

Opening Doors

FEDERAL STRATEGIC PLAN TO PREVENT AND END HOMELESSNESS

Annual Update 2014



UNITED STATES INTERAGENCY COUNCIL ON HOMELESSNESS

United States Interagency Council on Homelessness:

U.S. Department of Agriculture

U.S. Department of Commerce

U.S. Department of Defense

U.S. Department of Education

U.S. Department of Energy

U.S. Department of Health and Human Services

U.S. Department of Homeland Security

U.S. Department of Housing and Urban Development

U.S. Department of Interior

U.S. Department of Justice

U.S. Department of Labor

U.S. Department of Transportation

U.S. Department of Veterans Affairs

Corporation for National and Community Service

General Services Administration

Office of Management and Budget

Social Security Administration

United States Postal Service

White House Office of Faith-based and Neighborhood Partnerships

From the Executive Director



Since the release of *Opening Doors* in 2010, the nation has made great progress toward preventing and ending homelessness in the United States.

According to the Department of Housing and Urban Development’s Point-in-Time count data, which gives us a high-level snapshot of homelessness in the United States at a given point-in-time during the last 10 days of January, between 2010 and 2014:

- Overall homelessness declined by 10%, including a 25% decrease in unsheltered homelessness nationwide.
- Veteran homelessness declined by 33%, including a 43% reduction in unsheltered homelessness.
- The number of people experiencing chronic homelessness decreased by 21%.
- Family homelessness was reduced by 15%, including a 53% reduction in unsheltered family homelessness.

And though data remains imperfect on youth experiencing homelessness, we have learned much about the challenges facing this population. In accordance with the strategies laid out in the Federal Framework to End Youth Homelessness, we are improving data collection, facilitating coordination among the many different stakeholders that work with this population, and building capacity for service delivery in order to accelerate progress.

While our progress is encouraging, especially the reductions in unsheltered homelessness and the progress on Veteran homelessness, we also know that we need to do more to address housing instability and homelessness for families and youth, specifically. Data from the Department of Education showed a 45% increase between the 2007-08 and 2013-14 school years in the number of students enrolled in public schools that were identified as experiencing homelessness and/or housing instability at some point during the school year — including those who are living unsheltered, in shelters, in motels, or doubled up. Additionally, PIT data may not capture all populations experiencing homelessness, such as those fleeing domestic violence or youth who are staying temporarily in often unsafe situations.

With guidance and support from federal and state leaders, communities across the country have been doing the challenging and time-consuming work of ending homelessness. They’ve been forging partnerships, targeting resources, securing funding, and building systems to not only connect those individuals, families, and youth experiencing homelessness to housing, but also to benefits and jobs and health care and other services and supports.

This 2014 Annual Update provides an overview of some key activities and accomplishments of USICH and the Council during the reporting period of July 2013 — September 2014, organized by *Opening Doors* objective. Reflecting on our work on an annual basis allows us to define current and future priorities to drive progress across the 10 objectives in *Opening Doors* to achieve our national goals. USICH's current priorities include:

- Continuing to expand the implementation of Housing First practices and approaches.
- Increasing access to safe, stable, and affordable housing by encouraging the prioritization of housing assistance and choice to people experiencing homelessness.
- Working to more fully engage mainstream programs like Temporary Assistance for Needy Families, Community Services Block Grants, public school districts, workforce systems, child welfare programs, and others to provide coordinated services linked to housing assistance for families experiencing homelessness.
- Providing guidance and technical assistance to states and communities on how to take full advantage of the opportunities in the Affordable Care Act to improve health care access for people experiencing homelessness and to finance services in permanent supportive housing.
- Strengthening connections between workforce systems and homelessness and housing systems to create meaningful employment opportunities for people who are experiencing homelessness.
- Providing guidance to communities on alternatives to criminalization and promoting housing solutions that can break the cycle of homelessness and incarceration.

As we reflect on our accomplishments and look forward to the work ahead, we see momentum building among stakeholders in government and among our private and non-profit partners. We are united in our work and energized by our knowledge that homelessness is a problem we can solve. Together, we will achieve the goals of *Opening Doors*, and ensure that everyone in America has a safe, stable place to call home.

Matthew Doherty
Executive Director

The following updates are organized by the 10 Objectives of *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*.

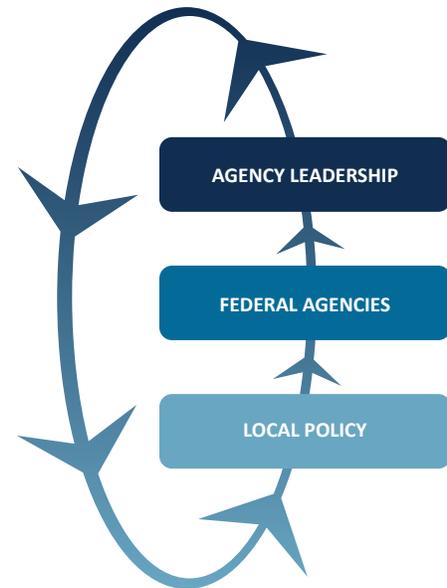
Objective 1:

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

The U.S. Interagency Council on Homelessness leads the federal response to homelessness, working in close partnership with Cabinet Secretaries and other senior leaders across our federal member agencies. By organizing and supporting leaders such as governors, mayors, Continuum of Care leaders, and other local officials, we drive action around what is needed to end homelessness once and for all.

Setting Priorities

Four times a year, we bring together leaders from our 19 member agencies to advance federal collaboration and coordination. These Council Meetings focus on identifying high-impact strategies and aligning efforts to achieve the goals of *Opening Doors*.



