localities to direct Workforce Investment Act funds to people with special needs who want to work?
- How can we get more people out of jails and prisons more quickly? How do we make sure they don't return to incarceration?

Transform and integrate homeless systems to serve more people in permanent housing:

- Make services in supportive housing residences available to other vulnerable tenants in the surrounding community.

- Reduce dependence on transitional housing programs. Expand them only when absolutely necessary; measure long-term outcomes to figure out when transitional housing may be warranted. In most cases, I suspect that we can get the same result by moving people through what we have more quickly.

It is important to acknowledge that we will not bring community-based supportive housing to scale until we begin a parallel process of decreasing spending on other expensive, quasi-institutional settings. We have to reduce federal funding available for adult homes, nursing care facilities and prisons and jails, and increase funds that incentivize moving as many people who can live independently into community-based housing.

James J. O'Connell, M.D. – Massachusetts General Hospital & Boston Medical Center, Boston, MA

President

Boston Health Care for the Homeless Program, Departments of Medicine, Massachusetts General Hospital and Boston Medical Center, Boston, MA

Strategies for Preventing and Ending Homelessness

Homelessness is an elusive descriptor of an eclectic and mobile population, and I believe that most efforts to prevent and/or end homelessness during the past decades have suffered from the complexity of the problem, resulting in a slow but inexorable growth in the numbers of homeless individuals and families in America. Studies that have helped focus current policy have been extremely helpful in elucidating the problem and identifying the population, and we now can stratify homeless persons by length of time spent homeless (transient, episodic, chronic) and begin to target programs to specific sub-groups. This strategy holds great hope for current studies that are seeking to understand outcomes.

Affordable housing with appropriate supportive services is the necessary (but not sufficient) step in preventing and ending chronic homelessness. As with the poor, transient homelessness is likely to be with us for a long time. As a doctor caring fulltime for homeless persons living on the streets, low threshold housing has been the most important and effective government intervention I have yet witnessed. At the same time, I have been buried by the complexity and intensity of the health care and other needs necessary to adequately support our newly housed patients who had lived for so long on the streets. The lessons of the original RWJ Health Care for the Homeless Programs (how HRSA's HCH Program) reverberate: if we wait for these individuals to come to our traditional clinics in hospitals and health centers, illnesses languish and prevention becomes difficult. We have learned again that direct care services must follow them into their new homes. Much of our clinical time on the streets has now been replaced by house calls, and the need for our services has not diminished but increased quite dramatically.

My other languishing concern, and this applies directly to the USICH, is the recognition that homelessness is a structural result of abject and persistent poverty. The solution to ending homelessness will require fundamental changes in many more sectors of our society and government than health and housing. I have come to view homelessness as a prism held up to our society, reflecting the failures and weaknesses in each key sector: housing,

welfare, education, justice, labor, and health care. Each sector will need to be involved in any proposed effort to end homelessness.

Summary of Best Practices Observed

I have been impressed with the efforts to define, implement and provide respite care for homeless persons as an alternative to acute care hospitalization for ill and injured individuals as well as for those in need of pre- and post-operative care for the growing number of day surgeries and outpatient procedures (colonoscopy, EGD). The shift in the venue of health care from the acute setting to outpatient and home settings has created a widening gap in the continuum of care for persons without homes. Interestingly, respite care programs have evolved into a critical supportive service for chronically homeless persons who have been housed through low-threshold programs. When these individuals become sick, they are essentially living alone and in need of supportive nursing and medical care which can effectively be done in respite care settings.

Street medicine has become a vibrant and core component of health care for the homeless programs in a number of cities, including New York, Houston, Miami and Boston. These programs seek to serve chronic street folks who are also the highest utilizers of costly emergency rooms and hospitals.

Effectiveness of Federal Initiatives

HRSA's Health Care for the Homeless Program has over 200 projects that include every state as well as Puerto Rico and the Virgin Islands. While diverse in structure and approach, these community-based programs are creative and effective. The only short-coming in my opinion is the lack of involvement of hospitals and academic medical centers despite the intensive care provided to homeless persons in these settings.

SSA has become a very aggressive and important leader in helping homeless and other poor individuals obtain disability through SSI or SSDI. This income, which comes with Medicaid in almost 40 states, has provided critical income and health insurance and has been the foundation for many persons exiting homelessness.

Suggestions on Ways to Improve Federal Effectiveness

The leadership of the USICH is critical from my perspective. As a doctor caring fulltime for homeless persons for over two decades, the inescapable need to fully integrate medical, mental health and substance abuse care for individuals becomes glaringly obvious. The separate funding streams obviate our ability to truly coordinate care, and any reform in this process is mandatory if we are to end homelessness.

Another critical area is in the understanding and funding of needed services to support chronically homeless persons who have been placed in low-threshold housing programs. At present these services seem largely limited to a case worker or housing stabilization worker assigned to a caseload of 8-25 persons, while flexible and intensive medical and mental health care accessible in the home has been neglected to date. Likewise creative substance abuse treatment programs for newly housed and formerly homeless persons are either non-existent or inaccessible.

Ann O'Hara – Technical Assistance Collaborative Inc., Boston, MA
Associate Director

1. Suggested Strategies for Preventing and Ending Chronic Homelessness

Extensive research documents that the Permanent Supportive Housing (PSH) approach has emerged as the single most effective and evidenced-based practice to address the needs of chronic homelessness. Less recognized is the fact that the PSH approach is also the single most effective intervention to prevent homelessness among people with the most significant and long-term disabilities who need access to decent, safe, and affordable permanent housing linked with appropriate community-based services and supports in order to prevent them from becoming homeless. This need is particularly acute among people with the most severe mental illnesses who often have co-occurring substance abuse along with other chronic and disabling health issues. We cannot successfully end chronic homelessness among the most disabled individuals and families if we do not incorporate comprehensive homeless prevention strategies for this population in a federal strategic plan.

Three major components of a Strategic Plan should include:

- A significant and sustainable expansion of PSH for people who are chronically homeless
- A significant and sustainable expansion of PSH for the most vulnerable people with disabilities who are most at-risk of chronic homelessness
- Highly targeted homeless prevention efforts in federally subsidized housing to prevent evictions of the most vulnerable households with disabilities

2. What have we learned about the challenges and obstacles?

Best practices in PSH are symbolized by the Housing First approach pioneered by the Pathways to Housing and Downtown Emergency Services programs have proven to be highly effective not only in New York City and Seattle but also in numerous other communities including Philadelphia, New Orleans, Portland, San Francisco etc. A similar approach to the most vulnerable people with serious mental illness who are not yet homeless but who are (1) treatment resistant and (2) frequently use and/or abuse substances to self-medicate must be an essential component of the Federal Strategic Plan. Currently, because of their extreme poverty and social marginalization, these people – if they are not already homeless – typically live in serious unstable and substandard housing circumstances that make them extremely vulnerable to homelessness including adult care homes, doubled or tripled up housing conditions, substandard nursing homes filled with other people with similar conditions, etc. Many cycle through these settings numerous times before eventually falling into homelessness. Anecdotal evidence suggests that many highly vulnerable families with disabilities receiving federally subsidized housing assistance– who have exhausted their TANF benefits – are at great risk of eviction and homelessness. Current residential services approaches are not sufficient to assist these families. Intensive mobile services similar to Housing First approaches could help to stabilize these families and prevent many of them from becoming chronically homeless.

Strategies to overcome these challenges and obstacles include:

Leadership and Systematic Participation from State and Local Behavioral Health Systems and Medicaid Officials:

Most public mental health systems and state Medicaid policies today are not invested in efforts to end and prevent chronic homelessness through the systematic expansion of the PSH approach. Some may have some

involvement through support for a few PSH projects but are not systematically re-aligning their community-based service systems to support the most vulnerable people – whether homeless or most at-risk. Despite robust efforts in some communities to end chronic homelessness, the “disconnect” between Continuums of Care and public behavioral health systems and state Medicaid policies must be addressed through aggressive efforts to reform and improve community-based services for the most vulnerable people.

Structuring Systematic State-Level PSH Policies and Partnerships Which Also Leverage Local Resources We will never end or prevent chronic homelessness by anecdotally creating one PSH project at a time at the community level. Systematic efforts are needed to align state housing and services policies (particularly housing policy and Medicaid) which can then – through the involvement of local Continuums of Care – leverage the participation of local PHAs, Community Development officials, non-profit providers, etc. in strategic and sustainable efforts to expand the PSH approach at scale in local communities. Successful examples of this approach can be found in the State of Louisiana’s 3,000 unit Permanent Supportive Housing Initiative and in Ohio’s new Permanent Supportive Housing Framework.

Resources and TA: Many communities still do not have the knowledge, resources and capacity to create successful PSH initiatives at scale. Websites are full of written materials, but expert “hands on” direct technical assistance to states and communities is needed to: (1) obtain Medicaid financing for best practice PSH services; and (2) aggregate all available housing capital and rental subsidy resources to “scale up” PSH expansion.

3. Federal Government Role

Utilize Federal PSH Demonstration programs (HUD-HHS/CMS-SAMHSA) and federal TA resources in 10-15 states to both prevent and end chronic homelessness by incentivizing: (1) changes to state Medicaid and behavioral health policies that support PSH expansion; (2) utilization of SAMHSA PSH services financing to address “gaps” in Medicaid services strategies; (3) directing both new as well as existing Housing Choice Vouchers to significantly expand PSH.

Adopt Section 811 Supportive Housing program reforms as a platform to create structured State-level PSH partnerships among state housing, behavioral health and Medicaid agencies to both prevent and to end chronic homelessness among the most vulnerable people with disabilities and leverage local PSH system development.

See Briefing Paper submitted by Marti Knisley for the Community Workgroup for additional Federal Government recommendations.

Diane Randall – Partnership for Strong Communities, Hartford, CT

Executive Director

Strategies for Preventing and Ending Homelessness

- Cultivate political will. Make it local; make it personal; make it real.
- Connect homelessness to other policy concerns—health care cost containment and stability for people with chronic conditions; educational success of children; employment; public safety; government efficiency.

- Use housing financial resources and operating subsidies to serve the lowest income populations, including people who are homeless with no income and households below 30% of Area Median Income.
- Preserve existing stock of affordable and supportive housing i.e. strategies for expiring use of tax credits; rehabilitation/reinvestment of poor quality publicly assisted housing stock.
- Require all case managers working in social service systems that touch households below 30% of AMI to have knowledge and practice of assisting clients to access and maintain affordable housing and to find and maintain employment.
- Promote programs that can show results.
 - Reduction in emergency room use or hospitalization
 - Return to education or employment
 - Lowered recidivism rates
 - Educational outcomes for children (attendance, performance, etc)

Best Practices

- Cultivating political will: solutions, solutions, solutions. Tell the stories about what is working. Tell the need. Use the data. Show results. Hire advocates. Elect people who care.
- Interagency collaboration of service, housing, subsidy sources—coordinated request for proposals. Establish jurisdictional teams with authority to loan/grant resources that develop institutional protocols for housing standards and service delivery.
- Chief elected officials/executive directors/philanthropic leaders/CEOs who will sustain commitment to ending homelessness. i.e. Ten Year Plan Leadership/accountability

Barriers of Best Practices

- \$\$\$; housing costs; housing conditions/locations; stigma against people with mental illness/addictions; lack of knowledge/experience in managing services for vulnerable populations; inconsistency in property management

Federal Government's Effectiveness in Preventing/Ending Homelessness

- McKinney/Vento—Shelter Plus Care \$\$\$; Supportive Housing Program; boosts for permanent housing
- VASH
- Seeding Ten Year Plans/Convening Leaders/Fostering Ideas that Work

Suggestions for Improving Effectiveness

- Coordinated availability of rent subsidies and services; i.e. VASH and new HUD/HHS initiative.
- Breakdown systems that create homeless "status."
- Fund National Housing Trust Fund; link vouchers/service funding for supportive housing creation.
- Promote supportive housing within mixed income/mixed use development.
- Figure out a way to incentivize housing stability for clients/patients/offenders.
- Make it a federal priority. President Obama declares ending homelessness is doable; every agency head that is part of the USICH develops targets for how they will prevent/reduce homelessness annually.

Norm Suchar – National Alliance to End Homelessness, Washington, DC

Senior Policy Analyst, Chronic Homelessness

The most important tasks for the Federal Plan are to set a clear goal, describe concrete benchmarks and timelines, identify the resources that each agency will bring to the table, and report progress frequently.

Strategies and Best Practices for Ending Chronic Homelessness

Effective strategies for preventing and ending chronic homelessness include:

- Low-demand Permanent Supportive Housing
- Outreach and Engagement
- Prevention
- Prioritization

Permanent Supportive Housing. There is a clear consensus that permanent supportive housing with low barriers to entry is an effective housing solution for people experiencing chronic homelessness. Numerous studies have shown that permanent supportive housing is effective and results in significant cost offsets, often enough to pay for itself. Best Practices include:

- Pathways to Housing, NY, NY
- 1811 Eastlake, Seattle, WA

Outreach and Engagement. Identifying and engaging with people experiencing chronic homelessness, either in shelters, on the streets, or in institutional settings, important. Effective outreach requires a direct and credible link to housing. Best Practices include:

- Frequent Users Services Enhancement, NY, NY
- Chicago Housing and Health Partnership, Chicago, IL

Prevention. There is much less knowledge about preventing chronic homelessness. There are few programs that target people who are at risk of chronic homelessness. More research is needed to identify strategies for selecting people who are at risk of chronic homelessness and also to determine what interventions are best and most cost effective for this population. Possible interventions include Permanent Supportive Housing, Critical Time Intervention, Rapid Re-Housing, and transitional housing.

Prioritization. Prior to the federal government's focus on chronic homelessness, much of the supportive housing that was developed did not reach people experiencing chronic homelessness. They were either screened out, or could never get to the top of the waiting list. Best Practices include:

- Vulnerability Index, Common Ground
- Vulnerability Assessment Tool, Downtown Emergency Services Center

Federal Response

The Federal Government's attention to chronic homelessness has made a significant impact over the past 7 years. The most beneficial policies have been ones that have encouraged communities to create ten year plans and to specify strategies and targets for reducing chronic homelessness.

HUD's McKinney-Vento homeless assistance programs, particularly Shelter Plus Care and Supportive Housing Program-Permanent Housing have been relatively easy to use for creating supportive housing. The Housing Choice Voucher program has also been effective, although less so because of additional requirements such as

documentation requirements and because of local housing authority policies that often prevent people with criminal histories from receiving subsidies.

Programs to provide supportive services or benefits for people experiencing chronic homelessness are still fragmented and slow. Medicaid and SSI eligibility determination has been improved with the SOAR program, but is still a lengthy and burdensome process. Other services programs tend to be small, requiring that communities that are trying to take permanent supportive housing strategies to scale must cobble together numerous funding streams.

Following is a list of several ways that the Federal Government could improve strategies to prevent and end chronic homelessness.

- *Create all-inclusive packages of federal resources for subsidizing permanent supportive housing at a significant scale.* For example, create a simple method for applying for housing and services simultaneously. Currently there are hundreds of different combinations of resources to develop permanent supportive housing, but there is no need for more than one.
- *Make it easier for people who are ready and interested to exit permanent supportive housing.* Permanent Supportive Housing programs should have methods for scaling down interventions, helping people move from site-based to scattered site settings with stepped down services. The benefit to facilitating positive exits from permanent supportive housing is that it frees up units to serve more people.
- *Reduce barriers to entering subsidized housing.* Currently, unit inspections, documentation, and other requirements slow the process for entering housing subsidized by Housing Choice Vouchers or other subsidies. The Federal Government should either create a flexible bridge subsidy or delay those requirements until after a person has moved in. There is no reason for delay once a vacant unit has been identified.
- *Fund research into strategies for identifying people at risk of chronic homelessness,* including patterns of service utilization that predict chronic homelessness.
- *Implement performance measures in Federal programs that encourage the provision of housing and services for people experiencing chronic homelessness.* Many federally funded programs are measured based on rates of sobriety, employment, or self sufficiency. These incentives should be adjusted for the severity of barriers faced by program participants, so that they are encouraged to serve people with more severe barriers.

Marc Trotz – San Francisco Department of Public Health, San Francisco, CA Director of Housing and Urban Health

Housing, health care, and work appear to be the triad that ends homelessness. After thirty years of demonstration projects, studies and pilots, homeless people, along with others who have worked closely with them, will attest to this conclusion.

Most encouragingly, over the last ten years, there have been rigorous studies and real success on the ground in developing and skillfully implementing programs that focus their attention on housing, health care, and work, and in the process, have ended homelessness for thousands of people.

However, despite the fact that hundreds of localities across the country can point to incredibly successful programs, there remains far too many people who are homeless and the “business” of providing effective services still requires an unsustainable and “non-scalable” hodge-podge of funding sources and gimmicks to get the job done. In other words, I fear that we will never end homelessness when the effort to do so far outstrips the output. What one hopes for and needs in a social movement is some kind of snowballing effect where massive amounts of energy are put in up front to get the ball rolling and then enthusiasm and inertia takes over and plows through to the finish line. I think, we are still pushing this ball very hard up hill, and notwithstanding so many people’s best efforts, we cannot get it over the top.

So, the question facing us now, with this new Federal Strategic Plan, is how can we change this? What have we all learned that might help break all this terrific energy loose and actually end the widespread phenomenon of people living un-housed. Perhaps our focus moving forward should be working on how to **incentivize** the change we are looking for and to radically **simplify** our funding strategies.

On the federal level, what would it mean to incentivize and radically simplify? Another way to say incentivize is “to reward” localities that are investing in solutions that are working. We all know that a city or region can not solve this issue alone. There is not enough money to get the job done and sustain the effort. Is that not a good role for the federal government? Perhaps, rather than the business-as-usual way of taking pots of money and scattering small pieces around the country, look to cities and states that are eager to solve the problem and who are putting real money behind the issue, and pour sizeable amounts of resources into that community. If a locality does not have the local will and support, it is unlikely that money or demands from the federal government will ever make much of a difference. On the other hand, you have many, many localities that are desperate to end homelessness, spending significant portions of locally generated funds on successful interventions, but still not succeeding because of a lack of critical mass of dollars. *Go to the light oh dear federal government!* Help us end homelessness in major cities across the country that are 49% there. Once the “pouring money” approach works, other localities will recognize that there is a benefit to stepping up to the plate and will fund housing, health care, and work for homeless people and know such effort will be noticed and supported by the federal government.

What does it mean to radically simplify? This is where I believe the most bang for the buck can be realized. And, I realize all too well that it is easier said than done. Nonetheless, it goes to heart of the inertia issues discussed above. We have got to find a way that aggregates and delivers funds to localities that is simple, direct, and flexible. Most of us, unfortunately, know more about, and spend more time, working the complex funding system than working with homeless people and helping to solve their problems.

At this juncture, we are so busy getting 1915c Medicaid Waivers, tapping mainstream sources, and syndicating our LIHTCs, who knows which way is up?

So, by way of example, in world that I am most familiar with, supportive housing, I would advocate the following. It is very clear what is inhibiting the widespread proliferation of supportive housing projects. While it is heralded as one of the primary strategies to end homelessness, I know of not one dependable, long-term source of funding for the on-going support service or operating costs of these developments. On this issue alone, if the federal government could aggregate a pool of funds for this purpose, that would make a huge difference. Illustrating the simplification theme, perhaps it could be something along the lines of: locality develops supportive for homeless people along a general set of criteria, federal government provides a \$500 per unit per month support services/operating subsidy. The actual cost to provide that service is \$800-\$1500, so there will always be a local match involved. The main criteria from the feds standpoint should simply be does the project take homeless people off the street and provide a decent living environment. Forget about the myriad of sub-populations,

targeted interventions, and splitting hairs over who has what diagnosis. The fact is that people are homeless and we are trying to house them and help them recover. Currently, through convoluted financing and billing strategies, at the end of the day you might recover that \$500 from the federal government for a single client, but you would have spent three times that in doing so. No business succeeds with strategies like that. I'm sure there are countless examples within each of our areas of expertise, where the "juice isn't worth the squeeze". If we are to succeed at ending homelessness the equation of energy in versus results out has to be looked at. When I look around at my peers, I see an intelligent and committed group of people who have worked for 20 and 30 years on the issues surrounding homelessness. I also see that we have had to become masters of working the system. Maybe, in the next ten years, we can go back to basics -- Incentivize and Simplify -- and get the job done.

COMMUNITY HOMELESSNESS WORKGROUP

***Betsy Benito – Chicago Department of Family and Support Services,
Chicago, IL
Project Director for Plan to End Homelessness***

The City of Chicago and its private partner the Chicago Alliance to End Homelessness are committed to fully implementing its current Plan to End Homelessness and moving beyond the original ten-year framework to pursue new innovations. Based on our current experiences and attempts at progress, we recommend highlighting the following in a Federal Strategic Plan.

Suggested Practices to Prevent and End Homelessness:

1. Provide incentives or matching funds for institutions to invest in housing as part of discharge planning programs. Corrections, health, and mental health institutions participate in many continuums of care and have policies related to the prevention of homelessness. Since few have made investments in targeted resources, federal incentives or guidance would help move forward tangible discharge planning efforts.
2. Provide flexibility to states on TANF, SSI/SSDI, workforce and other general assistance programs so the programs can respond to people experiencing or at imminent risk of homelessness. Over 60% of Chicago's homeless population enters homelessness with no financial resources, and nearly 50% exit emergency or interim housing programs without any income. Prevention of homelessness, repeated homelessness, or prolonged homelessness would be more effective with expedited access to entitlements or waivers on eligibility to establish a minimum income.
3. Establish flexible programs for short-term rent and supportive service assistance for young adults not involved in child welfare and for families dislocated due to domestic violence. Current programs in these areas are only funded for facilities, which can be harder to establish quickly, and may be more costly than providing flexible resources to keep individuals and families housed in a community setting.

Best Practices and Barriers to Ending Homelessness:

1. Best Practice: Technology and standardized tools. A new goal in Chicago is to provide equal and transparent access to services. We have developed a web-based screening tool for housing programs that produce matches to housing based on housing-seeker characteristics. The Housing Options Survey Tool is a step at establishing a "no wrong door" to housing, so that access to housing is not dependent on

advocacy or skill of a particular program or individual. We see this piece of technology as the first step in improving access to housing, and shortening the duration of homelessness.

2. Best Practice: Harm reduction services. Chicago's provider community is embracing the harm reduction service model for singles and families. We are also expanding the framework beyond addictions to any behavior that threatens housing stability. Harm reduction combined with eviction prevention policies has led to high permanent housing retention rates far exceeding HUD's standard.
3. Best Practice: Prevention outreach to neighborhoods with high rates of shelter entrance. New York's strategy of proactively engaging services in neighborhoods with high rates of people using shelter is a best practice we aspire to in Chicago. This is an excellent use of data and the approach could be used in local CoC decisions on where to locate new services.
4. Barrier: Capacity of organizations and staff to implement best practices. Agencies need training, technical assistance, and quality assurance tools to deliver the most effective programs. Communities rely on a wide-range of organizations to "end homelessness" which is very challenging when there isn't an equal amount of expertise.
5. Barrier: Homeless-specific resources going through agencies that do not coordinate effectively with homeless programs or continuums. HUD VASH and Family Unification Program Vouchers have been welcome resources in a general sense, but very difficult to coordinate with on a community level. As a result, it is nearly impossible to show how the resources are having a direct impact at reducing homelessness in one's community. The fact that the PHA is the applicant but can submit an application without approval from the local CoC at times only exacerbates the fragmentation of the resource.

Federal Government Effectiveness in Preventing and Ending Homelessness:

In the past seven years, we have documented decreases in homelessness in the precise populations where resources have been directed. This is mainly among the chronic homeless demographic. To date, the federal government has not been coordinated enough to identify and remedy the administrative or policy barriers to ending homelessness. This is most pronounced in the areas of supportive service funding for homeless with mental illness, and coordination with mainstream resources for employment and entitlements.

Suggestions for Effective Federal Leadership:

There are two main suggestions to improve federal leadership on the agenda of homelessness:

1. The federal government needs to identify regulatory waivers or changes that could be made relatively quickly that improve access to income and housing for homeless households. These would be regulation changes within multiple federal agencies.
2. Improve the interagency coordination both at the federal and regional level. Regional offices can be much more engaged in local policy coordination and in communicating the federal priorities.

Nancy Bernstine – The National AIDS Housing Coalition, Washington, DC
Executive Director

“In order to end the AIDS epidemic, we must end homelessness.” This statement is the closing mantra in recent recommendations from the Office of National AIDS Policy Consultation on Housing and HIV Prevention and Care (The recommendations in this briefing paper are based on the Office of National AIDS Policy’s findings and recommendations from said consultation). Over 70 stakeholders participating in the White House meeting concluded that the success of the National AIDS Strategy to prevent infections, increase access to care and end health disparities must include concrete steps to end homeless and housing instability for people living with HIV/AIDS and those at greatest risk for HIV infection.

Homelessness and unstable housing are linked to greater HIV risk, inadequate care, poor health outcomes and early mortality for people living with HIV/AIDS. The conditions of homelessness and extreme poverty – the pressures of daily survival needs, the inability to maintain intimate relationships, and substance use as a response to stress and/or mental health problems – leave homeless and unstably housed persons extremely vulnerable to HIV infection. It is projected that at least one-half of homeless persons in any community fall into one or more of the highest-risk categories. Moreover, proven HIV risk reduction interventions are less effective among persons who are homeless or unstably housed.

Homeless people living with HIV/AIDS experience worse overall physical and mental health; are more likely to be hospitalized and use emergency rooms; have lower CD4 counts and higher viral loads; are less likely to receive and adhere to antiretroviral therapy; and are more likely to be co-infected with the Hepatitis C virus and/or Tuberculosis. In one recent study, people with HIV/AIDS who were homeless at the time of diagnosis were significantly more likely to die over a five-year period after controlling for medical status and other individual characteristics. Acquiring supportive housing in this population is independently associated with an 80% reduction in mortality.

Despite the overwhelming research on housing’s role in HIV prevention and healthcare, among the 40 representative Ten Year Plans to End Homelessness recently reviewed by NAHC, only two include any strategies to address the overlap of HIV and homelessness, even though PLWHA and HIA/AIDS service providers in these communities report significant unmet housing needs.

Recommendations:

1. Recognize and support housing as a human right and an evidence-based prevention strategy:
 - a. Promote and provide guidance on the role of housing assistance for homeless and unstably housed persons at heightened vulnerability for HIV infection as a “primary” HIV prevention activity to prevent HIV exposure among uninfected persons.
 - b. Promote and provide guidance on the role of housing assistance for individuals living with HIV who lack stable housing as a “secondary” HIV prevention activity to prevent HIV transmission from infected people to their uninfected contacts.
 - c. Review and address existing policies and procedures that create barriers to recognizing, supporting, and funding housing as an evidence-based prevention strategy and promote the more efficient use of federal dollars.
2. Base local and federal planning and funding on real housing need among PLWHA with an immediate goal of making 141,570 new units of housing available to PLWHA nationwide by the end of 2012:
 - a. Using HOPWA’s average annual cost of \$5,142 per unit as a metric, meeting this goal will require an additional annual investment of \$728 million.

- b. Fund the National Housing Trust Fund at \$1 billion in the current fiscal year and \$10 billion over 10 years.
 - c. Require HUD Continuum of Care planning coalitions to include HIV prevalence and/or risk of HIV analyses in the establishment of need and weighing of priorities.
3. Adopt an evidence-based, public health approach that identifies and limits policy and other barriers to housing assistance for persons living with and at heightened risk of HIV:
- a. Remove eligibility requirements that exclude vulnerable persons from housing assistance (such as the HUD definition of homelessness, which excludes persons leaving institutions, and criteria that deny Veterans Administration housing assistance to veterans with other than honorary discharges from the military).
 - b. Lift public housing exclusions based on status, such as history of incarceration or active drug use.
 - c. Ensure the availability of assistance with legal barriers to housing access and stability, including barriers related to immigration status.
4. Adopt a rights-based approach to target existing resources to those most vulnerable:
- a. Make people who are at highest risk of HIV/AIDS and people with HIV/AIDS who are at highest risk for poor outcomes, high public costs, and mortality, a priority in national housing and community development policy and program initiatives.
 - b. Impose requirements and/or offer incentives for local communities to commit housing resources to evidence-based, low-threshold housing models with few or no housing-readiness requirements and to develop programs that meet the unique needs of underserved groups such as transgendered persons, active drug users, and sex workers.
 - c. Distribute available funding in a manner that is based on real need in each community.
 - d. Employ set-asides or other strategies to increase access for PLWHA to housing resources targeted to address overlapping issues, e.g., homelessness, domestic violence, substance use, re-entry from prison and jail, and homelessness among veterans.

The National AIDS Housing Coalition welcomes the opportunity to work with the Interagency Council on the development of the development of the Federal Strategic Plan.

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Suggestions for Federal Government Actions Designed to Mobilize and Organize Communities to Prevent and End Homelessness

The Communities Workgroup of the U.S. Interagency Council on Homelessness's Federal Strategic Plan has the task of taking all the strategies that the four population-focused workgroups identify as effective for their populations and reflecting on how the thousands of different communities in the United States can make those strategies work for them. Further, the Communities Workgroup is charged with identifying what the federal government can do to facilitate effective community strategies. I have modified the questions posed to participants by the USICH to focus them on the community mobilizing and organizing strategies that are the focus of this committee.

What community organizing strategies are effective at preventing and ending homelessness?**Preventing homelessness—short-term strategies:**

- Central intake, screening, and diverting as many households as possible. Resources must, of course, be available to cover the costs of short-term assistance to households at imminent risk of losing housing.
- Assuring that everyone with major disabilities being discharged from mental hospitals and psychiatric wards of general hospitals, jails and prisons, substance abuse treatment programs, foster care and juvenile justice systems, HIV/AIDS agencies, and similar institutions has been linked to a place to live, the resources to pay for that place on a long-term basis, and the supportive services that will enable them to stay out of institutions in the future.
- Modifying data systems in agencies that “send” people into homelessness to flag those in their care who have a high homelessness risk. To make this approach work, these systems will need to have better ways to update housing status regularly. A flag would activate casework to use resources from those systems rather than homeless systems to prevent their homelessness and stabilize them in the community. In addition to the systems just identified in relation to discharge planning, the welfare system needs to do the same for families receiving TANF.

