





Opening Doors

FEDERAL STRATEGIC PLAN TO PREVENT AND END HOMELESSNESS

AS AMENDED IN 2015

United States Interagency Council on Homelessness

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UNITED STATES INTERAGENCY COUNCIL ON HOMELESSNESS | WASHINGTON, D.C., JUNE 2015

It is simply unacceptable for individuals, children, families and our nation's Veterans to be faced with homelessness in this country.

PRESIDENT OBAMA
JUNE 18, 2009

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THE WHITE HOUSE

WASHINGTON

Since the founding of our country, "home" has been the center of the American dream. Stable housing is the foundation upon which everything else in a family's or individual's life is built—without a safe, affordable place to live, it is much tougher to maintain good health, get a good education or reach your full potential.

When I took office in January 2009, too many of our fellow citizens were experiencing homelessness. We took decisive action through the American Recovery and Reinvestment Act by investing $1.5 billion in the new Homelessness Prevention and Rapid Re-Housing Program. We have made record Federal investments in targeted homeless assistance in the FY2010 budget and FY2011 budget request. And the recently passed Affordable Care Act will provide new and more effective methods for targeting uninsured, chronically ill individuals as well as children, youth, and adults experiencing homelessness. In addition, through the leadership of the United States Interagency Council on Homelessness, we are coordinating and targeting existing homelessness resources, as well as mainstream programs that can help prevent homelessness in the first place.

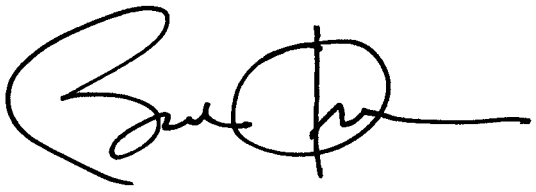
But there is still much more work to do. Veterans should never find themselves on the streets, living without care and without hope. It is simply unacceptable for a child in this country to be without a home. The previous Administration began the work to end chronic homelessness. Now is the time to challenge our Nation to aspire to end homelessness across *all* populations—including families, youth, children, and veterans.

This will take a continued bipartisan effort, as Republicans and Democrats in Congress have collaborated for years to make progress on fighting homelessness.

And preventing and ending homelessness is not just a Federal issue or responsibility. It also will require the skill and talents of people outside of Washington—where the best ideas are most often found. Tremendous work is going on at the State and local level—where States, local governments, nonprofits, faith-based and community organizations, and the private and philanthropic sectors are responsible for some of the best thinking, innovation, and evidence-based approaches to ending homelessness. These State and local stakeholders must be active partners with the Federal Government, and their work will inform and guide our efforts at the national level.

As we undertake this effort, investing in the status quo is no longer acceptable. Given the fiscal realities that families, businesses, State governments, and the Federal Government face, our response has to be guided by what works. Investments can only be made in the most promising strategies. Now more than ever, we have a responsibility to tackle national challenges like homelessness in the most cost-effective ways possible. Instead of simply responding once a family or a person becomes homeless, prevention and innovation must be at the forefront of our efforts.

I was excited to receive *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. The goals and timeframes set forth in the Plan reflect the fact that ending homelessness in America must be a *national* priority. Together – working with the Congress, the United States Interagency Council on Homelessness, mayors, governors, legislatures, nonprofits, faith-based and community organizations, and business and philanthropic leaders across our country – we will make progress on ensuring that every American has an affordable, stable place to call home.



PRESIDENT OBAMA'S PREFATORY LETTER WAS WRITTEN FOR, AND FIRST REPRODUCED IN, THE 2010 EDITION OF *OPENING DOORS*

Preface from the Chair

I have been honored to serve as the Chair of the United States Interagency Council on Homelessness (USICH), and to carry forward the work begun by my esteemed colleagues who have also served in this role in the Obama Administration. I am pleased to present this amended and updated *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* and I am certain that it will advance our shared progress toward ending homelessness nationally and in local communities.

As a nation, we have made great strides since *Opening Doors* was first released in 2010. Unprecedented collaboration across the Federal government and among states, local communities, advocates, and private and non-profit partners has resulted in the reduction of homelessness across all populations. Since the adoption of the original plan, homelessness among Veterans has been reduced by 33 percent, including an incredible 43 percent reduction in the number of Veterans and their families living on the streets. The number of individuals experiencing chronic homelessness has fallen by 21 percent. Homelessness among families with children has decreased 15 percent, including a 53 percent reduction in unsheltered homelessness among families, and we have more knowledge about the unique circumstances of homelessness among youth than ever. While our work is not finished, our progress thus far is proving that homelessness is not the intractable problem many once thought it to be, but a problem we can solve.

By issuing this amended and updated version of *Opening Doors*, we reaffirm our commitment to end homelessness in America, with even greater confidence in our collective ability to solve this problem.

THOMAS E. PEREZ, U.S. SECRETARY OF LABOR

Message from the Executive Director

USICH and our Federal partners are pleased to release the 2015 Amendment to *Opening Doors*. This edition sustains core elements of the original Plan, includes new strategies to drive increased progress, and reflects what we have learned since 2010 when *Opening Doors* was first launched. Our intention is to ensure that the Plan serves as a living blueprint, containing the latest knowledge and best practices to prevent and end homelessness.

This Amendment was informed by valuable stakeholder input gathered through many different forums. Key new elements include: the operational definition for an end to homelessness; clarifications regarding the role of Medicaid in financing services for permanent supportive housing; an updated discussion of the use of metrics and accountability as important tools for ending all homelessness; improved guidance and strategies for retooling homelessness services into efficient and effective crisis response systems; and the incorporation of changes made by the 2012 Amendment.

The Amendment also adjusts the goal of ending chronic homelessness from 2015 to 2017. This change reflects the need for additional resources to achieve this goal nationally, although we urge states and communities able to achieve the goal with current resources to continue to act with urgency. The President's FY 2016 Budget would bring the nation's inventory of permanent supportive housing to a scale needed to achieve an end to chronic homelessness in 2017.

We're releasing this Amendment at a critical moment for the country; the time to act is now to achieve all of the goals of *Opening Doors*. I am proud to be working alongside so many determined colleagues and partners to ensure that all Americans have a safe, stable place to call home.

USICH EXECUTIVE DIRECTOR MATTHEW DOHERTY

Executive Summary

Our nation has made significant progress since the launch of this Plan in 2010. Together, we are proving that homelessness does not have to appear in the pages of the American story as a permanent fixture, but as a problem the American people overcame. Homelessness is a problem we can solve. Even in the aftermath of an economic recession, when historical data would suggest an increase in homelessness, homelessness overall is down—demonstrating that our strategies are working. Communities across the United States—from rural Mankato, Minnesota to urban Los Angeles—have committed to the goals of *Opening Doors* and have organized partnerships between local and state agencies and with the private and nonprofit sectors to prevent and end homelessness. These communities, in partnership with the Federal government, are creating unprecedented local collaboration, using data to drive results, targeting resources strategically, and investing in the evidence-based practices we know work to end homelessness.

Since the launch of *Opening Doors* in 2010, we have reduced homelessness among Veterans by 33 percent, chronic homelessness by 21 percent, and family homelessness by 14 percent. Our progress shows we are on the right track. We now know more about the scope and dynamics of youth homelessness. We are focused on bringing to scale the interventions and best practices that will help our nation's youth achieve stable housing, permanent connections, education and employment, and well-being. While homelessness among families has declined since 2010, we remain concerned about the scale of family homelessness as well as the growing number of renters with very low incomes who do not receive government housing assistance and who either pay more than half their monthly income for rent, live in severely substandard housing, or both.

To achieve the goals of this Plan, we must expand and accelerate our efforts. Communities will need to retool systems to better meet the needs of those experiencing homelessness taking into account the varying needs of our nation's Veterans, individuals experiencing chronic homelessness, families, and far too many of our youth.

In 2010, the Obama Administration declared the vision of *Opening Doors* to be centered on the belief that "no one should experience homelessness, no one should be without a safe, stable place to call home." As amended by this document, the Plan sets, and remains focused on, four key goals: **(1) Prevent and end homelessness among Veterans in 2015; (2) Finish the job of ending chronic homelessness in 2017; (3) Prevent and end homelessness for families, youth, and children in 2020; and (4) Set a path to end all types of homelessness.**

The goals and timeframes we set in this Plan are an important target for the nation. They demonstrate the Council's belief that ending homelessness in America must be a priority for our country. As President Barack Obama has said, "it is simply unacceptable for individuals, children, families, and our nation's Veterans to be faced with homelessness." We believe it is important to set bold and measurable goals for true progress to be made.

This Plan is a roadmap for joint action by the 19 member agencies (the Council) of the United States Interagency Council on Homelessness (USICH) along with local and state partners in the public and private sectors. It provides a framework for the allocation of resources

and the alignment of programs to prevent and end homelessness in America. The Plan also proposes the realignment of existing programs based on what we have learned and the best practices that are occurring at the local level, so that resources are invested in what works. We will continue to take action in partnership with Congress, states, localities, philanthropy, and communities around the country.

From years of practice and research, we have identified successful approaches to end homelessness. Evidence points to the role housing plays as an essential platform for human and community development. Stable housing is the foundation upon which people build their lives—absent a safe, decent, affordable place to live, it is next to impossible to achieve good health, positive educational outcomes, or reach one's economic potential. Indeed, for many persons living in poverty, the lack of stable housing leads to costly cycling through crisis-driven systems like emergency rooms, psychiatric hospitals, detox centers, and jails. By the same token, stable housing provides an ideal platform for the delivery of health care and other social services focused on improving life outcomes for individuals and families. Researchers have focused on housing stability as an important ingredient for the success of children and youth in school. When children have a stable home, they are more likely to succeed socially, emotionally, and academically.

Capitalizing on these insights, this Plan builds on previous reforms and the intent by the Obama Administration to directly address homelessness through intergovernmental collaboration. Continued successful implementation of this Plan will result in stability and permanency for the more than 578,000 men, women, and children who are homeless on a single day in America. At the same time, its execution produces cost-effective approaches to homelessness for local, state, and Federal government. The Plan's content presents goals, themes, objectives, and strategies and was generated through the collaboration and consensus of the Council member agencies. The substance of this Plan drives progress toward the goal of preventing and ending homelessness. An annual update is submitted to Congress pursuant to the McKinney-Vento Homeless Assistance Act as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act.

The Affordable Care Act, a landmark achievement of the Obama Administration, furthers the Plan's goals by helping numerous families and individuals experiencing homelessness get the health care they need. All states now have the opportunity to expand Medicaid eligibility to nearly all individuals under the age of 65 with incomes up to 133 percent of the Federal poverty level (currently about $15,500 for a single individual). As of May 2015, 30 states including the District of Columbia have acted to expand their Medicaid programs. This significant expansion allows more families and adults without dependent children to enroll in Medicaid. Medicaid provides for both physical health and behavioral health care including substance use disorder treatment. In addition, the Affordable Care Act includes a number of service delivery demonstrations to improve the quality of health care. For example, Center for Medicare and Medicaid Service's (CMS) Health Care Innovation Awards have provided grant funds to test innovative models of care delivery, including grants specifically focused on people experiencing homelessness. CMS's State Innovation Model grants are assisting states to experiment with new benefits and payment systems that can improve services for people experiencing homelessness. The Affordable Care Act has also encouraged states to pursue care delivery innovations for high need populations, including people experiencing homelessness through 1115 waivers and the health home state plan option. The Affordable

In Seattle, Washington, a permanent supportive housing site using Housing First practices experienced an average savings of $2,449 per person per month in public service costs after 6 months of intervention (including jail, hospitalizations, detoxification treatment, emergency, and Medicaid-funded services).

Larimer, ME, et al., 2009

Care Act also expands community health centers, increasing access to care for many vulnerable populations, and provides states with new options to better serve people with complex conditions, including Medicaid Health Homes for people with multiple chronic illnesses.

Opening Doors has advanced a set of strategies that call upon the Federal government to work in partnership with state and local governments, as well as the private and not-for-profit sectors to employ cost effective, comprehensive solutions to end homelessness. The Plan recognizes that the Federal government needs to be smarter and more targeted in its response and role, which also includes supporting the work that is being done on the ground. The Federal government's partners at the local level have made tremendous strides, with more than 1,000 communities across the nation having developed plans to end homelessness. More recently, more than 600 mayors, governors, and county executives have joined the Mayors Challenge to End Veteran Homelessness in 2015. The Plan highlights that by collaborating at all levels of government, the nation can create a systematic response that will ensure that homelessness is prevented whenever possible and when it cannot be prevented, is rare, brief, and non-recurring.

Opening Doors includes 10 objectives and 66 strategies. These objectives and strategies guide the nation toward accomplishing all four goals of this Plan and are summarized on pages 31-58.

The first section details the development of this first-ever comprehensive Federal plan to prevent and end homelessness. This section sets out the core values reflected in the Plan and the key principles that guided the process. It also describes the opportunities for public input offered during the development of the Plan and its amendments.

The second section of the plan provides an overview of homelessness in America. Since homelessness takes many different forms by population or geographic area, we provide a synopsis of the issues facing these varying groups experiencing homelessness. The section also addresses the sources of data used throughout the Plan.

The third section represents the core of the Plan including the objectives and strategies to prevent and end homelessness. It provides the logic behind each objective, the departments and agencies involved, the key partners, and strategies to achieve the respective objectives.

The Plan concludes with a section that defines the steps the Council is taking, providing our framework for action. Specifically, it situates the impact we aspire to have in the current political and economic context, the actions we are taking, and how we measure performance on implementation. Finally, the section lays out the documents USICH will produce to provide information and transparency to the public, Congress, and our partners going forward.

