

Chapter 2

The Strategic Action Plan in Detail

This chapter delineates all the goals and strategies identified in the 2007 Strategic Action Plan. The chapter also provides, under each strategy, a few examples of possible activities the Department could implement in order to fulfill a given strategy. It is assumed throughout this document that no strategies, or activities, will be implemented without seeking and attaining all relevant legislative and/or regulatory changes needed to ensure that all programs within HHS continue to operate within their given authority and mission. It is also assumed that, to the extent the strategies seek to impose any requirements on applicants as conditions of given awards, before doing so, programs will confirm that their authorizing authority and program/administrative regulations permit such imposition of conditions. It is further assumed that no proposals will be implemented without resolving any inherent budget implications.

The goals, strategies, and examples of activities are as follows:

GOAL 1: PREVENT EPISODES OF HOMELESSNESS WITHIN THE HHS CLIENTELE, INCLUDING INDIVIDUALS AND FAMILIES

Strategy 1.1 Identify risk and protective factors to prevent episodes of homelessness for at-risk populations

Examples of Activities:

- Identify and promote the use of effective, evidence-based homelessness prevention interventions, such as discharge, release, or transition planning; intensive case management; access to protection orders, legal assistance and safety planning for victims of abuse; landlord mediation, and family strengthening, along with organizational and cross-organizational level strategies.
- Promote organizational development and horizontal coordination between agencies such as housing, HIV/AIDS services/prevention, mental health and substance abuse treatment and prevention, and criminal justice to provide integrated comprehensive services to prevent homelessness.
- Examine how HHS agencies can synthesize, sponsor, or conduct epidemiological, intervention, and health services research on risk and protective factors for homelessness and identify preventive interventions that could be provided in health care and human services settings that are effective at preventing at-risk persons from entering a pattern of residential and personal instability that may result in homelessness.
- Encourage states and communities to experiment with various approaches to creating a coordinated, comprehensive approach to addressing homelessness prevention (e.g. establish an infrastructure that supports prevention activities,

allows flexibility in the use of funds, and fosters the development of systematic relationships between providers and across systems of care).

Strategy 1.2 Identify risk and protective factors to prevent chronic homelessness among persons who are already homeless

Examples of Activities:

- Review and synthesize the published and non-published literature to identify risk factors associated with chronic homelessness and protective factors that reduce the risk for chronic homelessness.
- Examine how HHS can sponsor or conduct epidemiological, intervention, and health services research on risk and protective factors for chronic homelessness and to identify preventive interventions that could be provided in health care and human services settings that are effective at preventing currently homeless individuals from becoming chronically homeless.
- Develop targeted interventions preventing chronic homelessness specifically for use in HHS programs that are serving currently homeless persons, such as PATH, Treatment for Homeless grantees, and Health Care for the Homeless programs.

Strategy 1.3 Develop, test, disseminate, and promote the use of evidence-based homelessness prevention and early intervention programs and strategies

Examples of Activities:

- Sponsor, synthesize, or conduct research and evaluation on interventions that focus on primary, secondary, and tertiary homeless prevention strategies and health treatment regimens, as well as the organization, effectiveness, and cost of such preventive interventions.
- Identify and develop workforce development strategies and program incentives that foster the adoption and implementation of evidence-based homelessness prevention programs and practices.
- Promote the availability of technical assistance and training documents on services and policy issues related to homelessness prevention via internet access, distribution at relevant meetings, and other settings offering instruction on the issue of homelessness, such as SAMHSA's National Registry of Evidence-Based Programs and Practices (NREPP) and other listings of effective program models.

GOAL 2: HELP ELIGIBLE, HOMELESS INDIVIDUALS AND FAMILIES RECEIVE HEALTH AND SOCIAL SERVICES
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Strategy 2.1 Strengthen outreach and engagement activities

Examples of Activities:

- Encourage mainstream programs that support outreach and case management to identify individuals and families experiencing homelessness as potentially eligible candidates for these services.
- Identify and promote innovative outreach and engagement activities successfully operating in existing programs, such as mobile health clinics, outreach workers who function as case managers, and innovative clinic-based programs that operate through the Health Care for the Homeless Program and the PATH program.
- Support empirical studies and demonstration projects that develop and test the effectiveness of outreach and engagement strategies for various populations.

Strategy 2.2 Improve the eligibility review process

Examples of Activities:

- Develop tools for providers that simplify or streamline the eligibility review process, similar to the Health Resources and Services Administration (HRSA)-funded publication entitled *Documenting Disability: Simple Strategies for Medical Providers*, which provides a partnership tool for the Social Security Administration's Homeless Outreach Projects and Evaluation (HOPE) program, focused on assisting eligible, chronically homeless individuals in applying for Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI) benefits.
- Promote the inclusion of homeless assistance programs among the entities conducting eligibility and enrollment functions for mainstream programs.

