

WORKGROUP REPORTS: AGENCY ACTION STEPS
PART III

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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.

Current Initiatives:

- 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 (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), the Emergency Shelter Grant (ESG) program, RECD's Rental Assistance program and the 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 work with community leaders, homeless service providers, homeless individuals and families to develop and fund local prevention efforts such as: rental assistance, eviction prevention, emergency cash grants, etc. assistance and less mass shelter. The program would invite FEMA's Local Boards to develop prevention assistance plans for their respective jurisdictions. Instead of funding shelter cost through the FEMA programs, mass shelter providers would be funded through HUD's Emergency Shelter Grant (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.

- FEMA developed a technical assistance manual entitled, "WHAT WORKS, WHAT MAKES SENSE", which is a compendium of exemplary administered emergency assistance programs. The manual contains the written entries of Local Boards and local recipient organization of how rent, mortgage and utility assistance is provided efficiently and effectively in their respective communities. The results are administrative and service delivery systems that have increased community-wide participation, while keeping people housed. Fairness in application and targeting to those most in need emerge as the two key considerations. This manual has been distributed to over 12,000 non-profit organizations. FEMA will continue to identify best practices models and disseminate TA resources through its emergency food and shelter network.

New Initiatives:

- FEMA will sponsor a roundtable with local providers, researchers, members of Congress, public interest groups, and other Federal officials to discuss the possible impact of the proposed EFS program shift toward more prevention assistance and away from funding mass shelter.

Lead agency:	Federal Emergency Management Agency
Participating agencies:	Department of Housing & Urban Development, Department of Health & Human Services, RECD
Key milestones:	Convene working group: - Brief EFS National Board on prevention plan proposal (12/2/94) - Host roundtable discussion (2/29/95)

- FEMA's EFS program staff will conduct 30 technical assistance workshops around the country where prevention planning will be discussed. Local Boards and providers will be given the opportunity to ask questions and voice their views on the proposal.

Lead agency:

Federal Emergency Management Agency

Participating agencies:

Key milestones:

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 five departments: HHS, HUD, Labor, USDA, Education. (The Departments of Interior and Veterans Affairs similarly provide assistance to special populations by legislative mandate.) 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.

SUPPORTING HEALTHY CHILD DEVELOPMENT

Improving Access to Head Start

New Initiatives:

- 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 (ACYF)

Milestone(s): Initial meetings with Head Start grantees to discuss performance standards: 11/94

- 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 indian housing developments.

Lead agency: HHS (ACYF) and HUD

Milestone(s): Issue request for applications by 3/95

- Expand a pilot of the Head Start Family Information System (HSFIS), a client-level data collection system which will provide information necessary to assess the extent to which homeless children access Head Start services, including information on housing status, current homelessness, and experience with homelessness over the past 12 months. Based on the results of the pilot, implement the HSFIS with all Head Start grantees, including the expanded grantees serving children 0-3.

Lead agency: HHS (ACF/ACYF)

Milestones: Expand pilot by Fall 1995

Implement with all grantees by Spring 1998

Helping to Keep Families Together

Current Initiatives

- In January, 1994, HHS funded "*Preventing Child Abuse and Neglect in Homeless Shelters: A Guide for Shelter Workers.*" The Department will continue to make this guide available to shelter providers and other interested parties.

New Initiatives

- 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

- The Family Support and Preservation program is designed to provide necessary services to avert family crises and help maintain the family as a healthy unit. To ensure that the needs of homeless families are considered, include homeless service providers among the examples of potential collaborators in future guidance or technical assistance to states around the family support/preservation planning process.

Lead agency: HHS (ACYF)

Milestone(s): Draft internal memo to include homeless providers: 3/95

- 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 (ACYF)

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 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 (ACYF)

Milestone(s): Develop draft materials: 4/95

Disseminate materials

- 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 (ACYF)

Milestone(s): Materials completed: 7/95

Building on Program Successes

Current Initiatives:

- Once the final report of "The Evaluation of Homelessness and ACYF Programs" becomes available, consider its implications for improved services to homeless families and take appropriate follow-up actions.

Lead agency: HHS (ACYF)
Milestone(s): Final report due: 2/95

IMPROVING SERVICES FOR HOMELESS FAMILIES

New Initiatives:

- HHS will offer technical assistance to communities chosen as empowerment zones and enterprise communities. To ensure that these communities consider the social service needs of homeless populations and are assisted in developing programs to address those needs, the Department has shared information about resources that are available to serve homeless persons and will ensure that Department contact people are able to provide general guidance on these programs and make appropriate referrals for detailed follow up. (broaden to include HUD and USDA?)

Lead agency: HHS (ACF, ASPE)
Milestone(s): Identify contact people: 2/95
Develop training strategy: 3/95

- The Administration for Children and Families is reassessing its programs to ensure that they support a family-focused mission and movement toward self-sufficiency. The Department will ensure that any unique needs or barriers faced by homeless families are considered in this process. As a first step, HHS will convene a meeting of advocacy groups to identify barriers, including those faced by special populations such as homeless families, and to discuss the message that will be sent to HHS programs. Key homeless advocacy groups will be included in this meeting.

Lead agency: HHS (ACF, ASPE)
Milestone(s): Convene advocacy group meeting by end of 1995

- Implement a Homelessness Prevention Initiative which will use social work program faculty and graduate students to intervene with families at imminent risk of homelessness. This will include developing an assessment tool to help identify early families at risk of homelessness, inclusion of homelessness training in the social work curriculum, and collaboration with community-based agencies to ensure timely intervention. The initiative will fund a program based at Alabama A&M University, stimulate involvement of other Historically Black Colleges and University's (HBCUs) in the southeast, and stimulate wider HBCU participation through national forums.

Lead agency: HHS (ACF)

Milestones: Initiate contract with Alabama A&M: 2/95

Convene planning meetings of five southeast HBCUs: 3/95, 6/95, and 11/95

Convene roundtable discussion at the Council on Social Work Education annual meeting: 3/95

- To further minimize the use of EA and the special needs component of AFDC to house homeless families in hotels and motels, the Department will provide technical assistance to areas where use of hotels has been a problem (NY, NJ, MA and DC) to identify alternative uses of EA.