These three strategies, along with every other strategy described below, require community-wide organizing to make them happen. While the work itself may affect one homeless population more than another, and thus fall within the purview of a different USICH committee, none of them will happen in ways that make a community-wide difference without significant levels of interagency cooperation. This fact is what makes these strategies pertinent to the Communities committee. See also Burt, Pearson, and Montgomery (2005).

Preventing homelessness—long-term strategies:

- Expand resources sufficient to provide rental assistance to all households with worst-case housing needs.
- Greatly expand the resources to support development of adequate supplies of affordable housing throughout the country.
- Invest far more heavily than has been done to date in educational reforms that assure the poorest, most disadvantaged children the *best* education, including linking federal financial support to school reorganization for effective teaching and learning. The Department of Education seems to be moving in this direction.

Ending homelessness—strategies for newly homeless people:

- The same central intake and screening mechanisms in use for preventing homelessness can also function as the gateway to shelter structured to assure **rapid rehousing**. As with diversion, resources must be available to cover the costs of short-term assistance to households to help them return to and retain housing. In addition to the types of assistance associated with prevention, rapid rehousing strategies will also need to include “whatever it takes” flexible funding to help households overcome barriers to housing retention. Following the lead of communities that developed this approach (e.g., Columbus and Minneapolis), the Homeless Prevention and Rapid Rehousing Program (HPRP) in the ARRA has made resources available throughout the country to implement this strategy.
- Even if intake is not central, Homeless Management Information Systems (HMIS) can be used to identify people just entering shelter, or recently encountered for the first time by outreach. Screening and linkage with appropriate services would follow. Denver, as part of its Road Home initiative, has an excellent structure to do this.

Ending homelessness—strategies for long-term homeless people:

- This is the area where the most work has been done over the past decade and the most definitive answers have been generated. Permanent supportive housing (PSH) works, and works well. But to create enough of it, assure that tenants receive adequate rental subsidies and appropriate supportive services, and that the right people get into it—that is the work of whole communities. Excellent examples exist of communities mobilizing to end long-term homelessness. Early starters include Connecticut, Miami/Dade County, New York City, and San Francisco. Burt and colleagues (2004) chronicled seven more, while others (e.g., Denver, Portland/Multnomah County, Seattle/King County, Utah) have mobilized more recently and made great progress.
- Targeting is really important in all aspects of preventing and ending homelessness; great progress has been made in mechanisms to assure that the most vulnerable people get the PSH being created. These mechanisms include Vulnerability Surveys to create lists of those to be housed first (Times Square, New York; Skid Row, Los Angeles; Santa Monica; Washington, DC), data matching to identify frequent users of crisis public services (Chicago, six Northern California communities, Los Angeles, New York City, Seattle/King County), and provider networks poised to place highly vulnerable people when new housing units open (Portland/Multnomah County, San Francisco).

What have we learned about challenges and obstacles for mobilizing and organizing communities to prevent and end homelessness?

Through past work with community efforts to change and after examining several analytic schemes for describing that change, I find it useful to consider three levels of contact or working together that may occur between two or more agencies—communication, coordination, and collaboration. These levels are hierarchical—agencies cannot coordinate without communicating, and they cannot collaborate unless they both communicate and coordinate. When enough agencies in a community are engaged in collaborative work, it may be appropriate to say that they have achieved a fourth level—coordinated community response. The hierarchy reflects the extent to which agencies pay attention to other agencies, perhaps change their own ways, and make a joint effort to reach shared goals. These levels are described in many publications listed at the end of this document, so I will not repeat them here, with the exception of what I mean by collaboration, as it is the key to achieving the strategies identified above.

Collaboration adds the element of joint analysis, planning, and accommodation to the base of communication and coordination. Collaborative arrangements include joint work on developing shared goals, followed by protocols for each agency that let each agency do its work in a way that complements and supports the work done by another agency. Agencies have reached the level of collaboration if they work with each other to articulate shared goals, analyze their operations to determine how they may achieve those goals, and make changes dictated by this analysis to improve their ability to serve their joint clients optimally. Collaboration cannot happen without the commitment of the powers-that-be. If agency heads are not on board, supporting and enforcing adherence to new policies and protocols, then collaboration is not taking place, although coordination may still occur at lower levels of organizations. Collaboration may occur between two or more agencies or systems. “If every agency hasn’t changed something, given up something, to work with other agencies, it’s not collaboration.”

Because collaboration entails *organizational commitments*, not just personal ones, when the people who have developed personal connections across agencies leave their positions, others will be assigned to take their place. They will be charged with a similar expectation to pursue a coordinated response, and will receive whatever training and orientation is needed to make this happen. Collaboration may mean that agency staff members fulfill new roles or restructured roles; outstation, co-locate, team, or otherwise work together with staff of other agencies; merge money, issue joint requests for proposals, apply together for new money to operate new

programs in new ways; actively support each others' work; have mutual feedback mechanisms to assure continued appropriate service and program delivery; and/or other mechanisms and activities that reflect a purposeful, well-thought-out commitment to work together to reach common goals.

The communication-coordination-collaboration framework may seem prescriptive, suggesting that it is always better to be collaborating than coordinating, and coordinating than merely communicating. I do not want to leave that impression. There are certainly instances in which even communication across agencies may not be needed, and if it is not needed, it will not be either efficient or effective. If 60 or 70 percent of the people who need the services of a particular agency need *only* the services that the agency provides, then it will be most efficient for the agency to continue to work in its silo to help those people. Further, the agency may be good at what it does, so operating in isolation is also effective as well as being efficient. No community wants to lose the expertise of specialized agencies that successfully meet the needs of many people with simple issues.

On the other hand, what about the remaining people? To help homeless people with multiple barriers to leave homelessness and stay stably housed, isolated agencies must come out of their isolation and work together. Because that is so hard to achieve, these people with complex needs often fall through the cracks and get no help at all.

Lessons Learned about Mobilizing Communities to Help Vulnerable People

For decades, studies of service delivery mechanisms have discussed "lessons learned" as one of their most important report sections. Reviewing these sections leads a reader strongly to the conclusion that we have been "learning" the same lessons over and over. Studies of services and systems integration efforts from the 1970s articulate many of the same lessons as studies from the 1980s, 1990s, and now the 2000s. They are remarkably easy to summarize:

- It always takes longer than you think it will. However long you think it will take to get an approach up and running, double it. If new relationships among two or more agencies are involved, triple it, especially if they have never worked together before on anything.
- Clients have multiple and complexly interacting issues; funding and eligibility silos impede the ability of service agencies to help their clients. Break down the silos.
- People and agencies that have coordinated with each other in the past are likely to be the most successful at developing additional coordinative mechanisms or moving toward more intensive service integration.
- No single structure will work in every community. Each community has to evolve its structure for itself, paying attention to the location of talent, interest, leadership, and resources. Trying to impose a particular structure from without is more likely to slow things down than speed them up.
- Integrated services are good for clients with complex needs—they are more likely to get what they need, in a timely manner, and with due regard for all the issues they are trying to handle. But they may not be necessary for all clients. The motivation of any community to develop integrated service mechanisms or to integrate systems will depend on the scope of the problem being addressed and the resources available to address it.
- Having a way to track progress, get feedback, use data to see how things are going, can help the program development process along in many important ways.

Finally, to integrate services and/or systems, **it is essential to have a coordinator**, some person whose job it is to keep things moving. If carefully tended, a successful effort at service and systems integration has a tendency to

widen in scope and have payoffs for the community beyond the original goals. If not nurtured and tended, it falls apart or never comes together in the first place.

So, why do policy makers, managers, and practitioners seem not to have taken the lessons of the past decades to heart? Why do we appear to need to learn the same lessons repeatedly, without starting at least a step or two ahead of the game the next time we try to create structures to serve people or households with complex needs?

Some part of the answer to this problem of starting each time from zero lies with the array of challenges that the same evaluation reports also describe. As with the lessons learned, the challenges also are similar across the decades, suggesting that even when they are met and surmounted in specific instances, communities have a tendency to relapse to the “status quo ante” of rigid silos unless some very strong steps are taken to keep things open and moving forward. Challenges identified frequently across four decades of program and policy evaluation reports include:

- “Turf” issues—agencies want to keep control of the services and clients they have traditionally served and are not always eager to share clients or yield control as would be necessary in an integrated service approach.
- Agency “cultures”—different agencies are staffed by people with different training, coming from different disciplines, and tending to see the world (and clients’ problems) in specific ways. They also are subject to the rules and regulations that go with their specialty, and tend to be ignorant of the rules and regulations governing other agencies. People who do cross-agency work have to learn each other’s languages and come to appreciate each other’s strengths and constraints.
- Data privacy constraints—all kinds of rules and laws govern who can share what information with whom, and under what conditions. With good will all around these constraints can usually be overcome to the benefit of clients, but it takes time. When an agency does not really want to work collaboratively, data sharing issues can be used to resist full integration.
- Inadequate resources—agencies do not have enough resources to do the work they already have, and do not want to take the time to develop new ways of doing things or to focus on the hardest to serve among their clients or eligible populations.
- The population to be served is not big enough, popular enough, considered “worthy” enough, to warrant the effort that coordination or collaboration takes.
- And of course, silos.

What one *can* see across the decades is that lessons *are* learned locally, and challenges once overcome *locally* tend not to recur, or at least not to be as difficult to handle the next time they arise. The USICH should be doing everything possible to foster progress in communities that have learned to work together and move other communities toward similar collaborations through conferences, peer-to-peer visits, technical assistance, and support for coordinator positions located in agencies where they will have significant community leverage.

And the USICH should **be patient**, and try to contain the impatience of Congress and everyone else. System change takes years to accomplish. Some progress occurs fairly quickly, but the full fruits won’t be seen before three, four, or five years have passed, during which stakeholders continue to work together with the help of a coordinator/facilitator. Federal programs tend to come down in three-year chunks and want answers at the end of the second year to prepare for arguments about reauthorization, despite the fact that money will not even be on the streets for the better part of the first year, and the more complex the intervention the more of the second year will be absorbed with making adjustments to make it work smoothly. If you really want to see system change, allow at least five years from the date of appropriation before an evaluation is due.

What role has the federal government played in advancing effective practices for mobilizing and organizing communities? How has it been effective?

Congress has:

- Funded permanent supportive housing.
- Required annual updates on progress toward ending homelessness, stimulating a remarkable spread of databases enabling local communities to report; they're not all great, and many communities could make more use of them than they do, but at least they give a national picture.
- Most recently, funded the HPRP, which is pushing communities to rethink the entry points to their homeless systems; to take full advantage of learning from this innovation, a full evaluation must be fielded soon (last year would have been better).
- Reauthorized the McKinney-Vento Homeless Assistance Act.

HUD has:

- Pushed since the early 1990s for more rationality and organization within communities receiving its McKinney-Vento resources
 - Requiring whole-community applications through the Continuum of Care process since 1996;
 - Reinforcing its own and USICH policy of organizing to end chronic homelessness by requiring communities to report on plans and progress in ending chronic homelessness as part of every annual request for funding and including progress as a criterion in scoring applications;
 - Orchestrating development of HMIS and other reporting structures (e.g., point-in-time counts and the Annual Homeless Assessment Report) as steps toward being able to track progress in ending homelessness;
 - Structuring HPRP implementation to prompt communities to get more systematic about the entry points to their homeless systems;
 - Giving itself the flexibility to incorporate research findings on what works and what doesn't into its program requirements from year to year.
- Funded research and disseminated its findings focused on community-wide strategies for preventing homelessness, ending long-term homelessness, helping homeless people gain access to public benefits and services, in addition to the research it has funded to document the effectiveness of various programs and approaches to homelessness.

HHS has:

- Developed SOAR training and implemented it in selected communities.
- Pushed within SAMHSA for state mental health system transformation, stressing recovery and community integration models; some states (e.g., Ohio, Indiana) have seen that PSH, discharge planning linked to housing, and similar components desired by homeless assistance systems mesh with their transformation goals, and are working closely with homeless, housing finance, and other agencies to develop integrated approaches.

Within HRSA, run the Health Care for the Homeless program, facilitated its integration with Community Health Center and Federally Qualified Health Center programs, and structured eligibility for new Community/Federally Qualified Health Centers to prioritize serving homeless populations.

USICH has:

- Promoted development of ten-year plans throughout the country, pushing communities to think about what they would have to do to end homelessness, which agencies would have to be involved, how progress could be monitored, and other aspects of community mobilization and organization.

The Food Stamp (SNAP) Program (USDA) has:

- Made homeless people presumptively eligible for food stamps.
- Encouraged outreach to help more homeless people apply.
- Eliminated requirements for having a fixed address and other eligibility barriers.

Department of Veterans Affairs has:

- Structured its Grant and Per Diem program so it could be used extensively to support veterans in transitional housing.
- Sponsored extensive research on homeless veterans that contributes to defining solutions for veterans and others.
- Recently acquired greatly expanded resources for the VASH program, which in turn is prodding Veterans Affairs Medical Centers around the country to start working with local homeless assistance networks.

How could its performance be improved *with respect to community mobilization and organizing?*

At federal level:

- Improve communication, coordination, and especially collaboration among agencies—e.g., HUD and HHS should do what it takes to issue an integrated annual SuperNOFA that makes it possible for communities and project sponsors to get all types of funding (to pay for capital costs, rent subsidies, and supportive services) through one application. Breaking down silos is extremely difficult at the local level when federal agencies remain separated by very high walls.
- Examine eligibility criteria for the many benefits and services programs that would help homeless people, to see which ones are particularly likely to exclude homeless people. Then do what it takes to change those criteria.
 - As long ago as the late 1980s, in response to advocacy on behalf of homeless people, USDA/FNS dropped its criterion that a person had to have a fixed address to receive food stamps.
 - One of HHS's most hurtful actions, taken at the start of 1997 under the Reagan administration, was to drop eligibility for SSI based on disabilities caused by alcohol and drug abuse. This action was done administratively, and could be reversed administratively. Doing so would provide tens of thousands of chronically homeless people with an income source that would let them pay their share of housing costs, as well as make them eligible for Medicaid to cover supportive services.
- Offer sustained technical assistance and facilitation to communities that want to implement community-wide solutions to homelessness.
- Fund a demonstration project that would pay for a full-time coordinator/facilitator and last at least four years.

Federal operations at the local level:

- Exercise better control over local offices of federal agencies—offer ongoing training, practice, and monitoring, with consequences, not just memos. Tales are legion of communities in one part of the country getting substantially and dramatically different answers to the same questions from local and regional offices of federal agencies, so projects that have no trouble gaining approval in some places are rejected out of hand in others. The odds of this happening should be greatly reduced.
- Local offices of federal agencies, most importantly SSA local offices and VA Medical Centers, should be directed to work more collaboratively with local governments and homeless assistance networks, and monitored to see that they do so. Some of this has happened with respect to SSI in communities that went through SOAR training, but not in most communities. These offices should be working to smooth

application procedures, reduce barriers, learn each other's languages, and establish data retrieval systems. They can assign a special office, special staff, or special days every month for handling homeless-related applications, and can do cross-training and co-locate staff at least some of the time. VA Medical Centers should consider assigning their own case management and health care staff to work with veterans in permanent supportive housing, co-locating their staff in shelters to identify veterans and screen for eligibility, re-examining rules on continuing eligibility for services if people fail to complete a particular course of treatment, and so on.

References and Resources on Community Organizing to Prevent and End Homelessness:

Many others have written about system change and community organization, and some have brought that focus to bear on ending homelessness; their work could be cited. I have done a lot of this work, however, in relation to homelessness and also organizing communities to do what it takes to succeed with other vulnerable populations, including high-risk youth, pregnant and parenting teens, women victims of violence, and hard-to-serve welfare families. I began concentrating on community organizing in 1973 with a focus on making systems work collaboratively for rape victims in Minneapolis and later throughout Minnesota. That interest translated into my research, so that almost every study I have done since that time has included elements of services and systems integration in local communities and how to make it happen. Thus I am providing references to my own work, which covers the major points that I have made above.

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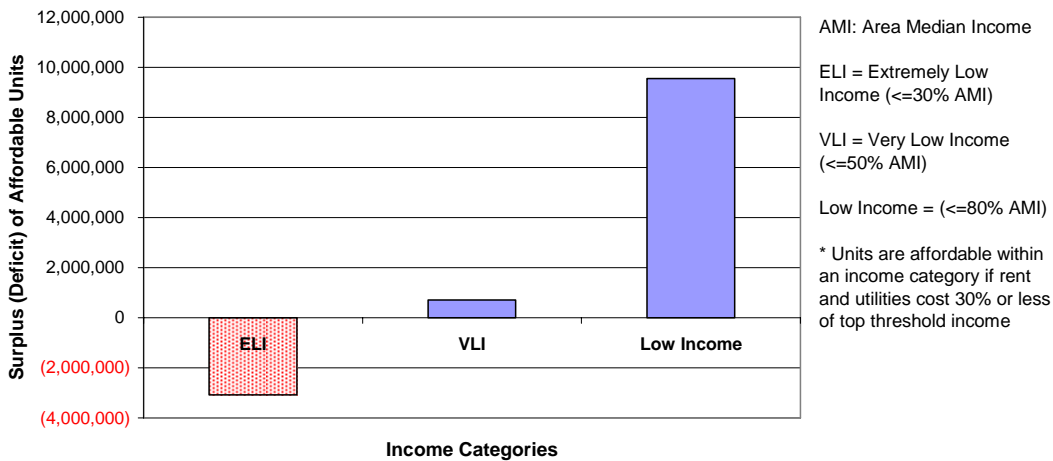
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The Housing Shortage

According to NLIHC's analysis of the 2008 American Community Survey (ACS), there are 9.2 million extremely low income renter households and only 6.1 million rental units that they can afford, using the standard affordability measure of spending no more than 30% of household income on gross housing costs. The result is an absolute shortage of 3.1 million rental homes for this income population nationwide. This is the only income group for whom there is an absolute shortage. [1] (See Figure 1).

Figure 1: A Comparison of Households and Units by Income Threshold* (2008)



Source: NLIHC Tabulations of 2008 American

In actuality, the situation is much more dire, because many of the units that are affordable to extremely low income households are in fact rented and occupied by higher income households. So, on a nationwide basis, the shortage of affordable and available rental homes for extremely low income households is 5.8 million. Nationally, there are only 37 affordable and available rental homes for every 100 extremely low income renter households. [2]

Examination of state level data from the 2005 ACS shows that the shortage of affordable units does not occur in a just a few states, but that there is an absolute shortage of rental housing units for extremely low income households in 41 states and the District of Columbia. And, in the nine states that show a sufficient supply or small surplus (AK, AR, HI, MT, NE, ND, SD, WV, and WY), the margin of error is such that there may be no surplus at all. [3]

Who are extremely low income households? In Denver, CO, they are families with total annual income of \$22,800 or less. In Washington, DC, they are families with total annual income of \$30,810 or less. In Birmingham, AL, the annual income is \$18,270 or less. In Boston, it is \$27,060 or less. And it is \$18,630 or less in Los Angeles; \$22,470 or less in DuPage County, IL. [4] These are people who work for a living at the low wage jobs that all of us rely on to be able to do our jobs; child care providers, nursing homes aides, hotel housekeepers, office cleaners, retail clerks, receptionists.

Extremely low income households are also elderly and disabled people whose income is limited to Supplemental Security Income (SSI). The federal SSI benefit level is \$8,088 annually in 2010 for an individual and \$12,132 for a couple.

What happens to real people under these conditions of scarcity for a need as basic as housing? They must spend precariously high percentages of their income for their homes. Seventy-one percent of extremely low income renters spend more than half of their incomes for on housing costs. It must be noted that home ownership provides no protection against high housing cost burdens. Sixty-six percent of extremely low income homeowners pay more than half of their income for their homes.[5] Or, the adults work multiple jobs, at the expense of time for their children and family life. Or, the household must double and triple up with other families, creating overcrowding. Or, they live in substandard housing that threatens their health. Of course, it could be some

combination of these. Those who have the fewest coping skills and weakest social networks are the ones who have the highest risk of becoming homeless under these conditions of scarcity.

Finally, it is important to note that the shortage is getting worse. Analysis by NLIHC of the 2007 and 2008 American Community Surveys shows that the absolute shortage of rental units affordable to extremely low income households was 2.7 million in 2007 and rose to 3.1 million by 2008. [6]

Solutions to the Housing Shortage

National Housing Trust Fund. The President signed the National Housing Trust Fund into law on July 30, 2008. NLIHC supports the President's request for \$1 billion for the NHTF in FY11 and will work to increase this amount. The NHTF will be used to produce and preserve affordable housing, at least 75% of which must be affordable to extremely low income households.

New Vouchers. To support the units added by the NHTF and to otherwise assist the lowest income families in accessing affordable housing, NLIHC will continue to advocate for a significant number of new vouchers. We will advocate for at least 250,000 new vouchers in FY11, to renew all vouchers currently in use, and for enactment of the Section 8 Voucher Reform Act, which we believe will improve the voucher program. Our goal is to double the size of the voucher program within 10 years.

Improve and Preserve Public and Assisted Housing Program. NLIHC also supports improvements to HUD's existing programs that serve extremely low income households. Programs like public housing, housing choice vouchers and project-based Section 8, which together serve about 4.6 million households, must be improved, preserved and expanded upon so we can best meet our nation's housing needs. NLIHC believes that federal housing programs must be affordable to each household to ensure housing stability and be well-funded to ensure preservation of the federal housing inventory and resident choice in the private housing marketplace.

Other Resources. NLIHC will work with our partners on effective implementation of the HEARTH Act. We will also work to achieve greater equity in federal housing subsidies both along the income spectrum and between homeowners and renters, and will advocate for redirecting these savings to fund NHTF and Housing Choice Vouchers. We will also support efforts to help the Low Income Housing Tax Credit program rebound, with a focus on continuing the exchange program for 2010 and on support for a policy revision that would require 25% of LIHTCs to be used for housing affordable for extremely low income households.

[1] Pelletiere, D. (2009). *Preliminary assessment of American Community Survey data shows housing affordability gap worsened for lowest income households from 2007 to 2008. Research note #09-01. Washington, DC: NLIHC*

[2] *Ibid.*

[3] Pelletiere, D. (2007). *American Community Survey shows larger national, state affordable rental housing shortages. Research note #7-01. Washington, DC: NLIHC. NOTE: The 2005 American Community Survey does not reflect losses to housing stock as a result of Hurricane Katrina.*

[4] Wardrip, K., Pelletiere, D., & Crowley, S. (2009). *Out of Reach 2009. Washington, DC: NLIHC.*

[5] *Forthcoming report from NLIHC.*

[6] *See Note 1*

Sherri Downing – Sherri Downing Consulting, Helena, MT**Owner and Principal****1. Suggested strategies for preventing and ending homelessness***State/City Partnerships*

The Montana Council on Homelessness (MTCOH), originally comprised of policymakers from state and federal agencies and select community leaders, settled on a state/city partnership approach to addressing homelessness. The Council and its participants agreed that they could offer technical assistance, easy access to policymakers, flexible seed money, staff time and other supports. Billings was selected as the first demonstration city because it had the largest documented community of persons who were homeless and a good service palette. Prior to approaching Billings, the Council Coordinator created *Homeless in Billings*, a report based partially on data from the Point-in-Time Survey, as a frame of reference on homelessness *as it existed in Billings*. Leadership, including the Lt. Governor, met with Billings leaders, then convened a series of day-long educational/planning sessions. Each session were attended by approximately 150 people. The upshot was the creation of the Billings Mayor's Committee on Homelessness. The Mayor tasked the Community Development Director with providing staff time to the Committee and selected the members from among local leaders and stakeholders. This started and has remained a vibrant committee that includes business leaders, the librarian, nonprofit executives, healthcare professionals, United Way, homeless constituents, representatives of homelessness serving agencies, the housing authority and others. Once the Committee had begun its strategic planning, the State allocated \$300,000 in Food Stamp Bonus funds for use in addressing homelessness in ways the Mayor's Committee deemed most effective. A multi-pronged approach was launched over four years that has resulted in initiatives on multiple fronts. These efforts have been supported by the original seed funds, grants, Community Development Block Grant and HOME funds, private donations and additional resources including Congressional earmarks. The results have been nothing short of remarkable: a Housing First project, a 10-year plan, Second Chance homes, a 10-member VISTA project dedicated to addressing homelessness, a cost-benefit analysis detailing the costs of *not* addressing homelessness, a vigorous Billings Area Resource Network that functions as the City's Continuum of Care, a transitional housing facility for veterans, social enterprises, an Interfaith Hospitality Network, Project Homeless Connect events and more.

Lessons learned

- Homelessness is a local problem that must be solved locally; the State can educate, advocate, encourage and support local initiatives, but there are no one-size-fits-all solutions.
- *Flexible* seed money can generate the excitement needed to engender significant change.
- The State is a valuable partner that can bring resources to bear, convene community leaders, offer technical expertise, provide data and information, offer access to state and federal resources, and make policy changes to smooth the path for community change.

Summary of best practices and barriers to best practices that you have observed.*State leadership*

A State Interagency Council modeled on the Federal Interagency Council on Homelessness is a useful tool, lending the weight of authority and a degree of gravity that can help move the agenda forward. The visible engagement of respected leaders – in our case Hank Hudson, Deputy Director for the Department of Public Health and Human Services and John Bohlinger, the Lt. Governor – let communities know that the state's leadership prioritizes addressing homelessness. Key leaders and policymakers are critical members of these councils because they have

the ability to influence policy, allocate resources in a way that encourages comprehensive strategies, coordinate efforts and make resources easier for individuals to access. A few Montana examples include allowing SNAP recipients to use benefits at farmers' markets; simplifying accessing SNAP for persons who are homeless; encouraging a team of state employees (the Disability Determination Services Director and the PATH Program Manager) to become SOAR (SSI/SSDI Outreach Access and Recovery) trainers and to routinely deliver the training.

Another useful tool was assigning dedicated, paid staff to further Council efforts. In Montana's case, Community Services Block Grant funds were allocated to provide for contract coordination. (CSBG is flexible federal funding from HHS for use in meeting local needs.) This position provides support for state-level efforts to address homelessness. The contract Coordinator has had the opportunity to participate in federal/regional educational opportunities, policy academies, leadership/planning events, SOAR training and more. This knowledge has been widely disseminated through reports, educational sessions, a website, a listserv, public speaking, media engagement, technical support and leadership.

Lessons learned

No two communities have the same needs, resources, leadership, issues or vision. Though many of the problems that lead to and sustain homelessness are ubiquitous (e.g., lack of living wage jobs, personal vulnerabilities, disease, deep, crisis poverty and loss of institutional support), these factors play out differently across communities. Allowing local flexibility is essential to empowering and supporting communities as they create their own strategies to address homelessness.

2. Areas in which the federal government is effective in preventing and ending homelessness.

The new resources have been enormously helpful. The HUD/VASH vouchers are an excellent model. Recipients receive case managers and permanent subsidized housing; many of the obstacles to using public housing are ameliorated for voucher recipients. These are also flexible enough that we have been able to make some decisions geographically, based on need. The Homelessness Prevention and Rapid Rehousing Program (HPRP) funds are also an excellent resource that is working well in Montana. These funds address needs *before* families have been destabilized. Prevention is key, and I encourage continuation and expansion of this resource.

3. Suggestions for how the federal government could improve its effectiveness.

- Move to one succinct, cross-cutting definition of homelessness. According to my Merriam-Webster, *homeless* means *without a home*. In Montana we use, *Without a safe, stable nighttime address*. The Health Care for the Homeless and McKinney Vento definitions are flexible and broad enough to fit most situations.
- State leadership is struggling with how best to proceed with the HEARTH Act. They want federal direction on HEARTH implementation, including precise, measurable guidelines on proceeding at state and community levels. Setting HEARTH regulations would provide a valuable opportunity for our federal partners to offer meaningful, substantive assistance on effective use of this resource.
- Many resources established to address homelessness do not take into account (or reach) the vast, unpopulated areas of frontier and rural America. In Montana, 46 of 56 counties qualify for frontier status, meaning there are fewer than six persons per square mile. It is imperative to recognize and address the diseconomy of scale involved in providing services in sparsely populated areas, as well as the human costs when people must leave their homes to access services.
- Homelessness exists on the frontier and in very rural areas (including our Indian Reservations), but there is little attempt to evaluate what that really looks like or define equitable resource allocation in support of those needs. We must learn to address frontier and rural homelessness in a meaningful way. At present, few

resources are available beyond our population centers. Small communities have a dearth of resources to assist with preventing or ending homelessness and the current formulas for distributing homeless assistance funds put rural communities at a disadvantage. A rural homeless assistance program, potentially within the U.S. Department of Agriculture, could be used to fund flexible, local solutions such as homelessness prevention, rapid rehousing, motel vouchers, transitional housing, supportive services and capacity-building assistance.

- In Montana's case, creating the 10-Year Plan has been a useful exercise and a living tool, but it would help to have technical and financial assistance with implementation. Also: prioritize key strategies at every level. This might mean creating a single model for Interagency Councils on Homelessness that parallels the federal ICH, remains distinct from the Continuums of Care, and includes cabinet-level and other policymakers.
- Fund more affordable housing. For this population, that means subsidized housing and housing vouchers. Even in Montana, the wait list for a housing voucher or a Housing Authority unit can be *years* long. Fully funding the Housing Trust Fund would be a good step, but we also need solutions that make housing available to those who have felony records (the reentry population), poor credit or rental histories, active alcohol or addiction issues, untreated mental health conditions and other obstacles.
- Accessible, affordable health care for all.
- Create plenty of jobs that pay a livable wage and adapt the public workforce investment system to allow effective use by those who are homeless. About 40 percent of adults who are homeless work, but many have not had the opportunity to engage in the workforce at a level that allows economic self-sufficiency. Reduce impediments that keep people who are homeless from accessing and using mainstream workforce programs.