U.S. Interagency Council on Homelessness July 2013-July 2014 Quarterly Meetings

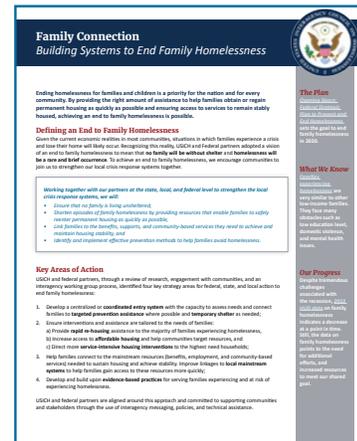
CONVENING	CHAIR	TOPICS
July 2013	VA Secretary Eric Shinseki	Ending Family Homelessness Leveraging the Affordable Care Act
January 2014	HUD Secretary Shaun Donovan	Ending Youth Homelessness
April 2014	HUD Secretary Shaun Donovan	Fostering Federal Engagement with Local Communities
July 2014	HUD Secretary Shaun Donovan	Defining an End to Homelessness Connecting to Mainstream Systems

Advancing the Community Response to Family Homelessness Through Family Connection

At the July 2013 Council meeting, leadership unanimously adopted an interagency framework for ending family homelessness developed by the Interagency Working Group on Ending Family Homelessness. The framework encompasses four key strategy areas around federal, state, and local action to end family homelessness:

- Develop a centralized or coordinated entry system with the capacity to assess needs and connect families to targeted prevention assistance where possible and temporary shelter as needed
- Ensure interventions and assistance are tailored to the needs of families
- Help families connect to the mainstream resources needed to sustain housing and achieve safety and stability
- Develop and build upon evidence-based practices for serving families experiencing and at risk of experiencing homelessness

With approval from the Council, the working group developed and released guidance to communities on the key strategy areas — Family Connection: Building Systems to End Family Homelessness. This resource was designed to help communities and stakeholders build and implement an effective housing crisis response system for families.



Advancing Policy

We also convene a variety of on-going and shorter-term Interagency Working Groups comprised of high-level staff responsible for developing and implementing the action plans made during Council meetings.

The 2013 - 2014 working groups were:

- Solving Veteran Homelessness as One
- Interagency Working Group on Chronic Homelessness
- Interagency Working Group on Ending Family Homelessness
- Interagency Working Group on Ending Youth Homelessness
- Interagency Working Group on Connecting People Experiencing Homelessness to SSI/SSDI

Focus on Veterans: Catalyzing Communities Through the Mayors Challenge

In June 2014, First Lady Michelle Obama announced the launch of the Mayors Challenge to End Veteran Homelessness. The Challenge sought to secure commitments from local leaders to end homelessness among Veterans, by mobilizing federal, state, and local resources, using evidence-based approaches outlined in *Opening Doors*, and through collaboration with community partners.

“We have made great progress over the past few years because of leaders...who refuse to accept Veteran homelessness as a fact of life,” said Mrs. Obama. “And now we have to finish the job once and for all, because when a Veteran comes home kissing the ground, it is unacceptable that he should ever have to sleep on it.”

As of the release of this Update, more than 850 mayors, governors, and other local officials made the commitment.

The Administration has undertaken extraordinary efforts to accelerate progress on the national goal of ending Veteran homelessness. Federal partners have broadly expanded the array of services and supports aimed at identifying and rapidly connecting Veterans to housing, clinical care, and social services. Through resource investments from Congress, successful programs have been significantly expanded, including:

- HUD-VA Supportive Housing (HUD-VASH) program
- VA’s Supportive Services for Veteran Families (SSVF) program
- VA’s Veterans Justice Outreach (VJO) program
- Department of Labor’s Homeless Veterans’ Reintegration Program (HVRP)

These efforts helped reduce Veteran homelessness by 33% between 2010, when *Opening Doors* was released, and 2014.



Coordinating Locally

At the local level, our Regional Coordinators conducted more than **60 visits** to **26 communities** to engage governors, mayors, and other leaders in achieving the goals of *Opening Doors*.

For example, in September 2014, we hosted a two-day convening in Los Angeles for our partners in state government. Attended by 21 participants, discussion focused on how states could most effectively advance *Family Connection*, the Federal Youth Framework, and policy academies on chronic homelessness. The peer-to-peer convening created an interactive experience for participants to learn from one another, discuss common challenges, and identify and inform strategies to pursue in their home states. The convening also provided an opportunity to gather important feedback and guidance regarding how USICH and our federal partners can better support state-level activities and strategies.

Objective 2:

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

To get the best results, all of our efforts are driven by data and evaluation. How many people are experiencing homelessness in this country, and who and where are they? What do they need to stabilize and thrive? What programs work, and work the most cost effectively, to achieve these goals? How can we strengthen those programs over time?

In recent years, we have learned a lot about the effectiveness of various interventions that prevent and end homelessness. Armed with that knowledge, we have been helping communities understand the prevalence and characteristics of people who are experiencing homelessness, match interventions to individual needs, and move toward a system-wide focus that achieves results for entire communities.

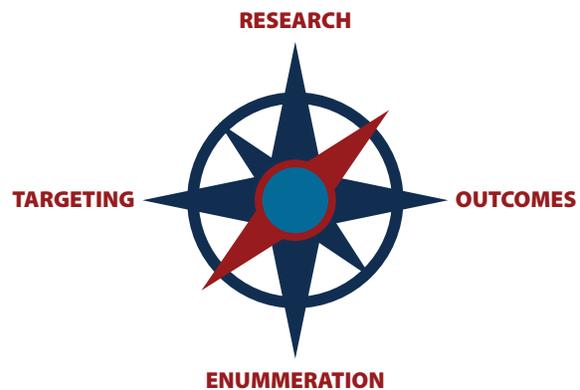
Research: We are constantly expanding our understanding of what works to end homelessness — for people experiencing chronic homelessness, for example, the research is overwhelmingly clear that permanent supportive housing using a Housing First approach is the solution. Several studies have demonstrated that for individuals who have frequent contact with hospitals and the criminal justice system, permanent supportive housing generates cost savings resulting from the reduction in hospitalization, emergency room use, and jail utilization.

