Implementation of *Priority: Home! The Federal Plan to Break the Cycle of Homelessness*

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PART I
IMPLEMENTATION STRATEGY FOR:
PRIORITY: HOME!

We must address the problems that render people homeless in the first place rather than focusing simply on getting them off the streets for the night."

--Secretary Henry G. Cisneros
Housing and Urban Development

INTRODUCTION

In May 1993 President Clinton signed Executive Order 12848 that directed the member agencies of the Interagency Council on the Homeless to develop a single, coordinated Federal Plan for breaking the cycle of existing homelessness and preventing future homelessness. Specifically, the Order called for recommendations to streamline and consolidate existing programs; redirect current funding to improve linkages; enhance coordination and cooperation across service systems; and encourage and support cost-effective approaches. The Interagency Council on the Homeless, led by HUD Secretary Henry Cisneros, chairman, and co-vice chairs, HHS Secretary Donna Shalala and VA Secretary Jesse Brown, completed its work and announced the results in a document that was released on May 17, 1994 by the Council, a working group of the President's Domestic Policy Council.

The 125-page document, Priority: Home! The Federal Plan to Break the Cycle of Homelessness, praised for its honesty and bold recommendations, reflected the consensus of the 17 member agencies of the Council and was the product of unprecedented consultation with representatives of State and local governments, service providers, public interest and advocacy organizations, homeless and formerly homeless people, and other concerned individuals and organizations. Priority: Home! included a thorough analysis of the nature and causes of homelessness today, a comprehensive overview of Federal and local assistance and relief efforts to date, and acknowledged the sad truth that about 7 million Americans experienced homelessness at some point during the late 1980s. The importance of two broad and sometimes overlapping classes of problems--"crisis poverty" and "chronic disability"--which can interact and result in large-scale homelessness was underscored.

President Clinton endorsed Priority: Home!'s call for concerted Federal action to deal with the current crisis and more far-reaching action to address the underlying roots of the problem. In Priority: Home!, the Administration proposed a full-scale attack on homelessness by focusing public and private sector energies to make a real difference. This implementation plan details the Federal agency action steps necessary to fundamentally change the way America responds to the crisis of homelessness.

In the past, homeless assistance and emergency housing policies focused primarily upon providing a bed and a meal. McKinney programs including health care & mental health care began in the latter part of the 80's. Much has been learned about the nature of homelessness, how to respond to it and what measures must be taken to prevent future homelessness. This implementation plan briefly summarizes what has been learned over the past decade of homelessness assistance (including a review of what we know and the attendant policy recommendations), provides a status report on the recommendations and proposes Federal agency action steps necessary to break the cycle of homelessness.

What We Know

What we know can be summarized as follows:

1. Outreach works, but it isn't easy. Outreach is the initial and most critical step in engaging, connecting, or reconnecting a homeless individual and/or family to needed health, mental health, social welfare, and housing services.

2. Supportive housing works, but no one model will suffice. There are numerous successful models across the nation that were mostly developed and operated by not-for-profit organizations. The critical next step is to both replicate the models which have been shown to be most effective, and explore the shortcomings of those which have failed.

3. Creating a service system separate from the mainstream programs is inefficient and ineffective. Mainstream programs must be adapted to meet the special set of demands created by homelessness.

4. Prevention is indispensable to reduce the demand for emergency relief. Better prevention would avert significant costs accrued in treating the consequences of homelessness.

5. Race matters and can no longer be ignored in efforts to end homelessness. Effective policies addressing homelessness need to make an explicit linkage with measures to combat racism and inequality and their manifestations in housing, education, and employment practices.

6. Improving coordination and eliminating fragmentation in programs should be a top priority. Local service providers have repeatedly identified fragmentation and categorical funding as barriers to successful program integration and promoting access to services.

7. Program services for homeless people must comprise a continuum of care. The development of a seamless system of services and housing must be the goal. The system can be either a continuum of housing with various services, when needed, or a continuum of services in permanent housing, when needed.

8. Not-for-profit organizations have demonstrated the capacity to develop and deliver effective services and innovative approaches in partnership with each other and with other public and private providers. Nonprofit and other charitable organizations have developed and delivered effective programs serving homeless people. However, they can only deliver these services when there are adequate monies and sound policies that support a well-coordinated system. In addition to increased funding, flexibility, local coordination, planning and technical assistance must be available to support these efforts.

Policy Implications

Based on *what we know*, government policy must therefore be targeted toward more than emergency services and shelter. It must address both the need for *services and housing* for those with disabling conditions, at the same time as it meets the need for *a temporary way station en route to stable housing* for others.

1. Given limited resources and the daunting scale of existing homelessness, this dual function can be met adequately only if *prevention becomes the equal of remediation in policy planning*. If potential demand for shelter is to be reduced, institutional practices that foster residential instability must be corrected. These practices include the lack of adequate treatment resources, the inadequacy of income maintenance and service programs, lack of education and job training opportunities, and inequities in housing assistance.

2. The objective should be to reduce the use of drop-in centers and emergency shelters to a minimum, *not to institutionalize such makeshift facilities as a parallel service system.* The need for emergency and outreach services cannot be denied. However, the success of such programs should ultimately be determined not by expanding their capacity, but by reducing the demand for them. "Putting ourselves out of business" should become the goal of all specialized programs serving the homeless poor, not just a catch phrase for not-for-profits.

3. *Secure housing is fundamental to repairing and stabilizing broken lives.* It is not something that is earned as a reward for successfully completing treatment or a resource contingent upon remaining in treatment. Access to housing is the indispensable requirement upon which successful rehabilitation and reintegration are conditioned.

RECOMMENDATIONS FOR NEW POLICY AND AGENCY INITIATIVES

From a review of the literature and an examination of policy implications, it is clear that "more of the same" will serve only to perpetuate the half-measures that dominated the Federal response in the 1980s. The recommendations set forth in Priority: Home! and summarized below are an attempt to establish the framework for federal assistance. The recommendations offer a two-pronged strategy: (1) assisting those now homeless and (2) long-term structural measures.

A. Assisting Those Now Homeless

The major recommendations for immediate measures to serve those currently homeless or in danger of becoming homeless are aimed at bringing those who are currently homeless back into community living, the work force, and families. These proposals build upon existing McKinney and mainstream programs. They include:

· Reorganize the McKinney assistance programs to ensure provision of all necessary housing and emergency services assistance, relying upon a new relationship between Federal, State and local governments and not-for-profit providers.

· Dramatically increase the McKinney Act budget by doubling the HUD McKinney homeless assistance budget and providing for additional permanent housing assistance.

· Develop a system to serve the mentally ill indigent population more effectively by making mental health services work for the poor..

· Address the needs of homeless persons with substance abuse problems by increasing the effectiveness of substance abuse services that serve the poor.

· Help people with TB and AIDS by providing appropriate prevention services, housing and health care resources and other supportive services.

· Continue the Earned Income Tax Credit (EITC) and remove barriers to its use by accelerating payments to eligible recipients.

B. Long-Term Structural Measures

The necessary long-term response to homelessness is both apparent and complex. It is necessary to provide increased opportunities for work, job training that leads somewhere, necessary social services, better education, and affordable housing. The Clinton Administration acknowledges that there is a lack of necessary resources to solve the problem right away. However, bold steps have been taken on the long-term agenda. The Administration has moved to integrate economic, physical, and human development efforts through creation of the empowerment zone/enterprise community program to build partnerships for economic opportunity and sustainable community. Funding for Head Start has been expanded and the Earned Income Tax Credit has been strengthened to make work pay.

C. Cross-Cutting Agency Action Steps

Cross-cutting items are those recommended actions or policies that apply across various agencies. These items, necessary to the success and enhancement of the major recommendations, can enable us to make homelessness a passing phase in our Nation's life.

· Improve access to mainstream programs to ensure that the existing service system is able to address the needs of homeless individuals and families, and those at risk, thereby avoiding the need to institutionalize a parallel system of services for the poor and those with chronic disabilities.

· Strengthen integrated economic and human development through the provision of adequate education and training and the creation of jobs, particularly those that are accessible to poor residents of center city areas where most of the homeless are concentrated.

· Strengthen mechanisms of interagency coordination at the Federal and local levels to ensure the success of McKinney and non-McKinney homeless assistance efforts.

IMPLEMENTATION STRATEGY AND WORKPLAN

Implementation of the proposals recommended in Priority: Home! will result in two critical actions: 1) an overhaul of government programs and policies designed to address homelessness; and 2) a restructuring of the relationship between the Federal, State and local governments and the not-for-profit provider community. Specifically, Priority: Home! proposed the development of a new conceptual framework for homelessness assistance: a seamless system of services called the "continuum of care." When fully developed, this framework will create *a community-based system*, designed by the community and structured to meet emergency needs, to provide transitional supportive services and to increase access to permanent housing. Additionally, with the Federal government reorganizing its resources in order to improve its partnership with States, localities, and the private sector, this new framework will permit communities to re-evaluate and "re-invent" the local response to homelessness. Many Federal agencies are already involved in developing new partnerships. For example, the Corporation for National Service is establishing cooperative arrangements with states, Federal agencies and non-profit organizations to provide more effective services through better coordinated programs. In addition, the HUD continuum of care framework is designed to be results-oriented, with the emphasis moving from emergency assistance to services designed to promote long-term independence and self-sufficiency.

Providing shelter and other emergency assistance will serve to break the homelessness cycle. However, to prevent future homelessness, much more must be done. Priority: Home! underscores the need for long-term human and economic development and investment through increased opportunities for employment, job training, better education, comprehensive social services, and affordable housing.

Parts II and III of this report summarize agency actions to implement the recommendations contained in Priority: Home! through March 1995. Part II describes activities underway or recently completed with regard to each of the individual recommendations in the original May 1994 report. Part III presents the reports of the Federal agency work groups that met throughout the fall and winter of 1994 to propose specific agency action steps in seven major policy areas addressed in Priority: Home!: homelessness prevention, improving access to mainstream programs, housing, mental health and substance abuse services, health care and nutrition services, special needs in rural areas, and program evaluation.

PART II
IMPLEMENTING ACTIONS FOR RECOMMENDATIONS IN *PRIORITY: HOME!*

PRIORITY: HOME! THE FEDERAL PLAN TO BREAK THE CYCLE OF HOMELESSNESS

IMPLEMENTING ACTIONS FOR RECOMMENDATIONS

1. ASSISTING THOSE NOW HOMELESS

A. Reorganize McKinney

Page*

71 Consolidate some McKinney homeless assistance programs under one administrative structure with a single application process.

> ***HUD -- Announced (February 1995) $900 million competition, largest ever homeless competition. This competition offers funds through a consolidated SuperNOFA and streamlined application process to establish the continuum of care within communities. The agency held 40 conferences throughout the nation within a two week period; established a 1-800 client service line; and disbursed more than 3000 instructional videotapes to help communities prepare for moving toward continuum of care.***
>
> ***HHS -- President's FY96 budget proposed consolidation of 3 runaway and homeless youth programs into a consolidated program for this population.***
>
> ***Legislation to consolidate all HUD programs proposed by the Administration but not enacted in 103rd Congress. HUD will resubmit proposed legislation in this Congressional session.***

71 Transfer the Emergency Food and Shelter program currently administered by FEMA to HUD.

> ***Emergency Food and Shelter (EFS) program will stay at FEMA with closer coordination with HUD programs.***

71-2 Forge linkages between some McKinney programs and mainstream programs: consolidate where necessary to target the added resources of the mainstream program resources to the most needy.

> ***DOL/ED -- consolidation of homeless Job Training for the Homeless Demonstration Program (JTHDP) with Job Training Partnership Act (JTPA) programs, including consultation with Adult Education and Even Start programs.***
>
> ***HHS -- consolidation of Family Support Centers with community-based Family Resource Programs.***

*Note: Page numbers refer to pages in *"Priority: Home!"*

HHS -- consolidation of health care for the homeless with community health centers, and other related programs.

HHS -- formation of two performance partnership grant programs for mental health and substance abuse.

FEMA -- coordination of the development of a community-wide homelessness prevention program.

HHS -- distribution of "Preventing Child Abuse and Neglect in Homeless Shelters: A Guide for Shelter Workers."

HHS -- distribution of "The Evaluation of Homelessness and ACYF Programs."

SSA -- expansion of outreach programs to increase participation of eligible persons.

HUD -- consolidation of Federal planning requirements for HUD funding.

71 Charge local governments with the responsibility of coordinating resources and efforts, and with the responsibility of ensuring access to mainstream programs and services.

HUD/DoD -- New Base Closure Community Redevelopment and Homeless Assistance process approved.

HUD -- Consolidated Planning Process, Homeless Consolidation (legislation to be resubmitted in this Congress)

HUD -- Consolidated Plan final rules published January 1995

72 Localities should institute and coordinate this comprehensive approach to homelessness. State and county governments will be primarily responsible for developing the continuum of care in non-metropolitan areas, since these areas have homeless populations with certain characteristics, as well as a unique configuration of resources and service delivery. The locally designed strategy should provide the basis for Federal participation.

HUD -- Continuum of Care model is a basis for funding awards

USDA/RECD/FEMA -- sponsorship of four regional conferences on rural homelessness, with Salvation Army and local coalitions

HHS -- ACCESS Demonstration Program developing and testing models for integrating services

74 Immediately explore further consolidation and reorganization across Federal departments, including consolidation with mainstream programs, where appropriate.

DOL -- consolidation of homeless JTHDP with JTPA

ED -- reauthorization of Adult Education Act, including consolidation of some JTPA training resources into the Act.

HHS -- consolidation of PATH with mental health block grant

HHS -- consolidation of multiple health center programs

HHS -- consolidation of Family Support Centers with community-based Family Resource programs

HHS -- Runaway and Homeless Youth consolidation

74 A reorganization of current programs would still represent an emergency measure, intended to deal with the current crisis of homelessness. Eventually, these emergency measures need to be replaced by mainstream programs that deal with long-term community development.

