Opening Doors

FEDERAL STRATEGIC PLAN TO PREVENT AND END HOMELESSNESS

2010

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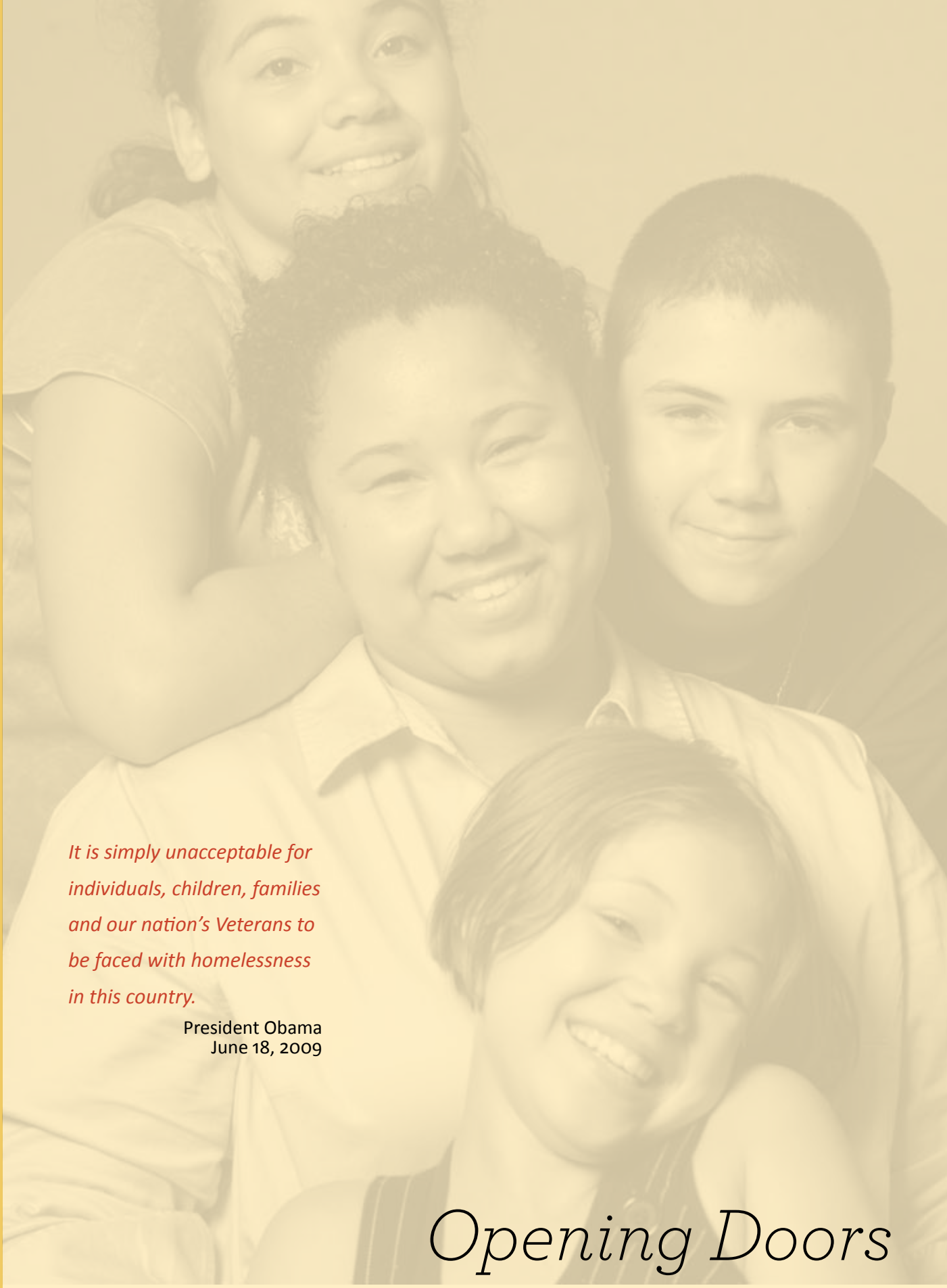

It is simply unacceptable for individuals, children, families and our nation's Veterans to be faced with homelessness in this country.

President Obama
June 18, 2009

Opening Doors

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2010

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OTHER CREDITS

MINNESOTA PROFILES, pages 14, 19, 21, 22, 25, 27 and 32

Interviewer: Oral Historian Margaret Miles

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THE WHITE HOUSE

WASHINGTON

Since the founding of our country, "home" has been the center of the American dream. Stable housing is the foundation upon which everything else in a family's or individual's life is built—without a safe, affordable place to live, it is much tougher to maintain good health, get a good education or reach your full potential.

When I took office in January 2009, too many of our fellow citizens were experiencing homelessness. We took decisive action through the American Recovery and Reinvestment Act by investing $1.5 billion in the new Homelessness Prevention and Rapid Re-Housing Program. We have made record Federal investments in targeted homeless assistance in the FY2010 budget and FY2011 budget request. And the recently passed Affordable Care Act will provide new and more effective methods for targeting uninsured, chronically ill individuals as well as children, youth, and adults experiencing homelessness. In addition, through the leadership of the United States Interagency Council on Homelessness, we are coordinating and targeting existing homelessness resources, as well as mainstream programs that can help prevent homelessness in the first place.

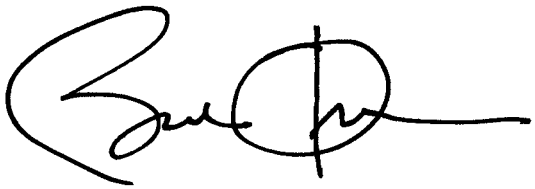
But there is still much more work to do. Veterans should never find themselves on the streets, living without care and without hope. It is simply unacceptable for a child in this country to be without a home. The previous Administration began the work to end chronic homelessness. Now is the time to challenge our Nation to aspire to end homelessness across *all* populations—including families, youth, children, and veterans.

This will take a continued bipartisan effort, as Republicans and Democrats in Congress have collaborated for years to make progress on fighting homelessness.

And preventing and ending homelessness is not just a Federal issue or responsibility. It also will require the skill and talents of people outside of Washington—where the best ideas are most often found. Tremendous work is going on at the State and local level—where States, local governments, nonprofits, faith-based and community organizations, and the private and philanthropic sectors are responsible for some of the best thinking, innovation, and evidence-based approaches to ending homelessness. These State and local stakeholders must be active partners with the Federal Government, and their work will inform and guide our efforts at the national level.

As we undertake this effort, investing in the status quo is no longer acceptable. Given the fiscal realities that families, businesses, State governments, and the Federal Government face, our response has to be guided by what works. Investments can only be made in the most promising strategies. Now more than ever, we have a responsibility to tackle national challenges like homelessness in the most cost-effective ways possible. Instead of simply responding once a family or a person becomes homeless, prevention and innovation must be at the forefront of our efforts.

I was excited to receive *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. The goals and timeframes set forth in the Plan reflect the fact that ending homelessness in America must be a *national* priority. Together – working with the Congress, the United States Interagency Council on Homelessness, mayors, governors, legislatures, nonprofits, faith-based and community organizations, and business and philanthropic leaders across our country – we will make progress on ensuring that every American has an affordable, stable place to call home.



Preface from the Chair

As the Chair of the United States Interagency Council on Homelessness (USICH), I am honored to present the nation's first ever comprehensive Federal Strategic Plan to Prevent and End Homelessness.

As the most far-reaching and ambitious plan to end homelessness in our history, *Opening Doors* will both strengthen existing partnerships—such as the combined effort of HUD and the Department of Veterans Affairs to help homeless Veterans—and forge new partnerships between agencies like HUD, HHS, and the Department of Labor.

This is the right time to align our collective resources toward eradicating homelessness. We have a legislative mandate from the HEARTH Act of 2009 and bi-partisan support to adopt a collaborative approach. Most importantly, we now know how to address this important issue on a large scale. Over the past five years, the public and private sectors have made remarkable progress in reducing chronic homelessness. By developing the "technology" of combining permanent housing and a pipeline of support services, we've reduced the number of chronically ill, long-term homeless individuals by one-third in the last five years.

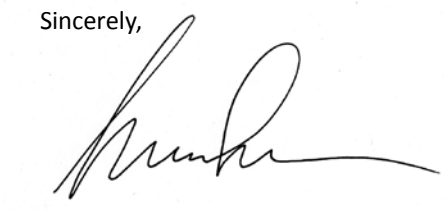
I join my fellow Cabinet Secretaries and Council members to call for an alignment of federal resources toward four key goals: (1) Finish the job of ending chronic homelessness in five years; (2) Prevent and end homelessness among Veterans in five years; (3) Prevent and end homelessness for families, youth, and children in ten years; and (4) Set a path to ending all types of homelessness.

This Plan outlines an interagency collaboration that aligns mainstream housing, health, education, and human services to prevent Americans from experiencing homelessness in the future. We propose a set of strategies that call upon the federal government to work in partnership with the private sector, philanthropy, and state and local governments to employ cost effective, comprehensive solutions to end homelessness. Our partners at the local level have already made tremendous strides, with communities across the nation—including over 1,000 mayors and county executives across the country—having developed plans to end homelessness. In the current economic climate, we recognize that from Washington, DC, to Salt Lake City, Utah, everyone is making difficult decisions based on the need for fiscal discipline. Working together, we can harness public resources and build on the innovations that have been demonstrated at the local level and in cities nationwide to provide everyone—from the most capable to the most vulnerable—the opportunity to reach their full potential.

The Council members and the Administration are fully committed to taking these best practices and proven solutions to scale across the federal government. I am committed to leading an open dialogue with all stakeholders as we ensure our efforts reflect the most current research and data on homelessness.

By working together in new ways, we can—for the first time—set a path to end homelessness for the over 640,000 men, women, and children who are without housing on any single night in our country. They cannot afford to wait.

Sincerely,



HUD Secretary and USICH Chair Shaun Donovan

Executive Summary

"Homelessness cannot be solved by a single agency or organization, by a single level of government, or by a single sector. Everyone should be reminded of the intricacies of homelessness as a policy area, and remember that preventing and ending homelessness will take real coordination, collaboration, and a constant exchange of ideas."

HHS Secretary Kathleen Sebelius

Our nation has made significant progress over the last decade reducing homelessness in specific communities and with specific populations. Communities across the United States—from rural Mankato, Minnesota to urban San Francisco—have organized partnerships between local and state agencies and with the private and nonprofit sectors to implement plans to prevent, reduce, and end homelessness. These communities, in partnership with the federal government, have used a targeted pipeline of resources to combine housing and supportive services to deliver permanent supportive housing for people who have been homeless the longest and are the frailest. The results have been significant.

In many respects, this current period of economic hardship mirrors the early 1980s when widespread homelessness reappeared for the first time since the Great Depression. Communities will need all of the tools in our grasp to meet the needs of those experiencing homelessness, including families and far too many of our nation's Veterans. In particular, we are concerned that recent national data shows a significant rise in family homelessness from 2008 to 2009.[1]

HUD Secretary Shaun Donovan, HHS Secretary Kathleen Sebelius, VA Secretary Eric K. Shinseki, and Labor Secretary Hilda Solis declared the vision of the Plan to be centered on the belief that "no one should experience homelessness—no one should be without a safe, stable place to call home." The Plan is focused on four key goals: **(1) Finish the job of ending chronic homelessness in five years; (2) Prevent and end homelessness among Veterans in five years; (3) Prevent and end homelessness for families, youth, and children in ten years; and (4) Set a path to ending all types of homelessness.**

The goals and timeframes we aspire to in this Plan are an important target for the nation. They demonstrate the Council's belief that ending homelessness in America must be a priority for our country. As President Barack Obama has said, in a nation as wealthy as ours, "it is simply unacceptable for individuals, children, families, and our nation's Veterans to be faced with homelessness." We believe it is important to set goals, even if aspirational, for true progress to be made.

This Plan is a roadmap for joint action by the 19-member United States Interagency Council on Homelessness along with local and state partners in the public and private sectors. It will provide a reference framework for the allocation of resources and the alignment of programs to achieve our goal to prevent and end homelessness in America. The Plan also proposes the realignment of existing programs based on what we have learned and the best practices that are occurring at the local level, so that resources focus on what works. We will take action in partnership with Congress, states, localities, philanthropy, and communities around the country.

From years of practice and research, we have identified successful approaches to end homelessness. Evidence points to the role housing plays as an essential platform for human and community development. Stable housing is the foundation upon which people build their lives—absent a safe, decent, affordable place to live, it is next to impossible to achieve good health, positive educational outcomes, or reach one's economic potential. Indeed, for many persons living in poverty, the lack of stable housing leads to costly cycling through crisis-driven systems like foster care, emergency rooms, psychiatric hospitals, emergency domestic violence shelters, detox centers, and jails. By the same token, stable housing provides an ideal launching

During the year after entering supportive housing, formerly homeless persons in Portland, Maine experienced:

- **77%** fewer inpatient hospitalizations
- **62%** fewer emergency room visits
- **60%** fewer ambulance transports
- **38%** fewer psychiatric hospitalizations
- **62%** fewer days in jail
- **68%** fewer police contacts

In Portland, Oregon, the experience was similar:

- **58%** fewer days in inpatient medical hospitalizations
- **87%** fewer emergency room visits

(Mondello, M., 2007; Moore, T., 2006)

pad for the delivery of health care and other social services focused on improving life outcomes for individuals and families. More recently, researchers have focused on housing stability as an important ingredient for the success of children and youth in school. When children have a stable home, they are more likely to succeed socially, emotionally, and academically.

Capitalizing on these insights, this Plan builds on the significant reforms of the last decade and the intent by the Obama administration to directly address homelessness through intergovernmental collaboration. Successful implementation of this Plan will result in stability and permanency for the more than 640,000 men, women, and children who are homeless on a single day in America. At the same time, its execution will produce approaches to homelessness that are cost-effective for local, state, and federal government. The Plan's content presents initial goals, themes, objectives, and strategies and was generated through the collaboration and consensus of the 19 USICH member agencies. Since the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act requires USICH to update the Plan annually, the substance of this Plan represents the beginning of a process toward our goal of preventing and ending homelessness.

The Affordable Care Act (Health Reform), a landmark initiative of the Obama administration, will further the Plan's goals by helping numerous families and individuals experiencing homelessness to get the health care they need. Medicaid will be expanded to nearly all individuals under the age of 65 with incomes up to 133 percent of the federal poverty level (currently about $15,000 for a single individual). This significant expansion will allow more families and adults without dependent children to enroll in Medicaid in 2014. In addition, Health Reform will support demonstrations to improve the ability of psychiatric facilities to provide emergency services. It will also expand the availability of medical homes for individuals with chronic conditions, including severe and persistent mental illness. Expansion of Community Health Centers is another major change that will serve many vulnerable populations, including those who are homeless or at risk of being homeless.

The Plan proposes a set of strategies that call upon the federal government to work in partnership with state and local governments, as well as the private sector to employ cost effective, comprehensive solutions to end homelessness. The Plan recognizes that the federal government needs to be smarter and more targeted in its response and role, which also includes supporting the work that is being done on the ground. The federal government's partners at the local level have already made tremendous strides, with communities across the nation—including over 1,000 mayors and county executives across the country—having developed plans to end homelessness. The Plan highlights that by collaborating at all levels of government, the nation can harness public resources and build on the innovations that have been demonstrated at the local level and in cities nationwide to provide everyone—from the most capable to the most vulnerable—the opportunity to reach their full potential.

The Plan includes 10 objectives and 52 strategies. These objectives and strategies contribute to accomplishing all four goals of the Plan.

The first section details the development of this first-ever comprehensive federal plan to prevent and end homelessness. This section sets out the core values reflected in the Plan and the key principles that guided the process. It also describes the opportunities for public comment offered during the development of the Plan.

The second section of the Plan provides an overview of homelessness in America. Since homelessness takes many different forms by population or geographic area, we provide a synopsis of the issues facing these varying groups experiencing homelessness. The section also addresses the sources of data used throughout the Plan.

The third section represents the core of the Plan including the objectives and strategies to prevent and end homelessness. It provides the logic behind each objective, the departments and agencies involved, the key partners, and strategies to achieve the respective objectives.

The Plan concludes with a section that defines the steps USICH partners will take next, providing a framework for action. This includes the impact we aspire to have that will require active work from many partners at all levels of government and across the private sector. This section provides a brief summary about the context in which we move forward in terms of the economic, policy, and political challenges and opportunities. There is a discussion of the measures that will be used to track progress over time toward the Plan goals. Initiatives currently under way that help advance the Plan goals are summarized. Finally, the section lays out the documents USICH will produce to provide information and transparency to the public, Congress, and our partners going forward.

VISION

No one should experience homelessness—
no one should be without a safe, stable place to call home.