Building on this body of research, our member agencies continue to promote key studies to strengthen knowledge about the solutions to homelessness. Recent examples include:

- VA's National Center on Homelessness Among Veterans found that the HUD-VASH program has significantly [decreased](#) costs of VA health, mental health, and substance abuse services among Veterans and family members who moved into the HUD-VASH program.
- VA has also shown that the SSVF program — a homelessness prevention and rapid re-housing initiative that employs a Housing First model and prioritizes access to permanent rental housing as quickly as possible — is also [successful](#) in providing access and stabilizing Veterans and their families in permanent housing.
- A study in New York showed that Medicaid costs [decreased](#) by about one-third for individuals who participated in a supportive housing program for adults with active substance use disorders. The costs of housing and services were offset by reductions in total costs for shelter, jail, welfare, and Medicaid services.

Enumeration: Data drives homelessness policy and has guided federal investments in the programs that are most effective at ending homelessness. For most communities, Homeless Management Information Systems (HMIS) are the primary data systems to capture information about families, youth, and individuals experiencing homelessness, and the services they receive.

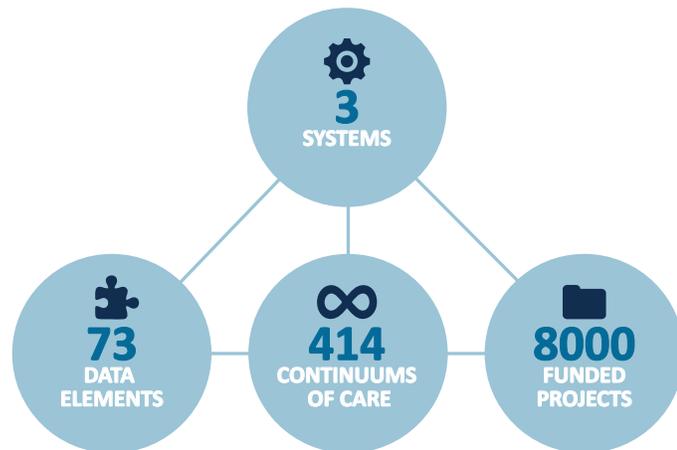
To have the most complete picture of who is being served by federally funded homelessness assistance programs across the country, HUD, VA, and HHS released their 2014 HMIS data standards, demonstrating significant federal [collaboration](#) to support data collection on homelessness across programs and systems. This included the integration of the Runaway and Homeless Youth Management Information System with HMIS to capture more comprehensive data on youth homelessness. The new standards allow a broader range of federal programs to have commensurate data on homelessness. These new data standards will



help communities organize and compile data to support systems planning. HUD, VA, and HHS subsequently signed a Memorandum of Understanding (MOU) to [coordinate](#) and establish a clear process for using HMIS to collect data across programs and systems.

It is important to note that some programs, like those serving survivors of domestic violence, do not use HMIS. As a result, data on certain people experiencing homelessness may not be captured through this integration.

The Challenge of Data Integration



Targeting: The HUD-VASH program, which combines a housing subsidy with case management and supportive services, has been effective in helping Veterans experiencing chronic homelessness access and maintain permanent housing. To serve increasing numbers of Veterans with the most intensive needs, HUD and VA set a performance standard for the HUD-VASH program that 65% of all HUD-VASH vouchers would be used by Veterans experiencing chronic homelessness. In FY 2014, the agencies exceeded the standard, with more than 70% of HUD-VASH vouchers being utilized by Veterans experiencing chronic homelessness.

HUD has also continued to encourage local communities to improve the targeting of permanent supportive housing to people experiencing chronic homelessness. By both expanding the supply of permanent supportive housing and prioritizing people experiencing chronic homelessness, communities can create steeper declines in chronic homelessness over time.

Outcomes: Building on research showing the high cost of transitional housing compared to other housing models serving similar populations, HUD adopted incentives in the FY 2014 Continuum of Care program funding competition to encourage communities to shift resources toward permanent supportive housing and rapid re-housing. Recognizing that transitional housing can be an effective tool for addressing the needs of specific sub-populations, including unaccompanied youth experiencing homelessness, domestic violence survivors, and individuals in recovery, HUD has continued to encourage communities to carefully review transitional housing models within a geographic area for cost-effectiveness, performance, and number and type of criteria used to determine program eligibility, as well as the need in a community, when making determinations about the allocation of resources.