FEMA -- Plans for prevention program

All agencies -- Empowerment Zones/Economic Development Initiative

HHS -- Focusing final year of Family Support Center funding on homelessness prevention

74 Performance-based contracting: While much of the provider's work cannot be measured strictly by the number of people placed, it should be one of the indices of success. Further, results should be evidenced as the continuum of care and other necessary systems are put into place.

HUD -- Miami Initiative is structured to test performance-based agreements through outcome resources .

HUD/FEMA -- D.C. Initiative is structure to test perfomance-based outcome measures through housing, shelter and service system development.

HHS -- Proposed mental health and substance abuse performance partnerships focus on measurable outcomes.

B. Double the HUD McKinney Homeless Assistance Budget

75 Double the HUD McKinney homeless assistance budget to $1.7 billion, and increase the overall targeted Federal homeless assistance budget to $2.15 billion.

HUD -- Included in President Clinton's 1995 Budget and accomplished in 103rd Congress

75 [HUD should] continue to explore innovative financing techniques in partnership with FNMA.

HUD -- Forum held with Fannie Mae, HUD, and other financial institutions and homeless providers.

C. Make Mental Health Services Work for the Poor

77 Work with states and communities to develop integrated systems of support services and housing. Develop incentives, requirements, and ways to assist them to address effectively the needs of mentally ill persons who are homeless or at risk for becoming homeless.

HUD -- printed and widely distributing an information booklet on the continuum of care

HUD -- established "coordination and planning" criterion in grant awards

VA -- conducted national assessment of local needs and is developing in partnership with the communities local action plans to address homelessness among veterans

HHS -- CMHS sponsored "A Call to Action" conference on housing and service integration

HHS -- Disseminate interim results of ACCESS demonstration and "Making a Difference: Interim Status Report of the McKinney Demonstration Program for Homeless Adults with Serious Mental Illness."

77 Explore ways to link currently required state mental health plans (which must include a component for outreach and services for homeless people with serious mental illness), health plans under the proposed Health Security Act, the plan required under the PATH program, the plan for the substance abuse block grant, and the comprehensive plan that will be required by HUD. Such coordination should be required by the continuum-of-care plan to receive McKinney and other HUD funds. These plans and the programs they relate to must be coordinated and address treatment, support services, and housing for persons with mental illness, especially those who are homeless and those who suffer from both mental illness and substance abuse disorders.

HUD -- issued NOFA with coordination and planning criterion, focusing on continuum of care planning, linking existing resources and plans.

HHS -- intend to have objectives concerning homeless in the mental health and substance abuse perfomance partnership plans.

HHS -- local and state planning processes for Ryan White CARE Act Programs include mental health providers.

77 Explore alternative ways to focus state mental health efforts on the most needy, including more targeting of Federal funds, tighter planning requirements, technical assistance, etc.

HHS and HUD -- provide technical assistance on safe havens and their importance in the continuum of care

HUD -- Funded Safe Havens projects in 1994

HUD -- issue final rule for Consolidated Plan (consolidating planning requirements for funds in CDBG, Home, ESG, HOPWA)

77-9 In this effort to develop more integrated systems of housing and services:

· For a more widespread effort, use as building blocks HHS's ACCESS Initiative--which made grants in 1993 to help selected communities in nine states integrate housing and care systems--along with elements of VA's programs that assist homeless veterans with mental illness.

HHS/HUD -- Distribute "A Blueprint for A Cooperative Agreement Between Public Housing Agencies and Local Mental Health Authorities"

HUD -- Awarded SHP grants to seven ACCESS program localities

· HHS, VA, and HUD will coordinate Federal assistance with state and local governmental health, mental health, and housing agencies to enhance state and community support by developing a continuum of care that integrates housing and services. To do so, encourage states and communities to do the following:

- Effectively target mental health and housing resources to the most needy, such as homeless persons with mental illnesses or dual diagnoses.

- Work closely with other key providers of services, including substance abuse treatment providers and providers in VA's mental health-care system.

- Use the experience of the states and communities that have developed integrated

systems, and of Federal programs such as HHS demonstration programs and VA's Health Care for Homeless Veterans (HCHV) program.

- Link mental health and substance abuse treatment activities.

- Collaborate with local public and private housing providers and developers to establish joint initiatives and, in particular, to encourage the development of affordable Single Room Occupancy housing.

- Consider the unique and severe needs of homeless children with developmental disabilities and serious emotional disturbances.

VA --- VA and New York State signed Memorandum of Understanding (MOU) regarding SRO Housing and Homeless Veterans Program

HUD -- with Fannie Mae planned workshop to encourage and further stimulate SRO housing development

HUD, HHS, VA -- Identify "Best Practices Communities" in order to provide TA

HUD -- awarded Supportive Housing Program awards to seven ACCESS Service Integration Demonstration sites

HUD/HHS -- Promotion and distribution of A Blueprint for a Cooperative Agreement Between Public Housing Agencies and Local Mental Health Authorities

- States and localities must review and strengthen discharge and aftercare planning strategies to prevent subsequent homelessness with appropriate linkages between housing and community-based care. The Federal agencies will work with them on this.

DoEd -- Expand the Independent Life Skills Program through program announcements

HHS -- Completed review of State mental health discharge planning policies, and will disseminate results

HHS -- CMHS will convene Federal, state and advocacy organizations to define a model of adequate discharge planning.

SSA -- expedited review of pre-release applications for disabled persons preparing to be discharged from psychiatric/local hospitals

HHS/DOJ -- CMHS/NIC developed the Blueprint for Contracting for Mental Health Services for Jail Detainees with Mental Illness

DOJ -- implementation of Crime Bill Drug Courts and enforcement of Fair Housing Act and ADA

- HUD, HHS, VA, and DOJ will establish a discharge planning working group to identify effective discharge-planning strategies for hospitals and community-based treatment facilities; to ensure continuity of care; and to explore how Federal, state, and local incentives that would encourage Federally funded hospitals, prisons, nursing homes, community-based housing providers, and other institutions to develop the necessary linkages to avoid discharging people who do not have a place to live.

ICH -- Convene Discharge Planning Group (HUD, HHS, VA, DoED, Labor, Justice) to identify best practices model

DoJ -- Implementing alternatives to sentencing for repeat drug offenders

VA -- Coordinated 171 VA Medical Center sponsored Community Education Workshops on how to improve services to homeless veterans

SSA -- Expediting reviews of pre-release applications for disabled persons in the process of being discharged from psychiatric and other local hospitals

- VA will work with the discharge planning group and others to develop new strategies to address these problems--including the development of new partnerships with other public and private agencies and organizations.

VA - Coordinated 171 Medical Center outreach meetings attended by state, local and non-profit providers of housing and community based services.

VA -- Social Work Services Homeless Coordinators facilitate discharge of homeless and at-risk veterans and provide them with appropriate aftercare services

VA/HUD -- established the VASH program, a rental assistance supported housing program to assist reintegration into community life.

SSA/VA -- pilot outreach program to integrate benefits and service for homeless chronically mentally ill veterans

· HUD will analyze the successes of some communities at developing SRO housing, identifying ways to create incentives for private developers to reinvest in this type of housing, and ways to develop linkages with support services.

HUD - Fannie Mae Conference

· Relevant Federal agencies will assess how their mainstream programs are serving this population and identify ways to improve access and linkages.

HHS -- Convene meeting of Federal agencies in order to draft procedures for collaboration specific to mental health, substance abuse and housing efforts

VA -- Continue to support Stand Downs and those efforts to reach homeless veterans

D. Make Substance Abuse Services Work for the Poor

79 Implement the following ongoing or planned actions:

· Coverage for inpatient treatment, intensive treatment in nonresidential community settings and outpatient treatment for substance abuse in the Health Security Act.

Not enacted by 103rd Congress

· The Crime Bill

Passed by 103rd Congress with limited treatment resources

DOJ -- implementation of Crime Bill Drug Court Provisions

· The President's FY 1995 budget proposal to appropriate $355 million for an initiative to reduce hard-core substance abuse.

Funds not appropriated by 103rd Congress

The President's FY 1996 budget includes $60 million in substance abuse performance partnership and $40 million in demonstration resources for chronic substance abusers.

80 Ensure that the approximately $5.4 billion the Federal government provides to states and communities for drug abuse prevention and treatment is coordinated and targeted effectively to serve hard-core users and difficult-to-reach populations, such as the homeless.

HHS -- Coordinate dissemination of existing CSAT, NIDA, NIAAA, NIMH and CMHS dual diagnosis demonstration project evaluations and performance outcomes to states and local governments, non-profits service providers

HHS -- State and local planning processes for Ryan White CARE Act include substance abuse providers

80 Federal agencies will work with states and communities to develop effective treatment systems linked with housing and other community-based rehabilitative services. Special attention will be focused on innovative approaches to help people stay in treatment, as well as on education, training, and employment programs that support the transition to community living. As part of this systems development, the Federal government will work creatively to accomplish the following:

· Ensure that providers of treatment and care address the needs of homeless people with co-occurring disorders regardless of their point of entry: substance abuse or mental health.

HHS -- ACCESS Initiative and PATH program require providers to address both

HHS -- Implementing initiative to develop and evaluate effective treatments for homeless adults with co-occurring serious mental illnesses and substance use disorders

HHS -- Inspector General conducted review of programs for persons with dual diagnoses

· Integrate treatment for persons with severe addictions into primary and managed health-care systems.

HHS -- Health care for homeless clinicians network established

HHS -- Review of state medicaid waivers with a focus on this and other vulnerable populations

80 The Federal government should work with service and treatment providers to increase knowledge of the substance abusing population and of effective treatment intervention strategies. This population's diversity requires a variety of approaches.

ED/DOL -- Coordination of Adult Lifelong Learning Opportunities with HHS programs

HHS -- Disseminate widely results of NIAAA/NIDA demonstration programs
-- Dual diagnosis initiative being implemented

80 VA should continue to inform homeless service organizations that VA can provide substance abuse treatment to eligible veterans.

VA - Sponsoring 171 Medical Center/Homeless Community conferences regarding VA Medical Center resources and partnerships with community providers.

E. Provide Assistance for Persons with TB and AIDS

81 Give high priority to TB prevention and control among homeless people by increased detection, evaluation, and follow-up services to those homeless individuals with current symptoms of active TB. Those diagnosed with TB should complete an appropriate course of treatment.

HHS -- Ryan White CARE Act programs and CDC programs promote early testing for HIV and linkage to health care delivery systems.

HHS -- Focus group conducted with TB/AIDS service providers to identify possible actions by Federal programs.

HHS -- HCFA transmittals outline new provision that gives states option to cover TB-related outpatient services to low-income and otherwise ineligible persons.

HHS -- HRSA/CDC is disseminating currently available information to primary care providers.

HHS -- CDC is assisting state and local TB control boards in identifying local solutions to lack of housing for persons with TB.

DOL -- technical assistance to OSHA in consultation with CDC to ensure standards for TB infection control are applied in facilities which serve the homeless

81 Establish or change programs treating TB and/or HIV/AIDS to provide the following:

- Community-based client assessment to identify early those patients infected with these diseases.

HHS -- Implementing State-of-the-Art Clinical Conference Call Series to educate Health Care providers on-site in their clinics.

- A range of permanent housing options for homeless patients, including respite-care scattered-site housing.

HUD -- Established Office of HIV/AIDS Housing to address needs for respite care

· Intensive supportive services to this population, including Directly Observed Therapy (DOT) when needed, case management, access to primary health care, substance abuse treatment, mental health services, social services, TB support services, and crisis intervention.

HHS -- Disseminate lessons learned from a survey of strategies being used to enhance TB treatment compliance.

81 Expand funding for the identification and detection of TB and the treatment of AIDS, consistent with the levels in the President's FY 1995 budget.

HHS -- HCFA through letters, policy transmittals and meetings encourage expansion

HHS -- President's FY 1996 budget includes an additional $91 million investment in the Ryan White AIDS programs

81-2 States and communities should give some priority in existing and new funding to homeless persons with TB and AIDS. States should utilize a newly authorized optional Medicaid benefit for certain low-income people with TB that includes basic primary care services, prescription drugs, and DOT.

HHS - Prototype waiver for home and community-based care for Medicaid-eligible individuals with AIDS being developed

HUD - 5,000 Section 8 Vouchers set aside for homeless persons with HIV/AIDS.

HUD - Established Office of HIV/AIDS Housing

82 Increase housing placement through:

· Use of short-term rental payments, in emergency situations for persons with HIV/AIDS and/or TB, to prevent homelessness and to minimize the use of emergency congregate facilities to reduce the risks of exposure to opportunistic diseases.

HUD -- Establish and staff Office of HIV/AIDS Housing

· Expansion of subsidized rent programs, such as Section 8, with an emphasis on tenant-based vouchers.

HUD - 3,000 Section 8 Vouchers set aside for homeless persons with HIV/AIDS.

· Broadened availability of support services that emphasize preventing homelessness and maintaining permanent housing. (Include this in a community's HUD continuum-of-care plan.)

FEMA - Prevention Planning Strategy

HUD - Continuum of Care Model

DOE - Expansion of Weatherization Assistance Program

· Maintenance of categorical funding streams for special needs populations, such as HOPWA.

HUD - HOPWA maintained and increased by $30 million.

F. Continue Earned Income Tax Credit and Remove Barriers to Its Use

83 Certain barriers to claiming the EITC in advance should be removed.

HHS - Proposal contained in Welfare Reform proposal - not enacted by 103rd Congress.

83 The Administration should consider allowing states to propose to the Secretary of the Treasury a demonstration project making advance payments of the EITC to eligible residents through a State agency.