GOALS

- **Finish the job of ending chronic homelessness in 5 years**
- **Prevent and end homelessness among Veterans in 5 years**
- **Prevent and end homelessness for families, youth, and children in 10 years**
- **Set a path to ending all types of homelessness**

THEMES

INCREASE LEADERSHIP, COLLABORATION, AND CIVIC ENGAGEMENT

Objective 1: Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Americans to commit to preventing and ending homelessness

Objective 2: Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness

INCREASE ACCESS TO STABLE AND AFFORDABLE HOUSING

Objective 3: Provide affordable housing to people experiencing or most at risk of homelessness

Objective 4: Provide permanent supportive housing to prevent and end chronic homelessness

INCREASE ECONOMIC SECURITY

Objective 5: Increase meaningful and sustainable employment for people experiencing or most at risk of homelessness

Objective 6: Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness

IMPROVE HEALTH AND STABILITY

Objective 7: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness

Objective 8: Advance health and housing stability for youth aging out of systems such as foster care and juvenile justice

Objective 9: Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice

RETOOL THE HOMELESS CRISIS RESPONSE SYSTEM

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

Development of the Plan

The President and Congress charged USICH to develop "a national strategic plan" to end homelessness with enactment of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act in May 2009. This Federal Strategic Plan to Prevent and End Homelessness reflects agreement by the agencies on the Council on a set of priorities and strategies including activities initiated by the President in the budget for fiscal years 2010 and 2011.

The Council 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.

The Council 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

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

Four workgroups were convened to **analyze specific populations**:

- Families with children
- Youth
- Veterans
- Individuals experiencing chronic homelessness

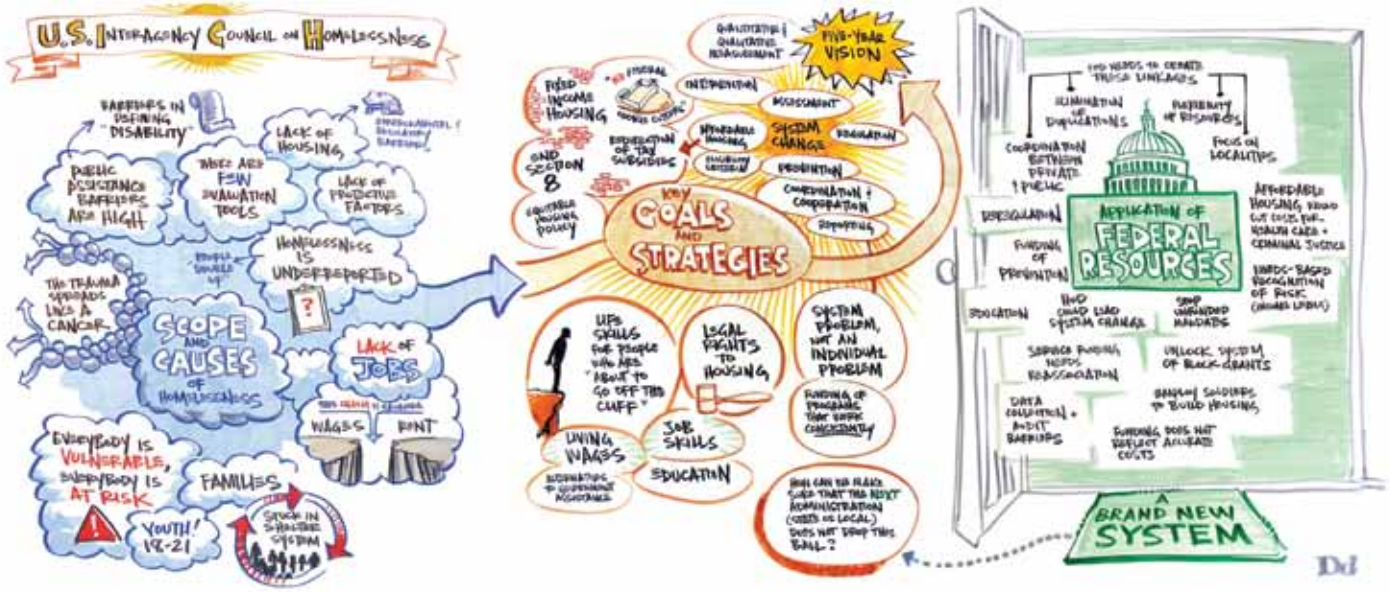
A fifth workgroup (Community) analyzed how the federal government can better support communities (including public and private sectors) in their efforts to prevent and end homelessness. Workgroup members from Council agencies reviewed the literature and talked with experts for additional insights into 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 preventing and ending 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.



Input from the New York stakeholders meeting is captured in a graphic format by Art of Hosting volunteer Drew Dernavich.

Homelessness in America

Homelessness takes many forms. The most common face is the person living on the street. When we refer to people who are *unsheltered*, we are referring to people who live on the streets, camp outdoors, or live in cars or abandoned buildings. Some people stay in emergency shelters or transitional housing, a group referred to as *sheltered*. A third group is staying temporarily with family or friends, a group referred to as *doubled up*.

Everyone needs safe, stable housing, health care, income, and community support.

This Plan provides a framework for addressing the needs of people confronted by homelessness. While everyone needs safe, stable housing, health care, income, and community support, there are specific approaches and programs that are designed to help each of the sub-populations identified above.

The Plan acknowledges and supports the full range of federal definitions of homelessness as prescribed in statute, as each plays an appropriate and essential role in supporting and stabilizing those whom they are intended to help. A common language is necessary for this Plan to be understandable and consistent. This language does not embrace or negate the definitions used in different programs. The challenge then is how to speak with one voice that helps all families and individuals in need without creating fractures in the systems intended to improve their circumstances. If we are to truly end homelessness, we must use all resources that exist—both those that are intended for targeted homeless populations and those that are available for a broader segment of the population—to create lasting bridges across current gaps in housing and services.

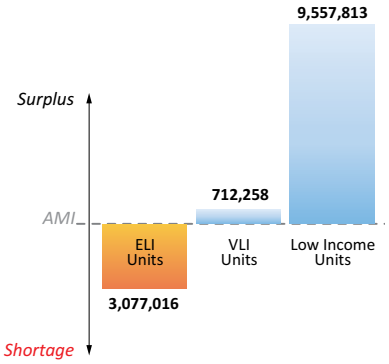


Figure
Shortage and Surplus of Units by Income Threshold

Source: Pelletiere, D., National Low Income Housing Coalition, 2009

AMI: Area Median Income
ELI: Extremely Low Income (<=30% AMI)
VLI: Very Low Income (<=50% AMI)
Low Income: (<=80% AMI)

Units are affordable within an income category if rent and utilities cost 30% or less of top threshold income. The numbers shown reflect the absolute shortage or surplus of units for households in each income group.

The number of people experiencing homelessness has grown.[2] Thirty years ago, homelessness was predominantly experienced by single adults. Homelessness among children did not exist in the same way it does today. Economic downturns have historically led to an increase in the number of people experiencing homelessness. In the last three decades, however, the number of people experiencing homelessness has remained high even in good economic times.

The increase in homelessness is the result of a convergence of three key factors: the loss of affordable housing and foreclosures; wages and public assistance that have not kept pace with the cost of living, rising housing costs, job loss and underemployment, and resulting debt; and the closing of state psychiatric institutions without the concomitant creation of community-based housing and services.

In the meantime, the federal response to homelessness has changed. Initially, a spike in the number of people experiencing homelessness was viewed as a short-term crisis. The response was emergency shelter. Later, the strategy of a continuum of care was implemented, the theory being that people experiencing homelessness would progress through a set of interventions, from outreach to shelter, into programs to help address underlying problems, and ultimately be ready for housing.

Over the last decade, there has been a movement for communities to create 10-year plans to end homelessness and a focus to use funds strategically on ending chronic homelessness through housing and services. People experiencing chronic homelessness represent 17 percent of all people experiencing homelessness according to the annual point-in-time count conducted across the country. They spend long periods of time—often years—living in shelters and on

the streets, or cycling between hospitals, emergency rooms, jails, prisons, and mental health and substance abuse treatment facilities at great expense to these public systems. Permanent supportive housing has emerged as the solution for people facing the greatest challenges to housing stability including serious and persistent physical and behavioral health problems. Short- and medium-term resources now exist to prevent homelessness for families who are at risk of losing their homes, and to rapidly re-house those who could return to stable living with immediate assistance.

Sources of Data

Data in this Plan comes from the most recently available sources. It is drawn predominantly from HUD's Annual Homeless Assessment Report (AHAR) for 2009. This data predates the full impact of the current recession. The AHAR data is the most comprehensive national data that tells us something about the profile of people experiencing homelessness. AHAR uses data from two sources:

- The first is a point-in-time count conducted by most communities every January. It only counts people who are unsheltered or in emergency shelters or transitional housing. Families, youth, and other individuals who are doubled up are not included.
- The other source of data is an annualized count of everyone reported in Homeless Management Information Systems (HMIS) over the course of a year. These annualized figures, based on a representative sample of communities and weighted to represent the entire nation, show the number of people that come into contact with a homeless residential assistance program and reveal a more accurate picture of who is experiencing homelessness than can be understood from just one night. These figures do not include people who do not use shelter or transitional housing at any point during the year. They do not include women who use domestic violence shelters, which are exempted from reporting for reasons of safety.

The Homeless Management Information System (HMIS) databases are operated at the local or state level and are required by the Department of Housing and Urban Development to receive funding for HUD homeless programs.

The Department of Education requires all state educational agencies and local educational agencies to report school enrollment information in order to determine the extent to which states ensure that homeless children and youth have access to a free, appropriate public education (Title VII, Subtitle B of the McKinney-Vento Homeless Assistance Act (the Act), also authorized as Title X, Part C, of the Elementary and Secondary Education Act, as amended). The purpose of the Education for Homeless Children and Youth (EHCY) Program under the Act is to improve educational outcomes for children and youth. All of the more than 15,000 public school districts have a required designated homeless liaison. These officials conduct outreach, identification, and coordination with other agencies serving homeless children and youth.

The U.S. Department of Veterans Affairs (VA) also collects information on Veterans using its targeted programs, and some limited information about Veterans using programs not operated by the VA.

How Many People Experience Homelessness?

	Point-in-Time	Estimated Annual
Persons in Families	238,110	535,447
Individuals	404,957	1,034,659
TOTAL	**643,067**	**1,558,917**

Source: HUD 2009 AHAR

The 2009 Annual Homeless Assessment Report (AHAR)[3] documents that on a single night, 643,067 people were homeless. Of those, 63 percent were sheltered, 37 percent were unsheltered. Individuals made up 63 percent and people who presented within family groups were 37 percent.

Over the course of the year, the AHAR reports 1,558,917 people used emergency shelters or transitional housing programs. Most had relatively short lengths of stay in emergency shelters. A small number of people (about one percent) were served in shelters for both families and individuals during the same year. The total number of people experiencing homelessness as noted in the table above is adjusted to avoid double-counting them.

African Americans accounted for a disproportionate share of people experiencing homelessness. While African Americans represent 12.4 percent of the total U.S. population in 2008, they represented 39 percent of the total sheltered homeless population.

In 2009, more than two-thirds of all people in shelters were located in large cities.[4] Most shelters are located in urban areas; this number tells us more about shelter capacity than where people experiencing homelessness live. While homelessness exists in communities all across America, it is concentrated in several states and large cities. One out of every six people in HUD's 2009 point-in-time count lived in the Greater Los Angeles/Orange County area, New York City, Las Vegas or New Orleans while only eight percent of all Americans resided in these areas. Over half of all people experiencing homelessness were in California, Florida, Nevada, Texas, Georgia, and Washington as compared to representing just 31 percent of the general population.[5]

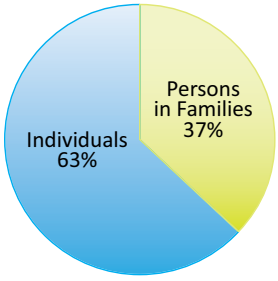


Figure
People Using Emergency Shelters or Transitional Housing Programs, 2009
Source: HUD 2009 AHAR

According to the Council for Affordable and Rural Housing, rural homelessness tends to have a distinctive profile.[6] They report that most people in rural areas who would otherwise be homeless live in cars, doubled up, or in grossly substandard housing. Rural areas have fewer shelters or resources for people to turn to, although individuals in these areas tend to have larger extended family and friend networks.

Most individuals who become homeless in rural areas are experiencing homelessness for the first time and tend to remain homeless for shorter periods. Most people experiencing homelessness in rural communities are married, white, working females, and often with families.[7] Rural areas have a rate of unsheltered persons in families almost double that of urban areas.[8] Housing instability also impacts a significant number of Native Americans and farm laborers.

Families With Children

On a single night in 2009, 238,110 people in families were counted as homeless. Most (79 percent) were sheltered in emergency shelters or transitional housing. Over the course of 2009, as many as 535,447 people in families were sheltered, an increase of 4 percent from the previous year and 13 percent since 2007. Only a small group of families used shelters repeatedly.[9]

Between 22% and 57% of women experiencing homelessness report that domestic or sexual violence was the immediate cause of their homelessness, depending on the region and type of study.

National Law Center on Homelessness and Poverty

For the 2008-09 school year, public schools reported over 956,000 homeless students were enrolled, a 20 percent increase from 2007-08. Over 617,000 students were reported served by McKinney-Vento sub-grants in 2008-09, a 31 percent increase from 2007-08. This number is higher than numbers from HUD because the Department of Education counts children who are doubled up or living in motels or other temporary habitation, and HUD does not. Possible factors contributing to these increases could be better data collection processes, natural disasters, and economic downturn.[10]

Families experiencing homelessness are usually headed by a single woman who on average is in her late 20s with approximately two children, one or both under six years of age.[11] The three most important differences between families experiencing homelessness and other poor families concern the resources they need to secure housing. Families experiencing homelessness have extremely low incomes, have less access to housing subsidies than low-income families who remain housed, and have weaker social networks that are not able to provide sufficient help.[12] Some families have been hurt by the foreclosure crisis, including families who were renting from a landlord whose property went into foreclosure.[13]

Domestic violence creates vulnerability to homelessness for women and children with limited economic resources. Among mothers with children experiencing homelessness, more than 80 percent had previously experienced domestic violence.[14] Domestic violence often includes exertion of financial control, leaving victims with poor credit and few resources. Finding safe, affordable housing is one of the greatest obstacles that women who leave abusive partners face. Many victims must leave their homes to escape violence but may not have the money to support themselves and their children. Emergency domestic violence shelters generally limit stays to 90 days or less in order to maintain beds for those in the most immediate danger. When shelter is inaccessible or unavailable, many victims end up in precarious and often unsafe housing situations, including living with friends or families where their abuser might be able to locate them, or living in uninhabitable conditions. Others are forced to return to their abuser if they have no viable options available.

According to Domestic Violence Counts 2009, on a single day, 65,321 adults and children nationwide sought services after leaving life-threatening abuse. On this same day, domestic violence programs provided emergency shelter and transitional housing to more than 32,000 adults and children.[15] Domestic violence and sexual assault programs are vital allies in a coordinated strategy to prevent and end homelessness among families with children.

When families become homeless, the experience itself is traumatizing, especially for children. Children in families experiencing homelessness also have high rates of acute and chronic health problems and the majority has been exposed to violence.[16] Homeless school age children are more likely than similar age children in the general population to have emotional problems such as anxiety, depression, withdrawal, and manifestations of aggressive behavior.[17] Repeated school mobility leads to decreased academic achievement, negatively impacting both the child's and the school's overall performance.[18]

Some homeless assistance programs have practices that break families apart, forcing male children, for example, to find shelter separate from the rest of their family. Homelessness has a high correlation with family separations including foster care and involvement with child welfare services. Among families involved with child welfare services, the rate of placement in foster care is highest for the children of women with at least one episode of homelessness.

In Washington State the cost of transporting a homeless student to and from his or her school of origin is 6 to 80 times higher than that of the general student population.

(Carlson, D., 2006)

Homelessness can also make the reunification of separated families more difficult, particularly if parents lose access to income and housing supports that allow them to create a suitable environment for their children.[19]

There are significant costs associated with family homelessness—costs associated with supporting both the parents and the children. The first is the high cost of the homeless system itself. The cost is significant for a family to live in emergency shelter or transitional housing. But there are other costs as well, including transporting children to schools and other strains on the education system caused by high mobility. There are also costs borne by the child welfare and the healthcare system. There is limited understanding of the long-term health and education costs associated with child homelessness.

Children from families with housing problems are more likely to be in foster care than children without housing problems (46% vs. 27%). These children are more likely to be "long stayers" in foster care compared to children from adequately housed families.