Lead agency: HHS (ACF)

Milestone(s): Initiate State-specific meetings: 9/94

IMPROVING ACCESS TO INCOME SUPPORT FOR INDIVIDUALS

Current Initiatives

- 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.

New Initiatives

- Provide SSA field offices with information about locations of Safe Havens projects so they can expedite SSI applications for Safe Haven residents. Safe Havens are low-demand residences for homeless persons with mental illnesses funded through HUD's Supportive Housing Program.

Lead agency: SSA and HUD

Milestone: Issue special processing instructions for communities that receive Safe Haven funding: 3/95

- 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

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.

RECOMMENDATION #1: Increase federal 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.

Current Initiatives

- 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.

NEW INITIATIVE

- Preserve the increase in Federal assistance for the homeless in the FY 1996 Federal budget.

Lead Agency: HUD

Milestones: The Administration will submit its budget to Congress on February 6, 1995.

RECOMMENDATION #2: Reorganize the McKinney Act programs, beginning at HUD, to provide streamlined homeless assistance. The local continuum would include Outreach, Intake Assessment, Emergency Shelter, Transitional Housing with appropriate integrated services, Permanent Housing and Permanent Supportive Housing.

Through new partnerships with State and local governments and nonprofits, Federal assistance will provide incentives for innovation and initiatives among homeless assistance providers.

Current Initiatives:

- Provide on-going technical assistance on the development of the continuum of care model.

Lead Agency: HUD
Participating Agencies: HHS, VA

Milestones: Printed and widely distributed informational booklet (HUD FY 1994); National technical assistance workshops, as part of HUD's Consolidated Planning training (Sessions completed by February, 1995); PATH and Call to Arms Conferences (FY 1994); National Summit (VA FY 1994).

Develop updated continuum of care literature (HUD March 1995); Field office and community training sessions if legislation passes, including information on local boards and how mental health, health care and other service providers can participate (HUD August 1995).

- 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.

New Initiatives

- Reorganize the competitive homeless assistance programs into a block grant program.

Lead Agency: HUD
Milestones: Introduce legislation in February 1995.

- Coordinate (and consolidate where appropriate) the planning and application procedures for other existing Federal programs that serve homeless and special needs populations with HUD's Consolidated Plan.

Lead Agency: HUD
Participating Agencies: HHS, EDA, DOT, DOL

Milestones: Convene an interagency task force to review programs for which planning and applications procedures could be consolidated with HUD's procedures. (Preliminary report December 1995).

- Ensure that Safe Havens remain a viable component of local continua of care.

Lead Agency: HUD

Participating Agencies: HHS/CMH Services,
Social Security Administration

Milestones: Special processing instructions for communities that received Safe Haven funding under the Supportive Housing Program. (SSA March 1995).

Technical assistance paper summarizing conceptional framework of a Safe Haven and why they are needed. (HUD/HHS March 1995).

Workshop for local Safe Haven and other homeless professionals to document standard practices and identify common issues. (HUD/HHS August 1996).

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

Lead Agency: HUD/PD&R

Participating Agencies: University of Pennsylvania, HHS, USDA

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

RECOMMENDATION #3: 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 of becoming homeless [p. 77].

Current Initiatives

- HUD/Office of Elderly and Assisted Housing requires applicants for its 811 program to submit a certification that the application is consistent with the applicant's state mental health plan.

New Initiatives

- 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.

- Educate homeless providers and Federal homeless program staff that housing, when linked with appropriate services, can help house the hardest to serve homeless, including adults with mental illness and/or substance abuse problems.

Lead Agency: HHS

Participating Agency: HUD

Milestones: Disseminate Making a Difference: HHS' interim report on its demonstration program for homeless adults with mental illness (Began 6/94); Publish final results of NIAAA demonstration (focus is homeless persons with substance abuse) 9/95; Develop educational materials for homeless program staff 12/95.

RECOMMENDATION #4: 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. [p. 86-87]

Current Initiatives

- HUD provides technical assistance to groups planning services for homeless to ensure that housing and services are not structured in a way that violates the Fair Housing Act, and to inform them of the protection by the Fair Housing Act.

New Initiatives

- 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 July 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.

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RECOMMENDATION #5: Identify how to make mainstream housing programs more accessible to the homeless, and determine how to improve these programs so that they better prevent homelessness. Monitor ongoing programs and conduct impact evaluations of outcomes to identify ways to forge more effective linkages between targeted and mainstream programs. [p. 91]

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. [p. 94]

Current Initiatives

- HUD/Office of Elderly and Assisted Housing educated eligible nonprofit sponsor organizations on the use of group homes under its 202 program to house homeless persons when there are not enough otherwise eligible residents with disabilities.
- HUD/Office of Public and Indian Housing published a funding notice in FY 1994 providing \$130 million in Section 8 certificates to public housing authorities to provide outreach and housing combined with services to hard-to-serve homeless persons who are disabled.
- HUD/Offices of Community Planning, and Housing offered (and will continue to) 30 percent discounts on single-family properties in designated revitalization areas. In the past, this discount has encouraged many nonprofits to acquire these properties.
- RECD educated nonprofit homeless providers on leasing and purchasing its single-family inventory to house homeless persons, including the availability of a ten percent discount off the purchase price of homes. Additionally, in FY 1995, it has set aside \$1.9 million (17 percent of available grant funds) for

migrant and homeless housing that can be supported with tenant subsidies under the rental assistance program.

- FEMA educated communities on using Emergency Food and Shelter (EFS) funds to provide emergency and short-term housing assistance for homeless persons.
- VA educated nonprofit organizations on leasing properties to house homeless persons under its test program. Leases may be renewed for up to two additional lease terms of one year each, and providers may exercise the option to purchase the property. VA has, and will continue to, work cooperatively with private nonprofit organizations, public organizations and cooperative associations to sell VA-acquired properties through HUD's HOPE 3 program.
- HHS worked with States on using Emergency Assistance resources to prevent homelessness, such as the payment of security deposits and mediation services. HHS also provided technical assistance to service providers through newsletters, conferences and workshops on the availability of housing resources and how to access these resources, including surplus properties for homeless assistance activities.

