

A Progress Report

Opening Doors: Federal Strategic Plan to Prevent and End Homelessness

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OVERVIEW

On June 22, 2010, the U.S. Interagency Council on Homelessness (USICH) issued the Administration's federal strategic plan to end homelessness. *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* (the Plan) set the goals of ending chronic and veteran homelessness in five years and homelessness among families and youth in ten years. It also proposed to set the nation on a path to ending all homelessness. The Plan identified 52 strategies to be used to meet these goals. It identified the agencies – primarily the Departments of Housing and Urban Development (HUD), Health and Human Services (HHS), Veterans Affairs (VA), and Labor (DoL) – responsible for each strategy, because while USICH is the federal coordinating body for implementation of the Plan, it is the member agencies of USICH¹ that have the resources and responsibility to meet the goals.

The Plan has made the federal government a partner to the more than 240 jurisdictions with ten year plans to end homelessness and represents a federal commitment to coordinate agency policies and make federal resources available for these efforts. Additionally, the Plan, along with a major evolution of the federal homeless assistance system in the form of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, ushers in a new era of federal accountability for the nation's homelessness problem.

The Plan proposes to achieve the goals by implementing the 52 strategies, which are grouped under five themes and ten objectives. The first section of this Progress Report, "Summary of Program Assessments," looks at the progress that federal agencies have made on the Plan's 52 strategies.² The assessments made in this report reveal the following.

- Some progress has been made on 39 of the 52 strategies (75 percent) identified in the Plan and measurable progress has been made on 18 of the 52 strategies (35 percent).
- The most progress has been made on the objectives to "Promote Collaborative Leadership" and to "Strengthen Capacity and Knowledge." Considerable progress has also been made on the three objectives related to health care ("Integrate Health Care with Housing," "Advance Health and Housing Stability for Youth," and "Advance Health and Housing Stability for Adults").
- Two key objectives where more progress will be critical in order to meet the goals of the Plan are the objectives to "Provide Affordable Housing" and "Increase Economic Security."
- No progress was made on 13 of the strategies (25 percent).

The second part of the Progress Report, "Available Data on Changes in Homelessness," looks at the limited information available at the time of writing on changes in the incidence of homelessness since the introduction of the Plan. While not conclusive, an examination of certain point-in-time counts taken by jurisdictions over a time period that most directly coincides with the release and anniversary of the Plan shows a slight increase in

¹ The agencies that are members of the US Interagency Council on Homelessness are the Department of Agriculture, the Department of Commerce, the Department of Defense, the Department of Education, the Department of Energy, the Department of Health and Human Services, the Department of Homeland Security, the Department of Housing and Urban Development, the Department of Interior, the Department of Justice, the Department of Labor, the Department of Transportation, the Department of Veterans Affairs, the Corporation for National and Community Service, the General Services Administration, the Office of Management and Budget, the Social Security Administration, the U.S. Postal Service, and the White House Office of Faith-Based and Community Initiatives.

² The assessment is not intended to be an exhaustive report of everything that has been done to implement the Plan, and with over 50 strategies and 20 federal agencies and offices involved, it is likely that some activities and progress have been missed or incorrectly characterized. The authors apologize for such errors, but believe that the overall assessment of progress is accurate.

homelessness during the Plan's first year. So, while it is clear that much activity and some progress have been made by the agencies in pursuing the strategies, it is also clear that more aggressive efforts are needed moving forward, particularly in the areas of employment and housing, to begin making the kind of progress that will decrease the number of people experiencing homelessness.

SUMMARY OF PROGRESS ASSESSMENTS

The core of this report is the assessment made of progress on each of the 52 strategies in the Plan. These strategies and assessments are summarized in this section of the report and the full strategy and detail on the rationale for each assessment can be found in Appendix 1.

Progress on each strategy is assessed as NO PROGRESS, PROGRESS, or MEASURABLE PROGRESS. The assessment on each strategy was based upon public reports from the USICH and member agencies, document research, key informant interviews, and knowledge of the staff of the National Alliance to End Homelessness. The assessments are not meant to be full descriptions of all of the activities undertaken for each strategy. Rather, knowledge of *any* relevant PROGRESS or MEASURABLE PROGRESS was sufficient to assign that assessment. If no relevant progress could be discovered, an assessment of NO PROGRESS was made.

While activity has occurred at the agency level on most strategies, not all of that activity has been sufficient to warrant a PROGRESS assessment. Meetings or discussion between agency personnel are not sufficient to warrant a PROGRESS assessment on most strategies. MEASURABLE PROGRESS is used to differentiate strategies for which there has been tangible progress such as changes in federal policy, quantifiable changes in practice, or federal resources being made newly available to homeless or at-risk people.

There are certain factors complicating an understanding of the assessments and their relative importance. The strategies are assessed on their own terms. Therefore a strategy to “Seek opportunities for engaging Congressional committees...” will be assessed as to whether such opportunities were sought; not as to whether they were successful. Accordingly, there are clearly cases where MEASURABLE PROGRESS is assessed and yet the strategy is unlikely to have a significant impact on the goal. Conversely, there are areas where bold initiatives were proposed but because they have not yet succeeded or failed, NO PROGRESS was assessed. As a result NO PROGRESS, PROGRESS and MEASURABLE PROGRESS do not have the same weight for each strategy in terms of achieving the goals of the Plan.