(HHS, National Study of Protective, Preventive and Reunification Services to Children and their Families, 1997)

The good news is there are solutions. Some solutions provide direct support to family members: jobs that pay enough to afford a place to live; affordable housing and income and work supports; health insurance and access to quality health care; keeping families together and accommodating all family configurations in housing and shelter. Schools have played an important role identifying and supporting children, youth, and families experiencing homelessness, in addition to state and local coordination between education and other supportive services for children, youth, and families experiencing homelessness. Domestic violence services play a key role in helping victims achieve both safety and housing stability. Some solutions involve transforming systems: coordinating all the programs and assistance available to families as well as matching programs to the specific needs of families.

Rapid re-housing uses short-term strategies to help families quickly move out of homelessness and into permanent housing. These may include providing supportive services to help a household quickly secure housing, providing short-term financial and rental assistance, and addressing barriers to long-term housing stability. For a small subset of families with multiple barriers to stable housing, permanent supportive housing, tailored to the unique needs of families, is the right intervention.

Jaslyn lives with her son, 6, and daughter, 9, in an apartment they found through a rapid re-housing program. Jaslyn used to be on the run from her children's father, who abused her. Now, she says, they are all doing really well. The kids are so happy to have their own rooms. "Last summer I was invited to go to Washington, D.C. to help pass the bill called "Bring America Home" so there might be sufficient housing for everybody. I felt honored. Then I got invited out a second time to meet Members of Congress. Everyone there treated me as an equal, not as an outsider."

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Photographer: Cathy ten Broeke

Unaccompanied Youth

A 2005 study of 18- to 21-year-old youth experiencing homelessness found that two-thirds had not obtained a high school diploma or a GED certificate at the point of program intake.

(Barber, C.C., 2005)

The actual number of youth experiencing homelessness is unknown. Estimates vary depending on definitions of homelessness, including youth who are staying in unstable, temporary arrangements, and on the age range being considered as youth.[20] Unaccompanied youth are difficult to count because they often are not connected to services or shelters. The counts and estimates that do exist vary widely.

According to 2009 figures from HUD, unaccompanied youth are 2.2 percent of the sheltered homeless population or about 22,700.[21] It is widely agreed that this is a serious undercount of youth experiencing any form of homelessness, including youth in unsheltered and doubled-up living arrangements. Other sources suggest that approximately 110,000 youth live on the streets and other public places, cars, abandoned buildings, including 55,000 homeless youth age 18-24 plus 55,000 young teenagers age 12-17.[22] The most recent information from the Department of Education shows 53,000 unaccompanied youth supported through school-based programs.

Almost 2 in 5 of all HIV-positive adolescents seen at a NYC clinic had a history of unstable housing associated with abuse and neglect.

(Eastwood, E.A., 2007)

Youth often leave home as a result of a severe family conflict which may include physical and/or sexual abuse. Some youth become homeless when they leave foster or institutional care (including running away, aging out, or being discharged). Some studies suggest that racial and ethnic minority youth as well as youth who are gay, lesbian, bisexual, transgender, and questioning represent a larger proportion when compared to the overall population. Others suggest no significant differences between youth experiencing homelessness and the larger population.[23]

Some teenaged boys are separated from their families because some shelters have policies that force older adolescent males to be housed in adult shelters apart from their families.

Many youth who become homeless have histories of academic difficulties including suspensions and expulsion.[24] If a youth has not dropped out prior to becoming homeless, the experience of homelessness frequently disrupts schooling.[25] The likelihood of successful transitions to post-secondary education and employment is also decreased.

Research shows a high prevalence of depression, suicide initiations, and other mental health disorders among youth who are homeless.[26] Chronic physical health conditions are also common including asthma and other respiratory problems, hypertension, tuberculosis, diabetes, and hepatitis.[27] Homeless adolescents also have high rates of substance abuse disorders.[28] Behaviors associated with mental health and substance abuse disorders can cause problems cultivating relationships.

Additionally, those that have been abused or neglected are at increased risk of abusing or neglecting their own children. The likelihood of personality disorders, depression, anxiety, and substance abuse is also higher among those who have been abused and neglected. Research also shows that abuse and neglect affect a youth's behavior and ability to learn.[29]

Homeless youth engage in risky behaviors including selling drugs, panhandling, stealing, and sex work as a means of subsistence. They have high rates of prior arrests and convictions.

Each year, 30,000 youth ages 16 and older transition from foster care to legal emancipation or "age out" of the system. One quarter of former foster youth experience homelessness within four years of exiting foster care.[30]

A significant number of unaccompanied young women are pregnant or parenting.[31]

Youth experiencing homelessness are often blocked from getting what they need because programs are geared toward adults. For those under the age of eighteen, signing a lease or qualifying for some benefits can be especially challenging or in many places impossible. They may need a release from a parent for the most basic services like medical care. Many homeless programs serving families with children may not have expertise supporting teenagers. Even programs targeting youth may not have the capacity or expertise to support youth who are parents.

Homeless youth engage in risky behaviors, such as unprotected sex, sex with multiple partners, intravenous drug use and needle sharing, that place them at high risk for contracting HIV/AIDS.

(Wagner, L.S., 2001)

More needs to be known about the cost associated with youth homelessness. But we know that high rates of medical and behavioral health issues and incarceration are costly. These costs compound over a lifetime, as today's homeless youth become tomorrow's homeless adults, or when risky behaviors or sexual exploitation result in HIV infection.

There are six areas consistently referenced in reports and studies on youth homelessness that must be addressed in order to prevent and end homelessness for this population:

- Individualized goal-based service planning
- On-going support services connected to mainstream resources
- Independent living skills training
- Connections to supportive and trustworthy adults and support networks
- Employment and education
- Housing

Youth also need shelter, transitional programs, and services that emphasize stabilization and reunification with families when appropriate (recognizing that, in many cases, youth have become homeless because of hostile and dangerous conditions at home and that reunification with families may not be appropriate for groups such as victims of abuse and many gay, lesbian, bisexual and transgender youth). Youth shelters provide a safe alternative to adult shelters and the dangers of victimization and life on the streets. Transitional living programs and supportive housing for some youth with special needs provide housing, life skills, and services to young people who cannot be reunited with their families.

Youth would benefit from focused attention by systems adapted to their unique needs and more collaborative work across systems to align resources across a range of needs. Assistance is needed to help youth transition from youth-specific systems like child welfare and juvenile courts to adult service systems that provide mental health services, housing, health care, and other basic needs. More research would be helpful to examine patterns of youth homelessness and factors associated with extended or repeated episodes of homelessness. Better tools are needed for counting youth who are experiencing homelessness.

Individual Adults

Pre-enrollment health care costs for people helped by the federal Collaborative Initiative to Help End Chronic Homelessness averaged more than $27,000 annually for each person.

(Mares & Rosenheck, 2010)

Over the course of 2009, 983,835 people accessing shelters and transitional housing programs were individual adults (63 percent). Close to three quarters were men. Forty-three percent of sheltered adults without families had a disabling condition and 13 percent were Veterans. There is a growing population of older adults who are homeless—one out of four is over the age of 50. Fourteen percent of individuals were in institutional settings the night before becoming homeless.[32]

The 2009 HUD point-in-time count showed 47 percent of the 404,957 individuals experiencing homelessness were living on the streets.

Only 35% of participants in a HUD study of Housing First programs for homeless persons with serious mental illness had Medicaid at the time of enrollment.

(HUD, The Applicability of Housing First Models to Homeless Persons with Serious Mental Illness, 2007)

In 2009, there were 110,917 adults experiencing chronic homelessness. This represents 26 percent of unaccompanied adults that were counted and 17 percent of all people counted that night. Six out of ten people experiencing chronic homelessness are not sheltered. While people experiencing chronic homelessness are mostly male (75-80 percent), there is also a significant number of women. After declining 30 percent between 2005 and 2007, the number of persons who experienced chronic homelessness remained essentially the same in 2008, but dropped 11 percent in 2009.[33]

Among those experiencing chronic homelessness, needs are prevalent and acute. Despite disabling health conditions, most people experiencing chronic homelessness are not currently enrolled in Medicaid or other health insurance programs. As this cohort ages (the average age is close to 50), health care needs increase.[34] Health Reform will help many individuals, including people experiencing chronic homelessness, who were not eligible for Medicaid previously. Medicaid will be expanded to all individuals under the age of 65 with incomes currently up to about $15,000 for a single individual in FY 2010 in the continental United States (133 percent of the federal poverty level). This will allow more adults without dependent children to enroll in Medicaid in 2014 (or before, at state option). Although many in this group will become Medicaid eligible due to the passage of Health Reform, a key to their enrollment will be providing them with transition assistance and permanent supportive housing solutions.

A study of hospital costs associated with homelessness reported that 52% of individuals who are homeless were admitted for mental health or substance abuse treatment, compared to 23% of non-homeless low-income patients, and the length of hospital stay for homeless patients was 36% longer per admission than for non-homeless patients.

(Salit, Kuhn, et al., 1998)

The sub-group of single individuals that experiences long-term homelessness has high rates of mental illness and/or substance abuse disorders. Chronic homelessness is associated with severe symptoms of alcohol abuse, schizophrenia, and personality disorder. Many have not been effectively engaged or retained in outpatient treatment and show increasingly high rates of chronic, disabling, and/or life-threatening health conditions (hypertension, asthma, HIV/AIDS, liver disease). For individuals experiencing chronic homelessness overall, there are high rates of abuse, violence, and separation from families as children, but these rates are highest among women.[35]

It is important to note that some individuals have minor children who are not with them.

Many of the causes of homelessness for individual adults are similar to causes of homelessness among families. People experiencing homelessness have little or no income. They cannot afford a place to live. There is insufficient subsidized housing. They may have limited access to housing that does exist because of past criminal records, substance abuse or untreated mental

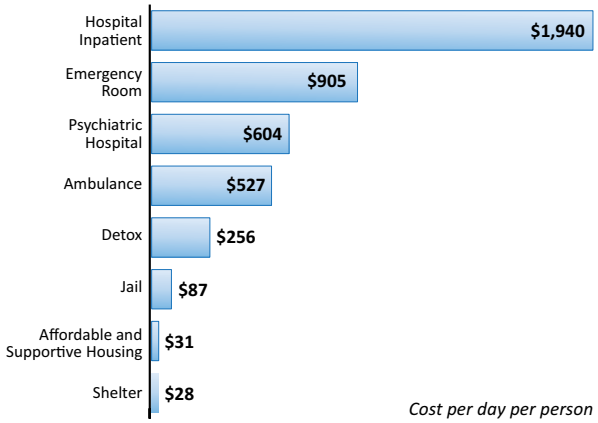

Figure
Costs of Serving Homeless Individuals

Sources: Perlman, 2006; MHSA, 2008; Hirsch, 2007; Mondello, 2007; Lewin Group, 2004; Justice Policy Institute, 2007; Downtown Emergency Service Center, 2008; Moore, 2006; Flaming, 2009)

Costs represent averages of costs derived from cost studies of homelessness and homeless interventions conducted between 2004 and 2009 in Atlanta, Chicago, Columbus, Denver, Los Angeles, Maine, Massachusetts, New York, Phoenix, Portland (Oregon), Rhode Island, San Francisco, and Seattle.

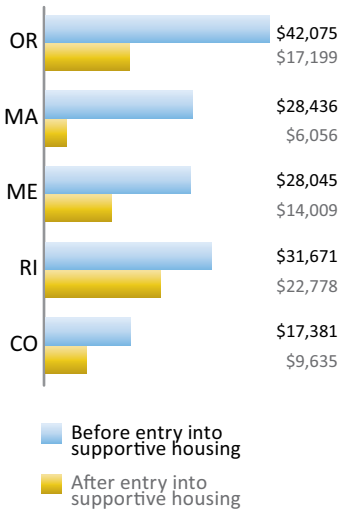

Figure
Reductions in Utilization of Major Services Before and After Entry into Supportive Housing

Sources: Perlman, 2006; MHSA, 2008; Hirsch, 2007; Mondello, 2007; Moore, 2006

illness. Their social support networks are frail or non-existent. Individuals experiencing homelessness have high rates of behavioral health conditions and insufficient access to care. Their behaviors can lead to eviction or alienation from friends and family, and periods of institutionalization or incarceration. When individuals become homeless, their health and behavioral health worsens. They are exposed to more trauma and violence. Survival—seeking food and shelter—becomes all consuming. It is difficult to get a job without an address or a place to store your belongings. Mental illness and substance abuse sometimes result in people being screened or expelled from shelters, transitional housing, or public housing.

The literature on the cost of single adult homelessness is extensive and in agreement. Homelessness results in increased use of emergency rooms, hospitals, police, and jails, in addition to costs associated with shelter and other homeless services. Health care is the largest component of costs from frequent and avoidable emergency room visits, inpatient hospitalization for medical or psychiatric care, sobering centers, and nursing homes.[36]

Solutions include the basics: jobs that pay enough to afford a place to live, affordable housing, better access to income and work supports, and expanded access to health and behavioral health care, including trauma-informed care. Individuals become homeless because of a shortage of housing, support, and care, but also because the services that do exist are often fragmented and difficult to access. Better coordination across programs and services is needed. Mainstream programs need to pay attention to housing stability, focus on homelessness prevention, and connect people to housing resources.

Rapid re-housing strategies are working for single adults, reducing their stay in shelters and supporting them to stabilize in housing, connect to care, and employment.

For people experiencing chronic homelessness, the research is clear that permanent supportive housing using a Housing First approach is the solution.[37] There are two models of supportive housing. Single sites are housing developments or apartment buildings in which units are designated as supportive housing. In scattered-site programs, participants use rent subsidies to obtain housing from private landlords and supportive services are provided through home visits. Services in supportive housing are flexible and primarily focused on the outcome of housing stability, and include services to address mental health, substance abuse, health, and employment needs.

Housing First models of supportive housing incorporate strategies that minimize barriers to housing access or pre-conditions of housing readiness, sobriety, or engagement in treatment. They assist participants to move into permanent housing quickly and provide the intensive supportive services needed to help residents achieve and maintain housing stability and improvements in their overall condition. These practices seek to "screen in" rather than "screen out" and end homelessness for people with the greatest barriers to housing success.

Evaluations of permanent supportive housing have demonstrated significant improvements in housing stability, reductions in days of homelessness, and reductions in the utilization and costs of public services such as emergency shelter, hospital emergency room and inpatient care, sobering centers, and jails.[38]

- In Seattle, Medicaid costs were reduced 41 percent, sobering center admissions reduced 87 percent and average total costs reduced more than 75 percent after one year.[39]
- In the federal Collaborative Initiative to Help End Chronic Homelessness, participants were placed rapidly into permanent housing and 95 percent were in independent housing after one year. Average costs for health care and treatment were reduced by about half. The largest decline was associated with costs for inpatient hospital care.[40]

In the Chicago Housing and Health Partnership, persons experiencing homelessness who were receiving inpatient hospital care for chronic medical conditions were randomly assigned to receive usual care or access to recuperative care (respite) and permanent supportive housing. The intervention group had 29 percent fewer hospitalizations, 24 percent fewer emergency room visits, and 45 percent fewer days in nursing homes.[41]

Jackie lives with her dog, Max, in a one-bedroom supportive housing apartment. Jackie is recovering from an addiction to pain killers after suffering a debilitating back injury and depression. Jackie was desperate to find a place to live where she did not have to give up her dog. "He's my love. He's what I have left. I could have gotten another place, but not with the mental health support that I need for depression. Living with these people is just tremendous. It's healing. It's community."

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Veterans

"No one, especially Veterans who have faithfully served our country, should become homeless. This Council's work is critical to providing for those at risk and on the streets. This interagency partnership allows us to leverage our resources, programs, talent, and experience to create viable solutions that will eliminate homelessness."

VA Secretary Eric K. Shinseki

According to the VA, the number of Veterans experiencing homelessness has been declining rapidly over the past two years. This is a combination of increased effort and better methodology. In 2009, the VA estimated 107,000 homeless Veterans on any given night through its Community Homeless Assessment Local Education and Networking Groups (CHALENG). This represented an 18 percent reduction from the 2008 estimate of 131,000 Veterans on any given night. This reduction represents a significant step toward achieving the VA's goal of eliminating homelessness among Veterans.

HUD's 2009 point-in-time count stated there were 59,390 Veterans experiencing homelessness.[42] That count is believed to undercount Veterans who are unsheltered. The point-in-time count objective is to obtain an accurate count and previously has not accurately established military service history. Efforts are underway to improve this count and to enhance identification of Veterans who are homeless.

Using the best information available, 107,000 Veterans experiencing homelessness on a given night is a reasonable figure and will be used as the baseline in this Plan.

Despite imperfect counting mechanisms, we know that Veterans account for a larger proportion of those experiencing homelessness compared to the overall population. Approximately 44,000 to 66,000 Veterans are believed to be experiencing chronic homelessness.[43]

Pre-military service experiences have a significant effect on risk of homelessness including physical or sexual abuse as a child, other traumatic experiences, or foster care.[44]

Nearly half a million Veterans pay more than half of their income for rent. More than half of them have incomes below the federal poverty level.