The issuance of the 2015 Amendment to *Opening Doors* represents the second time that the Plan has been amended since its original release in 2010. The Plan was first amended in 2012 to include additional information and strategies around youth homelessness, and those changes are incorporated into this document. The 2015 Amendment further updates the Plan in several areas. In large part due to a lack of Congressional support for the expansion of permanent supportive housing, we will not finish the job of ending chronic

homelessness in 2015. The 2015 Amendment adjusts the timeline on that goal to 2017, but this timeline assumes that Congress will support the President's FY 2016 Budget, which includes increased funding to support the new permanent supportive housing needed to end chronic homelessness. The 2015 Amendment includes content to support the retooling of homeless programs into crisis response systems. It clarifies the role of Medicaid in covering services that support housing stability, and emphasizes the strategic use of data. In developing the 2015 Amendment, it was affirmed that *Opening Doors* is still the right plan, with the right goals and objectives. Changes to the Plan in 2015 reflect the progress we have made because of its implementation, further strengthening our strategies based on what we know works to end homelessness.

VISION

No one should experience homelessness—no one should be without a safe, stable place to call home.

GOALS

- Prevent and end homelessness among Veterans in 2015
- Finish the job of ending chronic homelessness in 2017
- Prevent and end homelessness for families, youth, and children in 2020
- Set a path to ending all types of homelessness

THEMES

Increase Leadership, Collaboration, and Civic Engagement

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

Objective 2: Strengthen the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness

Increase Access to Stable and Affordable Housing

Objective 3: Provide affordable housing to people experiencing or most at risk of homelessness

Objective 4: Provide permanent supportive housing to prevent and end chronic homelessness

Increase Economic Security

Objective 5: Improve access to education and increase meaningful and sustainable employment for people experiencing or most at risk of homelessness

Objective 6: Improve access to mainstream programs and services to reduce people's financial vulnerability to homelessness

Improve Health and Stability

Objective 7: Integrate primary and behavioral health care services with homeless assistance programs and housing to reduce people's vulnerability to and the impacts of 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

Objective 9: Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and criminal justice

Retool the Homeless Crisis Response System

Objective 10: Transform homeless services to crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing

Operational Definition of an End to Homelessness

Progress in communities and across the nation over the last few years has affirmed that an end to homelessness is an achievable goal and can be measured. A clear definition of what an end to homelessness means, supported by specific metrics, will ensure that Federal, state, and local partners are working towards a shared vision and goal.

Definition:

An end to homelessness does not mean that no one will ever experience a housing crisis again. Changing economic realities, the unpredictability of life, and unsafe or unwelcoming family environments may create situations where individuals, families, or youth could experience, re-experience, or be at risk of homelessness.

An end to homelessness means that every community will have a systematic response in place that ensures homelessness is prevented whenever possible or is otherwise a rare, brief, and non-recurring experience.

Specifically, every community will have the capacity to:

- Quickly identify and engage people at-risk of and experiencing homelessness.
- Intervene to prevent the loss of housing and divert people from entering the homelessness services system.
- Provide immediate access to shelter and crisis services, without barriers to entry, while permanent stable housing and appropriate supports are being secured.
- When homelessness does occur, quickly connect people to housing assistance and services—tailored to their unique needs and strengths—to help them achieve and maintain stable housing.

Development of the Plan

The President and Congress charged USICH to develop "a national strategic plan" to end homelessness with enactment of the HEARTH Act in May 2009. This *Federal Strategic Plan to Prevent and End Homelessness* reflects agreement by the Council on a set of priorities and strategies.

In developing the Plan and ensuing amendments, the Council was guided by the principles of collaboration, evidence-based solutions, cost-effectiveness, ease of implementation, longevity and scalability, as well as measurement and accountability.

We stressed the importance of transparency. We encouraged multiple opportunities for input, feedback, and collaboration in the development of the Plan from researchers, practitioners, state and local government leaders, advocates, people who have experienced homelessness, and Federal agency staff.

We obtained input from more than 750 leaders of regional and state interagency councils and stakeholders from across the country. We gathered more input through meetings and conference calls with mayors, congressional staff, the National Alliance to End Homelessness Leadership Council, and the National Health Care for the Homeless Consumer Advisory Board. A number of organizations submitted written comments.

We also produced an interactive website for public comment on the Plan's themes that produced 7,734 visits and 2,318 individual comments. The site was promoted in the Council's e-newsletter distributed to more than 19,000 stakeholders, as well as an advertisement placed in eight of the North American Street Newspaper Association's newspapers (with circulation to over 150,000).

Input included a broad range of perspectives from both external and Federal government stakeholders on the challenges, priorities, and strategies for preventing and ending homelessness in America. All input helped to inform the Plan's priorities and strategies.

The 2012 and 2015 amendments reflect USICH's commitment to including up-to-date knowledge of evidence-based practices. For both amendments, USICH adhered to the same principles of development as in the original Plan, and again, there was a heavy focus on public participation. Combined, USICH collected nearly 4,000 public comments through an online forum that reached nearly 8,000 stakeholders nationwide. Additionally, for the 2015 Amendment, we collected input from hundreds of stakeholders from community forums in 10 locations across the U.S.

We look forward to continuing this important dialogue as we offer opportunities for ongoing input. We will work with key stakeholders to implement the Plan, as well as update the Plan annually to reflect the most current research and information on homelessness.

Five years ago, **Karen** experienced homelessness and lived in her car after surviving domestic violence. "The caseworkers from Southwest Solutions actually came to my car to find me and help me and my children," Karen says. "They opened up their arms and surrounded us with care." Karen and her children obtained permanent housing in one of their apartments.

"Now that our living situation is stable, I want to do more with my life. I've started culinary arts school. I want to be a chef, and maybe work on a cruise ship one day. I'd love to travel and see more of the world with my kids."

Homelessness in America

Homelessness takes many forms, and people who are at risk of homelessness can be found in many types of unstable living arrangements. The most visible face of homelessness is that of a person living on the street. When we refer to people who are unsheltered, we are referring to people who live on the streets, camp outdoors, or live in cars or abandoned buildings. Some people who experience homelessness, including some people who are fleeing domestic violence, stay in emergency shelters or transitional housing; this group is referred to as sheltered. Some people experience housing crises that result in evictions or involuntary moves. Many people who are experiencing a housing crisis or unable to find a place to live because of economic hardship turn to family or friends who can provide a place to stay, at least temporarily, and they may be referred to as doubled-up. Some of these arrangements can be relatively stable, but sometimes families, youth, or other individuals may be "couch surfing" from one place to another, unable to stay anywhere for more than a few days at a time. Some families with children are living in motels, hotels, or other places that are severely overcrowded and not safe, permanent homes.

While everyone needs safe, stable housing, health care, income, and community support, this Plan provides a framework for addressing the needs of people who experience homelessness. There are specific approaches and programs that are designed to help people who experience homelessness, including those experiencing chronic homelessness, Veterans, families with children, and unaccompanied youth and young adults.

The Plan acknowledges and supports the full range of Federal definitions of homelessness as prescribed in statute, as each plays an appropriate and essential role in supporting and stabilizing those whom they are intended to help. A common language is necessary for this Plan to be understandable and consistent. This language does not embrace or negate the definitions used in different programs. The challenge then is how to speak with one voice that helps all families and individuals in need without creating fractures in the systems intended to improve their circumstances. If we are to truly end homelessness, we must use all resources that exist, both those that are intended specifically for homeless populations and those that are available for a broader segment of the population, to create lasting bridges across current gaps in housing and services.

Nationwide, after a period of rising homelessness that began in the 1980s, homelessness began to decline in 2007 and has declined at an increased rate since the launch of *Opening Doors* in 2010.[1] Thirty-five years ago, while people sometimes experienced evictions or involuntary moves because of personal or financial crises, homelessness was predominantly experienced by single adults. Prior to the 1980s, in most American communities there was a sufficient supply of rental housing that was affordable to low-income families, and as a result homelessness among children and youth did not exist in the same way it does today. When families experienced crises and lost their housing, they could quickly find another place to live, and affordable options were available for young people living on their own.

Housing Affordability in America by the Numbers

To afford a two-bedroom apartment in the U.S. you need, on average

an annual income of	**$39,360**
OR	
a full-time job with an hourly wage of	**$18.92**
OR	
	2.6 full-time jobs at minimum wage
The estimated mean renter wage in the U.S. is	**$14.64**

NLIHC, 2014

Over the last three decades the number of people experiencing homelessness remained high even in good economic times. More recently, during the Great Recession, many families experienced extraordinary hardships and housing crises as a result of unemployment and foreclosures. With strategic investments of both public and private funding, across the country many communities implemented more effective and well-targeted interventions

to prevent and end homelessness. As a result of these efforts, in most communities homelessness did not increase, and nationwide fewer families and individuals experience homelessness today.

The increase in homelessness since the 1980s was the result of a convergence of several key factors: the loss of affordable housing and increase in foreclosures; wages and public assistance that have not kept pace with rising housing costs and the cost of living, in part as a result of job loss and underemployment, and resulting debt; and the closing of state psychiatric institutions without the concomitant creation of sufficient community-based housing and services. The rapid increase in income inequality that began during the 1980s has contributed to changes in local housing markets, driving up the cost of renting even a modest home or apartment. Housing affordability problems and homelessness tend to be greatest in communities with higher levels of income inequality.[2]

Millions of extremely low-income households do not receive rental assistance or have access to affordable housing, putting them at risk for housing instability and the types of crises that can result in homelessness. The number of renter households with worst case housing needs decreased to 7.7 million in 2013 from the record high of 8.5 million in 2011, ending a sustained period of large increases. While the number of worst case needs in 2013 is nine percent lower than in 2011, it remains nine percent greater than in 2009 and 49 percent greater than in 2003.[3]

The Response to Homelessness

In the meantime, the response to homelessness has changed. In the 1980s, the initial spike in the number of people experiencing homelessness was treated as a singular and short-term crisis event akin to a natural disaster. The prevailing response was emergency shelter. Later, the modality of a linear continuum emerged, with the premise that homelessness was the result of underlying conditions that needed to be addressed to make people "ready" for permanent housing, which was offered only at the end of a series of interventions.

Housing First emerged as an alternative to this linear approach. By contrast, Housing First is premised on the following principles: 1) homelessness is a housing crisis and can be addressed through the provision of safe and affordable housing; 2) all people experiencing homelessness, regardless of their housing history and duration of homelessness, can achieve housing stability in permanent housing; 3) everyone is "housing ready," meaning that sobriety, compliance in treatment, or even a clean criminal history is not necessary to succeed in housing; 4) many people experience improvements in quality of life, in the areas of health, mental health, substance use, and employment, as a result of achieving housing; 5) people experiencing homelessness have the right to self-determination and should be treated with dignity and respect and; 6) the exact configuration of housing and services depends upon the needs and preferences of the population.

Over the last 15 years, many communities have created plans to end homelessness, often beginning with a focus on ending chronic homelessness by providing permanent supportive housing. Since 2010, many communities have adopted or updated plans to end homelessness, incorporating strategies that are aligned with the goals of this Plan.

Consistent with *Opening Doors*, communities are increasingly adopting evidence-based practices and replicating promising program models that incorporate a Housing First approach, leveraging resource commitments from the public and private sectors and from homeless assistance and mainstream systems.

Throughout the nation, collaborations involving VA Medical Centers, public housing agencies, housing providers, faith-based and community organizations, local governments, the private sector, and other partners have come together in organized efforts to reach and engage Veterans and the most vulnerable and unsheltered people experiencing homelessness to link them to permanent housing with needed supports. This work has yielded unprecedented reductions in homelessness, including a 43 percent reduction in unsheltered homelessness among Veterans between 2010 and 2014.

There is growing attention to using resources strategically. Communities are doing this through the implementation of coordinated entry systems that streamline access to the assistance people need to get back into housing as quickly as possible. Using common assessment tools, communities are tailoring the most appropriate housing and service interventions to the needs of families and individuals. Short- and medium-term assistance can prevent homelessness for people who are at risk of losing their homes and help others rapidly return to stable living. Many communities are prioritizing the most vulnerable people who experience chronic homelessness for permanent supportive housing.

Individuals experiencing chronic homelessness represent less than 15 percent of all people experiencing homelessness according to the 2014 Point-in-Time (PIT) count. These people have disabling conditions and spend long periods of time, often years, living in shelters and on the streets or cycling between hospitals, emergency rooms, jails, prisons, and mental health and substance use treatment facilities at great expense to these public systems. Permanent supportive housing is widely recognized as the solution for people facing the greatest challenges to housing stability including serious and persistent physical and behavioral health problems. Permanent supportive housing also costs less than allowing people to continue to cycle through public systems.

Sources of Data

Data in this Plan comes from the most recent available sources. It is drawn predominately from HUD's *Annual Homeless Assessment Report* (AHAR) for 2013. AHAR data is the most comprehensive national data providing a profile of people experiencing homelessness. AHAR uses data from two sources:

- A PIT count of people experiencing homelessness, which is conducted by most communities every January. It only counts people who are unsheltered or in emergency shelters or transitional housing. Families, youth, and other individuals who are doubled up are not included.
- An annualized count of everyone reported in Homeless Management Information Systems (HMIS) over the course of a year. These annualized figures, based on a representative sample of communities and weighted to represent the entire nation, show the number of people that come into contact with a homeless residential

Former USICH Executive Director Barbara Poppe participates in 2013 PIT count in Boston, Massachusetts

assistance program and reveal a more accurate picture of who is experiencing homelessness than can be understood from just one night. These figures do not include people who are unsheltered if they do not use transitional housing or shelter at any point during the year. They do not include people who use domestic violence shelters, which are exempted from reporting for reasons of safety.

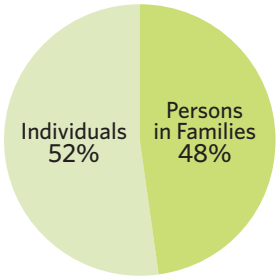
The Department of Education (ED) requires all state educational agencies and local educational agencies to report on the number of children and youth who are experiencing homelessness and who are enrolled in public schools. This information helps ED determine the extent to which states ensure that children and youth experiencing homelessness have access to a free, appropriate public education consistent with the Education for Homeless Children and Youth (EHCY) program authorized under Title VII, Subtitle B of the McKinney-Vento Homeless Assistance Act (McKinney-Vento), as amended. The purpose of the EHCY program is to address the problems that homeless children and youth face in enrolling in, attending, and succeeding in school. Under the EHCY, each of the more than 15,000 public school districts is required to designate a homeless liaison. Among other things, these officials conduct outreach, identification, and coordination with other agencies.