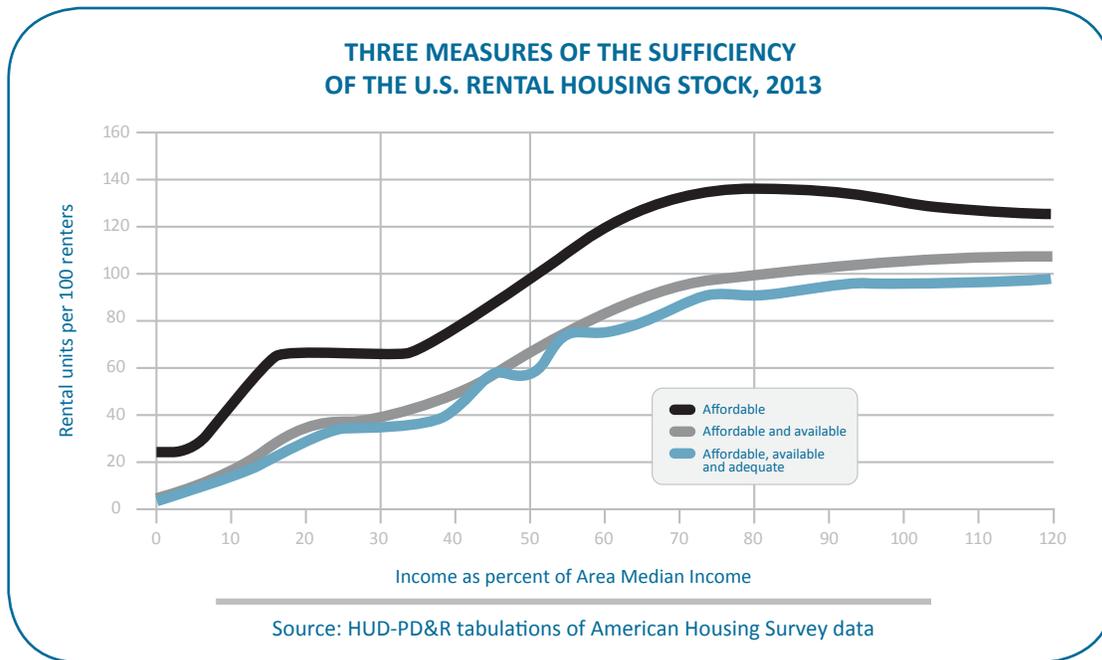
Strengthening Local Capacity

In March 2014, VA, in partnership with USICH and HUD, launched the [25 Cities](#) effort to focus technical assistance on communities with high concentrations of Veterans experiencing homelessness. This effort helps communities implement coordinated entry and housing placement systems in order to efficiently end Veteran and chronic homelessness.

Objective 3:

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

An end to homelessness requires partnership across all levels of government and sectors as well as across a range of disciplines. Dramatic improvements are achievable through providing the right amount of assistance, connecting people to permanent housing, strengthening local crisis response systems, and using resources and evidence-based practices strategically. Given the scarcity of affordable housing in many parts of the country, increasing the supply of affordable housing is a critical component to this effort.



USICH is working to encourage all segments of the affordable housing sector, including those in the chart below, to prioritize existing housing for people experiencing homelessness and to collaborate on developing new affordable housing.

STAKEHOLDERS	THEIR STAKE
Public Housing Agencies (PHAs)	<i>Connect those in need with tenant-based housing choice vouchers and public housing units. Work with CoCs and community-based programs to identify potential tenants and voucher holders.</i>
Multifamily Housing Owners	<i>Prioritize people exiting homelessness for entry into new or existing affordable housing units funded through a variety of federal, state, and local resources and subsidies.</i>
Housing Finance Agencies	<i>Oversee the allocation of funding, such as Low-Income Housing Tax Credits, to developers looking to create affordable housing units. These projects often include project-based housing vouchers and other federal and/or state financing.</i>
Private Banks	<i>Assist developers in creating affordable housing by providing grants and loans and by syndicating low-income housing tax credits.</i>

In order to help these stakeholders, USICH and our member agencies developed the following resources:

The [Study of PHAs' Efforts to Serve People Experiencing Homelessness](#) provides a status report on efforts by PHAs to serve households experiencing homelessness with mainstream housing assistance resources, and encourages Public Housing Authorities and Continuums of Care to work together to end homelessness.

“There is a distinct and positive relationship between a PHA’s participation in the Continuum of Care and its implementation of efforts to serve people experiencing homelessness, most notably through a limited preference.” – Page xii.

The [PHA Guidebook to Ending Homelessness](#) assists Public Housing Authorities to serve families and individuals experiencing homelessness.

“Through partnerships with other funders and public agencies, providers of community based services, and nonprofit affordable housing developers, PHAs can help expand the availability of PSH and target such housing assistance to those most in need. Successful partnerships link housing assistance with the services and supports people need to become successful tenants and neighbors.” – Page 11.

The [Implementation and Approval of Owner-Adopted Admissions Preferences for Individuals of Families Experiencing Homelessness](#) notice advises multifamily housing owners on where there is flexibility in policies around waiting lists and screening criteria.

“Multifamily housing owners can significantly increase program access for individuals and families experiencing homelessness by establishing an owner-adopted preference in admissions policies.” – Page 2.

After the release of the multi-family notice, our National Initiatives Team provided support and guidance to the 10 communities participating in the [Dedicating Opportunities to End Homelessness](#) initiative on the opportunities. The team hosted monthly calls with HUD and community leaders and supported HUD Technical Assistance to help communities implement multifamily preferences.

Objective 4:

Provide supportive housing to prevent and end chronic homelessness

Among people experiencing homelessness, there is a subset of individuals with disabling health and behavioral health conditions who experience homelessness for long periods and/or in repeated episodes over many years — people experiencing chronic homelessness. In 2013 and 2014, an interagency working group on ending chronic homelessness, led by HUD and USICH and represented by 11 USICH member agencies, began implementation on a set of strategies that, with additional resources, would make it possible to end chronic homelessness once and for all.