HHS - Proposal contained in Welfare Reform proposal - not enacted by 103rd Congress.

2. LONG-TERM STRUCTURAL MEASURES

A. Increase Housing Subsidies and Fight Discrimination

85-6 Housing Affordability

Increase Federal Funding

· Increase HUD's housing assistance budget to begin to make up for past budget cuts, and to enable homeless people and those precariously housed to access permanent housing.

HUD - Requested but not enacted by 103rd Congress

· Increase the HUD overall budget by nearly two billion dollars in 1995.

HUD - Requested but not enacted by 103rd Congress

· Enact President Clinton's 1995 budget proposal, which includes increased budget recommendations for HUD and FmHA.

HUD - Requested but not enacted by 103rd Congress

USDA/FmHA -- Requested but not enacted by 103rd Congress

· Improve the services available to public and assisted housing residents.

HUD - Family Self-Sufficiency

HHS - Health care services to residents of public housing

HHS - Head Start Programs at public housing sites

HUD - Moving to Opportunity Program

DOE - Weatherization Assistance Program

· Improve the nexus between the programs of the Departments of Labor, Education, Health and Human Services, and Veterans Affairs and public and assisted housing.

HUD - Family Self-Sufficiency

HHS - Head Start Programs at public housing sites

HHS -- Health Care services to residents of public housing

· Do more by coordinating currently useful programs (e.g. Family Self-Sufficiency) with state and local providers.

HUD -- Coordination of 40 Technical Assistance Workshops on the Consolidated Plan

ED -- Dissemination and coordination of Education for Homeless Children and Youth program (EHCY) evaluation

86-7 Fight discrimination

· Aggressively enforce Federal fair housing laws.

· HUD and DOJ must vigorously enforce the housing rights of all persons, including the homeless and those who seek to provide housing and other services for the homeless.

- Continue to adopt proactive measures to increase the investigation and litigation of fair housing violations. DOJ's Fair Housing Testing Program will be expanded.
- Build upon current enforcement of the Americans with Disabilities Act to prohibit discrimination in public accommodations and other places and services that may affect homeless persons

- Continue to challenge cities that refuse to permit group homes for persons who are mentally ill, mentally retarded, or former substance abusers.

DOJ -- Continues to aggressively enforce the ADA and Fair Housing Laws

HUD -- Sponsored Conferences on Fair Housing

B. Low-Income Housing Tax Incentives

87 Explore use of tax incentives to assist lower income households with rental and homeownership costs.

ICH -- Expand membership of ICH to include Department of the Treasury

6, 87 Give special attention to initiatives that would work together with existing tax incentives to ensure that those who work do not become homeless because of the discrepancy between their income and affordable rents.

ICH -- Convene meeting of Labor, HHS, HUD, and Treasury

C. Strengthen Integrated Economic and Human Development

88 Continue support for job creation initiatives and lifelong learning opportunities.

DoD - New Base Closure Community Redevelopment and Homeless Assistance Process

HUD - Empowerment Zones/Economic Development Initiative

HUD - Family Self-Sufficiency

HHS - Head Start Programs at public housing sites

HUD - Youth Build Corporation for National Service (CNS) - Americorps and Americorps/Vista programs targeting homeless.

ED - Even Start and Adult Education programs

DOL/ED - School-to-Work programs

88 Implement a new social contract that recognizes both individual and family rights and responsibilities.

HHS - Welfare reform proposal not enacted by 103rd Congress

HUD - Family Self-Sufficiency

3. CROSS-CUTTING AGENCY ACTION STEPS

A. Implement Proposed Reforms in the Nation's Health Care System

89 Congress should enact the Administration's proposed Health Security Act.

Not enacted by 103rd Congress.

B. Reform the Welfare System to Reward Work

90-1 Reform of the welfare system could build on the Family Support Act and the recent expansion of the Earned Income Tax Credit and incorporate the following four aspects:

· Promote parental responsibility to ensure that both parents are held responsible for the support of their children by strengthening child support enforcement so that noncustodial parents provide support to their children and by taking steps to help reduce the rate of out-of-wedlock births.

· Reward people who go to work by making work pay--that is, by ensuring that people who move from welfare to work have the tax credits, health care, and child care they need to support their families adequately through work.

· Promote work and self-support by providing access to education and training for parents, making cash assistance a transitional, time-limited program and expecting adults to work once the time limit is reached.

· Reinvent government assistance to reduce administrative bureaucracy, combat fraud and abuse, and give greater state flexibility within a system that has a clear focus on work.

HHS - Welfare Reform Proposal not enacted by 103rd Congress.

C. Improve Access to Mainstream Programs

91 Make mainstream programs more accessible to the homeless and more effective in preventing homelessness among those who are at risk of becoming homeless. Rather than institutionalizing a separate support system serving the homeless, ensure that the existing service system is able to address the needs of homeless individuals and families.

HHS -- work with States to identify and implement alternative uses of EA and AFDC to reduce use of welfare hotels.

HHS -- Explore policies that allow women expected to regain custody of children to continue to receive benefits necessary to maintain housing.

HHS -- Consider barriers to access in family and children's programs in the process of reorienting these programs to support family-focus and self-sufficiency.

HHS -- Developed self-assessment guide for Health Care for the Homeless providers to assess how they fit in managed care environment. Providing managed care training.

DOL -- Work to broaden and enhance the delivery of services to homeless persons by the overall JTPA system and to stimulate greater use of mainstream JTPA resources for serving the homeless.

SSA -- Streamline disability claim and appeals process.

SSA -- Disseminate materials regarding benefits and application process.

SSA -- Fund "One-Stop" outreach demonstration project.

91-2 The Interagency Council on the Homeless (ICH) and its member agencies should:

· Identify the principal mainstream programs in the areas of health, mental health, substance abuse treatment, income assistance, social services, housing, and education and employment training that are critical to preventing homelessness and helping the current homeless make the transition from homelessness.

ICH -- Re-issue Federal Programs Guide to Assist Homeless People

· Conduct a systematic assessment of how effectively sets of these programs serve the homeless and those at risk of homelessness, identify how to make the programs more accessible to the homeless, and determine how to improve these programs so that they better prevent homelessness.

HHS -- ACCESS Initiative underway to assess barriers to mainstream services for homeless persons with mental illnesses

HHS -- Implement Head Start tracking system with specific data on access by homeless children.

HHS -- Conduct evaluation of access to community health centers and community mental health centers by homeless persons.

· Monitor ongoing programs and conduct impact evaluations of outcomes to identify ways to forge more effective linkages between targeted and mainstream programs, including consolidations.

This effort should build on planned reforms, such as health-care and welfare reform, and reforms that have already been undertaken by Federal agencies to help make mainstream programs more accessible.

HUD, HHS, DoEd, DOL -- Sponsor on-going national evaluations of grantees.

DOL -- Collect data from the national JTPA reporting system on number of homeless participants, selected participant characteristics, labor force status, training and services received, post program employment, hours worked and wages earned, and other enhancements and outcomes.

93 The Federal government through its member agencies should review and explore the most recent data on the causes of homelessness; the characteristics of homeless and at-risk populations; and the number and characteristics of those experiencing crisis poverty.

HUD, HHS, USDA, VA and FEMA with Commerce/Census Bureau -- National study on homelessness proposed.

Commerce/Census Bureau -- Conduct pre-test using in April 1995 sampling methodology, survey instruments in preparation for the national survey

HUD, HHS, DoEd, DOL -- Sponsor on-going national evaluations of grantees.

94 Continue special efforts to educate and encourage states, cities, and not-for-profit organizations about the potential use of CDBG, HOME, HOPWA, acquired properties and other mainstream HUD program resources to assist homeless people.

HUD -- Consolidated Planning Technical Assistance Workshops conducted

HUD -- $40 million Technical Assistance contract developed.

94 Improve the Title V Surplus Federal Property Program.

DoD -- New Base Closure Community Development Process.

ICH -- Developed new Q & A materials on surplus personal property

GSA/HHS/HUD -- Review Title V process and suggest improvements

94 Promote the development of family and life skills by continuing support for family intervention and prevention models such as Head Start, Even Start, Healthy Start, Operation Fatherhood, Family Support and Preservation, and the Family Self-Sufficiency program. Work with states to remove obstacles for homeless family participation in these programs.

HUD -- $28 million Family Self-Sufficiency Program

HHS -- Implement Head Start tracking system with specific data on access by homeless children

HHS -- The President's FY 1996 budget includes an additional $400 million and $75 million investment in Head Start and Family Preservation and Support, respectively

D. Strengthen Mechanisms for Interagency Coordination at the Federal and Local Levels

94 Through the ICH and agencies' technical assistance contracts, disseminate information about successful programs, including how communities have developed their continuum of care. Provide technical assistance on program and system developments.

DoD -- Base Closure conferences - McKinney Workshop.

DOL -- JTHDP grantees currently providing technical assistance to mainstream JTPA programs.

HHS -- CMHS providing on-going technical assistance on housing and services

HHS -- HRSA providing technical assistance on health care models

FEMA -- EFS training workshops provide technical assistance and forum for discussion of issues on addressing homelessness.

94 Evaluate the "value-added" by targeted programs to improve coordination and reduce program fragmentation.

ICH -- Review McKinney program evaluations

94-5 Through ICH, sponsor two meetings a year with Governor-appointed State Homeless Contacts and McKinney and non-McKinney Homeless Assistance Program Managers to encourage state and local coordination, and to encourage integrated approaches to addressing homelessness.

ICH - Meeting held with COSCDA

95 Through ICH, develop an advisory committee of homeless persons.

ICH - Developing locally-based advisory committee and national advisory network of homeless persons.

95 Update and develop new handbooks for McKinney Act Programs to provide comprehensive guidance to states, localities, and not-for-profits on eligible activities, grant management strategies, fiscal and accounting requirements, and outcome measurements.

ICH Staff Activity

HHS -- Developed self-assessment guide for Health Care for the Homeless providers to assess how they fit in managed care environment.

HHS -- Encourage Health Care for the Homeless providers to utilize their automatic eligibility as Federally Qualified Health Centers.

HHS -- Developed "second generation" strategy for PATH grantees, including increased focus on outcomes.

95 Through ICH, develop and disseminate a publication that describes all Federal homeless assistance programs and exemplary program models nationwide.

ICH Staff Activity

95 Through the Corporation for National Service, develop AmeriCorps programs and other volunteer efforts to augment government and non-profit efforts to address homelessness.

CNS -- Americorps, Learn and Serve, and Senior Corps programs providing support for homeless in more than 40 cities and rural areas.

VA -- Americorps program serving homeless veterans

HUD -- Extra points in review process for programs using Americorps resources.

95 Encourage local governments to follow the example of the states in establishing both a single point of contact regarding their homelessness programs and an interagency or interdepartmental council to promote coordination among their homelessness programs.

HUD/HHS -- Working with national researchers to test feasibility of centralized data systems for homeless providers.

DOL -- One-Stop Career Centers

USDA/RECD -- Farm Service Centers

ED -- Education for Homeless Children and Youth Program coordinators and liaisons to local community.

95 Continue to hold local, regional, and national conferences and other events to share information, increase coordination of efforts, and develop new partnerships.

ICH -- Continues to coordinate and participate in local, regional, and national conferences.

FEMA -- EFS National Board conducts on-site meetings with EFS Local Boards and provider organizations nationally.

HHS -- Annual conferences convened around issues of mental illness and health care needs of homeless persons

DOL -- Conduct workshops at local, regional, and national conferences to discuss DOL's mainstream initiative and to disseminate information on best practices for providing the comprehensive services needed by homeless persons to achieve self-sufficiency.

95 Increase Federal support to locally based Stand Downs for Homeless Veterans to raise community awareness of homelessness among veterans, and to bring new non-Federal resources to support the Stand Downs as well as future collaborative efforts.

VA -- Currently providing increased support.

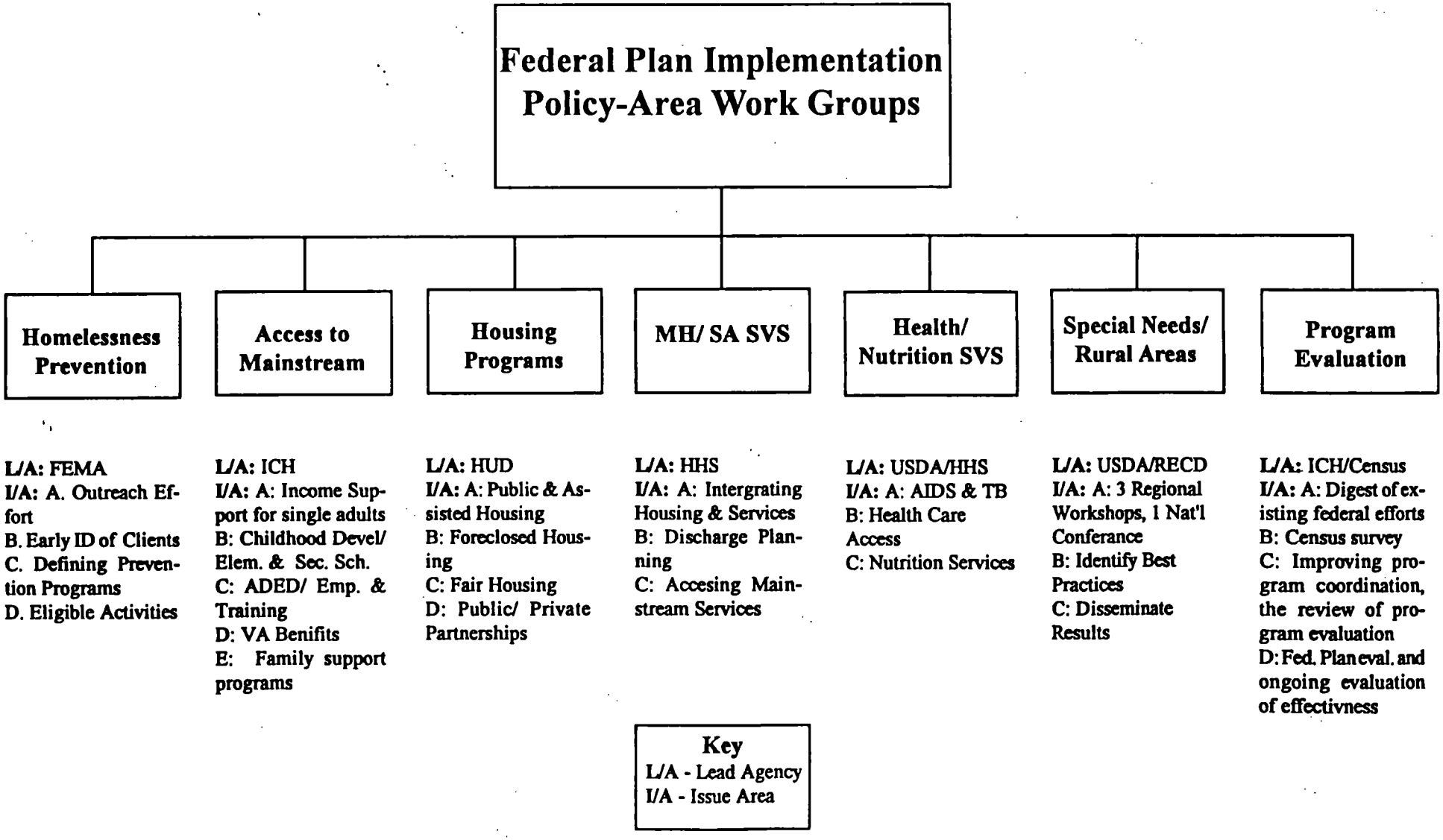
DOL -- Through Homeless Veterans Reintegration Project Grants support is provided for Stand Downs.