The U.S. Department of Veterans Affairs (VA) also collects information on Veterans who experience homelessness through data portals such as the Homeless Operations and Management Evaluation System (HOMES) and patient medical records. Since 2010, VA and HUD have collaborated to strengthen and better align systems for tracking and using data. VA Medical Centers have adopted a Homelessness Screening Clinical Reminder to conduct ongoing, universal screening when Veterans receive services in any VA healthcare facility, to rapidly identify Veterans who have become homeless or are at risk of experiencing homelessness.[4]

How Many People Experience Homelessness?

The 2014 AHAR[5] documents that on a single night, 578,424 people were experiencing homelessness. Of those, 401,051 were sheltered, and 177,373 people experiencing homelessness were unsheltered. Individuals made up 63 percent and people in families were 37 percent.

People Using Emergency Shelters or Transitional Housing Programs



HUD, 2014 PIT Count

Over the course of the year, AHAR reports 1,422,360 people used emergency shelters or transitional housing programs in 2013. The 2013 estimate of people using shelter programs on a single night is 69 percent (399,113). The one-night estimate of homelessness declined 10 percent (62,042) between 2010 and 2014, and unsheltered homelessness declined by 25 percent during the same period.

People had relatively short lengths of stay in emergency shelters in 2013, and 58.1 percent (693,272) of all people who used emergency shelters or transitional housing programs stayed for 30 days or less during the 12-month reporting period.[6]

African Americans accounted for a disproportionate share of people experiencing homelessness. While African Americans represent 12.6 percent of the total U.S. population in 2013, they represented 41.8 percent of the total sheltered homeless population in 2013. One

Homelessness and Poverty Among Alaskan Native and American Indian People

American Indian and Alaskan Native people represent only **1.2% of the national population**

BUT

4.0% of sheltered homeless individuals and **4.8%** of sheltered families identify as AI or AN

28.4% live in poverty

19% of people residing on tribal land live in overcrowded housing with more than 1.01 persons per room.

SAMHSA, 2012

in 68 African Americans stayed in homeless shelters or transitional housing programs in 2013.[7]

In 2013, nearly three-fourths of all people in shelters (71 percent) were located in large cities. Most shelters are located in urban areas; this number tells us more about shelter capacity than where people experiencing homelessness live. While homelessness exists in communities all across America, it is concentrated in several states and large cities. For example, 33 percent of all people experiencing homelessness in the United States in 2013 lived in either California or New York, with nearly one in five people experiencing homelessness living in either Los Angeles or New York City.[8] In 2013, 37 percent of all people who are unsheltered lived in California and Florida. Fifty percent of all people experiencing homelessness were in California, New York, Florida, Texas, and Massachusetts, while 35 percent of all Americans resided in these states.[9]

According to the Council for Affordable and Rural Housing, rural homelessness has a distinctive profile.[10] Many people in rural areas, who would otherwise be homeless, live doubled up or in grossly substandard housing. Rural areas have fewer shelters or resources for people to turn to, and people experiencing homelessness may be living in cars or in other places not meant for human habitation, although individuals in these areas often have larger networks of extended family and friends.

Many individuals who become homeless in rural areas are experiencing homelessness for the first time and tend to remain homeless for shorter periods. Compared to people in urban areas, people experiencing homelessness in rural communities are more likely to be married, white, working, female, and accompanied by children.[11] Limited options for transportation in rural areas can make it difficult for people to access the housing opportunities and other services and supports they need to prevent homelessness or to get back into stable housing quickly. People who experience homelessness in rural areas may be unsheltered because there are fewer shelters or transitional housing programs available, compared to suburban and urban areas.[12] Housing instability also impacts a significant number of Native Americans and farm laborers.

Families with Children

In some areas of the country one in four homeless adults reported that domestic violence was a cause of their homelessness, and between 50% and 100% of homeless women have experienced domestic or sexual violence at some point in their lives.

NLCHP, 2012

According to the PIT count, on a single night in 2014, 216,261 people in about 68,353 families were counted as homeless. Most (88 percent) were sheltered in emergency shelters or transitional housing. Also, since 2010 the number of homeless people in families has declined by 11 percent.[13] Since 2010 the number of unsheltered families, including those living in cars or outdoors in public spaces, has declined by 52 percent or 26,268 people. Over the course of 2013, 495,714 people in households stayed in emergency shelters or transitional housing programs at some time during the year. Sheltered family homelessness has remained steady since 2010. Almost half of families who used emergency shelters stayed one month or less. A typical stay in transitional housing programs was one to six months.[14] Only a small group of families used shelters repeatedly. For the purposes of this Plan, families with children include both those families who do and those who do not meet the Federal definition of chronic homelessness.

Children from families experiencing housing instability have an increased risk for entry into foster care, and shelter stays of 90 days or more are linked with increased likelihood (40%) of entry into the child welfare system.

ACYF, 2012

The 2014 data also provides a baseline estimate of the number of people in families experiencing chronic homelessness. The 2014 PIT count identified 15,143 people in families who were experiencing chronic homelessness, with about 62 percent staying in emergency shelters or transitional housing programs, and about 38 percent living unsheltered on the night of the count.[15]

Public schools reported that 1,258,182 students experiencing homelessness were enrolled during the 2012-2013 school year. Of these, 807,670 students were reported served in school districts with McKinney-Vento sub-grants, an increase of 17,067 students from the prior year. ED's numbers on homelessness are higher than numbers from the PIT counts and annualized data used by HUD because under the McKinney-Vento definition of homelessness ED also counts the number of children who are doubled up or living in motels or other temporary habitation. At the time students were identified as homeless, 75 percent were doubled up and six percent were living in hotels or motels as their primary nighttime residence; 16 percent were staying in shelters and three percent were unsheltered. Children and youth experiencing homelessness who are enrolled in a school district not receiving McKinney-Vento subgrants from their SEAs are nonetheless automatically eligible for ESEA Title I, Part A-funded services, including comparable services for homeless students in non-Title I schools, and educationally-related support services for all homeless students enrolled in the district, including the excess cost of transportation to school of origin and salary for the McKinney-Vento liaison.

Of homeless students enrolled in all Local Education Agencies who took state assessments during the 2012-2013 school year, 46% of students in grades 3-8 and 51% of high school students were reading at or above grade level while less than half (43% of students in grades 3-8 and 47% of high school students) met or exceeded proficiency in math.

EHCY, 2014

Families experiencing homelessness are usually headed by a single woman who on average is in her late 20s with approximately two children, one or both under six years of age.[16] Twenty-one percent of the adults in sheltered families are between the ages of 18 and 30. Fifty-one percent of the children in families using shelter programs are under the age of five. Many of these families face significant challenges, including poverty and exposure to family and community violence, before, during, or after an episode of homelessness. In most ways, families experiencing homelessness share the same characteristics as other families living in poverty. However, families experiencing homelessness have less access to housing subsidies than low-income families who remain housed and have weaker social networks.[17]

Domestic violence creates vulnerability to homelessness for women and children, particularly those with limited economic resources. Among women with children experiencing homelessness, more than 80 percent have experienced domestic violence.[18] Domestic violence often includes exertion of financial and psychological control, leaving survivors with poor credit, limited networks of support, and few resources. Many survivors must leave their homes to escape violence but may not have access to safe housing and needed services. A growing number of programs that serve survivors of domestic violence are providing short- or medium-term housing assistance to help families move to safe housing. This allows emergency domestic violence shelters to make beds available for those in the most immediate danger. When shelter is inaccessible or unavailable, many survivors end up in precarious and often unsafe housing situations, including living with friends or families where their abuser might be able to locate them, or living in uninhabitable conditions. Some may feel forced to return to the abuser if they do not have viable options to assure housing stability and safety for their children.

USICH's resource *Family Connection: Building Systems to End Family Homelessness* is aimed at expanding an effective partnership with communities across the country to prevent and end homelessness for families.

According to Domestic Violence Counts 2013, on a single day, 66,581 adults and children nationwide were served by local domestic violence programs. On this same day, domestic violence programs provided emergency shelter and transitional housing to more than 36,000 adults and children and over 30,000 adults and children received non-residential assistance and services, including counseling, legal advocacy, and children's support groups.[19] Domestic violence and sexual assault programs are vital allies in a coordinated strategy to prevent and end homelessness among families with children.

When families become homeless, the experience itself is traumatizing, especially for children. Children in families experiencing homelessness have high rates of acute and chronic health problems, and the majority of them have been exposed to violence.[20] School age children experiencing homelessness are more likely than their counterparts in the general population to experience anxiety, depression, withdrawal, and manifestations of aggressive behavior.[21] Repeated school mobility leads to decreased academic achievement, negatively impacting both the child's and the school's overall performance.[22] If unaddressed, there is evidence that childhood trauma and adverse childhood experiences can have lasting impacts on health.[23] Other research shows that the impact of homelessness diminishes over time as families are re-housed.[24] Stable housing can provide a platform for addressing the trauma associated with the experience of homelessness, especially for children. By shortening homeless episodes through rapid connection to permanent housing or by preventing exposure to homelessness in the first place, the negative impact of homelessness on children's health and well-being can be mitigated.

Homelessness has a significant correlation with family separations, including foster care and involvement with child welfare services. The relationship between homelessness and involvement in child welfare services is complex. Children who have experienced abuse and/or neglect may be placed in foster care before, during, or after an episode of residential instability or homelessness. Some of the families who experience homelessness have significant service needs, and the rate at which children are placed in foster care after their families leave shelters or transitional housing programs may be even higher than the rate of foster care placement observed during stays in these programs.[25] Among families involved with child welfare services, the rate of placement in foster care is highest for the children of women with at least one episode of homelessness. Homelessness can also make the reunification of separated families more difficult, particularly if parents lose access to income and housing supports that allow them to create a safe and stable environment for their children.[26]

There are significant costs associated with family homelessness. The first is the high cost of the homeless system itself. The cost to communities and states is significant for a family to live in emergency shelter or transitional housing. But there are also costs borne by the education, health care, and child welfare systems, among others.

The good news is there are solutions. Some solutions provide direct support to family members: jobs that pay enough to afford a place to live, affordable housing and income and work supports, health insurance and access to quality health care, keeping families together, and accommodating all family configurations in housing and shelter. Head Start programs and public schools have played an important role both identifying and coordinating services for children, youth, and families experiencing homelessness. Domestic violence services

After plans to move and begin a better life for their two daughters fell through, Linda and DeJuan found themselves experiencing homelessness for the first time and were without employment or income supports. The family entered the rapid re-housing program at UMOM New Day Centers in Phoenix, Arizona. They are now living in a two bedroom apartment where they receive rental and utility assistance.

DeJuan has been able to obtain full time employment. Linda continues to receive job search assistance through UMOM while she cares for her two daughters at home.

"We think rapid re-housing is great" said Linda and Dejuan, "It has helped us because it gave us the opportunity to have our own place."

play a key role in helping survivors achieve both safety and housing stability. Some solutions involve transforming systems—coordinating all the programs and assistance available to families as well as matching programs and resources to the specific needs of families.

Many communities across the country have been re-examining their existing programs that serve families experiencing homelessness. Some programs have previously used eligibility criteria that screened out many families with the greatest needs and challenges. Project-based transitional housing programs are most likely to use eligibility screening criteria that exclude families because of criminal convictions, or inability to demonstrate sobriety or meet minimum income requirements.[27] In many communities, such programs have been shifting to practices that create fewer barriers to entry for families and target the most intensive and expensive interventions toward those families with the greatest service needs, rather than those with the greatest likelihood of successful outcomes.

Rapid re-housing has emerged in recent years as a promising strategy for helping many families quickly move out of homelessness and into permanent housing. Rapid re-housing provides supportive services and/or time-limited financial assistance to help a household quickly secure housing, including move-in assistance, short- or medium-term rental assistance, and supports to address barriers to long-term housing stability including connections to employment. Rapid re-housing programs have been widely implemented in many communities. This can be attributed to funding for the Homelessness Prevention and Rapid Re-housing Program (HPRP) made available in 2009 through American Recovery and Reinvestment Act funds, as well as the FY 2008 Rapid Re-housing for Homeless Families Demonstration Program. Communities have continued to fund rapid re-housing with funding provided by HUD's Continuum of Care and Emergency Solutions Grant programs, as well as with mainstream resources such as Temporary Assistance for Needy Families (TANF) and other state and local sources. Nationwide, communities reported the total rapid re-housing bed inventory to serve families as 29,506.[28] Nearly 37,783 rapid re-housing program beds (78 percent) are for people in families.

Most families who receive assistance from rapid-rehousing programs do not return to homelessness, although many families headed by younger adults (age 18 to 24) may need additional assistance tailored to their needs. For a small subset of families with longer-term housing and service needs, affordable or permanent housing is the right intervention.

Unaccompanied Youth

For the purposes of this Plan, the category of unaccompanied youth includes people between the ages of 18 to 24, including parenting youth. At the national level, efforts are underway to improve data collection, coordinate Federal data systems, and invest in research to better understand the scale and nature of youth homelessness.

The 2014 PIT count included estimates of the number of children and youth experiencing homelessness. Most children and youth experiencing homelessness (76 percent) counted in the 2014 PIT were accompanied by their family. There were 45,205 unaccompanied children and youth experiencing homelessness counted on a single night in January 2014. Unaccompanied children and youth counted in the PIT were roughly 12 percent of the total number of individuals counted in 2014. About 86 percent of unaccompanied children and youth (38,391 people) were between ages 18 to 24, and 14 percent (6,274 people) were under age 18. 21,470 unaccompanied children and youth were counted in unsheltered locations, and 23,735 were in shelters or transitional housing programs. Nearly 60 percent of all unaccompanied children and youth were counted in three states: California, Florida, and Nevada.

Given the difficulty of counting youth who experience homelessness, it is likely that this is a serious undercount of the population, including youth in unsheltered and doubled-up living arrangements. ED data shows that approximately 112,093 youth lived on the streets and other public places, cars, abandoned buildings, or stayed in hotels or motels during the 2012-2013 school year. The same dataset also shows that 75,940 unaccompanied youth were enrolled in public schools. In addition to unaccompanied youth, more than 9 percent of people experiencing homelessness in families are between ages 18 to 24, most of whom are young parents accompanied by their children.[29] About one percent of all children experiencing homelessness are in multi-child households that do not include an adult age 18 or older.[30] A family experiencing homelessness that consists of a parent under age 18 and his/her child is considered a multi-child household.