STRATEGY	ACTIONS TAKEN	RESULTS
<i>Make the Case for New Investments</i>	<i>In July 2013, the Council confirmed that we would need new federal resources to fund an additional 25,500 units of supportive housing to end chronic homelessness.</i>	<i>Proposed in President's FY 15 and 16 Budgets</i>
<i>Ensure that Existing Permanent Supportive Housing Prioritizes People Experiencing Chronic Homelessness</i>	<p><i>In 2013 and 2014, HUD included scoring incentives in their CoC program competition that encouraged communities to adopt policies that ensured that any permanent supportive housing units not already serving people experiencing chronic homelessness prioritize them for admission.</i></p> <p><i>In 2013, HUD and USICH also issued guidance and messaging clarifying the recommended order of priorities for admission to supportive housing.</i></p>	<i>95% of CoCs reported adopting prioritization policies</i>
<i>Redirect Existing Continuum of Care Funds to New Permanent Supportive Housing</i>	<p><i>In 2013 and 2014, HUD included scoring incentives to encourage communities to reallocate funds from underperforming or less cost-effective programs to create additional permanent supportive housing.</i></p> <p><i>In 2014, HUD also set aside existing funds to implement a permanent supportive housing bonus.</i></p>	<i>6,894 new units of permanent supportive housing were funded in FY 2013 and 2014.</i>

<p><i>Encourage Public Housing Authorities to Create Permanent Supportive Housing</i></p>	<p><i>HUD’s 2013 guidance and FAQs provides information on how PHAs can use their resources and partner with service providers to create permanent supportive housing for people experiencing chronic homelessness.</i></p> <p><i>USICH’s PHA Guidebook, also issued in 2013, provides specific strategies for PHAs around how to partner with service providers to create permanent supportive housing.</i></p>	<p><i>PHAs in communities like Houston, Los Angeles, Fresno, and many others made or expanded commitments to creating permanent supportive housing to support efforts to end chronic homelessness.</i></p>
<p><i>Align State Medicaid and Housing Strategies and Resources</i></p>	<p><i>SAMHSA awarded over \$34 million in grants through the Cooperative Agreements to Benefit Homeless Individuals for States grants to support the alignment of Medicaid, behavioral health, and housing systems to end chronic homelessness.</i></p> <p><i>USICH, HUD, and HHS provided education through tools, webinars, and presentations providing guidance on supportive services for people in permanent supportive housing that can be funded through Medicaid.</i></p>	<p><i>Louisiana begins coverage of services in permanent supportive housing under Medicaid.</i></p> <p><i>Washington, Georgia, California, Connecticut, and other states begin planning on how to align their Medicaid and supportive housing planning and strategies.</i></p>

Objective 5:

Improve access to education and increase meaningful and sustainable employment for people experiencing or most at risk of homelessness

To successfully maintain housing, people experiencing homelessness, and those who have exited homelessness, need access to ladders of opportunity — education and workforce services that can provide them with the skills they need to find and keep jobs as well as the supportive services they need to address barriers and support their success within those jobs.

USICH has been working with Council members to support communities' work in connecting people experiencing homelessness to those ladders.

“ We all share a responsibility to move this country closer to our founding vision that no matter who you are, or where you come from, here in America, you can decide your own destiny. You can succeed if you work hard and fulfill your responsibilities. Now, that means we’ve got to grow our economy and create more good jobs. It means we’ve got to equip every American with the skills and the training to fill those jobs. And it means we’ve got to rebuild ladders of opportunity for everybody willing to climb them. ”

– President Barack Obama, Feb. 15, 2013

Education ladder:

The Administration for Children and Families (ACF) released [Promising Practices for Children Experiencing Homelessness: A Look at Two States](#), which highlighted Massachusetts' and Oregon's efforts to expand access to early care and learning for young children experiencing homelessness through the Race to the Top Early Learning Challenge.

“Children age 0-5 who are experiencing homelessness are particularly vulnerable to a host of negative outcomes, including behavioral and developmental delays, physical disabilities, and social emotional issues. Increasing access to high-quality early care and learning programs for this population will contribute to their healthy development and resiliency.” – Page 12.



The Department of Education added two volumes to their [Best Practices in Homeless Education and Best Practices in Interagency Collaboration](#) series:

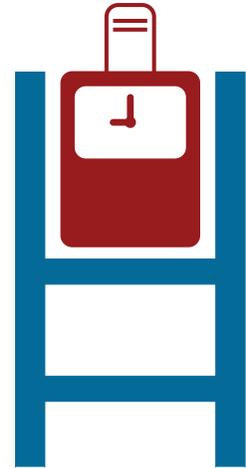
- [Housing and Education Collaborations to Serve Homeless Children, Youth, and Families](#)
- [Early Care and Education for Young Children Experiencing Homelessness](#)

ED also updated guidance on how mainstream resources such as Title I, Part A funds (Improving Basic Programs Operated by LEAs) can be used to support students experiencing homelessness as well as how other federal education programs can support guidance counseling for students at risk of or experiencing homelessness.

Jobs ladder:

President Obama's July 2014 signing of the Workforce Innovation and Opportunity Act (WIOA) ushered in a new legislative framework to guide America's public workforce system. WIOA prioritizes the workforce needs of adults and youth facing barriers to employment and provides greater flexibility to implement promising practices for connecting chronically unemployed individuals to work.

After the law's passage, DOL, HUD, and USICH, in conjunction with the Butler Family Fund, started planning the [Partnerships for Opening Doors Summit](#) to bring together federal government agencies, national organizations, and teams from 11 communities — more than 100 invited guests in all — to share ideas, practices, and future plans for ending homelessness through integrated housing and employment strategies.