Strategy 2.3 Explore ways to maintain program eligibility

Examples of Activities:

- Explore state practices related to policies designed to suspend, rather than terminate, Medicaid eligibility for individuals who are institutionalized so that the eligibility process does not need to be initiated over again upon release.

Strategy 2.4 Examine the operation of HHS programs, particularly mainstream programs that serve both homeless and non-homeless persons, to improve the provision of services to persons experiencing homelessness

Examples of Activities:

- Inventory mainstream HHS programs, identifying barriers to access for persons experiencing homelessness, and propose strategies to reduce and eliminate these barriers to services.
- Identify regulatory barriers and other challenges faced by states as they implement their Homeless Policy Academy state action plans to increase access to mainstream resources.

Strategy 2.5 Foster coordination across HHS to address the multiple problems of individuals and families experiencing homelessness

Examples of Activities:

- Continue to use the regularly scheduled meetings of the Secretary's Work Group on Ending Chronic Homelessness as a means to promote collaboration and coordination across the Department and develop joint activities and approaches to addressing various aspects of homelessness.
- Work with HHS program agencies to ensure that the Department's disaster planning efforts address the special needs of the elderly, individuals with disabilities, and other vulnerable populations affected by disasters. Where feasible and appropriate in HHS programs, identify ways to mitigate the long-term impact of homelessness as a result of disasters.
- Develop initiatives which can enable NIH research to be linked to pilot projects and programs within HHS to establish the effectiveness of such projects and programs and expand the evidence-base on what works.

Strategy 2.6 Explore opportunities with federal partners to develop joint initiatives related to homelessness, including chronic homelessness and homelessness as a result of a disaster

Examples of Activities:

- Promote joint initiatives through interagency cooperative agreements, pooled funding for special projects or evaluations of mutual interest or benefit.
- Jointly develop policy or program guidance to assure consistency with other Departments' policies and statutory and programmatic definitions, and/or consider joint issuance of key policy or programmatic guidance, especially where

such issuance has the potential of having a significant impact on another Department's clients and/or grantees.

GOAL 3: EMPOWER OUR STATE AND COMMUNITY PARTNERS TO IMPROVE THEIR RESPONSE TO INDIVIDUALS AND FAMILIES EXPERIENCING HOMELESSNESS

Strategy 3.1 Work with states and territories to effectively implement Homeless Policy Academy Action Plans

Examples of Activities:

- Encourage federal agencies to incorporate language into their program funding guidance that authorizes applicants to use HHS and other federal funds to create and/or support programmatic strategies that formulate an integrated safety net for poor and disabled individuals and families, where appropriate. Language should also include a requirement that provides for the ability to evaluate the effectiveness of the coordinated efforts.
- Support state grantees to seek appropriate HHS funds to support the implementation of their Policy Academy action plans to address homelessness.
- Support state efforts to expand Policy Academy Action Plans to address the needs of HHS clientele including homeless families and individuals at risk of homelessness, particularly youth and victims of abuse.

Strategy 3.2 Work with governors, county officials, mayors, and tribal organizations to maintain a policy focus on homelessness, including homelessness as a result of a disaster

Examples of Activities:

- Encourage national intergovernmental organizations to hold sessions with a homelessness policy focus at their annual and/or winter meetings (e.g., U.S. Conference of Mayors, National Association of Counties, National Conference of State Legislatures, National Governors Association, National Council of State Governments, National Association of State Mental Health Program Directors, etc.).
- Share information with the national intergovernmental organizations that can be used in their newsletters and other communications with their members (e.g., through a homelessness clearinghouse website that provides links not only to relevant HHS programs but also to state and local activities that could serve as “best practice” models).

Strategy 3.3 Examine options to expand flexibility in paying for services that respond to the needs of persons with multiple problems

Examples of Activities:

- Investigate regulatory barriers faced by grantees utilizing HHS funding that impede the ability of grantees to provide timely, comprehensive services to families and individuals experiencing homelessness. Examine options for reducing identified regulatory barriers.
- Identify “lessons learned” from the jointly funded Chronic Homeless Initiative (CHI) pilot program which allowed for pooled funds from mainstream programs and targeted homeless programs to create a collaborative and comprehensive approach to addressing the problems of homelessness.
- Develop and distribute a primer that will help explain what medical, behavioral health, and support services that would benefit individuals who are homeless can be reimbursed by Medicaid.