New Initiatives

- Increase housing authorities' ability to identify and coordinate services for its clients, including those at-risk of becoming homeless.

Lead Agency: HUD/PIH

Milestones: Publish NOFA to fund service coordinators for elderly and disabled families. FY 1995

- Educate affordable housing, community development and homeless providers on how to use HOME Investment Partnerships Act Program (HOME) and Community Development Block Grant (CDBG) Program funds to develop affordable housing, and provide other opportunities for the homeless.

Lead Agency: HUD/CPD

Milestones: Publish Manual FY 1995.

- Increase economic opportunities for low-income, including homeless persons.

Lead Agency: HUD/CPD/OBGA

Milestones: Final economic development guidelines published January 5, 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 cooperation between public housing and mental health authorities.

Lead Agency: HHS

Participating Agencies: HUD/PIH

Milestones: Blueprint completed (HHS FY 1994);
Dissemination and outreach (ongoing);
Guidance manuals targeted for other housing programs and subpopulations (HHS/HUD FY 1995).

- Educate communities as to the availability of foreclosed properties through increased coordination, advertising and outreach.

Lead Agency: RTC

Participating Agencies: HUD, RECD, VA, Fannie Mae, Freddie Mac, FDIC and GSA.

Milestones: Convene government-wide task force to review and coordinate, when feasible, the dissemination of information on all Federal property disposition programs (FY 1995).

Expand the Housing Opportunity Hotline at the Federal Home Loan Bank of Dallas to cover additional states where there is an abundance of federally-owned foreclosed single-family inventory (FY 1996).

- 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.

- Coordinate FEMA's Emergency Food and Shelter Program with HUD's Emergency Shelter Program (ESG) and HHS' Emergency Community Services program.

Lead Agency: FEMA
Participating Agencies: HUD, HHS

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

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

Lead Agencies: Interior/BIA, HUD/PIH

Milestones: Interagency task force established FY 1994; Initial recommendations FY 1995.

- Encourage states to establish revolving loans to pay start up costs associated with establishing group sober houses and encourage States to work with community providers to utilize these funds.

Lead Agency: HHS
Participating Agencies: HUD, VA

Milestones: Workshops and technical assistance materials on revolving loan fund. Summer 1995.

- 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).

RECOMMENDATION #7: 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 measures. [p. 95]

New Initiatives

- 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).

- Advertize 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: Evaluation report to Congress (PD&R February 1995). Develop, print and distribute brochure to public interest groups and current HUD homeless assistance grantees (PD&R March 1995). Assist in distribution (SNAPS March 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).

RECOMMENDATION #8: HUD will analyze the successes of a select number of communities in 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. [p. 78]

New Initiative

- 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 June 1995).

RECOMMENDATION #9: As many military bases close HUD will strengthen implementation of the Federally owned real property program to assist homeless people in order to encourage nonprofit organizations and cities to use the program.

Current Initiative

- 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.

Lead Agency: HUD
Participating Agency: DOD

Milestones: Complete draft regulations implementing the Base Closure Act (HUD January 1995); Input from DOD (February 1995); Publish regulation March 1995.

Review base reuse plans to insure the needs of the homeless are reflected in the use of the buildings and property on the base. (HUD/DOD Ongoing).

FEDERAL RECOMMENDATION #10: Explore use of tax incentives to assist lower income households with rental and homeownership costs. 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. [p. 6, 87]

New Initiative

- Include the Treasury Department as a participating agency in the implementation of this recommendation.

Lead Agency: ICH

Milestone: Assess whether Treasury should be included and what role they would play (ICH FY 1995).

MENTAL HEALTH AND SUBSTANCE ABUSE WORKGROUP

The Mental Health and Substance Abuse Work Group devoted special attention to addressing the needs of men and women who are homeless and also have mental health and/or substance use disorders. The plan of action developed by the Work Group recognized the importance of the heterogeneity of this segment of the homeless population and the diversity of their needs across housing, income, employment and job training skills, legal issues, health care, and mental health and substance abuse treatment and developed a called for action and accomplishment, rather than the development of additional recommendations.

To accomplish the task of developing action steps to implement *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
- Integrating Housing and Services

The remainder of this report is divided into sections by subgroup. Each section includes an introduction to the work of the subgroup, the relevant Federal Plan recommendations addressed by the subgroup, and current and new initiatives to facilitate implementation of the Federal Plan. Research and evaluation are understood to be critical components on any new initiatives and should be built into the strategies in order to determine their effectiveness and how they may be adjusted in the future to meet the changing needs of homeless persons with serious mental illnesses and/or substance use disorders.

Subgroup on 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.

With the exception of the Department of Veterans Affairs and the Bureau of Prisons,

discharge planning is principally a State and local activity. Federal policy can guide these activities through technical assistance and recommended policies, and assist in the success of discharge planning via the provision of resources through entitlement and social insurance programs.

Priority: Home! The Federal Plan to Break the Cycle of Homeless contained three recommendations on discharge planning. 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 #1: Strengthen Discharge and Aftercare Planning

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

Current Initiatives:

- The Department of Housing and Urban Development published the consolidated plan regulations in the January 5, 1995, *Federal Register* that will integrate the planning and application processes of their major formula programs, including those that effect housing for homeless persons and those at-risk for homelessness.
- The Department of Education administers the independent living program that provides information, referral and advocacy services, independent living skills training, and peer counseling to homeless persons with disabilities.
- The Department of Health and Human Services, through the Center for Mental Health Services, conducted the study "Review and Analysis of State Hospital Discharge Planning Policies and Procedures: Relationship to Homelessness." The results are being disseminated.

New Initiatives:

- 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

Federal Plan Recommendation #2: Identify Effective Discharge Planning Strategies

The Departments of Housing and Urban Development, Health and Human Services, Veterans Affairs, and Justice will establish a discharge planning working group to identify effective discharge planning strategies for hospitals, jails, prisons, and community-based custodial 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.