Testing Workforce Innovations

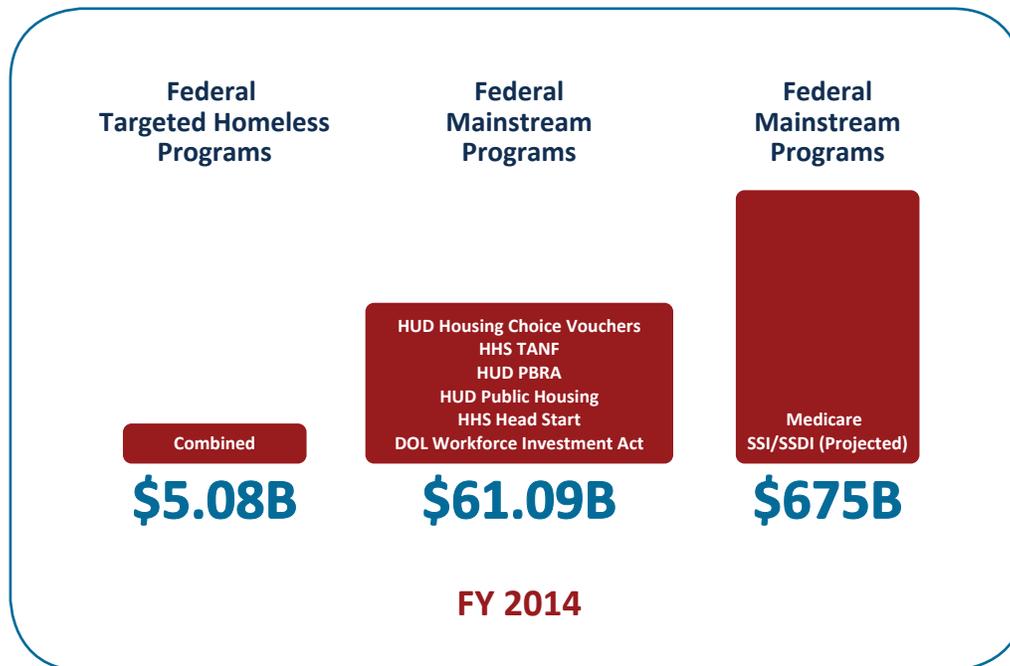
The Department of Labor developed the Workforce Innovation Fund to design more efficient and effective ways to improve work outcomes for vulnerable populations. In 2014, the City of Los Angeles, through the Los Angeles Regional Initiative for Social Enterprise, was awarded a grant to work with adults with histories of homelessness and/or incarceration and disconnected youth.

Pilot programs authorized by the 2014 Farm bill gave USDA and states the opportunity to build on existing [SNAP Employment and Training programs](#) and test new strategies to determine the most effective ways to help SNAP recipients gain and retain employment that leads to self-sufficiency.

Objective 6:

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

Federal programs targeted to homelessness are vital, but not enough to end homelessness. As the chart below demonstrates, they make up only a small portion of available benefits. In order to give people experiencing homelessness the greatest chance of housing stability, we must connect them to safety net benefits and entitlements like Supplemental Security Income (SSI)/ Social Security Disability Insurance (SSDI), Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Head Start and child care subsidies.



The July 2014 USICH Council meeting focused on leveraging mainstream resources to end homelessness. The result was increased focus and action across federal agencies.

SSI/SSDI: The Social Security Administration completed [a study](#) to evaluate the outcomes of the disability applications submitted through the Benefits Entitlement Services Team (B.E.S.T) Demonstration Project, a unique partnership between the Los Angeles County Department of Health Services, SSA, and the California Disability Determination Services, to locate adults experiencing homelessness and assist them in compiling all the forms and medical evidence needed to apply for SSI payments and/or SSDI benefits. Relative to other disability cases, the B.E.S.T cases had high approval rates and shorter processing times. B.E.S.T applicants had a 90% final overall average allowance rate, meaning they met the medical definition of a disability under the law, and processing time was half as long, 45 days compared to the 90-day national average.

TANF: In 2014, USICH and HHS collaborated to provide trainings to TANF Regional Administrators and other federal partners on strategies for using TANF to increase the income and stability of people experiencing homelessness.

SNAP: HHS sent a letter to state Medicaid directors discussing optional strategies to reduce the number of uninsured individuals, including [allowing SNAP recipients to automatically enroll in Medicaid](#). Six states applied for and received waivers to do this.

Objective 7:

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

There is strong evidence that housing integrated with health care is an effective and cost-saving intervention for people experiencing homelessness and those unstably housed with serious health problems.

To treat and manage chronic health and behavioral health conditions that often affect their ability to stay housed, people experiencing homelessness must be able to take full advantage of the health care now available through the Affordable Care Act and Medicaid expansion.

While the Affordable Care Act is a game-changing tool in the national effort to end homelessness, it is also complex. Together, USICH and our partners worked to educate state and local stakeholders on how best to connect people experiencing homelessness with essential health care.

The resource [Medicaid Enrollment: Your Guide for Engaging People Experiencing Homelessness](#) helps service providers overcome barriers to Medicaid enrollment and provides tips for educating people experiencing homelessness about the benefits of health coverage and how to enroll.

USICH also published a series of thought pieces on a range of strategies to support organizations serving homeless populations in their efforts to enroll clients in available health insurance, including Medicaid.

Working Locally to End Chronic Homelessness

USICH partnered with the HHS Substance Abuse Mental Health Services Administration (SAMHSA) to offer [policy academies](#) on ending chronic homelessness in California, Louisiana, Georgia, and Washington. Over the course of a year, teams of state agency representatives, regional federal partners, and local providers worked together to develop strategic plans to end chronic homelessness. States focused on building data and systems that target supportive housing units to the most vulnerable individuals while ensuring these individuals had access to mainstream medical care to ensure they were receiving appropriate health care and case management services.