(Cunningham, M., 2007)

Veterans have high rates of Post-Traumatic Stress Disorder (PTSD), traumatic brain injury (TBI), and sexual trauma, especially for women. Returning Veterans from Iraq and Afghanistan have even higher rates possibly associated with repeated deployments. These factors significantly impact the ability to form trusting relationships. PTSD may also contribute to substance abuse problems and relapse. Other mental health problems and/or TBI may result in cognitive impairments (difficulties with concentration or remembering tasks), difficulties in social relationships, controlling temper or impulses, or other effects that may create barriers to employment and stable relationships. Multiple and extended deployments may contribute to unemployment and/or damage to family connections and family conflict upon return.[45] A majority of homeless Veterans are single; social isolation is associated with higher risk of homelessness.[46]

The average annual cost of health care for homeless Veterans was $27,206, 13.3 percent higher than for Veterans who were not homeless.

(Rosenheck & Seibyl, 1998)

There is an increasing number of Iraq and Afghanistan Veterans who are women and who are homeless or at risk of becoming homeless. Many are caring for young children, and many have experienced sexual abuse and trauma during and/or prior to military service.[47] For all Veterans, greater attention is being paid to the needs of their families and children.

Homelessness exacerbates poor health and behavioral health and increases an individual's contact with the criminal justice system. Half of homeless Veterans had histories of involvement with criminal justice after discharge from the military. Incarcerated homeless Veterans have high levels of health, mental health, and/or substance abuse problems.[48] About half of homeless Veterans have serious mental illness; 70 percent have substance abuse problems; over half have other health problems.[49]

An ongoing study of U.S. Veterans living with HIV shows that 44 percent have experienced homelessness, 11 percent are currently homeless; HIV-infected Veterans who have experienced homelessness are more likely than those who have not to be hospitalized.

(Ghose, T., 2009; Gordon, A.J., 2007)

Causes of homelessness among Veterans are similar to causes of homelessness among non-Veterans (interrelated economic and personal factors and a shortage of affordable housing). Combat introduces additional factors from post-traumatic stress. Like other populations, the complexity of navigating systems makes it difficult for Veterans to get their needs met.

There are unique and robust programs and supports available for Veterans although for some, their lack of awareness about programs, or their ambivalence about seeking care may keep them from receiving these services. In some cases, their military discharge status or lack of records may create complications in accessing services.

Veterans need the same basics—jobs, affordable housing, and access to health and behavioral health care—that other single adults or families need. Veterans experiencing chronic homelessness benefit from comprehensive health care and a unique array of benefits, and increasing access to permanent supportive housing.

The Department of Defense and the VA are working together to make the transition from active duty to Veteran status more seamless. This collaboration includes the development of processes to support electronic transmission of service and health care records. Service members can address their housing plans—as well as employment, benefits, and other essential needs—as part of their Individual Transition Plan.

The Department of Defense believes that education and training play a critical role towards preventing homelessness for Veterans. The Department endorses and encourages service members and Veterans to continue their education and training throughout their military life cycle, as well as post military service. This is essential if service members want to remain competitive in the 21st-century job market. Education and training serve as gateways that lead to fulfilling employment. They provide Veterans with the type of employment that provides the economic support needed to keep a Veteran from becoming homeless.

Mary, United States Navy

"As a female vet, I didn't even know I was eligible for service-connected disability. I promised myself early on that my kids would never end up in a homeless shelter." Mary currently lives in an affordable home.

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Steve said there was no help transitioning from war to home and he spent the next decades of his life running from memories of the war. He did all he could to forget. He started a successful tree-trimming business, but also drank excessively, used drugs, and did frequent stints at VA Hospitals. He quit drinking and drugs, but continued to struggle with sleeping and with the thoughts in his head. He eventually retreated from society for what he calls his "1,000 days of being alone" at an old farmhouse during which he talked to no one and only took in rescued animals. "I had given up completely."

About a year and a half ago Steve moved to International Falls, Minnesota to get his affairs in order because he felt it would be a good place to walk off into the wilderness and commit suicide. He rented the only place he could afford, which was a run-down, moldy house. When some people he'd gotten to know noticed they hadn't seen him in awhile, they went to the house and found him in terrible shape. He got in touch with the Minnesota Assistance Council for Veterans in Duluth and they helped connect him to a counselor. He was diagnosed with PTSD which made him eligible for the benefits he needed to afford a safe place to live. The support he gets means the world to him. He says he feels like he's been reborn, like he's getting a second chance. He stresses how important it's been just to have someone tell him he's not crazy. He currently lives with his three cats — who he has always thought of as his lifesavers: "Even when I didn't care about my life, I needed to be there for the cats."

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"Portraits of Home II: Veterans in Search of Stable Housing".
Photographer: Cathy ten Broeke

Systems

Table
Average Cost per Family per Month for Each Homeless Program Type for Families and FY2006 Two-Bedroom Fair Market Rents
Source: Spellman, B., 2010

	Emergency Shelter	Transitional Housing	2006 Fair Market Rent for Two-Bedroom Unit
Washington, D.C.	$2,496 – $3,698	$2,146 – $2,188	$1,225
Houston, Texas	$1,391	$1,940 – $4,482	$743
Kalamazoo, Michigan	$1,614	$813	$612
Upstate South Carolina	$2,269	$1,209	$599

Costs shown reflect weighted averages by program type. Ranges represent the averages for different programs within a program type.
FMR Source: HUD, 2005

The FMR does not include the monthly fee paid to a public housing agency for administering the voucher program, which ranged from $50 to $90 per unit per month in these four communities.
(HUD, 2007)

Through these population-specific descriptions, common themes emerge at a systems level.

- We need coordinated leadership at the federal, state, and local levels.
- There must be more program coordination and simplification. Mainstream programs, those not targeted to homeless populations, need to be a part of the solution rather than a set of uncoordinated targeted programs as has been the approach historically.
- Programs must adapt to meet the unique needs of people who have experienced homelessness. Systems must be organized to meet the needs of people with histories of trauma and violence and must be responsive to the special needs of other populations.
- Interventions—mainstream and targeted—must focus on prevention and achieving the outcome of housing stability.
- People must have better access to affordable housing, health, and behavioral health care, as well as income and work supports.

Additionally, attention needs to be given to the following:

- There is uneven and limited capacity to deliver the most effective strategies at a scale that will help everyone experiencing or most at risk of homelessness. Even if there is more coordinated leadership and programs available to all who need them, local housing and service systems must be strengthened in order to move quickly and effectively to provide housing and assistance to all who need it.
- Policies and programs must be adaptive based on information about what is working. Attention must be paid not only to whether or not programs are working for the people they are serving, but also whether or not all people who need them are able to get what they need to prevent or move out of homelessness.
- Barriers that get in the way of people getting the supports and services they need must be addressed. This includes everything from access to identification to eligibility processes and the complexity of navigating multiple programs that operate in isolation.
- Much is known about solutions to homelessness. For some subgroups and in some places, there is still more to learn.

In sum, close to two million Americans experience homelessness each year. For most, this is caused by the gap between income and the cost of housing. For many, health conditions, mental health and substance abuse, trauma, and lack of supportive families make them at risk of or push them into homelessness.

Homelessness is costly to society because people experiencing homelessness frequently require the most expensive publicly-funded services and institutions.

Solutions exist. New collaborative leadership, more coordination, and wise investments in proven strategies focused on prevention aimed at housing stability—that incorporate both housing and services—will lead to major reductions in homelessness.

David, United States Army

David is a precariously-housed Vietnam Veteran who rents a deteriorating farmhouse outside of town. He loves caring for animals, and worries about losing them if he has to move. Post-Traumatic Stress Disorder makes him unable to live in crowded, noisy areas. Despite his PTSD, David enjoys working part-time to help students produce shows for community radio.

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Heather's baby at youth center

Heather is a teen mother who lives in supportive housing. The caring people who work with her have helped her learn how to be a good mom to her baby.

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"Stories from Supportive Housing." Photographer: Cathy ten Broeke

VISION

No one should experience homelessness—
no one should be without a safe, stable place to call home.

GOALS

- **Finish the job of ending chronic homelessness in 5 years**
- **Prevent and end homelessness among Veterans in 5 years**
- **Prevent and end homelessness for families, youth, and children in 10 years**
- **Set a path to ending all types of homelessness**

THEMES

INCREASE LEADERSHIP, COLLABORATION, AND CIVIC ENGAGEMENT

Objective 1: Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Americans to commit to preventing and ending homelessness

Objective 2: Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness

INCREASE ACCESS TO STABLE AND AFFORDABLE HOUSING

Objective 3: Provide affordable housing to people experiencing or most at risk of homelessness

Objective 4: Provide permanent supportive housing to prevent and end chronic homelessness

INCREASE ECONOMIC SECURITY

Objective 5: Increase meaningful and sustainable employment for people experiencing or most at risk of homelessness

Objective 6: Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness

IMPROVE HEALTH AND STABILITY

Objective 7: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness

Objective 8: Advance health and housing stability for youth aging out of systems such as foster care and juvenile justice

Objective 9: Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice

RETOOL THE HOMELESS CRISIS RESPONSE SYSTEM

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

This Plan creates the framework for accomplishing the ambitious goals of preventing and ending homelessness. The objectives identify high level actions or system change needed to facilitate increased access to housing, economic security, health, and stability for specific populations. The strategies articulate steps that could be taken collaboratively by federal, state, and local leaders to address the differentiated needs of the populations identified.

What follows is a discussion of each objective, including the logic for the objective, its strategies, the lead federal agencies, and key partners. Following each objective are the strategies needed to accomplish that particular objective.

There are Signature Initiatives presented throughout related to Veterans, families with children, people experiencing chronic homelessness, and youth. These initiatives highlight new collaborative activity currently being undertaken by federal agencies and other partners. They focus on the target populations for the Plan. They will create opportunities for shared learning about specific strategies and approaches. They may also inform future policy and budget processes.

The table on the following page shows how different population groups are targeted within each of the strategies.

USICH staff are working in partnership with the 19 Council member agencies and with other key stakeholders to begin the planning that could operationalize each strategy. Through the planning and implementation process, the feasibility of the strategies will be assessed with some strategies taking longer to operationalize. Some strategies may prove not to be feasible to implement at scale.

Used with permission of The Corporation for Supportive Housing Minnesota, "Stories from Supportive Housing."

Photographer: Cathy ten Broeke

Beth and her four children, ages 6, 7, 12, and 15, live in a duplex provided by the American Indian Community Housing Organization in Duluth, Minnesota. Beth and her children became homeless when she left an abusive marriage after more than ten years and now she and her children are starting over.

She works a reception job, and staff are helping her build her resume. Beth is also an artist, making moccasins, beadwork, pencil drawings, and acrylic on canvas. "Since I've been in this housing I can do some of these things again. In a year I'll have canvases all over the place."

POPULATIONS SUPPORTED BY THE PLAN'S STRATEGIES

OBJECTIVES AND STRATEGIES	Veterans	Families	Youth	Chronic	**All**
1. Promote Collaborative Leadership					
a. Educate the public	•	•	•	•	•
b. Engage state/local/tribal leaders	•	•	•	•	•
c. Update and implement state/local plans	•	•	•	•	•
d. Involve citizens and private sector	•	•	•	•	•
e. Test, model interagency collaboration	•	•	•	•	•
f. Reward collaborating communities	•	•	•	•	•
g. Recognize savings across partners	•	•	•	•	•
h. Engage Congressional committees	•	•	•	•	•
Signature Initiative: Veterans	•	•		•	
2. Strengthen Capacity and Knowledge					
a. Compile research	•	•	•	•	•
b. Coordinate federal technical assistance	•	•	•	•	•
c. More readily available info on best practices	•	•	•	•	•
d. More readily available info on special populations	•	•	•	•	•
e. Needs of rural and tribal communities	•	•	•	•	•
f. Inventory federal emergency response programs	•	•	•	•	•
g. Increase use of HMIS	•	•	•	•	•
h. Create a common data standard and uniform performance measures if feasible	•	•	•	•	•
3. Provide Affordable Housing					
a. Support rental housing subsidies	•	•	•	•	•
b. Expand supply of affordable rental homes	•	•	•	•	•
c. Improve access to assistance	•	•	•	•	•
d. Increase service-enriched housing	•	•	•	•	•
Signature Initiative: Families with Children	•	•	•		
4. Provide Permanent Supportive Housing					
a. Improve access to and use of supportive housing	•	•	•	•	•
b. Protocols and incentives to free up units	•	•	•	•	•
c. Expand supply of supportive housing	•	•	•	•	•
d. Assess options for supportive housing service funding	•	•	•	•	•
Signature Initiative: Chronic Homelessness	•			•	
5. Increase Economic Security					
a. Job development focus on homelessness	•	•	•	•	•
b. Improve access to work supports	•	•	•	•	•
c. Best practices to help people enter workforce	•	•	•	•	•
d. Coordinate/integrate employment programs	•	•	•	•	•
e. Increase work for Veterans	•	•		•	

OBJECTIVES AND STRATEGIES *(cont'd)*	Veterans	Families	Youth	Chronic	**All**
6. Reduce Financial Vulnerability					
a. Best practices in access to income/work supports	•	•	•	•	•
b. Improve access to income supports	•	•	•	•	•
c. Enhance public info and call center for Veterans	•	•		•	
d. Create pathways to financial independence	•	•	•	•	•
e. Prepare for Medicaid expansion	•	•	•	•	•
7. Integrate Health Care with Housing					
a. Co-locate housing and health care	•	•	•	•	•
b. Build upon successful service delivery models	•	•	•	•	•
c. Evaluate effectiveness of medical home model	•	•	•	•	•
d. Establish medical respite programs	•	•	•	•	•
e. Increase availability of behavioral health services	•	•	•	•	•
f. Improve access to child and family services	•	•	•		
8. Advance Health and Housing Stability for Youth					
a. Improve discharge planning			•		
b. Improve access for youth			•		
c. Promote targeted outreach strategies			•		
Signature Initiative: Youth			•		
9. Advance Health and Housing Stability for Adults					
a. Improve discharge planning	•	•		•	•
b. Promote targeted outreach strategies	•	•		•	•
c. Increase number of jail diversion courts	•	•		•	•
d. Define approaches to reduce criminalization	•	•	•	•	•
10. Transform Crisis Response Systems					
a. Promote best practices in crisis response	•	•	•	•	•
b. Use mainstream resources for housing stability	•	•	•	•	•
c. Implementation strategies for HEARTH Act	•	•	•	•	•
d. Ensure continuity through HPRP services	•	•	•	•	•
e. Ensure prevention in place-based strategies	•	•	•	•	•

Increase Leadership, Collaboration, and Civic Engagement

OBJECTIVE 1

Provide and promote collaborative leadership at all levels of government and across all sectors to inspire and energize Americans to commit to preventing and ending homelessness

"The U.S. Department of Labor is proud to join our sister agencies in the federal government, and a broad coalition of community organizations, in the effort to end homelessness. That's the way to meet this challenge head on and most effectively—by working together. After all, our nation is always at its best when we work as a team."

Labor Secretary Hilda Solis

Chicago launched its plan to end homelessness, *Getting Housed, Staying Housed*, in 2003. A collaborative effort of more than 200 public, private, and nonprofit entities, the plan was made an integral part of Mayor Richard M. Daley's vision for the city. The cornerstone effort is a Housing First approach that helps individuals and families return to housing more rapidly by providing access to affordable housing with supports. **From 2005-2007, the city's total homeless count dropped by 12%, and homelessness among families decreased 23%.**

(NAEH Snapshot - Chicago, 2008)

Logic

There was an extensive outpouring through our public comment process—online, in stakeholder forums and constituent conference calls—that federal agencies needed to "break down the silos" and organize federal resources together with local and state resources. Enhanced coordination among public and private entities will lead to a better understanding of the causes and consequences of homelessness and how multiple federally-funded programs—and therefore agencies—can interact in strategies to prevent and end homelessness.

Strong leadership is needed at federal, state, and local levels and across all sectors to establish and implement action plans that achieve results for people experiencing chronic homelessness, and for families, youth and children, including Veterans and their families. Such plans should be locally driven, reflecting local conditions, since a one-size-fits-all plan does not exist. Interdisciplinary, interagency, and intergovernmental action is required to effectively create comprehensive responses to the complex problem of homelessness.

Tremendous progress on reducing homelessness has only occurred in those communities that have organized themselves to prevent and end homelessness. This means that they have set goals, identified needs and gaps, developed strategies to meet these needs and gaps, created public-private investment in the strategies, monitored progress, and adjusted the course when needed. Successful implementation occurs when there is broad support for the strategies—this is evidenced by the involvement of business and civic leadership, local public officials, faith-based volunteers, and mainstream systems that provide housing, human services, and health care.