95 Increase outreach to veterans service organizations and other nontraditional homeless providers to encourage and support their participation in the national effort to break the cycle of homelessness.

SSA/VA -- 9 City Homeless Outreach Partnership.

PART III
WORK GROUP REPORTS:
PROPOSED FEDERAL ACTION STEPS TO IMPLEMENT:

PRIORITY: HOME!


Federal Plan Implementation
Policy-Area Work Groups
Homelessness Prevention
L/A: FEMA
I/A: A. Outreach Effort
B. Early ID of Clients
C. Defining Prevention Programs
D. Eligible Activities
Access to Mainstream
L/A: ICH
I/A: A: Income Support for single adults
B: Childhood Devel/ Elem. & Sec. Sch.
C: ADED/ Emp. & Training
D: VA Benifits
E: Family support programs
Housing Programs
L/A: HUD
I/A: A: Public & Assisted Housing
B: Foreclosed Housing
C: Fair Housing
D: Public/ Private Partnerships
MH/ SA SVS
L/A: HHS
I/A: A: Intergrating Housing & Services
B: Discharge Planning
C: Accesing Mainstream Services
Health/ Nutrition SVS
L/A: USDA/HHS
I/A: A: AIDS & TB
B: Health Care Access
C: Nutrition Services
Special Needs/ Rural Areas
L/A: USDA/RECD
I/A: A: 3 Regional Workshops, 1 Nat'l Conferance
B: Identify Best Practices
C: Disseminate Results
Program Evaluation
L/A: ICH/Census
I/A: A: Digest of existing federal efforts
B: Census survey
C: Improving program coordination, the review of program evaluation
D: Fed. Plan eval. and ongoing evaluation of effectivness
Key
L/A - Lead Agency
I/A - Issue Area

Part III: Work Group Reports

Proposed Federal Action Steps to Implement *Priority: Home!*

Priority: Home! recommends a number of proposals and cross-cutting agency action steps, some of which require legislative changes, some which require multiple agency consultation and collaboration and others which can be acted upon immediately. These initiatives and action steps were the focus of work groups comprised of senior policy makers. The work groups formed around the following topical areas: making prevention equal to remediation in policy planning; integrating the homeless services system into the mainstream so that it no longer operates as a parallel system; expanding and enhancing housing resources; increasing mental health, substance abuse, health and nutrition services for those who need them; addressing special needs in rural areas; and strengthening measures for interagency coordination. (See organization chart).

In addition to the examining critical issues in each of the topical areas, the Federal Plan interagency work groups were also charged with fulfilling the following mandates: to improve coordination of Federal efforts to assist homeless individuals and families; to ensure that these efforts go beyond emergency measures and include longer-term opportunities for self-sufficiency, permanence and prevention; and to promote interagency cooperative, collaborative homelessness initiatives on the Federal, state and local levels.

The work groups were directed not only to assess the adequacy of current levels of Federal support in these subject areas, but also to identify additional steps that Federal agencies could take to improve, build upon, or otherwise enhance that assistance. Consequently, adoption of the proposals in the individual work group reports assumes that the existing array of both targeted and mainstream Federal homeless assistance resources will remain to serve as a foundation for these supplemental initiatives and activities. Similarly, the specific dates included in the reports that follow should not be viewed as absolutes, but rather as a general guide for the actions listed. Since these action are being implemented in a dynamic enbivironment, anumber of factors including further refinement or prioriitization of the activities may affect the ultimate timeframe.

The work groups were coordinated through the Interagency Council on the Homeless. Presented below is description of the seven work groups.

Homelessness Prevention

This work group was responsible for reviewing existing mechanisms for identifying families and individuals who are at risk of becoming homeless to determine their effectiveness and propose changes (as necessary) in current policies/programs which may be contributing to homelessness. Additionally, this work group explored the development of a prevention model for use by local government and community agencies.

Improving Access to Mainstream Programs

This work group focused on the identification of obstacles and barriers which prohibit the use of mainstream programs by homeless individuals and families and those at risk of becoming homeless and develop strategies to remove them. While improvement of service delivery within the homeless service system is critical, increased participation by homeless families and individuals and those at risk in programs which provide income support, education and training, employment, health and mental health care and housing as part of an integrated service system is essential if the Nation is to truly break the cycle of existing homelessness. Enrolling homeless individuals and families in mainstream programs and sustaining their participation is an absolute priority of the Interagency Council on the Homeless.

Housing Programs

In recognition of the critical role that affordable, long-term housing plays in helping to provide the residential stability needed to break the cycle of homelessness and an essential link in the continuum of care, a separate mainstream housing work group was formed in order to provide much needed attention on a federal level. This work group examined and addressed issues related to combatting illegal discrimination and increasing housing opportunities.

Mental Health/Substance Abuse Services

This work group focused on the development of consistent standards for the delivery of mental health and substance abuse services to ensure that individuals with mental health and /or substance abuse problems receive services, treatment, housing and support. It is critical to coordinate treatment and supportive services with housing as neither is sufficient without the other. While many models of supportive housing, outreach and case management services exists, not enough has been done to ensure that treatment services are available, accessible and affordable for homeless individuals and families with mental health and substance abuse problems.

Health Care and Nutrition Services

The work group focused on increasing access to health care and nutrition services and on improving the process of assessing the health and nutrition needs of homeless families and individuals, especially those with HIV/AIDS and TB and recommending guidelines to ensure the delivery of adequate care and follow-up services.

Addressing Special Needs in Rural Areas

Recognizing the distinctive character of rural homelessness, this work group reviewed existing Federal initiatives aimed at alleviating the problem of homelessness in rural areas focussed on improving the knowledge base about what works in rural areas.

Interagency Coordination and Program Evaluation

All Federal efforts proposed in the plan require cooperation within and among the Federal agencies working on homelessness as well as between these agencies and state, local, private, and voluntary efforts to assist homeless individuals and families. This work group identified opportunities for collaborative agreements and "MOUs" in order to support the development of local integrated homeless assistance systems. Beyond service integration and agency collaboration, this work group will develop a methodology for monitoring the success of these efforts, in order to identify "best practices" and disseminate the knowledge gained from these programs nationwide.

HOMELESSNESS PREVENTION

Government policy must provide more than emergency shelter. Prevention is fundamental to reducing the demand for emergency relief. As long as there are constant entries and reentries into homelessness, the size of the problem cannot be significantly reduced. The constant replenishment of the homeless population diminishes any evidence of program success. Better prevention would avert significant costs accrued in treating the consequences of homelessness. But a better understanding is needed of the efficacy of prevention measures, whom they serve, and under what circumstances they operate best. Secondary prevention is also important; for example, it is absolutely critical that currently homeless children do not become the next generation of homeless adults.

Prevention is the most cost-effective way to address homelessness. Intervention methods that prevent foreclosure or eviction, ameliorate domestic conflicts to forestall potentially violent resolutions, provide supportive services for physically and/or emotionally disabled individuals, and plan for soon-to-be released prison inmates and hospital patients are significantly less costly strategies than providing emergency food and shelter for homeless individuals and families. While these prevention policies are being developed and incorporated into Federal mainstream programs, assistance must continue to be provided in the most efficient and effective way to prevent persons from becoming homeless.

- The Federal Emergency Management Agency (FEMA), the Departments of Health and Human Services (HHS), and Housing and Urban Development (HUD) and Rural Economic and Community Development Service (RECD) are collaborating on program changes that would facilitate the development of a coordinated prevention program. The programs under review involve FEMA's Emergency Food and Shelter (EFS) program, the Emergency Shelter Grant (ESG) program, RECD's Rental Assistance program and the HHS's Emergency Community Services program. The recommended prevention program would invite the FEMA National Board to encourage the FEMA local boards to coordinate the development of a community-wide prevention program. (FEMA's EFS program currently expends 60% of its funds for prevention assistance. This assistance includes the payment of rent, mortgage, and/or utility arrearages. In addition, food vouchers or groceries are provided for persons having to choose between paying housing costs or eating.)

  Specifically, the local board would be encouraged to work with community leaders to develop a cooperative effort to fund mass shelters through HUD's Emergency Shelter Grant (ESG) program, allowing more of FEMA'S EFS funds to be used for prevention efforts such as rental/mortgage/utility payments to avert evictions. Instead of funding mass shelter costs through FEMA's EFS program, mass

shelter providers would receive funds through HUD's ESG program and other eligible grant and rental assistance funds. Initially, the program would be administered in the 319 entitlement cities that receive HUD's ESG program funds.

Lead Agency: FEMA
Participating Agencies: HUD, HHS

Milestones: Joint Technical Assistance on how to best use components of the three programs (FY 1995).

Coordinate Notices of Funding Availability (NOFA) for homeless programs with National Board Emergency Food and Shelter Program to ensure local coordination of services and resources to assist homeless individuals and families and those at risk. Create incentives for collaboration and consultation in grant proposals and applications.

Lead Agency: FEMA
Participating Agencies: HUD, HHS, DoED, Labor, VA

Milestones: Agreement on incentive measures for NOFAs October 1995

IMPROVING ACCESS TO MAINSTREAM PROGRAMS

"A decent home and a suitable living environment" for every American was a stated goal of *Priority: Home*!. Achievement of that goal will require the Federal government to grapple with social and economic issues which have persisted for decades. The Clinton Administration has already embarked on that road. The Federal Departments of Agriculture, Commerce, Education, Health and Human Services, Housing and Urban Development, Energy, Interior, Justice, Labor, Transportation, Veteran Affairs have begun a thorough examination of their mainstream programs to determine if they are adequately serving the customer: the American citizen. As part of the "re-invent government" efforts, each agency has set new standards for policy and program performance aimed at helping people help themselves.

In addition to mainstream programs which serve all individuals and families in communities, the Federal government specifically provides assistance to address the needs of low-income and at risk families and individuals through programs in eight departments: HHS, HUD, Labor, USDA, Education, Energy, Interior, and Veterans Affairs. While these programs are not officially designed to "prevent homelessness" these programs make up the social safety net for families and individuals at risk of becoming homeless. These programs must be made to be more successful in serving at risk and homeless families and individuals.
To that end, the following actions are recommended.

·Research the relationship between poverty and homelessness and apply findings to integrated service systems.

Lead Agency: HUD/PD&R
Participating Agencies: Urban Institute

Milestones: Publish initial findings January 1995.
Complete study January 1996.

· Public housing authorities do not consistently apply recent changes in HUD statutes that prevent families from losing housing because of the temporary absence of a child due to a foster care placement, or the required exclusion of foster care income. They also may not all be aware of provisions that allow families being reunited to receive a priority for subsidized housing. To clarify these provisions, and increase access to housing by women being reunified with their children, including homeless women, HUD will develop an information memorandum for public housing authorities. HHS will then disseminate the memorandum to child welfare agencies with suggestions on how to work collaboratively with housing authorities to ensure access to housing is maximized.

Lead agency: HUD and HHS (ACF)
Milestone(s): Draft memorandum and disseminate to PHAs: 6/95
Disseminate to child welfare agencies: 7/95

· Develop a handbook or other technical assistance materials for child welfare agencies on successful housing authority-child welfare agency collaboration witnessed through the Family Unification Program and special efforts undertaken by some communities to provide crisis services to avoid both homelessness and foster care placement.

Lead agency: HHS (ACF)
Milestone(s): Determine appropriate TA strategy:9/95
Develop draft materials
Disseminate materials

·Expand the availability of Head Start and child care services to homeless children by increasing funding for and including homeless children in the target group for Comprehensive Early Childhood Demonstration. The Comprehensive Early Childhood demonstration is designed to establish or expand comprehensive child development services through projects located in or near public housing developments.

Lead agency: HHS (ACF) and HUD
Milestone(s): Issue request for applications: 4/95
Award grants by 10/95

· Evaluate new and revised Head Start Performance Standards (both for the preschool program and for the new infant/toddler initiative) to ensure that they do not create barriers to serving homeless families.