Promote Collaborative Leadership	
Educate the public	PROGRESS
Engage state/local/tribal leaders	PROGRESS
Update and implement state/local plans	PROGRESS
Involve citizens and private sector	PROGRESS
Test, model interagency collaboration	MEASURABLE PROGRESS
Reward collaborating communities	MEASURABLE PROGRESS
Recognize savings across partners	NO PROGRESS
Engage Congressional committees	PROGRESS

Strengthen Capacity and Knowledge	
Compile research	MEASURABLE PROGRESS
Coordinate federal technical assistance	MEASURABLE PROGRESS
More readily available info on best practices	MEASURABLE PROGRESS
More readily available info on special populations	MEASURABLE PROGRESS
Needs of rural and tribal communities	PROGRESS
Inventory federal emergency response programs	NO PROGRESS
Increase use of HMIS	MEASURABLE PROGRESS
Create a common data standard and uniform performance measures	PROGRESS

Provide Affordable Housing	
Support rental housing subsidies	MEASURABLE PROGRESS
Expand supply of affordable rental homes	NO PROGRESS
Improve access to assistance	PROGRESS
Increase service-enriched housing	NO PROGRESS

Provide Permanent Supportive Housing	
Improve access to and use of supportive housing	PROGRESS
Protocols and incentives to free up units	NO PROGRESS
Expand supply of supportive housing	MEASURABLE PROGRESS
Assess options for supportive housing service funding	PROGRESS

Increase Economic Security	
Job development focus on homelessness	NO PROGRESS
Improve access to work supports	PROGRESS
Best practices to help people enter workforce	NO PROGRESS
Coordinate/integrate employment programs	NO PROGRESS
Increase work for veterans	NO PROGRESS

Reduce Financial Vulnerability	
Best practices in access to income/work supports	MEASURABLE PROGRESS
Improve access to income supports	PROGRESS
Enhance public info and call center for veterans	NO PROGRESS
Create pathways to financial independence	NO PROGRESS
Prepare for Medicaid expansion	MEASURABLE PROGRESS

Integrate Health Care with Housing	
Co-locate housing and health care	MEASURABLE PROGRESS
Build upon successful service delivery models	PROGRESS
Evaluate effectiveness of medical home model	PROGRESS
Establish medical respite programs	NO PROGRESS
Increase availability of behavioral health services	MEASURABLE PROGRESS
Improve access to child and family services	MEASURABLE PROGRESS

Advance Health and Housing Stability for Youth	
Improve discharge planning	PROGRESS
Improve access for youth	MEASURABLE PROGRESS
Promote targeted outreach strategies	PROGRESS

Advance Health and Housing Stability for Adults	
Improve discharge planning	PROGRESS
Promote targeted outreach strategies	MEASURABLE PROGRESS
Increase number of jail diversion courts	NO PROGRESS
Define approaches to reduce criminalization	PROGRESS

Transform Crisis Response Systems	
Promote best practices in crisis response	PROGRESS
Use mainstream resources for housing stability	PROGRESS
Implementation strategies for HEARTH Act	MEASURABLE PROGRESS
Ensure continuity through HPRP services	MEASURABLE PROGRESS
Ensure prevention in place-based strategies	PROGRESS

AVAILABLE DATA ON CHANGES IN HOMELESSNESS, 2010-2011

Opening Doors: Federal Strategic Plan to Prevent and End Homelessness establishes four key goals to prevent and end homelessness among various subpopulations. The goals are to: (1) finish the job of ending chronic homelessness in five years; (2) prevent and end homelessness among veterans in five years; (3) prevent and end homelessness for families, youth, and children in ten years; and (4) set a path to ending all types of homelessness.

The most effective way to examine the effectiveness of the Plan's objectives and strategies, then, is to evaluate progress made in reducing the number of homeless people since the Plan's introduction in 2010. Though complete data for 2011 are not yet publically available, the National Alliance to End Homelessness (the Alliance) has compiled Continuum of Care point-in-time homeless count data from over 100 communities for the years 2010 and 2011. The data were obtained from Continuums of Care, media reports on count results, and government agencies, and were either published or provided privately to the Alliance. These data include counts from urban, suburban, and rural communities in 34 states plus the District of Columbia (see MAP 1). The data represent approximately 45 percent of the total homeless population and 24 percent of all communities that report data to HUD. The data indicate that overall homelessness in those communities increased from **294,877 in 2010 to 301,954 in 2011**, or 2.4 percent (see FIGURE 1). Fifty-five percent of the communities saw an increase in their overall homeless population.

