



# United States Interagency Council on Homelessness

*Preventing and Ending Homelessness in the United States*

## Federal Strategic Plan to Prevent and End Homelessness

### *What We Learned*

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#### Introduction

The President and Congress charged the Council via the HEARTH Act to develop and submit the Federal Strategic Plan to Prevent and End Homelessness to Congress by May 20. The Plan will serve as a roadmap for joint action by Council agencies to guide the development of programs and budget proposals towards a set of measurable targets. The Plan will reflect interagency agreement on a set of priorities and strategies the agencies will pursue over a five year period.

USICH is centering its plan on the belief – the moral foundation – “no one should experience homelessness – no one should be without a safe, stable place to call home.” The Council has charged the Plan’s planning process to align federal resources effectively and appropriately toward four key objectives: 1) finish the job of ending chronic homelessness; 2) prevent and end homelessness among Veterans; 3) prevent and end homelessness among families, youth, and children; and 4) set a path to ending all types of homelessness.

We affirmed six core values to be reflected in the plan:

- Homelessness is unacceptable
- There are no “homeless people”, but rather people who have lost their homes who deserve to be treated with dignity and respect
- Homelessness is expensive; it is better to invest in solutions
- Homelessness is solvable; we have learned a lot about what works
- Homelessness can be prevented
- There is strength in collaboration and USICH can make a difference

We decided the development of the Plan should be guided by key principles. It should be:

- Collaborative
- Solutions-driven and evidence-based
- Cost effective
- Implementable and user friendly
- Lasting and scalable; and
- Measurable, with clear outcomes and accountability

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We stressed the importance of transparency. We encouraged multiple opportunities for input, feedback, and collaboration in the development of the plan, including researchers, practitioners, state and local government leaders, advocates, and people who have experienced homelessness, as well as federal agency staff.

Four workgroups were convened to analyze specific populations:

- Families with children
- Youth
- Veterans
- Chronic homelessness

A fifth workgroup (Community) analyzed how the Federal Government can better support communities in their efforts to prevent and end homelessness. Workgroup members from Council agencies reviewed the literature and talked with experts for additional insights into the scope of the problem, its causes and consequences, and best practices. They then synthesized the information into recommendations for the plan.

We obtained input from more than 750 leaders of regional and state interagency councils and stakeholders from across the country during regional meetings held in February and early March. Additional input was generated through meetings and conference calls with Mayors, Congressional staff, the National Alliance to End Homelessness Leadership Council and the National Health Care for the Homeless Consumer Advisory Board. A number of organizations submitted written comments.

We also produced an interactive website for public comment on the Plan's themes that produced 7,734 visits and 2,318 individual comments. The site was promoted in the Council's e-newsletter distributed to more than 19,000 stakeholders, as well as an advertisement placed in eight of the North American Street Newspaper Association's newspapers (with circulation over 150,000).

Input included a broad range of perspectives from both external and Federal Government stakeholders on the challenges, priorities, and strategies for ending and preventing homelessness in America. All input helped to inform the Plan's priorities and strategies.

We look forward to continuing this important dialogue as we offer opportunities for ongoing input. We will work with key stakeholders to implement the Plan, as well as update the Plan annually to reflect the most current research and information on homelessness.

This document is a framework to summarize the extensive public comment, and federal workgroup deliberations on ideas and suggestions proposed during the development of the Federal Strategic Plan to Prevent and End Homelessness.

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The framework is organized around:

- 1) Leadership, collaboration, and civic engagement
- 2) Stable and affordable housing
- 3) Economic security and self sufficiency
- 4) Health and well-being
- 5) Re-tool the crisis response system to focus on housing stabilization

### **Leadership, collaboration, and civic engagement**

Leadership at all levels is needed to inspire and energize Americans to commit to the vision of preventing and ending homelessness.

Collaboration at all levels is needed. Federal interagency collaboration as well as across federal, state, regional, and jurisdictional lines is needed. States and communities want incentives for collaborative work with private sector and non-profit partners. Accountability for results and outcomes should be tied to these incentives.