Current Initiatives:

- The Social Security Administration has been working to expedite reviews of pre-release applications for persons preparing to be discharged from psychiatric/local hospitals.
- The Center for Substance Abuse Treatment has conducted a demonstration project on discharge planning, and the results are expected to be available soon.
- The Center for Mental Health Services and National Institute of Corrections (DOJ) collaborated in the development of the "Blueprint for Contracting for Mental Health Services for Jail Detainees with Mental Illnesses," which addressed the issue of discharge planning.
- The Department of Housing and Urban Development is currently conducting a 40-city technical assistance effort on the consolidated plan, which includes a focus on homeless persons and on discharge planning.
- The Department of Justice is active in enforcing the Fair Housing Act, Americans

with Disabilities Act, and has successfully brought suit in NIMBY cases.

- The Department of Justice is actively implementing the provisions of the crime bill that created Drug Courts to supervise the release, treatment, housing, and supportive service needs of repeat offenders detained on drug offenses.

New Initiatives:

- 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

Federal Plan Recommendation #3: Department of Veterans Affairs to Serve as an Exemplary Model

The Department of Veterans Affairs (DVA) 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.

Current Initiatives:

- The Department of Veterans Affairs' Social Work Services Homeless Coordinators help homeless and at-risk veterans leaving VA inpatient care to avoid homelessness by providing referrals to VA and non-VA community care, housing, and employment assistance; ensuring application and receipt of available benefits; developing family linkages; and providing post-discharge case management and

other services.

- DVA has established Homeless Chronically Mentally Ill (HCMI) Veterans programs in 57 sites to provide outreach, physical and psychiatric health examinations, treatment, and ongoing case management to homeless veterans with mental health and substance use disorders.
- DVA has established Domiciliary Care for Homeless Veterans programs in 33 sites to provide residential treatment to homeless veterans with health problems.
- DVA is committed to a continuum of mental health and substance abuse care that extends from hospital-based programs through residential rehabilitation to independent living. The Intensive Psychiatric Community Care programs provide intensive case management for persons with serious mental illness and substance use disorders across a continuum that includes housing, social services, work rehabilitation, and professional care. Outcome data support this program as a potential model for other providers.
- The joint Department of Housing and Urban Development (HUD) and DVA Supported Housing program, established in 30 sites, provides ongoing case management and other needed assistance to homeless veterans in permanent housing supported by 1300 specially-designated HUD rental assistance vouchers. HUD has recently made an additional 750 vouchers available.
- The Social Security Administration (SSA) and DVA are conducting a pilot joint outreach program, using VA HCMI and Homeless Domiciliary staff and SSA staff to coordinate outreach and benefits certification, to increase the number of veterans receiving SSA and VA benefits.

New Initiatives:

- 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

Subgroup on 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.

The subgroup recognized the importance of increasing the visibility of issues regarding homelessness in all mainstream programs so that homeless persons and service providers working with homeless persons with substance abuse and/or serious mental illness are able to access the full range of supports that are needed. Given the working schedule and the limited representation from some Federal departments, adequately addressing the full range of mainstream resources was not possible. Therefore, the subgroup focused attention on the two recommendations noted above.

Federal Plan Recommendations

The Federal Plan recommendations specific to the Increasing Access to and Use of Mainstream Resources included:

Develop incentives, requirements, and ways to assist States and communities to address effectively the needs of mentally ill persons [and persons with substance use disorders] who are homeless or at risk of becoming homeless.

- *Emphasize services for those with mental illness and substance abuse problems. Also emphasize services for homeless children with developmental disabilities (DD) or severe emotional disturbances (SED).*
- *Emphasize alternative ways to help States focus their mental health efforts on the most needy, including targeting of Federal funds, tighter planning requirements, technical assistance, etc.*
- *Build on the Health and Human Services (HHS) ACCESS Initiative with selected communities in nine States to move to integrated systems of care and housing.*
- *Build on elements of the VA programs that assist homeless veterans with mental illness (such as the VA's Health Care for the Homeless Veterans program).*
- *Encourage HHS, VA, and Housing and Urban Development (HUD) to work with State and local governmental health, mental health, [substance abuse], and housing agencies to coordinate Federal assistance to enhance State and community support.*
- *Work closely with other key providers of services, such as those dealing with substance abuse and providers in VA's mental health care support.*

- *Link mental health and substance abuse treatment activities.*
- *Relevant Federal agencies will assess how their mainstream programs are serving this population and identify ways to improve access and linkages, similar to outreach efforts underway for the SSI program.*

Increase financing for needed treatment and also free up resources from existing treatment programs to refocus on providing services for hard-to-reach populations including the homeless.

Ensure that the nearly \$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.

Encourage Federal agencies to work with States and communities to develop effective treatment systems linked with housing and other community-based rehabilitative services and assistance.

- *Ensure that providers of treatment and care address the needs of homeless people with co-occurring disorders, regardless of their point of entry.*
- *Integrate treatment of persons with severe addictions into primary and managed health care systems.*

Continue working with providers of service and treatment to increase knowledge of the substance abusing populations and effective treatment intervention strategies.

- *The VA should continue to inform homeless organizations that VA can provide substance abuse treatment to eligible veterans.*

Current Initiatives

This is not meant to be an all inclusive list, but rather some current examples of work on this topic.

- The Department of Veterans Affairs (DVA) is presently holding a series of nationwide meetings on serving homeless veterans. In addition, DVA is increasing funding for the training of mental health professionals within its mainstream program.
- DVA has recently expanded its work therapy programs to include residential components for homeless veterans. DVA reports that a mostly male, post-Vietnam veterans population is being served.
- DVA works through the 170 VA medical facilities with local provider communities

and medical center staff. Domiciles, outreach, and the benefits section work together. Outreach teams work closely with homeless veterans to secure services. DVA tries to do "one-stop" shopping centers. Currently, the VA is trying to build residential capacity and is also focusing on educating medical center staff and the local medical community about the special needs of homeless veterans. Providers offer primary care as well as treatment of mental disorders when needed. Need to determine a point person at each VA medical center to coordinate joint efforts on homelessness.