**Maria Foscarinis – National Law Center on Homelessness & Poverty,
Washington, DC
Founder and Executive Director**

First, any plan must be aimed at ending homelessness for **all** homeless people. The best way to accomplish this, in my view and that of other national advocates, is through a focus on the causes of homelessness and solutions to it. This focuses attention and energy where it should be focused—on solutions—rather than on identifying and describing the characteristics of the people affected. In contrast, a population-based focus risks leaving out important parts of the population (as they already appear to have been) and does not take into account differing needs in different parts of the country. In addition, I urge the Council to incorporate in the Plan a commitment to the human right to housing for all homeless people and to set ensuring that right as a goal, with specific action steps to reach it, as Scotland has done.

Specific steps that the Council and Administration can and should take to end homelessness have been outlined in numerous documents prepared for the Council by the Homeless Advocates Group, a coalition of the national advocacy organizations working to end homelessness that is convened by NLCHP. The Group includes the Corporation for Supportive Housing, Family Promise, Give Us Your Poor, HomeBase, National Aids Housing Coalition, National Alliance to End Homelessness, National Association for the Education of Homeless Children and Youth, National Center on Family Homelessness, National Center for Housing and Child Welfare, National Health care for the Homeless Council, National Law Center on Homelessness & Poverty, National Low Income Housing Coalition, National Network to End Domestic Violence, National Network 4 Youth, National Policy and Advocacy Council on Homelessness, and Western Regional Advocacy Project.

As outlined in our most recent letter to the Council, dated December 3, 2009, these solutions encompass these six areas: 1) Commit to End Homelessness Now, with Public Participation; 2) Increase Access to Affordable Housing; 3) Expand Access to Affordable Health Services; 4) Ensure Adequate Incomes; 5) Ensure Access to Childhood Education; 6) Protect Against Discrimination. We make specific recommendations within each of these areas. Rather than repeat them here, I am attaching a copy of our joint letter.

In addition, NLCHP presented its own recommendations to the Domestic Policy Council on September 16, 2009. These track the recommendations of the Homeless Advocates Group and include more specific recommendations on issues that the NLCHP is focusing on, including: Increasing access to vacant federal properties by reforming Title V of the McKinney-Vento Act and the Base Closure and Homeless Assistance Act; Preventing domestic violence survivors from becoming homeless by implementing and enforcing their housing rights under the Violence Against Women Act; Preventing renters in foreclosed properties from becoming homeless by educating them about their rights under the Protecting Renters at Foreclosure Act; Increasing enforcement of the Education for Children and Youth program of the McKinney-Vento Act; Removing identification and other barriers to public benefits and conducting outreach to homeless people to help them apply for and receive them; Protecting homeless people from criminalization and urging cities to adopt constructive approaches to street homelessness (as now required by HEARTH). A copy of NLCHP's recommendations is enclosed.

I hope that the Council and this working group will give serious consideration to both the joint recommendations of the major national organizations working to end homelessness and to the more specific recommendations made by NLCHP.

Laura Kadwell – State of Minnesota

Director for Ending Long-Term Homelessness in Minnesota

Overall Concepts

1. The primary strategies for preventing and ending homelessness do not come with a “homelessness label.” Rather, they are adequately funded and fully accessible mainstream programs (housing, income supports, health care).
2. Relationships are the foundation for ending homelessness (between bureaucracies, between providers – and, most importantly, with people experiencing homelessness).
3. Safe, affordable housing is critical to the mission of every agency.
4. Many agencies are serving the same people with different “labels.” (the vet, the person with mental illness, the offender = the same person).
5. All funding to end homelessness needs to be as flexible as possible.
6. Collaboration is hard work; it needs constant tending.
7. Federal agencies need to drive “best practices” into the field (e.g. SOAR).

Effective Minnesota Strategies

1. Flexible services fund: State funding for services needed by people in housing created under Minnesota's Business Plan to End Long-Term Homelessness.
 - Pays for services not eligible for "mainstream funding" but needed by people with long histories of homelessness (e.g. case management, tenancy supports).
 - Funds are disbursed to "consortia of counties," thus also promoting collaboration at the local level.
 - Federal government could replicate this funding stream (Services for Ending Long-term Homelessness Act).
2. State-funded rental assistance: The state has funded sufficient rental assistance to get the Business Plan started but always expected to rely on federal housing vouchers or other subsidies to keep families and individuals permanently housed.
 - Federal government needs to increase funding for and availability of housing vouchers.
3. Partners Fund: Flexible pool of business/foundation dollars administered by coordinators of plans to end homelessness. Donors may restrict funds to certain localities and/or particular populations or purposes. Funds used for many purposes, including outreach (for which there is no federal funding source).
 - Federal government can learn "what works" and fund. Federal government can create a "matching fund" for flexible pools of private dollars.
4. Stewardship Councils. Minnesota has two "Stewardship Councils" (one for the Twin Cities area, the other for Greater Minnesota) charged with maintaining existing supportive housing stock. Funders of housing and services (including local HUD) meet monthly to address developments that are having difficulties.
 - Federal funding in many of the properties.
 - Federal role in expanding availability (and flexibility) of technical assistance to nonprofits needing assistance.
 - Federal role in promoting this model to other jurisdictions.
5. Grants for Operating Subsidies: Funds appropriated to the Department of Human Services (DHS) for operating subsidy grants to increase the availability of housing options for people with serious mental illness. DHS contracted with Minnesota Housing to make these funds available for the development of permanent supportive housing.
 - Federal role -- increasing funding available for operating subsidies.
6. Family Homelessness Prevention and Assistance Program. Minnesota has a flexible fund designed to prevent homelessness and re-house families and individuals who are homeless.
 - Direct assistance can be used for transportation expenses (critical in rural communities), mortgage payment assistance, and undesignated temporary financial aid (e.g. buying work clothing). Services include family reunification.
 - Applicants are community organizations or groups of organizations; each project has a community Advisory Committee (important to leveraging community resources and expertise).
 - Federal role – more flexibility in HPRP, with less paperwork and regulation.
7. Opportunity Centers. Places where people who are homeless can be connected to the community and to providers (a "year-round" Project Homeless Connect).
 - Hennepin County is opening an opportunity center for youth and one for singles.
 - Folks working to end homelessness in rural Minnesota have voiced a need for a single point of entry (not just a phone number but a place where people can go).
 - Federal role – look for ways to support single point of entry in communities.
8. Leveraging resources (public and private)
 - Private landlords are the backbone of Minnesota's successful scattered-site model of supportive housing.
 - Private funding (through the Partners Fund) is being used as start-up for access to Group Residential Housing, a state-paid supplement to SSI (and part of MN's maintenance of effort agreement with the federal government).

- Federal role – incent foundations and corporations with federal matching funds for innovative projects.
9. Circuit rider: Resource shared by providers (e.g. mental health specialist)
- Federal role – could fund with technical assistance or flexible services dollars.
10. Many models: No “one-size fits all” for ending homelessness
- Site-based and scattered (including new housing in tax credit developments)
 - “Sober housing” and low-barrier housing for chronic inebriates
 - Housing where goals are required and housing where services must be available but are not required
 - Rental assistance: geared to income and flat rate

Challenges and Obstacles (not otherwise mentioned)

1. Inadequacy of mainstream resources (compare 30% of SSI grant to cost of the most modest housing).
2. Medicaid does not cover core services needed to address homelessness, e.g. case management (in most situations).
3. Chemical dependency is not a “disability” for purposes of Medicaid/SSI.
4. People who are under 65 and disabled must wait for 2-years before being eligible for Medicare. During that time, they must be eligible for Medicaid to get help paying for health care. This requirement can drive people into homelessness.
5. Indian reservations are not eligible for HPRP funds or HUD McKinney-Vento Homeless programs.
6. Employment programs are not geared to people who are homeless.
7. Students are not eligible to live in housing built with tax credits.

Federal role (not otherwise mentioned)

1. SAMHSA services grants are very helpful. Need more – and need to simplify the application process.
2. Shelter Plus Care – a very good program. Deep, long subsidies are very important for people with long histories of homelessness.
3. HUD renewal policies (McKinney-Vento funding) are very helpful, primarily because they allow communities to predict their housing resources.

Dariush Kayhan – Office of Mayor Gavin Newsom, San Francisco, CA **Director of Homeless Policy**

1. Suggested Strategies for Preventing and Ending Homelessness

- Allocate at least 50,000 additional HUD-VASH vouchers targeted to chronically homeless veterans.
- Establish federal policy that all chronically homeless people qualify for Medicaid (or other health care without the necessity of establishing a disability).
- Provide Medicaid (or other health care) coverage for the full range of services necessary for permanent supportive housing. HUD/HHS should establish housing/services funding mechanisms for chronically homeless people similar to HUD-VASH. HUD should provide the rent subsidies and HHS should expand the

availability of its resources so state behavioral health and health care systems can provide/pay for supportive services. Fund local Project Homeless Connect Programs to spur local interagency collaboration.

2. Summary of Best Practices and Barriers

Best Practices:

- HUD Housing vouchers linked to HHS SAMHSA services.
- HUD/VASH
- VA five-year goal to end homelessness.
- Project Homeless Connect: one stop service center for chronically homeless and families.
- Direct Access to Housing: housing first for chronically homeless individuals.

Barriers:

- VA staff needs training on housing placement and use of Section 8.
HHS/HUD funding not coordinated and no incentives for localities to coordinate programs at ground level.

3. Areas Where Federal Government Effective in Preventing/Ending Homelessness

- \$1.5 billion Homelessness Prevention and Rapid Re-housing Program
- HUD/VASH Program
- HEARTH Act

4. Suggestions How Federal Government Could Improve its Effectiveness.

- Hire homeless focused staff person in Secretary's Office at each agency.
- HHS must coordinate services and entitlement programs with HUD capital/subsidies.
- HUD should renew the funding for permanent supportive housing through the accounts that renew Section 8 vouchers or provide mandatory funding.
- HHS systems that serve low-income people must treat housing stability for their client population as a priority, and should link clients to housing services.
- Establish federal policy that all chronically homeless people qualify for Medicaid (or other health care) without the necessity of establishing a disability.
- Provide Medicaid (or other health care) coverage for the full range of services necessary for permanent supportive housing.
- Increase the supply of Section 8 vouchers and ensure better targeting to homeless and at-risk families.
- Give Medicaid the flexibility to support services in permanent supportive housing.
- Increase the supply of transitional housing for youth linked to employment funding.
- VA should consider, depending on capacity of local office, contracting out housing search and case management for HUD-VASH Program.

Martha B. Knisley – The Technical Assistance Collaborative, Boston, MA
National Director, Community Support Initiative

1. What strategies are effective at preventing and ending homelessness?

- A. *Effective engagement and early intervention for people who have histories of long term or intermittent homelessness, incarceration, institutionalization and/or living in sub-standard housing.* Engagement in this context is a process not an event and it means a staff person (generally an outreach worker) engages with a person who has experienced difficulties getting services they need and works with the person for as long as it takes for them to become engaged in services and get housed. People who have difficulty with interpersonal communication, have cognitive or social problems that interfere with their follow through or have had negative experiences that cause them to stay away from programs will often need this level of contact to be able to take full advantage of resources being made available to them.

Engagement also requires a person getting more than an appointment card when leaving a hospital or emergency room. Many people will also need help with getting identification, making housing applications and getting their basic needs met while going through process to get housing.

- B. *Permanent Supportive Housing (PSH) and Housing First as a systemic state level policy for people with disabilities to prevent homelessness.* TAC's experience assisting Louisiana and other states to create a state-local model demonstrates that with focused state level policy and changes in local service systems people with behavioral health and other disabilities can remain stably housed.
- C. *Narrowing the differences or eliminating silos between programs that have different fund sources and eligibility requirements.* This leads to people being pigeonholed into a slot, the narrowing of entrance criteria and systems engaging in blaming each other for failures. It also leads to expensive program redundancies and competition between providers and systems. However, it is important for disparate funding streams to be coordinated at the person level, and that incentives to cost-or care-shift between funding sources or programs be eliminated.
- D. *Reducing the housing affordability gap for people with behavioral health and other disabilities.* There are 4 million people on SSI and 30 to 40% of that number has a mental illness. While not all people with mental illness need affordable housing and services (PSH), based on recent analysis in Louisiana, nearly 70% of people with a serious mental illness could benefit from affordable housing and services.

2. What have we learned about the challenges and obstacles?

- A. *The inability of people who are homeless to gain access to services funded in mainstream health care and other human services systems.* Two decades ago there were very few services for people who were homeless except those provided by voluntary, faith based, grassroots or small niche organizations. Today, thanks to the hard work of advocates and the generosity of philanthropy and federal McKinney funding that reality has changed. But there are two unintended by-products of that change. The first is the gulf between McKinney funded programs and mainstream services and resources as they pertain to funding, provider capacity, eligibility and access. The second is that mainstream services and resources have not changed sufficiently (eligibility, practice and reimbursement) to be more accommodating to people who are homeless or services made available to people in such a way to prevent homelessness.

- B. A second challenge is that *single adults have few health benefits and are often not able to access disability benefits* leaving them with limited choices for health care for chronic medical conditions and enough money to pay rent. SOAR is important but not sufficient to ending disparities. For example few people with substance abuse disorders qualify for SSI even when they are unable to work contributes to homelessness among this population.
- C. Third, many communities have few organizations that follow “best practice” guidelines and while there is a growing knowledge about “best practices” there is *little evidence that systemic incentives are in place to reinforce funding for best practices*. For example, skill building with tenants on how to negotiate with landlords or neighbors is vital to a person’s success in housing but it is rarely listed as part of a covered intervention in a Medicaid state Plan.

3. What role has the Federal government placed in advancing effective practices? How has it been effective? How could it be improved?

- A. *Advance policy that assures people who are at risk of homelessness or who are homeless have access to mainstream primary and behavioral healthcare*. This can be done by promoting PSH in federal regulations and guidance and reducing barriers to PSH services being reimbursable with a combination of federal, state and local funding. This is possible because of the overlap between highly effective service interventions such as assertive community treatment, illness self monitoring, crisis intervention, harm reduction and relapse prevention and interventions associated with engagement, pre-tenancy assistance and housing stability.

PSH is often limited in its development not by its effectiveness but because of limited awareness on how it could be utilized to prevent and reduce homelessness at the systemic level. This is part because there is still a mistaken notion that PSH can only be used for people who have successes in a continuum of care and also because there has not been sufficient exploration on how resources could be re-aligned to increase the availability of PSH. The USICH strategic planning process is an ideal opportunity to further the discussion on potential federal support and policy changes to further this model. As stated above, TAC’s experience in Louisiana and several other states can provide valuable information about how this shift could be made at a state level.

- B. *Reduce barriers to timely benefits acquisition*. See above reference to the barriers to benefits for people with substance abuse disorders. Exploring and advocating for the removal of barriers such as these is an essential role for the USICH and federal agencies.

**John N. Lozier, MSSW – National Health Care for the Homeless Council,
Nashville, TN**

Executive Director

Persistent mass homelessness as we have known it for three decades arises from and evinces significant misdistribution of resources in this country. Real solutions will therefore tend to be universal, rather than targeted to particular subgroups or even to all those who are homeless at any time. Targeted approaches are nonetheless necessary to resolving homelessness, because homelessness itself creates new difficulties in accessing housing, services and income.

The Federal government has a major role to play in addressing the economic and social factors that generate homelessness. The strategy of the previous Administration to devolve political responsibility for homelessness to the “community” level while withdrawing critical Federal resources did create new initiatives at state and local levels, but it failed to end homelessness. The new Strategic Plan should clearly acknowledge the types and levels of federal investment that are needed to end this national crisis.

From the perspective of health care providers who seek to break the complex and deadly relationships between poor health and homelessness, the Federal Strategic Plan should include these elements:

I. A major federal re-investment in the production and maintenance of affordable housing. Above all else, homelessness is a housing problem. From our perspective, housing *is* health care.

- A major increase in the number of Section 8 housing vouchers. Priorities for housing vouchers should be given to those whose current housing situations are most destructive of their health and well-being. HUD should require that local jurisdictions identify and eliminate locally imposed barriers to qualifying for Section 8 and public housing opportunities (e.g., prior convictions, unregistered guests, victims of domestic violence, slow unit approval processes, etc.).
- Capitalization of the National Housing Trust Fund at \$10 billion over two years and funding for the Trust at \$1 billion annually. Additional investments in new publicly owned housing, including a requirement of 1:1 replacement of public housing that is demolished or otherwise removed from inventory.
- Large increases in housing stock devoted to Permanent Supportive Housing models. Integrated funding and unified reporting requirements for the housing and the services will increase the accessibility of this proven approach. Facilities for Medical Respite Care should be supported in a similar manner. HUD should not reduce its current commitments to services for homeless people (in PSH or otherwise) without firm arrangements for continuing funding.

II. Guaranteed access to comprehensive, high quality health services for everyone. Because people with health problems disproportionately become homeless, and because homelessness causes further health problems, homelessness is a health issue.

- Universal health insurance that eliminates financial barriers to care, consistent with President Obama’s priority. This is as important a measure for homelessness prevention as it is for ending current homelessness. At a minimum, the Plan should call for the elimination of categorical eligibility for Medicaid and extension of the program to everyone at or below 200% of poverty.

- Continued expansion of HRSA's Community Health Center program. Health Centers, including Health Care for the Homeless projects, ensure a health care delivery infrastructure that is accessible and delivers the integrated, multi-disciplinary care necessary for homeless people who often have multiple, complex, interrelated medical and social needs. HCH programs and other Health Centers should be authorized and incentivized to provide services in PSH and Medical Respite Care settings.
- Increased collaboration between HRSA and SAMHSA's targeted homeless and mainstream programs. Differing funding mechanisms (categorical grants by HRSA; block grants and time-limited demonstration projects by SAMHSA) complicate the delivery and sustainability of comprehensive services at the community level. Unified funding opportunities and reporting requirements (including appropriate outcome measures) will increase the capability of service delivery agencies. Likewise, VA and HHS programs should be incentivized to collaborate at the local level where services are delivered directly.
- Expedited determination of disability to qualify for SSI and SSDI. Continuation and expansion of the SOAR initiative, including SSA requirements that local SSA and DDS offices identify and expedite homeless claimants, will help ensure income and health insurance for many seriously ill homeless persons.
- Attention to homelessness throughout health care data systems. HHS, including CMS, should include indicators of patients' housing status in all reporting on federally funded health programs. The health care system is uniquely positioned to gather and report clinically significant data on the housing status of the population, and to adjust itself accordingly.
- The National Health Care for the Homeless Council has previously endorsed a letter from the Homeless Advocates Group to ICH Director Poppe, addressing a broader set of recommendations. We reaffirm our support of those recommendations, but have focused here on matters that more directly affect what we believe should be an explicit health care agenda in the Federal Strategic Plan.

Joyce Probst MacAlpine – Montgomery County, OH

Manager of Housing and Homeless Solutions

In June 2006, Montgomery County, Ohio, the City of Dayton, and the United Way of the Greater Dayton Area adopted an ambitious *Homeless Solutions Community 10-Year Plan: A Blueprint for Ending Chronic Homelessness and Reducing Overall Homelessness*. (Montgomery County had approximately 534,000 people in 2008. In the January 2009 Point in Time (PIT) Count there were 861 people in shelters, transitional housing facilities or on the street. Chronically homeless individuals declined from 120 in 2007 to 52 in 2009. In 2008 there were 7,208 people in the Homeless Management Information System, 1,059 of which were in permanent supportive housing.)

I. HOMELESS SOLUTIONS PLAN PROCESS & IMPLEMENTATION

Critical new leadership to prevent and end homelessness emerged as a result of the two-year planning process that developed the Homeless Solutions Plan. The process also educated the community about proven solutions such as permanent supportive housing (PSH) and the local cost of homelessness.

Homeless Solutions Plan

- Key Plan Principles & Goals – Prevention, Housing (including 750 units of permanent supportive housing and 1,800 units of affordable housing), Poverty Reduction and Multi-System Response. Commitment to data driven decision making in funding and systems change.
- Creation of the Homeless Solutions Policy Board to oversee implementation – Diverse group of community leaders from hospitals, universities, business, faith & community organizations, and government. The Policy Board is the Continuum of Care.
- Resource Commitment – Dedication of Montgomery County HOME funds to PSH and other Plan priorities. Commitment of \$1.8 million in human services property tax dollars. Staff (3.66 FTE) for Plan implementation.

Homeless Solutions Plan Achievements

- Development of 402 units of permanent supportive housing including 233 unit Section 8 commitment from local Housing Authority.
- Transformation of gateway shelter system with new men's gateway shelter.
- Funding through Continuum and county sources combined into one proposal process.
- 30% reduction in family shelter units with rapid rehousing implementation.
- Initial stages of comprehensive assessment process to determine most appropriate referral and evaluate performance of organization client is referred to.
- Substantial reduction in chronic homelessness from 2007 to 2009.
- \$4 million HPRP implementation with 70% of funds targeted to Homelessness Prevention.

II. STATEWIDE ENGAGEMENT

With representatives from homeless systems in other major Ohio cities created the Ohio Supportive Housing for the Homeless Alliance (OSHHA) to advocate for state funding of operating and services for PSH. OSHHA now is engaged with state and private stakeholders in the state's Interagency Council on Homelessness and Affordable Housing on the development of a permanent supportive housing plan. Activities include development of a Medicaid toolkit to help providers access Medicaid funding for eligible services to eligible clients in PSH, and exploration of state and local partnerships to share resources to develop new permanent supportive housing.

III. SUCCESSFUL STRATEGIES FOR PREVENTING & ENDING HOMELESSNESS

- Permanent supportive housing clearly is the solution for many people who are homeless, particularly single adults. But the current programs and funding processes are much more effective at housing people with mental illness. To end homelessness there must be sustainable PSH strategies that serve people with substance abuse disorders including veterans who do not meet VA sobriety requirements.
- System wide assessment and targeting is essential for effective use of resources and ensuring that programs meet homeless peoples' needs. Decline in chronic homelessness due in part to targeting of PSH units. There is no federal funding for the development and implementation of these models.
- Forming partnerships is the only way to implement a 10 Year Plan at scale. But there are few incentives or requirements for cross-system partnerships, often willingness to partner is dependent on local leadership and can vary from community to community. Outcomes and rules for other programs (ex. workforce, Section 8, public housing) can be obstacles to serving people who are homeless.

IV. EFFECTIVE FEDERAL PRACTICES FOR PREVENTING & ENDING HOMELESSNESS

Offering incentives or establishing requirements through various federal programs are the most effective actions the federal government has taken. These actions can be leveraged at the local level to create change, initiate partnerships or develop projects in line with local and federal priorities. Examples of this kind of federal action include:

- Priority for PSH development through the Continuum bonus funding.
- Data driven planning and funding through the Homeless Management Information System, the Continuum of Care funding process and the 10 Year Plan initiatives.
- Implementation of the Homelessness Prevention and Rapid Rehousing Program with the emphasis on assessment and targeting and partnering with other ARRA resources.

V. SUGGESTIONS FOR IMPROVING FEDERAL GOVERNMENT EFFECTIVENESS

Expand cross-system leadership focus on meeting needs of people who are homeless. This includes incentives and requirements to increase resources, compel partnerships, and invest in systems change. Federal actions should include:

- Increased funding for affordable housing with rent subsidies, priority for homeless people, and removing regulatory barriers to serving people who are homeless (ex. felony restrictions in public housing & Section 8). Promote affordable housing development by linking other federal funding to housing development performance.
- Increased funding for services in permanent supportive housing. Issue grant opportunities where the federal government has coordinated the needed resources instead of requiring local communities to do this with no incentives or requirements.
- Funding permanent supportive housing for people with substance abuse disorders at scale. Resolve Medicaid and SSI benefits issues for this population.
- Funding for 10 Year Plan implementation including staffing, provider capacity building, and assessment, performance evaluation and other system tools.
- Exploring methods to transfer savings from one system to another.

Lloyd S. Pendleton – State of Utah

Director, Homeless Task Force

1. Federal Policies and Funding Supportive of Utah's Homeless Efforts

- a. The Federal Government's support the last few years for homeless programs has significantly impacted Utah's homeless delivery system as follows:
 - i. **Continua of Care** – This began a process that focused planning and funding into a more effective approach for agencies across the state.

- ii. **Research on Homelessness** – This has helped to identify areas of focus for high return on investments, information on the broader cost of homelessness, and best practices, such as housing first, that have been implemented.
- iii. **Demonstration Projects** – The support and funding for demonstration projects established models that were shared and helped create a clearer vision of how to more effectively approach homeless services.
- iv. **Policy Academies** – The training at these Academies disseminated homeless research and best practice information to a broader audience.
- v. **HMIS** – The requirements, guidelines, and funding supported the establishment of a system for tracking the homeless population and identifying results.
- vi. **Ten-Year Planning** – This was key for motivating state and local leaders in using a holistic approach to more effectively address the state's homeless population and the benefits from ending chronic homelessness.
- vii. **SOAR** – The support for this effort has had a significant impact on Utah's chronic homeless population as they were placed into permanent supportive housing. The initial submission for SSDI approvals moved from 20 months at 10% approval to 4.3 months with 80% approval.
- viii. **Technical Assistance** – The funding for TA has been beneficial in starting and refining Utah homeless programs.
- ix. **HPRP Funds** – These additional funds are being used not only to serve more homeless persons, but to enhance the overall collaboration among the homeless service agencies.

2. Other focus areas that would benefit Utah, and other states, are as follows:

- a. **Model/Template Homeless Delivery System** – The National Alliance to End Homelessness prepared and disseminated a model Ten-Year Plan to End Chronic Homelessness that was beneficial in conceptualizing and developing local Ten-Year Plans; however, it appears many state and local governments have not effectively implemented them. The development of a “model” or “optimum” homeless delivery system could be used as a template to evaluate the effectiveness of Ten-Year Plan implementations and the area's homeless delivery system. Actions could then be defined to close the identified gaps.
- b. **“Ten-Year Plan” Field Personnel** – Having qualified and knowledgeable field personnel with the authority and travel budget to work with local governments and agency leaders on a regular basis to develop, implement, and refine their Ten-Year Homeless Plans would deepen the local ownership and results. They could also assist in identifying local champions, additional local resources, what research studies or program descriptions that might support their local efforts and identify what TA Specialists might be helpful.
- c. **Technical Assistant Specialists** – SOAR was developed and rolled out with specialists that not only did the initial in-state training but were available for follow up information and additional in-state training. A similar approach to assist with the utilization of other dedicated funding such as Medicaid, veteran benefits, etc. would enrich the homeless services at the local levels.
- d. **Case Management Funding** – As HUD has moved to a higher percentage of funding for housing this will require additional case management to achieve maximum results. It would appear the Federal HHS is the logical source for these additional case management funds. Also, having guidelines requiring similar support from state Health and Human Service Departments could help in bringing them more fully into supporting homeless service delivery.
- e. **Street Youth Assistance** – The street youth population in Salt Lake City doubled the last two years to over 850. The effective dissemination of street youth research, the development of demonstration models and additional funding for housing and case management would be helpful.

**Nan Roman – National Alliance to End Homelessness, Washington, DC
President and CEO**

1.) Suggested strategies for preventing and ending homelessness.

To prevent and end homelessness, the federal plan should be **outcome focused** and set **measurable goals**. These goals should be aligned with the goals of local plans to end homelessness, and should include:

- End homelessness among **families** (150,000)
- End homelessness among **youth** (50,000 street youth)
- Finish the job of ending **chronic homelessness** (90,000 units)
- End homelessness among **veterans** (130,000)
- Maintain a **crisis (shelter) system** that quickly assists all people who lose their housing to address their crisis problems and move rapidly back to housing with links to services in the community.

The federal plan should **assist communities to implement** their plans to end homelessness. If these plans are only for chronically homeless people, the federal government should encourage expansion to include all populations.

The federal government should align its resources with local plans. These resources should be adequate to the task and sufficiently flexible. In particular, the strategies that jurisdictions and the federal government will need to implement to achieve the goal of preventing and ending homelessness include:

- **Outreach** to identify and assist people who are vulnerable to homelessness, and to identify and assist people who are already homeless. Outreach should be linked not only to crisis intervention but also to re-housing and services.
- **Assessment** to identify needs. Increasingly, there is success in doing assessment based upon a jurisdiction-wide set of criteria to improve targeting, effectiveness, and efficiency.
- **Targeting** of assistance based on needs, with greater resources going to those with greater needs.
- **Housing focus** and funding. Housing strategies should include:
 - Crisis housing
 - Housing search, landlord negotiation and other aids to rehousing.
 - Resources for first and last months rent
 - Short term and shallow rent subsidies
 - Long term and permanent rent subsidies
 - Supportive housing
 - Affordable housing development
- **Linkage to services** and service funding, including:
 - Health care
 - Employment
 - Mental health, primary health and substance abuse treatment services
 - Children's services including day care
 - Education and training.

These should be delivered in the context of a system that can address prevention, diversion and re-housing. The system should provide consumers with choice and dignity. It should protect the civil right of homeless people.

2.) Areas where you have found the federal government to be effective in preventing and ending homelessness.

The federal government is effective in preventing homelessness to the extent that mainstream programs (such as TANF, veterans assistance, Medicaid and Medicare, corrections, etc.) recognize and respond to the housing needs of their clients and consumers. If vulnerable, high need families and individuals are adequately supported to have their basic needs met – particularly housing – they will not become homeless.

In particular, housing assistance prevents and end homelessness for almost everyone. For those who need additional service support to stay in housing, supportive housing ends homelessness. If mainstream programs provided adequate support, people would not become homeless. To the extent that this support cannot be provided to everyone, it should be provided to those most vulnerable to homelessness.

3.) A summary of best practices and barriers to best practices that you have observed.

Best practices at the local level that should be supported by federal programs:

- Prevention through mainstream programs
- Increased data collection and analysis and outcome focus
- Centralized and consistent intake and assessment across the jurisdiction
- Targeting of assistance
- Flexible use of rent subsidies and housing services
- Consistent, reliable services funding.
- Permanent housing (long term rent subsidies, supportive housing, etc.)

Barriers to achieving best practices:

- Prevention: mainstream programs do not attend to the housing status of their clients/consumers.
- Data: multiple data systems for homeless and other programs.
- Centralized intake/assessment: lack of funding and barriers to sharing information.
- Targeting of assistance: inflexibility of funds.
- Flexible housing assistance: except for HPRP, one size fits all re rent subsidies.
- Services: federal mainstream programs should be required to assist to assist homeless people, or require their grantees to do so.
- Permanent housing: inadequate resources and poor targeting.