Federal Leadership

USICH Member Agencies and USICH Staff

Partners

States, Counties, Cities, Businesses, and Nonprofits including Philanthropy and Faith Communities

STRATEGIES

Educate the public on the scope, causes, and costs of homelessness, the Federal Strategic Plan to Prevent and End Homelessness, and the reasons for taking action.

Engage state, local, and tribal leaders in a renewed commitment to prevent and end homelessness in their communities.

Get states and localities to update and implement plans to end homelessness to reflect local conditions and the comprehensiveness of this Federal Plan, as well as to develop mechanisms for effective implementation.

Involve citizens—including people with firsthand experience with homelessness—and the private sector—businesses, nonprofits, faith-based organizations, foundations, and volunteers—in efforts to prevent and end homelessness.

Test, model, and learn more about interagency collaboration. Collaboration is necessary to implement many strategies in the Plan, including:

- Increasing federal interagency interventions
- Increasing collaborative planning among and within all levels of government
- Increasing joint endeavors between government and the nonprofit and private sectors
- Identifying and removing barriers to collaboration
- Seeking opportunities to conduct data matches and share data to better understand the impact of homelessness on the costs and outcomes of mainstream programs and to target initiatives to populations that need support across multiple systems

Seek opportunities to reward communities that are collaborating to make significant progress preventing and ending homelessness.

Review budget processes to determine avenues for recognizing savings across partners resulting from interventions to prevent and end homelessness.

Seek opportunities for engaging Congressional committees collaboratively on issues related to preventing and ending homelessness.

SIGNATURE INITIATIVE #1

Veterans

This initiative is designed to spur increased collaboration at a federal level and local level, for both government and community providers. Focused on Veterans in targeted communities, this initiative brings the federal government to the table alongside state and local government, Veteran services organizations, other community providers, and civic leaders. At the national level, USICH is facilitating collaborative efforts by the Departments of Veterans Affairs, Housing and Urban Development, Labor, and Health and Human Services to target resources and undertake joint efforts to prevent and eliminate Veterans homelessness.

By strategically aligning resources targeted to homeless Veterans, the housing with supportive services initiative brings together programs to increase their effectiveness that would otherwise operate separately. This initiative will not only help Veterans in initiative communities, it will also test models of local collaboration on behalf of Veterans, involving federal partners. It also presents an opportunity to look at cross-agency cost savings.

As part of the overall collaboration, Veterans Affairs, the American Bar Association, and Health and Human Services through its Office of Child Support Enforcement, have joined together to resolve child support issues for Veterans who are homeless or at risk of homelessness.

The partners are building a new level of interagency collaboration in order to target the most vulnerable Veterans experiencing chronic homelessness, rapidly connect them to housing

options, including HUD-VASH, ensuring that they get into housing, and identifying and providing needed supportive services.

This initiative could benefit from a strategic partnership with a business school to develop a multidisciplinary approach that brings together leaders from government—including the VA's National Center on Homelessness Among Veterans, civil society, and business—to help solve homelessness among Veterans and their families.

Edward served in the military from 1954-1964, stationed part of the time in Bermuda. He refueled B-52 bombers in the air. After the end of his second enlistment, Edward decided not to re-enlist, fearing an accident with his dangerous assignment. For over 20 years, Edward slept under a kitchen table in a shack on a small piece of land. The structure had no running water or heat and was not maintained. When he needed supplies, Edward would walk for hours to get to the closest town. In the winter of 2008, Veterans' services officers were alerted to his living conditions. Fearing he would freeze to death, they moved him into an apartment complex with supports for elders and his shack was condemned and razed. At age 77, Ed still walks miles and miles, but he has a safe place to call home and Veterans' services officers are in touch with him regularly.

Edward on the land where the shack he lived in for over 20 years was recently demolished.

Reprinted with permission of Greater Minnesota Housing Fund, "Portraits of Home II: Veterans in Search of Stable Housing." *Photographer: Cathy ten Broeke.*

OBJECTIVE 2

Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness

Logic

Preventing and ending homelessness will only be possible through coordinated efforts of strong public and private organizations. Across the country, capacity varies from community to community, especially as it relates to the ability to collaborate effectively, to design and implement programs based on knowledge about successful models and best practices, to evaluate program effectiveness and nimbly make changes where needed, and to target interventions to people for whom they are best suited. The federal government can lead by making best practices standard operating procedure as we adopt an increasingly evidence-driven approach. Strengthening the country's capacity to prevent and end homelessness will itself require effective collaborations within the federal government and between all levels of government, nonprofits, philanthropy, and the private sector.

Federal agencies currently invest extensively in technical assistance but it is generally not coordinated across programs. Furthermore, communities and providers may not be aware of how to access these resources.

Collection, analysis, and reporting of quality, timely data on homelessness is essential for targeting interventions, tracking results, strategic planning, and resource allocation. Currently, each federal program generally has distinct requirements. A common data standard and uniform performance measures across all federal programs that are targeted at homelessness would facilitate greater understanding and simplify local data management. Better tracking of a family's housing status when accessing mainstream programs would increase understanding about the role of these programs in preventing and ending homelessness. This is a state and local imperative as well. Data collection must be done safely to protect victims of sexual and domestic violence or others who could be harmed by tracking.

"We have learned that uniform outcome measurement for like-funded initiatives allows grantees, communities, and their funders to measure service interventions effectively and make necessary corrections that are required to target resources most appropriately."

National Human Services Data Consortium

Much research and evaluation has been and is being conducted on homelessness and strategies to prevent and end it. There is tremendous opportunity to better understand and apply what is being learned by coordinating and sharing research across federal agencies and with states and local communities. Research must be conducted to understand more about how to end homelessness for victims of domestic violence and sexual assault, unaccompanied youth, youth aging out of foster care, and other unique groups. Defining a federal research agenda focused on gaps in knowledge about preventing and ending homelessness could ensure that future investment and policies contribute to solutions.

Federal Leadership

Agriculture, Commerce, Education, Health and Human Services, Homeland Security, Housing and Urban Development, Interior, Justice, Labor, Veterans Affairs, Corporation for National and Community Service, Office of Management and Budget, Social Security Administration, and Office of Faith-based and Community Initiatives

Partners

State and Local Government, Researchers, Nonprofits, including Philanthropy, Homeless Crisis Response, Housing, and Service Agencies

STRATEGIES

Collaborate on and compile research to better understand best practices, the cost-effectiveness of various interventions, metrics to measure outcomes, and the gaps in research. Identify and fill gaps in the body of knowledge. Topics that should be considered include:

- Best practices to meet the needs of homeless youth
- How to target services to homeless Veterans and their families
- Characteristics of families most likely to succeed in different levels of intervention
- How to target homeless prevention resources
- Effectiveness of transitional housing programs
- Reasons for geographic concentration of homelessness
- Integration of effective HIV/AIDS prevention strategies through housing interventions
- The role housing stability plays in improving safety and other outcomes for victims of domestic violence
- The effectiveness of trauma-based services for individuals who have experienced sexual violence as children or adults

Coordinate federal technical assistance resources related to preventing and ending homelessness and provide information to states, tribes, and local communities on how to access the support they need.

Make information more readily available on best practices and strategies to finance them at scale related to:

- Homelessness prevention
- Housing First, rapid re-housing, and permanent supportive housing
- Mental health, substance abuse, and treatment for co-occurring conditions
- Integrated treatment of physical and behavioral health conditions
- Trauma-sensitive and trauma-informed services

Make information more readily available on working effectively with special populations, and the overlap between and among groups:

- Expectant families, infants, toddlers, children, and youth
- Cultural competency, including Native American, African American, Hispanic, and immigrant populations
- Gay, lesbian, bisexual, and transgender populations
- Veterans and their families
- Victims of domestic or family violence, physical and/or sexual abuse, trafficking, and violence
- People living with HIV/AIDS
- People who are or have been incarcerated

A survey of tribes in northern Minnesota found that 1,200 American Indians were homeless or near-homeless within six reservations. 63% of survey respondents were living in overcrowded housing, with an average of 1.5 residents per room.

(Wilder Research, 2007)

Attend to the unique needs of rural and tribal communities to respond to homelessness and develop effective strategies and programs that use best practices that contribute to housing stability and prevent and end homelessness on American Indian lands, in rural/frontier areas and urban centers.

Develop and maintain an inventory of federal emergency response programs to help communities identify what is being funded in their community with federal resources and which resources are available to them.

Continue to increase use of the Homeless Management Information System by local communities and encourage its use by additional programs targeted at homelessness. Develop standards that permit data inter-operability between data systems while protecting the confidentiality of all individuals.

Create a common data standard and uniform performance measures if feasible, especially related to housing stability, across all targeted and mainstream federal programs. This will facilitate data exchanges and comparisons between both targeted programs and mainstream systems in order to improve identification of people experiencing or at risk of homelessness. Encourage the dynamic use of state and local data warehouses.

Increase Access to Stable and Affordable Housing

OBJECTIVE 3

Provide affordable housing to people experiencing or most at risk of homelessness

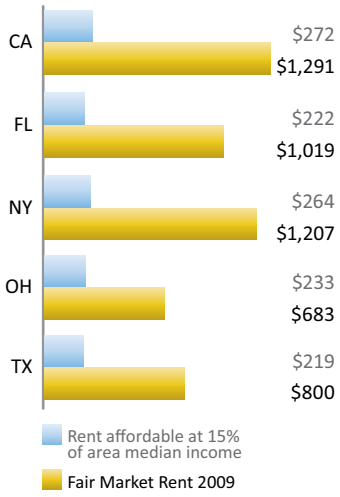
Logic

For most people, the threat of homelessness stems from the gap between their current income and the cost of housing. People are extremely poor at the time they become homeless. More affordable housing is needed for people with extremely low incomes who are most at risk of homelessness. Housing needs to be affordable to those households with the lowest incomes who are most at risk of homelessness. The households most vulnerable to homelessness are those with no income or those earning significantly less than 30 percent of Area Median Income. Housing is affordable if the cost is no more than 30 percent of the monthly household income.

The concentration of homelessness in some parts of the country means that the effort and focus to increase access to affordable housing must be proportional to local need.

Assessment and targeting mechanisms need to be used to distinguish between those who can resolve their homeless situation on their own or with mainstream supports, those who need targeted short-term assistance, and those who require long-term housing assistance. Factors include being extremely low income, paying more than 50 percent of income on rent, and precipitating events like domestic or sexual violence and illness. Available resources should also be targeted to the most vulnerable populations, including children and their families, unaccompanied youth, people with disabling conditions, and frail elders.

Figure
Gap Between Monthly Income and Housing Cost



"Affordable" rents represent the generally accepted standard of spending not more than 30% of gross income on gross housing costs.

Source: Wardrip, K., 2009

A January 2010 review of characteristics of U.S. rental housing found that from 2001 to 2007 the nation's affordable unassisted rental housing stock decreased by 6.3 percent, while the high-rent rental housing stock increased 94.3 percent. This translates into a loss of more than 1.2 million affordable unassisted rental units from 2001 to 2007.[50] Preserving existing affordable housing is of utmost importance.

Transportation needs of residents must be considered when providing affordable housing. Housing and Urban Development, Transportation, and Labor are working together, understanding that transportation is critical for connecting people in their homes to jobs, schools, health care, and child care.

Eliminating discrimination against individuals based on their status as victims of domestic violence is yet another crucial strategy in ending homelessness. The landmark housing provisions of the Violence Against Women Act of 2005 (VAWA) provide protections for victims of domestic violence, dating violence, and stalking from housing discrimination and access to the criminal justice system while maintaining their housing. VAWA allows public housing authorities to give housing priority to victims of domestic violence when their safety dictates and prohibits them from denying housing or evicting a tenant based solely on their status as a victim of domestic violence. Consistent and effective implementation of these provisions may help save lives and prevent homelessness.

Federal Leadership

Agriculture, Energy, Housing and Urban Development, Labor, Transportation, Veterans Affairs, General Services Administration, Office of Management and Budget, and Treasury

Partners

State Housing Finance Agencies, Local Housing Authorities, Private and Nonprofit Developers, and Nonprofit Service Providers

STRATEGIES

Support additional rental housing subsidies through federal, state, local, and private resources to individuals and families experiencing or most at risk of homelessness. The rent subsidies should be structured so that households pay no more than 30 percent of their income for housing.

Expand the supply of affordable rental homes where they are most needed through federal, state, and local efforts. To provide affordable housing to people experiencing or most at risk of homelessness, rental subsidies should better target households earning significantly less than 30 percent of the Area Median Income (about 50 percent of the Federal Poverty Guidelines) so that residents pay no more than 30 percent of their income for housing. The supply will need to include units that are accessible to persons with mobility needs.

- Work with state and local governments to expand rental assistance and low-cost capital for new construction and rehabilitation of housing for individuals and families experiencing or most at risk of homelessness
- Fund the National Housing Trust Fund

Low-cost capital is financing for housing development that carries no debt, has forgivable repayment terms, and/or has interest rates significantly below that of the private market; it often comes with greater flexibility in terms than private-sector financing.

- Encourage preferences in the awarding of Low Income Housing Tax Credits to increase investments for housing targeted to people experiencing or most at risk of homelessness
- Link developments to project-based vouchers and other subsidies

Improve access to federally-funded housing assistance by eliminating administrative barriers and encouraging prioritization of people experiencing or most at risk of homelessness.

- Includes implementation of the Violence Against Women Act housing anti-discrimination and eviction protection provisions

Increase service-enriched housing by co-locating or connecting services with affordable housing. This could be accomplished in a wide range of ways and will vary by community, neighborhood, and development. Examples include providing community space within new affordable housing to host an after-school homework room, retrofitting vacant office space in a public housing complex for use as an examination room for a community health nurse practitioner, providing onsite legal clinics for victims of domestic violence, or co-locating a community mental health service provider within an older adult affordable housing complex.

SIGNATURE INITIATIVE #2:

Families and Children

In a new initiative included in the President's FY2011 Budget, HUD and HHS would combine housing vouchers with funding from mainstream programs to serve homeless or at-risk families with children. HUD, HHS, and the Department of Education are working together to implement a housing and services program for 6,000 families who are homeless or at risk of homelessness. HUD will provide Section 8 Housing Choice Vouchers targeted to communities with high concentrations of families experiencing homelessness. Applicants will need to demonstrate how they are coordinating these vouchers with assistance and services administered by the states and available through the Temporary Assistance to Needy Families (TANF) program and other HHS-funded programs, including guidance on trauma-informed services and outreach to families through a network of emergency domestic violence shelters. The Department of Education will help identify families through its network of homeless liaisons. This initiative will also test and evaluate replicable models for creating collaborations for aligning federally-funded programs and funding at the local level to improve their effectiveness helping families experiencing or at high risk of homelessness. An improved evidence base will help guide future policy development.

OBJECTIVE 4

Provide permanent supportive housing to prevent and end chronic homelessness

Logic

Supportive Housing combines affordable, community-based, permanent housing linked to flexible, individualized supports and services. It is a proven, effective means of reintegrating individuals and families with chronic health challenges into the community by addressing their basic needs for housing and ongoing support.

The most successful intervention for ending chronic homelessness is permanent supportive housing, which couples permanent housing with supportive services that target the specific needs of an individual or family. There is a substantial body of literature that shows that supportive housing is successful for people with mental illness, chemical dependency, HIV/AIDS, and other often co-occurring conditions. Persons who have experienced chronic homelessness frequently have histories of trauma and violence as well as additional barriers to stable housing (e.g., criminal histories, no income, poor credit). Permanent supportive housing is designed to address these needs. Permanent supportive housing using Housing First is a proven solution that leads to improvements in health and well-being. Supportive housing also has been shown to be a cost-effective solution in communities across the country. It has been proven to be most cost-effective in places where it has been targeted to people with the most extensive needs.

Supportive housing can be provided through three primary strategies: 1) pairing a rent subsidy with dedicated services; 2) building new or rehabilitated units at a single site and providing a rental subsidy and on-site services; or 3) set-aside of units within an affordable housing community and providing a rental subsidy and on-site services. The biggest challenges to creating more permanent supportive housing are the need for rental subsidies and dedicated services funding. Developers are further challenged by the need to cobble together multiple funding sources to create a debt-free property since the projects do not generate adequate cash flow to pay a mortgage. Federal, state, and local sources for capital, operations, and services are not designed to work in an integrated fashion.

There is a serious shortage of permanent supportive housing across the country. This is due both to the shortage of financial resources, as well as local capacity to develop and operate supportive housing. Additionally, many developers confront local barriers related to zoning and community opposition. The concentration of chronic homelessness means that the effort and focus to increase access to supportive housing must be proportional to local need.