MAP 1. States in Which One or More Communities Provided Data

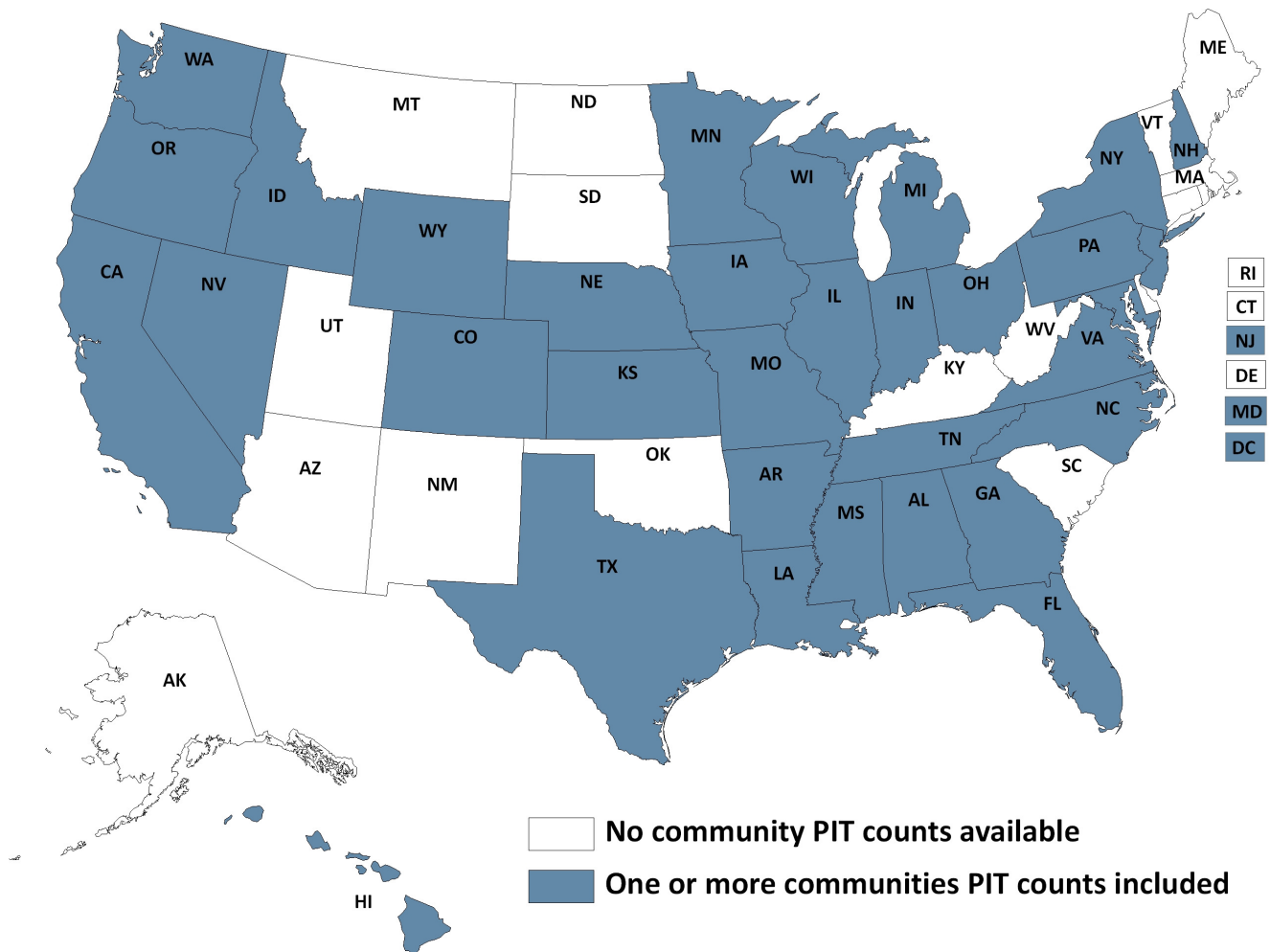
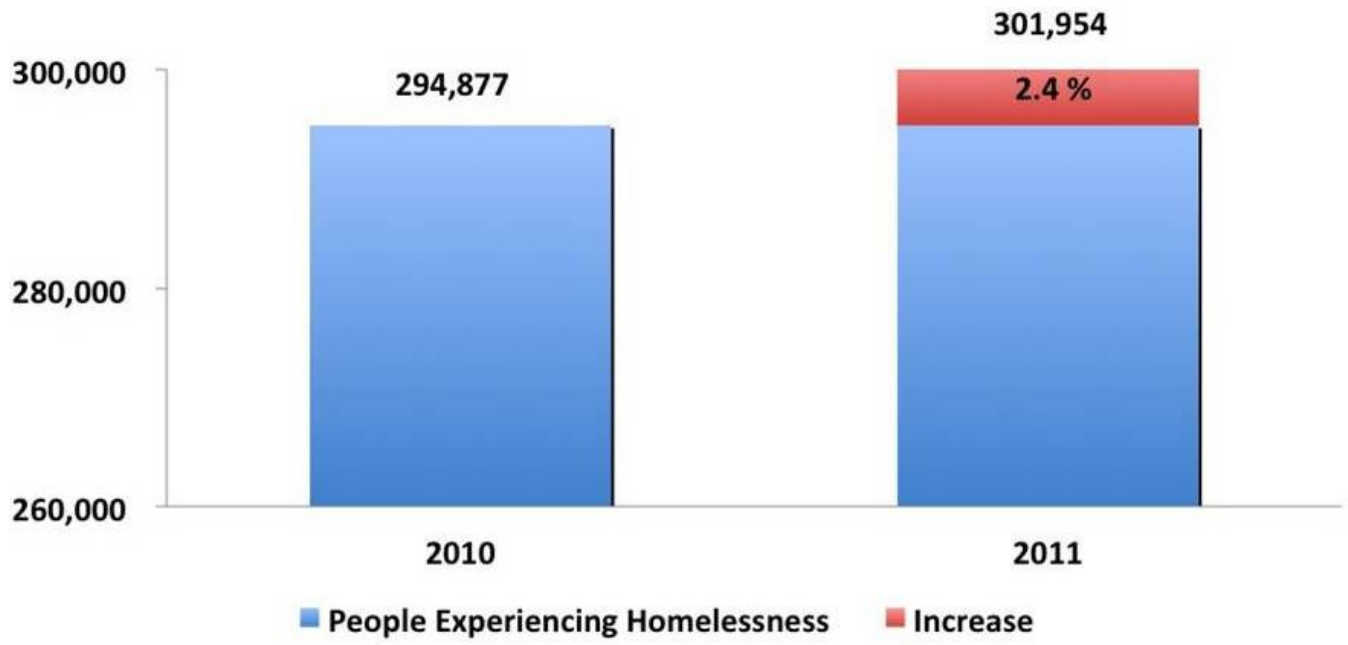