Lead agency: HHS (ACF)
Milestone(s): Initial meetings with Head Start grantees to discuss performance standards: 11/94
Publish draft performance Standards: Summer 1995

· Women whose children are taken away because of abuse and neglect lose their AFDC benefits, even if they are expected to regain custody after appropriate service or other intervention. This loss of benefits makes it difficult to maintain their housing or to obtain housing that would accommodate their children, housing that is necessary to regain custody. To help ameliorate this problem, HHS will implement changes that allow women expected to regain custody to retain some of their benefits.

Lead agency: HHS (ACF)
Milestone(s): Issue regulation change by end of 1995

· In September, 1994 HHS published *A Roadmap for Providing Support to Homeless Families*, a guide for directors and staff of community-based child abuse and neglect prevention programs. The Department will build on these efforts by developing and disseminating a coalition building workbook for providers to help develop networks necessary to prevent child abuse and neglect.

Lead agency: HHS (ACF)
Milestone(s): Materials completed: 7/95

· HHS has established an EZ/EC Central Support Office to provide direct assistance to Empowerment Zones and Enterprise Communities. This office is working with the HHS Regional Directors to support designated areas implement their strategic plans and realize their vision for community revitalization. The Department has shared information about resources that are available at the Federal level to serve homeless people with the EZ/EC communities. Through this office HHS will offer technical assistance to all designated communities on health and social service issues and will work to ensure that communities address homelessness within their local community.

Lead agency: HHS (ACF, ASPE)
Milestone(s): Disseminate information: 2/95
Award technical assistance contract by 9/95

· The Social Security Administration (SSA) has established various local office procedures to help meet the problems faced by homeless persons in obtaining Social Security or Supplemental Security Income (SSI) benefits for which they are eligible. These efforts, which include distributing regional and local directories of services for the homeless and other resource materials to homeless assistance providers, advocates and others; establishing contact stations in shelters in many cities with large homeless populations; and where eligibility has been established, making Social Security or SSI payments in 5-10 days where regular payments would not be fast enough, will be continued. In addition, prerelease arrangements with local public, medical and domiciliary institutions are being strengthened and revised to help avert potential homeless situations. SSI claims may be filed before release from these institutions to help ensure that persons about to be discharged have resources needed to obtain housing. SSA also ensures that a food stamp application is completed at the same time as an SSI application in these cases.

· Fund new outreach demonstration programs that target homeless persons to develop and implement innovative ways of identifying persons potentially eligible for SSI benefits and to help them apply. Grantees will test methods such as providing a "one-stop shop" to streamline the application process and complete related program applications, such as Medicaid and Food Stamps; testing work incentive provisions; stationing outreach workers in locations frequented by homeless persons; and providing translation and representative payee services.

· Recruit additional payees for persons, including homeless persons, receiving SSI and SSDI because of drug abuse or alcoholism (DA&A). Legislation enacted in 1994 requires representative payment for DA&A beneficiaries and specifies organizations as the payee of choice in all DA&A cases. Recruiting payees for DA&A cases is especially challenging, and will require an aggressive and thorough recruitment and support plan targeted to organizations. Specifically, SSA plans to:

- recruit organizational payees through contacts with DC-based national organizations, including homeless, public health, AIDS, disability, minority and religious organizations, and coordination with field and regional offices' local contacts;

- produce a training video on recruiting payees and consider whether radio and TV public service announcements and/or a video news release would be appropriate, given the nature and scope of these specialized audiences;

- produce a recruitment package that would include fact sheets on the legislative requirements targeting DA&A beneficiaries; and

- publish Courier, Oasis, and MIP articles on the content of the DA&A legislation and "success stories" on organizations that have acted as representative payees.

Lead Agency: SSA
Milestones: Determine incentives that SSA can offer to potential payees, e.g., grant money, training, software, etc.
Identify Contact People
Develop training strategies

· Current JTHDP grantees will formally partner with and provide technical assistance to at least one JTPA administrative entity to implement strategies likely to prove effective for increasing the number of homeless persons served by JTPA and for enhancing the services that this mainstream program offers them.

Lead Agency: DOL
Milestones: Ongoing: 9/94-12/95

· Develop a "Best Practices Guide" for both the JTPA system and other organizations serving the homeless that will provide direction on designing and implementing effective employment and training programs for homeless persons. Among other things, this guide will indicate: types of homeless persons most and least likely to benefit from JTPA; range of services likely to be needed by the homeless; ways of providing, obtaining or arranging these services; examples of successful models and strategies for serving general and specific homeless populations; and specific steps needed to establish and implement an effective delivery system for recruiting and serving homeless individuals.

Lead Agency: DOL
Milestones: Develop draft guide: 6/95
Disseminate guide : 8/95

EXPANDING HOUSING RESOURCES

Homelessness can be ended with investments in affordable housing, skill development, job training and employment opportunities. Increasing housing opportunities for the homeless is the cornerstone of the Federal Plan. To that end, *Priority: Home*! proposes a series of remedies which will begin to ameliorate the imbalance between housing need, housing accessibility and housing affordability.

· The Clinton Administration has significantly increased the HUD homeless housing assistance budget from $566 million in Fiscal Year (FY) 1993 to $822 million in FY 1994. Of the $822 million, HUD provided $298.2 million for 271 new Supportive Housing grants, $101.9 million for 61 new Shelter Plus Care grants and $128.4 million for 54 new Section 8 Single Room Occupancy grants. For FY 1995, the Administration will provide more than $1.2 billion for HUD homeless assistance. Preserve the increase in Federal assistance for the homeless in the FY 1996 Federal budget.

Lead Agency: HUD
Milestones: The Administration submitted its budget to Congress on March 29, 1995, awaiting congressional review and approval.

· Consolidate Federal planning requirements so that communities apply and plan for HUD funding (CDBG, HOME, ESG and HOPWA) in a streamlined, cost-effective manner. The consolidation will affect over $6 billion in housing assistance, including activities under these programs that benefit homeless persons.

Lead Agency: HUD
Milestones: Final Consolidated Plan Rule issued on January 6, 1995.

· Develop centralized intake and tracking data system/software package for communities implementing continuum of care systems.

Lead Agency: HUD/PD&R
Participating Agencies: University of Pennsylvania, HHS, USDA

Milestones: Conference on centralized intake and tracking. (July 1995); Complete software package (December 1995).

· In accordance with Title V of the Stewart B. McKinney Homelessness Assistance Act, the Federal Government strongly encourages and supports the use of Federally owned "surplus real and personal property which are determined to be suitable and available and which are not needed by another Federal agency for use in programs to assist the homeless. Under this program, the Department of Housing and Urban Development reviews the properties to determine their suitability for

use as facilities to assist the homeless and Department of Health and Human Services reviews and approves applications by homeless service provider organizations.

Legislation passed late in FY 1994 removing military base closures from the Title V process. HUD is working with the Department of Defense and HHS to expedite implementation of this new legislation, the Base Closure Community and Redevelopment and Homeless Assistance Program. In writing the regulations, HUD is insuring that the needs of the homeless considered in the development of the base redevelopment plans and that there is a balance between the economic and other needs of the community involved with the needs of the homeless.

· Improve housing opportunities for Native Americans, including those who are homeless or at-risk of becoming homeless.

Lead Agencies: Interior/BIA, HUD/PIH
Milestones: Established Interagency task force established FY 1994; Initial recommendations November 1995.

· Increase housing opportunities for persons who are homeless, have HIV/AIDs, or are disabled under the Section 8 rental assistance and public housing programs through set-asides and increased education.

Lead Agency: HUD/PIH
Participating Agency: HUD, HHS, PHAs, service providers

Milestones: Publish NOFA announcing $514 million in rental assistance (February 1995); Develop guidance materials on Federal and local preferences and how they are established FY 1995; Technical assistance on the availability of housing subsidies (units, certs or vouchers) FY 1995.

· Educate communities on the Americans with Disabilities Act (ADA), including how the Act prohibits discrimination in public places and in services that may affect homeless persons.

Lead Agency: HUD/FHEO
Participating Agencies: DOJ/HHS
Milestones: Prepare and disseminate guidance material November 1995.

· Expand the Department of Justice's Fair Housing Testing Program in order to eliminate housing discrimination.

Lead Agency: DOJ
Participating Agencies: HHS

Milestones: Prepare and disseminate guidance materials October 1995.

· Standardize the definition of SRO housing under the HOME program to make it more compatible with the McKinney definition.

Lead Agency: HUD/OAHP

Milestones: Published fifth Interim Rule on April 19, 1994 that does not require neither food prep or sanitary facilities in each unit when HOME funds are used for acquisition or rehabilitation of existing residential structures.

· Increase access to housing by women being reunified with their children, including homeless women.

Lead Agencies: HUD/PIH, HHS/ACYF

Milestones: Draft memorandum reinforcing regulations preventing families from losing housing because of the temporary absence of a child due to a foster care placement; the required exclusion of foster care income, and provisions that allow families being reunited to receive a priority for subsidized housing. (HUD FY 1995). Disseminate to child welfare agencies and guidance on how to work collaboratively with housing authorities to ensure access to housing is maximized (HHS FY 1995).

· Increase communities' ability to develop and manage supportive housing programs.

Lead Agency: HUD
Participating Agencies: ICH, HHS

Milestones: Publish and distribute "More Than Housing: A Guide to Developing and Managing Supportive Housing for Homeless People." (HUD February 1995).

· Advertise and disseminate evaluation reports on five of the McKinney Act programs (SAFAH, ESG, Sec. 8 SRO, SHDP, S+C).

Lead Agency: HUD/PD&R
Participating Agencies: HUD/SNAPS

Milestones: Send evaluation report to Congress (HUD February 1995). Develop,

print and distribute brochure to public interest groups and current HUD homeless assistance grantees (PD&R June 1995). Assist in distribution (HUD July 1995).

· Evaluate homeless prevention programs to learn which interventions are most effective for the various populations at-risk of becoming homeless.

Lead Agency: HUD/PD&R, FEMA
Milestones: Contract with evaluator (January 1996);
Complete evaluation January 1997; Publish and disseminate research findings (Spring 1997).

· Identify models of SRO housing that are particularly successful in housing homeless persons with mental illness and/or substance abuse problems.

Lead Agency: HUD, HHS
Milestones: Research five models, draft summaries and disseminate (HUD/HHS October 1995).

· Increase the quality and affordability of low-income housing through increased energy efficiency as part of the Energy Partnerships for Affordable Homes with the goal of 30 percent energy efficient gains in more than one million HUD-assisted housing units by the year 2000.

Lead Agency: DOE, HUD
Milestones: Develop detailed proposal and work plan to increase energy efficiency in HUD public and assisted housing.

MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

To accomplish the task of developing action steps to implement the mental health and substance abuse services recommendations in *Priority: Home! The Federal Plan to Break the Cycle of Homelessness*, three working subgroups were created to address specific topic areas. The topics and subgroups were:

Improving Discharge Planning;
Increasing Access to and Use of Mainstream Resources; and
Integrating Housing and Services.

Improving Discharge Planning

Discharge planning takes place in a variety of institutional settings, including psychiatric and substance abuse treatment facilities (or hospitals with special units), jails, prisons, and nursing homes. The subgroup recognized that approaches to discharge planning may vary according to institution, the needs of the individual, and type of commitment or admission. Therefore, the subgroup operationally defined discharge planning as the process to prepare an individual for return or re-entry to the community and the linkage of a person to essential community services and supports. The subgroup further understood that discharge planning for persons with serious mental illnesses and/or substance use disorders is a process that ideally begins with the person's entrance to the institutional setting and which segues into the individual's case management services once in the community. If discharge planning and linkages to services, housing, and income does not reflect this seamlessness, the risk of homelessness for this population is high.

The Interagency Council on the Homeless (ICH) should convene a working group of Federal departments and agencies, consumers, and homeless advocacy organizations to define the critical elements in a comprehensive model of adequate discharge planning, and to identify those factors which act to impede discharge planning. The model could be used as a standard for a rational discharge planning process that would include attention to income, benefits, vocational/job training, legal entitlements, housing, mental health and substance abuse treatment, etc. The document would be a valuable technical assistance tool in improving discharge planning at the Federal, State, and local levels, and in preventing homelessness of clients released from institutions.

Lead agency: Department of Health and Human Services
Participating agencies: DHHS components (ASPE, BPHC, CMHS, CSAT, HCFA, NIDA, NIMH), Department of Education, Department of Housing and Urban Development, Department of Justice components (NIC & BoP), Social Security Administration, & Department of Veterans Affairs

Key milestones: Convene working group: April 1995
Complete principles of discharge planning document: September 1995

· Using the critical elements model, the ICH working group would identify and collect "state-of-the-art" and "best practice" models of discharge planning and service linkage. The models would be collected from Federal agencies, as well as State and local programs. These models would be published and disseminated, and used for technical assistance and education to advance effective discharge planning practices. Examples of discharge planning and service linkage would be highlighted from: the Department of Veterans Affairs (DVA) Homeless Chronically Mentally Ill Veterans and Domiciliary Care for Homeless Veterans programs, the Department of Education publication *Best Practices Study of Vocational Rehabilitation Services to Severely Mentally Ill Persons*, Department of Justice drug courts, and results from the Center for Mental Health Services demonstration programs and review and analysis of State hospital discharge policies and procedures. DVA and the Bureau of Prisons, under the Department of Justice, would serve as exemplary programs in implementing and evaluating discharge planning "best practices" models throughout their systems.

In addition, the working group will also explore other mechanisms for improving discharge planning, including using Joint Commission for the Accreditation of Health Care Organizations and Health Care Financing Administration accreditation standards and Medicaid regulations as a means of improving practice. An evaluation component should be built into each of the above initiatives to determine their effectiveness in addressing the needs of homeless persons with mental illnesses and substance use disorders.