U.S. Department of Labor programs for low-income youth, including Job Corps, YouthBuild, and programs funded by the Workforce Investment Act (WIA) Youth Formula grants to states and localities served a total of 14,548 youth experiencing homelessness during the 2012 program year.

Most unaccompanied youth experiencing homelessness, particularly those in at-risk groups, have significant experience with trauma.[31] Traumatic experiences can include multiple types of abuse, neglect, and exposure to violence. Youth often leave home as a result of a severe family conflict, which may include physical and/or sexual abuse. Research also shows a high prevalence of depression, suicide initiations, and other mental health disorders among youth who are homeless;[32] chronic physical health conditions including asthma, hypertension, tuberculosis, diabetes, and hepatitis;[33] and high rates of substance use disorders.[34]

Though it is hard to get precise numbers, researchers estimate that LGBTQ youth make up 20–40% of the homeless youth population but only 4–10% of the general youth population.

Cray, Miller, and Durso 2013

Some groups of children and youth are particularly vulnerable and over-represented among youth who experience homelessness. These subpopulations include lesbian, gay, bisexual,

transgender, and questioning (LGBTQ) youth; pregnant and parenting youth; youth involved with juvenile justice and child welfare systems; children with disabilities, and victims of human trafficking and exploitation.

The percentage of youth experiencing homelessness who self-identify as LGBTQ is typically reported at 20–40 percent, compared to the three to five percent of the nation's general population who self-identify as lesbian, gay or bisexual.[35] Coming out at a young age is associated with increased risk for longer time spent homeless.[36] LGBTQ youth often come out to significant negative reactions from their families, and more than 40 percent are rejected and put out of their homes as a result of sharing their sexual orientation or gender identity.[37]

Youth released from detention or correctional facilities often do not have support networks or stable housing. Some youth may be prevented from returning home because of local policies that prohibit individuals who have been convicted of certain offenses from living in subsidized housing. The majority of formerly incarcerated youth are not high school graduates; most have never held a job, and many have physical, mental health, or substance use disorders. Few of those youth received high quality services while in custody. Moreover, these youth often return to neighborhoods with high rates of poverty, unemployment, and crime, further increasing their risk for homelessness.

Some youth become homeless when they leave foster or institutional care. Currently there are no national estimates of homelessness among youth who age out of foster care, but research has documented high rates of homelessness and housing instability among this population. Young people who have been in foster care and use homeless shelters have been found to stay in shelters longer and use them more often than other youth.[38]

Both trauma-informed care and positive youth development provide essential frameworks for understanding the context in which young people's outcomes can improve. Valid and reliable screening and assessment of trauma, social-emotional functioning, health, and other behavioral needs are central to an intervention model that meaningfully incorporates risk and protective factors. With well-implemented screening and assessment processes and tools, systems and programs can better respond to the specific needs and strengths of youth who experience homelessness and can better serve as pathways to get to better outcomes in stable housing, permanent connections, education or employment, and well-being. More information on risk and protective factors for youth as well as pathways to better outcomes can be found in the Federal Framework to Prevent and End Youth Homelessness.[39]

Youth benefit from focused attention by systems adapted to respond to the full range of their unique needs. Assistance is needed to help youth access employment and pursue education and training opportunities, and to transition from youth-focused systems like child welfare and juvenile courts to adult service systems that provide mental health services, housing, health care, and other basic needs. While progress is being made, better tools and greater integration of data systems are still needed to improve our understanding of the numbers, characteristics, and needs of youth who are experiencing homelessness.

Individual Adults

Over the course of 2013, 943,017 people accessing shelters and transitional housing programs were individual adults (66 percent of all sheltered people).[40] Seventy-two percent of the individuals sheltered at some time during the year were men. Forty-four percent had a disabling condition, and 15 percent were Veterans. Thirty percent of people sheltered as individuals in 2013 were over the age of 50, including five percent who were age 62 or older. Twenty-three percent of sheltered individuals were between the ages of 18 and 30. Thirteen percent of individuals were in institutional settings the night before becoming homeless, most frequently correctional facilities (47,612 individuals) or substance use treatment facilities (34,443 individuals), and also hospitals (17,870 individuals) and psychiatric facilities (15,937 individuals). For the purposes of this Plan, the population of individual adults includes people over the age of 24.

The 2014 PIT count showed 42 percent of the 362,163 individuals experiencing homelessness were living on the streets, in encampments, cars, or in other unsheltered locations. Since 2010, the number of individuals experiencing homelessness declined nine percent, or 36,352 people. More than 43 percent of this decrease is attributable to the change in the number of unsheltered individuals.

Many of the causes of homelessness for individual adults are similar to causes of homelessness among families. People experiencing homelessness have little or no income. They cannot afford a place to live. There is insufficient affordable or subsidized housing. They may have limited access to housing opportunities because of past criminal records, substance use disorders, or untreated mental illness. Their social support networks are frail or non-existent. Survival—seeking food and shelter—becomes all-consuming. It is difficult to get a job without an address or a place to store your belongings. Mental illness and substance use disorders sometimes result in people being screened out or expelled from shelters, transitional housing, or public housing.

It is important to note that some people who experience homelessness as individuals have minor children who are not with them. People often seek to reunify with these children, who might have been in foster care or staying with relatives or other family members, when they move into housing.

Solutions include the basics: jobs that pay enough to afford a place to live, affordable housing, better access to income and work supports, and expanded access to health and behavioral health care, including trauma-informed care. Individuals become homeless because of a shortage of housing, support, and care, but also because the services that do exist are often fragmented and difficult to access. Better coordination across programs and services is needed. Mainstream programs need to pay attention to housing stability, focus on homelessness prevention, and connect people to housing resources.

Rapid re-housing strategies are working for single adults, reducing stays in shelters and supporting them to stabilize in housing, connect to care, and employment. In 2013, communities reported the ability to serve 8,253 individuals in rapid re-housing programs, nationwide.

Mickey's experience of homelessness over many years was impacted by his mental health conditions, his encounters with the criminal justice system, and numerous incidences of robbery and abuse. His frequent stops at one of Houston's day shelters connected him with their local coordinated-access staff. After many months hearing about housing options available to him, Mickey decided to talk through them. He was immediately connected with a housing navigator, participated in an assessment of his needs, and qualified for a permanent supportive housing program. Within two weeks he received his voucher and is now living in his new home. When asked to describe the feeling of finally exiting homelessness, Mickey's response was simply, "blessed."

Individuals Experiencing Chronic Homelessness

In 2014, the PIT count identified 84,291 adult individuals experiencing chronic homelessness—having both a disabling condition and extended periods of homelessness. This represents 23 percent of individual adults who were counted and 15 percent of all people counted that night. Families experiencing chronic homelessness represent a growing number of people experiencing homelessness and are accounted for in the section pertaining to families with children. Sixty-three percent of individuals experiencing chronic homelessness are not sheltered. While individuals experiencing chronic homelessness are mostly male (75-80 percent), there is also a significant number of women. The number of individuals who experienced chronic homelessness at a point in time has declined by 21 percent between 2010 and 2014. More than half of all people experiencing chronic homelessness in the U.S. are in four states: California, Florida, New York, and Texas.

There is growing recognition that the population experiencing chronic homelessness is more dynamic than previously assumed, and the PIT count methodology does not fully reflect the total number of people experiencing chronic homelessness during the year. Many people who experience four or more episodes of homelessness over the last three years meet the definition of chronic homelessness but may not be counted through the PIT count. Some people are becoming chronically homeless each year, and this group is likely to include people with disabling health or behavioral health conditions who have a history of cycling in and out of jails, prisons, psychiatric hospitals, and other institutional settings, as well as other adults with disabilities who experience homelessness and are unable to return to housing.

People experiencing chronic homelessness have high and complex service needs. Individuals experiencing chronic homelessness have high rates of mental illness and/or substance use disorders. Chronic homelessness is associated with severe symptoms of substance use, schizophrenia, and other mental health disorders. Many individuals who experience chronic homelessness have not been effectively engaged or retained in outpatient treatment and show increasingly high rates of chronic, disabling, and/or life-threatening health conditions (hypertension, asthma, HIV/AIDS, liver disease). For individuals experiencing chronic homelessness overall, there are high rates of abuse, violence, and separation from families as children, but these rates are highest among women.[41]

Individuals experiencing chronic homelessness also have high rates of institutionalization or incarceration. Encounters with the justice system can interrupt care, increase exposure to trauma and violence, and exacerbate health conditions. The literature on the cost of chronic homelessness is extensive and in agreement. Most of these costs are borne by the health care system due to frequent and avoidable emergency room visits, inpatient hospitalization for medical or psychiatric care, sobering centers, and nursing homes.[42]

Among individuals experiencing chronic homelessness, there is a large cohort of people born between 1954–1966, most of whom are now in their 50s.[43] As this cohort ages, they have increasing health care needs related to chronic illness and age-related conditions that will likely lead to even higher costs.[44]

A 2013 study looking at a sample of people experiencing chronic homelessness prior to the Affordable Care Act and Medicaid expansion found that 25% were not insured in any way and only 25% were enrolled in Medicaid.

Tsai et al., 2013

Despite disabling health conditions, prior to the expansion of Medicaid eligibility authorized by the Affordable Care Act, most individuals experiencing chronic homelessness were not enrolled in Medicaid or other health insurance programs. This is now changing. In the states that are expanding their Medicaid programs, nearly all individuals experiencing chronic homelessness are eligible to enroll in Medicaid based on their incomes regardless of disability.[45] Medicaid provides an important source of financing for health care, many behavioral health services, and supportive services that, when implemented according to state design and Federal approval, can help people with disabilities or other complex health needs connect to housing assistance and receive the support they need to maintain stable housing in the community.

After 18 months of housing and case management services, a group of formerly chronically homeless persons in Chicago, Illinois experienced fewer:

Hospitalizations:	▼ 29%
Days in hospital:	▼ 29%
Emergency room visits:	▼ 24%

Sadowski, et al., 2009

For people experiencing chronic homelessness, the research is overwhelmingly clear that permanent supportive housing using a Housing First approach is the solution.[46] Supportive housing is implemented in a range of models that respond to the needs and preferences of people experiencing homelessness and the communities in which housing opportunities are created. Single site permanent supportive housing includes housing developments or apartment buildings in which units are designated as supportive housing. Some affordable or low-income housing developments include set-asides of supportive housing units. In scattered-site or tenant-based supportive housing programs, participants use rent subsidies to obtain housing from private landlords and supportive services are often provided through home visits. Services in supportive housing are flexible and participation is voluntary. They focus on ensuring housing stability as a foundation for addressing needs related to mental health, substance use, health, and employment.

Over the past decade the number of permanent supportive housing beds has grown substantially. In 2013, there were a total of 284,298 beds including 176,128 beds for individuals and 108,065 for families with children. However, many of these beds—an estimated 46 percent in 2013—are not designated for people experiencing chronic homelessness.[47] HUD continues to encourage local communities to improve the targeting of permanent supportive housing for people experiencing chronic homelessness. Communities that have both expanded the supply of permanent supportive housing and prioritized people experiencing chronic homelessness have seen steeper declines in chronic homelessness over time.[48]

Risk factors associated with a longer period of homelessness for youth include trauma, emotional distress, risky sexual behavior, family problems, criminal or delinquent behavior, and substance abuse.

USICH, 2012

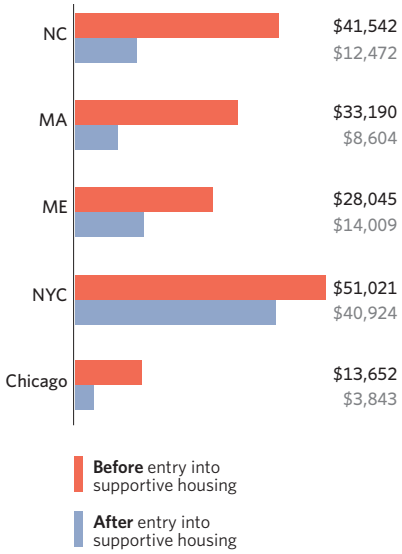
The Housing First approach in supportive housing incorporates strategies that minimize barriers to housing access or pre-conditions related to housing readiness, sobriety, or engagement in treatment. They assist participants to move into permanent housing quickly and provide the intensive supportive services needed to help residents achieve and maintain housing stability and improvements in their overall condition. These practices seek to end homelessness by "screening in," rather than "screening out" the most vulnerable people who are experiencing chronic homelessness and often have the greatest challenges to housing success.

Before receiving permanent supportive housing, health care costs averaged more than $27,000 annually for each person.

Mares & Rosenheck, 2010

Evaluations of permanent supportive housing have demonstrated significant improvements in housing stability, reductions in days of homelessness, and reductions in the utilization and costs of public services such as emergency shelter, hospital emergency room and inpatient care, sobering centers, and jails.[49]

Reductions in Utilization of Major Services Before and After Entry into Supportive Housing



MHSA et al., 2014

- In Seattle, sobering center admissions were reduced by 87 percent and average total costs reduced more than 75 percent after one year, including reduction in Medicaid costs.[50]
- In the Chicago Housing and Health Partnership, individuals experiencing homelessness who were receiving inpatient hospital care for chronic medical conditions were randomly assigned to receive usual care or access to recuperative care (respite) and permanent supportive housing. The intervention group had 29 percent fewer hospitalizations, 24 percent fewer emergency room visits, and 24 percent fewer days in nursing homes. Compared to usual care, annual cost savings for the intervention group averaged $6,307 per person.[51]
- Cost savings have also been demonstrated in New York City, where Medicaid costs decreased by about one-third for individuals who participated in a supportive housing program for adults with active substance use disorders, compared to similar people experiencing homelessness who did not receive supportive housing.
- In the same New York study, participants who were placed into supportive housing were less likely to spend time in shelters, hospitals, jails, or inpatient substance abuse treatment facilities. The costs of housing subsidies provided by the program were offset by reductions in total costs for shelter, jail, welfare, and Medicaid services used by program participants.[52]

Veterans

For the purposes of this Plan, the population of Veterans includes all Veterans: both individual Veterans and Veterans in families with children; Veterans who are experiencing chronic homelessness and those who are not; and Veterans with every discharge status, including those Reserve and Guard members who maintain an obligation and potential re-activation status with Department of Defense (DoD), but who also have an established Veteran status with VA following discharge from periods of active duty; and those Veterans who are not eligible for VA benefits and services.