Raising Awareness of the Prevalence of Tuberculosis

Tuberculosis (TB) is a serious health concern for people experiencing homelessness and those working with homeless populations. TB rates are 10 times higher for people experiencing homelessness. [Preventing and Addressing Tuberculosis among People Experiencing Homelessness](#) was created to help service providers understand the disease, create linkages to State TB Control Programs, and ultimately decrease the risk of TB for people experiencing homelessness.

Objective 8:

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

To truly end homelessness, we must get much better at preventing people from ever experiencing it. Too many young people find themselves homeless after leaving the child welfare and juvenile justice systems, or as a result of family conflict, violence, or economic instability.

In order to address those challenges, between July 2013 and September 2014, USICH and our partners worked to advance the federal Framework to End Youth Homelessness. For example, on May 1, 2014, HUD, HHS, and VA announced the release of the 2014 HMIS Data Dictionary and 2014 HMIS Data Manual, which provide data standards that went into effect on October 1, 2014. The release of these documents is an essential step to advancing the integration of HMIS with other data systems on homelessness, including Runaway and Homeless Youth Management Information Systems.

USICH and our federal and philanthropic partners also improved data collection by launching *Youth Count!*, which helps communities to more effectively count youth as part of their Point-in-Time counts.

Improving Outcomes for Youth with Child Welfare Involvement

In 2013, the HHS ACF Children's Bureau funded the [*Planning Grants to Develop a Model Intervention for Youth/Young Adults with Child Welfare Involvement At-Risk of Homelessness*](#). Over a two-year period, 18 public, private, and Tribal entities developed a plan to reduce homelessness among three specific populations, youth in child welfare most at risk of homelessness, youth aging out of foster care, and youth/young adults who are experiencing homelessness and were involved with child welfare.

Using the preliminary youth intervention model developed by USICH and federal partners, grantees focused on developing, refining, and testing elements of that model with the goal of improving the core outcomes of stable housing, permanent connections, education and employment, and social-emotional well-being.

During the first year of the two-year planning period (September 2013 to September 2014), grantees conducted a detailed data analysis to determine which youth with child welfare involvement were the most at risk of homelessness. Based on the risk and protective factors of the populations, the grantees also reviewed the service array to identify gaps in services and supports and structured an approach to best meet the needs of each population.

In September 2015, ACF awarded a subset of the 18 grants to enter into Phase II to refine and implement the models they developed during the planning phase. During this second phase, grantees will conduct a formative evaluation to determine whether their model is being implemented as intended and to determine whether the outcomes expected can be achieved by the intervention(s), services, and supports. At the end of this 36-month grant period, the Children's Bureau expects to fund a subset of the grantees to move to the third phase, a summative evaluation (rigorous impact evaluation).

Preventing Homelessness among LGBTQ Youth

Up to 40% of youth experiencing homelessness identify as lesbian, gay, bisexual, transgender, and/or questioning (LGBTQ), compared to up to 7% in the general population.¹

To help address these disparities, HUD, in coordination with USICH, HHS, and ED, is leading the first-of-its-kind [*LGBTQ Youth Homelessness Prevention Initiative*](#) to identify successful strategies for ensuring that no young person is left without a home because of their sexual orientation or gender identity and expression.

¹Cray, Miller, and Durso 2013

The Initiative began with two pilot communities, Cincinnati, Ohio, and Houston, Texas, that developed local, community-wide prevention plans, which they started implementing in the fall of 2014. These plans include strategies for building community awareness, improving data, using appropriate screening and assessment tools, and testing interventions.

In 2013, HHS ACF awarded a multi-year grant to the University of Illinois at Chicago, focusing on building the capacity of Transitional Living Programs to serve LGBTQ youth experiencing homelessness through knowledge development that strengthens their effort to better understand and address their needs.

The project is guided by the [Unaccompanied Homeless Youth Intervention Model](#) and an *Implementation Science* framework. The project has a particular emphasis on identifying the unique needs of LGBTQ youth of color experiencing homelessness and the promising strategies that respond to those needs.

Focus on Youth Homelessness: Defining the Challenge

USICH and its federal and community partners are actively working to gain a better understanding of the true size of the population of unaccompanied youth in our country, including youth under 18 as well as those 18-24. There is no doubt, however, that this is an underserved group and includes youth who are particularly vulnerable, including youth who have been trafficked, Native American youth and other youth of color, youth who identify as LGBTQ, youth with special needs or disabilities, pregnant and parenting youth, and youth involved in the child welfare and juvenile justice systems.

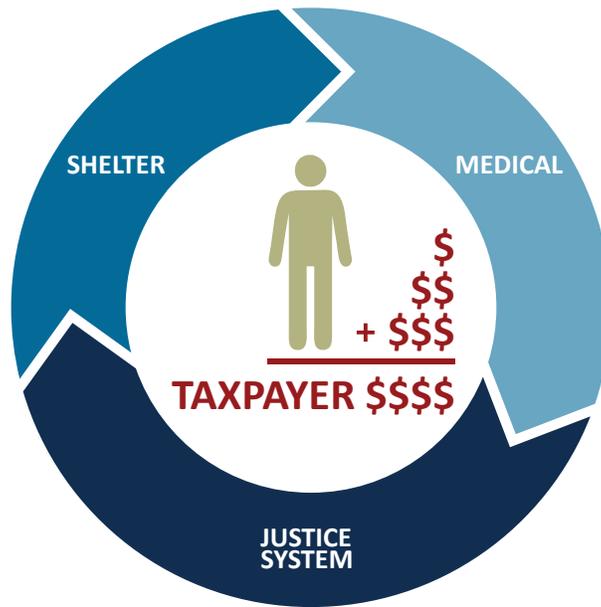
USICH has continued to work with federal partners and communities on developing coordinated responses to youth homelessness that emphasize family reunification when safe and appropriate, are age and developmentally appropriate, and focus on the specific needs of each individual youth.