FIGURE 1. Available Point-in-Time Homeless Counts, Change 2010 to 2011



CONCLUSION

Opening Doors: Federal Strategic Plan to Prevent and End Homelessness was significant in establishing clear, numerical goals for ending homelessness among certain subpopulations of homeless people³ and in laying out the strategies that the federal government would take to achieve these goals. It raised the level of accountability for federal investment in homelessness and also clarified what role the federal government would play in concert with states, localities, nonprofits, faith-based groups, and homeless people to achieve the goals.

It was to be expected that the initial year of implementation would be spent to some degree on start-up and that as implementation progressed, certain gaps in the Plan might emerge. Further, external factors could be expected to affect implementation of the Plan, either positively or negatively.

In fact, all of these factors did come into play. There has been a start-up effect. It is not entirely clear that all of the strategies needed to achieve each goal are laid out in the Plan. External factors have played a role: the economy, particularly for the lowest income people, continued to be challenging; unemployment stayed high; the federal budget was delayed; and Congress did not fund all of the initiatives the Administration proposed with respect to Plan implementation.

Examination of the strategies as well as the data available reveals that while considerable implementation activity took place during the first year, the number of homeless people does not appear to have gone down; in fact preliminary examination of admittedly incomplete data indicates that the number of homeless people may have gone up slightly. To make progress in the future, increased concentration will be necessary in the areas of housing and income – areas which are likely to have the greatest impact on reducing the number of homeless people. In addition, much more significant engagement by mainstream programs in preventing and ending homelessness will be necessary.

The Plan was a groundbreaking commitment that has tremendous potential. Its implementation has only begun, and the first year was active and promising. Member agencies of the USICH will have to move beyond the incremental proposals and marginal changes of the first year to the more significant new approaches outlined in the Plan if they wish to achieve its goals of ending homelessness.

³ Combined, these subpopulations represent a majority of homeless people.

APPENDIX 1: PROGRESS ASSESSMENTS⁴

Objective 1: Promote Collaborative Leadership

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.

STRATEGY	ASSESSMENT
Educate the public <i>Educate the public on the scope, causes, and costs of homelessness, the Federal Strategic Plan to Prevent and End Homelessness and the reasons for taking action.</i>	PROGRESS in the form of member agencies and USICH speaking engagements across the country, a regular USICH e-newsletter to interested parties, and media attention for the Plan.
Engage state/local/tribal leaders <i>Engage state, local, and tribal leaders in a renewed commitment to prevent and end homelessness in their communities.</i>	PROGRESS in the form of engagement by member agencies and USICH in key communities including Los Angeles CA, Sacramento CA, Florida and DC.
Update and implement state/local plans <i>Get states and localities to update and implement plans to end homelessness to reflect local conditions and the comprehensiveness of this Federal Plan, as well as to develop mechanisms for effective implementation.</i>	PROGRESS in the form of USICH engagement with several communities such as Seattle/King County WA and Connecticut to re-examine and re-tool their ten year plans to better reflect lessons learned in recent years.
Involve citizens and private sector <i>Involve citizens – including people with firsthand experience with homelessness – and the private sector – businesses, nonprofits, faith-based organizations, foundations, and volunteers – in efforts to prevent and end homelessness.</i>	PROGRESS in the form of USICH focus groups with formerly homeless individuals and private sector representatives on veteran homelessness (with VA) and the definition of homelessness (with HUD, HHS, VA and other USICH agencies); USICH engagement with a national network of private sector funders committed to solving homelessness; and member agency and USICH involvement with the Los Angeles business community.
Test, model interagency collaboration <i>Test, model, and learn more about interagency collaboration.</i>	MEASURABLE PROGRESS in the form of HUD and HHS collaboration through the proposed Housing and Services for Homeless Persons Demonstration; a model, tested in Los Angeles, CA, for convening key local stakeholders representing all levels and branches of government (USICH, HUD, VA); and plans for better sharing of data across programs (Projects for Assistance in Transition from Homelessness [PATH] and Runaway and Homeless Youth Act [RHYA] at HHS, Homeless Management Information Systems at HUD, and VA).
Reward collaborating communities <i>Seek opportunities to reward communities that are collaborating to make significant progress preventing and ending homelessness.</i>	MEASURABLE PROGRESS in the issuance of Substance Abuse and Mental Health Services Administration (SAMHSA)(HHS) request for proposals to identify collaborating communities that can use SAMHSA resources to leverage permanent housing resources.
Recognize savings across partners <i>Review budget processes to determine avenues for recognizing savings across partners resulting from interventions to prevent and end homelessness.</i>	NO PROGRESS in the form concrete action to move the savings from one area/agency such as housing/HUD, to another such as health care/HHS, though activity is noted in identification of cost savings research.