The number of Veterans experiencing homelessness has been declining rapidly in recent years, as the VA and HUD have been actively engaged in working with local public housing authorities, housing and service providers, and partners in the private sector as well as other Federal, state and local government agencies, to achieve the goal of ending Veterans homelessness. HUD's 2014 PIT count reported there were 49,933 Veterans experiencing homelessness. Since 2010, homelessness among Veterans has declined by 33 percent. The number of unsheltered Veterans declined by 43 percent, and the number counted in sheltered settings declined by 26 percent.

Data collected during the January 2014 PIT count shows a 43 percent decline since 2010 in *unsheltered* homelessness among Veterans and a 33 percent decline (24,837 people) among Veterans *overall*.

HUD, 2015

Sixty-four percent of homeless Veterans identified in the 2014 PIT count were in emergency shelters, transitional housing programs, or safe havens, and 36 percent of homeless Veterans were in unsheltered locations. Veterans made up 11 percent of all adults experiencing homelessness counted on a single night.

On a single night in January 2014, 49,933 Veterans were homeless in the United States.[53] In 2013, over the course of the year nearly 139,857 Veterans used an emergency shelter or

After serving in Operation Iraqi Freedom, Charla, an Army Veteran, cancer survivor and single mother, found she was homeless with her two children. They had been living with friends until they were evicted in February 2014. Charla and her children found safety and security with UMOM New Day Centers in Phoenix, Arizona. Through a Supportive Services for Veteran Families (SSVF) Program, Charla received housing support, and assistance with move-in expenses and day care costs.

Making great strides while at UMOM, Charla focused on completing her degree and ultimately entering the medical field. She is working hard to achieve self-sufficiency and cannot wait for the next phase of her family's life to begin.

transitional housing program. Most sheltered Veterans were ages 51 to 61 (43 percent), with 36 percent ages 31 to 50. Elderly veterans (age 62 and older) were underrepresented in shelter compared to the total U.S. Veteran population. All U.S. Veterans were 4.7 times more likely to be age 62 and older than Veterans in shelter (54 percent versus 11 percent). Nearly 10 percent of sheltered Veterans were between the ages of 18 and 30. Female Veterans were nearly nine percent of all Veterans experiencing homelessness who were served in shelters or transitional housing programs during 2013.[54]

Causes of homelessness among Veterans are similar to causes of homelessness among non-Veterans, including interrelated economic and personal factors and a shortage of affordable housing. However, Veterans are over-represented among people experiencing homelessness, compared to both the general population and the population of people living in poverty.

Combat and repeated deployments introduce additional factors that contribute to the risk of homelessness, including post-traumatic stress and the disruption of connections to family and community supports. Veterans have high rates of Post-Traumatic Stress Disorder (PTSD), traumatic brain injury (TBI), and sexual trauma, especially for women. These factors significantly impact the ability to form trusting relationships. PTSD may also contribute to substance use disorders and relapse. Other mental health problems and/or TBI may result in cognitive impairments (difficulties with concentration, remembering tasks, planning, and problem-solving), difficulties in social relationships, controlling temper or impulses, or other effects that may create barriers to employment and stable relationships. Multiple and extended deployments may contribute to unemployment, especially for Reserve and National Guard Service members in rural communities, and may damage family connections and contribute to family conflict upon return.[55] A majority of Veterans who experience homelessness are single; social isolation is associated with higher risk of homelessness.[56]

A recent study[57] examined risk factors for homelessness among Veterans from the era of the Afghanistan (OEF) and Iraq (OIF/OND) conflicts. Veterans who were deployed as part of OEF/OIF had 34 percent higher rates of homelessness, compared to other Veterans who separated from the military at the same time. The study also examined other factors that were associated with the risk of homelessness among Veterans who separated from military services during 2005 and 2006, regardless of whether they had been deployed as part of OEF/OIF. Individuals who became homeless were most likely to have been at the lowest pay grades during their military service, while those at higher pay grades were much less likely to experience homelessness after they left the military. Veterans who were diagnosed with behavioral health disorders prior to separation from the military were at significantly greater risk for homelessness, particularly if they were diagnosed with a psychotic disorder or substance use disorder. Veterans diagnosed with PTSD prior to separation from the military were 13 percent more likely to experience homelessness, after controlling for other factors.

Among OEF/OIF Veterans, a significant number of women are experiencing or at risk of experiencing homelessness. Many female Veterans are caring for young children, and many have experienced sexual abuse and trauma during and/or prior to military service.[58] For all Veterans, greater attention is being paid to the needs of their families and children.

VA health costs for HUD-VASH tenants decreased by 34% (roughly $8,451 on average) from one year prior to HUD-VASH move-in to one year following move-in. Utilization of inpatient services decreased by 66%.

Among HUD-VASH tenants age 55 and older, VA health costs decreased by 37% (roughly $9,960 on average) from one year prior to HUD-VASH move-in to one year after move-in.

Byrne, Roberts, et al. 2014

About half of Veterans who are experiencing homelessness have serious mental illness; 70 percent have substance use problems; over half have other health problems. Homelessness exacerbates poor health and behavioral health and increases an individual's contact with the criminal justice system. Approximately half of Veterans experiencing homelessness have histories of involvement with criminal justice after discharge from the military. Incarcerated Veterans experiencing homelessness have high levels of health, mental health, and/or substance use disorders.[59]

There are unique and robust programs and supports available for Veterans who are experiencing or at risk of homelessness. The VA is committed to using a Housing First approach to connect Veterans to appropriate services and housing assistance. Through universal screening for all Veterans who receive VA health care services, Veterans can be quickly linked to the services and supports they need. VA Medical Centers are actively working in partnerships with local community-based organizations and public housing authorities to identify and engage Veterans who are experiencing chronic homelessness and helping them connect to the assistance available through VA homeless programs. For some Veterans, their military discharge status may make them ineligible to receive VA health services or other types of assistance from the VA. Collaborations that engage VA Medical Centers and leverage the resources of local communities, Continuum of Care programs and mainstream systems to provide access to affordable housing, health care and behavioral health care, and opportunities for work and incomes will be essential to achieving the goal of ending homelessness for all Veterans.

Systems

One of the most important developments over the past several years is the application of systems and "collective impact" approaches to ending homelessness. Whereas homeless services previously operated as a set of independent and uncoordinated programs, communities are now coordinating across organizations and programs to work towards common goals. Increasingly, investments are directed towards evidence-informed practices and models and decision-making is driven by data. Resources are leveraged, coordinated and aligned across silos and sectors. Stakeholders are collaboratively working to set specific and measurable goals for ending homelessness and connecting people to permanent housing. Targeting strategies are ensuring that people are provided with interventions appropriate to their needs and the highest need individuals and families are prioritized for assistance.

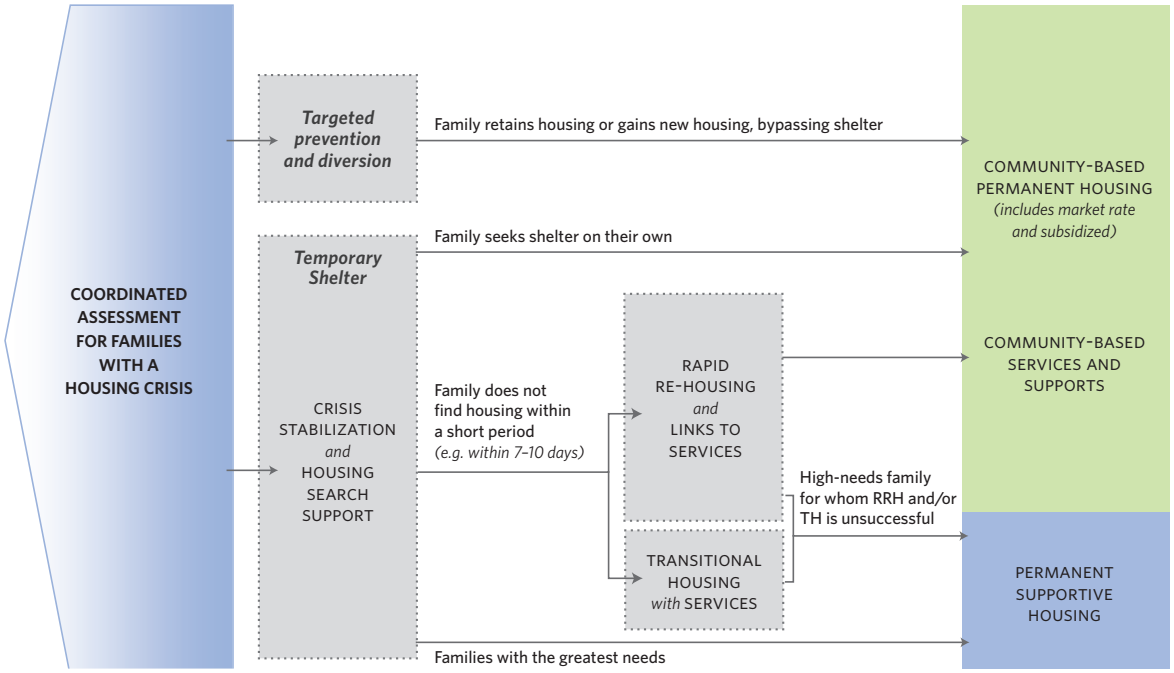
A systems approach to ending homelessness underlies current Federal efforts as well. Since the adoption of *Opening Doors* in 2010, Federal agencies are collaborating across agencies and silos, working towards common goals, monitoring and troubleshooting implementation using data and performance management, leveraging mainstream resources, and encouraging investment in evidence-informed practices. Federal agencies are also supporting broader adoption of a systems approach at the state and community levels. Additionally, the McKinney-Vento Homeless Assistance Act required that HUD Continuums of Care and local homeless service providers coordinate with other mainstream services in the community to provide a more streamlined connection to permanent housing and services.

Housing First as a systems response to homelessness: Since the adoption of *Opening Doors*, the Federal government has emphasized an understanding of Housing First not just as a program model, but as an overall orientation in communities' systems responses to homelessness. Housing First strategies incorporate few programmatic prerequisites, utilize proactive outreach and engagement efforts, implement low barrier admission policies, create rapid and streamlined entry into permanent housing, offer voluntary and engaging supportive services, and focus on housing stability.

Collaboration to leverage and integrate resources of mainstream systems: Preventing and ending homelessness is not possible through targeted homeless programs alone, but requires the leveraging of mainstream resources and programs in the areas of housing, employment, education, health care, and income supports. While these mainstream resources have a broader mandate and population than people experiencing homelessness, states and communities can adopt practices and policies which can increase access for and in some cases prioritize people experiencing homelessness. They can also ensure that mainstream systems and resources are coordinated with homeless services and targeted interventions.

At the Federal, state, and community levels, effective systems use data to measure and improve system and program performance and inform resource allocation: This means tracking homelessness and housing instability across the wide range of programs that serve low-income populations. It also means that programs are reviewed and held accountable for their performance in assisting households identified as experiencing or at-risk of homelessness to achieve housing stability and other outcomes. This review is used to inform program improvements as well as decisions on resource allocation. Resources are directed towards high performing and cost-effective programs and away from underperforming or less cost-effective programs.

Diagram of a Crisis Response System for Families



An accomplished student, a Veteran, a loving brother and son, Eddie lives a full life. He also experienced homelessness for decades. Eddie was determined to change his path and live the life he wanted. Obtaining housing with DESC was a key step to doing so.

Today Eddie volunteers, has many hobbies, and even more friends. Each morning he wakes up (sometimes before dawn) to run and is training for a half marathon. Having experienced homelessness in his life does not define Eddie. He is successful and giving back in many ways.

Greater investments are needed to significantly reduce the shortage of rental housing that is affordable to people with the lowest incomes, including some families with children and people with disabilities who are living with incomes far below the Federal poverty level: In recent years, there have been significant increases in the number of people living in poverty in the United States, including many families with children and people with disabilities. The number of households paying more than half their income for rent has climbed, as rising rents have outpaced the growth in paychecks or benefits received by those with the lowest incomes. The homeless assistance system alone cannot address the nation's critical shortage of affordable housing for people who live in poverty. With 7.7 million low-income households experiencing "worst case housing needs," it is inevitable that many of these households will experience housing crises, and will turn to family, friends, faith-based and community organizations, and government programs for assistance. A stronger and more effective homeless assistance system can help people return to housing quickly, and protect the most vulnerable people from risks and harms associated with homelessness. It must be linked to a much larger effort to reduce the number of Americans who live in poverty or hardship, and to meet the nation's critical needs for more affordable housing.

Use coordinated entry systems to link families and individuals with the most appropriate assistance they need to prevent and end homelessness: Coordinated entry systems streamline and facilitate access to appropriate housing and services. The process centers on streamlining access to services (such as homelessness prevention, rapid re-housing, shelter, affordable housing, and permanent supportive housing), screening applicants for eligibility for these and other programs using a consistent and well-coordinated approach, and assessing their needs to determine which interventions are most appropriate. Coordinated entry systems may also prioritize people for assistance based on the severity of their needs.[60] One such example is the Aging & Disability Resource Centers Program, or "No Wrong Door" system. HHS and VA support these coordinated entry systems for seniors and persons with disabilities in every state and most territories. As communities develop and implement coordinated entry systems, we are learning more about how to align available resources to provide the most cost-effective interventions needed to prevent and end homelessness.

In sum, more than one million Americans experience homelessness each year. For most, this is caused by the gap between income and the cost of housing. For many, health and behavioral health conditions, trauma, and lack of social supports make them at risk or push them into homelessness.