4.) Suggestions for how the federal government could improve its effectiveness.

- Prevention: require mainstream programs to ascertain the housing status of their clients and to use resources to address unstable or nonexistent housing
- Data: require all homeless programs to participate in HMIS and facilitate anonymous data matching with other systems.
- Intake/assessment: provide administrative funding and eliminate barriers to sharing information
- Targeting: give mainstream programs flexibility to address short term housing needs.
- Services: require mainstream programs to prioritize services to homeless people.
- Permanent housing: address the affordable housing crisis; improve homeless people's access to mainstream affordable housing programs; target housing assistance to the poorest people.

Marybeth Shinn – Peabody College, Vanderbilt University, Nashville, TN
Professor of Human and Organizational Development

Strategies to Prevent Homelessness

- A. Universal prevention
 - 1. Strategies to increase employment and incomes at the bottom of the distribution, so that people can afford housing on the open market. (Greater income inequality in the United States is associated with higher rates of homelessness than in other wealthy, industrialized countries.)
 - 2. Increased public investment in affordable housing; funding of the National Housing Trust Fund. (The study of effects of housing vouchers on welfare families showed that housing subsidies prevented homelessness for poor families.)
 - 3. Better enforcement of fair housing laws. (Housing discrimination may contribute to higher rates of homelessness among minorities, especially African Americans.)
 - 4. Strategies to reduce costs for young families (e.g. child care subsidies) so that infants are no longer the age group at highest risk of shelter entry.
 - 5. Poverty policy (and measurement) that takes into account the fact that poor people spend much larger proportions of their income on housing than when the poverty thresholds were first codified.
- B. Targeted prevention
 - 1. Reduction of barriers to public housing for people with criminal histories and their families.
 - 2. Programs to promote (re)entry and (re) integration, including help with employment, education, and housing for:
 - a. Youth who have been in foster care (up to age 25 or more).
 - b. Veterans.
 - c. People leaving institutions. E.g., prisons, jails, mental hospitals. (Note this should be more than discharge planning. Nine-month “critical time interventions” have had some success.)
 - d. Women experiencing domestic violence.
 - 3. Supported employment programs with individual placement and support models.
 - 4. More generous disability benefits, with greater incentives for employment, including lower risk that benefits will be lost permanently for people who need to resume them.
 - 5. Research on HPRP and other preventive efforts that target high-risk individuals (e.g., eviction prevention, mediation) or communities (e.g. community development) to develop knowledge about effective strategies.

Strategies to End Homelessness

- A. Families: Housing subsidies (even without specialized services, subsidies have been successful with most families)
- B. People with mental illnesses: Supported housing especially housing first programs (supportive housing generally works well; supported housing in private apartments with wrap-around services under resident control works even better in randomized studies; but housing first is not housing only.)
- C. People with disabilities (including mental illnesses): Supported employment programs coupled with housing
- D. All: Research on rapid re-housing programs; shallow and declining subsidies, transitional housing

Best Practices by Federal Government

- A. State policy academies (but offer financial incentives – a race to the top in homelessness prevention).
- B. McKinney-Vento requirements that schools enroll homeless children and permit continuity of schooling if desired.
- C. Increased efforts to monitor homelessness via Homeless Management Information Systems (HMIS). Note, however, that one-night counts are both inaccurate (because of people missed) and misleading (because most homelessness is transitory or episodic); HMIS coverage is still woefully incomplete.
- D. Permission for states and cities to experiment with program rules (as in the welfare experiments that preceded the switch from AFDC to TANF), so that states and cities can try programs that might work better. (New York City's effort to try step-down housing subsidies for homeless families foundered on TANF rules; the subsidies were paid from TANF funds, but to meet the increased housing costs when subsidies declined, families had to earn more than TANF would allow.)
- E. Current HUD effort to study effects of housing and service interventions for homeless families.

Suggestions to Improve Federal Efforts (in Addition to Strategies, Above)

A. Data collection on homelessness under different definitions.
Different federal agencies have different definitions of homelessness. This is not fatal, although a classification system such as the European Typology on Homelessness and Housing Exclusion (<http://www.feantsa.org/files/freshstart/Toolkits/Ethos/Leaflet/EN.pdf>) would avoid confusion. We know most about homelessness under the HUD definition, and much less about people who meet the DoE definition under McKinney Vento unless they are in families with school-age children. Federal programs that deal with poor individuals (e.g., Medicaid, SNAP, SSI, SSDI, TANF, EIC) could be charged with collecting information on clients' housing status and homelessness under different definitions. Continued improvement and coverage of HMIS efforts is also important.

B. Research on prevention and intervention strategies.

A central role for the federal government is funding research on what works best. There is no federal agency charged with studying solutions to homelessness. Most federally-funded research (funded by NIMH, NIDA, NIAAA, CSAT, SAMHSA) has been limited to the minority of homeless individuals with mental health or substance problems, and has focused more on documenting individual problems and characteristics than on intervention strategies to prevent and end homelessness. Intervention research has not always used rigorous designs. Early work by HUD focused on the nature of homeless assistance programs and the people they served, not on whether programs worked. Recent HUD-funded work (the study of housing vouchers for welfare families) provides clear information that housing vouchers serve to prevent homelessness for families. HUD's current study of housing and service interventions for homeless families will provide the first large-scale experimental study of housing subsidies, transitional housing, and rapid re-housing approaches for families. (Full disclosure – I am co-principal investigator of the study and have applied to NICHD for funds to add a child component), but this sort of work is rare. Many studies simply describe programs, with only anecdotal information about the extent to which they work. Thus as a nation we have gained little knowledge about what works for whom from our enormous expenditure of funds. We need:

1. Research on federal programs: rigorous experimental studies of effectiveness of different approaches.
2. Research support for local governments that are trying innovative approaches to prevent homelessness (with research on the success both of targeting efforts and of programs).
3. A competitive, peer reviewed grant proposal system for investigator-initiated research on solutions to homelessness. (The previous suggestion could fall into this category.)
4. (A more specific suggestion than the others): Research on children separated from homeless families (studies suggest that a fifth of mothers lose a child to foster care and another fifth to informal arrangements, but we do not know what is in the best interests of the child).

FAMILY HOMELESSNESS WORKGROUP

Susanne Beaton – The Paul and Phyllis Fireman Charitable Foundation, Boston, MA

Director of Special Initiatives

Massachusetts is poised to shift to a much more calibrated Housing First system. For years, MA has supported a “One Size Fits All” shelter system that has resulted in a very expensive way of managing the problem with questionable outcomes for families. MA is “Right to Shelter” (entitlement) state. In its attempt to do right by our homeless families, a housing priority was attached to our shelter system. This combination has had unintended consequences. Families in need of housing often times use shelter as the pathway to the housing priority. This contributes to our long lengths of stay (average 9 months) and adds huge financial (\$28,000) and human costs to all of our systems. In FY 2009, MA spent \$150 million to serve 5,876 unduplicated families. We believe that those same dollars used differently will result in a better safety net for families in our state. Culture change is hard work. As a result of our most recent Homeless Commission, MA is working to make real change. In FY2009 Governor Patrick got the support to move all homeless services out of the Department of Transitional Assistance (DTA) over to the Department of Housing and Community Development (DHCD). A housing based architecture supportive of the HPRP approach is the hope for the future. Our Governor also secured a \$10 million dollar pool of “conversion” funds to help the field test out some new innovations. A new regional effort was launched governed by broad based Leadership teams. Most of the regions have been up and running for 10 months. The ICCH in partnership with One Family, Fireman Foundation and the MA Housing and Shelter Alliance joined together to launch learning labs, a virtual best practice bulletin board and weekly e-blasts to showcase our best practitioners and highlight outcomes. The learning labs have been a powerful tool to seed change. For purposes of this paper, diversion and rapid exit will be highlighted. The following is a summary of many lessons learned from our peer learning labs.

Commonalities among best practice providers:

- A philosophy of respect for families
- An assumption that families know what is best for themselves
- An assumption that housing is better for families than shelter
- Leadership matters. Culture and practice begins to shift if the leaders are embracing the change
- Flexible dollars help make for quick interventions resulting in getting the right resource to the right family at the right time.

Key Aspects of Diversion Best Practice:

- Encouraging early access to resources
 - Families can present prior to eviction
- The Early Warning system with early referral and access to housing counseling programming
- Diversion allows families to self- evaluate their goals and needs.
- Co-location of division worker and state worker increases success
- Allows targeting of resources wisely to individual families needs.
- Stabilizing Families in local communities reduces trauma and costs to other mainstream services

- Funding resources should be flexible and easily/ quickly accessible
- Have incredible landlord relationship
- Good and organized collaborative providers with set goals meet them or challenge the underperformers
- No shelter stays (\$22,285 vs. \$5,292 in costs resulting in over \$16,000 in savings)
- Families are happy with the choice

Key Aspects of Rapid Re-Housing Best Practice:

- Organizational Culture Shift (leadership and messaging matters)
 - FULL INVESTMENT OF STAFF
 - OVERCOME RESISTANCE (our 10 best providers are doing 60% of the placements thus challenging the remainder of the field to become more accountable)
 - STRESS ACCOUNTABILITY
 - GET BUY-IN FROM FAMILIES (believe families will succeed and not fail)
 - Increasing Available Housing Options for Families
 - Landlord relationships are key to accessing market rate housing
 - Short term rental assistance
 - Alternative Housing Situations (shared living, relocation to less costly rental markets)
 - A triage team approach focused on Action and Accountability
 - Collaborations with mainstream systems
 - Average cost of re-housing a family was \$10,299 – lengths of stay drop

Ways Federal Government has helped

- Using NOFA's to re-message and drive the change (more points for realignment)
- Ongoing shifting to support more Housing First (better on the chronic single side than family side)

Suggestions for improvement:

- Rational and consistent definition of family homelessness that supports a progressive engagement use of resources - if you expand the definition be prepared to fund it.
- If you want more collaboration among various stakeholders reward community efforts that deliver on the promise. Reward high performers with praise, recognition and dollars.
- MA has 22 entitlement cities made up of basically providers – ICCH needs to encourage and reward re-alignment and increased partnership building across cities and towns.
- Drive more mainstream support to the stabilization side of the equation perhaps through joint NOFAs.
- Bring more partners, i.e. workforce, child care, etc. to the stabilization process
- Make ICCH pool of funding available to feeder agencies to reduce “flipping” from mainstream systems to the homeless default system (short-term prevention/resolution pool of dollars).
- Level the playing field. “Right to shelter states” tend to become magnets for out of state residents seeking help.
- Support flexible investments attached to accountability and good outcomes.

Cathy ten Broeke – Minneapolis and Hennepin County, State of Minnesota Coordinator to End Homelessness

Like most communities across the country, Minneapolis and Hennepin County are struggling with an uptick in homelessness. Nowhere is this more prevalent than in the systems that serve homeless families with children. While we are struggling with larger numbers of families at risk of homelessness, a tightening employment market, decreasing affordability of rent, and a dismal economic forecast, we are also seeing great success in our ability to prevent and end homelessness for many families, using nationally recognized best practices such as one-time prevention assistance, rapid re-housing, and permanent supportive housing. Thank you for the opportunity to present some of our recommendations for consideration in the development of the Federal Plan to End Homelessness.

Ensure that families have the income they need to afford housing.

- One of the best tools we have for ending a family's homelessness is to help them increase their income through employment. This has become more challenging during this economic downturn and federal employment funding requires outcomes that are often difficult for providers to meet if they assist homeless families with barriers to employment. *Re-examine the outcome requirements for programs that are willing to provide employment services to homeless individuals and families.*
- If families are unable to work or are underemployed, the income supports they are eligible for are often not enough to afford a place to live. In addition, programs such as TANF are administered differently by states, causing an incentive for increased mobility and instability among families as well as confusion over their eligibility. *Create federal guidelines/requirements to states regarding TANF so that there is more consistency nationally, and ensure that mainstream systems, such as TANF and child welfare, have the capacity to respond to clients' housing crises and that they are held accountable for outcomes.*

Ensure that there are enough affordable housing opportunities for families to access.

- In Minnesota, as in many places around the country, we have a lack of permanent housing subsidies to provide to families who need them. Over the past several years, the state of MN has provided some housing subsidies for long-term homeless families and these have been very successful in ending homelessness for hundreds of households. These subsidies are not sustainable over the long-term. The short-term subsidies in the federal Homeless Prevention and Rapid Re-Housing Program (HPRP) will serve hundreds of households and are critically important. While not all families are in need of housing subsidies, those who are often languish in shelter or return to shelter repeatedly because they find themselves in unaffordable and unsustainable housing situations. *Increasing Section 8 vouchers could be the most important thing the federal government could do to end family homelessness.*
- When Section 8 vouchers do become available, many families are screened out because of past felonies. In addition, many landlords will also not accept a family if a member has a criminal history, leaving some families with literally no options. *Remove felonies as a restriction for access to housing.*
- The loss of the value of tax credits has made it increasingly difficult for developers to develop larger family units that are affordable to families experiencing homelessness. For the past few years, we have been relying almost entirely on the private market to house families. While this has been a very effective strategy and we have built good relationships with hundreds of willing landlords, there is a concern that this resource could decrease with changes in the housing market. *Increase incentives for developers to build affordable housing for families at 30% and below median income and make it easier for developers to combine HUD homeless capital funding with low-income housing tax credits.*

Ensure that families have the supports they and their children need to prevent homelessness and sustain housing.

- Mainstream human services programs are often disconnected from housing programs and therefore do not serve people as well as they could. *Ensure that all health and human service programs include housing stability as a key measure of success.*
- At the local level, we have no stable source of service funding for families that need more support to maintain housing. Many developers have stopped developing supportive housing for fear that the service funding will not be secured. Further, when we house individuals and families in scattered site housing, we do not have the flexible service funding to ensure stability for higher risk households. *Develop a flexible supportive services pool of funding that could be allocated to jurisdictions for higher need individuals and families. Ensure that some of these services are targeted to meet the cognitive, social, and emotional needs of the children in these families.*
- Schools are a key partner in the early identification of homeless or at-risk children and families. Current efforts to identify and work with homeless children are under-funded and the expertise of McKinney Vento School Liaisons varies dramatically. *Invest in more early intervention services in schools and require that all McKinney Vento School District Liaisons have the training necessary to identify and work with homeless and at-risk students.*
- The mental health needs of children in homeless families often go unaddressed, causing immense strain on a family's ability to address their housing stability. *Increase behavioral health services for children within homeless families.*
- When parents are out of compliance with welfare reform rules, it is often the children who suffer. Children who have experienced the trauma of homelessness should have uninterrupted access to early childhood education. *Decouple children's access to childcare from their parents' welfare status.*
- Transportation assistance is critical in preventing and ending homelessness. Next to housing and services, transportation assistance continues to be one of our biggest needs and biggest gaps. *Provide a federal transportation assistance program for homeless individuals and families.*
- The largest numbers of homeless families in our system are very young moms with children under 6. *Expand childcare resources so that these mothers have the ability to obtain employment and escape homelessness.*
- SAMHSA is a very effective program but hard to access because of its limited funding. *Expand funding to SAMHSA.*

**Phyllis Chamberlain – Virginia Coalition to End Homelessness, Arlington, VA
Executive Director**

Suggested Strategies for Preventing and Ending Homelessness

The Virginia Coalition to End Homelessness (VCEH) is a statewide nonprofit organization dedicated to preventing and ending homelessness in the Commonwealth of Virginia through community collaboration, capacity building, education and advocacy.

VCEH has prioritized the following best practices to prevent and end homelessness among families in Virginia.

1. Prioritizing permanent housing for families who are at risk of losing their children to the foster care system or who can be reunified with their children once the family is stably housed
2. Preventing homelessness for youth aging out of foster care
3. Preventing homelessness before it occurs
4. Assisting communities to begin or refine rapid re-housing programs
5. Building the capacity of communities to better respond to homelessness

Summary of Best Practices and Barriers to Best Practices

1. Barrier: Service providers and community planners have to string together too many funding sources with strict requirements; funding sources often do not work well together nor meet community need.

Solution / Recommendation: Provide flexible funds tied to strong outcome measures. For example, require that at least 80 percent of families served must be stably housed within one year. This will enable service providers the flexibility to address the wide range of client needs and achieve better outcomes for clients.

2. Barrier: Some service providers, especially in non-urban and rural areas, lack access to information and research and therefore have less knowledge of best practices.

Solution / Recommendation: Continue to provide concrete examples of best practices on accomplishments and successes of communities across the country. Detailed information, complete with facts and figures, will provide communities with the tools they need to understand why and how they might replicate the best practice.

These examples should encompass (a) a range of communities of diverse sizes and political realities; (b) best practices that are proven effective by research; and (c) a “how to” section describing *how* the best practice was implemented. People need help on *how* to make change and not just *what* to change.

Solution / Recommendation: Encourage local, state and federal funds for community planning and / or ten year plans to end homelessness.

Community discussion, buy-in, and input is critical to both prepare communities for new funding and program opportunities and help them obtain necessary political and community will. For example, communities with existing ten year plans and / or other types of community planning processes were much better prepared for the advent of HPRP funds than other communities.

3. Barrier: Service providers often have limited or no experience with a best practice strategy and do not, therefore, want to implement it.

Solution / Recommendation: Provide some funds for new and best practice strategies on a formula basis to ensure that every locality has access.

A formula distribution method often spreads funds thin. However, it is essential that localities have funds to “experiment” with approaches to homeless prevention and assistance that may be new to them such as rapid re-housing.

Areas where the federal government has been effective

1. Creating state and local ten year plans and state interagency councils on homelessness and encouraging more active participation from local and state government.
2. Generating media attention (which builds political and community will) on the issue of homelessness.

3. Setting the direction for the community response to homelessness in part by providing funding for certain purposes.
4. Providing critical funding - in the form of the Homelessness Prevention and Rapid Re-Housing Program (HPRP) - at a time when state and local and nonprofit budgets for homelessness and housing initiatives are depleted.

Suggestions for Improving Federal Government Response and Approach

Solution / Recommendation: Expand access to affordable housing by providing housing subsidies through the section 8 housing choice voucher program and family unification program.

Solution / Recommendation: Create set-asides and encourage incentives for federal, state and local agencies to set aside resources targeted to the homeless population and collaborate in a more substantive way at all levels of government.

Specifically, the U.S. Department of Housing and Urban Development (HUD) could encourage public housing agencies to target vouchers to homeless populations. Another specific recommendation is to encourage all federal agencies, including those who have not been as involved as HUD such as HHS and the VA, to streamline their homeless assistance and prevention programs to prioritize activities that enable clients to rapidly access permanent housing.

Organizations at the local and state level work hard to build relationships with local and state agencies and are often successful at developing partnerships that are mutually beneficial. But at the same time, building these partnerships is sometimes difficult and often takes a lot of effort. The federal government plays a strong role in directing how state and local agencies direct their resources.

Solution / Recommendation: Move beyond the creation of state ten year plans and ICHs to encourage states and localities to adopt the implementation goals of “reduce child homelessness” and / or “reduce length of stay in shelters and more rapidly re-house families”

Local and state ten year plans have been critical instruments in creating momentum and building community and political will. While many ten year plans are still in the process of creation, many communities are now moving towards implementation.

Solution / Recommendation: Review the status and efficacy of state and local ten year plans and state interagency councils on homelessness (ICHs) and their focus on strategies to prevent and end family homelessness.

Barbara Duffield – National Association for the Education of Homeless Children and Youth, Washington, DC

Policy Director

Summary of Recommendations (Please note: the complete version of NAEHCY's recommendations may be found on the NAEHCY web site at www.naehcy.org)

- The Federal Strategic Plan to End Homelessness (FSP) must be driven by reforms to, and expansion of, federal mainstream anti-poverty programs.
- The FSP must give equal value and attention to the full range of federal definitions of homelessness.
- The FSP should synthesize, and be based upon, existing data from all federal programs.
- The strong correlation between homelessness in childhood and homelessness in adulthood must not be ignored; therefore, the FSP should include a mandatory review of all homeless programs through a child and youth development lens, to ensure that all federal policies and programmatic elements are supporting the healthy development of children and youth of all ages.
- The Families with Children workgroup should consider organizing its work in such a way that children and youth's needs are addressed explicitly – and, where appropriate and necessary, distinguished from the needs of parents.
- The FSP should prioritize access to education, stability in education, and supports for academic success as key components of homelessness prevention for all children and youth experiencing homelessness. At every stage of homeless service delivery – from identification to emergency housing to permanent housing – connections to public schools and early childhood education programs must be initiated, supported, strengthened, and sustained.
- The FSP should incorporate the principles of the education subtitle of the McKinney-Vento Act into all programs serving homeless families, including child care, housing, health care, and employment.
- The FSP should incorporate and emphasize the unique ability of public schools and early care programs to identify families in need of assistance.
- The federal government should mandate accountability for homelessness within mainstream anti-poverty programs.
- The federal government should adequately enforce and support existing effective homeless policies and programs.

Strategies for Preventing and Ending Homelessness Among Families with Children

1. Address the Systemic Underlying Causes of Homelessness
2. Include All Federal Definitions of Homelessness
3. Include All Federal Agency Data
4. Provide a Specific, Intentional Focus on Children and Youth
5. Invest in and Connect to Early Care and Education
6. Utilize the Unique Ability of Public Schools and Early Care Systems to Identify Homeless Families with Children

Suggestions for How the Federal Government Could Improve its Effectiveness

1. Expand Anti-Poverty Programs and Increase Accountability for Homelessness within Mainstream Programs

As noted earlier, homelessness represents a failure of multiple federal policies resulting largely from a lack of political and public will to combat poverty. The federal government should expand programs that address the root causes of homelessness, i.e., those programs that provide affordable housing, liveable incomes, adequate health care, and quality early care and education.

In addition, the federal government should mandate accountability for homelessness within mainstream anti-poverty programs. For example, homeless families face barriers to child care not simply because the Child Care and Development Block Grant is not adequately funded to meet the needs of all eligible families, but also due to state-imposed records requirements that may be difficult or impossible for homeless families to meet. Federal policy should set minimum standards for state policy, and, where necessary, overrule state policies that act as barriers to accessing mainstream programs.

Finally, Head Start is a critical anti-poverty program with tremendous potential to prevent and end family homelessness and improve life-long outcomes for parents and children. This year, the Office of Head Start will issue regulations on homeless children and families' access to Head Start. These regulations are an opportunity to increase accountability for homelessness within a large mainstream anti-poverty program. The Head Start regulations should address conflicting policies within the Head Start performance standards that act as disincentives to serve homeless families, such as the conflict between full enrollment and prioritizing homeless children, state child care licensing rules that conflict with expedited enrollment, concerns about attendance, and other well-documented barriers to access and participation.

2. Adequately Enforce and Support Existing Effective Homeless Policies and Programs

While the education subtitle of the McKinney-Vento Act represents enlightened and effective federal policy for homeless families, it has not been enforced adequately at the federal level, nor has the U.S. Department of Education given it appropriate support, visibility, or resources. States and school districts continue to violate the law without consequence; indeed, some violations occur because both state departments of education and local school districts know that there is no consequence from the U.S. Department of Education. The federal government must enforce these policies if they are to benefit the children, youth, and families for whom they were intended.

In addition, the McKinney-Vento Act education program is woefully under-resourced and has not been given the visibility and prominence it merits within both the Department of Education and within other federal agencies. The lack of support for this program is even more egregious in the face of one of the worst economic crises our nation has faced: at the end of the 2008-2009 school year, public schools enrolled over one million homeless children and youth – a 47 percent increase since the 2006-2007 school year. Yet the only two targeted homeless programs for which the Obama Administration did not propose an increase in the FY2011 budget were the Education for Homeless Children and Youth program, and the Runaway and Homeless Youth Act program. This is a sad statement of priorities.

Homeless children and youth require additional supports and strategies if they are to be able to participate in any educational program, yet the McKinney-Vento education program's role as a "door opener" to other federal education programs has been overlooked. Indeed, the most promising instructional strategy or academic program will be of little benefit to children and youth who have not been identified, cannot get to school, or who are constantly changing schools due to the instability of their homeless situation. If Obama Administration education priorities, such as investing in early learning programs and increasing high school graduation rates, are to reach the nation's poorest children and youth, they must take into account the often insurmountable barriers of access and participation faced by children and youth whose families are homeless.

3. Restructure HUD Homeless Programs to Meet the Needs of All Homeless Families. A comprehensive strategy to end family homelessness must acknowledge the full range of needs of all families experiencing homelessness. The Homelessness Prevention and Rapid Rehousing program (HPRP) is an effective approach for many families. Yet it is narrowly targeted to families who will not need additional government assistance after they receive HPRP aid. HUD should consider offering a rapid rehousing program (like HPRP) designed for families with more complex needs; this program should include dollars for the support services that are needed to keep those families stable. Flexible assistance must be provided to communities in a way that allows local homeless service providers to most effectively and efficiently serve all families experiencing homelessness.

**Christina Jordan – National Center on Family Homelessness, Newton, MA
Director, Campaign to End Child Homelessness**

I. Strategies for Preventing and Ending Child and Family Homelessness

Research, program evaluation, and front-line experience have yielded extensive information on how to prevent and end family homelessness. We have learned about the characteristics and needs of homeless families and children and about some effective service delivery strategies. We know that to address and end homelessness, families need ready access to safe, affordable housing as well as services and supports. Although we know that rapid re-housing is essential, we know far less about the type, mix, and intensity of services and supports that are needed to ensure that families maintain housing, achieve economic stability, and improve their well-being. The literature on the impacts of housing subsidies and services on homeless families is limited. To date, research indicates that “access to housing vouchers seems to increase residential stability.” There is also evidence that case management and other services contribute to residential stability and other desirable outcomes, including family preservation and reunification. However, additional research is needed to better understand the role of housing and services in stabilizing families, which approaches are most cost-effective, and how to best meet the needs of different subgroups of families” (Bassuk & Geller, 2006).

II. Best Practices for Ending Child and Family Homelessness

- Increased Numbers of Housing Vouchers

Housing vouchers are critical for preventing and ending family homelessness. Vouchers are a preferred form of housing assistance because they are timely, flexible, cost-effective, and successful in ending homelessness for families (Khadduri, 2008; Center for Budget and Policy Priorities, 2009; Millennial Housing Commission, 2002).

- Increased Access to Services/Supports Provided by Mainstream and Targeted Programs

Families who are homeless need access to mainstream and targeted services, but face significant obstacles in accessing them. Various strategies can improve access including: increased funding for key programs; priority access for homeless families; expanded funding for case management; support and follow-up as families transition to permanent housing; improved coordination among mainstream programs; and providing training for mainstream and homeless service providers.

- Develop Individualized Housing/Service/Support Plans

Homeless families are heterogeneous and housing, services and supports should be tailored to meet each family's unique circumstances. Ongoing assessment of parents, children and the family unit as a whole should be conducted and plans modified as circumstances change.

- Provide Trauma-Informed Family Support Services

Traumatic stress impacts every aspect of a person's life including their ability to maintain housing and employment, achieve educational success, form relationships, and maintain their physical and mental health. Practices that protect children and their families from the damaging consequences of these traumatic experiences are critical in ending family homelessness (e.g., trauma-informed organizational assessments; implementation of BSAFE).

- Provide Educational and Other Supports for Children

Homeless children need supports and services specifically targeted to their unique needs. Children's needs must be assessed and program and policy responses developed to mitigate the impact of homelessness. Homeless children also face significant educational challenges. Despite the promise of the McKinney-Vento Act (M-V), a lack of funding impedes state efforts to ensure all homeless children are identified and supported in school. In addition, the M-V educational assistance program should be independently evaluated to identify best practices.

- Ensure Homeless Service Delivery Workforce Development and Support

Providers must be supported to use promising and evidence-based practices through training, TA, fostering information exchange among providers, and creating professional standards and competencies.

- Develop A Prevention Framework

A prevention-oriented framework for family homelessness must be developed. Research must be conducted that addresses both population and high-risk prevention strategies.

- Answer Critical Research Questions

On-going research/evaluation is needed to improve our understanding of effective program and policy interventions to prevent, address, and end family homelessness. Research focused on prevention, the impact of services, the needs of children, and cost effectiveness should be given priority.

III. Barriers to Ending Child and Family Homelessness

- Current resources dedicated to ending family homelessness are insufficient.
- Differing federal definitions creates barriers to accessing critical supports and services and causes unnecessary confusion on the ground. The definition of homelessness included in the education subtitle of the McKinney-Vento Act accurately reflects the reality of family homelessness and should be adopted by all federal programs.
- Lack of coordination among federal agencies/programs must be addressed.
- The current emergency shelter system for families is fragmented and requires families to connect with mainstream service systems that are not designed to serve those who are homeless; focuses primarily on housing and employment needs; offers limited programming for children; provides no support/follow-up as families transition to permanent housing; and is staffed by providers who are overworked, underpaid, and do not have access to educational and training opportunities.
- Lack of routine assessment of parent(s), children, and the family unit limits understanding of the needs of family members and ability to respond effectively.
- Significant gaps exist between research/science and practice.

IV. How the Federal Government is Effective in Preventing and Ending Family Homelessness

- Providing housing vouchers is critical; however, funding levels are inadequate.
- Funding seminal, longitudinal research.
- Disseminating knowledge and facilitating best practices to the field.
- The Homelessness Prevention and Rapid Re-Housing Program.
- Mainstream programs provide needed services; however it is critical to reduce barriers, prioritize homeless families, and collect data on residential stability.
- The USICH provides important leadership on state/local planning and commitment to ending homelessness; however, these plans should be expanded to include families.