⁴ The Objectives and Strategies discussed in this section are those identified in the Plan. The Assessments were determined by the Alliance, as explained earlier in this report.

Engage Congressional committees <i>Seek opportunities for engaging Congressional committees collaboratively on issues related to preventing and ending homelessness.</i>	PROGRESS in the form of member agency and USICH engagement of key Congressional committees, including appropriators and authorizers, around the need to expand resources and implement policy solutions for strategies laid out in the Federal Strategic Plan.
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Objective 2: Strengthen Capacity and Knowledge

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

STRATEGY	ASSESSMENT
Compile research <i>Collaborate on and compile research to better understand best practices, the cost-effectiveness of various interventions, metrics to measure outcomes, and the gaps in research. Identify and fill gaps in the body of knowledge.</i>	MEASURABLE PROGRESS in the form of federally-funded member agency research projects that are underway and in the publication of federal research via the USICH website.
Coordinate federal technical assistance <i>Coordinate federal technical assistance resources related to preventing and ending homelessness and provide information to states, tribes, and local communities on how to access the support they need.</i>	MEASURABLE PROGRESS in the form of HUD coordination of technical assistance in several high priority communities with high numbers of homeless people.
More readily available information on best practices <i>Make information more readily available on best practices and strategies to finance them at scale related to: homelessness prevention; Housing First, rapid-re-housing, and permanent supportive housing; mental health, substance abuse, and treatment for co-occurring conditions; integrated treatment of physical and behavioral health conditions; trauma-sensitive and trauma-informed services.</i>	MEASURABLE PROGRESS in the form of two HUD conferences--in Denver and Atlanta--that included information about homelessness best practices and financing strategies; and a VA conference on homeless veterans. Materials from those conferences are available online.
More readily available information on special populations <i>Make information more readily available on working effectively with special populations, and the overlap between and among groups: Expectant families, infants, toddlers, children, and youth; Cultural competency, including Native American, African American, Hispanic, and immigrant populations; Gay, lesbian, bisexual, and transgender populations; Veterans and their families; Victims of domestic or family violence, physical and/or sexual abuse, trafficking, and violence; People living with HIV/AIDS; People who are or have been incarcerated.</i>	MEASURABLE PROGRESS in the form of HUD published information about working with and model programs for serving LGBTQ youth. Additional progress toward developing information regarding victims of domestic violence, and people who have been incarcerated including new website on re-entry developed by the Department of Justice.
Needs of rural and tribal communities <i>Attend to the unique needs of rural and tribal communities to respond to homelessness and develop effective strategies and programs that use best practices that contribute to housing stability and prevent and end homelessness on American Indian lands, in rural/frontier areas and urban centers.</i>	PROGRESS in the form of two HUD conferences—in Denver and Atlanta – that included information about rural homelessness and best practices regarding governance, prevention, and data collection in rural areas; and beginning implementation by HUD of HEARTH Act.
Inventory federal emergency response programs	NO PROGRESS on updating this information by DHS, though

Develop and maintain an inventory of federal emergency response programs to help communities identify what is being funded in their community with federal resources and which resources are available to them.	there was activity prior to the release of <i>Opening Doors</i> in the form of published inventories of programs that can serve homeless people.
Increase use of HMIS <i>Continue to increase use of the Homeless Management Information System by local communities and encourage its use by additional programs targeted at homelessness. Develop standards that permit data inter-operability between data systems while protecting the confidentiality of all individuals.</i>	MEASURABLE PROGRESS in the form of HUD-developed technical assistance resources regarding HMIS and improved reporting of veteran data and programs into HMIS (VA). Some activity at HHS to get PATH and other homeless programs to participate, although little progress on youth (RHYA). No progress at DoL, for health care (HHS), or elsewhere. Additionally, more communities are producing data for Annual Homeless Assessment Report (AHAR) and are doing so on a more regular basis.
Create a common data standard and uniform performance measures if feasible <i>Create a common data standard and uniform performance measures if feasible, especially related to housing stability, across all targeted and mainstream federal programs. This will facilitate data exchanges and comparisons between both targeted programs and mainstream systems in order to improve identification of people experiencing or at risk of homelessness. Encourage the dynamic use of state and local data warehouses.</i>	PROGRESS in the form of USICH and member agencies hosting a stakeholder meeting on a common vocabulary and data standard and issued a report on the results.

Objective 3: Provide Affordable Housing

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

STRATEGY	ASSESSMENT
Support rental housing subsidies <i>Support additional rental housing subsidies through federal, state, local, and private resources to individuals and families experiencing or most at risk of homelessness.</i>	MEASURABLE PROGRESS in the form of rental subsidies for increased numbers of homeless people secured from Congress through HUD-VASH and through HUD's Homeless Assistance Grant Program.
Expand supply of affordable rental homes <i>Expand the supply of affordable rental homes where they are most needed through federal, state, and local efforts.</i>	NO PROGRESS to expand the supply of affordable rental homes, though activity in the form of proposals by the Administration to fund the National Housing Trust Fund (NHTF)(HUD) and to include mechanisms to promote affordable housing development in Government Sponsored Enterprise (GSE) reform (Treasury) are noted.
Improve access to assistance <i>Improve access to federally-funded housing assistance by eliminating administrative barriers and encouraging prioritization of people experiencing or most at risk of homelessness.</i>	PROGRESS in the form of aggressively addressing barriers to the rent-up of HUD-VASH vouchers (HUD, VA). In addition, guidance on LGBT access to HUD housing, and on treatment of assisted housing tenants who are victims of domestic violence.
Increase service-enriched housing <i>Increase service-enriched housing by co-locating or connecting services with affordable housing.</i>	NO PROGRESS on co-locating or connecting services with affordable housing, though activity in the form of budget request for \$50 million for service coordinators in mainstream HUD housing targeted to homeless people is noted.