Federal Leadership

Health and Human Services, Housing and Urban Development, Justice, Labor, Veterans Affairs, General Services Administration, and Office of Management and Budget

Partners

State Housing Finance and Health and Human Services Agencies, Local Housing Authorities, Private and Nonprofit Developers, and Supportive Service Providers

The passage of Health Reform means that many people who experience or are most at risk of homelessness with no health coverage today will be eligible for Medicaid in 2014. Some supportive housing providers offer and are reimbursed for Medicaid-eligible services.

Connecting people to Medicaid, and linking supportive housing with Medicaid providers, will help fill the gap in critical services—even as we increase the supply of supportive housing. Improved access to health care services means improved health for this very ill subset of the overall homeless population.

STRATEGIES

Improve access to and use of supportive housing by encouraging prioritization and targeting for people who need this level of support to prevent or escape homelessness.

Create protocols and consider incentives to help people who have achieved stability in supportive housing—who no longer need and desire to live there—to move into affordable housing to free units for others who need it.

Expand the supply of permanent supportive housing, in partnership with state and local governments and the private sector.

- The following populations need permanent supportive housing:
  - **Individuals and families**—including Veterans and their families—experiencing chronic homelessness
  - **Vulnerable individuals**—including youth—experiencing homelessness who have disabling conditions and multiple barriers to housing stability
- The supply will need to include units that are accessible to persons with mobility needs.

Assess options for more coordinated, sustainable, dependable sources of supportive housing service funding. This should include consideration of incentives for local communities to develop supportive housing and how best to coordinate service funding with housing funding.

- Agencies within HHS will collaborate to review whether and how Medicaid, Temporary Assistance for Needy Families (TANF), and Substance Abuse and Mental Health Services Administration (SAMHSA) programs can be coordinated with housing resources to help people who have experienced homelessness, and will offer guidance to states, tribes, and local government on evidence-based practices to prevent and end homelessness.
  - HHS will offer guidance to states on ways to offer supportive housing services as part of state Medicaid and TANF programs.

SIGNATURE INITIATIVE #3

Chronic Homelessness

In a second initiative included in the President's FY2011 Budget, HUD and HHS would connect vouchers with health and social services provided through Medicaid and wraparound services funded through SAMHSA. This initiative will help 4,000 people experiencing chronic homelessness move off the streets and out of shelter. It will test and evaluate replicable models for using Medicaid to finance health care and related services for those in permanent supportive housing, and aligning federal service funding with federal housing vouchers. This will help inform future policy development at federal, state, and local levels.

Increase Economic Security

OBJECTIVE 5

Increase meaningful and sustainable employment for people experiencing or most at risk of homelessness

Logic

Unemployment, under-employment, and low wage employment are frequent causes of homelessness. The loss of a job leads to homelessness when tenants fall behind on their rent and homeowners fall behind on their mortgages—ultimately leading to eviction and foreclosure respectively. Millions of hard-working, responsible families are at risk of losing their homes as a result of job losses, reductions in working hours, or lower wages.

Only 13 percent of people entering HUD homeless assistance programs have income from employment at the time of admission.

(HUD 2009 APR)

President Obama's first priority in confronting the economic crisis is to put Americans back to work. By stimulating economic recovery, the Administration is helping America emerge as a stronger and more prosperous nation. The American Recovery and Reinvestment Act has spurred private sector job creation while making long-term investments in health care, education, energy, and infrastructure.

As the economy improves and Americans return to work, a drop in unemployment rates will reduce the number of people at risk of homelessness. An increase in job openings will also provide opportunities for people experiencing homelessness to find work and increase their income sufficiently to afford housing.

Programs designed to connect people to employment need to respond to the concurrent needs of people who have experienced homelessness instead of creating barriers to support. In addition to eliminating programmatic barriers, best practices need to be implemented across the country, and employment strategies need to be coordinated with housing and other interventions.

Federal Leadership

The White House, Agriculture, Education, Health and Human Services, Housing and Urban Development, Labor, Veterans Affairs, and Office of Management and Budget

Partners

Businesses, State and Local Government, Workforce Investment Boards, Community Colleges and Schools, Nonprofits including Philanthropy, Crisis Response, Housing, and Service Agencies

STRATEGIES

Collaborate with economic recovery and jobs programs to ensure that job development and training strategies focus attention on people who are experiencing or most at risk of homelessness.

Review federal program policies, procedures, and regulations to identify educational, administrative, or regulatory mechanisms that could be used to improve access to work support.

- Identify ways Workforce Investment Act and Temporary Assistance for Needy Families programs can help people who are experiencing or most at risk of homelessness, including people with multiple barriers to employment.

The Homeless Veterans Reintegration Program (HVRP) is a grant program administered by Labor to assist homeless Veterans in attaining skills training, job search assistance, placement, and other wrap-around services. The program recently launched an initiative targeted at the unique needs of homeless women Veterans.

Develop and disseminate best practices on helping people with histories of homelessness and barriers to employment enter the workforce, including strategies that take into consideration transportation, child care, child support, domestic violence, criminal justice history, disabling conditions, and age appropriateness.

Improve coordination and integration of employment programs with homelessness assistance programs, victim assistance programs, and housing and permanent supportive housing programs.

Increase opportunities for work and support recovery for Veterans with barriers to employment, especially Veterans returning from active duty, Veterans with disabilities, and Veterans in permanent supportive housing.

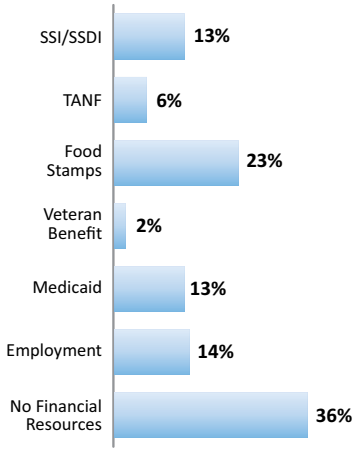
OBJECTIVE 6

Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness

Logic

People with limited financial resources are most at risk of homelessness. People with poor health and disabling conditions are more likely to become homeless. Medical events lead to personal bankruptcy and foreclosure, which can lead to homelessness. Homelessness in turn exacerbates poor health. Access to health and behavioral health care are predicated on access to health insurance.

Figure
Source of Income at Entry to Homeless Assistance Programs (Adults)
Source: HUD 2009 APR



Mainstream programs and services include both entitlements (with no cap on how many people can receive benefits if eligible) and other benefits (resources usually not sufficient to serve all eligible people). They also fall in three broad categories: health care, income support, and work support. Health care includes health care and behavioral health care provided through the HHS Health Resources and Services Administration (HRSA) and Substance Abuse and Mental Health Services Administration (SAMHSA), as well as health insurance programs such as Medicaid, Medicare, the Children's Health Insurance Program, and Veterans' health benefits. Income supports include Earned Income Tax Credits, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Programs (SNAP—formerly known as the Food Stamp Program), Veterans' disability benefits and pension, Supplemental Security Income and Social Security Disability Insurance (SSI/SSDI), and General Assistance (available in some states). Work supports are funded through a myriad of programs including Workforce Investment Boards, TANF, Job Corps, employment services targeted to Veterans, etc.

Child support is another area that impacts the incomes of people experiencing or at risk of homelessness. For single mothers, timely payment of child support can be the key to maintaining housing stability and preventing homelessness for themselves and their children. Low income fathers who are not able to make their child support payments may accrue large arrears that contribute to their ongoing financial instability and risk of homelessness.

Food assistance including SNAP; federally-funded school meals programs; Women, Infants and Children Program; and other federal nutrition programs can play a vital role in both sustaining people when they experience homelessness and by giving people added

Since 2006, Ohio has been helping residents, including people who are experiencing homelessness and most at risk of homelessness, access federal and state dollars to which they are entitled through a service called The Ohio Benefit Bank. To date, more than 100,000 Ohioans have claimed in excess of $200 million in tax credits and work-supported benefits through the program.

resources to buy food so that more of their discretionary spending can go to housing or other needs. SNAP has a benefit structure that gives extra help to people with high housing costs relative to their income.

While many people experiencing or most at risk of homelessness are eligible for these mainstream programs, surprisingly few people access the full range of programs and services available to them. Sometimes it requires obtaining lost identification materials, including birth certificates or state IDs. The processes to apply for mainstream services can be complex, fragmented and at times designed more to screen people out who are not eligible, instead of being focused on reaching out and expediting support for people who are. According to a recent report issued by HUD, the barriers fall into three broad categories—structure, capacity, and eligibility. It concluded that some communities are making significant progress in increasing access to mainstream programs by attacking these barriers in a systemic manner. Collaborative projects that combine applications, reach out to people at the places they frequent, and use technology to streamline the process have demonstrated effectiveness in increasing the number of people who access income and work supports.

The passage of Health Reform will increase access to insurance, which will in turn lead to increased access to care. The expansion of Medicaid to nearly all people living below 133 percent of the Federal Poverty Guideline (about $15,000 for a single individual) will occur in 2014 or sooner if states elect to expand coverage earlier.

Access to education is also a factor that can help decrease financial vulnerability and the likelihood of homelessness later in life. Federal education programs help improve access to education, such as the Education of Homeless Children and Youth program for K-12 education, Federal Financial Aid opportunities for higher education, and coordination efforts with other federal education programs under the Individuals with Disabilities Education Act, the Office of Vocational and Adult Education, and Title I program of the Elementary and Secondary Education Act. State and local education liaisons, under the Education of Homeless Children and Youth program, also promote coordination with other federal programs that prevent homelessness and support homeless individuals or families, such as through child welfare, housing, and health agencies.

Federal Leadership

Agriculture, Health and Human Services, Homeland Security, Housing and Urban Development, Labor, Veterans Affairs, Office of Management and Budget, and Social Security Administration

Partners

State Governments, Counties, Local Workforce Centers, Homeless Crisis Response, Housing and Service Agencies, and other Nonprofits

FY2010 Initiatives

SSA's Compassionate Allowance Initiative quickly identifies individuals who are clearly disabled by the nature of their condition. This and other fast track processes will benefit nearly a quarter million Americans each year.

SSA revised its policy to allow youth aging out of foster care to file for SSI 90 days prior to attaining age 18.

STRATEGIES

Document, disseminate, and promote the use of best practices in expedited access to income and work supports for people experiencing or at risk of homelessness. This includes improved outreach to homeless assistance providers and collaborations across government and with community nonprofits, online consolidated application processing, and electronic submission. Consider lessons learned from the SSI/SSDI Outreach, Access and Recovery Initiative (SOAR), and the Homeless Outreach and Projects and Evaluation Initiative (HOPE).

Review federal program policies, procedures, and regulations to identify administrative or regulatory mechanisms that could be used to remove barriers and improve access to income supports. Examples include:

- Work with key stakeholder groups to make progress toward recognizing the long-term effects of addiction and alcoholism as a disabling condition, and removing impediments for people with co-occurring disabling conditions to receive income support.
- Promote practices that make it easier for people to access proof of identification, including birth certificates and other forms of ID.

Enhance public information, targeted communications, and a national toll-free homeless call center to ensure that all Veterans and their families know they can obtain homelessness prevention assistance from the VA or other places in their community.

Create clear pathways to greater financial independence. Collaborate to review program eligibility and termination criteria across the range of programs which people experiencing or at risk of homelessness may access. Identify changes that should be made to create incentives for work, earning and retaining income while maintaining access to health coverage, housing assistance, child care, etc. until a household is earning enough through employment to be financially stable. Not long ago, a health concern could be devastating to individual and family financial security. Health Reform that was recently enacted will help individuals and families keep quality, affordable health insurance whether they lose their jobs, switch jobs, move, or get sick.

Prepare for Medicaid expansion to effectively enroll people who experience or are most at risk of experiencing homelessness. Health Reform will increase Medicaid eligibility for many more families and individuals experiencing homelessness by creating a more uniform minimum eligibility threshold and allowing adults without dependent children to enroll. This should include systems to reach out to, engage, and enroll newly eligible people in health care insurance benefits.

Improve Health and Stability

OBJECTIVE 7

Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of homelessness

Logic

There is strong evidence for housing integrated with health care as an effective and cost-saving intervention for homeless and unstably housed persons with serious health problems. These include people living with chronic disease and disabling conditions. The integration of housing with services is increasingly identified as a way to address complex health care needs that overlap vulnerabilities associated with race and gender, extreme poverty, HIV/AIDS, mental illness, chronic drug use, incarceration, and histories of exposure to trauma and violence, as well as homelessness.

There is a growing consensus among HIV/AIDS experts that housing interventions are among the most promising structural HIV prevention interventions. Preventing a new HIV infection in the U.S. saves over $300,000 in discounted lifetime medical costs, and substantially improves life expectancy.

(Purcell, D.W., 2009; Auerbach, 2009; Gupta, 2008; Schackman, B., 2006)

For example, housing status has been identified as a key structural factor affecting access to treatment and health behaviors among people living with HIV/AIDS. Research shows that housing assistance is associated over time with reduced HIV risk behaviors and improved health care outcomes, controlling for a wide range of individual characteristics (poverty, race/ethnicity, substance abuse, mental illness) and service use (primary care, case management, substance abuse, and mental health treatment) variables. Housing assistance coupled with health care has been shown to decrease overall public expense and make better use of limited public resources, such as use of emergency rooms and hospitals.

Health Reform will increase Medicaid eligibility for many more homeless individuals and families by creating a more uniform minimum eligibility threshold and allowing adults without dependent children to enroll.

Medical respite programs for persons without stable housing have been shown to be a cost-effective alternative to longer term hospitalization or rehabilitation centers and nursing homes. They result in improved health outcomes over directly discharging patients to the streets or shelters.

Integration of behavioral health care with physical health care is another promising practice for people with complex needs. This is particularly true for persons with serious mental illness, chronic alcoholism, and traumatic brain injuries.

The need for integrated services includes coordinating health care with social services like case management, linkage to emergency financial resources, budgeting and financial management, family services, as well as addressing legal needs. For example, homeless youth may need crisis counseling, family reunification services, rent assistance, and landlord intervention.

Homelessness has a particularly traumatizing effect on children. Children experiencing homelessness have poor health and often develop educational deficits as their schooling is disrupted by frequent moves, setting them on a path to underachievement in school, academic failure, and limited employment opportunities. Often prenatal, early childhood development and other programs focused on children and youth are not readily available to families experiencing homelessness, nor are they set up to handle these

special needs. Increased access needs to be paired with expectations that federally-funded programs will effectively meet the developmental needs of children who have experienced homelessness. There is tremendous opportunity to integrate health care with housing and educational services.

Federal Leadership

Health and Human Services, Housing and Urban Development, and Veterans Affairs

Partners

State Health and Human Services Agencies, Counties, Homeless Crisis Response, Housing and Service Agencies, and Health Care Providers

STRATEGIES

Encourage partnerships between housing providers and health and behavioral health care providers to co-locate or coordinate health, behavioral health, safety, and wellness services with housing and create better resources for providers to connect patients to housing resources.

Build upon successful service delivery models to provide services in the homes of people who have experienced homelessness, including Medicaid-funded Assertive Community Treatment Teams for those with behavioral health needs.

Seek opportunities to establish and evaluate the effectiveness of a "medical home" model to provide integrated care for medical and behavioral health, and to improve health and reduce health care costs in communities with the largest number of people experiencing homelessness.

Seek opportunities to establish medical respite programs in communities with the largest number of people experiencing homelessness to allow hospitals to discharge people experiencing homelessness with complex health needs to medical respite programs that will help them transition to supportive housing.

Increase availability of behavioral health services, including community mental health centers, to people experiencing or at risk of homelessness.

Improve access to child and family services that improve early child development, educational stability, youth development, and quality of life for families—including expectant families, children, and youth experiencing or most at risk of homelessness.

OBJECTIVE 8

Advance health and housing stability for youth aging out of systems such as foster care and juvenile justice

Logic

Every year, 30,000 youth age out of foster care, and 20,000–25,000 age out of the juvenile justice system.[51] Most have limited options for housing, income, and family or other social support. Many have witnessed domestic violence, been physically or sexually abused, and have serious emotional and psychological problems. Consequently, they are at extremely high risk for homelessness and are vulnerable to exploitation. Currently, there are limited housing, service, and employment readiness resources assisting this population.

Federal Leadership

Education, Health and Human Services, Housing and Urban Development, Justice, and Veterans Affairs

Partners

States Health and Human Services Agencies, Counties, Cities, and Homeless Crisis Response, Housing and Service Agencies

STRATEGIES

Improve discharge planning from foster care and juvenile justice to connect youth to education (including plans to complete secondary education, if necessary, as well as to access higher education), housing, health and behavioral health support, income supports, and health coverage prior to discharge.

Review federal program policies, procedures, and regulations to identify administrative or regulatory mechanisms that could be used to remove barriers and improve access to stable health care, housing, and housing supports for youth.