Homelessness is costly to society because people experiencing homelessness frequently require the most expensive publicly-funded services and institutions. Homelessness is also costly in terms of its negative impact on human life, health, and productivity.

Solutions exist. Collaborative leadership, continued efforts to strengthen coordination across homeless assistance and mainstream systems, and system-wide strategies that make wise investments in proven strategies to help people get and keep permanent housing are producing major reductions in homelessness in some communities. Dramatic results have been demonstrated, particularly where coordinated efforts and targeted investments focused on reducing homelessness among Veterans. The experience of these communities highlights the opportunities to take a systematic approach to reducing homelessness across the nation.

The Plan

This Plan creates the framework for accomplishing the goals of preventing and ending homelessness. The objectives identify high level actions or system change needed to facilitate increased access to housing, economic security, health and stability for specific populations. The strategies articulate steps that could be taken collaboratively by Federal, state, and local leaders to address the differentiated needs of the populations identified. With a few exceptions, the Plan's strategies apply to all four of the goals and populations of the plan.

What follows is a discussion of each objective, including the logic for the objective, the lead Federal agencies, and key partners. Following each objective are the strategies needed to accomplish that particular objective.

Efforts related to the achievement of each of the four Opening Doors *goals are presented throughout the document. These efforts highlight collaborative activity currently being undertaken by Federal agencies and other partners. They focus on the target populations for the Plan. They create opportunities for shared learning about specific strategies and approaches. They may also inform future policy and budget processes.*

Increase Leadership, Collaboration, and Civic Engagement

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

Logic

A key focus of Federal efforts is to "break down the silos" and improve access to Federal resources and their coordination with local and state resources. Enhanced coordination among public and private entities will lead to a better understanding of the causes and consequences of homelessness and how multiple Federally-funded programs—and therefore agencies—can interact in strategies to prevent and end homelessness.

Strong leadership is needed at Federal, state, and local levels and across all sectors to establish and implement action plans that achieve results for people experiencing chronic homelessness, and for families, youth and children, including Veterans and their families. Such plans should focus on the adoption of proven solutions and evidence-informed practices, adapted and tailored to local conditions. Interdisciplinary, interagency, and intergovernmental action is required to effectively create comprehensive responses to the complex problem of homelessness.

Tremendous progress on reducing homelessness has occurred in those communities that have organized themselves to prevent and end homelessness. This means that they have set goals, identified needs and gaps, developed strategies to meet these needs and gaps, created public-private investment in the strategies, monitored progress, and adjusted the course when needed. Successful implementation occurs when there is broad support for the strategies—this is evidenced by the involvement of business and civic leadership, local public officials, faith-based volunteers, and mainstream systems that provide housing, human services, and health care.

Federal Leadership

USICH Member Agencies and USICH Staff

Partners

States, Counties, Cities, Businesses, and Nonprofits including Philanthropy and Faith Communities

Strategies

Educate the public on the scope, causes, costs, and solvability of homelessness, *Opening Doors: the Federal Strategic Plan to Prevent and End Homelessness*, and the reasons for taking action.

Engage state, local, and tribal leaders in a renewed commitment to prevent and end homelessness in their communities and commit to goals of *Opening Doors*.

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.

Involve citizens and the private sector in efforts to prevent and end homelessness. Include people with firsthand experience with homelessness, businesses, nonprofits, faith-based organizations, foundations, and volunteers.

Strengthen, learn more about, and institutionalize interagency collaboration. Collaboration is necessary to implement many strategies in the Plan, including:

- Increasing Federal interagency interventions
- Increasing collaborative planning among and within all levels of government
- Increasing joint endeavors between government and the nonprofit and private sectors
- Identifying and removing barriers to collaboration
- Seeking opportunities to conduct data matches and share data to better understand the impact of homelessness on the costs and outcomes of mainstream programs and to target initiatives to populations that need support across multiple systems

Seek opportunities to reward, recognize, and support communities that are collaborating to make significant progress preventing and ending homelessness.

Review budget processes to determine avenues for recognizing savings across agencies and sectors resulting from interventions to prevent and end homelessness, such as where investments in housing result in health care savings.

Seek opportunities for engaging Congressional committees collaboratively on issues related to preventing and ending homelessness.

Opening Doors **GOAL**

ENDING HOMELESSNESS AMONG VETERANS IN 2015

This Plan has set a bold but achievable goal to end Veteran homelessness in the United States in 2015. The Obama Administration, with partners in states and communities across the country, and with bi-partisan support from Congress, has achieved a significant decrease in homelessness among Veterans. Since 2010, VA and other 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 interventions have been significantly expanded including the HUD-VA Supportive Housing (HUD-VASH) program, Supportive Services for Veteran Families (SSVF), the Veterans Justice Outreach program, and Department of Labor's (DOL) Homeless Veterans' Reintegration Program. More recently, as part of the Joining Forces initiative, First Lady Michelle Obama announced that a growing coalition of mayors, governors, and county officials are committed to ending Veteran homelessness in their communities in 2015, and called on additional mayors and local leaders to join this effort.

Opening Doors **GOAL**

Continued focus and strategic action is required to remain on a trajectory towards ending homelessness among Veterans and their families. USICH and its Federal partners will continue to drive progress through interagency work structures previously put in place by USICH and its member agencies.

USICH, HUD, and VA have been planning and executing a comprehensive set of strategic actions in order to end homelessness among Veterans, including:

- Ensuring widespread adoption of a Housing First approach, which removes barriers to help Veterans obtain permanent housing as quickly as possible, without unnecessary prerequisites;
- Prioritizing the most vulnerable Veterans—especially those experiencing chronic homelessness—for permanent supportive housing opportunities, including those created through the HUD-VASH program;
- The use of data to monitor program performance and to determine the resources needed to achieve the goal;
- Coordinating outreach efforts to identify and engage every Veteran experiencing homelessness and focus outreach efforts on achieving housing outcomes;
- Targeting rapid re-housing interventions—including those made possible through VA's SSVF program—toward Veterans and their families who need shorter-term rental subsidies and services in order to be reintegrated back into our communities;
- Leveraging other housing and services resources that can help Veterans and their families who are ineligible for some of VA's programs get into stable housing;
- Increasing early detection and access to preventive services so at-risk Veterans and their families remain stably housed;
- Closely monitoring progress toward the goal, including the success of programs achieving permanent housing outcomes; and
- Aligning local goals and strategies with *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*.

On June 4, 2014, First Lady Michelle Obama announced the launch of the **Mayors Challenge to End Veteran Homelessness** at the White House. The Challenge seeks to solidify partnerships and secure commitments from local leaders across the country to end homelessness among Veterans by 2015, using evidence-based approaches as outlined in *Opening Doors* and through collaboration with community partners.

Objective 2

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

Logic

Preventing and ending homelessness is made possible through the coordinated efforts of strong public and private organizations. Across the country, communities are making a strategic shift in their approach to preventing and ending homelessness—collaborating effectively, adopting and directing resources towards evidence-informed practices, monitoring and making performance improvements, and targeting interventions appropriately based on household needs and strengths. The Federal government is supporting this continued shift by making best practices standard operating procedure as

we adopt an increasingly evidence-based and data-driven approach. Strengthening the country's capacity to prevent and end homelessness will itself require effective collaborations within the Federal government and between all levels of government, nonprofits, philanthropy, and the private sector.

Federal agencies currently invest extensively in technical assistance and have been working to improve the coordination and accessibility of assistance across agencies and programs.

Collection, analysis, and reporting of quality, timely data on homelessness is essential for targeting interventions, tracking results, strategic planning, and resource allocation at the local and Federal levels. PIT counts provide the most consistent measure across communities of the scale and scope of homelessness from one year to the next. In addition, HMIS provides information throughout the year and can be analyzed to understand patterns of homelessness, measure lengths of stay, and to target interventions. Data can also be collected by communities to track housing placements and successful exits from homelessness in real-time.

Federal programs generally require recipients to establish and maintain data systems with distinct requirements. Integration across programs of recipients' Federally required data systems on homelessness is underway and will help break down silos between programs and services. HUD, HHS, and VA have released HMIS data standards marking a significant step toward the alignment of data on homelessness across Federal programs. A common data standard and uniform performance measures across all Federal programs that are targeted at homelessness would facilitate greater understanding and simplify local data.

Much research and evaluation has been and is being conducted on homelessness and strategies to prevent and end it. There is tremendous opportunity to better understand and apply what is being learned by coordinating and sharing research across Federal agencies and with states and local communities. Research must be conducted to understand more about how to end homelessness for survivors of domestic violence and sexual assault, unaccompanied youth, youth aging out of foster care, and other special populations.

Federal Leadership

Agriculture, Commerce, Education, Health and Human Services, Homeland Security, Housing and Urban Development, Interior, Justice, Labor, Veterans Affairs, Corporation for National and Community Service, Office of Management and Budget, Social Security Administration, and Office of Faith-based and Community Initiatives

Partners

State and Local Government, Researchers, Nonprofits, including Philanthropy, Homeless Crisis Response, Housing, and Service Agencies

Strategies

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. Topics that should be considered include:

- A study on the prevalence of youth homelessness to understand the scope and needs represented among youth experiencing homelessness
- Best practices for achieving improved outcomes for youth experiencing homelessness
- How to target interventions to Veterans experiencing homelessness and their families
- What interventions (rapid re-housing, affordable housing, permanent supportive housing, and transitional housing) are most cost-effective for families with different levels of needs
- How to target homeless prevention resources
- The role housing stability plays in improving safety and other outcomes for survivors of domestic violence
- The effectiveness of trauma-informed services for individuals who have experienced sexual violence as children or adults
- The effectiveness of different assessment tools

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.

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 use disorders, and treatment for co-occurring conditions
- Integrated treatment of physical and behavioral health conditions
- Trauma-informed services

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
- Parenting youth
- Elderly and aging persons
- Cultural competency, including Native American, African American, Hispanic, and immigrant populations

- Lesbian, gay, bisexual, transgender, and questioning populations
- Children and families who are or have been involved with the child welfare system
- Veterans and their families
- Survivors of domestic or family violence, physical and/or sexual abuse, trafficking, and violence
- People living with HIV/AIDS
- People with chronic health conditions who have high health care costs
- People who are or have been incarcerated.

Increase knowledge about and attend to the unique needs of rural and tribal communities to respond to homelessness. Develop effective strategies and programs that use best and culturally competent practices tailored to addressing the unique way that homelessness manifests itself on American Indian lands, in rural/frontier areas, and urban centers.

Support communities' ability to conduct PIT counts that accurately count people experiencing both sheltered and unsheltered homelessness, including youth. HUD will provide guidance and tools on PIT count methodology.

Continue to increase use of HMIS 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.

Increase community capacity to analyze HMIS and match HMIS data with other administrative data to determine the use of other public services like health care and corrections.

Create common data standards on homelessness and integrate Federal data systems on homelessness where possible. A common data standard 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.

Promote data-driven client engagement and housing placement efforts in which communities set specific short-term goals to connect people experiencing homelessness to housing and services appropriate to their needs and where data on engagements and housing placements is used to track performance against those goals.

Increase Access to Stable and Affordable Housing

Objective 3

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

Logic

For most people, the threat of homelessness stems from the gap between their current income and the cost of housing. People are extremely poor at the time they become homeless. Housing needs to be affordable to those households with the lowest incomes who are most at risk of homelessness. The households most vulnerable are those with no income or those earning significantly less than 30 percent of Area Median Income. Housing is affordable if the cost is no more than 30 percent of the monthly household income.

Homeless service providers can coordinate with local Public Housing Authorities (PHAs) and owners of housing assisted through HUD's Multifamily programs to increase mainstream affordable housing opportunities for people experiencing homelessness.

The concentration of homelessness in some parts of the country means that the effort and focus to increase access to affordable housing must be proportional to local need.

Assessment and targeting mechanisms need to be used to distinguish between those who can resolve their homeless situation on their own or with mainstream supports, those who need targeted short-term assistance, and those who require long-term housing assistance. Factors include being extremely low income, paying more than 50 percent of income on rent, and precipitating events like domestic or sexual violence and illness. Available affordable housing resources should also be targeted to the most vulnerable populations, including children and their families, unaccompanied youth, people with disabling conditions, and the aging population.

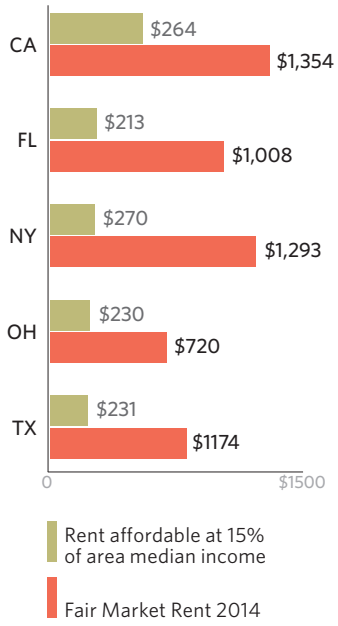
A recent review of characteristics of U.S. rental housing found that worst case housing needs decreased during the 2011-to-2013 period but persist at high levels across demographic groups, household types, and regions. Substantial unmet needs for affordable rental housing remain even as economic conditions are improving. Although the number of renters increased overall, the number of renters with extremely low incomes decreased in 2013. An expanded number of affordable units became available for the smaller number of extremely low-income renters, increasing the ratio of affordable and available units by five from 2011 levels to 39 units per 100 renters. For very low-income renters, there was little change in availability, leaving the ratio at 65 units per 100 renters.[61] Preserving existing affordable housing is of utmost importance.

Low-cost capital is financing for housing development that carries no debt, has forgivable repayment terms, and/or has interest rates significantly below that of the private market; it often comes with greater flexibility in terms than private-sector financing.

Transportation needs of residents must be considered when providing affordable housing. The Departments of Housing and Urban Development, Transportation, and Labor are working together, understanding that transportation is critical for connecting people in their homes to jobs, schools, health care, and child care.