V. How the Federal Government Can Improve Its Effectiveness

- Include the needs of homeless families in all planning and policy efforts.
- Create integrated, holistic approaches to ending family homelessness.
- Sponsor research that answers the question of type, mix, and intensity of services needed to ensure that families obtain and maintain housing.
- Require federally-funded programs to conduct a comprehensive assessment of all family members.
- Develop uniform criteria to determine which families are eligible for permanent supportive housing.
- Address the unique needs of homeless families (e.g., vet families; parents with mental illness; teen parents; and families living in urban, suburban, and rural areas) through targeted specialized approaches.
- Develop best practices and effective service delivery mechanisms for serving homeless children.
- Provide adequate supports and training about best practices for providers. Consideration should be given to credentialing the workforce and defining competencies.
- Create and expand opportunities for families experiencing homelessness to participate in the design, delivery and evaluation of services.
- To truly solve the problem of child and family homelessness, the solutions must be based on the needs of children and families, not on the amount of resources available.

For more information, contact Christina Jordan or Ellen Bassuk, MD of The National Center on Family Homelessness at 617-969-7146, at Christina.Jordan@familyhomelessness.org or at Ellen.Bassuk@familyhomelessness.org. For a full list of references, visit <http://www.homelesschildrenamerica.org/whatsnew.php>.

Agnes Leshner – State of Maryland

Director of Montgomery County Child Welfare

Special Issues for Youth Exiting Foster Care

National surveys have identified homelessness, an inability to achieve educational goals and underemployment as the major issues facing youth “aging out” of foster care. Youth exiting foster care in Montgomery County, Maryland, confirm the findings of national studies and identify housing, social support and health and mental health services as barriers for achieving their life and career goals.

Most are involved in educational or job training programs and hold minimum wage jobs that allow a flexible schedule to accommodate their school schedules. These youth face significant challenges as they struggle toward self sufficiency. Most of the financial supports disappear when they age out of “the system”. The subsidies they lose include the Educational Training Voucher (ETV), the Independent Living stipend, and Medicaid coverage. It is nearly impossible for these youth to maintain economic self sufficiency when these supports end. In addition, youth lose the significant relationship with their social worker as their primary advocate and counselor when exiting foster care. Housing is among the greatest problems facing these young people and, therefore, we are seeking support to help provide it for them.

Youth need sponsored apartments where they can remain until age 24. Rent and utilities need to be subsidized on a sliding fee scale so that their portion of the rent would be increased incrementally during the program, until they are paying the full amount. In addition to the apartment units, these youth need case management. The case managers would help secure needed health and mental health services and provide support and oversight. Case managers would oversee their access to community resources for employment and career building; counseling to improve interpersonal skills; group discussion to improve decision making and conflict management skills; improving community connections with family, mentors and adult role models; and advanced life skills training to gain proficiency in money management, negotiation for goods and services and maintaining physical and mental health.

Issues for Homeless Families

Many homeless families include individuals with disabilities that interfere with their ability to maintain housing. These disabilities typically include some combination of mental illness, alcoholism and substance abuse. These problems often interfere with parents’ ability to pay rent, utilities, and to keep housing in good order. These families need ongoing case management in an effort to prevent homelessness, or to help families settle into new homes and new neighborhoods. Families who live in neighborhoods where rent is expensive need continuing housing subsidies that are open-ended.

Many of these homeless families also need help with parenting and supervision of children so they do not become involved with other systems, eg. the Police, or Child Protective Services. A trained case manager, assigned to them for six months or longer, with expertise in family engagement, could help the families with basic parenting skills, and refer them to community resources to prevent family and neighborhood problems.

How the Federal Government Could be Helpful

It is unlikely that State and local governments can provide the resources necessary to meet the needs outlined above. The Federal government could help greatly both by augmenting State and local financial resources and by developing programs that could be adapted at the local level to improve the effectiveness and efficiency of service delivery. The Federal government also could provide funds to stimulate the development of more integrated

service models as well as urging State and local housing authorities to focus on the health and mental health needs of homeless families, children and youth. HUD's Family Unification Program (FUP) provides an excellent formula for local level partnerships between public agencies charged with keeping families and children together and safe. In Montgomery County, MD, we have successfully managed a FUP partnership with the Housing Opportunities Council for over twenty years. HUD and the U.S. Department of Health and Human Services would be wise to use FUP as a model for the creation of Memoranda of Understanding that facilitate resource sharing and relationship development between agencies at the local level as they implement the proposed Special Needs Voucher Program.

Additionally, the Administration for Children and Families, perhaps with assistance and funding from the U.S. Interagency Council on Homelessness, must add to its National Resource Center structure a national center that spans the boundary between HUD and HHS's Children's Bureau. Such a center would identify and share best practices for preventing and ending homelessness among families and youth in the child welfare system. Among other things, this center would provide cross-training and educational materials to arm front-line child welfare workers with the tools necessary to keep families together and safe through housing interventions. Finally, such a center would develop and disseminate a training program for Family Resource Navigators to help families maneuver complex mainstream service systems that may be available to address their needs and help them avoid the formal and costly homeless *and* child welfare systems.

Sharon McDonald – National Alliance to End Homelessness, Washington, DC **Senior Policy Analyst**

Prevent Family Homelessness

- Equip publicly funded programs that serve families who are vulnerable to homelessness (e.g. TANF and child welfare) so they have the capacity (and responsibility) to respond, and resolve, their clients' housing crises.
- Provide emergency financial assistance and landlord mediation services to help families at risk of homelessness resolve housing crisis, including assistance to find new housing if necessary.
- Improve the capacity of local providers and public agencies to identify families at greatest risk of entering shelter and to develop and implement interventions that result in a demonstrable reduction in shelter demand.

Provide Housing and Housing and Service Interventions to End Family Homelessness

- Ensure the availability of Rapid Re-Housing services to families that become homeless or are at risk of homelessness.
- Increase the supply of housing affordable to families with very low incomes through expanding permanent, short- and medium-term rental assistance.
- Increase the capacity of local providers and communities to use short- and medium-term rental assistance effectively and target to maximize efficiency.
- Develop the capacity for domestic violence providers to use short- and medium-term rental assistance to serve families escaping domestic violence without compromising the security of families.

- Focus and Target Service Intensive Housing and Service interventions
 - Develop the capacity of local communities to offer, and appropriately target, transitional housing and permanent supportive housing programs.
 - Ensure all homelessness programs are oriented to facilitating families' rapid transition back to a permanent housing setting.

Increase Families' Income and Access to Support Services to End Homelessness

- Improve access to, and program coverage of, income benefits to low income individuals and families who are unemployed.
- Improve access to, and quality of, services and supports designed to increase the economic self-sufficiency of families.
- Improve access to, and quality of, supportive services designed to promote the education, development, protection, and well-being of at-risk and vulnerable children, adults, and families (e.g. Early Head Start, Home Visiting, Mental Health and Substance Abuse Treatment Services, Domestic Violence Counseling and Legal Assistance).

Best Practices and Barriers to Implementing Best Practices

Some of the most promising homelessness prevention efforts are using local level data and research to refine their program interventions and coupling outreach strategies to at-risk populations. There are also promising strategies emerging locally that offer families alternatives to entering shelter by developing a re-housing plan at the front door of shelter programs. Examples of promising prevention programs include:

- HomeBase, New York City
- SafeHome, Philadelphia, PA
- Central Massachusetts Housing Alliance, Worcester, MA

There are several barriers for communities interested in replicating the above practices, including the lack of local data to inform targeting and buttressing common wisdom and practices in the targeting of prevention assistance. A lack of a centralized intake center and still emerging local Rapid Re-Housing programs in many communities may slow the adoption of effective diversion initiatives.

Ending Homelessness Through Housing and Intensive Housing/Service Interventions

Communities are currently working to identify the right amount of rental assistance and services to successfully re-house families experiencing homelessness and maximize the efficient use of available resources. Communities that have developed promising strategies include:

- Department of Homelessness Assistance, New York, NY
- The Road Home, Salt Lake City, UT
- Westchester County, NY
- HomeSafe, Portland, OR
- District Alliance for Safe Housing, Washington, DC
- Hamilton Family Center, San Francisco, CA

Federal Response

Income Supports. The federal government should ensure the \$17 billion annually allocated to the states in the TANF block grant to serve low income families is effective in preventing and ending family homelessness.

Housing Assistance. The federal government should reduce the number of households with worst case housing needs and ensure that housing assistance prioritizes families with the greatest housing needs, including those at 15% or under the area median income. The federal government should ensure that programs that serve families with high rates of housing instability and homelessness that compromise those programs effectiveness should have sufficient capacity to respond to their clients' housing needs.

Supportive Services. The federal government should ensure that income and support services to low income, at-risk and vulnerable families and children are reaching, and effectively serving, families at greatest risk of homelessness.

Anna Melbin – National Network to End Domestic Violence, Washington, DC Housing Programs Manager

The National Network to End Domestic Violence (NNEDV) is a social change organization dedicated to creating a social, political and economic environment in which violence against women no longer exists. We are the leading voice for domestic violence victims and advocates in the legislative arena, and are a membership organization of state domestic violence coalitions and allied organizations. NNEDV also provides technical assistance for the federal Office on Violence Against Women's (OVW) Transitional Housing Grant Program. Through this work and our membership base, NNEDV works with service providers across the country and learn first hand of the barriers facing victims as they try to establish safe and economically stable lives away from their abusers.

Strategies for Preventing and Ending Homelessness

1. Definition of Homelessness

Any discussion of ending family homelessness must begin by understanding the problem: how many homeless families exist and what their needs are. The Federal Strategic Plan (FSP) represents the efforts of numerous federal agencies and constituencies, who utilize divergent definitions of homelessness. Continuums of Care, a primary vehicle for accessing federal funding, rely solely on the Housing and Urban Development (HUD) definition of homelessness, which is far too narrow to be relevant. For example, when shelters are full, many domestic violence victims create precarious and unsafe housing situations, including staying on friends' couches or living in uninhabitable conditions. The HUD definition completely excludes these homeless families, and relying on it to the neglect of other definitions means large percentages of homeless populations are left out. Most domestic violence service providers are funded through Health and Human Services (HHS) and OVW, who share a common definition of homelessness with the Department of Education. To truly end family homelessness, the FSP must utilize a broad definition of homelessness, reflective of the reality of all homeless families in this country.

2. Address the Causes not Symptoms of Homelessness

Domestic violence is a leading cause of homelessness for families in the United States. In some states, upwards of 50% of the general shelter clientele identify domestic violence as the primary reason for homelessness, and nationally more than 90% of homeless women report having experienced severe physical or sexual abuse. Many

victims leave their homes in order to escape the violence, but do not have the income to support their families. Others are wrongly evicted due to their abuser's disruptive and often criminal behavior. Through financial abuse, many abusers leave their victims with terrible credit and rental histories, further impeding their access to affordable housing.

Clearly, homelessness is not simply a lack of housing but instead the result of a complex lack of resources, safety and basic necessities. True homelessness prevention will not be achieved until we shift the focus from the symptom of not having a home to the *reasons families become* homeless. The FSP must include protection and enforcement of victim's rights, and dedicate adequate resources to domestic violence prevention and intervention. Because such a large percentage of homeless families have experienced domestic violence as an underlying cause, addressing the complex needs of victims serves to also address and prevent childhood, chronic and intergenerational homelessness.

3. Increase Funding for Effective Programs

Domestic violence shelters, transitional housing programs and the federal Housing Choice Voucher (Section 8) program have seen significant increased demand over the past few years. Yet, funding for these critical programs has stagnated. In *one day* in 2009 domestic violence programs reported 9000 requests for services went unmet. Hundreds of communities report that Section 8 vouchers either do not exist in their area or the waiting list is so long (upwards of 8 years) it simply isn't an option. Increasing federal funding, specifically under the Family Violence Prevention and Services Act, the OVW Transitional Housing program, and Section 8, must be prioritized, to ensure the provision of vital housing options for families.

Best Practices and Barriers

1. Flexible, Individualized Services

The most effective responses to homeless families are individualized and flexible. Anecdotal evidence from the more than 150 programs funded under OVW's Transitional Housing grant indicates that the more flexible a program, the more likely participants will take advantage of services needed to move beyond homelessness. Homeless service providers report similar findings and identify flexible programming as most effective in meeting families' needs. The lack of coordination among federal funding streams such as HUD, Department of Justice (DOJ) and HHS, is a significant barrier to these best practices. Service providers that receive funding from multiple sources are often forced to create parallel services that operate with different rules and policies. This is resource-intensive, creates unequal access to services, and ultimately means fewer homeless families receive assistance.

2. Housing Protections for Domestic Violence Victims

Housing provisions passed in the 2005 Violence Against Women Act (VAWA) prohibit public housing authorities from denying housing or evicting residents solely on grounds of domestic violence. If implemented fully, these protections will help families access federally subsidized housing and importantly, sustain that housing. Unfortunately, lack of coordination at the federal level, and particularly a lack of guidance from HUD, has led to inconsistent implementation and enforcement of the VAWA protections. Victims continue to be illegally denied or evicted from housing, significantly interfering with their ability to maintain family stability and safety.

Effective Federal Government Programs and Strategies for Improvement

1. Housing Choice Voucher Program (Section 8)

Section 8 is a critical homelessness prevention program for families, providing essential rent subsidies while allowing participants the freedom to choose a safe community to live in. As mentioned, the program is severely

under-funded. Additional and sustained funding is necessary to ensure vouchers are available, so victims and their children are not forced to choose between returning to the abuser and homelessness.

2. OVW Transitional Housing (TH) Grant Program

The TH grant, administered by OVW, has provided effective homeless intervention for five years. Communities report these services are essential to helping victims stay safe, and yet programs report long wait lists and inadequate funding to meet the growing need. Further, the grant can only serve victims who are already homeless. This Grant would be greatly strengthened with increased funding, and if it allowed programs to assist victims facing impending homelessness as a result of the violence.

3. Earned Income Tax Credit (EITC)

Increasing income for poor families is an obvious and effective tactic for addressing homelessness. The EITC is a proven anti-poverty strategy that helps families through offsetting payroll and income taxes income supplements to very low wage earners. The partnership between the Internal Revenue Service and HUD must be strengthened, to ensure that all eligible workers can claim these benefits.

Conclusion

The United States is not adequately addressing the complex needs of homeless families. With the renewed energy for an effective Federal Strategic Plan to eliminate homelessness, we are poised to make a real and sustainable difference. However, we cannot effectively address family homelessness without addressing its causes, and the needs of domestic violence victims. Enhanced federal coordination, proven anti-poverty strategies, protections for victims, and increased funding for anti-homelessness programs represent the beginning to a successful campaign against family homelessness. NNEDV appreciates the time and attention you are dedicating, and are honored to be included in the process. *This submission is a summary of the full report provided. For more information and a full copy, please contact Anna Melbin at amelbin@nnedv.org.*

John Parvensky – Colorado Coalition for the Homeless, Denver, CO Attorney

Homelessness among families and children is at its highest levels in Colorado and throughout the nation in the 25 years I have been working on homeless issues. The extent of the problem, whether measured by point in time counts, HMIS data (which undercounts the numbers), or reports from emergency service providers, is a growing tragedy which has been exacerbated by the current economic crisis.

According to the most recent Point in Time Studies, more than 16,000 individuals experienced homelessness in Colorado last year. More than half of homeless persons were in households with children. Most were homeless for the first time. Homelessness is not just an urban problem, but is seen in our suburban cities and communities across the state.

The underlying cause of homelessness for families with children is the lack of affordable housing in their communities. In Denver alone, there is an estimated need for 30,000 additional housing units for households at 30% of AMI or less. Statewide, the number of affordable housing units is increasing much slower than the need.

This lack of affordable housing, combined with shortages of employment opportunities, and safe and affordable child care options create tremendous difficulties for families to obtain and maintain their housing. When the additional issues of domestic violence, the disability of either the parent(s) or children, development delays of children, dysfunctional family dynamics, or substance use are involved, the difficulties of obtaining and maintaining housing are magnified.

Any effective approach to addressing homelessness for families and children must address:

1. A focus on prevention, targeted to families with the greatest needs and those who have no family or community supports to prevent their homelessness without assistance.
2. Expansion of mainstream programs, including housing, health care, income supports and social services, which address the underlying issues which create barriers to obtaining and maintaining housing.
3. Expansion and integration of child welfare, human service, TANF and health care efforts at the federal, state and local level with housing programs targeted to extremely low income families.
4. Providing flexibility at the local level, with adequate resources and appropriate accountability, to allow integrated supportive housing with the level of services needed to address those issues which create or exacerbate barriers to obtaining or maintaining housing.
5. Expansion of affordable housing for all families, so that arbitrary targeting or time limits do not end up helping one group while leaving other equally needy groups behind.

FEDERAL ROLE:

1. The federal role must start by an investment in developing an adequate supply of truly affordable housing for those on public assistance, working at minimum wage, and those at or below 30% of AMI. Specifically, fully funding the National Housing Trust Fund to create 1 million housing units targeted to low income and extremely low income families is required to catch up to the existing need prior to the recent economic crisis.
2. Targeted housing vouchers, both project based and tenant based, linked with specific services tailored to the needs of families experiencing homelessness or at risk of homelessness. These include an increase of Family Unification Vouchers, Welfare to Work vouchers, and general Housing Choice Vouchers. These vouchers must be linked with adequate funding for needed services for those families who would otherwise lose this housing unless their underlying issues are addressed and supported.
3. Adequate income support is required for families, even those with federal housing assistance. Addressing access to livable incomes, through work, with adequate child care, or increased TANF financial support to allow families to not only meet their housing needs but their other necessities is critical.
4. Expanded access to integrated health care, including primary care, mental health and substance treatment services, and child psychological and developmental services are needed to give every family and every child a chance to succeed in housing and prevent their homelessness or reoccurrence of homelessness.

5. Ensure adequate access to education to homeless and at risk children in our public schools and preschool programs.
6. Address the arbitrary barriers to public housing, including prior drug and felony records, so that family members are not punished for the actions of others, and that those who are in recovery are not denied access to the housing needed for them to be successful.
7. Continuation and expansion of the Homelessness Prevention and Rapid Re-Housing Program on and even larger scale, modified to meet the full range of families, including those who may need longer than 18 months of assistance to remain stable in their housing.

Debra J. Rog, Ph.D. – Westat, Rockville, MD

Associate Director, Westat and Vice President of the Rockville Institute

Suggested Strategies for Preventing and Ending Homelessness

Multiple strategies are needed to prevent and end family homelessness as there are multiple causal factors of family homeless. For ending homelessness, affordable housing is an undeniable strategy. Increasing the affordability of housing by affecting the supply and cost of housing, or increasing disposable income by increasing wages or subsidizing costs of housing, childcare, food, and other essentials, would likely prevent homelessness among low-income families as well as end it for the majority who enter shelters. The findings of studies conducted during the 1990s (Bassuk et al, 1997; Shinn et al, 1998; Zlotnick et al, 1999; Wong et al, 1997; Stretch and Kruger, 1992; Rog et al, 1995; Rog et al, 1998; Weitzman and Berry, 1994) provide undeniable support for the role these supports can play. The evaluation of the Welfare to Work Voucher Program (2004; 2006) provides additional evidence for the effects of tenant-based rental assistance on self-sufficiency. Although the program was not specifically targeted to homeless families, it was targeted to families living on welfare who have a similar demographic profile. The study indicated that the program resulted in small, but significant, improvements in the quality of neighborhoods where people lived and found that the vouchers greatly reduced a family's probability of being unstably housed or becoming homeless. The key is to determine 'how much' subsidy is needed for families and for durations of time.

Although housing subsidies appear to be a critical resource for exiting or staying out of homelessness, studies have found that a small percentage of families go back to shelters after receiving subsidized housing. Therefore, providing additional supports and services for a subset of families, such as the Critical Time Intervention for some families and ongoing support through supportive housing for others, may be warranted to help them transition to and remain in housing.

There has been limited research on preventing homelessness, but promising practices include identifying families early in their instability and identifying the source of the instability, and providing resources to improve their residential instability. For example, one strategy for identifying families at risk may be assessing the housing needs

of pregnant women and mothers of newborns receiving WIC or seeking services through health clinics. This may result in helping families who may otherwise not become homeless, but if a broader perspective is taken on residential instability, identifying families earlier in their instability may be worthwhile to pursue. They could be offered cash assistance to prevent eviction and pay back rent, utilities, other debts, as well as other in-kind assistance and counseling. It is less costly to intervene and may result in less costly consequences for families. Families at risk of instability and potential homelessness also could be identified through data from a range of potential services.

Other strategies for preventing homelessness that may be useful to continue to explore is conflict mediation for those families who are losing housing due to domestic problems or to landlord issues; geographic based prevention in areas that have high rates of homelessness; and representative payees for some families that help families with competing financial pressures by having the subsidies and funds paid directly to landlords.

Summary of Observed Best Practices and Barriers to Best Practices

Although subsidies are a powerful strategy, they are expensive. There are insufficient resources to fund all families in need at the same rate; experimenting with different subsidy amounts and timeframes appears warranted. More understanding is needed of the different types of assistance that might be helpful in preventing homelessness and in ending it for families.

There continues to be a lack of evidence of which families need supportive housing to remain residentially stable and achieve other outcomes, how much support is needed, and the type of support needed. Without this evidence, there is little direction for providers and policy makers in how to design these programs.

One of the biggest set of barriers to prevention is knowing who to assist, when to assist them, and the type of assistance to provide at the time. There are a variety of possible strategies but there is not yet good direction in how to target the strategies. There continues to be a lack of consensus on how to define 'at risk'. In addition, because it continues to be difficult to predict which families will become homeless and which will continue to stay housed, there are often pressures to wait to offer prevention services to folks once they request homeless services. However, at this point, the assistance is likely to be more costly than it might have been earlier.

Areas Where You Have Found the Federal Government to be Effective in Preventing and Ending Homelessness

It appears that potentially effective programs are housing resources that offer some flexibility in targeting at the local level, such as HOPWA and FUP, among other programs.

Federal requirements for collaboration and broad community participation seems to have led to some system responses rather than only local provider competition.

Suggestions for How the Federal Government Could Improve its Effectiveness

Some federal programs appear to have been promoted by ideology rather than evidence. Overly specific recommendations without an evidence base often are difficult for local providers to implement and can lead to some perverse eligibility requirements that do not meet local needs or the needs of the population. Unfortunately, programs and funding streams have constituencies that fight for their continuance and can make change difficult. Therefore, some suggestions that may improve federal government effectiveness include providing flexibility in funding streams where warranted, providing leadership in evaluating promising practices to guide further change

and move from the status quo, and modeling interagency efforts at the federal level that can guide local interagency efforts.

Alice Shobe – Building Changes, Seattle, WA

Deputy Director

Best practices from Washington State

1. Washington Families Fund: Moderate Needs Families

- Provides 10-year service grants linked to housing.
- Provides funding for case management but emphasizes education and job training and services to children.
- Innovative blending of public and private resources. To date \$12 million in State funds matched with \$14 million from private philanthropy.

Outcomes to date:

- 43 programs providing 618 units of service-enriched housing in WA State.
- Over 1,000 families supported since 2005
- 73% of families secured permanent housing
- Employment rose by 53% and income increased 27% from \$987 - \$1,249/month
- School stability increased (80% increase in number of kids attending one school).
- Long term grants have enabled service providers to hire employment specialists to build bridges between workforce development agencies, businesses, and community colleges – one relationship at a time – resulting in better outcomes for families.

2. Washington Families Fund: High Needs Families

- Provides 5-year service grants linked to permanent supportive housing
- Creating common assessment tool utilized by all grantees
- Requires all families have at least 2 significant barriers to be accepted into housing
- Emphasis on harm reduction and housing stability and addressing significant barriers (mental and physical health; substance abuse/addiction; etc.)
- Collaborated with King County Housing Authority and King County package FUP vouchers with county and WFF service funding in new project funded in late 2009.

Outcomes to date:

- Common assessment tool created and deployed.
- Baseline data collected on 57 families; beginning to create understanding of “chronically homeless” families.

3. Washington Families Fund: Employment Navigator Pilot

- New pilot launched in 2010 partnering with King County Workforce Development Council (local administrator of Workforce Investment Act funds) and YWCA of Seattle King County.
- Blending state, private, and WIA funding to improve access to One Stop Employment Centers.
- Navigators work solely with homeless families and do vocational assessments, develop career pathways, and help implement plans by placing clients in job training programs, college, and jobs.

4. South King County Housing First Pilot

- Partnership between King County Housing Authority, King County Mental Health/Chemical Abuse and Dependency Services Division, United Way of King County and Sound Mental Health.
- Pilot to serve chronically homeless adults in privately owned rental housing. Believe model could be replicated to house families in privately owned rental stock.
- 24/7 on-call service provider relationship built with private housing owners.
- Packages Section 8 (available due to Move to Work status) with Medicaid and private flexible dollars.

Outcomes to date:

- 68% of individuals retained housing for one year (exceeding national average)
- 90% connected to both primary and chemical dependency specialists
- Increased access to SSDI and Medicaid benefits
- 41% reduction in use of emergency rooms
- 76% reduction in jail bookings

5. Funder Coordination/Joint NOFAs

- King County, City of Seattle, King County Housing Authority, Seattle Housing Authority, United Way of King County, A Regional Coalition for Housing, and Building Changes have collaborated to package resources and issue joint NOFAs for housing development and aligned supportive services.

Outcomes to date:

- Joint application review process implemented. (Last round awarded \$18.5 million collaboratively and 168 Section 8 vouchers) through single application.
- Collaboration and planning to assure fully funded projects.
- Collaboration and planning beginning to anticipate and address funding cliffs.

Recommendations to the Federal Governmentⁱ

1. Employment: Workforce Investment Actⁱⁱ

- Very few homeless people have been able to access WIA services due to very high outcome goals imposed.
- Make sure that publicly funded workforce system reaches families experiencing homelessness. Workforce authorities not rewarded for serving homeless and lack understanding of how to serve them.
- Require Workforce Authorities Plans for and report on people experiencing homeless.
- Authorize homeless navigators at One Stop Centers.

2. TANF

- Directly connect TANF resources with Section 8 FUP vouchers (or other pools of vouchers). PHAs reporting that hard to serve families need longer and more intensive services to re-unify and remain good tenants.
- Reauthorization should include more flexibility for states to expand TANF client access to post-secondary education because research shows that at least one-year certification program can lead to a living wage. The one-year certification is often a positive tipping point for families.
- More child care funding and a more realistic look at how doable “self-sufficiency” given high priced housing markets.
- Reduce silos of family, children, and adult needs – so it is easier to comprehensively package dollars to benefit individual family needs.
- Assure TANF resources aren’t being used to just back-fill state budget deficits.

3. Public Housing Authorities

- Increase amount of Section 8 – just need more affordable rental housing. Even stabilized families can't live without rent subsidy. (A WFF family reaching \$1,250/month but self-sufficiency standard in WA State is \$3,300).
- Increase Move to Work status and flexibility of housing authorities. (Recognize that this may take substantial technical assistance to PHAs across the county. Washington State has very strong and creative PHAs).
- Create direct service funding for PHAs that can be passed through to community based service providers to support public housing residents to increase their incomes and move out of public housing thereby freeing up housing for homeless families and other needy populations.
- Allow PHAs to provide shallow rent subsidies using MTW or other flexibility to provide “back door” for families that maintain need for rental subsidy – but not intensive services.

4. HEARTH Act

- Recognize that services are essential for family success and rebalance the incentives related to housing production and services.
- Increase services targeted at high needs families. HPRP helped target “balance of state” agencies to better target high needs families because guidelines based on research were clear and helpful.
- Incorporate and continue HPRP-type services – especially flexibility and requirement that all recipients utilize HMIS.

5. Low Income Housing Tax Credits

- Broaden the market for LIHTC program by allowing additional sophisticated investors (e.g. wealthy individuals) to purchase tax credits. This has been proposed for energy tax credits.
- Make sure that homeless people in job training programs are not classified as “students” and therefore ineligible for LIHTC funded apartments.

6. Child Welfare

- Look for opportunities to more directly connect child welfare systems with housing systems.

i Special thanks to the following people who provided insight and recommendations for this section: Sue Sherbrooke, YWCA; Sandy Lowe, Wellspring Family Services; Katy Miller, King County; Kathy Giglio, Washington State Commerce Department; and several Building Changes staff members.

ii For more information see “Increasing Homeless Persons’ Access to Workforce Services Through Improvements to the Workforce Investment Act, July 2009” which was endorsed by Advocates for Human Potential, Building Changes, CSH, NAEH, National Center on Family Homelessness, National Association for the Education of Homeless Children and Youth and 6 other entities.

Kathy Wahto – Serenity House of Clallam County, Port Angeles, WA

Executive Director

Clallam County, in Washington State, is one of the northwest-most counties in the continental United States. The Pacific Ocean is west, Canada lies north across the Strait of Juan de Fuca, and Olympic National Park is to the south. To the east, Seattle is a three hour drive. The county is off the interstate highway system and has no major transportation links to Seattle and the I-5 urban corridor.

70,000 people live in the county, which includes four tribal nations within its borders. American Indians are the largest minority group, about 5.1% of the population (as compared to 1.6% for Washington state as a whole.)

Poverty levels are high and persistent, particularly in the remote west end of the county. Unemployment has hovered between 10 and 11% since the fourth quarter of 2008. Foreclosure rates climbed slower than in some parts of the country, but in 2009 foreclosures were up 72% over the 2007 level.

The Shelter Providers Network and the development of a local plan: In 2003 the large and collaborative local network organized the first countywide face-to-face survey of homeless people. There was great enthusiasm for this project and ultimately more than 100 volunteers mobilized for the count in October. What we learned started a chain of events, which ultimately led to a community-wide visioning process around ending homeless. The plan took two years to develop, but was ultimately adopted by the Clallam County commissioners in December of 2005.

Entire County	2003		2005		2006	
	Individual	Household	Individual	Household	Individual	Household
All	972	648	1,050	678	1,055	668
All Males	456	387	621	0	589	0
All Females	516	261	429	0	466	0
Single Males	357		334		306	
Single Females	168		131		173	

Decent housing is a basic human right for everyone. The Clallam plan reflects the commitment to collaboration. Local funding decisions must be related to the strategic goals and action steps called out in the plan. Results must be measurable and sustainable, with partners committing to use the Homeless Management Information System to track, monitor and improve outcomes. Every action step has an

accountable agency or group, a time line for implementation; an estimate of numbers of people impacted and related cost and source information. The plan focuses on ending homelessness, in all populations and sub-groups.