Strategy 3.4 Encourage states and localities to coordinate services and housing

Examples of Activities:

- Encourage states and communities to establish approaches, such as partnerships, to create a coordinated, comprehensive system of services to address homelessness, including chronic homelessness. Such approaches include establishing an infrastructure that forges systemic relationships among providers for effective client referral and treatment, more effective leveraging of fiscal and human resources, cross-system training, and increased focus on sustainability of activities.
- Encourage applicants’ use of grant funds to support community infrastructure development efforts, including expenses for staff associated with partnership activities, incentive funds, and other funding mechanisms that can support infrastructure development efforts.
- Where feasible, encourage Federal agencies to develop policy or guidance language encouraging states and communities to address the needs of their homeless residents by coordinating services and housing in a comprehensive way.

Strategy 3.5 Develop, disseminate and utilize toolkits and blueprints to strengthen outreach, enrollment, and service delivery

Examples of Activities:

- Continue interagency collaborations between HHS program agencies to develop tools that are designed for use by both homeless service providers as well as individuals who are homeless.

- Complete, disseminate, and promote the use of toolkits developed by agencies (e.g., SAMHSA’s Treatment Improvement Protocol (TIP) #42 *Substance Abuse Treatment for Persons With Co-Occurring Disorders*, Assertive Community Treatment and Integrated Dual Disorders Treatment, and Permanent Supportive Housing).

Strategy 3.6 Provide training and technical assistance on homelessness, including chronic homelessness, to mainstream service providers at the state and community level

Examples of Activities:

- Continue to maintain jointly-funded collaborations to support state and community partners to implement their homeless Policy Academy action plans (e.g., SOAR Training Initiative, jointly funded HRSA Policy Academy contract, jointly funded SAMHSA Policy Academy Technical Assistance contract, jointly funded ACF Homeless Families Policy Academies).
- Utilize national meetings of HHS grantees to highlight promising practices and other information to help states implement their action plans through workshops, discussion sessions and transfer peer-to-peer learning to mainstream providers.

<p>GOAL 4: DEVELOP AN APPROACH TO TRACK DEPARTMENTAL PROGRESS IN PREVENTING, REDUCING, AND ENDING HOMELESSNESS FOR HHS CLIENTELE</p>

Strategy 4.1 Inventory data relevant to homelessness currently collected in HHS targeted and mainstream programs; including program participants’ housing status

Examples of Activities:

- Inventory and compile the data currently collected within the Department relevant to homelessness; domains may include: OPDIV, title of data source; population included; method of data collection; web link to the data source (or directly to data that are publicly available), and strengths and limitations, among others.
- Review data elements relevant to homelessness and housing status currently collected across HHS programs in order to identify opportunities to compare data across programs, gaps in data collection, as well opportunities to link data across administrative systems.

Strategy 4.2 Develop an approach for establishing baseline data on the number of homeless individuals and families served in HHS programs

Examples of Activities:

- Support a research project to begin the exploration of available data that could be used to identify the number of homeless persons currently accessing HHS

mainstream programs by investigating which states currently collect housing status data from applicants of Medicaid and Temporary Assistance for Needy Families (TANF), the two largest HHS mainstream programs that may serve individuals or families experiencing homelessness.

- Explore the feasibility of collecting data regarding the housing status or program participants of HHS mainstream service programs.

Strategy 4.3 Explore a strategy to track improved access to HHS mainstream and targeted programs for persons experiencing homelessness, including individuals experiencing chronic homelessness

Examples of Activities:

- Partner with all HHS agencies that support homeless programs and identify incentives and standard policy language that requires recipients of federal funds to document attempts at improved access to mainstream target programs.
- Collaborate with states and local entities to support efforts to document homelessness and share data with HHS as agreed to by partners. Ensure that any agreements developed are feasible and that the response burden does not exceed that which is deemed reasonable and negotiable by all parties.

Strategy 4.4 Coordinate HHS data activities with other federal data activities related to homelessness

Examples of Activities:

- Generate an inventory of all data elements utilized by various agencies in order to establish similarities and differences within each respective system. Compare HHS inventory with the inventory of other Federal agencies, such as HUD.
- Monitor the development of HUD's Homeless Management Information Systems (HMIS) and seek opportunities to partner with HUD and local Continuums of Care on future research initiatives utilizing HMIS data, while maintaining the confidentiality of personally identifying information about individuals served by domestic violence programs.
- Disseminate the findings and results of HHS data collection efforts with Federal partners and collaborate on efforts to improve data quality on homelessness.