Eliminating discrimination against individuals based on their status as survivors of domestic violence is yet another crucial strategy in ending homelessness. The landmark housing provisions of the Violence Against Women Act of 2005 (VAWA) provide protections for survivors of domestic violence, dating violence, and stalking from housing

Gap Between Monthly Income and Housing Cost



Steffen et al., 2015

discrimination and access to the criminal justice system while maintaining their housing. VAWA allows public housing authorities to give housing priority to survivors of domestic violence. It also prohibits them from denying housing or evicting a tenant based solely on their status as a survivor of domestic violence. Consistent and effective implementation of these provisions may help save lives and prevent homelessness.

Federal Leadership

Agriculture, Energy, Housing and Urban Development, Labor, Transportation, Veterans Affairs, General Services Administration, Office of Management and Budget, and Treasury

Partners

State Housing Finance Agencies, Local Housing Authorities, Private and Nonprofit Developers, and Nonprofit Service Providers

Strategies

Support additional rental housing subsidies through Federal, state, local and private resources to individuals and families experiencing or most at risk of homelessness. The rent subsidies should be structured so that households pay no more than 30 percent of their income for housing.

Expand the supply of affordable rental homes where they are most needed through Federal, state, and local efforts. To provide affordable housing to people experiencing or most at risk of homelessness, rental subsidies should better target households earning significantly less than 30 percent of the Area Median Income so that residents pay no more than 30 percent of their income for housing. The supply will need to include units that are accessible to persons with disabilities.

- Work with state and local governments to expand rental assistance and low-cost capital for new construction and rehabilitation of housing for individuals and families experiencing or most at risk of homelessness.
- Fund the National Housing Trust Fund.
- Encourage preferences in the awarding of Low Income Housing Tax Credits to increase investments for housing targeted to people experiencing or most at risk of homelessness.
- Link developments to project-based vouchers and other subsidies.

Improve access to federally-funded housing assistance by eliminating administrative barriers and encouraging prioritization of people experiencing or most at risk of homelessness. This includes implementation of VAWA housing anti-discrimination and eviction protection provisions.

Encourage collaboration between public housing agencies, multifamily housing owners, and homeless services to increase mainstream housing opportunities for people experiencing homelessness. Promote guidance on how public housing agencies and multifamily housing owners can adopt admissions preferences and coordinate with homeless services organizations to make referrals, assist with applications and lease-up, and provide supportive services.

Increase service-enriched housing by co-locating or connecting services with affordable housing. This could be accomplished in a wide range of ways and will vary by community, neighborhood, and development. Examples include providing community space within new affordable housing to host an after-school homework room, retrofitting vacant office space in a public housing complex for use as an examination room for a community health nurse practitioner, providing onsite legal clinics for survivors of domestic violence, or co-locating a community health center or mental health service provider within an affordable housing development.

Opening Doors **GOAL**

ENDING HOMELESSNESS AMONG FAMILIES AND CHILDREN IN 2020

The Council is working with national partners and communities to implement a comprehensive strategy to end homelessness among families and children in 2020. This strategy emphasizes retooling existing programs and services to facilitate rapid connection to permanent housing, increasing the adoption of evidence-based practices, improving the targeting of interventions, and the leveraging of mainstream services and resources. Federal agencies also seek strategic resource investments to bring to scale cost-effective housing and services interventions.

Specifically, this strategy identifies four key areas for Federal, state, and local action:

- Develop a coordinated assessment process with the capacity to assess needs and connect families to targeted prevention assistance where possible and temporary shelter as needed.
- Connect families to housing and services interventions (rapid re-housing, affordable housing, transitional housing, or permanent supportive housing) most appropriate to their specific strengths and needs.
- Help families connect to the mainstream resources (benefits, employment, and community-based services) needed to sustain housing and achieve stability.
- Develop and build upon evidence-based practices for serving families experiencing and at-risk of experiencing homelessness.

USICH and Federal partners are aligned around this approach and committed to supporting communities and stakeholders through the use of interagency messaging, policies, and technical assistance.

Objective 4

Provide permanent supportive housing to prevent and end chronic homelessness

Logic

Supportive housing combines affordable, community-based permanent housing linked to flexible, individualized supports and services. It is a proven, effective means of reintegrating individuals and families with chronic health challenges into the community by addressing their basic needs for housing and ongoing support.

The most successful intervention for ending chronic homelessness is permanent supportive housing, which couples permanent housing with supportive services that target the specific needs of an individual or family. There is a substantial body of literature that shows that supportive housing is successful for people with mental illness, substance use disorders, HIV/AIDS, and other often co-occurring conditions. People who have experienced chronic homelessness frequently have histories of trauma and violence as well as additional barriers to stable housing (e.g., criminal histories, no income, and poor credit). Permanent supportive housing is designed to address these needs. Permanent supportive housing using Housing First is a proven solution that leads to housing stability as well as improvements in health and well-being. Supportive housing also has been shown to be a cost-effective solution in communities across the country, particularly in places where it has been targeted to people with the most extensive needs.

Supportive housing can be provided through three primary strategies: 1) pairing a rent subsidy with dedicated services; 2) building new or rehabilitated units at a single site and providing a rental subsidy and on-site services; or 3) creating a set-aside of units within an affordable housing community and providing a rental subsidy and on-site services. The biggest challenges to creating more permanent supportive housing are the need for rental subsidies and dedicated funding for services. Developers of site-based units are further challenged by the need to cobble together multiple funding sources to create a debt-free financing structure since the supportive housing units do not generate adequate cash flow to services and repay hard debt. Federal, state, and local sources for capital, operations, and services are not currently designed to work in an integrated fashion.

Olmstead implementation and the effort to end chronic homelessness are twin efforts in a larger movement to ensure that vulnerable people with mental, physical and development disabilities can live in the community with dignity, stability, and independence. They share a common history rooted in the de-institutionalization of the mental health system, and a decades-long struggle to replace institutions with a community-based system of housing and supports, including permanent supportive housing.

Although the supply of permanent supportive housing has increased over the past several years, there is still a shortage of permanent supportive housing across the country. This is due both to the shortage of financial resources, as well as local capacity to develop and operate supportive housing. Additionally, many developers confront local barriers related to zoning and community opposition. Such opposition may result in violations of the Fair Housing Act and Title II of the Americans with Disabilities Act, which the Department of Justice has the ability to address through litigation. The concentration of chronic homelessness within certain geographic areas of the country means that the effort and focus to increase access to supportive housing must be proportional to local need.

Supportive housing can be leveraged to help reduce chronic homelessness by prioritizing people experiencing chronic homelessness for assistance, particularly those with the highest service needs.

Federal Leadership

Health and Human Services, Housing and Urban Development, Justice, Labor, Veterans Affairs, General Services Administration, and Office of Management and Budget

Partners

State Housing Finance and Health and Human Services Agencies, Local Housing Authorities, Private and Nonprofit Developers, and Supportive Service Providers

Strategies

Improve access to and use of supportive housing by encouraging prioritization and targeting for people who need this level of support to prevent or exit homelessness.

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.

Bring the supply of permanent supportive housing to scale, in partnership with state and local governments and the private sector.

- The following populations frequently need permanent supportive housing:
  - **Individuals and families**—including Veterans and their families—experiencing chronic homelessness
  - **Vulnerable individuals** experiencing homelessness—including youth—who have disabling conditions and multiple barriers to housing stability
- The supply will need to include units that are accessible to individuals with disabilities.
- Permanent supportive housing should be integrated in and support full access to the greater community, ensure individual rights of privacy and freedom from coercion, and promote independence in making life choices.

Increase use of mainstream resources to cover and finance services in permanent supportive housing. As more individuals experiencing chronic homelessness are eligible for Medicaid through the Affordable Care Act, there are greater opportunities for Medicaid to finance services for people in supportive housing.

- HHS will provide information, tools, and resources to describe how certain services provided through supportive housing can be considered Medicaid covered services.
- HUD and HHS will increase the capacity of supportive housing providers to provide Medicaid services directly or to partner with Medicaid providers such as those participating in Health Care for the Homeless programs or other health centers.
- HHS will provide updated information to states on how to use behavioral health resources to assist people exiting homelessness.

The passage of the Affordable Care Act means that in states that have elected to expand their Medicaid programs, many people who experience or are at risk of homelessness who were previously without health coverage are now eligible for Medicaid. As the number of individuals who are eligible for Medicaid grows, there are more opportunities for Medicaid to finance services for people in supportive housing.

Connecting people to Medicaid, encouraging states to cover supportive housing services under Medicaid, and linking supportive housing with Medicaid providers, will help fill the gap in critical services—even as we increase the supply of supportive housing.

Opening Doors **GOAL**

FINISHING THE JOB OF ENDING CHRONIC HOMELESSNESS IN 2017

An interagency working group on ending chronic homelessness led by HUD and USICH and represented by eleven Federal agencies has developed a set of strategies that with additional resources proposed in the Administration's FY 2016 Budget, would make it possible to end chronic homelessness in 2017. Those strategies are to:

- Expand permanent supportive housing opportunities by reallocating existing targeted homeless funding (e.g. Continuum of Care Program) and leveraging mainstream resources (e.g. Housing Choice Vouchers, Medicaid, and mental health and substance abuse block grants).
- Ensure that communities are targeting their new and existing permanent supportive housing to people experiencing chronic homelessness, prioritizing those with the most severe challenges for assistance.
- Connect permanent supportive housing to street outreach, shelter, and institutional "in-reach" that can identify and engage people experiencing chronic homelessness.
- Lower barriers to housing entry through community-wide adoption of Housing First.
- Request additional resources from Congress to bring the national inventory of permanent supportive housing to a scale sufficient to end chronic homelessness and prevent its recurrence.

Increase Economic Security

Objective 5

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

Logic

Unemployment, under-employment, and low wage employment are frequent causes of homelessness. The loss of a job leads to homelessness when tenants fall behind on their rent and homeowners fall behind on their mortgages—ultimately leading to eviction and foreclosure, respectively. Millions of families are at risk of losing their homes as a result of job losses, reductions in working hours, or lower wages.

During the recent recession, President Obama's first priority in confronting the economic crisis was to put Americans back to work. By stimulating economic recovery, the Administration helped America emerge as a stronger and more prosperous nation, although significant challenges of social and economic inequality remain.

As the economy improved and Americans returned to work, the drop in unemployment rates helped to reduce the number of people experiencing or at risk of homelessness. The steady growth in jobs also provided opportunities for people, including those experiencing homelessness, to find work and increase their income sufficiently to afford

The Homeless Veterans Reintegration Program is a competitive grant program administered by the DOL to provide homeless Veterans with skills training, job search assistance, placement, and other services. Some HVRP grants target specific subsets of the Veteran population, such as homeless female Veterans and Veterans with families. In 2014, DOL awarded 156 HVRP grants nationwide, including one grant to serve homeless veterans on Native American tribal land. In Program Year 2013 (July 2013–June 2014), 63.4 percent of HVRP program participants entered employment.

DOL, HVRP PY 2013 Data

housing. Although the economy is recovering, worst case housing needs persist at high levels. To combat this increase, it is important to connect people with employment while supporting efforts to increase income and access to career pathways. In order to be effective, this strategy must be coupled with increased affordable housing.

There are new opportunities for those who are experiencing or at-risk of homelessness. President Obama's Job-Driven Initiative is designed to help more individuals obtain and advance in in-demand jobs and careers through career pathways and other proven program models. The Workforce Innovation and Opportunity Act (WIOA)—the first legislative reform of the public workforce system since 1998—will help individuals access employment, education, training, and support services in the labor market.

Programs designed to connect people to employment need to continue to respond to the concurrent needs of people who have experienced homelessness instead of creating barriers to support. In addition to eliminating programmatic barriers, best practices need to be implemented across the country, and employment strategies need to be coordinated with housing and other interventions.

Access to education is also a factor that can help decrease financial vulnerability and the likelihood of homelessness later in life. Two such means are Federal education programs, such as EHCY, and Federal financial aid opportunities for higher education. In addition, improved access comes through coordination between Federal education programs under the Individuals with Disabilities Education Act; the Carl D. Perkins Career and Technical Education Act of 2006; the Adult Education and Family Literacy Act of 2014 (Title II of the Workforce Innovation and Opportunity Act of 2014); and Title I, Part A of the Elementary and Secondary Education Act. State coordinators for the education of homeless children and youth and local education liaisons, under the EHCY program, promote coordination with other Federal programs that prevent homelessness and support homeless individuals or families—such as child welfare, housing, and health agencies.

Federal Leadership

The White House, Agriculture, Education, Health and Human Services, Housing and Urban Development, Labor, Veterans Affairs, and Office of Management and Budget

Partners

Businesses, State and Local Government, Workforce Investment Boards, Community colleges and schools, Nonprofits including Philanthropy, Crisis Response, Housing, and Service Agencies

Strategies

Improve access to education and educational outcomes of children and young adults experiencing homelessness through the following:

- Improve identification of children and support for them to enroll in school. Eliminate barriers to enrollment and provide seamless transitions from early childhood education through elementary, secondary, and post-secondary education.
- Improve access to and retention in early childhood education programs, elementary and secondary education, and post-secondary education.
- Review existing Federal, state, and local program policies, procedures, and regulations to identify mechanisms that could increase both access to and retention in high-quality programs. These mechanisms should help remove barriers and ensure early childhood-to-adulthood educational access, quality child care, and early-childhood education through elementary, secondary, and post-secondary education.
- Educate homeless assistance providers about the laws, and the programs and practices under those laws, designed to increase access to early care and education, such as those carried out under Head Start, the McKinney-Vento Act's education subtitle, and the independent student provisions of the Higher Education Act.

Coordinate employment services with housing and homelessness assistance to ensure that job development and training strategies focus attention on people who are experiencing or most at risk of homelessness and support their long-term housing stability.

Review Federal program policies, procedures, and regulations to identify educational, administrative, or regulatory mechanisms that could be used to improve access to work support.

- Identify ways the Workforce Innovation and Opportunity Act (WIOA) and TANF programs can help people who are experiencing or most at risk of homelessness, including people with multiple barriers to employment.

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, limited work experience, and age appropriateness.

Improve system-wide coordination and integration of employment programs with homeless assistance programs, survivor assistance programs, and housing and permanent supportive housing programs.