Capacity building is needed at all levels – this should take the form of guidance, training, mentoring, tools, and other technical assistance. The issues below were frequently mentioned:

- Housing First strategies and other best practices that contribute to housing stability, including Critical Time Intervention, Motivational Interviewing, Treatment for Co-Occurring Disorders, Trauma-Informed Services, and Culturally-Competent services.
- Practices associated with working effectively with special populations, including cultural competence around youth development, Native Americans, African Americans, GLBT and other minority groups; and trauma informed program design and service delivery.
- Protocols for services in family supportive housing that take into account the needs and healthy development of children, as well as traumatic experiences of parents and children.
- Build the capacity of states, counties, and nonprofit supportive housing service and homeless providers so that Medicaid can pay for eligible services.
- Build the capacity of rural and Native American communities to respond to homelessness and develop effective strategies and programs that use best practices that contribute to housing stability and address worst case housing needs on American Indian lands and in rural/frontier areas.

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Better data, evaluation, and research are needed. Frequently mentioned areas include:

- Collection, analysis, and reporting of quality, timely data on homelessness is considered essential. There is a need for a common data standard and uniform performance measures for across all federal programs that are targeted to homeless populations. Continued support for local HMIS implementation is desired. Standards that permit data inter-operability between systems as well as support to develop state/local data warehouses is encouraged.
- There is a call that more research is needed to better understand best practices and cost-effectiveness of various interventions. Topics frequently mentioned included: the best practices to meet the needs of homeless youth, how to target services to homeless Veterans, characteristics of families most likely to succeed in different levels of intervention, how to target homeless prevention resources, effectiveness of transitional housing programs.

### **STABLE AND AFFORDABLE PERMANENT HOUSING**

Households living in poverty with worst case housing needs are at the greatest risk of homelessness.

Addressing these needs would have the greatest impact on preventing and ending homelessness.

Suggested ways to address these needs include:

- Review policies and procedures in affordable housing portfolios. Identify and, where possible, eliminate barriers to entry for people who are homeless or most at risk of homelessness – including Veterans, families with children, youth, people with criminal histories, people with disabling conditions, and people experiencing chronic homelessness. Develop strategies for maintaining housing stability for people most at-risk of homelessness.
- Deploy low-cost capital for new construction and rehabilitation for housing targeted to people experiencing or most at risk of homelessness, including preferences in the awarding of Low Income Housing Tax Credits to increase investments in affordable housing for housing households with poverty level incomes.
- Increase investments in rental assistance vouchers, including federal, state, local, and private sector resources.
- Funding is needed for national, state, and local housing trust funds and targeting these funds for housing for people experiencing or most at risk of homelessness.

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More quality permanent supportive housing is needed for people who require permanent supportive housing to prevent or end their homelessness – including families with children, youth, and individuals with disabling conditions who have been homeless a long time or repeatedly. Strategies to achieve this include:

- Maximizing the use of existing supportive housing by targeting units to people who need this level of support to prevent or escape homelessness.
  - Help people who have achieved stability in supportive housing who no longer need or desire to live there move into affordable housing to free units for others who need it.
  - Encourage communities to transform SHP Transitional Housing programs to permanent supportive housing.
  - Target HUD VASH to meet the needs of homeless Veterans with high service needs. Transform the Department of Veterans Affairs (VA) transitional programs into — and use the Grant and Per Diem Program in — permanent supportive housing.
- Bringing on line additional units of permanent supportive housing (100,000 – 150,000), including 30,000 – 50,000 units currently in development. Federal, state, local, and private sector resources should be aligned and increased to develop and operate permanent supportive housing.
- Funding for services needs to be more available and better coordinated with housing funding. Federal agencies, including the Department of Health and Human Services (HHS), VA, Department of Labor (DOL), Department of Justice (DOJ), and Department of Housing and Urban Development (HUD), as well as states, counties, and supportive housing developers and service providers should assess options for a sustainable, dependable source of supportive housing service funding. It would be helpful to create incentives for states and local communities to develop and maintain supportive housing, and to coordinate service funding with housing funding. Guidance to states on ways to incorporate supportive housing into state Medicaid and welfare plans to pay for services would be very useful.