Lead agency: Department of Health and Human Services

Participating agencies: Relevant DHHS components; Social Security Administration; Departments of Education, Housing and Urban Development, Justice, & Veterans Affairs

Key milestones: Convene working group and begin work on identifying "best practices' models: October 1995.

Complete the collection and dissemination of models: December 1995

Explore accreditation standards and Medicaid regulations: October to December 1995

Begin work on implementing best practices models in DVA and Bureau of Prison facilities: January 1996

· An ICH working group should be convened to examine eligibility criteria for programs and benefits relevant to institutionalized homeless individuals with mental illnesses and/or substance

use disorders. A review should be made of the compatibility of their criteria, and where there are differences, determine whether these contribute to difficulties in successful discharge planning. If so, actions should be identified and implemented for overcoming the differences (e.g., development of a unified pre-release application process, similar to that currently used for SSI and Food Stamps). An evaluation component should be built into this initiative to assure that actions taken to improve the provision of benefits to homeless persons are effective in meeting this goal.

Lead agency: Department of Health and Human Services

Participating agencies: Relevant DHHS components; Social Security Administration; Departments of Agriculture, Justice, & Veterans Affairs

Key milestones: Complete report of criterion compatibility and recommended policy/regulatory changes: December 1995

· DVA would serve as an exemplary program in implementing and evaluating discharge planning "state-of-the-art" and "best practices" models (developed under Recommendation #2) throughout their system.

Lead agency: Department of Veterans Affairs

Key milestones: Begin work on implementing best practices models: January 1996

Increasing Access to and Use of Mainstream Resources

Increasing access to and use of mainstream resources for homeless individuals with mental health and/or substance abuse problems cuts across many Federal Departments and programs. This subgroup chose to emphasize two primary recommendations from *Priority: Home! The Federal Plan to Break the Cycle of Homelessness*: (1) integrating housing, treatment, and other community-based services, and (2) increasing knowledge and disseminating information on treatment intervention strategies for this population.

· Draft procedures for collaboration specific to substance abuse, mental health, and housing efforts will be developed. The procedures of collaboration will include grant and funding announcements, review processes and coordination at State and local levels. The CMHS ACCESS program and the HUD/Department of Veterans Affairs (DVA) housing program are examples of collaboration.

Lead agency: Department of Health and Human Services

Participating agencies: DHHS components [ASPE, BPHC, NIAAA, NIDA, NIMH, SAMHSA (CMHS, CSAT)], Department of Housing and Urban Development, and Department of Veterans Affairs

Key milestones: Convene interagency collaboration committee by May 1995
Complete procedures by December 1995

· The Department of Health and Human Services will develop a plan to increase services under the Community Mental Health Services and Substance Abuse Prevention and Treatment block grant programs to people who are homeless. The plan will include methods of technical assistance to States and localities regarding homelessness and also better tracking of services and clients who are homeless. The technical assistance effort will include: State workshops and national State agency Director meetings on homelessness as well as publications on treatment and services for homeless persons with substance abuse and/or mental health problems. In addition, technical assistance will be provided for State agencies regarding accessing Medicaid benefits and other support programs for this population.

Lead agency: Department of Health and Human Services
Participating agencies: Relevant DHHS components; National Association of State Alcohol and Drug Abuse Directors; National Association of State Mental Health Program Directors
Key milestones: Convene work group by July 1995
Complete plan by December 1995
Begin implementation February 1996

· The Department of Health and Human Services should encourage research and demonstrations on homelessness, substance abuse and mental health issues. A research agenda should be developed by a work group that would encourage NIDA, NIAAA, and NIMH to place an emphasis in their health services research portfolios on homelessness. The research agenda should be developed with the input of practitioners, clinicians, and street-level providers so that service concerns are incorporated into Federally-funded research efforts on homelessness.

Lead agency: Department of Health and Human Services

Participating agencies: DHHS components [ASPE, BPHC, NIAAA, NIDA, NIMH, SAMHSA (CMHS, CSAT)]; Interagency Council on the Homeless; national treatment and advocacy organizations; & street-level providers

Key milestones: Convene interagency collaboration committee by June 1995
Develop research agenda by February 1996

Integrating Housing and Services

Integrating appropriate housing and services for homeless persons is central to breaking the cycle of homelessness and helping persons become more self-sufficient. This is especially true for homeless persons with serious mental illnesses and substance use disorders, who often require an array of services over an extended period of time.

· HUD and HHS will provide technical assistance on Safe Havens and its importance in the continuum of care approach as a follow-up to last year's HUD/HHS Safe Havens meeting and this year's SHP awards.

Lead agencies: Department of Housing and Urban Development and Department of Health and Human Services

Key milestones: Identify forum(s) by April 1.
Hold forum(s) by August 1.

· The Department of Health and Human Services, in consultation with HUD, will develop a description of the continuum of care for persons with serious mental illnesses and those with substance use disorders. The description will highlight the various needed services for this population, as well as available resources.

Lead agency: Department of Health and Human Services

Participating agency: Department of Housing and Urban Development

Key milestones: Description to be completed by July 1995.
Dissemination to be completed by September 1995.

· The National Institute of Mental Health (NIMH) proposes to work with the Department of Housing and Urban Development, other components of the Department of Health and Human Services, and other relevant agencies, to hold a conference which translates research findings into continuum of care implementation action, and gives service providers the opportunity to highlight cutting edge issues for future scientific investigation. NIMH could contribute the knowledge gained from their recent demonstration programs.

Lead agency: Interagency Council on the Homeless
Participating agencies: All agencies

Key milestones: Hold Federal session by April 1995.
Identify ways to disseminate information to providers and other interested groups by July 1995.

- The Departments of Housing and Urban Development, Health and Human Services, and Veterans Affairs will conduct appropriate cross-training to headquarters and field staff on mental health, substance abuse, and housing.

Lead agencies: Department of Housing and Urban Development, Department of Health and Human Services, and Department of Veterans Affairs

Key milestones: Hold training sessions for each department's staff by October 1995

- Meet with State and local government representatives and providers to identify differences and commonalities in existing plans and to identify how the Consolidated Plan can be used to coordinate existing Federal, State, and local homeless-related plans (e.g., State mental health, PATH, SAPT, etc.).

Lead agency: Department of Housing and Urban Development and Department of Health and Human Services

Participating agencies: Department of Education, Department of Veterans Affairs, and other interested departments and agencies.

Key milestones: Hold planning meeting by March 1995.
Meet with non-Federal representatives by May 1995.
Disseminate relevant findings by July 1995.

- The Departments of Housing and Urban Development, Health and Human Services, and Veterans Affairs will work together to identify and disseminate information on up to 10 communities that have developed integrated systems and are developing a continuum of care.

Lead agencies: Department of Housing and Urban Development, Department of Health and Human Services, and Department of Veterans Affairs

Key milestones: Identify communities by March 1995.
Develop write-ups by April 1995.

· The Department of Housing and Urban Development and Department of Health and Human Services will identify and develop a write-up for up to five communities on how they have become particularly successful in developing Single Room Occupancy housing, including such housing for persons with mental illnesses and substance use disorders.

Lead agencies: Department of Housing and Urban Development and Department of Health and Human Services

Key milestones: Develop write-ups by June 1995.
Disseminate by September 1995.

· Grant awarding agencies should give applicants higher scores for proposing to or using other Federal assistance in a coordinated approach to addressing homelessness.

Lead agency: Interagency Council on the Homeless

Participating agencies: All program agencies

Key milestones: Recommend implementation by all agencies by September 1995

HEALTH CARE AND NUTRITION SERVICES

Homeless people often face more serious and prolonged health care and nutrition needs than the general population. They are sometimes hesitant to pursue health care services, unable to get to a health care provider, or unable to acquire adequate food for health needs. Obtaining basic health care such as immunizations for children can be a logistical challenge. Homeless individuals in particular are often not eligible for Medicaid. Health care providers are often reluctant to provide services to homeless persons for reasons such as the increased cost of doing so or lack of understanding about the unique circumstances and complex health care needs of homeless persons. Chronic health conditions including AIDS and tuberculosis (TB) are frequently exacerbated by transitory living conditions that often include living and sleeping in group situations which make it difficult to follow through on health care regimens. This puts both those currently ill as well as others living in these situations at risk of opportunistic infections.

These are the types of challenges posed to the Health Care and Nutrition Services work group. President Clinton's Health Security Act, discussed in the Federal Plan, would have dramatically improved access to health care and would have begun to address the above issues. The Health Care and Nutrition Services work group recognized that more could and should be done within the existing health care system to increase access by homeless persons and that the need to work within the existing health care system was particularly acute given the failure to exact comprehensive reform. The Federal Plan also outlines a series of recommendations to address the epidemic of HIV/AIDS and TB among the homeless population. Access to adequate food and nutrition services was identified as a third critical component. To focus attention on each of these areas, and identify initiatives to implement the Federal Plan recommendations, the group divided into three subgroups: 1) health care access, 2) AIDS/TB, and 3) nutrition services.

Of special note, the work group convened a small meeting of national advocacy groups and local providers to help identify priority areas and guide the subgroup discussions of action steps. The actions outlined in the subgroup reports reflect their input.

Access to Health Care

The issue of improving health care access for homeless persons is one that underlies and is intimately linked with the efforts and initiatives discussed by the other groups and subgroups involved in developing the Federal Plan. For example, the Federal efforts to deal with mental health and substance abuse disorders among homeless persons, efforts to prevent homelessness or to address the needs of homeless persons in rural areas will of necessity involve improving health care access for this population.

- Work actively with states to develop and implement 1115 demonstration proposals and pursue efforts to increase access to and quality of care for vulnerable populations, including homeless persons.

As of January, 1995 seven states have approved Statewide Medicaid 1115 health care reform demonstrations (Oregon, Tennessee, Hawaii, Kentucky, Rhode Island, Florida and Ohio) and the Department is working with at least 9 more states on their 1115 demonstration proposals. More homeless and near-homeless individuals will become eligible for the Medicaid program in those States with Statewide Medicaid 1115 health care reform demonstrations. Under the traditional Medicaid program most homeless individuals, particularly homeless men, are not eligible for Medicaid. Under the Medicaid 1115 demonstrations, homeless persons often become Medicaid eligible. Since the Statewide Medicaid 1115 demonstrations usually provide care through managed care arrangements, this is expected to enhance the access, continuity and quality of health care which Medicaid recipients receive.

Lead Agency: HHS (HCFA)
Participating Agencies: HHS Components (HRSA, SAMSHA)
Milestones:

Consideration will be given in 1995 to developing terms and conditions in the 1115 demonstration contracts with States that specifically address performing outreach and informing homeless persons of their Medicaid eligibility and the health care services to which they are entitled.

Data gathering by an independent evaluator has begun for the first 6 states to implement state-wide 1115 demonstrations. Evaluators will look at the impact of the demonstrations on the care provided to vulnerable populations, including homeless persons.

PHS agencies will continue to review 1115 proposals, with a focus on issues of access and quality of care for vulnerable populations including homeless persons.

- Encourage the provision of health care to more Medicaid beneficiaries through State directed managed care arrangements. These types of arrangements, which have dramatically increased for Medicaid recipients in recent years, should enhance access to preventive and primary health care for homeless persons, as well as replace episodic care with continuity of care for this group. Refine quality assurance programs and initiatives in Medicaid managed care pertaining to vulnerable populations, thereby further improving health outcomes for homeless persons.

Lead Agency: HHS (HCFA)
Milestones:

Enrollment of Medicaid beneficiaries in managed care arrangements has skyrocketed recently. Medicaid managed care enrollment increased 33% in 1993 alone and has more than doubled since 1990. As of June 30, 1994 about 22% of the Medicaid beneficiaries (8 million persons) were enrolled in managed care arrangements.

Evaluation of 3-State Quality Assurance Reform Initiative (QARI) Demonstration project for Medicaid managed care, to assess will take place in 1996.

Through meetings and discussions, explore opportunities and initiatives for focusing quality assurance efforts in Medicaid managed care on vulnerable populations including homeless persons.

· Develop a "Best State Practices Guide" to disseminate to States describing initiatives and procedures which State Medicaid Agencies, including those states with state-wide 1115 demonstrations, have found effective in performing outreach and informing homeless persons about their Medicaid eligibility and the health care services to which they are entitled. Also, encourage State Medicaid Agencies to outstation eligibility workers in homeless shelters and health care facilities where homeless persons seek care.

Lead Agency: HHS (HCFA)
Milestones: Survey for best practices to be sent out to State Medicaid Agencies in the fall of 1995.

· Meet with interest and advocacy groups for homeless persons on a regular basis, to share information about federal health care financing issues, policies, and programs, as well as to solicit their views. Also, encourage appropriate Federal staff members to attend outside meetings conducted by interest groups and organizations for homeless persons.

Lead Agency: HHS (HCFA, HRSA)
Milestones: Develop a list of interest and advocacy groups for homeless persons which will be incorporated into HCFA's list of beneficiary and consumer organizations which are invited to meet with HCFA on a regular basis.

· By 1996, increase vaccination levels to ensure that at least 90 percent of 2-year old children (including homeless children) receive the critical initial doses; and by the year 2000, implement a system to ensure that at least 90 percent of all 2-year old children receive the full series of vaccines. The Childhood Immunization Initiative (CII) is a comprehensive effort to remove barriers to immunization. The CII includes five key strategies to improve preschool vaccination rates: improving the quality and quantity of vaccination delivery services; reducing vaccine costs; increasing awareness, community participation, and partnership; improving the monitoring of disease and vaccination coverage; and improving vaccines and vaccine use. As part of the CII, the Vaccines for Children (VFC) program is designed to reduce financial barriers to immunization.