- The Stand-Down program was started as an outreach effort by the Veterans' Community to engage veterans, including those who are homeless, in services benefits management and substance abuse and mental health treatment. HHS (CSAT) is funding a how-to manual that describes this program.
- The Department of Housing and Urban Development Safe Havens program is presently underway to serve homeless persons with mental illnesses or those with co-occurring disorders.
- The Department of Health and Human Services (DHHS)/Center for Mental Health Services ACCESS Initiative funds grants to States to integrate systems of care and housing.
- DHHS is distributing results from the McKinney homeless demonstration projects.
- DHHS (CSAT/CMHS) cooperative agreement program on homelessness and co-occurring disorders funds demonstration projects on this topic.
- Department of Justice continues to initiate litigation under the Fair Housing Act and the Americans with Disabilities Act to protect the right of individuals with substance abuse and/or mental health problems.

New Initiatives

- 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

- An interagency plan should be developed for better integration and coordination of substance abuse and mental health treatment in mainstream programs. The plan should include programs and entitlements relevant to the Health Care Financing Administration, Social Security Administration, Health Care for the Homeless program, the Center for Mental Health Service's PATH and ACCESS programs, and other relevant programs. A process to review and encourage inclusion of homelessness as a priority in grant announcements and contracts for mainstream programs should be established. For grants and contracts already underway, mainstream programs should be strongly encouraged to address homelessness through technical assistance and training efforts.

Lead agency: Department of Health and Human Services

Participating agencies: DHHS components (ASPE, BPHC, CMHS, CSAT, HCFA, NIAAA, NIDA, NIMH); Social Security Administration; Departments of Education, Housing and Urban Development, & Veterans Affairs

Key Milestones: Convene interagency collaboration committee by July 1995
Establish review process by November 1995
Health Care for the Homeless conference with substance abuse and mental health tracks in Spring 1996 and in subsequent years

- 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 workgroup 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 workgroup 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

- An overall strategy to disseminate information and research findings on homelessness, substance abuse and mental health issues to street-level providers, interested Federal agencies and the treatment fields should be developed. The Stand Down Outreach Program of the Department of Veterans Affairs is being documented by CSAT and could be disseminated by HHS and/or the VA. NIDA Clinical Notes could focus a few issues on homelessness and could be disseminated to a wider provider audience. NIDA, NIAAA and NIMH research findings as well as emerging demonstration findings and "best practices" documents need to be communicated in an ongoing and timely fashion to a wider audience. Strategies should include publications, presentations at national meetings and workshops, resource centers and user-friendly online databases. Streamline publication clearance process to shorten the lag-time between research findings and dissemination.

Lead agency:

Department of Health and Human Services

Participating agencies:	DHHS components [ASPE, BPHC, NIAAA, NIDA, NIMH, SAMHSA (CMHS, CSAT)]; Department of Veterans Affairs; Interagency Council on the Homeless; & national advocacy organizations
Key milestones:	Convene interagency collaboration committee by September 1995 Develop the strategy by February 1996

Subgroup on 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. The subgroup was responsible for identifying and articulating specific initiatives to directly respond to four recommendations contained in the Federal Plan:

- Reorganize McKinney programs
- Work with communities to implement the continuum of care
- Work to link existing plans
- Help develop more integrated systems of housing and services

The subgroup recognized that all member agencies of the Interagency Council on the Homeless play vital roles in helping State and local governments, providers, and homeless persons successfully integrate assistance. The initiatives identified below reflect this understanding and move toward a more fully integrated housing and service system to address homelessness.

Federal Plan Recommendation #1: Reorganize McKinney Programs

Reorganize the McKinney programs, beginning at HUD, to provide streamlined homeless assistance. The HUD proposal would rely on a single plan to establish and implement a continuum of care presented by the community to HUD for a single source of funding. The local continuum would include Outreach, Intake Assessment, Emergency Shelter, Transitional Housing with appropriate integrated services, Permanent Housing, and Permanent Supportive Housing.

Current Initiatives:

- The Department of Housing and Urban Development announced awards for the Supportive Housing Program (SHP) in late December 1994. Congress had authorized, but never appropriated specific funds for two programs: Safe Havens, which targets persons with mental illness, and Rural projects. In the spirit of consolidation and with input from the Appropriations Act, HUD explicitly made SHP funds available for, and will be funding, both types of projects.

New Initiatives:

- As the HUD McKinney consolidation was not enacted in FY 94, HUD intends to resubmit its proposal in FY 1995.

Lead agency: Department of Housing and Urban Development

Key milestones: Submit President's budget: February 1996.
Anticipate passage: Spring 1996

- HUD will issue its Final Rule for the Consolidated Plan (consolidating planning and application requirements for \$6 billion in funding for programs that provide assistance to homeless and other persons: CDBG, Home, ESG, HOPWA).

Lead agency: Department of Housing and Urban Development

Key milestone(s): Published in the *Federal Register* January 5, 1995.
Effective date: February 6, 1995.

- 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.

Federal Plan Recommendation #2: Work with Communities to Implement the Continuum of Care

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 persons with mental illnesses [and substance use disorders] who are homeless or at-risk of becoming homeless.

Current Initiatives:

- The Department of Housing and Urban Development prepared, printed, and is widely distributing an information booklet on the Continuum of Care (CC).
- HUD announced Shelter Plus Care, Single Room Occupancy, and Supportive Housing grants, using selection criteria including the heavily weighted "Coordination and Planning" criterion which encourages the development of a CC in communities.
- The Department of Veterans Affairs recently conducted a national assessment of local needs for homeless veterans. This assessment is being transmitted to Congress. VA will then develop action plans at the local level to respond to the local needs identified.
- Federal agencies will continue to incorporate discussions of the continuum of care in all homeless-related forums. HUD emphasized the CC at its national conference and in technical assistance sessions throughout the country. HHS held "PATH" and "Call to Action" conferences. VA held a follow-up session to its national summit on homelessness.
- The Departments of Health and Human Services and Housing and Urban Development co-sponsored a conference, "A Call to Action," to bring attention to the mental health the need for addressing homelessness comprehensively through a continuum of care. HHS will continue to disseminate information about the continuum through national resource centers and newsletters.