Promote targeted outreach strategies to identify youth experiencing homelessness who are most likely to end up in an emergency room, hospital, jail, or prison, and connect them to the housing and support they need.

Sharayna Warmsley

"In all of my time suffering abuse and living on the streets, I felt like there wasn't a single adult who cared about me.

"After being able to join advocacy groups and having opportunities to share my experiences and ideas about homelessness with government officials, I have felt literally overwhelmed. I now see that a whole mass of adults in my community and my government are working to help youth like me, and that there are adults who really care. I'm now motivated more than ever to let other youth know, but I also want to stay involved and see results come from this Plan."

Used with permission of COHHIO

SIGNATURE INITIATIVE #4

Youth

To address the needs of youth who are at extreme risk of becoming homeless, USICH will collaborate with the Interagency Working Group on Youth Programs (Working Group) to provide technical assistance to youth-serving organizations and partnerships that work with youth in transition, such as those aging out of foster care and the juvenile justice systems. The Working Group is comprised of 12 federal departments and agencies that support programs and services that focus on youth. The Working Group's activities include promoting enhanced collaboration, disseminating information about critical resources, producing a federal website, and developing an overarching strategic plan for federal youth policy.

Specifically, USICH and the Working Group will jointly establish content for the federal interagency website on youth, **www.FindYouthInfo.gov**, which will be utilized to provide technical assistance and other information about youth homelessness, the needs of youth at risk of homelessness, and federal resources available to support youth who are homeless or at risk of becoming homeless. The Solutions Desk, **www.solutionsdesk.ou.edu**, another project of the Working Group, will incorporate best practices for homelessness prevention, rapid re-housing, and the provision of services for youth who are currently homeless.

Looking forward, USICH, with input from the Working Group, will draft a framework for a pilot program to specifically address the housing and service needs of youth in transition to prevent homelessness that could be proposed in coming fiscal years.

OBJECTIVE 9

Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice

Logic

People with serious mental illness who are homeless are often incarcerated when they cannot get the care and treatment they need. People with mental illness experiencing homelessness also frequently end up in the emergency room and hospitalized. These are expensive interventions that do not improve long-term prospects for people with mental illness who have no place to live. Effective targeted outreach, discharge planning, and specialized courts are proven to help keep people out of emergency rooms, hospitals, and jails and to connect people to housing, support, or for those who need it, supportive housing.

"Criminally punishing people for living in public when they have no alternative violates human rights norms, wastes precious resources, and ultimately does not work."

Maria Foscarinis
National Law Center on Homelessness and Poverty

Program initiatives at the Departments of Justice, VA, Health and Human Services, and Labor are supporting and evaluating promising practices for facilitating successful community reintegration for people returning from jails, prisons, and juvenile justice facilities. New programs authorized by the Second Chance Act are supporting state and local re-entry demonstration projects around the country. These programs and other effective re-entry initiatives help to prevent and end homelessness.

People living on the streets, in cars, or staying in emergency shelters are often ticketed or arrested for activities that may be necessary for survival on the streets. As a result, they end up with a long list of violations that can become a barrier to employment or secur-

ing an apartment. Local communities have adopted a range of ordinances in response to citizen and business concerns about panhandling, loitering, and camping on public land. Criminalizing acts of survival is not a solution to homelessness and results in unnecessary public costs for police, courts, and jails. Development of alternative approaches should meet both the public's need for access to public streets, parks, and recreation areas and the ability of people experiencing homelessness to meet basic needs.

Federal Leadership

Defense, Health and Human Services, Housing and Urban Development, Justice, Labor, Veterans Affairs, and Office of Management and Budget

Partners

States Health and Human Services Agencies, Counties, Cities, Homeless Crisis Response, Housing and Service Agencies

STRATEGIES

Improve discharge planning from hospitals, VA medical centers, psychiatric facilities, jails, and prisons to connect people to housing, health and behavioral health support, income and work supports, and health coverage prior to discharge.

Promote targeted outreach strategies to identify people experiencing homelessness who are most likely to end up in an emergency room, hospital, jail, or prison, and connect them to the housing and support they need.

Increase the number of jail diversion courts at the state and local levels that are linked to housing and support including those specifically for Veterans, those experiencing homelessness, or people with mental health issues or drug abuse problems.

Reduce criminalization of homelessness by defining constructive approaches to street homelessness and considering incentives to urge cities to adopt these practices.

Retool the Homeless Crisis Response System

OBJECTIVE 10

Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing

Logic

HUD defines a Continuum of Care as "a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. The four necessary parts of a continuum are: 1) Outreach, intake, and assessment in order to identify service and housing needs and provide a link to the appropriate level of both; 2) Emergency shelter to provide an immediate and safe alternative to sleeping on the streets; 3) Transitional housing with supportive services to allow for the development of skills that will be needed once permanently housed; and 4) Permanent housing and permanent supportive housing to provide individuals and families with an affordable place to live with services if needed."[52]

In many communities across the country, this is a linear model where people experiencing homelessness are expected to progress through the four levels of care. This linear progression includes requirements to be admitted to the next level. For example, sobriety is often required to be admitted to shelter and treatment compliance is expected for admission to transitional housing.

In the last decade, many communities have adopted a Housing First approach that focuses on preventing homelessness and rapidly returning people who become homeless to housing. In some communities, these practices are adopted at a program level but have not changed the overall community system of care. In a growing number of communities, the framework is being adopted to create a system of care. Despite the documented success of the new model over the traditional continuum of care model, implementation varies markedly in each community. The creation of the temporary Homelessness Prevention and Rapid Re-Housing Program (HPRP) at HUD through the American Recovery and Reinvestment Act gave communities resources to begin retooling their homeless crisis response systems. The HEARTH Act contains many provisions that local communities can use to support the evolution of their system of care to these successful models.

"The primary purpose of a prevention and rapid re-housing system is that it places the housing end-game squarely at the center of the purpose of our homelessness assistance system….But success will also require a new multi-agency commitment."

Dennis Culhane
University of Pennsylvania

Temporary residential programs (shelters, transitional housing, VA grant and per diem programs, VA domiciliary, adult rehab centers, etc.) are an integral part of the crisis response system. They must be efficient and effective in helping people experiencing homelessness successfully and quickly achieve the outcome of long-term housing. Strong collaboration with mainstream programs and services as well as programming to create a pathway to permanent housing is critical. These temporary residential programs also need to be readily accessible to unaccompanied youth and families of all configurations and reduce barriers to admission. For example, in some communities families are separated when they have a teenage boy or are a two-parent family. Many institutions lack cultural competence to address the needs of non-English speaking clients as well as unaccompanied gay, lesbian, bisexual, or transgender youth, with the latter reporting that identity-based discrimination and violence often deters them from accessing programs. In some places, there are no accessible shelters or transitional housing programs.

HPRP is allowing communities to create or expand Rapid Re-Housing efforts, transforming how they respond to family homelessness. With new HPRP and other Recovery Act funds, The Road Home in Salt Lake City, Utah, for example, is offering Rapid Re-Housing to many of the families experiencing homelessness in their community. The program, which saw a sharp increase in family homelessness throughout the recession, helped 200 families rapidly return to housing in the first six months of operation. The expansion of Rapid Re-Housing has allowed the program to meet the increased demand for assistance without expanding their shelter capacity or turning families away. By connecting families quickly with income and employment support provided by the local TANF agency, the program is also helping to shore up the supports the families will require after they are housed.

(NAEH, 2010)

Some programs only work with people who have achieved sobriety, receive treatment for mental illness, and who comply with a set of service requirements.

Street outreach programs provide crisis response services to youth and adults who are staying on the streets, in abandoned buildings, and other places not intended for human habitation. In some communities, outreach providers have developed collaborative approaches that identify the most vulnerable people to engage and connect them to housing. These approaches have made significant reductions in street homelessness when tied to an increase in supportive housing capacity.

Transitional housing represents a significant part of the crisis response portfolio, including transitional housing targeted at Veterans, victims of domestic violence, and youth. Some communities are retooling this resource to include models that allow people to transition in place, that is, to move into permanent housing and have transitional supports that end when someone has connected to mainstream community supports.

Children experiencing homelessness are often identified through the schools. The Department of Education school liaisons are able to coordinate specialized services, including transportation, to help children be more successful in the school setting. They also can be an important link to other community services that help the family achieve housing stability. Stronger collaboration with other mainstream and homeless crisis response services would be beneficial to children and their families.

Federal Leadership

Agriculture, Health and Human Services, Homeland Security, Housing and Urban Development, Justice, Labor, Veterans Affairs, and Office of Faith-based and Community Initiatives

Partners

States, Counties, Cities, Communities of Faith, Health and Human Services Agencies, School Districts, and Homeless Crisis Response, Housing and Service Agencies

STRATEGIES

Develop and promote best practices for crisis response programs and increase their adoption by agencies receiving federal funds. This may include:

- Promote collaborative street outreach efforts that help people living on the streets directly access housing
- Promote collaborative outreach and prevention strategies that target areas with high eviction rates
- Improve access to crisis programs by simplifying entry requirements that promote low barriers to entry
- Encourage existing temporary residential programs to transform or set aside beds that would support a safe haven model
- Encourage communities to transform transitional housing programs to permanent supportive housing or transition-in-place models where appropriate

- Address barriers to successful re-housing, such as fear of violence and criminal justice history
- Promote collaboration between local school districts and crisis programs
- Ensure accessibility for people with disabilities

Determine opportunities to utilize mainstream resources to provide housing stabilization assistance to clients who are homeless or at high risk of homelessness.

Develop implementation strategies for the HEARTH Act—especially the new Emergency Solutions Grant—that sustain best practices learned from the Homelessness Prevention and Rapid Re-Housing Program and the Rapid Re-Housing Demonstration.

Ensure continuity in the provision of homeless prevention and rapid re-housing services to families, youth, and individuals—including Veterans and their families—through HUD's Homelessness Prevention and Rapid Re-Housing Program.

Ensure that homelessness prevention and rapid re-housing strategies are coordinated with Education for Homeless Children and Youth, and incorporated within federal place-based strategies to improve neighborhoods and schools, including Promise Neighborhoods and Choice Neighborhoods.

The Steps: Framework for Action

Accountability and transparency are two of the Administration's priorities in developing good government practices. This section describes the impact that this Plan aspires to achieve in preventing and ending homelessness. The Council will use measurement tools and provide the public with reports that monitor the progress toward the goals of the Plan and the contributions of the 19 USICH agencies. This section also summarizes federal initiatives under way that align with the Plan.

The Council has set targets to which the country should aspire. By setting bold targets, the Plan will catalyze efforts to prevent and end homelessness in America. The Plan calls for an alignment of federal, state, local, and private resources with four key goals:

- Finish the job of ending chronic homelessness in five years
- Prevent and end homelessness among Veterans in five years
- Prevent and end homelessness for families, youth, and children in ten years
- Set a path to ending all types of homelessness

The Council believes it is important to set goals, even if aspirational, for true progress to be made. Working together, we can harness public and private resources—consistent with principles of fiscal discipline—to finish the effort started by mayors, governors, legislatures, nonprofits, faith-based and community organizations, and business leaders across our country to end homelessness. The Federal Strategic Plan provides a clear path to get there.

Impact

Reductions in the number of Americans experiencing homelessness are the ultimate measure of this Plan's success. "Ending homelessness" requires improved systems and programs at all levels. This Plan calls for a fundamental shift in how the federal government and communities across the country respond to homelessness. To prevent and end homelessness, targeted programs must be fully integrated with mainstream programs that provide housing, health, education, and human services. This Plan urges agencies that operate relevant mainstream programs to consider the role of housing stability for people experiencing or at risk of homelessness. If someone does experience homelessness, well-orchestrated systems should be in place to rapidly return him or her to housing. People experiencing homelessness should have access to affordable housing, access to treatment, and the vocational support they need to remain in housing.

Achieving targeted reductions in homelessness requires a collective effort focused on solutions. This Plan is a call for collective action. No level of government can or should do this alone. Success will require the collaboration and organization of federal, state, tribal, and local governments to execute these strategies effectively. Implementation requires leadership at all levels and partnerships between the public and the private sector, building on effective partnerships where they exist, and forging new partnerships where they are needed.

Context

The Plan addresses each facet of policy that is related to homelessness with an intergovernmental approach. The Plan adopts a comprehensive approach in its goals and strategies in relation to the multiple variables involved in causing homelessness, which vary by population and geography. However, the convergence of economic, political, and policy factors that are out of the Council's purview can significantly impact the roadmap presented in this Plan. The decline and rise in homelessness will vary as the result of actions that are more within our collective control, as well as factors well beyond our control. For example, homelessness among families had been increasing due to foreclosures and the recession, but may now be on a slight downward trend, possibly related to more positive economic indicators.

In 2010, we find ourselves at a critical economic moment. The recession has given rise to the number of individuals and families who have fallen victim to homelessness. Global economic uncertainties are intertwined with shrinking local and state budgets. Officials are faced with the daily challenge of revenue shortfalls that affect the provision of services to prevent and end homelessness. Everyone is affected in one way or another because of the economy.

We are at a critical policy moment. We have reasons to believe that the alignment of programs across agencies can 'move the needle' toward reductions in homelessness. Policy makers at the federal, state, tribal, and local levels make policy decisions that can alter the impact of strategies set forth in this Plan. The Recovery Act's Homelessness Prevention and Rapid Re-Housing Program has, in short order, fundamentally changed the way communities provide services to people who are homeless or at risk of becoming homeless, thereby slowing the increase of homelessness among families. The passage of Health Reform will dramatically bolster our efforts to prevent and end homelessness in ways that are difficult to quantify. Health Reform will provide new service portals and more sophisticated methods of targeting uninsured individuals with chronic illness as well as children, youth, and adults experiencing homelessness. The most significant impact of Health Reform for people experiencing homelessness will come in 2014, when more adults—including those without dependent children—will be able to enroll in Medicaid, boosting other efforts to push us closer to these ambitious goals.

We are also at a critical political moment in our efforts to end homelessness. Momentum at the local level is extraordinary and growing. During the development of the Plan, we heard a clarion call from all stakeholders for further federal leadership and partnership. Bi-partisan support in Congress for ending homelessness is stronger than ever. Republicans and Democrats have collaborated for years to reduce homelessness. It is due to this bi-partisan work that the HEARTH Act was passed in May 2009. In 2002, efforts were begun to end chronic homelessness in 10 years and a great deal of progress has been made. Now is the time to end homelessness across all populations including families, youth, children, and Veterans.

Measures

Three population-specific measures will mark progress toward the first three goals of the Plan:

- Annual changes in the number of individuals experiencing chronic homelessness
- Annual changes in the number of Veterans experiencing homelessness
- Annual changes in the number of families with children experiencing homelessness

As a top line measure for the Plan, USICH will use the HUD Annual Homeless Assessment Report to Congress (AHAR) point-in-time measures. The HUD AHAR data is the most consistent and reliable national measure of homelessness covering all three population groups, thereby providing direct comparisons. The point-in-time count shows how many people experience homelessness, including people who are unsheltered and those who are served in emergency shelter and transitional housing. The HUD annualized counts of homelessness do not include unsheltered persons. The HUD AHAR measures are not inclusive of all people experiencing homelessness served by other federal targeted programs. A reduction in the sheltered and unsheltered population will likely signify reductions in homelessness overall. A discussion of these data sets and definitions can be found in the "Sources of Data" section on page 11.

USICH is committed to monitoring multiple measures of people experiencing homelessness including Department of Education data on homeless school-age children and data from the VA on homeless Veterans. Broader economic indicators around poverty and the gap between housing costs, incomes, and available affordable housing will be tracked in order to understand the larger societal and economic factors that will impact rates of homelessness.

Implementation will include consideration of measures of performance across many of the Plan's strategies. This will be critical for determining the Plan's effectiveness. At this stage, existing measurement tools are available for two critical strategies:

- Increase in the number of permanent supportive housing units
- Increase in employment and participation in mainstream assistance programs among those exiting homeless assistance programs

HUD collects data on the number of permanent supportive housing units in the U.S. through its Homeless Assistance Grants Continuum of Care process. This includes a report from each community on permanent supportive housing projects and units. This information allows HUD to track the number of new permanent supportive housing units that come online each year, as well as to track new units that are "in the pipeline," that is, currently under development. The data collected is increasingly reliable, allowing for a measure of new units.

There is no national data set that records access to employment or to mainstream assistance programs for all people experiencing homelessness. HUD operates the largest federal programs targeted at homelessness. Its grantees submit Annual Progress Reports. HUD has information on the percentage of people who are employed or with specific income supports entering and exiting programs funded through its Homeless Assistance Grants. This cohort is a subset of everyone experiencing homelessness who is being helped by targeted and mainstream interventions. It is a good measure to monitor progress on employment and access to assistance for people who have experienced homelessness.