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### **INCREASING INCOME AND EMPLOYMENT**

Increasing the **earned income** levels of all people with extremely low incomes who are at risk of or experience homelessness through the use of mainstream federal programs was suggested. These could include:

- Determining opportunities to strengthen structures within TANF and DOL employment programs to assist families and youth with histories of housing instability to obtain higher education and higher paying jobs. For example, target families with expired TANF benefits, and develop effective outreach and engagement strategies to assertively engage families and youth who have experienced homelessness and to support them in addressing individual barriers to employment such as lack of skills, child care, and transportation.
- For programs specifically focused on Veterans, expand effective employment programs targeted to Veterans and ensure that Veterans who have or are experiencing homelessness benefit. Examples include the Veterans Workforce Investment Program.

Improving access to **mainstream federal income assistance programs** was encouraged. Specifically HHS, VA, Department of Agriculture (USDA), and the Social Security Administration should work together to develop a strategy for expedited access to all federal supplemental income programs, including SSI/SSDI, TANF, Supplemental Nutrition Assistance Programs, and child care. The need to increase participation rates for all people who experiencing or at risk of homelessness was suggested.

- Implement best practices in outreach to people experiencing or at risk of homelessness and in quickly enrolling people onto the programs for which they are eligible, including, for example, online consolidated application processing. This includes lessons learned from the SSI/SSDI Outreach, Access and Recovery Initiative (SOAR), and the Homeless Outreach and Projects and Evaluation Initiative (HOPE).
- For Veterans specifically, the VA should improve its outreach and enrollment processes to increase the number of eligible Veterans who receive the benefits for which they are eligible.
  - Increase partnerships with local nonprofits to assist in identification and outreach to Veterans experiencing homelessness who are not connected to the VA.
  - Fast track benefits claims filed by Veterans experiencing homelessness.
- Improved coordination between federal workforce and employment programs, homelessness assistance programs, and federally-funded housing and permanent supportive housing programs would be helpful. This should include:

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- HHS, HUD, VA, DOL, USDA, and the Social Security Administration should work together to increase access to mainstream employment and vocational rehabilitation programs for people in supportive housing.
- HHS, HUD, VA, DOL, USDA, and the Social Security Administration should work together to review program eligibility and termination criteria across the range of programs to create incentives for people to work and expand their income while maintaining access to health coverage, housing assistance, child care, etc. until a household is earning enough to no longer need assistance.
- Increased access to targeted Veteran programs for Veterans living in supportive housing, including, for example, the Department of Labor Disabled Veteran Outreach Programs and Local Veteran Employment Representatives.

### **IMPROVING HEALTH AND WELL-BEING**

Improved access to health and behavioral health care that reduces mortality and improves health and quality of life for people experiencing or most at-risk of homelessness is needed. Reducing the number of frequent users of crisis and institutional health care services should also be priority. This could be addressed through increased enrollment in Medicaid, Medicare, VA health benefits, State Children's Health Insurance Program (S-CHIP), etc. Promote opportunities to integrate primary and behavioral health care. The need for case management as a part of the provision of health care was suggested.

Improved access to child and family services that improve early child development, youth development, and quality of life for families, children, and youth experiencing or most at-risk of homelessness is needed. There should be work with states to identify whether state or locally established policies create barriers to serving homeless families, children, and youth (including TANF, child care, child welfare, Head Start, etc.) then disseminate best practices to eliminate these barriers. The need to strengthen services within public schools was mentioned.

Cities need to adopt constructive approaches to street homelessness.

Reducing the number of people with mental illness in jails and prisons is needed. This could be addressed by Federal agencies, including DOJ, HHS, and the VA, working together with states and local communities to:

- Increase the number of jail diversion courts (mental health courts, drug courts, Veteran courts, and homeless courts), linking courts with health care and supportive housing providers, to reduce the number of people experiencing homelessness who are incarcerated.
- Determine effective strategies to increase supportive housing options for people with disabling conditions who have felony histories as well as registered sex offenders.