Those children eligible to receive free vaccine under the VFC program are: Medicaid-eligible children; uninsured children; underinsured children (those whose health insurance does not cover immunizations) who receive immunizations at Federally Qualified Health Centers (FQHCs), including Health Care for the Homeless providers; and Native American Children.

Lead Agency: HHS (CDC, HRSA)
Participating Agencies: USDA (FCS)/ED
Milestones:

Continue to work with epidemiologists in state and local health departments to collect data and to identify interventions for communities and populations with low levels of properly immunized children.

Assist state health departments in developing their State Immunization Action Plans and Vaccines for Children programs, in collaboration with Health Care for the Homeless and other primary care providers serving vulnerable populations, to ensure that underserved populations, including homeless children, are identified and targeted by state and local immunization efforts.

Assign outreach consultants to each of the ten regions to provide technical assistance to state and local health departments in planning and implementing outreach efforts: February 1995

Develop and disseminate information materials about the availability of free vaccines for health care providers that work with homeless children and for homeless families: May 1995

Encourage coordination between WIC and state immunization programs to increase immunization rates among preschool-age children in the WIC program. 1992 HHS immunization action plan provides general guidelines for states to increase immunization coverage rates among WIC participants. USDA and CDC will issue a joint letter to state health officers to further promote partnerships between state WIC and immunization programs: Spring 1995.

· Provide comprehensive primary care services for homeless and at risk students and health education/promotion activities through 27 school-based health centers funded by the Healthy Schools/Healthy Communities Initiative. Coordinate with homeless liaisons and state coordinators of EHCY.

Lead Agency: HHS (HRSA)
Participating Agency: ED
Milestones: Service provided by school-based health centers: Spring 1995

· Assist the Health Care for the Homeless (HCH) provider community and other primary care providers who serve homeless persons to prepare for the transition to managed care arrangements. This will include dissemination of a self-assessment tool and managed care training.

Lead Agency: HHS (HRSA)
Milestones: Distribute tool and encourage its use by health care providers: April 1995

Pilot HCH managed care training module at National HCH meeting: May 1995

75% HCH providers complete this or more advanced training in preparation for managed care: September 1996

Evaluate participation of HCH providers in managed care: January 1997

· Encourage state and local efforts to meet the health care needs of homeless persons by disseminating lessons learned through program evaluation activities. Focus evaluation on approaches to expanding outreach, access points, and capacity, as well as efficient use of resources in the health care for the homeless setting. Identify exemplary programs and their characteristics, and share information about these potential models with state and local governments, to governmental support organizations, e.g. NGA, ASTHO, National Conference of Mayors, and homeless advocacy organizations and publications.

Lead Agency: HHS (HRSA)
Participating Agencies: HUD
Milestones: Complete Evaluation: June 1995
Identify models: September 1995
Dissemination: March 1996

· Evaluate the extent to which community health centers and community mental health centers are able to serve homeless persons, barriers to access by homeless persons, if any, and strategies to increase access.

Lead Agency: HHS (OIG)
Milestones: Assign evaluation to region: February 1995
Final report available: December 1995

· Require local continuum of care planning boards to include community-based primary health care providers to ensure that unique housing and service needs of homeless persons with chronic illnesses are considered.

Lead Agency: HUD
Milestones: Issue program guidance: Fall 1995

· Promote collaboration at the local service level which impacts health care access by:

- promoting cross-training to increase the recognition of health problems and care needs among a variety of service workers who are in contact with homeless persons;

- promoting development of managed care networks that include providers who serve homeless persons; and

- encouraging health care providers to participate in the continuum of care planning process.

Lead Agency: HHS (HRSA)
Participating Agencies: HUD, HHS components (SAMHSA, HCFA), VA
Milestones: Focus next national meeting of Health Care for the Homeless providers on building local partnerships, with special attention to improving "customer" relationships with the broad array of service providers, including local hospitals, that are needed to care for homeless persons. Encourage participation in local continuum of care planning boards and managed care networks. May 1995

Implement an intra-agency agreement between the Center for Mental Health Services and the Bureau of Primary Health Care to enhance the cross-training of mental health and primary care providers who deliver services to persons who are homeless: January 1995

Organize and implement additional cross-training by/for local service providers: January 1997

AIDS/TB SUBGROUP

The issue of homelessness is complex, but where it intersects with additional issues of chronic health conditions, including tuberculosis (TB) and HIV/AIDS, the solutions become all the more difficult. People who are homeless have a high prevalence of HIV-related risk behaviors and are more susceptible to TB. Similarly, the chronic disability of HIV/AIDS can increase the likelihood of homelessness. Each issue compounds the others. Homelessness, HIV/AIDS, and TB are all on the rise in America's cities and are emerging in rural areas and among migrant populations.

The housing needs of people living with HIV infection are enormous. People with HIV/AIDS face an array of barriers to obtaining and maintaining affordable, appropriate housing. The statistics cited in the National Commission on AIDS report, "Housing and the HIV/AIDS Epidemic," are indicative of the housing crisis face by those infected with HIV. Between one-third to one-half of all people living wiith AIDS are either himeless or in imminent danger of homelessness due to their illness, lack of income or other resources, and weak support systmes. Fifteen percent of jomeless people are estimated to be infected with HIV. At any given time, approximately 30 percent of people with HIV disease remain in hospitals because no community-basee residentiol alternatives are available. Housing is a prerequisite to many basic services frequently needed by people with AIDS. The health and medical aspects of the epidemic have overshadowed the need for safe shelter that provides not only protection an comfort, but also a base from which to receive services, care. and support.

During the 1980's, rates of reported TB cases began increasing in cities throughout the US, after decades of declining TB rates. By the 1990's, the situation had seriously worsened in specific urban areas. From 1989 to 1990, 9.4% more cases of active TB were reported to the CDC, and reported outbreaks occurred in homeless shelters and in congregate living facilities (McAdam, 1990; CDC, 1987). Whether people are homeless because of "crisis poverty" (due to economic conditions) or "chronic disability" (due to disabling conditions such as mental illness or substance abuse), they are more susceptible to TB both because of increased physical vulnerability and a higher potential for exposure to active TB in shelters and other congregate living situations.

The Federal Plan recommends that "Programs for people with TB and/or HIV/AIDS be established and existing programs changed to provide a comprehensive community-based system of housing and services." The following action steps should be implemented to address this recommendation.

· Establish an AIDS Office at HUD to coordinate housing policy, provide technical assistance to sponsoring agencies and leverage additional housing resources for low-income persons living with HIV/AIDS and their families.

Lead Agency: HUD
Milestones: Establish and staff Office of HIV/AIDS Housing: November 1994

·Improve access and understanding of HUD-supported programs for persons with AIDS (PWA's).

Lead Agency: HUD
Participating Agencies: HHS (HRSA, CDC, ASPE)
Milestones: Provide technical assistance to community-based organizations: November 1994

Target additional resources, including Section 8 Rental Assistance vouchers for PWA's: January 1995
Advise providers on successful uses of HOPWA funds: April 1995

Provide model plans for integrating the community planning processes under Ryan White, HOPWA/Consolidated Plan, Homeless Assistance/ Continuum of Care grants, and CDC grants: September 1995

· Disseminate currently available information and continue to work to improve data on the incidence of HIV/AIDS, TB and other chronic disabling conditions among the homeless population. Disseminate information to primary care provider organizations, HOPWA, AIDS housing, and other relevant providers and organizations to use in making decisions about targeting of resources and in relevant planning efforts.

Lead Agency: HHS (HRSA, CDC)
Participating Agencies: HUD, HHS components (SAMSHA, ASPE)
Milestones: Review HRSA survey data and analyze for publication: June 1995

Disseminate information to grantees and other relevant groups: August 1995 (Sources: Evaluation of Health Care for the Homeless Program, Title III(b) grantee evaluation survey, CDC National HIV Serosurveillance Summary: Results through 1992, Vol. 3, "HIV Infection Among Homeless Adults and Runaway Youth, U.S. 1989-1992", AIDS Journal, Nov. 1994, Reported Tuberculosis in the United States, 1993.)

Continue to disseminate pertinent information and data as it becomes available: annually

Continue to work with state and local health departments to improve the quality of reported data on the incidence and prevalence of HIV/AIDS, TB, etc. among homeless persons and disseminate information. (CDC AIDS Surveillance and HIV Serosurveillance Update, October 1994).

· Assist State and local TB control programs in identifying local solutions to lack of housing for TB patients.

Lead Agency: HHS (CDC)
Participating Agencies: HUD
Milestones: Collect and disseminate information on successful strategies used in different areas (i.e., Annual TB Controllers Workshop): annually

Publish successful programs in peer reviewed journals and other pertinent publications as appropriate

· Encourage States to cover under their Medicaid program a new provision of the law which gives them the option to cover tuberculosis-related outpatient services provided to low income persons infected with TB, who are not otherwise eligible for Medicaid.

Lead Agency: HCFA
Participating Agencies: HHS (CDC)
Milestones: Letters, policy transmittals and meetings: FY 1995

· Develop a prototype Medicaid home and community-based services waiver for individuals with AIDS to facilitate development and approval of State Medicaid waivers for this target group. Also, encourage States to develop and implement other types of waivers for Medicaid-eligible individuals who are homeless or at-risk of becoming homeless.

Lead Agency: HCFA
Milestones: Release prototype of Medicaid home and community-based ser vices waiver for individuals with AIDS to State Medicaid agencies: Spring 1995

· Implement the CDC HIV Prevention Community Planning Guidance which outlines a process whereby the identification of high priority HIV prevention needs is shared between the health department administering HIV prevention funds and representatives of the communities for whom the services are intended. Ensure that socioeconomically marginalized groups (including homeless persons) and other groups that are underserved by existing HIV prevention programs are represented in the community planning committees.

Lead Agency: HHS (CDC)
Participating Agency: ED
Milestones: Allocate additional funding to health department grantees for community planning: March 1995

Disseminate information about community planning process to homeless advocacy groups as well as others through Dear Colleague letters, etc.: by Summer 1995

Offer workshops on ways to include underserved populations including the homeless in community planning committees, at the Prevention Summit: HIV Prevention
Community Planning Co-chairs meeting: March 1995.

· Propose legislation as part of reauthorization of the Ryan White CARE Act that would include a voting HOPWA representative or other housing advocate on the health services planning councils for Ryan White Title I communities. Title II planning entities should also have appropriate housing advocates represented.

Lead Agency: HHS (HRSA, ASL)
Participating Agencies: HUD
Milestones: Submit a reauthorization package by February 1995

Conduct annual reviews of state Title II comprehensive plans to ensure housing advocates are represented

· Develop and disseminate a handbook or other training/resource materials on developing respite care and adult day care centers for homeless persons with AIDS, which includes how to establish respite care that is cost-effective, potential funding options at the State and local level, and various respite care models (i.e. the Boston project).

Lead Agency: HHS (HRSA)
Participating Agencies: HUD, VA
Milestones: Present a successful model (i.e., Boston project) at the annual HCH meeting: May 1995

Develop a resource list/manual on successful and innovative projects: Fall 1995

Distribute resource list/manual on successful and innovative projects: Spring 1996

· Incorporate training on preventing and treating HIV/AIDS and TB among homeless persons through appropriate national conferences of community-based organizations, professional orga-

nizations, national advocacy groups, and other relevant meetings/conferences to ensure that the unique issues related to homeless persons with these diseases are addressed.

Lead Agency: HHS (HRSA, CDC)
Participating Agencies: HUD/ED
Milestones: Conduct a workshop on the unique health care needs of homeless persons at the annual Ryan White Title III(b) grantee meeting: August 1995

Conduct a workshop on preventing and treating HIV/AIDS and TB among homeless persons at the annual HCH meeting: May 1995

Conduct workshops on preventing HIV and TB among homeless persons at the CDC STD and HIV Prevention Grantee Conference: August 1994, 1996 and CDC Annual Tuberculosis Controllers Meeting: 1996.

Conduct workshops on prevention and intervention at annual conference of National Association of EHCY State Coordinators: 1995

- Develop model plans for operating effective housing programs for persons with HIV/AIDS and their families.

Lead Agency: HUD
Participating Agencies: HHS (HRSA, ICH)
Milestones: Provide descriptions of prior model programs providing HIV/AIDS housing using SNAPS programs: September 1994

Profile successful HOPWA formula grant projects: April 1995

Identify model plans through Health Care for the Homeless Clinicians Network: annually

NUTRITION SERVICES SUBGROUP

The nutrition services subgroup of the Health and Nutrition Services focused on initiatives which would improve access to adequate food and nutrition services by homeless persons. Representatives of the Interagency Council on the Homeless and the Departments of Agriculture, Health and Human Services and Labor, as well as advocacy groups provided ideas that helped shape these proposals. The actions related to nutrition are organized in three areas: 1) increasing technical assistance and resource dissemination, 2) improving service delivery, and 3) increasing program access.

· Solicit materials for the Food and Nutrition Information Center (FNIC) that specifically target homeless persons or relevant topics, develop a resource list of materials (easy to read information on preparing nutritious meals, recipes, and how to keep food safe) and then through newsletters, electronic media and other appropriate vehicles notify relevant organizations on the availability of resource lists. The FNIC of the National Agricultural Library provides free information and loan materials to programs that participate in FCS food assistance programs and other USDA programs. The general public can also receive free information from FNIC. The Center solicits and accepts nutrition education, food safety, food service and human nutrition materials such as journal articles, books, leaflets, curricula, games and videos and enters them into the AGRICOLA database, an internal data base or internal files as appropriate. Appropriate materials would be added to the AGRICOLA database. The resource list would contain information on availability, cost and the content of publications.