In addition to employment rates, USICH will monitor participation in four major federal assistance programs: Medicaid, Supplemental Nutrition Assistance Program, Supplemental Security Income and Social Security Disability Insurance, and Temporary Assistance for Needy Families. The measure will be the percentage of people exiting these HUD programs with each type of assistance or with income from employment. This is a measure at the time a person exits a program, not the level of employment or access to assistance while being served by these programs. This is the best available national measure related to homelessness and access to assistance.

With passage of landmark Health Reform, access to Medicaid increases significantly, and most people experiencing homelessness will become eligible beginning in 2014.

Implementation

This Plan articulates the objectives and strategies needed to make significant progress in preventing and ending homelessness during the period that began with the current federal fiscal year, FY2010, through FY2014. Activities undertaken by the Administration and activities proposed in the Administration's FY2011 Budget are included in the Plan. Some strategies will be quickly executed while others may require more significant policy work, thus necessitating more time before implementation begins and results are realized. The impact of some Plan activities, including the implementation of Health Reform, will take several years to yield measurable results.

USICH will provide federal leadership to realize the goals of the Plan. The table on the following page summarizes the involvement of Council Agencies in the Plan's ten objectives. State, tribal, and local governments, as well as the private sector, have a major role to play if we are to achieve all objectives.

The objectives and strategies all require improved collaboration—within and across the different levels of government, and between the private and public sectors—to make both targeted and mainstream programs across disciplines work more effectively and efficiently for people experiencing or most at risk of homelessness (a table of FY2010 targeted federal programs can be found on page 57).

The federal government is committed to helping states and local communities identify the most promising practices, support replication of demonstration efforts to confirm their promise if needed, and promote knowledge and adoption of proven practices.

USICH MEMBER INVOLVEMENT IN PLAN

OBJECTIVES	1	2	3	4	5	6	7	8	9	10
USICH MEMBERS	**Promote Collaborative Leadership**	**Strengthen Capacity and Knowledge**	**Provide Affordable Housing**	**Provide Permanent Supportive Housing**	**Increase Employment**	**Reduce Financial Vulnerability**	**Integrate Health Care with Housing**	**Advance Health and Housing Stability for Youth**	**Advance Health and Housing Stability for Adults**	**Transform Crisis Response Systems**
Department of Agriculture	•	•	•		•	•				•
Department of Commerce	•	•								
Department of Defense	•								•	
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Department of Energy	•		•							
Department of Health and Human Services	•	•		•	•	•	•	•	•	•
Department of Homeland Security	•	•				•				•
Dept. of Housing and Urban Development	•	•	•	•	•	•	•	•	•	•
Department of Interior	•	•								
Department of Justice	•	•		•				•	•	•
Department of Labor	•	•	•	•	•	•			•	•
Department of Transportation	•		•							
Department of Veterans Affairs	•	•	•	•	•	•	•	•	•	•
Corp. for National and Community Service	•	•								
General Services Administration	•		•	•						
Office of Management and Budget	•	•	•	•	•	•			•	
Social Security Administration	•	•				•		•		
U.S. Postal Service	•									
White House Office of Faith-based and Community Initiatives	•	•								•

TARGETED HOMELESS PROGRAMS IN FY2010	
EDUCATION	Education for Homeless Children and Youth Grants for State and Local Activities
GSA with HHS and HUD	Federal Surplus Real Property Program
HEALTH AND HUMAN SERVICES	Grants for the Benefit of Homeless Individuals (Treatment for Homeless Program) Health Care for the Homeless Program Programs for Runaway and Homeless Youth Projects for Assistance in Transition from Homelessness Services in Supportive Housing Grants
HOMELAND SECURITY	Emergency Food and Shelter Program
HOUSING AND URBAN DEVELOPMENT	Emergency Shelter Grant Homelessness Prevention and Rapid Re-Housing Program HUD-Veterans Affairs Supportive Housing (HUD-VASH) Section 8 Single Room Occupancy for Individuals Shelter Plus Care Supportive Housing Program
JUSTICE	Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking Program
LABOR	Homeless Veterans Reintegration Program
VETERANS AFFAIRS	Domiciliary Care for Homeless Veterans Program Grant and Per Diem Program Health Care for Homeless Veterans Program Homeless Veterans Dental Program HUD-VASH Supportive Services for Low-Income Veterans and Families Veteran Justice Outreach Initiative

Cross-cutting Initiatives

The following list is illustrative, but not comprehensive, of activities under way or proposed for FY2011 that will help prevent, reduce, and end homelessness.

The Affordable Care Act will further the Plan's goals by helping numerous families and individuals experiencing homelessness to get the health care they need. Medicaid will be expanded to nearly all individuals under the age of 65 with incomes up to 133 percent of the federal poverty level (currently about $15,000 for a single individual). This significant expansion will allow more adults, including those without dependent children, to enroll in Medicaid in 2014 or before. In addition, Health Reform will support demonstrations to improve the ability of psychiatric facilities to provide emergency services. It will also expand the availability of medical homes for individuals with chronic conditions, including severe and persistent mental illness. Expansion of Community Health Centers is another significant change that will serve many vulnerable populations, including those who are homeless or at risk of being homeless.

The American Recovery and Reinvestment Act of 2009 provided funding for many programs that are helping people experiencing or at risk of homelessness.

- The new Homelessness Prevention and Rapid Re-Housing Program provides financial and other assistance to prevent individuals and families from becoming homeless and help those who are experiencing homelessness to be quickly re-housed and stabilized.
- Investments are being made through the Department of Energy's Weatherization Program to improve the energy efficiency of single- and multi-family residences and to reduce the utility costs of lower income families.
- Funds have been made available through the Emergency Food and Shelter Program to respond to increases in emergency services and homeless assistance by maintaining food, shelter, rent, mortgage, and utility assistance programs for people with non-disaster-related emergencies.
- The McKinney-Vento Education for Homeless Children and Youth program received additional resources to assist states and local educational agencies in addressing the educational and related needs of homeless children and youth, alongside investments in child care and Head Start.
- An increase to the Federal Medical Assistance Percentage has been an effective way to help states maintain their Medicaid programs during a period of high enrollment growth and reduced state revenue.
- The Recovery Act also provides immediate and ongoing state fiscal relief, as well as investments in health care for Veterans and people in the military, in Community Health Centers, and on Indian Reservations.
- The Recovery Act increased funding for the Department of Justice Transitional Housing Program for victims of domestic violence, dating violence, sexual assault, and stalking.
- In addition, there have been extensions of unemployment benefits and increases in food support, job training, and temporary TANF investments.

The Administration's FY2011 Budget includes an 11.5 percent increase for targeted homeless programs. This includes significant increases for Veterans and for HUD homeless assistance programs, as well as for targeted programs in other agencies.

The Budget includes two initiatives that would promote further collaboration among federal agencies to align resources to reduce homelessness. In one, HHS and HUD would combine 4,000 Housing Choice Vouchers administered by local public housing agencies with health, behavioral health, and wrap-around services to move and maintain individuals experiencing chronic homelessness with mental health and substance use disorders into permanent supportive housing. Another collaboration among HHS, HUD, and Education would make 6,000 vouchers available for families experiencing homelessness along with other supports these families will need to stabilize their housing situation, improve personal safety, foster healthy child development and education, and prepare for, find, and retain employment.

This Administration is modeling collaboration in several initiatives related to preventing and ending homelessness.

- HUD and the VA are working together to implement FY2008, FY2009, and FY2010 appropriations for 30,000 HUD-Veterans Affairs Supportive Housing (VASH) vouchers for Veterans who are homeless. HUD-VASH provides a critical resource that combines housing, health care, and services to support Veterans and their families in housing, recovery, and employment. By the end of FY2010, HUD, VA, and the Department of Labor will also be implementing a $15 million, five-site demonstration project focused on prevention services. The pilot will target at-risk Veterans and their families connecting them to mainstream supportive services and fiscal resources to assist them in sustaining housing, treatment, and vocational rehabilitation services.
- In FY2010, the Secretaries of HHS and HUD initiated a collaboration to better integrate the nation's housing, health, and human services delivery systems. The goal of the collaboration is to identify concrete opportunities in three related areas: homelessness, community living, and livable homes and communities. In addition, the collaboration is also working on increasing access to mainstream programs for those who are homeless or at risk of becoming homeless and partnering with the Department of Education to improve supports for youth and children experiencing homelessness.

The Edward M. Kennedy Serve America Act created three new programs at the Corporation for National and Community Service. The Volunteer Generation Fund, the Nonprofit Capacity Building Program, and the Learn and Serve America Youth Engagement Zone are designed to increase the number of people who serve in meaningful roles as volunteers and increase the capacity of smaller nonprofits dedicated to addressing important needs in communities across America. This may result in an increase in the number of people volunteering in organizations that play a part in preventing and ending homelessness, and may help to build the capacity of nonprofits in this field.

Other Key Initiatives

What follows is a review of the efforts under way or under consideration over and above the cross-cutting initiatives described above. This summary is organized by the themes of the Plan objectives.

In order to increase leadership, collaboration, and civic engagement, the Plan focuses on providing and promoting collaborative leadership at all levels of government and across all sectors and strengthening the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness. The historic levels of federal collaboration involved in developing this Plan along with commitments to work collaboratively in its implementation have set the stage for federal leadership and partnership to realize these ambitious goals. Each state and each community must determine its next steps to improve collaboration.

This Plan was also informed by best practices and serves as a roadmap not just for the federal government, but for local communities to employ best practices in preventing and ending homelessness. While there is much work to be done educating the public, improving collaborative efforts, translating research into actionable best practices, and refining best practices for special populations, there is much from which to build.

In order to increase access to stable and affordable housing, the Plan's objectives focus on providing affordable housing and permanent supportive housing. Several specific federal efforts are under way through the Recovery Act or are proposed in the President's FY2011 Budget:

- Housing Choice Voucher funding to help more than two million extremely low- to low-income families with rental assistance.
- Funding for the Project-Based Rental Assistance program to preserve over one million affordable rental units to help extremely low- to low-income households.
- Additional Neighborhood Stabilization Program funding.
- The 2005 Base Realignment and Closure process offers an opportunity for affected communities to plan for the reuse of former Department of Defense military installations, and in doing so accommodate the needs of those experiencing homelessness. The Department of Housing and Urban Development reviews community plans to assure the planning process and ultimate decisions are done in accordance with the requirements of the Base Community Redevelopment and Homeless Assistance Act of 1994. Former military installations can be a source of real property to be used to provide homeless assistance.

Significant work is needed to make affordable housing available to everyone who most needs it, including changes to mainstream programs that would increase access for people experiencing homelessness. HUD is assessing how its mainstream programs can better prevent and end homelessness.

Over the last decade, work focused on chronic homelessness has led to a pipeline of supportive housing projects and funding to develop additional units. The HEARTH Act expands the definition of chronic homelessness to include families with children. This will support the Plan's call for supportive housing for families as well as single adults who need it most.

In order to increase economic security, the Plan's objectives focus on increasing meaningful and sustainable employment and improving access to mainstream programs and services to reduce people's financial vulnerability to homelessness. This is an area where improvements in the economy as a whole will help people experiencing homelessness find jobs, and help others avoid homelessness. Specific federal initiatives that are underway include:

- Planning for a successful expansion of Medicaid under Health Reform.
- The Compassionate Allowances Initiative allows SSA to quickly identify individuals who are clearly disabled by the nature of their disease or condition.
- The Departments of Health and Human Services and Veterans Affairs are working with the American Bar Association to address child support issues of homeless Veterans that impede housing, employment, credit restoration, and family reengagement.
- The Department of Labor is implementing a special Homeless Women Veterans Reintegration Program Pilot to provide employment services to women Veterans experiencing homelessness.
- The Department of Education is implementing a simplified Free Application for Federal Student Aid to assist students who are homeless or in foster care apply for financial assistance for college.

In order to improve health and stability, the Plan's objectives focus on integrating primary and behavioral health care services with homeless assistance programs and housing, advancing health and housing stability for youth aging out of systems such as foster care and juvenile justice along with people who have frequent contact with hospitals and criminal justice. There are several new initiatives and proposals on the federal front, over and above the significant impact of Health Reform discussed above:

- The President's FY2011 Budget expands substance abuse prevention and treatment services, treatment capacity at drug courts, and invests in re-entry programs, all part of funding for the Departments of Health and Human Services and Justice to reduce the nation's demand for drugs.
- The President's FY2011 Budget provides critical support for young children and their families by building on historic increases provided in the Recovery Act, including Head Start, Early Head Start, and the Child Care and Development Fund.
- In January 2010, the Social Security Administration revised its policy to allow youth aging out of foster care to file for Supplemental Security Income 90 days before turning 18. Prior to this policy change, youth aging out of foster care could only file 30 days prior to their 18th birthday.
- The Department of Veterans Affairs has expanded its substance abuse and mental health staff to provide more community-based services to Veterans experiencing or at risk of homelessness.
- Additionally, the VA has added staffing to coordinate with Veterans who have been incarcerated to transition back into society and have added staff to work with court diversion programs to see that Veterans get their health care needs addressed to prevent future incarceration.
- The Department of Labor in conjunction with the VA is implementing a program to assist incarcerated or formerly incarcerated Veterans who are at risk of homelessness to re-train in order to re-enter the workforce.
- To address the problem of criminalization of homelessness, USICH will convene a task force in 2010.

In order to retool the homeless crisis response system, the Plan's objectives focus on *transforming* homeless services.

- Implementation of the HEARTH Act will provide leadership toward this objective. Enacted in May 2009 to transform the federal response to homelessness, the HEARTH Act streamlined three current HUD homeless programs (Supportive Housing, Shelter Plus Care, and Moderate Rehabilitation/Single Room Occupancy Program) into one, placed greater emphasis on homelessness prevention, and provided increased funding authority for grant renewals and new project funding, with an emphasis on permanent housing.
- In March 2010, the VA rolled out a 24/7 hotline for homeless Veterans seeking housing and services across the United States.

The President's FY2011 Budget supports the key priorities reflected in the HEARTH Act, including the Emergency Solutions Grant, about 10,000 new units of permanent supportive housing, and a newly authorized competitive rural program.

Local communities across the country must work together to assess needed transformations in both collaboration and practice in order to realize this objective.

This is a multi-year effort due to the breadth of the objectives and strategies. As such, it is important to continually assess what is working and what is not, as well as to collect data about impacts and where actions fall short of intended outcomes. Strategies and implementation plans must adapt to what is learned in future years. This is a long-term commitment and must be dynamic and timely, with a relentless focus on results.

Next Steps

USICH is immediately turning from the development of this Plan to action. We are gathering baseline data around the key measures. We are working with member agencies to prioritize which strategies demand action first, and together we will translate this strategic plan into implementation plans.

USICH will publish an annual report card on progress towards Plan goals and targets, and progress in implementing strategies at the federal level and across the country.

There will also be an annual update to the Plan that will consider what has changed in the environment, successes, unexpected opportunities and barriers, and new research and information. Public input will be garnered. This will allow USICH and others at all levels to make adjustments as needed.

USICH's annual report to Congress enumerates people served by federal programs assisting those experiencing homelessness. The report also notes impediments to people accessing these programs and efforts made to increase access. The report covers activities and accomplishments across all USICH agencies, as well as accomplishments by the Council.

There will be evaluations of the Signature Initiatives targeting Veterans, families with children, youth, and chronic homelessness. These evaluations will look at both improvements for people served by these initiatives and how agencies collaborate to facilitate those improvements.

USICH is committed to accountability and transparency and will share information as it is available on its website: www.usich.gov.

Conclusion

Over the last 30 years, the number of people experiencing homelessness in America has steadily increased. More children and youth than ever do not have a safe and stable place to call home. As Veterans Affairs Secretary Eric K. Shinseki has said, "Those who have served this nation as Veterans should never find themselves on the streets, living without care and without hope." Nearly two million service men and women have served in Afghanistan and Iraq; they deserve the top quality care they were promised and the benefits that they have earned.

Simultaneously, while homelessness has grown, our knowledge about what can be done to prevent and end homelessness has also increased. As the first ever comprehensive Federal Strategic Plan to Prevent and End Homelessness, *Opening Doors* is a roadmap for what we must all do to change the landscape of homelessness in America.

Each of the 19 USICH member agencies is making a strong commitment to the goal of preventing and ending homelessness by agreeing to these goals and strategies and establishing targets and performance measures. We understand action involving unprecedented collaboration must be taken. No one should experience homelessness—no one should be without a safe, stable place to call home.

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Acknowledgments

USICH is grateful to the many who contributed to the development of this Plan, not only those listed who participated in meetings but also the thousands of individuals who contributed online and in Agency analysis. To all, your wisdom and experience helped determine priorities based on data, research, and results. Your counsel and partnership will be needed as we turn to implementation.

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