Housing First is the over-arching approach for the Clallam plan. We believe that homeless people must have access to safe, adequate permanent housing with services provided as needed. To implement the plan, we prioritized a countywide coordinated system of prevention, intervention, counseling, rapid re-housing and discharge planning. In 2007, three **Housing Resource Centers** were opened in the three main communities, using intake, eligibility and assessment tools developed for local needs and linked to mainstream and local funding partners.

- The HRCs are open business hours, five days a week, on a walk-in basis.
- The centers are staffed by senior, experienced case managers armed with a variety of tools and housing options to help applicants obtain permanent, stable housing.
- Based on the assessment matrix, some households are placed in traditional transitional housing programs, but most go to community housing.
- The goal is to ensure family households are in adequate housing, whether short-term or permanent, within ten days of initial application and eligibility determination.
- Specialized staff work with at-risk people discharging from prison or jail, and with at-risk or homeless youth.

- Staff are informed and fully utilize the existing housing and service resources for special needs applicants, including Family Unification Vouchers and other programs administered by the Housing Authority of Clallam County.
- Funding plans must engage an array of funders, including a contribution from applicant.
- Case managers look for a workable solution for the individual applicant, as opposed to 'screening out.'
- Other social service agencies, including DV/SA, treatment providers and mental health providers screen their clients for eligibility and coordinate housing assistance through the HRCs.

In the two-plus years ending 31 December 2009, the Housing Resource Centers completed 2, 267 intakes. Prevention, start-up and rapid re-housing was provided to 1,149 households, at an average cost of \$1,248. Just over 40% of the cost of the housing plan was provided by local funders and the applicant. 61% of the households receiving this direct intervention and financial assistance were homeless families with minor children.

Other Housing First strategies: Besides direct and systems prevention and rapid re-housing, the Clallam plan set goals for establishing **permanent supportive housing for chronically homeless** families and individuals.

Through renovation, new constructions and housing voucher programs, 84% of the targeted 150 units for chronically homeless single adults have been created or are in the construction pipeline.

For family households, we identified the need for up to 25 units of permanent supportive 'harm reduction' housing. We have ten units currently in operation, with support from the Washington Families Fund. The family

units are integrated with Family Therapeutic Court and includes intensive services and supports from local DSHS. We believe that all dependency cases should include participation in Family Therapeutic Court and should include thorough housing risk analysis and assistance if

Draft Summary of Clallam County 2010 Point-In-Time Count					
Homeless Category-	2006	2007	2008	2009	2010
Homeless Single Adults	571	445	354	336	347
Homeless Families W/ Children	484 (173)	361 (130)	367 (132)	269 (90)	333 (95)
Total Point in Time Count	1,055	806	750	605	680

The count located a total of 680 homeless or at-risk people, compared to 605 in 2009, 750 in 2009, 806 in 2007 and 1,055 in 2006. Over a four year period, the total count declined 36%.
 The 2010 report showed 36% of all households (61% of couch-surfing households) indicated that they had become homeless or at high risk within the previous 30 days.
 One homeless family with children was surveyed as 'unsheltered' or in cars or tents. That family was in housing within 24 hours of the tally. Total numbers in homeless families with minor children have decreased 31% since 2006.
 36% of homeless people included in the survey were under 18 years of age.
 246 people in 155 households indicated they were living with family or friends, a 21% increase over 2009.
 67 total individuals were surveyed as living out of doors, in vehicle or in abandoned buildings. In 2007, 99 individuals were surveyed in those living situations and in 2006 202 were surveyed in those unsheltered situations. Over a four year period, the unsheltered count has gone down 67%.
 All total numbers include those in permanent supportive housing (72 individuals) and jail (14 individuals.)

indicated. In correlating our census and HMIS data with local DSHS data, we are able to track households and coordinate assistance more effectively, reducing the numbers of dependency cases in our community, as well as the number of family households reporting crisis housing.

Access to affordable and appropriately-scaled housing is also a focus of the Clallam ten year plan. Action steps were identified and implemented which resulted in 92 units of RD housings preserved and rehabbed, 50 units of self-help home ownership housing in the past three years, and 80 units of affordable multi-family housing constructed in the west end of the county.

More information about the Clallam Ten Year Plan, including fund distribution reports and annual progress reports, is available through links at Clallam County (<http://www.clallam.net/boards/HTF/index.html>) and through the Serenity House website (serenityhouseclallam.org). Contact information for Serenity House is SHCC, PO Box 4047, Port Angeles, WA 98363 360 452-7224.

The original Ten Year Plan is currently being revised, as almost 90% of the identified action steps had been carried out! The draft version of the revised plan is available on the Clallam County website.

VETERANS HOMELESSNESS WORKGROUP

Michael Blecker – Swords to Plowshares, San Francisco, CA

Executive Director

Effective Strategies for Preventing and Eliminating Homelessness:

Veterans make up approximately 25 percent of the nation's homeless population. Effective strategies for preventing and eliminating homelessness include the following:

- **Preventing homelessness** among veterans starts with more attention to military discharge planning and fostering connectedness between the veteran and his/her family and community.
- **Remedies for homelessness among veterans include**
 - **Integrated case management** to engage the homeless veteran in a service plan that includes supportive housing (emergency, temporary, transitional and permanent) access to health care—including mental health and substance abuse treatment, access to veterans and SSI benefits, access to employment and education services
 - **VA benefits advocacy.** Many of our country's veterans never apply for or receive the benefits they have earned by their services and that, in concert with other services, can prevent and eliminate homelessness. The application process is daunting for anyone and nearly impossible for a veteran who is homeless, possibly drug addicted and suffering from untreated post-traumatic stress disorder. It is illegal for a veteran to pay an attorney for help, and for an attorney to accept payment. Free expert legal services to help veterans secure these benefits can make the difference between homelessness, isolation and despair and stable living and engagement in the community.
 - **Employment and Training:** Veterans regularly express difficulty transferring their military skills to the civilian workforce. Our comprehensive services allow veterans to stabilize all aspects of their life and become job ready. (The unemployment rate among veterans is nearly 18 percent and of those employed, 25 percent earn less than \$22,000 annually.)

Lessons Learned

In Swords to Plowshares' 35 years of experience, we have learned the following:

- **Case management is key**, preferably delivered by professionals and peers who are veterans and well versed in community resources.
- **Veteran-specific services** can draw on aspects of the veteran's military experience (e.g., the focus on mission, the group cohesion among veterans, the shared experience of serving in the military) and develop close collaborative relationships with VA services.
 - Peer support programs such as Vets4Vets or Vet-to-Vet can be very helpful; peer leaders need to be trained and compensated.

- **Supportive housing resources** are inadequate in terms of design, numbers of units, access to housing and funding for housing and social services. Supportive housing needs to be available, from emergency and temporary housing to transitional housing programs and permanent supportive housing.
 - Housing without services is inadequate to meet the needs of veterans struggling with prolonged homelessness, mental illness and/or drug use.
 - Housing that requires that residents be abstinent from alcohol and/or other drug use does not work for many veterans who do better with a harm reduction model.
 - It takes time and effort to build a healthy supportive housing community. It is critical to have engaged residents who understand and reflect upon their shared veteran experience.
 - Assertive case management is required—counselors and case managers must engage the residents wherever they can.
- **Access to services and care** could be made much easier for veterans.
- **Veterans of different eras have different needs**, e.g., Vietnam veterans seeking work are less concerned about their vocational careers, however, with OEF/OIF veterans, it is important to help them prepare for vocations that will sustain them and their families into the future and that may involve additional training or education. In response to a clear interest and need, Swords developed specific programming to meet the needs of recently separated veterans, offering quality occupational training in high growth, high wage fields.
- **Reframing homelessness as a healthcare issue** can serve to bolster the argument for supporting greater housing resources as a cost saving measure, as well as to demonstrate with urgency the role creating sufficient appropriate housing has in saving lives.

Challenges:

The challenges center on insufficient resources, including poor distribution and availability of resources in different parts of the country and a daunting lack of understanding about the effects of war on those who fight, and their families. With our nation's population of Vietnam-era veterans aging and facing more intensive physical and psychological problems, the need for permanent supportive housing is high. Current era veterans returning from duty in Iraq and Afghanistan are struggling to make sense of their service and to reintegrate into civilian life as evidenced by increased risk of suicide and post-traumatic stress disorder (PTSD). Transitional Housing programs must be expanded upon in order to see them through to a successful reentry with advanced education, the ability to obtain gainful employment, and to maximize appropriate benefits.

The VA system is not equipped to handle all the needs of veterans. Additionally, many veterans do not qualify for VA benefits or care, denying them compensation owed and proper medical treatment to deal with mental and physical illnesses. These factors are all directly correlated to the initial spiral into homelessness and the barriers veterans face when trying to escape poverty and chronic homelessness. Swords to Plowshares is still one of the only agencies in the country that helps veterans access VA benefits and healthcare; these specialized services should be available to all veterans wherever they live.

The Federal Government's Role:

The Federal government plays a key role in mitigating veteran homelessness by providing funding and support through the Department of Veterans Affairs (VA), the Department of Housing and Urban Development (HUD) and the Department of Labor (DOL). The first two agencies provide funding for a limited amount of veteran housing, and the funding is insufficient to support the necessary wrap-around services linked to the supportive housing. Additionally, the Department of Health and Human Services (HHS) does not provide veterans their fair share of funding for mental health, substance abuse and general assistance; all of which are critical for the population of low-income and homeless veterans.

Currently, the programs supported by the VA focus primarily on transitional housing and rehabilitation. Homeless veterans often find stability in transitional housing programs, but for many, they will complete a program only to become marginally housed or relapse and return to homelessness.

- The current model for permanent housing, which provides housing vouchers, does not meet the needs of these men and women, many of whom have disabling mental and physical conditions and would do better in housing that has services attached.
- New programs need to be created, or existing programs adapted, to include the distinct needs of chronically homeless veterans. Permanent Supportive Housing programs need to be created as well as programs to meet the needs of the aging veteran population with complicated health issues and long-term mental health and substance abuse issues.
- The government should reevaluate HUD VASH vouchers and provide funding to project-based supportive housing programs; those that are proven to successfully house the chronically homeless population on a permanent basis.
- We must establish preventative care and tailored services for Iraq and Afghanistan veterans now. Programs for transitional and supportive housing, mental health care, employment and vocational training and general assistance need to be expanded upon in both urban and rural communities across the country.
- Swords to Plowshares has a widespread impact on a number of individual veterans by helping them access VA benefits and healthcare, but none of that helps the systematic problem that denies an entire segment of the veteran population VA healthcare.
- We must examine the bureaucracy at the Federal level that delays VA claims. By national policy, the VA is a closed door for those veterans who are not eligible for VA services and benefits or are waiting, sometimes years, for claims to move along through the VA backlog which is now close to one million.
- Healthcare and community health centers provide veterans with the mental health and substance abuse counseling, general assistance and case management that ultimately decrease the need for emergency shelter, hospitalization and incarceration –the factors that perpetuate the cycle of chronic homelessness. HHS needs to provide funding specifically for veterans as part of a comprehensive plan for preventing and eliminating homelessness.

Brad Bridwell – Arizona Department of Veterans, State of Arizona

Homeless Veterans Services Coordinator

HUD VASH:

Suggested Strategy:

HUD has been effective in targeting its finite, permanent housing resources, toward chronically homeless individuals thus freeing up temporary help systems and reducing cost to public emergency systems. HUD VASH should target this permanent housing and case management-based resource toward chronically homeless veterans to accomplish similar goals.

Best Practice and Barriers:

HUD's targeting of permanent housing resources toward chronically homeless is a best practice but lacks a services component to address the high degree of need among this population. HUD VASH is a best practice based on

partnering two federal agencies to complete a total package of both permanent housing and supportive service resources. Future rounds of HUD VASH should further incentivize local hospitals to target the most vulnerable and chronically homeless veterans living on the streets or in emergency shelters. The primary barrier to accomplishing this best practice enhancement is the need for each veteran to work between two bureaucratic systems inclusive of local VA Hospitals and Housing Authorities. Further, case management resources are limited to 1 social worker per 35 veterans and should be at a ratio of 1:15 to adequately serve a chronically homeless population.

Improvement Strategies:

The federal government could consider a VASH-like resource through partnering HUD's Supportive Housing Program on the housing side, coupled with a Per Diem-based service payment from VA to provide supportive services. This competitively bid VASH program would reduce bureaucratic barriers by partnering community and faith-based organizations enabling the targeting and rapid placement ability of chronically homeless veterans and begins to involve the local communities through established continua of care.

State Departments of Veterans Affairs:

Suggested Strategy:

The Veterans Administration has made good stride in leveraging the resources of each of its federal hospitals throughout the country and to forge partnerships across federal lines with agencies such as HUD and DOL. It should also take the opportunity to rapidly partner with State governments in the pursuit to end homelessness among veterans by taking advantage of the 56 State Departments of Veterans Affairs.

Best Practices and Barriers:

The Arizona Department of Veterans Services has established its first Homeless Veterans Services Division dedicated to partnering its 3 VA hospitals with state and local governments, community and faith-based organizations, tribal governments and other stakeholders to create a state-wide plan to prevent and end homelessness among veterans that is in line with the federal VA's plan. This coordinated effort can fill gaps between local needs and the federal plan, connect rural communities to the urban hospital settings and ensure locally leveraged resources are invested in the plan to create greater buy-in on all levels. State Department VAs most often provide the state's most coordinated effort to assist veterans in obtaining entitlement benefits, a key community outreach component and strategy in preventing homelessness making them an ideal partner. The VA has not identified a clear strategy for building "community partnerships," the sixth pillar in its overall plan, and partnering State Departments can provide the solution to ensuring the veteran and homeless worlds are effectively bridged. The primary barrier to this strategy is funding as States have been hit hard by the current economic climate.

Improvement Strategies:

The federal VA could make available a considerably small investment of not more than \$10 Million to either fully fund one Homeless Veterans Services Coordinator inside each State Department VA or create a more traditional 65% federal and 35% state match program to create these positions. The position should be tasked with creating a statewide Plan to Prevent and End Homelessness Among Veterans within Five Years that is consistent with federal strategies and leverages state, local and private resources to ensure maximum impact for homeless veterans. Each VA Medical Center has its geographic purview and each VISN crosses state lines, the State Department VAs are the only way to ensure a statewide focus and can create a veteran-specific "Continuum of Care" that HUD has seen such success among its Supportive Housing Programs.

Other Areas of Improvement:

Financing: The federal government, particularly HUD, can explore greater ways to increase the available capital market to develop homeless and low-income housing beyond the traditional 9% Low Income Housing Tax Credit

Programs. Many developments include both transitional homeless housing and long-term affordable housing in a single project. Rather than relying solely on 9% tax credits, it may be possible to reduce perceived lender risk, enabling prime rate interest loans, by integrating FHA-insured loans on properties that contain 80% multifamily, affordable units and 20% homeless, transitional housing based on the lease of “commercial space” or mixed-use properties.

Re-Prioritization of Mainstream Resources and Set-Asides:

While the need in our communities are great it is still the case that the most resourced of the least resourced get the resources due to long waiting lists and bureaucratic systems. Section 8 vouchers and other mainstream resources should be further targeted to prioritize the most vulnerable among populations in need such as that being tackled by Common Ground. Set-asides of 20% specifically targeting veterans, an overrepresented population, should be encouraged throughout our systems. In Arizona, the Department of Housing created a Veterans Preference inside its LIHTC program which should be highlighted.

John Driscoll – National Coalition for Homeless Veterans, Washington, DC President and CEO

Winning the Campaign to End Veteran Homelessness

In October 2006, the National Coalition for Homeless Veterans (NCHV) participated in the National Symposium on the Needs of Young Veterans hosted by AMVETS in Chicago. As a subject matter expert on veterans at risk of homelessness, NCHV engaged in discussions with community-based service providers to identify the most critical needs of veterans returning from Operations Iraqi Freedom and Enduring Freedom (Afghanistan), and their recommendations on government and community interventions that would reduce their risks of becoming homeless.

The U.S. Department of Veterans Affairs, Department of Labor and their community-based service partners represented by NCHV have developed a nationwide network of assistance programs that has reduced the number of homeless veterans on the streets of America by about 50% since 2005. The Chicago symposium, however, was one of the earliest national assemblies convened to explore strategies to prevent homelessness. The insights, client challenges and recommendations of those service providers still serve as the foundation of a comprehensive Veteran Homelessness Intervention and Prevention Platform.

The recommendations in this document represent those of roughly 65 community-based organizations nationwide, and were endorsed at the NCHV Annual Conference in May 2009 in Washington, D.C. They are offered to assist the Interagency Council on Homelessness as it develops its strategic plan in support of the administration of President Barack Obama.

HEALTH

- There should be a national “open door” policy that ensures access to immediate primary and mental health services to OIF/OEF veterans for five years after discharge in (1) areas that are under-served by VA facilities, (2) for immediate family members of OIF/OEF veterans, and (3) for long-term rehabilitative care. Fee-for-service policies must not place additional burdens on OIE/OEF veterans and their families.

- All VA medical centers and community-based outpatient clinics (CBOC), and all homeless veteran service providers should have access to emergency mental health services on a 24/7 basis, whether on site or through approved community mental health programs.
- Implement universal enrollment in the VA Health Care System before discharge from active duty status, including eligible National Guard and Reserve personnel deployed to Iraq and Afghanistan.
- All servicemembers separating from active duty after deployment to Iraq, Afghanistan, or any combat theater, should receive mandatory mental health assessments and be screened for possible traumatic brain injury (TBI), Hepatitis-C, TB, HIV and other illnesses *before* discharge. Follow-up mental health assessments should be mandatory at six-month and one-year intervals after discharge.
- Servicemembers who, on their Post-Deployment Assessment surveys, are identified as exhibiting signs of emotional or mental strains that could increase their risk of developing PTSD should be advised of that fact and referred to appropriate health services.

INCOME SUPPORTS

- Expand and Increase Funding for the Jobs for Veterans Act – The Jobs for Veterans Act enables the Department of Labor to provide veterans with employment preparation assistance and job placement services. The Act requires that federal contractors and government agencies give veterans a preference in their hiring policies. Additional funding would increase the number of DOL-VETS employment specialists in the field, create more job opportunities for veterans returning from Iraq and Afghanistan, and enhance the program's oversight and enforcement capabilities.
- Expand the Veterans Workforce Investment Program (VWIP) to all 50 states. Currently less than \$8 million is distributed by the Department of Labor to 12 grant programs in select states to provide unemployed and under-employed veterans with job training and placement assistance.
- Pass emergency legislation to provide unemployment compensation to OIF/OEF veterans who are not protected by USERRA (due to business failures and layoffs) at a percentage of their base military pay for a period of up to 12 months, rather than the current prevailing local rates.
- Develop a federal certification project for certain trades and occupations that are readily accepted in the states, and DoD and VA should share the cost of certification for OIF/OEF veterans within one year after their discharge.

ACCESS TO HOUSING

- Track and help facilitate full implementation of the HUD-VA Supportive Housing Program (HUD-VASH). This critical program is designed to provide housing with supportive services for veterans with serious mental illness, chronic substance abuse disorders and other disabilities. The National Alliance to End Homelessness (NAEH) released an analysis of available data that showed up to 63,000 veterans could be classified as “chronically homeless.” Currently, a Senate bill calls for an expansion of the program to 60,000 vouchers by FY 2014, and 30,000 have already been authorized. However, issues such as project-basing vouchers to spur development of housing units in areas with a critical shortage remain unresolved.
- Advocate for a national prime rate interest home loan program for OIF/OEF veterans – The VA home loan guarantee program has made home ownership a reality for millions of veterans. However, this program does little for young veterans with modest incomes. A special loan account, administered by a corporate partnership, to provide home loans at well-below market rate for OIF/OEF veterans would help these young veterans qualify for home ownership and effectively reduce their risk of homelessness by reducing their housing cost burden.
- Develop affordable housing programs for low-income veterans – Every community in the nation should incorporate into their 10-year plans a strategy to develop affordable housing stock to prevent homelessness among its low-income and extremely low-income individuals and families, with a set-aside

for veterans in proportion to their representation in the homeless and low-income population estimates. Federal, state and local governments should develop incentives to drive this vital component of homelessness prevention through low-income housing tax credits; awarding of project-based Section 8 vouchers for approved developments; project funding support through the National Housing Trust Fund; formation of local and regional community land trusts; infusion of supportive services dollars through Community Development Block Grants and other funding streams; and tax credits for builders and contractors who work on these projects.

Risa Greendlinger – The National Center on Family Homelessness, Newton, MA Project Director & Market Leader

I. Suggested Strategies for Preventing and Ending Veteran Homelessness

On any given night, more than 130,000 veterans find themselves with no place to call home. Seven percent are women. Homelessness is caused by a gap between income and the cost of housing. With the critical shortage of decent affordable housing and the relative lack of housing subsidies, many veterans are one crisis away from homelessness. While veterans overall earn higher-than-average wages and have greater opportunities for education and training, some struggle to make ends meet. In fact, researchers report that nearly half a million veterans pay more than 50 percent of their income for rent. Others find their wounds (both visible and invisible) an impediment.

Housing vouchers are a proven solution, as are investments in education and job training. These well-recognized supports are part of a five-year, \$3.2 billion initiative by the U.S. Department of Veterans Affairs to end veteran homelessness. The challenge is to ensure that vouchers fully pay for decent housing and that funding is available for preventive measures such as rapid re-housing. Although affordable housing is essential to the solution, it is not sufficient. Services and supports play a critical role in anchoring people in housing and the community. This is especially important if a veteran is struggling with medical, mental health or substance use issues.

Most returning veterans are able to re-engage in their lives and become self-sustaining, often with help from family, friends, and service providers who can buy them up during times of crises. For example, many soldiers returning from the wars in Iraq and Afghanistan suffer from high rates of post traumatic stress disorder (PTSD) and traumatic brain injury (TBI). In response, the military has provided extensive resources to address these issues. Because a highly developed network of ongoing supports is available for these veterans, they are at lower risk for becoming homeless. This clearly illustrates how support networks can mitigate the risk for homelessness. In contrast, veterans without social networks may find themselves isolated and overuse alcohol to deal with their distress — factors that contribute to their higher risk for homelessness. Strong social networks often make the difference between a productive life in the community or being out on the streets.

Even though family and friends are essential for supporting veterans in the community, resources provided by the military and the Department of Veterans Affairs may not extend beyond the veteran. Private and nonprofit organizations are trying to bridge this gap, but the unmet need is great. Given what we know about the significant role of social networks in protecting against homelessness, and the success the military has had in supporting veterans with PTSD and TBI, further resources should be allocated toward bolstering veterans' supports.

The National Center on Family Homelessness is working with the Wal-Mart Foundation, Welcome Back Veterans--an Initiative of Major League Baseball and the McCormick Foundation, and Blue Shield of California Foundation to fill a gap in veterans' services by developing and implementing Community Circles of Support for Veterans' Families. This multi-site program seeks to strengthen veterans' social networks and build capacity among community-based service providers. The knowledge gained from this program will guide us in establishing and maintaining resilient networks to keep veterans stably housed.

II.1 Best Practices

- Outreach and engagement
- Housing vouchers
- Health, mental health, and substance use services that address both the visible and invisible wounds of combat
- Programs that support and enhance social networks
- Services that support veterans' spouses, children, parents and siblings as they help their war fighters reintegrate into the community
- Trauma-informed services and supports
- Specialized services that are sensitive to the needs of female veterans
- Public-private partnerships
- Public education to reduce stigma associated with seeking services
- Technology that meets the needs of veterans and their families located in areas with limited access to services

II.2 Barriers to Best Practices

- Limited resources, infrastructure, and expertise among community-based programs.
- Lack of adequate and specialized resources for women veterans
- The VA's inability to provide services beyond veterans and their spouses
- Narrow definitions of "family" that often limit VA and DOD services for veteran families (e.g., children, parents, siblings, roommates, friends, spouses)
- Lack of access to critical services because of inadequate transportation, lack of child care, inflexible work hours, and stigma about seeking services.
- Lack of knowledge of available resources and programs after separation from service.

III. Areas Where Federal Government is Effective in Preventing and Ending Veteran Homelessness

- Coordination among HUD, DOL and VA along with community partners focusing on four primary areas that combat veteran homelessness: transitional housing and rapid re-housing programs, employment assistance, healthcare, and rehabilitation services.
- Leverage of government investments by studying consumer needs and community resources, and then developing innovative programs and best practices. For example, the U.S. Department of Labor, Women's Bureau conducted listening sessions with women veterans who are homeless and their service providers in California, Kansas, New York, Oregon, Pennsylvania, Texas, and Washington. The National Center conducted the California listening sessions. The information from these sessions was compiled into a report for the Department of Labor of Veterans Employment Training Service (DOL VETS). The report will be used as background information for the DOL VETS FY 2010 solicitation grants. It will also be used to develop trauma-informed veteran's services.

IV. How the Federal Government Can Improve Its Effectiveness

- Create a comprehensive strategy to prevent homelessness among reintegrating military personnel, veterans, and their families.
- Include the needs of homeless veterans in all planning and policy efforts.
- Coordinate federal efforts to prevent and end homelessness among veterans so that services are integrated and holistic. Facilitate similar coordination at the state and local levels.
- Meet the unique needs of homeless female veterans through targeted, specialized approaches.
- Expand/enhance the ability of federal programs to serve veteran families by strengthening social networks critical for preventing homelessness.
- Sponsor research/evaluations that determine what works to prevent and end homelessness. Target available resources to these programs.

Tim Marx – Common Ground, New York, NY

Executive Director

As I was a late entrant to the USICH session on Veterans Homelessness, I had the benefit of reading the other materials. I have little to add, and would emphasize the following points.

First, efforts to use vacant and underutilized space on VA campuses should be increased. According to the September 2008 US Government Accountability Office (GAO) Report *"Federal Real Property: Progress Made in Reducing Unneeded Property, but VA Needs Better Information to Make Further Reductions (to the Ranking Member, Committee on Veterans' Affairs, House of Representatives)*, the Veterans Administration had 5.6 million square feet (in fiscal year 2007) of underutilized space and 7.5 million square feet of vacant space. The GAO estimated VA spent \$175 million (in fiscal year 2007) operating underutilized and vacant space at its medical facilities, where 98 percent of such space exists. This presents a tremendous opportunity to re-use and re-program this space for various housing solutions (first-step, transitional, permanent supportive) for homeless veterans to advance the Administration's goal to end homelessness among veterans.

Second, as VA campuses are more fully utilized, we will need to effectively reconcile VA expectations regarding use of its campuses and issues which homeless veterans confront including mental illness and sobriety challenges. Best practice clinical approaches should be accepted on VA campuses that recognize that advancement toward recovery and self-sufficiency is not always linear and often involves relapse and other challenges.

Third, HUD-VASH should be better focused to address the needs of the long-term or chronically homeless veterans. Others, including Nan Roman of the National Alliance to End Homelessness, and Barbara Poppe, Executive Director of the USICH have offered the specific framework for accomplishing this. For example see Barbara Poppe's key note speech at HUD-VASH Case Management Models Conference, February, 24, 2010 (see link below). http://www.usich.gov/readmore/032610_HUD-VASHspeech.html

**Nan Roman – National Alliance to End Homelessness, Washington, DC
President and CEO**

Ending Veterans Homelessness: A Briefing Paper for the U.S. Interagency Council on Homelessness

Over the past ten years, leading communities in the United States have made great progress on reducing the number of homeless people. In order to achieve similar results for veterans, it will be important to adopt the chief lessons from these communities and put them to work for those who have served our country in the armed services.

Strategies that will be key to ending and preventing veterans homelessness

Ensure that a full range of program models is available, matched to the individual needs of homeless veterans or veterans at risk of homelessness. In order to get results in a cost-effective manner, leading communities match the intensity of interventions to the needs of individuals. Those experiencing a short-term crisis get emergency help to solve that crisis, focusing on housing stability, and are then left to go back to their lives on their own. Those with severe, permanent disabilities that leave them profoundly unable to support themselves receive permanent supportive housing.

Clearly assign responsibility for the outcome of no homelessness. For veterans, the Secretary of Veterans Affairs has stated that the VA will take this responsibility at the national level. A similar clear assignment will need to be embraced at each local level, since the ultimate work of quickly rehousing those who are homeless, and preventing others from becoming homeless, is local in nature.

Best practices and barriers to their adoption

Key program models from communities that have been successful at reducing homelessness overall involve rehousing those who are homeless as rapidly as possible, with services in place to maintain housing stability; and prevention of homelessness. For a more complete description see www.endhomelessness.org, and particularly references there to the Ten Essentials.

Rehousing homeless people:

- Rapid rehousing involving work with landlords to place people directly in housing, with or without short-term financial help, with follow-up supports to help people access social services and improve incomes through employment and/or benefits. Barriers: lack of familiarity with the model; lack of dedicated funding; unwillingness to trust people to resolve their problems in the future.
- Transitional housing particularly for those with longer term addiction issues who would benefit from a therapeutic community. Barriers: service provider unwillingness or inability to serve those with most severe disabilities or to deal with relapse or harm reduction.
- Permanent supportive housing for those with severe, permanent disabilities. Barriers: Coordination between housing and services; housing conditioned on unrealistic behavioral standards; willingness to tolerate homelessness for those with severe disabilities.

Prevention of homelessness:

- Emergency prevention, similar to rapid rehousing model above. Barriers: see rapid rehousing above; failure to target those at most imminent risk of homelessness.
- Planning for housing stability when discharging people from residential situations (e.g. armed services, corrections). Barriers: institutional willingness; lack of coordination; lack of clear lines of responsibility.

- Assumption of responsibility for housing outcomes on the part of systems that support vulnerable people (e.g. VA Health Services). Barriers: unfamiliarity with housing issues; lack of clear responsibility to prevent homelessness.
- Broader work to ensure housing affordability. Barriers: expense; no tradition of ensuring housing affordability.

Areas where the federal government is effective

- Incentivizing good practices through funding decisions.
- Generating enthusiasm and local political will for the goal of ending homelessness.