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- Evaluate the effectiveness of implementation of the Second Chance Act as a resource to improve discharge planning for people with mental illness and histories of homelessness leaving jails and prisons. If the demonstration program is found to be effective, then it should be implemented at scale.
- Increase collaboration between VA Veteran Justice Outreach Specialists and community-based in-reach programs to target incarcerated Veterans.

Reducing the number of Veterans who are discharged from VA hospitals or treatment programs to homelessness is needed. It was suggested that re-tooling VA health care services to adopt more Evidence-Based Practices, and providing more guidance to VA Medical Centers on the use of these Evidence-Based Practices to prevent and end homelessness would be helpful. Adoption of best practices in discharge planning is encouraged so that Veterans will have stable housing and community supports identified prior to being discharged. Exploring the use of VA domiciliary programs and contracts with transitional programs to provide respite care was another suggestion.

### **RETOOLING CRISIS RESPONSE SYSTEM TO FOCUS ON HOUSING STABILIZATION**

Local crisis response/housing stabilization systems of care should be developed that provide alternatives to shelter admission whenever possible, make shelter available to all who need it, and result in quick housing placement and housing retention. Suggestions included:

- Federal funding should encourage local communities to adopt Housing First practices and prohibit the breaking up of families, alienation of GLBT persons, and other discriminatory practices that may keep people from accessing services.
- Best practices for operating emergency shelter should be developed and implemented. Opportunities for funding and resources from HHS, HUD, USDA, DOJ, DOL, VA, and other federal agencies should be considered to help shelter programs implement identified best practices.
- Evaluate the Homeless Prevention and Rapid Re-Housing Program and the Rapid Re-Housing Demonstration program to test and understand best practices in the use of short- and medium-term rental assistance. Monitor the impact of both of these programs, document and disseminate best practices, and provide technical assistance to local communities.
- Develop implementation strategies for the HEARTH Act, especially the new Emergency Solutions Grant, to sustain best practices learned from the Homeless Prevention and Rapid Re-Housing Program and the Rapid Re-Housing Demonstration.



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- Best practices for serving victims of domestic violence should be developed that focus on housing stabilization while addressing the need for trauma informed services.

Effectively engaging mainstream systems in homelessness prevention is recommended. This could be achieved by determining opportunities for identifying and flagging client housing status by agencies administering funding through federal programs, including TANF, Child Welfare, Foster Care, Head Start, Medicaid, Community Health Centers, SNAP (food stamps), etc. It was further suggested that providing housing stabilization services as a component of these mainstream programs would be helpful.

For Veterans specifically, there were recommendations to re-tool VA programs to include homelessness prevention and rapid re-housing services to Veterans. Suggestions included:

- Implement a national toll-free homeless call center to ensure that all Veterans and their families know how they can obtain homeless prevention assistance in their community.
- Increase the number of Veterans served by the Grant and Per Diem program. Consider changes to permit funds to be used for rapid re-housing and transition-in-place programs.
- Implement the new prevention demonstration program targeted to Veterans in collaboration with the VA, HUD, and DOL. If found to be effective, recommend ways to take the demonstration program to scale.
- Establish alternatives to VA facilities. Work with states and communities to establish priorities to ensure that Veterans who cannot be accommodated in VA programs have access to community-based prevention and rapid-re-housing programs.
- Develop processes to make transition to a safe and stable home seamless for wartime service members, Veterans and their families, including transition from active duty – including the Reserve and National Guard.

Testing of community interventions to transition youth at high risk of homelessness into productive adulthood was suggested. A demonstration program could test how new resources could help align mainstream programs and improve their effectiveness and ultimately define effective, replicable models for replication. It was recommended that provision of low-barrier housing, temporary or ongoing income assistance, employment opportunities, and appropriate supportive and mental health services should be included.