Objective 4: Provide Permanent Supportive Housing

Provide permanent supportive housing to prevent and end chronic homelessness.

STRATEGY	ASSESSMENT
Improve access to and use of supportive housing <i>Improve access to and use of supportive housing by encouraging prioritization and targeting for people who need this level of support to prevent or escape homelessness.</i>	PROGRESS in the form of improved targeting of HUD-VASH (HUD, VA) to chronically homeless veterans.
Protocols and incentives to free up units <i>Create protocols and consider incentives to help people who have achieved stability in supportive housing—who no longer need and desire to live there—to move into affordable housing to free units for others who need it.</i>	NO PROGRESS on creating protocols at HUD or elsewhere, although there has been activity in the form of interagency discussion of this issue.
Expand supply of supportive housing <i>Expand the supply of permanent supportive housing, in partnership with state and local governments and the private sector.</i>	MEASURABLE PROGRESS in the form of additional HUD-VASH vouchers (HUD, VA), HUD and HHS McKinney-Vento funding in the budget and in appropriations.
Assess options for supportive housing service funding <i>Assess options for more coordinated, sustainable, dependable sources of supportive housing service funding.</i>	PROGRESS in the form of HUD/HHS housing and services demonstration activities and efforts underway to improve access to Medicaid funding for home- and community-based services.

Objective 5: Increase Economic Security

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

STRATEGY	ASSESSMENT
Job development focus on homelessness <i>Collaborate with economic recovery and jobs programs to ensure that job development and training strategies focus attention on people who are experiencing or most at risk of homelessness.</i>	NO PROGRESS is known to have occurred on the parts of DoL, Commerce, or HUD on this strategy.
Improve access to work supports <i>Review federal program policies, procedures, and regulations to identify educational, administrative, or regulatory mechanisms that could be used to improve access to work support.</i>	PROGRESS in the form of USICH examination of barriers to accessing Workforce Investment Act (WIA), Temporary Assistance to Needy Families (TANF) and other social benefit programs by homeless individuals and families. Strategies to overcome those barriers have not been identified, implemented, or promoted to the public by DoL, HHS or others.
Best practices to help people enter workforce <i>Develop and disseminate best practices on helping people with histories of homelessness and barriers to employment enter the workforce, including strategies that take into consideration transportation, child care, child support, domestic violence, criminal justice history, disabling conditions, and age appropriateness.</i>	NO PROGRESS is known to have been made by DoL on this strategy.
Coordinate/integrate employment programs <i>Improve coordination and integration of employment programs with homelessness assistance programs, victim assistance programs, and housing and permanent supportive housing programs.</i>	NO PROGRESS is known to have been made by DoL on this strategy though there has been some activity in the form of meetings between DoL and HUD.
Increase work for veterans <i>Increase opportunities for work and support recovery for veterans with barriers to employment.</i>	NO PROGRESS is known to have been made on this strategy at DoL, though there appears to be support within Administration to expand the Homeless Veterans' Reintegration Program

Objective 6: Reduce Financial Vulnerability

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

STRATEGY	ASSESSMENT
Best practices in access to income/work supports <i>Document, disseminate, and promote the use of best practices in expedited access to income and work supports for people experiencing or at risk of homelessness.</i>	MEASURABLE PROGRESS in the form of a USICH webinar and profiles of promising program models that expedite homeless individuals' enrollment in public benefits, based on lessons learned from the SSI/SSDI Outreach, Access and Recovery Initiative (SOAR).
Improve access to income supports <i>Review federal program policies, procedures, and regulations to identify administrative or regulatory mechanisms that could be used to remove barriers and improve access to income supports.</i>	PROGRESS in the form of Social Security Administration's (SSA) examination of claims for Supplemental Security Income/Social Security Disability Insurance (SSI/SSDI) from homeless individuals to gather data on types of impairments and demographic information. SSA is also working on a project to test presumptive disability for homeless claimants with schizophrenia in two California counties.
Enhance public information and call center for veterans <i>Enhance public information, targeted communications, and a national toll-free homeless call center to ensure that all veterans and their families know they can obtain homelessness prevention assistance from the VA or other places in their community.</i>	NO PROGRESS has been made by VA to enhance the information to ensure knowledge of homeless prevention assistance, though the call center was established prior to the release of the plan.
Create pathways to financial independence. <i>Create clear pathways to greater financial independence.</i>	NO PROGRESS is known to have occurred on this strategy at DoL or elsewhere.
Prepare for Medicaid expansion <i>Prepare for Medicaid expansion to effectively enroll people who experience or are most at risk of experiencing homelessness.</i>	MEASURABLE PROGRESS in the form of the new SAMHSA (HHS) program, the Cooperative Agreements for the Benefit of Homeless Individuals (CABHI). CABHI will direct up to \$6.6 million over three years to programs that integrate permanent housing with health care and behavioral health care services for chronically homeless people. Enrollment of chronically homeless individuals in Medicaid is a core expectation.