Suggestions for federal government to improve effectiveness

Ending homelessness among veterans is an entirely reasonable and do-able goal, especially given the fact that there is a federal agency dedicated to the wellbeing of veterans, and a Secretary who is determined that no veteran will be homeless. It will be challenging, however, and require the Department to not simply do more of the same, but to do some things differently, based on what we have learned works to prevent and reduce homelessness.

A broader range of programs models is needed within homeless services at the VA in order to meet the varied needs of veterans. Until the revival of HUD-VASH, VA homelessness programs were largely centered on a narrow range of models that require veterans to achieve a measure of sobriety and stability *before* they can access residential programming. These models work well for some, but high drop-out/push-out rates show that they do not work well for others. While some people can achieve and maintain stability with respect to their mental health and substance abuse problems before entering a program, others succeed better when they receive housing and *then* have a chance to work on their mental health and substance use issues. This is often called Housing First, and its impact on reducing the number of homeless people has been well documented.

Another important model is permanent supportive housing. Some veterans, with more severe and chronic problems including mental illness, need permanent supportive housing, with longer-term, more intensive services, and tolerance for a greater range of behaviors that are often a result of their disabilities. HUD-VASH is a new tool for funding this model, but needs to be brought to scale (60,000 vouchers) and clearly targeted for those with the most severe disabilities. Lower client-to-staff ratios, and contracting with community organizations experienced with Housing First for severely disabled homeless people, will be necessary in some communities.

On the other end of this continuum, the VA will need more programming to provide housing stabilization services and linkage to community-based services for those experiencing a short term crisis. This includes the use of the rapid rehousing and emergency prevention models for 250,000 veterans a year. Veterans can be assisted to find affordable housing, and perhaps receive short term or shallow rent subsidies. They can be linked to services through existing VA or other programs to address their crisis needs and help them increase their incomes in the longer term. A first step could be to establish strong contacts with local providers under HUD's Homelessness Prevention and Rapid Rehousing Program. A rapid response capability within the VA benefits system, for those who are homeless or at risk, would be part of this model.

Prevention of homelessness will also be key, and in that regard VA and DoD should develop homelessness prevention protocols to assess and address risk of homelessness upon discharge from the services.

Make housing stability a mission of the VA at all levels. Homeless veterans need services, but they are homeless because the lack housing. Accordingly, VA staff and VA-funded nonprofits tasked with ending homelessness will

need the tools to access stable housing for every veteran who is homeless. To accomplish this goal, they will need to both partner with non-veteran housing agencies at the local level, and improve the housing skills of veteran-only programs within and without the VA. Training HUD-VASH case managers on how to help consumers access Section 8 housing will be an important step.

**Laura Zeilinger – District of Columbia Department of Human Services (DHS),
Washington, DC
Deputy Director for Program Operations**

Introduction

President Obama, Secretary Shinseki and other government leaders have articulated a zero-tolerance for homelessness among veterans and a call to end homelessness among veterans in five years. With the appropriate alignment and allocation of resources, this is an achievable task.

This briefing paper, prepared by the District of Columbia Department of Human Services recommends a strategic approach to effectively ending homelessness among veterans. Next it lists some challenges to current programs and solutions.

Adopt a Veteran-First Approach

Rather than understanding the range of programs and trying to find veterans to fit the programs in place, VA Medical Centers and localities can work together to understand the needs of the veterans experiencing homelessness in our communities and connect veterans with interventions specific to meeting their needs. This targeting allows jurisdictions to maximize resources available to them.

A. Assessment and targeting

The District of Columbia and many other jurisdictions across the country have adopted assessment tools that are designed to capture the information necessary to understand an appropriate housing and service intervention for an individual or family experiencing homelessness. Such tools generally capture demographic, employment, health and housing history. Point in Time Counts, shelter intake and other activities already in place provide an opportunity to begin to capture the information to understand the needs of the veterans who experience homelessness in a community.

B. Partnership between VAMC and local government

A number of advantages can be derived from a partnership between VAMCs and local jurisdictions. Some of the advantages we have experienced in the District of Columbia include:

- Information sharing to gain a thorough understanding of the size and scope of the veteran population. This has allowed us to set a benchmark and goals around ending homelessness for veterans as well as to understand the range of needs of the population
- For some veterans programs offered directly by the VAMC are an appropriate fit, while others may not be ready to access VA services. We've been able to connect veterans with either VA or mainstream programs according to the specific situation of the veteran.
- The District has demonstrated success at addressing chronic homelessness with permanent supportive housing and has created a streamlined housing process with our Public Housing

Authority (PHA). We've been able to employ the same process to quickly administer the HUD-VASH program.

- No one gets targeting right 100% of the time. Partnerships make more options available so that there can be a safety net for those that are not successful in their first placements.

Challenges and Solutions to Current Programs Serving Veterans

A. Identification of Units Available for Housing

Challenge:

The VA reports difficulty in identifying and securing available apartments that fit program criteria of passing health, quality and safety (HQS) inspections, and rent reasonableness. With the current ratio of case managers to clients (35:1), it can be difficult for the case managers to identify units, get them inspected, secure vouchers and follow the process through to completion for each client.

Solution:

- build favorable relationships with landlords
- devoting personnel resources to full time housing searches, allowing the case managers to focus on assisting clients,
- advertise for needed units and follow each unit through the process (rent reasonableness, inspection, collection of landlord documents etc.)

B. Eligibility and Screening

Challenge:

Some homeless veterans report that they have been deemed ineligible for VASH due to dishonorable discharges. Other veterans self-select out of VASH because they perceive it to be a "high barrier" program. The current VASH program includes requirements for clean time for participants, and savings for security deposits.

Solution:

- Assess veteran to understand range of programs s/he may be eligible for and willing to accept
- Connect with resources able to upgrade discharge status
- Re-brand VASH in communities where it has been high barrier and entrance criteria have changed

C. Need for Security Deposit and Last Month's Rent

Challenge:

The current VASH program does not include resources for security deposit, last month's rent, and other one time costs frequently required by many private market landlords. The VA reports this to be a barrier to moving veterans into housing as many veterans do not have sufficient savings to cover these costs or they may need to use those savings to put towards other essential items such as toiletries, bedding or even furniture.

Solution:

- Restructure VASH program to make funds for security deposit, last month's rent, and other one time costs available.

- In the meantime, make use of funds available through the American Recovery and Reinvestment Act of 2009 (ARRA) funded, Homeless Prevention and Rapid Re-Housing program (HPRP).

YOUTH HOMELESSNESS WORKGROUP

**Sherilyn Adams, LCSW – Larkin Street Youth Services, San Francisco, CA
Executive Director**

Strategies and Best Practices

Every year there are an estimated 1.8-2.1 million homeless youth ages 12-24 in the United States who face multiple challenges to becoming independent, self-sufficient adults. They struggle to survive from day to day, doing what they can to secure food and temporary shelter. Housing and support services are crucial in assisting these youth to move beyond the streets.

Housing Provides Stabilization

A range of housing options are necessary to meet the diverse needs of homeless youth and give stability to their lives. Housing should be developmentally appropriate and provide a range of support services that will help youth to move beyond the streets. There should be minimal barriers for youth to enter housing and individualized case planning to address each youth's unique needs. Transitional housing programs, which provide a more intensive level of services for an extended period of time, provide the greatest opportunity for youth to become independent, self-sufficient adults.

Support Services for Long-term Stability

A range of support services are needed to address issues that are barriers to self-sufficiency for homeless youth. Support services include education, employment, medical, and behavioral health services. Educational services should include tutoring, GED assistance, adult basic education, and college counseling. Employment services should include job readiness services, workforce placement, and career development services. Behavioral health services are important because mental health issues, substance use, or a combination of both create additional barriers to exiting street life and making successful transitions to independence. Case Management assists youth to develop both short- and long-term goals, as well as to access the services and supports they need in order to reach their goals.

Focus on Life Skills

Unlike homeless adults, who generally possess the core skill set needed to maintain housing despite the crisis that led to their homelessness, homeless youth have not developed independent living skills. Development of life skills is important for homeless youth and should be included in housing programs, particularly transitional housing programs. Life skills should include both hard and soft skills development such as opening and maintaining a bank account, budgeting, conducting a housing search, landlord relationships, neighbor relations, cooking, grocery shopping, paying household bills, and household maintenance.

Policy Recommendations

There needs to be greater coordination of services within and between systems of care, to improve case planning and outcomes for transition age youth. Homeless youth have disproportionate levels of involvement with systems such as child welfare, juvenile justice, and behavioral health. Youth exiting from these systems often land on the streets without resources to become stably housed. Improved transition planning and services for this population would serve as a homelessness prevention measure.

Sustained employment at a living wage is crucial to homeless youth acquiring and maintaining unsubsidized long-term stable housing. Homeless youth have disjointed educational histories as well as limited employment experience. They require more intensive services and often a greater amount of time to acquire the skills necessary to obtain employment at a living wage. Increased access to funding for youth workforce development is necessary as current sources are limited in appropriateness for homeless youth. Funding streams, such as the Workforce Investment Act (WIA), have stringent eligibility requirements and target outcomes that create barriers for homeless youth to utilize these programs.

The housing available for homeless youth is insufficient to meet the demand. The Family and Youth Services Bureau of the Department of Health and Human Services administers the main federal program dedicated to youth housing and homelessness, the Runaway and Homeless Youth Act. While the program has demonstrated success it is limited in scope and capacity. In fiscal year 2008 the Basic Center program, which provides emergency housing for youth under the age of 18, served 42,167 youth. The Transitional Living Program, which serves youth 16-21, served only 3,554 youth. This does not come close to reaching the estimated need at the national level. The National Alliance to End Homelessness has recently called for the creation of 50,000 new housing opportunities for homeless street youth, a distinct subpopulation of homeless youth, to address this dearth of housing.

Youth served through transitional housing programs have better outcomes than youth who only access emergency housing. Transitional housing programs provide youth with a more intensive level of services for a longer period of time, better preparing them for independence upon exit. However there is a shortage of transitional housing available for youth at both the local and the national level. This creates a bottleneck in the housing continuum from emergency housing to transitional housing because there are not enough program spots available to accommodate youth in emergency housing who need and want transitional housing. Homeless youth have not been recognized as a priority subpopulation by HUD which impacts their inclusion in local Continuums of Care and funding available for this group from that funding stream.

There needs to be an increase in both short-term emergency housing as well as longer-term housing available to homeless and marginally housed youth. Providing housing now will prevent youth from cycling through emergency services and becoming the next generation of chronically homeless adults.

Peggy Bailey – Corporation for Supportive Housing, Washington, DC
Senior Policy Advisor

Basics of Youth Homelessness

According to the 2009 Annual Homelessness Assessment Report, on any given night two percent – or approximately 22,000 - of the sheltered homeless population are unaccompanied youth. However, because youth are less likely to use shelters than adults, (partly because there are few designated shelter beds for youth and partly because some youth avoid using shelters) it is very difficult to accurately count homeless youth. For many youth, homelessness is a temporary situation. However, a small group - about 200,000 youth a year - lives permanently on the streets. It is important to recognize that however small this group may be, ending their homelessness is essential to preventing adult homelessness. Many homeless families are headed by an adult who experienced homelessness as a youth and often homelessness for individuals who have lived on the streets for decades began in their teens and twenties.

Circumstances of Homeless Youth

Youth become homeless for a variety of reasons. Many youth experiencing homelessness have run away from home or institutional care, aged out of foster care, been released from juvenile corrections, or have been locked out or abandoned by their parents or guardians. There is often good reason for youth to stay away from home – studies of homeless youth report rates of sexual abuse ranging from 17 to 35 percent and rates of physical abuse ranging from 40 to 60 percent. Homeless youth also report that their family relationships have been broken as the result of neglect, alcoholism, addictions, and/or disapproval of their sexuality or gender identity.

Barriers to Obtaining Housing

Youth face several barriers to gaining housing and stabilizing their lives. Young adults are particularly vulnerable to physical and sexual assault or abuse. In a study of homeless youth in Baltimore, MD, 75 percent of the homeless youth reported that they had witnessed a shooting or stabbing. Another youth study in Hollywood, CA found that 70 percent reported having been punched, hit, burned, or beaten up; 14 percent reported having been shot at and hit by gunfire; and 32 percent reported having been sexually assaulted. As a result of exposure to violence, homeless youth are at high risk for post-traumatic stress disorder, anxiety disorders, major depression, and suicide. Youth on the streets also have high rates of substance use and abuse.

Due to their lack of family and financial resources, youth on the street may turn to illegal activities such as stealing and selling drugs to pay for food, clothes, shelter and other necessities. Therefore, they acquire a police record which can inhibit their ability to obtain housing and services. Youth are also more likely than homeless adults to become involved in 'survival sex' and/or prostitution. As a result, homeless youth are at particularly high risk for contracting HIV/AIDS. Finally, homeless youth often distrust adults and this makes it hard for service providers to reach them. This is often attributed to their developmental stage; however, it is important to remember that the adults in their lives have failed them. This can make it difficult for them to trust service providers, especially if receipt of services and housing is tied to them meeting a list of requirements.

Barriers to Creating Youth Housing

Besides the obvious funding challenges, there are also community challenges to developing youth housing. Because homeless youth are a small percentage of the population, there is not a solid amount of research on the population. This makes it difficult to make the case for the need for housing options and the design of youth housing programs. Also, there is a lack of targeted youth funding. Youth programs have trouble competing within their local Continuum of Care (CoC) for funds, yet there are few other avenues to acquire resources. Finally,

especially in the case of permanent supportive housing, policy makers have difficulty with the idea of applying harm reduction and independent living models to youth.

Strategies for Addressing Youth Homelessness

For those homeless youth (ages 18 – 24) who face the most significant challenges, permanent supportive housing may be the intervention needed to end their homelessness. When provided with decent, safe, affordable rental housing, along with access to flexible supportive services, young adults with special needs and a history of homelessness can begin to heal from past traumas, create community connections, and learn the skills that they will need to live stable, independent lives.

Effective models of supportive housing for homeless and at-risk youth ensure that the following services and supports are available:

- A relationship with at least one responsible, trustworthy adult that can provide consistent emotional support.
- Case management services (may be provided by a “youth advocate” or “youth advisor”) to assist youth in navigating complex systems of care and accessing services and benefits for which they are eligible.
- Opportunities to learn and practice independent living skills, including: financial management, having friends, building relationships, shopping, cooking, grooming, communication skills, and conflict resolution skills.
- Comprehensive employment services, which may include career counseling, job- readiness/job-seeking skills training, job placement services and job retention services. This includes internship opportunities within the program.
- Continuing education, which may include GED, ABLE or ESL programming, as well as opportunities to develop vocational skills or attend college.
- Assistance and advocacy to access public benefits.
- Medical care, dental care, and preventative health services, which may include education about how to prevent sexually transmitted diseases and contraception options.
- Access to mental health and substance abuse recovery services, which may include counseling, medication management skills training and psychiatric services.
- Parenting skills training, when needed.
- Case managers need to be supported by supervisors. Case managers need an opportunity to work through their own feelings regarding their clients. This can help reduce staff turnover.

Recommended Best Practices for Developing Youth Permanent Supportive Housing

- **Design with the Special Needs of Homeless Youth in Mind:** Providers should implement a “trauma-informed” approach which provides an environment for service delivery that is sensitive to and delivered by staff that are knowledgeable about the effects of trauma on survivors.
- **Design Flexible Intake and Admission Processes:** Young adults are often suspicious of entering housing or participating in services - as trust builds youth should be allowed to change their minds.
- **Infuse an Understanding of Adolescent Development and Culture into Program Design:** Services providers must be able to distinguish normal feelings and behaviors among adolescents from feelings and behaviors which may signal that the youth has unmet mental health and/or substance abuse treatment needs.
- **Embrace Positive Youth Development:** Positive Youth Development programs promote: safety and structure, belonging and membership, self-worth and the ability to contribute, independence and control over one’s life, positive relationships, and personal competence.
- **Emphasize Employment:** Employment can play a key role in permanently ending homelessness, by helping youth gain confidence and generating income needed to be more independent.
- **Acknowledge that Youth are Inherently in Transition:** Young adults’ service needs and goals will change over time and require an approach to service delivery that grows with them.

Ways the Federal Government Has Helped

Unfortunately, there are very few federal programs targeted to housing and serving unaccompanied homeless youth and even fewer with an emphasis on permanent housing. Most youth targeted permanent supportive housing programs are funded with local, state and private funds. However, there are a few federal programs that have shown effectiveness. The Chafee Independent Living program assists youth aging out of the foster care system with housing and services. In addition, the Substance Abuse and Mental Health Services Administration (SAMHSA) has targeted homeless youth in recent services connected to housing grants for those with substance use or co-occurring disorders. Finally, Housing Choice Vouchers through the family unification program (FUP) have also benefited former foster youth and is an area where the federal government has helped.

How the Federal Government Can Improve Effectiveness

Facilitate Cross-System Coordination: Youth homelessness is a cross-system problem and a major role for the federal government would be to breakdown the barriers for cross-system coordination. For example, state child welfare and housing agencies can work together to assist youth aging out of foster care find housing and stabilize. This includes encouraging states and localities to allow youth prior to exiting state or institutional care to apply for housing programs that they will be eligible for upon discharge. HUD and ACF (along with other HHS agencies, the Department of Education, and the Department of Justice) should work together to make it easier for state and local agencies to work together.

- **Change Eligibility Rules for Housing Assistance:** Federal programs should allow youth exiting foster care and juvenile justice facilities without a stable place to live to qualify for housing assistance. Often providers have youth go to a homeless shelter first so they can be identified as homeless and therefore eligible for services.
- **Provide Support for Research:** Research is essential. Advocates have approached leading researchers to study homeless youth populations but the small numbers makes it difficult. Finding accurate numbers of homeless youth and describing their circumstances is essential to being able to clearly create policy benchmarks for solving the problem. The federal government should take the lead and assist the research community to study youth homelessness.
- **Foster Innovation:** Federal programs could work to push program innovation. For example, permanent housing for youth faces challenges when youth begin to age out of services but still need permanent supportive housing. If a permanent housing program targets youth ages 18 – 24 and a youth with multiple challenges enters at age 23 requiring them to leave within a few months defeats the purpose of permanent housing. In addition, the general lack of services funding makes it difficult for service providers to find resources to supplant these resources. Creating program models that have an entry age but not an exit age would be a step toward resolving this problem.
- **Create A Flexible HCV Program:** HUD should offer a Housing Choice Voucher that programs can initially project-base and later can be made portable once the tenant has been able to stabilize his or her life. This would create an operating subsidy that is flexible enough to match up with the needs and transitional nature of young people in their 20s yet can be project-based so that we are creating new units for future residence. FUP is helpful but can only be used for former foster youth.
- **Designate More Funding!** Of course more money for targeted youth housing models is essential. Youth providers rarely successfully compete within local Continuums of Care and this limits access to mainstream funding. Helping youth providers in their CoCs and providing additional funding is important to ending and preventing youth homelessness. Funding for housing assistance/operating subsidy is extremely important, in addition to services funding that bridges the youth system/adult system transition for young adults with significant challenges to staying in housing without support.

**Angela Lariviere – Coalition on Homelessness and Housing in Ohio, Columbus,
OH**

Youth Advocacy Director

The Youth Empowerment Program (YEP) is a statewide organization that works with homeless and transitional youth, 11 – 24. YEP works directly with youth to provide them training and opportunities to develop leadership skills and address cross-system issues that affect their stability; with the goal of preventing and ending homelessness. YEP is directed by a statewide council of currently and formerly homeless youth and unaccompanied youth aging out of systems. YEP participates in national, state and local policy groups and provides youth serving agencies with training and technical support. In addition, as resources allow, YEP supports short term direct service pilot programs initiated by youth.

- 1) The goal of YEP is to break the cycle of homelessness by focusing on children and youth who are homeless or at severe risk of homelessness. All youth need support in order to maintain stability in all areas, including, health care, housing, and education. By providing these supports, youth will have the opportunity to develop the skills needed to become successful adults. YEP advocates for all systems that affect children and youth be at the table with youth themselves in order to build a solid, ground up, strategy that will provide practical safe guards against homelessness and poverty. Immediate steps that can be taken to end and prevent homelessness include:
 - a. Establishing a cross-system youth alliance to collaborate resources and develop both short and long term plans for addressing child and youth homelessness.
 - b. Improving and addressing cross-systems issues in discharge planning and procedures.
 - c. Immediately focusing resources to address the needs of independently homeless, high risk, partially housed, couch surfing youth.
 - d. Make outreach and community education a priority.

- 2) YEP has worked for the past 10 years to identify and address barriers to accessing existing services. Some issues we find:
 - a. Accessing government aid such as food stamps, medical assistance, shelter and housing can be an issue because: rules vary, many youth do not have ID, and may be underage and unaccompanied.
 - b. WIA job programs are great, but in practice many are not addressing the employment needs of homeless youth in practical ways. In most instances you must provide several pieces of ID to enter a program, many of our youth have stated that they have no access or financial resourced to obtain birth certificates or photo ID's. Obtaining parent information or parental permission to join a program is also a barrier for under age, unaccompanied youth. Better cross-systems partnerships with McKinney-Vento homeless education programs or RHYA programs could help.
 - c. Family ReUnification Plan or FUP vouchers. These are a great idea in helping youth access priority in obtaining section 8. But partnership rules and lack of knowledge about the program block youth from obtaining them.
 - d. RHYA programs. RHYA shelter and housing programs are necessary for homeless youth, however, there are many barriers to accessing services, including its foundation in Family Reunification. Many programs don't consider the long term needs of youth who do not have a family base and who may be running away from foster care.
 - e. Chafee programs for youth aging out of foster care are great, however, Chafee only affect a very small amount of foster care youth. Youth must be in the official state custody on their 18th birthday to access Chafee services. This makes youth in temporary placement, relative care, paid

- adoptions, and those who may runaway from foster care, ineligible. Also, many youth do not understand their rights or eligibility for services.
- 3) There are many areas where we have supported the federal government in addressing the issues of the youth we serve. They include:
- a. McKinney – Vento education law. The improvements to McKenny-Vento Homeless Education Laws have been critical in addressing the needs of homeless youth. McKinney-Vento liaisons are an invaluable resource for all homeless students and service providers.
 - b. FAFSA amendments. Recent changes to the FAFSA form have removed a major barrier for unaccompanied youth in accessing higher education and tech schools.
 - c. FUP vouchers are a great resource in addressing the housing needs of youth and give foster care agencies a resource for youth exiting care.
 - d. Chafee programs are critical for youth exiting foster care and eligibility and resources should be expanded to all unaccompanied youth exiting systems.
 - e. HUD housing programs. While providing shelter is important to meet basic human needs, providing and maintain affordable housing and supportive housing resources is key to creating stability for children and youth.
- 4) YEP would like to submit the following suggestions for how the federal government could improve its effectiveness.
- a. RHYA: There is a need to develop and improve services and resources for youth without families and to expand housing programs to serve unaccompanied populations under and over 18 years old.
 - b. HUD guidelines for shelter and housing programs need to include specialize plans and programs for youth.
 - c. McKinney-Vento Homeless Education funding needs to increase to match the reported needs among schools.
 - d. Work to amend the Higher Education Act to include resources and guidelines for serving homeless and transitional students, including the establishment of higher education McKinney-Vento type Liaisons.
 - e. WIA Jobs programs. Reform and prioritize homeless and unaccompanied youth in funding jobs programs with special funding to cross-systems collaborations and removing barriers to success. And partner and include supportive employment models.
 - f. Mental Health is a key link in addressing the issues of youth. All you who are unaccompanied, homeless, and/or aging out of systems should qualify as a special needs population and should be given mental health services and assessments immediately. As we understand that many youth have PTSD issues and unaddressed other mental health needs due to their lack of stability and resources.
 - g. The establishment of Tax Credits to landlords who rent to youth as a way to provide recovery for youth who break a lease or cause damage within their first year of aging out. This may encourage land lords to rent to youth who do not have a cosigner.
 - h. Low Income Tax Credit Rule. This rule needs to be amended to allow homeless full-time students to access housing.
 - i. Amended Chafee act to extend eligibility to youth who may have aged out of care early (by age 17), youth in temporary relative placements, youth released from foster care to Juvenile Justice, and to youth in paid adoptions.
 - j. Amended HMIS reporting guidelines to include questions that target youth in order to track youth issues and homelessness and determine eligibility for other programs.
 - k. Outreach and awareness campaign to inform youth of their rights.
 - l. Automatic healthcare eligibility for all unaccompanied youth and youth aging out of systems.

- m. Funding for drop in centers as a resource to be the link to re-connect the youth to community services
- n. Establishment of a Federal Office on youth that would address issues and coordinate cross-systems partnerships.

**Ronda G. Robinson – Covenant House of Texas, Houston, TX
Executive Director & CEO**

The following is a summary of issues and suggestions for combating the epidemic of youth homelessness. Youth homelessness is divided into three types, children homeless with their families, children homeless without their families (typically 10-17 yr-old) and youth 18-24 struggling with independent living. We will be focusing on the youth 18-24 struggling with independent living. In order to prevent and end youth homelessness, the primary triggers of youth homelessness must be identified.

Similar to adult homelessness mental health, mental and physical development and education will trigger homelessness. Unique to adult homelessness, homeless teens experience lack of familial support and resources or abuse, which causes them to become custodial wards to the foster care system or worse, forced into the juvenile justice system. As a custodial ward, normal patterns of observation and internalization are not available to these youth, resulting in these youth not possessing the skills and knowledge necessary to live independently. This coupled with the familiar issues of mental health, mental and physical impairment and lack of education creates a complex problem that evolves the face of the homeless population and the resources needed to address the trend.

PREVENTION AND CESSATION OF TEEN HOMELESSNESS: STRATEGIES

Prevention is always preferred to treatment and although costly, generally is more effective and inexpensive in the long term. In order to prevent youth homelessness obtaining life skills is essential and the burden does not rest with one institution or responsible party. Teaching youth the basics of independent life must be woven into the education system as well as the requirements of foster care providers. This tandem effort helps to bridge gaps, reinforce the importance of these skills as well as provide a fail-safe for failure of either component.

In addition to the procurement of life skills, the familiar issues of mental health, mental and physical impairment and lack of education must also be addressed. Because mental health resources are dearth, not only for homeless youth but the community at large, treatment and services for homeless youth are difficult to acquire, costly and often not widely available. Most waiting lists for public treatment facilities and providers are 6 months to a year and private facilities and providers are not available to those without private health insurance.

PREVENTION AND CESSATION OF TEEN HOMELESSNESS: BEST PRACTICES

Unlike homeless adults where the housing first model has demonstrated success, these youth have different needs and circumstances. These youth have never lived successfully independently, whereas most homeless adults have achieved this at some point in their lives and need a step up to get back. 30 years of experience has demonstrated that although the homeless youth population changes, the basic needs of these youth are transcendental. Procuring life skills, education as well as mental and physical health is essential for successfully independent living. In order to meet these needs, Covenant House Texas (CHT) has often employed collaborations and partnerships

with other organizations to obtain the best services available with its resources. Below are the techniques that have provided success for CHT:

<u>Life Skills:</u>	Mandatory life skills classes for all youth to teach basics of independent living
<u>Education:</u>	Partnering with Houston Independent School District to offer onsite classes for youth Onsite GED instructor with monthly testing Relationships with trade schools and scholarship program for college
<u>Physical Health:</u>	Onsite full medical clinic partnered with Baylor College of Medicine and UT Nursing School
<u>Mental Health:</u>	Attempt to procure Gold Card or Medicaid benefits for so private providers may be used Work with Houston Healthcare for the Homeless to obtain mental health services Conduct onsite group and individual counseling for youth with contract provider

To achieve prevention CHT employs two types of programs, PEP talks and speaking engagements. PEP (Peers Educating Peers) talks encourage current residents to speak to at-risk youth of the dangers of homelessness as well as steps and resources that can be utilized in order to prevent it. Speaking engagements are given to schools, church youth groups and civic groups warning youth of the dangers of homelessness and the resources available.

PREVENTION AND CESSATION OF TEEN HOMELESSNESS: BARRIERS

The most arduous barrier for ending youth homelessness is lack of resources. Unfortunately the plight of youth homelessness is not unique to this obstacle. Lack of mental health providers, access to expensive medications and affordable housing are barriers to homeless youth, homeless adults and the impoverished. The lack of meaningful education and access/encouragement in the pursuit of higher education or trade skills impedes the success of these youth as well. For those youth that have been wards of the juvenile justice system, often their criminal histories limit their ability to gain housing, employment and/or education.

PREVENTION AND CESSATION OF TEEN HOMELESSNESS: FEDERAL SUPPORT

Simple gestures such as the acknowledgement that youth homelessness exists (and is in and of itself a unique problem) as well as the consideration of extending the definition of homeless youth to age 24 has demonstrated an understanding of the great need and extent of youth homelessness. SAMHSA funding and other grants that support mental health and services to this population are also a great help in addition to the HUD funding given for supportive housing.

PREVENTION AND CESSATION OF TEEN HOMELESSNESS: IMPROVEMENTS FOR FEDERAL SUPPORT

Further investment is needed to reverse the startling trend of youth homelessness and is not limited to, but includes more funding. At the state level, foster care and juvenile justice systems must be examined and redesigned to produce youth that are capable of independent living, not enabling youth and crippling them in their journey into adulthood. At the federal level, restricting funding to housing only does not address the issues of youth homelessness; even if given housing, most youth will be homeless within months because the internal structure is not present for maintaining housing. Services are a vital component to ending youth homelessness and must not be limited in the consideration for funding.