In June 2014, USICH helped to plan and participated in the West Coast Convening: Innovations Around Serving Homeless Young People in Washington, Oregon, and California, which brought youth providers and leaders in the field together to share strategies and learn approaches for coordinating and streamlining community responses to youth homelessness.

Objective 9:

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

USICH continues its efforts to combat local policies and practices that criminalize homelessness and to promote constructive alternatives that end the costly cycle of hospitalization and incarceration that people experiencing homelessness often face.



In 2013, USICH marked Human Rights Day by launching a [thought leader series](#) entitled “I Believe in Human Rights.” The articles expressed the perspective that the right to have basic human needs met are among the most fundamental of human rights, and should help inform the arguments for ending homelessness. The series included more than a dozen articles, including those from then HUD Secretary, now OMB Director Shaun Donovan, state officials, international advocates, and many more.

In October 2013, the Justice Department awarded FY 2013 Second Chance Act funding to 104 government agencies and non-profit organizations to help improve the outcomes for, and reduce recidivism among, individuals leaving prisons, jails, and juvenile facilities. In the FY 2013 solicitation, the Justice Department clarified that services that support housing stability for justice-involved people experiencing chronic homelessness were an eligible use of Second Chance Act funds.

Through its July 2014 notice [Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status](#), HUD encouraged communities to prioritize people with known high utilization of crisis services, including jails and hospitals, for permanent supportive housing.

The FY 2014 Omnibus Appropriations Bill passed by Congress included funding for a joint Justice Department/ HUD initiative to replicate permanent supportive housing models for people who are frequent users of corrections and homelessness services using a Pay for Success financing mechanism.

In both September 2013 and September 2014, the Corporation for National and Community Service provided the Corporation for Supportive Housing (CSH) with funding to continue its supportive housing demonstration project focused on reducing emergency department visits and hospitalizations among high utilizers of crisis health care services experiencing homelessness. HUD, HHS, and USICH serve on the Advisory Board for this project to help oversee and guide implementation.

Objective 10:

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

Ending homelessness requires providing a pathway to stable, safe, and affordable housing for people who are experiencing homelessness. It also means changing the way we respond when people have a housing crisis so that we can prevent homelessness whenever possible or ensure that homelessness is a rare, brief, and non-recurring experience.

This response is what, in *Opening Doors*, we call the homelessness crisis response system. It is an overall system that involves the coordination and reorientation of programs and services to a Housing First approach, and emphasizes rapid connection to permanent housing and services, while mitigating the negative and traumatic effects of homelessness.

Focus on Ending Family Homelessness: Family Connection

Families may find themselves experiencing homelessness for a variety of reasons, including domestic violence, economic hardships such as job loss, or health or behavioral health issues. Family homelessness also has significant correlations with family separations including foster care and child welfare involvement.

The impacts of family homelessness, particularly on children, are severe. The experience itself is traumatizing and often leads to frequent moves, changes in schools, and a variety of costly health problems. USICH is committed to promoting and helping communities adopt a comprehensive, client-centered, trauma-informed, culturally resonant and linguistically appropriate wraparound care approach to ending family homelessness. Working together with our partners at the federal, state, and local levels to strengthen the local crisis response systems, we are striving to:

- Ensure that no families are living unsheltered
- Shorten episodes of family homelessness by providing resources that enable families to safely reenter permanent housing as quickly as possible
- Link families to the benefits, supports, and community-based services they need to achieve and maintain housing stability
- Identify and implement effective prevention methods to help families avoid homelessness

To help communities plan for and build these systems, USICH issued a number of guides:

[Core Components of Rapid Re-Housing](#) identifies the essential components of successful rapid re-housing implementation.

[Creating Effective Systems to End Homelessness: A Guide to Reallocating Funds in the CoC Program](#) provides Continuums of Care with information on how to reallocate programs in the community. Through reallocation, communities create new, evidence-informed projects by eliminating projects that are underperforming or are more appropriately funded from other sources.

An [informational webinar series on Family Connection: Building Systems to End Family Homelessness](#) walked communities and stakeholders through strategies for building and implementing effective housing crisis response systems for families

Tools and Resources

Tools:

[The Affordable Care Act's Role in Preventing and Ending Homelessness Fact Sheet](#) (September 2013)

[PHA Guidebook to Ending Homelessness](#) (November 2013)

[Services in the CoC: A Guide to Assessing Value and Finding Funding Alternatives](#) (January 2014)

[Family Connection: Building Systems to End Family Homelessness](#) (February 2014)

[Preventing and Addressing Tuberculosis among People Experiencing Homelessness Fact Sheet](#) (March 2014)

[Implementing Housing First in Permanent Supportive Housing Fact Sheet](#) (June 2014)

[Creating Effective Systems to End Homelessness: A Guide to Reallocating Funds in the CoC Program](#) (September 2014)

Webinars:

[Increasing Housing Placement and Retention](#) (July 2013)

[Improving Client Outcomes Using Housing First](#) (August 2013)

[A Guide for Enrolling People Experiencing Homelessness in Medicaid](#) (December 2013)

[Building Strong Connections to Rapidly House Veterans](#) (December 2013)

[Preliminary Intervention Model for Ending Youth Homelessness](#) (March 2014)

[Addressing Tuberculosis Among People Experiencing Homelessness](#) (April 2014)

[Building Systems to End Family Homelessness](#) (May 2014)

[Core Principles of Housing First and Rapid Re-Housing](#) (July 2014)

[Tailored Interventions and Assistance for Families Experiencing Homelessness](#) (September 2014)