New Initiatives:

- The Department of Housing and Urban Development is conducting technical assistance (TA) in 40 cities. A significant part of the TA focuses on implementing the Continuum of Care and the new Consolidated Plan.

Lead agency: Department of Housing and Urban Development

Key milestones: TA to be completed in February 1995

- 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 and 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.

Federal Plan Recommendation #3: Work to Link Existing Plans

Explore ways to link currently required State mental health plans (which must include a component for outreach and services for people with serious mental illnesses), 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 illnesses, especially those who are homeless and those who suffer from mental illness and substance use disorders.

Current Initiatives:

- The Department of Housing and Urban Development has prepared, printed, and will continue to distribute a booklet on the Continuum of Care. This booklet will help localities and States consider ways to link existing plans.
- HUD issued a Notice of Funding Availability and awarded grants for Shelter Plus Care, Single Room Occupancy, and Supportive Housing, using selection criteria including the heavily weighed "Coordination and Planning" criterion. This criterion encourages local program coordination and, thus, the linking of existing resources and plans.

New Initiatives:

- 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.

Federal Plan Recommendation #4: Help Develop More Integrated Systems of Housing and Services

For a more widespread effort, we will use as building blocks HHS's ACCESS Initiative, which made grants in 1993 to help selected communities in nine States move to integrated systems of care and housing, along with elements of VA's several programs that assist homeless veterans with mental illnesses.

Current Initiatives:

- The Department of Housing and Urban Development will continue to encourage local cooperation between public housing and mental health authorities. Promotion and distribution of "A Blueprint for a Cooperative Agreement Between Public Housing Agencies and Local Mental Health Authorities" will continue.
- In December 1994, HUD awarded competitive Supportive Housing Program grants to 7 ACCESS program localities.

New Initiatives:

- 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

An additional element of the Federal Plan recommendation #4 is that:

The Departments of Health and Human Services, Housing and Urban Development, and Veterans Affairs will work with State and local agencies to coordinate Federal assistance and to undertake actions to enhance State and community support through the development of a continuum of care that integrates housing and services. In doing so, States and communities will be encouraged to do the following:

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

- *Work closely with other key providers of services, including substance abuse treatment providers and providers on 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 the 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 SRO housing.*
- *Consider the unique and severe needs of homeless children with developmental disabilities and serious emotional disturbances.*
- *HUD will analyze the successes of some communities in 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.*

Current Initiatives:

- The Department of Housing and Urban Development worked with Fannie Mae to plan and hold a 3-day workshop on how to encourage the development of affordable Single Room Occupancy housing.

New Initiatives:

- 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 February 1995

- HUD will provide FY 1995 Section 8 assistance, at a significant level of funding, specifically to homeless persons, as an example of targeting housing resources to homeless persons.

Lead agency: Department of Housing and Urban Development

Key milestones: Issue *Federal Register*: by March 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.

HEALTH CARE AND NUTRITION SERVICES WORK GROUP REPORT

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 however, that more could and should be done within the existing health care system to increase access by homeless persons. 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.

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.

Each of the subgroups identified a series of actions aimed at increasing technical assistance and resource dissemination. These actions recognize the importance of more aggressively disseminating information currently available to advance efforts by homeless assistance providers as well as the need to develop additional materials which would highlight best practices, summarize resources, or outline successful models developed by other providers.

The Health Care Access and AIDS/TB subgroups identified actions in two other categories: Developing Resources and Building Capacity, and Assisting Local Planning and Collaboration Efforts. The Nutrition Services subgroup identified additional actions in the areas of Improving Service Delivery and Increasing Program Access.

These subgroups recognized, however, that to meet the needs of the homeless population and realize the recommendations in the Federal Plan, it is essential that the actions identified be viewed as a beginning rather than an ending. We must continue to enhance federal

collaboration across various health and nutrition programs, by charging the programs and the Interagency Council to search for opportunities to develop common policies and guidelines across programs, that will promote access to health care and nutrition services.

The reports of each of these subgroups follow.

ACCESS TO HEALTH CARE SUBGROUP

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.

The Federal Plan recommended that Congress enact the Administration's proposed Health Security Act. This would have significantly contributed to reducing homelessness and future homelessness and to improving access to health care by homeless persons. Relatedly, the plan directed Federal agencies to "make mainstream programs more accessible to homeless individuals and families and more effective in preventing homelessness among those who are at risk of becoming homeless."

With this goal in mind, the Health Care Access subgroup identified Federal initiatives which would address the two most important issues/barriers in the current health care system which lead to inadequate access to health care for homeless persons. First, the difficulty in getting homeless or near-homeless persons to initially access and receive necessary health care services and then to get them to return to the health care system for primary and preventive services. The initiatives address these barriers through three primary means: 1) developing the capacity of the health care system to work with homeless persons 2) assisting local planning and collaboration efforts relevant to health care and homeless persons, and 3) increasing technical assistance and resource dissemination.

DEVELOPING RESOURCES AND BUILDING CAPACITY

Current Initiatives

- Work actively with states to approve their 1115 demonstration proposals and pursue efforts to increase access to and quality of care for vulnerable populations, including homeless persons. Seven states now 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, nearly all homeless persons in that State

become Medicaid eligible. Since the Statewide Medicaid 1115 demonstrations provide care through managed care arrangements, this is expected to enhance the access, continuity and quality of health care which Medicaid recipients will 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.

- 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)

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.

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

New Initiatives

- 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

INCREASING TECHNICAL ASSISTANCE AND RESOURCE DISSEMINATION

New Initiatives

- 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.

- 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

ASSISTING LOCAL PLANNING AND COLLABORATION EFFORTS

New Initiatives

- 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 which may make them even more susceptible to TB. In addition, 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.

During the 1970'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 the following:

- 1) Community-based client assessment to ensure early identification of patients infected with HIV/AIDS and TB;
- 2) A range of permanent housing options for homeless patients, including respite-care and scattered-site housing; and
- 3) Intensive support 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."