Objective 7: Integrate Health Care with Housing

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

Co-locate housing and health care <i>Encourage partnerships between housing providers and health and behavioral health care providers to co-locate or coordinate health, behavioral health, safety, and wellness services with housing and create better resources for providers to connect patients to housing resources.</i>	MEASURABLE PROGRESS in the form of Cooperative Agreements for the Benefit of Homeless Individuals (CABHI) (HHS), which offers incentives for community-based programs to combine permanent housing assistance with access to, and coordination of, primary and behavioral health care.
Build upon successful service delivery models <i>Build upon successful service delivery models to provide services in the homes of people who have experienced homelessness, including Medicaid-funded Assertive Community Treatment Teams for those with behavioral</i>	PROGRESS in the form of Medicaid (HHS) guidance that emphasized flexibility, and named eligible populations to target, including people with chronic mental illness.

<i>health needs.</i>	
Evaluate effectiveness of medical home model <i>Seek opportunities to establish and evaluate the effectiveness of a “medical home” model to provide integrated care for medical and behavioral health, and to improve health and reduce health care costs in communities with the largest number of people experiencing homelessness.</i>	PROGRESS in the form of meetings and conversations that have taken place within HHS and between HHS and USICH about opportunities for the new Medicaid “health home” to improve coordination and access in permanent supportive housing and other homelessness assistance programs.
Establish medical respite programs <i>Seek opportunities to establish medical respite programs in communities with the largest number of people experiencing homelessness to allow hospitals to discharge people experiencing homelessness with complex health needs to medical respite programs that will help them transition to supportive housing.</i>	NO PROGRESS is known to have occurred on this strategy at HHS.
Increase availability of behavioral health services <i>Increase availability of behavioral health services, including community mental health centers, to people experiencing or at risk of homelessness.</i>	MEASURABLE PROGRESS in the form of HHS implementing Affordable Care Act (HHS) provisions that expand safety-net clinic capacity, emphasizing behavioral health and targeting vulnerable populations.
Improve access to child and family services <i>Improve access to child and family services that improve early child development, educational stability, youth development, and quality of life for families—including expectant families, children, and youth experiencing or most at risk of homelessness.</i>	MEASURABLE PROGRESS in the form of HHS implementing new resources for Early Childhood Home Visiting (HHS) which will serve expectant families, pregnant and parenting youth, and children with risk factors for homelessness.

Objective 8: Advance Health and Housing Stability for Youth

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

Improve discharge planning <i>Improve discharge planning from foster care and juvenile justice to connect youth to education (including plans to complete secondary education, if necessary, as well as to access higher education), housing, health and behavioral health support, income supports, and health coverage prior to discharge.</i>	PROGRESS in the form of HHS solicitation of feedback on how to utilize data to improve the performance of child welfare agencies in serving families and children and new DOJ funding for a Juvenile Mentoring Initiative which provides funding to localities to prepare youth for successful transition back into the community.
Improve access for youth <i>Review federal program policies, procedures, and regulations to identify administrative or regulatory mechanisms that could be used to remove barriers and improve access to stable health care, housing, and housing supports for youth.</i>	MEASURABLE PROGRESS in the form of HHS requiring all RHYA grantees to appropriately serve LGBTQ youth; a proposed HUD rule prohibiting discrimination against LGBTQ individuals in HUD-funded programs; and HHS establishment of an internal LGBTQ Coordinating Committee to improve HHS response to LGBTQ individuals, families and youth across programs.
Promote targeted outreach strategies <i>Promote targeted outreach strategies to identify youth experiencing homelessness who are most likely to end up in an emergency room, hospital, jail, or prison, and connect them to the housing and support they need.</i>	PROGRESS in the form of HHS identification of 11 high-performing street outreach programs.

Objective 9: Advance Health and Housing Stability for Adults

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

Improve discharge planning <i>Improve discharge planning from hospitals, VA medical centers, psychiatric facilities, jails, and prisons to connect people to housing, health and behavioral health support, income and work supports, and health coverage prior to discharge.</i>	PROGRESS in the form of USICH profiles of promising strategies to facilitate the transition of those re-entering communities after a period of incarceration.
Promote targeted outreach strategies <i>Promote targeted outreach strategies to identify people experiencing homelessness who are most likely to end up in emergency rooms, hospitals, jails, or prisons, and connect them to the housing and support they need.</i>	MEASURABLE PROGRESS in the form of SAMHSA (HHS) technical assistance (webinars and grantee conferences) to grantees and in public communications emphasizing strategies for integrating primary and behavioral health care.
Increase number of jail diversion courts <i>Increase the number of jail diversion courts at the state and local levels that are linked to housing and support including those specifically for veterans, those experiencing homelessness, or people with mental health issues or drug abuse problems.</i>	NO PROGRESS is known to have occurred on this strategy at DoJ or elsewhere, though activity in the form of efforts related to homeless veterans is noted.
Define approaches to reduce criminalization <i>Reduce criminalization of homelessness by defining constructive approaches to street homelessness and considering incentives to urge cities to adopt these practices.</i>	PROGRESS in the form of a joint USICH and DoJ summit that was convened to discuss solutions to street homelessness and criminalization of homelessness. The summit included city government officials, police officers, homeless service providers and national advocates.