Jason Satterfield and Danielle Wildkress – HomeBase, San Francisco, CA
Staff Attorney and Staff Lawyer

Lessons from the San Francisco Bay Area: Strategies and best practices for preventing and ending homelessness among transition-aged youth

1. *Improve discharge practices from foster care by building youth-focused housing.* Each year, thousands of young people emancipate out of foster care without housing—a vital component of successful transitioning. Developers and housing service providers need set aside funding to create units for this underserved population.
 - In California, the Transitional Housing Placement Plus (THP-Plus) program provides affordable housing and comprehensive supportive services for up to 24 months to help former foster care and probation youth ages 18 to 24 make a successful transition from out-of-home placements to independent living. The program is administered by the California Department of Social Services, which distributes THP-Plus funds to counties. The county department of social services then provides the services directly or contracts for services with nonprofit THP-Plus providers. This funding stream successfully encouraged developers who previously had not served transition-aged youth to integrate this population into affordable housing projects.
2. *Use a definition of transition-aged youth that does not force young people to “age-out” of programs prematurely.* Providers report that most youth will transition off a rental subsidy in about 2 or 3 years simply because it is developmentally appropriate; however, forcing a youth to move or exit a program can place an otherwise stable young person into homelessness. To encourage stability, funding streams should emphasize permanent supportive housing or “transition in place” models that are integrated into the larger community and that serve youth up to 25 years of age.
 - First Place for Youth and Affordable Housing Associates partnered to create the Madison Street Apartments, a mixed-use, mixed-income project in downtown Oakland. Madison offers 76 affordable units, 20 of which are designated from transition-aged youth. Once a youth graduates from First Place for Youth services, he or she remains in an affordable unit, but the youth-targeted subsidy becomes available to a new tenant in an available unit.
3. *Recognize that transition-aged youth need targeted outreach and services.* Youth are generally unwilling to access regular shelters or identify with older people experiencing homelessness. Outreach and services must be culturally competent and tailored to meet the specific needs of this population.
 - Larkin Street Youth Services in San Francisco offers outreach and programs tailored to meet the special needs of transition-aged youth, including specialized services for LGBTQ youth who have run away or been thrown away due to their sexual orientation.
 - The Contra Costa County Youth Services Continuum of Care offers a full range of specialized services and housing, including a youth outreach team, youth emergency shelter, youth congregate living transitional housing, and youth scattered-site permanent supportive housing.
4. *Support parenting transition-aged youth and their families.* Many transition-aged youth are also parents. Funding streams should support housing and service models that meet the needs of young families, including housing where a parent and child can live together, with child care services and parenting classes.
 - The Bill Wilson Center’s Transitional Housing Program in Santa Clara County provides comprehensive services for homeless youth ages 16 to 24, including young parents and their infants. The program

offers long-term shelter, independent living skills training, job readiness skills, and counseling. Teen parents also learn parenting skills.

Lessons from the Federal Government: Effective federal government programs

1. The Chronic Homeless Initiative (CHI)

- *Key attributes:* Inter-agency collaboration at both the federal (HUD, SAMHSA, VA) and local levels as well as flexibility in trying new or different housing and service models.
- *Relevancy for Youth:* A coordinated approach to serving chronically homeless individuals is cost-effective since these are high-cost users of emergency systems. Preventing and ending youth homelessness is similarly cost-effective, because stabilizing these youth at a young age will prevent them from entering cyclic homelessness. Local data suggests that well over half of the chronic homeless population were formerly in foster care.
- *Recommendation:* A transition-aged youth focused initiative should include HUD, DOL, DOE, DOJ, and other relevant federal agencies. Better coordination of resources at the federal level would allow local providers to tap into a variety of complimentary resources that support their programming. Moreover, providers need flexibility in housing models to best meet the individualized needs of transition-aged youth.

2. Homeless Prevention Rapid Re-Housing (HPRP)

- *Key attributes:* Flexibility in how funds can be used and inclusion of prevention dollars.
- *Relevancy for Youth:* Transition-aged youth, especially youth of color, tend to be marginally housed or couch-surfing. While many transition-aged youth sleep on the streets and in parks, a broader definition of who can be served with youth homeless housing and service dollars will allow providers to prevent as well as end homelessness.
- *Recommendation:* Create a flexible source of funding without age-out requirements; this funding stream should include prevention dollars, housing and service dollars that support young parents, and targeted dollars to encourage developers and providers to appropriately serve this population.

Kathi Sheffel, M. A. – Fairfax County Public Schools, Fairfax, VA

Homeless Liaison

1. Strategies for preventing and ending youth homelessness

Identifying and providing support for unaccompanied homeless youth requires a comprehensive strategy that examines and addresses: 1) how youth become homeless and on their own; 2) the unique basic and educational needs that they have; and 3) how to build a continuum of services to meet those needs so youth can sustain a safe, stable adulthood. In my role as homeless liaison for Fairfax County Public Schools, I have experienced the challenges of understanding and meeting the needs of these youth, and how important it remains for them to have caring, adult support in order to continue towards self-sustaining adulthood.

Fairfax County Public Schools is the 12th largest school district in the nation with 176,000 students. We receive \$97,000 in McKinney-Vento Education for Homeless Children and Youth funds which relatively speaking is a large

grant. (Roughly nine out of ten school districts nationwide receive no McKinney-Vento funds at all, although every district in the nation must implement the law fully.) Last school year, we identified 1,818 homeless students. 106 of them were homeless unaccompanied youth. We have already surpassed that number this year, with 125 homeless unaccompanied youth to date. The number of homeless youth identified continues to increase as we become more aware of just how many students lack fixed, regular and adequate housing; and our ability to identify and support these students grows. As more and more families struggle economically, we have seen more youth forced out of their homes to “fend for themselves”, so parents can dedicate scarce resources to younger siblings. Economic problems also often exacerbate family dysfunction, and youth flee increasingly violent and abusive home environments.

2. Best Practices and Barriers to Best Practices

My 10 years as homeless liaison with Fairfax County Public Schools have convinced me that the only way to prevent and end youth homelessness is through agencies working together collaboratively, guided by individual young people. Schools, housing programs, health care, juvenile justice, child welfare, and community agencies must collaborate to meet young people’s basic needs and commit to their educational success. Programs that serve unaccompanied youth successfully identify the unique needs of the individual youth and create a program to meet those needs holistically.

3. Federal Government Effectiveness in Preventing and Ending Youth Homelessness

- The McKinney-Vento Act’s Education for Homeless Children and Youth program provides the support to keep education at the forefront of services for unaccompanied youth. It provides a clear understanding that education, and a stable one without multiple interruptions, is a requirement. McKinney Vento recognizes that all children have the right to equal educational opportunities, even those without stable homes. Education can and does break the cycle of homelessness, enabling youth to become self-supporting and avoid homelessness and poverty. Too often there is an assumption that unaccompanied youth only need housing, and that “any school can do”. The reality is that stable, consistent education in an environment that provides not only educational support, but also serves as a connection to other supportive resources, can be a primary factor in gaining positive growth for the youth. McKinney-Vento requires that schools immediately enroll homeless unaccompanied youth and remove any barriers that impacts education. Some of the most important provisions for unaccompanied youth include:
 - Immediate enrollment and full participation in school, even without a parent or legal guardian
 - The ability to remain in one school (the “school of origin”) even while homelessness forces a youth to change shelters and temporary housing arrangements
 - The right to receive transportation to the school of origin at the school district’s expense
- The Runaway and Homeless Youth Act (RHYA) programs provide shelter, transitional living, and street outreach services for youth. In Fairfax County, our RHYA program has been a critical partner in our efforts to provide safe, stable housing and education to unaccompanied youth. While these services are critical, the lack of funding for RHYA programs has resulted in few communities, and in turn, few youth, being able to take advantage of the program.

4. Suggestions for How the Federal Government Could Improve its Effectiveness

Department of Education

- Increase McKinney-Vento Act Education for Homeless Children and Youth program funding.
- Increase Title I, Part A homeless set-asides and ensure such set-asides are used to meet the needs of unaccompanied youth.

- Increase monitoring and enforcement of the McKinney-Vento program, including ensuring implementation in charter schools, and increase monitoring of the amounts and uses of Title I, Part A homeless set-asides.
- Incorporate the realities of unaccompanied homeless youth in high school reform and dropout prevention and recovery efforts to ensure unaccompanied youth are able to access innovative programs.
- Address homeless youth issues more completely in the 2010-2011 Application and Verification Guide for the FAFSA and provide related training for financial aid administrators.

Amanda Sternberg – Homeless Action Network of Detroit, Detroit, MI Program Director

Preventing and Ending Youth Homelessness

Nationally, much research and discussion has been published citing many of the reasons why young people become homeless. The perspective from Detroit reflects many of these same causes for homelessness, which include:

- Young people being forced from their family homes due to abuse, neglect, violence, or other breakdowns in the family
- Young people aging out of the foster care system do not have the resources or supports needed to sustain housing on their own

Given these reasons for why youth become homeless, it is evident that preventing and ending youth homelessness lies in addressing issues within the family and the child welfare system. Preventing breakdowns within families by providing intervention, counseling, or other supportive services to help maintain healthy living environments for a young person will lead to fewer young people becoming homeless.

Some organizations that provide housing and services to homeless youth also view the work they do as prevention work, even though the youth are technically already homeless when they reach the provider. If a young person is able to leave a homeless situation, and receive the counseling and supports they need to live stably and independently, it is more likely that future homelessness for this young person will be avoided. If that intervention for homeless youth does not happen, the chances of him/her becoming homeless again as an adult – or even being chronically homeless – are that much greater.

Best Practices to Preventing and Ending Youth Homelessness

Successful programs in Detroit that serve homeless youth have the following commonalities:

- Street outreach component to vulnerable young people
- Short-term emergency housing for those youth experiencing crisis
- Family services that work to reunite the youth with their families
- Longer-term transitional living programs that provide intensive services, that include counseling, educational/vocational training, mental health services, connection to mainstream resources, and independent living skills

- After-care follow up services after young people leave the program and move into apartments of their own to help ensure the young person's stability
- A variety of housing options. These options may include group-living settings, shared apartments, or independent scattered-site apartments depending upon the unique needs and strengths of the youth being served.

Barriers to Preventing and Ending Youth Homelessness

The following are two significant barriers to preventing and ending youth homelessness. The intensity of barriers may be unique to the City of Detroit, and not necessarily reflective of other communities:

Education

Many of the youth served by homeless providers in Detroit have extremely poor academic histories. In order for these young people to be successful in life, they need to have access to education that will prepare them for college and the workforce.

There is a common perception that young people enrolled in Detroit Public Schools (DPS) may not receive an education that best prepares them for college or careers. While there is no consensus the actual graduation rates for DPS students (some estimates place it at only 25%), there is consensus that changes must be made within the public school system in order for young people in Detroit to be successful. It is challenging enough for a young person who is *not* homeless to receive a public education in Detroit that will give them the skills needed to be successful in life; these challenges are compounded for those young people who *are* homeless and are trying to meet their basic needs for housing, food, and clothing, in addition to getting an education.

Furthermore, for some young people basic survival takes precedence over long-term planning, which results in more focus and energy being put into obtaining a job – even a low paying job – rather than focusing on an education that could ultimately result in a higher-wage job.

Employment

Much of the discussion around what works to end youth homelessness points to the importance of linking people with opportunities to learn vocational skills, and then link these individuals with jobs. There is no denying that preventing and ending homelessness will require people to have sustainable employment. This makes the task of preventing and ending homelessness in Detroit even more challenging.

Officially, the unemployment rate in Detroit is near 30%; unofficially, some community leaders estimate the rate to be nearly as high as 50%. It is extremely challenging for adults with solid work histories to find employment; it is even more challenging for young people with limited education, skills, and work histories to find sustainable employment. More attention must be paid to the creation of actual jobs – not just the creation of job training programs. While job training programs are a necessary component in our attempts to prevent and end homelessness, without actual jobs for people to graduate into, the training will have been for naught.

Federal Government's Effectiveness in Preventing & Ending Youth Homelessness

The funding and programs that are provided through the Reconnecting Homeless Youth Act through the Department of Health and Human Services have been identified as one way the federal government has been effective in addressing the needs of homeless youth. The different streams of funding in this Act – which include funding for Transitional Living Programs, Basic Center Programs, Maternity Group Home Programs, and Street Outreach Programs – address many of the needs faced by homeless youth. The technical assistance and training

provided to service providers receiving this funding have been identified as very beneficial is helping them implement quality programming.

Providers have also identified the McKinney-Vento Homeless Education Liaison as being an important factor in helping homeless youth maintain consistency in their education.

Suggestions for Improvement

Providers of services to homeless youth have commented that HUD's homeless programs (SHP and S+C) – while a significant source of funding for homeless assistance – are more difficult for some youth providers to access. While HUD does seem to be turning some attention to “unaccompanied homeless youth”, the funding they provide does not provide for services to these minor youth.

Improving the way in which family preservation or reunification services are delivered is also important. Starting in the home – and ensuring that young people are able to grow and develop in safe, nurturing, environment – is key to preventing and ending youth homelessness.

Jamie Van Leeuwen, PhD, MA, MPH, CAC III – City of Denver, Denver, CO

Executive Director, Ten Year Plan to End Homelessness

We are so proud to work with the US Interagency Council on Homelessness as a partner on Denver's Road Home. We believe that by working together, we can, and will, solve homelessness. Entering into Year 5, our progress is remarkable. In Year 4:

- 1,600 people per month used the newly funded extended shelter program
- 450 people received mental health services
- 350 people entered into housing
- 200 people were provided rental assistance
- 200 people obtained employment, with an average wage of \$10/hr.
- 100 people were provided utility assistance

The choice is not whether we want to provide housing for people who are homeless. The choice is the type of housing and the cost of the housing. Four years ago, detox and jail was a very expensive substitute housing program for the homeless in Denver. Data suggests decreases in both detox and jail census with over \$2 million in cost avoidance via detox alone to the City and County of Denver over the past three years or is this per year. The cost **per night to the City of Denver to house a person who is homeless at Denver Cares is over \$200**. The cost **per night to house the person in jail is \$55**.

- Panhandling calls to Denver Police Department and panhandling counts by the Downtown Denver Partnership suggest a 31% decrease in the last four years.
- Denver's Road Home has leveraged public dollars with over \$12 million in foundation and private sector support.
- Downtown Denver Partnership reports an 83% reduction in the number of panhandler's downtown.

I. Strategies for Preventing and Ending Homelessness

Targeting services and coordinating strategically with Denver's ten year plan to end homelessness will have the greatest impact in our capacity to prevent and end homelessness. Denver's Road Home revised our homeless plan for the second time and presented the updates to Mayor Hickenlooper in the fall of 2009. The revised plan calls for more coordinated outreach in shelters in Denver to connect homeless persons with prevention and rapid re-housing opportunities to assist folks in moving out of shelters and into housing.

Examples include:

- **Goal 1.9 (Housing):** Incorporate new initiatives funded by the American Recovery and Reinvestment Act (ARRA), which include Rapid Re-housing, assessment of at-risk homeless persons, improved coordination of human services, and regional coordination of housing resources and referrals.
- **Goal 2.11 (Shelter):** Target individuals who have been in the shelter system the longest (the most chronic and vulnerable), with a combination of outreach and case management, to move them off the street/out of shelter and into housing.
- **Goal 3.1 (Prevention):** Prevent homelessness by providing coordinated funding for eviction and utility assistance.
- **Goal 5.12 (Outreach):** Create a targeted effort between shelters, services and outreach to identify individuals who are only accessing emergency services (repeatedly) and connect them to needed services and housing – [Pilot Vulnerability Index Study](#).

For more information and to view the Ten Year Plan in its entirety, please visit <http://www.denversroadhome.org/documents.php>.

II. Best Practices & Barriers

- Denver's Road Home remains on track to meet all of its existing goals objectives and outcomes.
- In the past four years in partnership with this community we have developed over 1,500 new units of housing for the homeless.
- We have prevented over 2,232 families from becoming homeless and 3,278 homeless people have obtained employment.
- The faith community continues to stand by our side, and four years later, we can proudly say that we have mentored 564 families out of homelessness in partnership with one another.
- And, in the midst of one of our most challenging economic climates, we have 500 new units of affordable housing in the pipeline that will be developed over the next two years!

Due to the efforts of Denver's Road Home, agencies are working more collaboratively, sharing resources, and discussing/working with homeless people together, and sharing expertise with each other which provides a much more efficient and effective delivery system for people experiencing homelessness. The synergy of people working together and combining of resources has allowed for better services and options for people experiencing homelessness. When people have more choices, they are more likely to chose one of the options and be more successful when they are actively involved in the decisions of their life. As a result, people follow through more often.

To date, through aggressive fundraising strategies with both the foundation community and the private sector, Denver's Road Home generated over 100 percent of the total funds needed to implement Years One through Four

of the plan. A total of 33 foundations are financially supporting the implementation of this initiative via our community partnership with the Mile High United Way.

Providing leverage is critical to facilitating access to federal funds. Denver has been successful in raising considerable amounts of matching funds from the private sector and foundations, which makes it a more desirable candidate for federal and foundation funding. The success of Denver's Road Home has contributed to accessing funds because funding is often awarded based on proven outcomes and data. Additionally, Denver leaders have been very successful in illustrating the community's need for the homeless funding and also the fact that the city has a very strategic, cost-effective, and accountable plan in place to ensure grantees that dollars invested in Denver's Road Home will be well spent. Leverage also allows for the creation of more sustainable homeless programs by ensuring their continuation. This effort calls for a gradual decrease in foundation and private sector support over time, such that 88% of the plan would ultimately be government-funded by the end of Year Seven.

III. Suggestions for Improving Effectiveness

An opportunity exists for the federal government to advance their partnership with communities around the country. Denver's Road Home has been working as part of a leadership council of other cities around the country with the intent of better coordinating our services both locally and nationally. Suggestions of how the federal government could truly partner with cities such as Denver include, but are not limited to:

1. To increase awareness among city and county governments and funders about homelessness and how it relates to economic development, health, and education;
2. To build collaborative relationships between both national and local foundations and city and county governments to enhance efforts to end homelessness;
3. To create a national network of funders and city and county governments that can collectively generate the funding sources necessary to end homelessness; and
4. To fashion common principles and an action statement for mayors and country executives.
5. To build a true federal partnership with local communities to support them in advancing their respective ten year plans to end homelessness.

Victoria Wagner – National Network for Youth, Washington, DC

President and CEO

The National Network for Youth, founded in 1975, is a national nonprofit membership and advocacy organization that provides education, networking, training, materials and policy work with federal, state, and local lawmakers. The mission of the National Network for Youth (NN4Y) is to champion the needs of runaway, homeless, and other disconnected youth through advocacy, innovation and member services. Additional information may be found at www.nn4youth.org.

The National Network for Youth associates itself with the position of national homeless advocacy organizations that the federal strategic plan to prevent end homelessness (FSP) must detail the national strategy to prevent and end homelessness for all Americans who are or will be experiencing a lack of permanent housing or a threatened inability to maintain it. We were pleased to join a group communication to the US Interagency Council on Homelessness (ICH) in December 2009 articulating a set of principles and a proposed structure for the FSP. We

remain faithful to this joint request and urge ICH to vigorously seize its FSP mandate and place the nation on a final and lasting journey to permanent housing, health care, livable incomes, education, and civil rights for all Americans, including Americans at risk of homelessness.

The National Network for Youth is pleased that ICH has established a process for assuring that the FSP acknowledges and respond to the unique needs of unaccompanied homeless youth with homeless youth-specific prevention and elimination strategies additional to universal approaches beneficial to all homeless Americans. Such an approach to homelessness is consistent with our own.

In 2007, the National Network for Youth launched a long-term campaign to prevent and end runaway and homeless situations among youth. *A Place to Call Home: The National Network for Youth's Permanency Plan for Unaccompanied Youth* seeks to build the conditions, structures, and supports to ensure permanency for unaccompanied youth, where permanency is understood to include a lasting connection to loving families, caring adults, and supportive peers; a safe place to live; and the youth's possession of skills and resources necessary for a life of physical and mental wellness, continuous asset-building, dignity, and joy. The Place to Call Home Campaign involves activities in four work areas: public policy advancement and system change; practice improvement and professional development; public awareness and stakeholder education; and research and knowledge development. The Place to Call Home Campaign offers a blueprint for preventing and ending youth homelessness. We urge ICH to follow our design when developing the youth-specific components of the federal strategic plan to prevent and end homelessness. We intend to measure the FSP against our own plan to judge the federal plan's integrity and soundness.

The public policy elements of our Place to Call Home Campaign are embodied in the Place to Call Home Act (HR 3409 of the 110th Congress), comprehensive legislation introduced in 2007, to prevent, respond to, and end runaway and homeless situations among youth. This act offered ultimate solutions to the causal factors of unaccompanied situations among youth and included provisions in the homeless assistance, housing, child welfare, juvenile justice, public health, education, workforce investment, teen parenting, and immigration areas. We very briefly summarize key provisions of the Place to Call Home Act and Place to Call Home Campaign, with the hope that the FSP youth workgroup will incorporate them into the federal strategic plan to prevent and end homelessness.

Prevention of Youth Homelessness

- Increase public investments in evidence-based and promising child abuse prevention and treatment, family preservation, family support, parental substance abuse treatment, and parental mental illness treatment interventions in order to strengthen family ability to care for and support their youth and keep them from separating from the family.
- Adopt policies and practices to assure youth access to foster care and adoption assistance in order to assure that adolescents and young adults may receive protection by the state when families are unable to care for their children.
- Assure that child welfare, juvenile justice, and behavioral health authorities ensure appropriate permanent housing and supportive services for youth exiting their custodial systems.
- Expand age of eligibility and increase public investments in foster care independence and youth reentry programs to assure youth housing and support services for youth exiting custody.

Interventions for Homeless Youth

- Increase capacity (including through increased appropriations to the Runaway and Homeless Youth Act) of the national network of runaway and homeless youth providers to assist runaway, homeless, and street youth in returning safely to families or to transitioning successfully to independent adulthood.

- Ensure access to HUD homeless assistance by changing the HUD definition of homelessness to include all homeless living arrangements experienced by youth and by removing disincentives to use of HUD homeless assistance funds for emergency shelter, transitional housing, and supportive services.
- Ensure access to secondary and postsecondary educational opportunities by removing barriers to enrollment and attendance and providing targeted supports to prevent dropout and promote educational completion.
- Ensure access to workforce development and employment opportunities by removing barriers to enrollment in workforce programs and facilitating homeless youth access to subsidized, transitional, and permanent jobs.
- Ensure access to health care services by removing barriers to enrollment in public health insurance programs and facilitating access to health care safety net projects.
- Attend to the housing and services needs of distinct homeless youth subpopulations, including pregnant and parenting youth, LGBTQ youth, immigrant youth, and trafficked youth, through cultural competence training of providers, specialized housing, and removal of impediments to publicly-funded housing and supportive service programs.
- Eliminate runaway youth contact with the juvenile justice system by eliminating exceptions to federal deinstitutionalization requirements and promoting and financing alternatives to detention.
- Assure youth access to publicly-funded permanent housing assistance through “fair share” provisions in housing assistance programs for all Americans and through specialized youth permanent housing initiatives.

National Capacity-Building

- Increase awareness of the magnitude of homelessness in America, including youth homelessness – and the nation’s determination to end homelessness – through a White House Conference, Congressional hearings, public service announcements, and other educational formats.
- Assure that homeless youth are included in nationwide estimates of the incidence and prevalence of homelessness in America, either through inclusionary data collection or through specialized youth estimates.
- Confirm and publicize evidence of the benefit of providing opportunities and supports to homeless youth compared to the cost of inaction.
- Support a national system and 21st century methods for assisting youth and families in crisis in identifying available resources and services.
- Organize and deliver a system of organization and professional development support for homeless youth-serving organizations and youth workers.

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Senior Youth Policy Analyst

RECOMMENDATIONS ON ENDING YOUTH HOMELESSNESS

A Vision for Ending Youth Homelessness: Goals for 2010 - 2015

- End homelessness among youth; with target goal of ending homelessness for 50,000 street youth.
- Develop clear data on the incidence of youth homelessness; a typology of youth homelessness; and research on the effectiveness of various interventions for various youth populations.
- Reconfigure the federal homeless youth services system to achieve outcomes related to permanency in family settings, connection to caring adults, and housing stability for unaccompanied homeless youth.

The most important tasks for the Federal Plan are to set a clear goal, describe concrete benchmarks and timelines, identify the roles, responsibilities, and resources that each agency will bring to the table, and report progress frequently.

Strategies and Best Practices for Ending Youth Homelessness

Effective strategies for preventing and ending youth homelessness include:

- Street- and community-based outreach and engagement of youth populations coupled with professional counseling services and financial assistance for rapid rehousing.
- Low barrier shelter services coupled with counseling for family reunification.
- Intensive family preservation services and early intervention resources focused on family-based mental health counseling.
- Transitional and permanent supportive housing informed by positive youth development approaches and opportunities.
- Mobile case management services to schools and community settings where youth congregate, focused on family conflict resolution, system navigation, and rapid rehousing.

Summary of Barriers to Best Practices and System Change to End Youth Homelessness

- There is little awareness that a sizable portion of the adolescent population experiences homelessness.
- There is a failure to recognize delineation between types of homelessness among youth, such as early runners, doubled up or highly mobile youth, shelter using youth, and street-dependent populations.
- The nonprofit service sector attempts to offer wrap-around services to meet global needs of youth resulting in inadequate levels of assessment, targeting, and identification of approaches that work with specific subpopulations. Housing stability is not prioritized.
- There is a large number of youth in crisis experiencing homelessness and there is a lack of adequate shelter beds and youth housing units.
- There is an inadequate supply of family preservation services and in-home counseling to meet the demands of homeless youth.
- In most counties and states, there is confusion regarding the roles and responsibilities of public child welfare systems and the private nonprofit sector in offering meaningful interventions and contributing resources to homeless youth.
- There is a lack of data and cost analysis information needed to frame solutions.
- There is an absence of regional approaches, integrated cross system approaches, and promising systems level approaches that show success in ending youth homelessness

Federal Response

The Federal Government's response to youth homelessness has been disjointed and sparsely resourced.

Recommended Priority Work Areas in Addressing Youth Homelessness

1. *Expand federal investment in youth housing programs.*
 - a. Significantly expand appropriations to the RHY Act programs for shelter and transitional housing to meet the need.

- b. Increase accessibility of the McKinney-Vento Homelessness Assistance programs to youth service providers.
 - c. Develop federally funding program models that combine housing and social services resources appropriate to homeless youth.
 - d. Expand HUD's training and technical assistance to youth providers on how to accomplish prevention and rapid rehousing services.
 - e. Expand HPRP.
2. *Better data and outcomes approach:*
- a. Offer research funding to determine the incidence of homelessness among youth.
 - b. Fund research to develop a typology of homeless youth based upon the length and nature of their homelessness.
 - c. Integrate homeless youth program data (such as RHYMIS) with other federal homeless program data (HMIS).
 - d. Include data collection on homeless youth as part of HUD's point in time counts.
 - e. Improve data on homeless youth in the AHAR.
3. *Better guidance to local areas on how to incorporate youth into 10 year plans.*
- a. Provide specific recommendations on appropriate interventions for homeless youth in local and state ten year plans and appropriate federal funding sources.
 - b. Clarify the role of Child Welfare systems in responding to unaccompanied homeless youth who universally meet the definition of neglected youth under child protection laws.

**Ruth Anne White, MSSA – National Center for Housing and Child Welfare,
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Executive Director

Strategies to address youth homelessness must address the multi-systemic and complex nature of the issue – and the fact that foster care feeds this problem.

The Substance Abuse and Mental Health Services Administration (2004) estimates that 1.6 million children between the ages of 16-17 run away from home and experience homelessness each year. Perhaps as many as half of these children are encouraged to leave by their families – others make the dangerous but courageous choice to leave in order to flee sexual, emotional, and physical abuse (Greene, Ringwalt, Kelly, Iachan, & Cohen, 1995). These young people turn to the streets living in abandoned buildings, tents, or temporarily share space with friends, strangers, and all too often, dangerous predators (sometimes referred to as “couch-surfing”). According to Burt et al (2001) many homeless youth have experienced foster care placements and a third of homeless adults report a history of foster care. Recent AFCARS data shows that 9,766 children ran away from foster care in 2008 (HHS, 2009).

A recent study by Fowler (2010) found that while 57% of foster youth are able to gain stability upon exit from care, the increasing number of young people aging out of foster care without adequate housing supports is feeding the adult shelter system. According to HHS, the number of youth aging out of care is increasing at an alarming

pace. In 2000, the number of youth that emancipated from foster care was 20,172 – by 2008, that number had grown to 29,516 (HHS, 2009). Though it is impossible to track the outcomes of each of these young people, several studies indicate that perhaps as many as a quarter of these young people will experience homelessness within a year of emancipation from foster care (Courtney & Hughes-Huering, 2005; Dworsky, 2005; Festinger, 1983; Pecora, Kessler et al., 2005).

Suggestions for improvements in federal efforts to prevent and end youth homelessness

- Improve efforts to reunify homeless young people with their families when appropriate. Title IV-E child welfare funding must be made more flexible to allow for prevention and reunification services. Additionally, more funding is needed for the Safe and Stable Families Program, TANF, and other family support programs.
- Extend Chafee eligibility to all disconnected youth. Young people who have fled abusive foster care placements or have not been admitted to the child welfare system should not have to forfeit eligibility for this vital federal entitlement program – this will require more funding for the Chafee program.
- The Administration for Children and Families, perhaps with assistance and funding from the U.S. Interagency Council on Homelessness must add to its National Resource Center structure, a national center that spans the boundary between HUD and HHS's Children's Bureau. Such a resource center would identify and share best practices for preventing and ending homelessness among families and youth in the child welfare system. Among other things, this center would provide cross-training and educational materials to arm front-line child welfare workers and independent living coordinators with the tools necessary to assist youth transition successfully to adulthood through housing interventions.
- HUD must change the regulations governing the McKinney-Vento Homeless Assistance to prohibit the involuntary separation of youth (of any age) from their families.
- The Secretary of Health and Human Services in issuing guidance on implementation of Section 201(d) of the Fostering Connections to Success and Increasing Adoptions Act of 2008 (P. L. 110-351) must clarify that placements for youth aged 18-21 may include living arrangements that do not require 24 hour on-site supervision.
- The Federal Strategic Plan to End Homelessness simply must require that states make housing a central feature of independent living curricula. In the words of Mark Kroner, one of the nation's leading experts on transition age foster youth, "independent living without housing is like driver's training without a car."
- USICH must encourage joint research on housing interventions for current and aging out foster youth between HUD Policy Development and Research and HHS ASPE/OPRE. This research would include information on well-being, stability, health, housing and income variables as well as information related to the interaction effect of housing interventions and HUD's Family Self-Sufficiency Program. This information could be coupled with or used to inform NYTD.