The subgroup convened a focus group of managers and clinicians associated with programs that provide services to homeless people with HIV/AIDS and/or TB to address these issues, make recommendations, and provide assistance in developing action steps. The action steps developed by the subgroup have been organized and presented in three categories: developing resources and building capacity, assisting local planning and collaboration efforts, and increasing technical assistance and resource dissemination.

DEVELOPING RESOURCES AND BUILDING CAPACITY

Current Initiatives

- Encourage States to cover under their Medicaid program targeted case management services for Medicaid-eligible individuals who are homeless, have AIDS, are HIV positive, or have TB.

Lead Agency: HCFA

Milestones: Letters and policy transmittals: FY 1995

- 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

New Initiatives

- 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 services waiver for individuals with AIDS to State Medicaid agencies: Spring 1995

- 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

ASSISTING LOCAL PLANNING AND COLLABORATION EFFORTS

Current Initiatives

- 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

New Initiatives

- 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)
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 serving underserved populations including the homeless, 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

- Require local continuum of care planning boards to include health care providers, (e.g. Health Care for the Homeless programs), HIV/AIDS health service programs, and housing programs in order to facilitate linkages between housing and health service resources.

Lead Agency: HUD
Participating Agencies: HHS (HRSA, ASPE)
Milestones: Issue program guidance for HUD: Fall 1995

Add requirement to HHS program guidance: Fall 1995

Monitor HHS grantees to ascertain level of involvement: annually through noncompeting/competing applications

Review continuum of care plans to ensure appropriate representation: annually

INCREASING TECHNICAL ASSISTANCE AND RESOURCE DISSEMINATION

Current Initiatives

- Continue to conduct the international State-of-the-Art HIV Clinical Conference Call Series to educate primary care providers on-site at their clinics which serve patients with AIDS/HIV and/or TB and who may be homeless.

Lead Agency: HHS (HRSA)
Milestones: Expand the Conference call series to include topics pertinent to the homeless population: December 1994

Disseminate information to homeless providers on how to access the conference call series to ensure inclusion of homeless providers: December 1994

Increase the number of users of the system to include providers serving both the HIV and homeless populations: May 1995

- Ensure that OSHA standards for TB infection control that apply to homeless shelters, drug abuse treatment facilities, other institutional settings, and health care providers consider the unique issues related to homeless populations and develop strategies to help providers comply with these requirements.

Lead Agency: DOL

Participating Agencies: HHS (CDC), HUD
Milestones: Review OSHA requirements as new information becomes available: ongoing

Provide technical assistance to OSHA: ongoing

Convene a meeting for interagency review: Spring 1995

Develop proposed standard: Summer 1995

- Disseminate "lessons learned" from a state and local health department survey of successful strategies and additional approaches being used to enhance TB treatment compliance (including use of incentives, treatment in special settings, e.g., shelters for homeless, long-term hospitalization, drug-abuse treatment sites, court-ordered DOT and quarantine.)

Lead Agency: HHS (CDC)
Milestones: Publication of survey in TB Notes: Summer 1994

Disseminate information on successful strategies: ongoing

New Initiatives

- 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 organizations, 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
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.

- 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

- Disseminate broadly the 1994 "Guidelines for Preventing the Transmission of Tuberculosis in Health Care Facilities" and other relevant prevention and intervention materials.

Lead Agency: HHS (CDC, HRSA, SAMHSA, ASPE)
Milestones: Distribute 50,000 copies of the guidelines to health care providers through the Morbidity and Mortality Weekly Report (MMWR): ongoing

Disseminate information on accessing the TB guidelines through the Internet system: January 1995

Provide information to homeless providers about the availability of prevention and intervention materials currently available and new materials as they become available: 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.

INCREASING TECHNICAL ASSISTANCE AND RESOURCE DISSEMINATION

New Initiatives:

- 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

- While all Soup Kitchens, food banks, shelters etc. that participate in FCS programs are eligible for free services from the FNIC, staffing is currently unavailable to respond with personalized services if hundreds of requests are made each month. An additional part time staff person could be hired to provide personalized information. Approximately \$30,000 would be needed for these 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

IMPROVING SERVICE DELIVERY

Current Initiatives:

- Through the Community Food and Nutrition Program (CFN) provide seed money and technical assistance on replicating initiative to collect and distribute surplus food from commercial and processing plans. CFN provides assistance to public and private agencies at the community, local and national levels for purposes of coordinating existing food assistance resources; assisting in identifying sponsors of child nutrition programs and initiating new programs in underserved and unserved areas; and developing innovative approaches at the State and local levels to meet the nutrition needs of low-income people, including homeless persons.

The program includes both competitively funded discretionary grants and formula grants made to states. The program funds a variety of projects including gleaning and food pantry operations; gardening activities; nutritional education activities and promotion of school and summer feeding programs.

Lead Agency: HHS (ACF/OCS)
Milestones: Award funds for gleaning project, 1994

New Initiatives:

- 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

- The Food Stamp Program funds at a 50/50 matching level State agency activities that provide informational material and assistance to various population groups traditionally underserved by the program. Each year about a dozen States provide an "outreach" plan for which they receive matching federal funds. The majority of these plans include efforts to reach the homeless population.

Lead Agency: USDA (FCS)
Milestones: Proposals and renewals due by August 15 each Fiscal year for funding by September 30th.