Objective 10: Transform Crisis Response Systems

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

<p>Promote best practices in crisis response <i>Develop and promote best practices for crisis response programs and increase their adoption by agencies receiving federal funds.</i></p>	<p>PROGRESS in the form of material presented at HUD grantee conferences and available on Homelessness Resource Exchange website on strategies related to crisis response.</p>
<p>Use mainstream resources for housing stability <i>Determine opportunities to utilize mainstream resources to provide housing stabilization assistance to clients who are homeless or at high risk of homelessness.</i></p>	<p>PROGRESS in the form of requested funding for homelessness initiatives that would utilize mainstream resources such as Medicaid (HHS), Housing Choice Vouchers or Public Housing (HUD), and TANF (HHS) for housing.</p>
<p>Implementation strategies for HEARTH Act <i>Develop implementation strategies for the HEARTH Act—especially the new Emergency Solutions grant—that sustain best practices learned from the Homelessness Prevention and Rapid Re-Housing Program and the Rapid Re-Housing Demonstration.</i></p>	<p>MEASURABLE PROGRESS in the form of resources that will be available through the revised ESG program to do rapid re-housing and prevention (HUD).</p>
<p>Ensure continuity through HPRP services <i>Ensure continuity in the provision of homeless prevention and rapid re-housing services to families, youth, and individuals—including veterans and their families—through HUD’s Homelessness Prevention and Rapid Re-Housing Program.</i></p>	<p>MEASURABLE PROGRESS in the form of VA accepted proposals for Supportive Services for Veterans Families, a new program that will assist veterans and their families. A webinar by HUD on ensuring a smooth transition for tenants as HPRP funding winds down.</p>
<p>Ensure prevention in place-based strategies <i>Ensure that homelessness prevention and rapid re-housing strategies are coordinated with Education for Homeless Children and Youth, and incorporated within federal place-based strategies to improve neighborhoods and schools, including Promise Neighborhoods and Choice Neighborhoods.</i></p>	<p>PROGRESS in the form of proposals for implementing Choice Neighborhoods (HUD) that have included provisions for prevention and re-housing, including making re-housing assistance an eligible activity.</p>

APPENDIX 2: LIST OF COMMUNITIES INCLUDED IN AVAILABLE POINT-IN-TIME HOMELESS COUNTS, CHANGE 2010-2011, BY STATE

Alabama

North Alabama

Arkansas

Benton and Washington Counties

Faulkner County

Fort Smith

California

Chico/Butte County

Daly City/San Mateo County

Glendale

Kern

Long Beach

Los Angeles City and County

Marin

Merced

Pasadena

Riverside County

Sacramento City and County

San Diego County

San Francisco

Santa Monica

Sonoma County

Ventura County

Colorado

Denver-Metropolitan Counties

District of Columbia

Washington, DC

Florida

Fort Lauderdale/Broward County

Fort Pierce/St. Lucie, Indian River, Martin Counties

Miami/Dade County

North Central Florida

Palm Beach County

Panama City/Bay and Jackson Counties

Pasco County

St. John's County

St. Petersburg/Pinellas County

Tallahassee

Georgia

Athens/Clark County

Hawaii

Honolulu City and County

Iowa

Des Moines/Polk County

Iowa Balance of State

Sioux City

Idaho

Boise/Ada County

Idaho Balance of State

Illinois

Chicago

Indiana

Indianapolis

Terre Haute/Vigo County

Kansas

Johnson County

Lawrence/Douglas County

Shawnee County

Wichita/Sedgwick County

Wyandotte County

Louisiana

New Orleans/Jefferson Parish

Maryland

Frederick County

Harford County

Montgomery County

Prince George's County

Michigan

Detroit

Lenawee

Minnesota

Minneapolis/Hennepin County

Missouri

St. Charles, Lincoln, and Warren Counties

Mississippi

Harrison, Hancock, and Jackson Counties

North Carolina

Asheville/Buncombe County

Chapel Hill/Orange County

Charlotte/Mecklenburg County

Durham City and County

Fayetteville/Cumberland County

Gastonia-Gaston/Cleveland/Lincoln Counties

Greensboro and High Point/Guilford County

North Carolina Balance of State

Northwest Counties

Raleigh/Wake County

Wilmington-Brunswick and New Hanover/Pender Counties

Winston-Salem/Forsyth County

Nebraska

Omaha

New Hampshire

Laconia/Belknap County

New Jersey

Newark/Essex County

Nevada

Las Vegas/Clark County

New York

New York City

Ohio

Cincinnati/Hamilton County

Columbus

Mahoning County

Wood, Sandusky, Ottawa, and Seneca Counties

Oregon

Benton, Linn, and Lincoln Counties

Crook County

Deschutes County

Jefferson County

Tri-County

Washington County

Pennsylvania

Philadelphia

Tennessee

Memphis

Texas

Houston/Harris and Fort Bend Counties

Metropolitan Dallas

Midland

Virginia

Alexandria

Arlington County

Fairfax County

Fredericksburg

Loudoun County

Norfolk

Prince William County

Richmond

Virginia Beach

Virginia Peninsula

Washington

Bellingham/Whatcom County

Clallam County

Seattle/King County

Wisconsin

Madison/Dane County

Milwaukee City and County

Racine City and County

Wisconsin Balance of State

Wyoming

Casper