Lead Agency: USDA (FNIC)
Participating Agencies: HHS
Milestones: Develop a resource list
Disseminate availability of list

· All Soup Kitchens, food banks, shelters etc. that participate in FCS programs are eligible for free services from the FNIC, but staffing is currently unavailable to respond with personalized services if hundreds of requests are made each month. In order to provide an additional part time staff person to handle increased requests from homeless service providers, FCS will contribute $30,000 in FY 1995 to FNIC to fund these targeted homeless services.

Lead Agencies: USDA (FCS, FNIC) and HHS
Milestones: Committee meet to design project needs: February 1995
Secure funding from Departments: June 1995
Complete new reference materials: October 1995

· Develop and disseminate a food and nutrition resource manual targeted to service providers delivering services to persons with HIV/AIDS, with a focus on the unique needs of vulnerable populations including homeless persons.

Lead agency: HHS (HRSA)
Participating Agencies: USDA (FNIC)
Milestones: Convene an Advisory Committee comprised of local level providers, grantees, AIDS organizations and other Federal agencies: February 1995

Develop a draft document for review: May 1995

Present document at the Annual Ryan White Title III (b) meeting: August 1995

Disseminate document to community-based organizations: December 1995

· Implement and evaluate Community Nutrition Education Cooperative Agreements in 10 communities. These cooperative agreements are designed to: 1) support the design, implementation and evaluation of nutrition education programs that reach large numbers of food assistance program recipients; 2) foster the development of community networks to better integrate nutrition education service and resources; and 3) provide integrated nutrition education outside of traditional program-centered delivery systems. The reach of nutrition education service providers and education materials is expanded without the costly development of new nutrition education components to existing programs. More than half of the projects have collaborators that provide direct services to homeless persons. Upon completion of the project, technical assistance materials will be provided to communities assisting them in implementing successful components of these projects.

Lead Agency: USDA (FCS)
Milestones: Completed Project report: December 1996

· In Fiscal Years 1993 and 1994, USDA's Fod Stamp Program awarded $2.8 million in small demonstration grants to 26 community organizations in 10 stated to test innovative ways of providing outreach and enrollment assistance to hard-to-reach population groups. Several projects are targeted entirely to homeless persons and most include ahomeless outreachand assistance component. Activities include:

· Work with homeless teenagers-"street kids"-in Portland, Oregon, providing information and help with food stamp enrollment, health and nutritious meals at Portland's nonprofiit Sisters of the Road Cafe and three participating commercial restaurants that offer prepared meals to homeless persons for pruchase with food stamps.

· A partnership in Richmond, Virginia between The Saily Planet, a multi-service provider to homelesss persons, and the local Food Stamp Agency, in which clients can apply for food stamps directly at the downtown shelter.

· Efforts in severl places to assist commercial restaurants to become authorized to participate in the program of Prepared Meals for Elderly, Disavled, and Homeless Persons, purchas able with food stamps.

· Training provided to local Food Stamp Ahency staff throughourt the state be Colorado Coalition for the Homeless on the needs and problems of homeless persons in enrolling for food stamps.

Independent evaluation of thses projects, currently in progress, will help identify barriers to obtaining food stamps often face by homeless persons, and the methods that work best to overcome them.

Lead Agency: USDA (FCS)
Milestones: Interim Project Report: December 1995
Final Evaluation Report: December 1996

· In 1994 the Food and Consumer Service and Social Security Administration jointly awarded approximately $500,000 in Food Stamp/Supplemental Security Income client enrollment assistance grants. Most of these were targeted to the homeless population. There will be an evaluation of these projects.

Lead Agency: USDA (FCS)
Milestones: Project reports starting March 1996

· Public Law 103-448 permanently authorized and renamed the existing Child Nutrition Demonstration program, "Homeless Children Nutrition Program." The law provided a $1.8M appropriation for the program for Fiscal Year 1995. In addition, up to $3M in State Administration Expense funds will be available for the program.

Lead Agency: USDA (FCS)
Milestones: Applications submitted at any time and awarded based on availability of funds.

· Fund at least one demonstration program each fiscal year from 1995 through 1998 under the Demonstration Program For the Prevention of Boarder Babies, a component of the Homeless Children Nutrition Program established by Public Law 103-488. This program is an effort to provide comprehensive assistance to keep babies with their mothers; get healthy babies out of the hospital sooner; counsel mothers on how to nurture their infants; counsel families on proper nutrition; and assist those families in finding permanent housing and employment.

Funding is available to provide food, nutrition education, nutrition assessment and referral services to pregnant homeless women, homeless mothers or guardians of infants; and children of homeless mothers and guardians. Eligible outlets serving the target population include homeless shelters; transitional housing organizations; and, other entities that provide temporary housing.

Lead Agency: USDA (FCS)
Milestones: Grant announcements early 1995.
Funding: Spring 1995

ADDRESSING THE SPECIAL NEEDS IN RURAL AREAS

All but absent in academic and policy debates of the 1980s was any mention of homelessnesss in rural areas. In part, it reflects the geography of refief: rural people who exhaust all local alternatives are apt to move tourban areas because that is where emergency services are likely to be found. In part, too, it reflects the distinctive character of rural homelessness: efforts to cope with residentiolinstagility in rural areas--doubling-up, moving frequently, occupying substandard housing, illegally siting trailers--by their nature mask the severity of hardship. There are few spaces (such as shelters) where literally homeless people congregate. In effect, thses makeshift arranfements to solve homless in rural areas render it more gidden in the process. (Fitchen, 1992--page 50, *The Federal Plan to Break the Cycle of Homelessness*).

Priority: Home! Addressing the Special Needs in Rural Ares Subgroup Action Steps

Priority: Home! The Federal Plan to Break the Cycle of Homelessness contained two recommend ations on the special needs in rural areas. The following are the Federal Plan recommendations, current Federal activities in support of the recommendations, and additional implementation activities proposed by the subgroup.

Federal Plan Recommendation #2 A - Increase Housing Subsidies an Fighr Discrimination

Current Initiative:

o Recognizing the needs of rural communities, the President's budhet request increases the Rural Housing and Community Development Service Section 521 rental assistance budget by $64 million for FY '96 to alleviate rent burden in RECD-subsidized rental housing in rural areas. Rental assistnace enables tenants to hold their rent to 30 percent of less of their income. RECD's budget for rental assistance has not kept pace as the needfor it has increased. At present, in RECD subsidized rental housing, there are more than 90,000 families paying more than 30 percent of their income for rent. In addition, there are more than 22,000 vacant units that could house more than 60,000 people, if they were made affordable with rental assistance.

Federal Plan Recommendation #3 C - Improve Access to Mainstream Programs

Current Intiative:

- The Housing and Community Development Act of 1992 directed RECD to lease inventory property to nonprofit or public groups to use as transitional housing for the homeless which RECD had been doing since 1990 with its "non-program" inventory. (These are units not generally suitable for re-use under the 502 program.) This legislation direc ted the use of

Lead Agency:	Rural Economic and Community Development, USDA
Participating agencies:	FEMA, HHS, HUD, Labor, VA
Key Milestones:	Sponsor three regional interactive wwoekshops and one national conference on homelessness in rural areas. The workshops will be held:

Columbia, SC	March 6-7, 1995
Hood River, OR	April 10-11, 1995
Casa Grande, AZ	May 1-2, 1995
Columbus, OH	June 5-6, 1995

o Prepare and publish the proceeding and findings from the regional interactive workshops and the national conference which will frame RECD's approach to addressing homelessness in rural areas.

Lead Agency:	RECD/USDA
Participating agencies:	FEMA, HHS, HUD, Labor, VA (For consultation on draft report)
Key Milestones:	Publish report: September 1995

o Continue to explore at the national and local level parnership opportinities for outreach and program development to work toward breaking the cycle of homelessness in rural America.

Lead Agency:	RECD/USDA
Participating agencies:	FEMA, HHS, HUD, Labor, VA, USDA/FNCS and others.
Milestones:	Ongoing. Continue with established partnerships and be open to forming new partnerships as situations require.

PROGRAM EVALUATION

To design and administer effective programs, accurate information on the characteristics and needs of the homeless population is critical. Specifically, Priority: Home! recommends that efforts should be made to conduct systematic assessments of how effectively programs service the homeless population. This work group reviewed past efforts to survey the characteristics of the homeless populations and existing Federal program evaluations to determine gaps in knowledge and nest steps.

· Conduct a national survey in 1996 to describe the characteristics and needs of people using services to build on currently available data and provide information for policy makers and program administrators. As part of the survey, develop a comprehensive profile of providers and the services they offer. (Individual agencies--not the Census Bureau--would be responsible for analyzing the results of the survey.)

Lead Agency: Technical Coordination--Census Bureau Day-to-Day Coordination: To be determined by Sponsors--USDA, FEMA, HHS, HUD, VA, and other agencies as appropriate

Milestones: Decision on funding for 1995 pretest--12/15/94
Decision on funding source for full survey--ASAP
Decision to proceed with full survey--May 15, 1995
Receive OMB clearance--August 1, 1995

· Develop a comprehensive list and brief descriptive summary of major reports, evaluations, and studies of Federal homeless assistance programs conducted by GAO, other Federal agencies, inspectors general, and private organizations (e.g., National Coalition for the Homeless, U.S. Conference of Mayors) that have been completed since 1987. Index by program category and major subgroups.

Lead Agency: ICH, in conjunction with member agencies.

Milestones: Circulate first draft of comprehensive list for review by agencies--9/1/95
Circulate revised list and draft of descriptive summary to agencies for review--11/1/95.

· Analyze major reports, evaluations, and studies of Federal homeless assistance programs identified in Action Step 2 to identify significant findings and key issues for attention of policy makers and program administrators. Index by program category and major sub-groups.

Lead Agency: ICH, in conjunction with member agencies, to determine possible source(s) of funds for consultant to conduct analysis.

Milestones: To be determined following completion of lists and summaries described in recommended action-step #2.

* Conduct an evaluation of the three year Homeless Demonstraion program that began in September 1991 to determine the effectiveness of removing homeless people from transit facilities and the impact of providing outreach services such as shelter, job training, transportation and mental health/ substance abuse treatment to those homeless people who congregate in transit facilities. This evalluation will include the results of the local evaluations of the three project domonstrations (Baltimore, New York, and San Francisco) and the interaction between the various particpants (e.g. Federal and local government officials, homeless advocacy groups, transit officials, local vendors, etc.). Finally, this evaluation will identify key issues for attention of policy makers and program administrators.

Lead Agency: DOT/Federal Transit Administration

Milestones: Final Report will be completed June 1995

Glossary

AFDC -- Aid to families with Dependent Children

ADA -- Americans with Disabilites Act

AIDS -- Acquired Immunodeficiency Syndrone

CDC -- Center for Disease Control

CNS -- Corporation for National Service

DA&A -- Drug Abuse & Alcoholism

DOD -- Department of Defense

DOE -- Department of Energy

DoJ -- Department of Justice

DoJ/BOP -- Bureau of Prisons

DoJ/NIC -- National Institute of Corrections

DOL -- Department of Labor

ED -- Department of Education

EHCY -- Education for Homeless Children & Youth Program

EITC -- Earned Income Tax Credit

EZ/EC -- Empowerment Zones/Enterprise Communities

FEMA -- Federal Emergency Management Agency

FEMA/EFS -- Energy Food and Shelter Program

FY -- Fiscal Year

GAO -- General Accounting Office

GSA -- General Services Administration

HHS -- Health and Human Services

HHS/ACF -- Agency for Children & Families

HHS/ASL -- Assistant Secretary for Legislation

HHS/ASPE -- Assistant Secretary for Program Evaluation

HHS/BPHC -- Bureau of Primary Health Care

HHS/CMHS -- Center for Mental Health Services

CMHS/ACCESS -- Access to Community Care and Effective Services & Supports

CMHS/PATH -- Projects to Assist in Transition for Homelessness

HHS/CSAT -- Center for Substance Abuse of Treatment

HHS/FQHC -- Federally Qualified Health Centers

HHS/HCFA -- Health Care Finance Agency

HHS/HRSA -- Health Research

HHS/NIDA -- National Institute of Drug Abuse

HHS/NIMH -- National Institute of Mental Health

HHS/SAMHSA -- Substance Abuse, Mental Health Services Administration

HIV -- Human Immunodeficiency Virus

HOME -- HUD Affordable Housing Program

HOPWA -- Housing Opportunities for Persons with AIDS

HUD -- Housing and Urban Development

HUD/CDBG -- Community Development Block Grants

HUD/ESG -- Emergency Shelter Grants

HUD/FHEO -- Fair Housing and Equal Opportunity

HUD/OAHP -- Office of Affordable Housing Programs

HUD/PD&R -- Policy Development and Research

HUD/PIH -- Public and Indian Housing

HUD/SNAPS -- Special Needs and Assistance Programs

ICH -- Interagency Council on the Homeless

Interior/BIA -- Bureau of Indian Affairs

JTHDP -- Job Training Homeless Demonstration Program

JTPA -- Job Training Partnership Act

NGA -- National Governors Association

NOFA -- Notice of Funding Availability

OIG -- Office of the Inspector General

OSHA -- Occupational Safety and Health Administration

PHAs -- Public Housing Authorities

PWAS -- Persons with AIDS

SAFAH -- Supplemental Assistance for Facilities to Assist the Homeless

Safe Havens -- Low Demand for Housing for Homeless Persons with Mental Illness

S & C -- Shelter Plus Care

SHDP -- Supportive Housing Demonstration Program

SHP -- Supportive Housing Program

SSA -- Social Security Administration

SSI -- Supplemental Security Income

SRO -- Single Room Occupancy

TA -- Technical Assistance

TB -- Tuberculosis

USDA -- Department of Agriculture

USDA/FCS -- Food and Consumer Services

USDA/FmHA -- Farmer's Home Administration

USDA/FNIC -- Food and Nutrition Information Center

USDA/RECD -- Rural Economic and Community Development

VA -- Department of Veterans Affairs

WIC -- Women, Infants and Children