- 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

INCREASING PROGRAM ACCESS

Current Initiatives:

- The WIC Program regulations permit State agencies to develop criteria identifying categories of persons at special nutritional risk who require expedited processing. This criteria includes the homeless population.
- WIC State agencies may issue homeless and migrant individuals (persons likely to be relocating during the certification period) a Verification of Certification (VOC) card, which allows homeless or migrant individuals to receive WIC benefits in another State without again applying for certification (until the next certification period begins). A person with a valid VOC card should not be denied participation in the receiving State because the person does not meet that State's particular eligibility criteria. If the receiving local agency has a waiting list for participation, the transferring participant should be placed on the list ahead of all waiting applications.
- The Hunger Prevention Act of 1988 (Pub. Law 100-435) established the WIC Program's definition of a "homeless individual", and identified WIC as a supplement to food assistance which may be provided by soup kitchens, shelters, and other forms of emergency food assistance. The rule required WIC State agencies to include in their State Plans: a description of how they will provide Program benefits to meet the special nutritional and nutrition education needs of homeless individuals; and disseminate information about program availability to eligible organizations serving the homeless. In addition, the rule required that competent professional authorities take into account the special needs and problems of homeless individuals when prescribing supplemental foods. State agencies may also request permission from FNS to make substitutions for foods required in the food packages in order to accommodate the circumstances of homeless persons.
- In Fiscal Year 1993, USDA's Food Stamp Program awarded approximately \$1.7 million in grants to non-profit, grassroots, and advocate organizations to provide assistance to potential food stamp clients in hard to reach segments of the population. Sixteen grants were awarded nationwide. The homeless population was specifically targeted in many of these grants. The grants include an evaluation component designed to study the effectiveness of the techniques used by the awardees for reaching the targeted population. Upon completion of the activities and evaluation, the results will be shared with State and local agencies for possible replication.

New Initiatives:

- A final rule has been written which establishes homelessness and migrancy as predisposing nutritional risk conditions. This rule, when issued, will allow categorical and income-eligible homeless or migrant individuals, who lack any other documented nutritional or medical risk condition aside from homelessness or migrancy, to receive WIC Program assistance.

Lead Agency: USDA (FCS)
Milestone: Final Rule: early 1995

- In Fiscal Year 1994, USDA' Food Stamp Program awarded approximately \$1 million to ten organizations to further test methods for providing client enrollment assistance to hard to reach population groups. The majority of these grants contained components targeting the homeless population. In one grant, the target population includes homeless persons with HIV/AIDS.

Lead Agency: USDA (FCS)
Milestones: Project reports due Summer of 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

ADDRESS THE SPECIAL NEEDS IN RURAL AREAS

All but absent in academic and policy debates of the 1980s was any mention of homelessness in rural areas. In part, it reflects the geography of relief: rural people who exhaust all local alternatives are apt to move to urban areas because that is where emergency services are likely to be found. In part, it reflects the distinctive character of rural homelessness: efforts to cope with residential instability 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, these makeshift arrangements to solve homelessness in rural areas render it more hidden in the process. (Fitchen 1992, Federal Plan 1994)

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

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

Federal Plan Recommendation #2 A - Increase Housing Subsidies and Fight Discrimination

Current Initiatives:

- Recognizing the needs of rural communities, the President's budget request increases Rural Housing and Community Development Service of RECD's Section 521 rental assistance budget by \$64 million for FY '96 to alleviate rent burden in RECD-subsidized rental housing in rural areas. Rental assistance 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 need for 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 more affordable with rental assistance.

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

Current Initiatives:

- 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 units are not generally suitable for re-use

under the 502 program.) This legislation directed the use of both program and non-program units for the homeless, but still gave priority for use of inventory units for re-sale under 502 or rental purposes. RECD now has 127 units under lease to nonprofits for prevention of homelessness.

- RECD will continue to promote the availability of a ten percent discount off the purchase price of homes purchased by nonprofit organizations.

New Initiatives

- The experience and conditions surrounding homeless rural areas is not well understood on a national basis. Therefore, the Rural Economic and Community Development (RECD), USDA, is developing a series of interactive workshops for the Spring of 1995. RECD is working in partnership at the local level and with the Salvation Army and United Way of America as well as those agencies listed below. The workshops are designed to generate dialog about homelessness in diverse rural regions of the country. They will provide an opportunity for participation by those who have been homeless, service providers, local and State agencies as well as Federal departments.

Lead Agency: Rural Economic and Community Development, USDA

Participating Agencies: FEMA, HHS, HUD, EDUC, Labor, GSA

Milestones: Sponsor three regional interactive workshops and one national conference on homelessness in rural areas. The workshops will be held in:

Columbia, S. C.	March 6-7, 1995
The Dalles, OR.	April 10-11, 1995
Case Grande, AZ.	May 1-2, 1995
Columbus, OH	June 5-6, 1995

PROGRAM EVALUATION

New Initiatives

- 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
 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--Deadline to be identified by Census Bureau
- Initiate OMB clearance process (3 months generally required at OMB; additional time required within the sponsoring agency)--Deadline to be identified by Census Bureau

- 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--3/1/95
- Circulate revised list and draft of descriptive summary to agencies for review--5/1/95.

- 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.

- Summarize data currently available from Census Bureau on the characteristics of various low-income populations that might be useful for Federal policy makers, program managers, and researchers involved in issues related to homelessness.

Lead Agency: Census Bureau

Milestone: Draft to be prepared by 2/1/95.

- Identify additional data tabulations that can be ordered from the Census Bureau on the characteristics of certain low-income populations (e.g., doubled-up families) of potential interest to policy makers, researchers, and others involved in homeless issues.

Lead Agency: Census Bureau

Milestone: Draft to be prepared by 2/1/95.

- Continue maintenance of ICH database of McKinney grant awards for use by member agencies, State homeless contacts, Congressional staff, and others.

Lead Agency: ICH/HUD

Milestone: Obtain continued funding commitment from HUD; add FY 1994 data by 4/30/95; distribute data ASAP thereafter.

- Develop a comprehensive listing of HHS-sponsored studies and reports of interest to policy makers, program managers, researchers and others involved in homeless issues.

Lead Agency: HHS

Milestone: Draft to be prepared by 3/1/95.

- Through ICH Policy Group, ask Federal agencies to share information on an ongoing basis on planned research and evaluations and recent IG audits and studies to improve feedback on program administration and outcomes.

Lead Agency: ICH

Milestone: Include as agenda item in next Policy Group meeting; follow-up

with memo to all agencies.

- To leverage limited resources for research and evaluation of key program issues, encourage Federal agencies to coordinate their program evaluation efforts by increasing inter-program and interagency participation in developing statements of work and evaluating proposals. Ensure that evaluations are conducted of all major Federal homeless assistance programs. Emphasize the importance of obtaining client outcome data in all evaluations to help determine program effectiveness.

Lead Agency: ICH and member agencies

Milestone: Include as agenda item in next Policy Group meeting; follow-up with memo to all agencies.