Increase opportunities for work and support recovery for Veterans with barriers to employment, especially Veterans returning from active duty, Veterans with disabilities, and Veterans in permanent supportive housing.

Objective 6

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

Logic

People with limited financial resources are most at risk of homelessness. People with poor health and disabling conditions are more likely to become homeless for a variety of reasons. Medical crises and health care bills can lead to personal bankruptcy and foreclosure, which can lead to homelessness. Homelessness in turn exacerbates poor health. Research shows that access to health and behavioral health care significantly improves when people have access to health insurance, which the Affordable Care Act has vastly increased.[62]

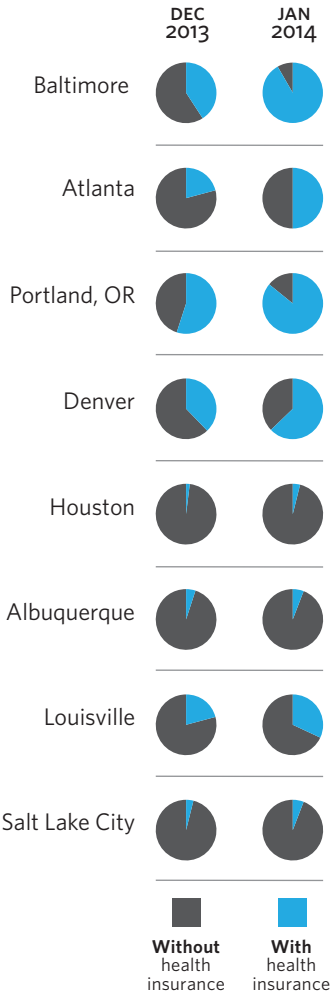
Mainstream programs and services are those that are not specifically targeted to, but which can serve, people experiencing homelessness. They include both entitlements and other benefits. They fall in three broad categories: health care, income support, and work support. Health care includes health care and behavioral health care provided through the HHS Health Resources and Services Administration (HRSA) and Substance Abuse and Mental Health Services Administration (SAMHSA), as well as health insurance programs such as Medicaid, Medicare, the Children's Health Insurance Program, and Veterans' health benefits. Income supports include Earned Income Tax Credits, Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), Veterans' disability compensation benefits and pension, Supplemental Security Income and Social Security Disability Insurance (SSI/SSDI), and General Assistance (available in some states). Work supports are funded through a myriad of programs including Workforce Investment Boards, SNAP, TANF, Job Corps, and employment services targeted to Veterans.

Child support is another area that impacts the incomes of people experiencing or at risk of homelessness. For custodial single parents, timely payment of child support can be the key to maintaining housing stability and preventing homelessness for themselves and their children. Non-custodial low-income parents who are not able to make their child support payments may accrue large arrears that contribute to their ongoing financial instability and risk of homelessness.

Food assistance, including: SNAP; federally-funded school meals programs; the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); and other Federal nutrition programs can play a vital role in both sustaining people when they experience homelessness and by giving people added resources to buy food, so that more of their discretionary spending can go to housing or other needs. SNAP has a benefit structure that gives extra help to people with lower incomes and high housing costs relative to their income, as well as a deduction for earned income to support work.

While many people experiencing or most at-risk of homelessness are eligible for these mainstream programs, surprisingly few people access the full range of programs and services available to them. Sometimes it requires obtaining lost identification materials, including birth certificates, Social Security documentation, or state IDs. The processes

Health Care for the Homeless Project
Visits by Clients with Health Insurance, December 2013 to January 2014



NHCHC, 2014

to apply for mainstream services can be complex, fragmented, and at times designed more to screen out people who are not eligible, instead of being focused on reaching out and expediting support for people who are eligible and most in need of the services and supports.

The number of people who obtain health coverage, income and work supports can be increased through key strategies like expediting application and enrollment processes for people identified as experiencing homelessness, ensuring coordination and communication between services providers and mainstream programs, conducting enrollment drives at places frequented by people experiencing homelessness, and using data and technology to reduce duplication and streamline enrollment.

The passage of the Affordable Care Act has increased access to insurance, which will in turn lead to increased access to care. In states that have chosen to expand their Medicaid program, nearly all people living below 133 percent of the Federal Poverty Level are now eligible for Medicaid coverage. In addition, the Affordable Care Act enables individuals up to 400 percent of the Federal Poverty Level to purchase subsidized health insurance, sets requirements on coverage of essential health benefits, and ends lifetime and annual limits on coverage of essential health benefits, so that the likelihood of financial distress from a medical crisis is vastly reduced. As of September 2014, Medicaid enrollment grew to over 68 million with more than 9.1 million additional people enrolled in Medicaid and the Children's Health Insurance Program compared to an average monthly enrollment prior to the start of open enrollment, and as of October 2014, approximately 7 million Americans have obtained private health insurance coverage through the marketplace.

Federal Leadership

Agriculture, Education, Health and Human Services, Homeland Security, Housing and Urban Development, Labor, Veterans Affairs, Office of Management and Budget, and Social Security Administration

Partners

State Governments, Counties, Local Workforce Centers, Homeless Crisis Response, Housing and Service Agencies, and other Nonprofits

Strategies

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. This includes improved outreach to homeless assistance providers and collaborations across government and with community nonprofits, online consolidated application processing, and electronic submission and dissemination to promote joint guidance on connecting people experiencing homelessness to SSI/SSDI.

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. Examples include:

The Social Security Administration (SSA) issued guidance requiring its employees to flag the Supplemental Security Income or Social Security Disability Insurance application as "homeless" whenever a claimant informs SSA or case information indicates that he/she is experiencing homelessness. This flag alerts SSA and Disability Determination Services employees to utilize special case processing, which helps mitigate the unique challenges that people experiencing homelessness face in applying for benefits.

- Work with key stakeholder groups to make progress toward recognizing the long-term effects of substance use and dependency as a disabling condition, and removing impediments for people with co-occurring disabling conditions to receive income support.
- Promote practices that make it easier for people to access proof of identification, including birth certificates and other forms of ID.

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.

Create clear pathways to greater financial independence. Collaborate to review program eligibility and termination criteria across the range of programs which people experiencing or at risk of homelessness may access. Identify changes that should be made to help and encourage people experiencing homelessness connect to jobs, earning and retaining income while maintaining access to health coverage, housing assistance, child care, etc. until a household is earning enough through employment to be financially stable.

Continue to support the enrollment of eligible individuals into Medicaid and ensure they are linked to appropriate health care providers. Through Medicaid expansion, single individuals have greater access to Medicaid in states that chose to expand their Medicaid programs, but continued outreach and enrollment efforts are necessary to make eligible but uninsured individuals aware of their coverage options.

- Agencies will encourage states to provide Medicaid enrollment information to housing and homelessness providers to encourage Medicaid outreach best practices as seen in California's document *Let's Get Everyone Covered*.[63]
- HHS and other agencies will encourage states to consider using streamlined enrollment methods, such as the fast-tracked enrollment of individuals already enrolled in Supplemental Nutrition Assistance Program (SNAP) which has already been implemented in some states.
- For individuals living in states that have not yet expanded their Medicaid programs, organizations that provide homeless services will be encouraged to continue efforts to enroll eligible individuals with disabilities through enrollment in SSI and disability benefits.

With the support of Southwest Solutions in Detroit, Michigan, Tom resides in an apartment after experiencing homelessness for a year. Through permanent supportive housing, Tom is able to access services to help him meet needs culminating from years of undiagnosed mental health conditions. He is empowered to live a better life of his choosing and not let circumstances dictate his experience.

"I know now that I have the ability to determine how I react to things, if I let them. It's my choice."

Tuberculosis is a serious health concern for people experiencing homelessness and those working with homeless populations. Tuberculosis rates are 10 times higher for people experiencing homelessness.

USICH and our partners at the CDC and NHCH released a fact sheet to help service providers prevent and address TB among people experiencing homelessness.

USICH, CDC, et al., 2014

Improve Health and Stability

Objective 7

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

Logic

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. These include people living with chronic diseases and disabling conditions. The integration of housing with services is increasingly identified as a way to address complex health care needs that overlap with vulnerabilities associated with race and gender, extreme poverty, HIV/AIDS, mental illness, chronic substance use, incarceration, and histories of exposure to trauma and violence, as well as homelessness.

For example, housing status has been identified as a key structural factor affecting access to treatment and health behaviors among people living with HIV/AIDS. Research shows that housing assistance is associated over time with reduced HIV risk behaviors and improved health care outcomes, controlling for a wide range of individual characteristics (poverty, race/ethnicity, substance use, and mental illness) and service use (primary care, case management, substance use, and mental health treatment) variables. Housing assistance coupled with health care has been shown to decrease overall public expense and make better use of limited public resources, such as emergency rooms and hospitals.

Prior to the Affordable Care Act, Medicaid eligibility was primarily limited to pregnant women, families with dependent children, people with disabilities, and/or the elderly. The Affordable Care Act gives states the option to extend Medicaid eligibility to all people under the age of 65 with household income below 133 percent of the Federal Poverty Level regardless of household composition or disability status. In expanding Medicaid, many people experiencing homelessness have gained coverage. The law has also provided new opportunities for innovation in care and services delivery, emphasizing greater care coordination and a focus on "whole person" needs.

Medical respite programs—acute and post-acute medical care for people experiencing homelessness who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to stay in a hospital—have been shown to be a cost-effective alternative to longer term hospitalization or rehabilitation centers and nursing homes for people without stable housing. These programs result in improved health outcomes over directly discharging patients to the streets or shelters and can help facilitate connections to permanent housing.

Integration of behavioral health care with physical health care is another promising practice for people with complex needs. This is particularly true for individuals with serious mental illness, chronic substance use, and traumatic brain injuries.

There is a growing consensus among HIV/AIDS experts that housing interventions are among the most promising structural HIV prevention interventions. Preventing a new HIV infection in the U.S. saves over $300,000 in discounted lifetime medical costs, and substantially improves life expectancy.

(Purcell, D.W., 2009; Auerbach, 2009; Gupta, 2008; Schackman, B., 2006)

SAMHSA's Center for Substance Abuse Treatment and Center for Mental Health Services funds Cooperative Agreements to Benefit Homeless Individuals for States (CABHI-States). The purpose of this jointly funded program is to enhance or develop the infrastructure of states and their treatment service of Veterans experiencing homelessness or chronic homelessness and other individuals who experience chronic homelessness.

For people experiencing homelessness and other vulnerable populations there is a need to integrate health care with social services like case management, linkage to emergency financial resources, budgeting and financial management, family services, as well as addressing legal needs. For example, youth experiencing homelessness may need crisis counseling, family reunification services, rent assistance, and landlord interventions. Managed care, health homes, and other innovations in health care delivery and financing present new opportunities for integrating health and social services for vulnerable populations.

Homelessness can be particularly traumatizing for children and youth. Many children experiencing homelessness have poor health outcomes and often develop educational deficits as their schooling is disrupted by frequent moves, setting them on a path to underachievement in school, academic failure, and limited employment opportunities. Often prenatal, early childhood development, and other programs focused on children and youth are not readily available to families experiencing homelessness, nor are they set up to handle these special needs. Increased access needs to be paired with expectations that federally-funded programs will effectively meet the developmental needs of children who have experienced homelessness. Youth experiencing homelessness have high rates of health and behavioral health challenges, including trauma from the experience of homelessness, family separation, as well as experiences of interpersonal violence. There are a number of evidence-informed practices that can be implemented to address the effects of trauma, support improvements in overall functioning, and strengthen resilience. In addition, child welfare system reform is increasing the availability of and investments in preventive services and interventions that can be coordinated with homeless services and housing.

Federal Leadership

Health and Human Services, Housing and Urban Development, Veterans Affairs, and USICH

Partners

State Health and Human Services Agencies, Counties, Homeless Crisis Response

Strategies

Encourage partnerships between housing providers and health and behavioral health care providers such as health centers to co-locate, coordinate, or integrate health, behavioral health, safety, and wellness services with housing and create better resources for providers to connect patients to housing resources.

Build upon successful and test new care and service delivery models to provide services in the homes of people who have experienced homelessness, including Medicaid-funded Assertive Community Treatment Teams and Home and Community Based Services for those with behavioral health needs. HHS will continue to provide innovation grants that test new models.

Apply lessons from evaluations of the Medicaid Health Home option to inform efforts to integrate health care and social services for people with chronic conditions experiencing homelessness.

Sharayna was first profiled in the release of Opening Doors in 2010 at the age of 22. She said that during her time surviving abuse and living on the streets, she felt like there wasn't a single adult who cared about her. After achieving housing stability, Sharayna shared her experiences and ideas on helping other youth in similar situations. She conveyed that seeing a group of adults in her community and the government working to help youth like her motivated more than ever to let others know about the support available to them. She also wanted to stay involved and see results come from the Plan.

Sharayna continues to advocate for the needs of youth around her. She is currently enrolled in school and employed as a security guard. She has her own apartment. Sharayna hopes to pursue a career in law enforcement or criminal justice, where she aims to make connections with youth and support them on a path to stability.

Seek opportunities to increase the availability of medical respite programs in communities to allow hospitals to discharge people experiencing homelessness with complex health needs to medical respite programs that can help stabilize their medical conditions and assist them to access or return to safe and stable housing.

Ensure that people experiencing homelessness have access to expanded behavioral health services under the Affordable Care Act, including substance use disorder treatment services.

Promote the adoption and integration of evidence-based Medicaid behavioral health services for children and youth, including intensive care coordination, peer services, intensive in-home services, mobile crisis and stabilization services, and other home and community-based services.[64]

Expand access to evidence-based maternal, infant, and early childhood home visiting services for families and pregnant women, and promote integration of these services with housing.

Increase awareness of child and youth development and strategies to support healthy child and youth development within housing programs.

Leverage opportunities in child welfare reform to expand evidence-based preventive services, and promote their coordination with homeless services and housing.

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

Logic

The needs of unaccompanied youth who become homeless are distinct from those of adults or families experiencing homelessness. Young people are still emotionally, socially, and physically developing. They often have little or no work experience when they become homeless. They also face many barriers to enrolling, attending, and succeeding in school including: lack of basic needs such as food and healthcare; lack of access to school records and other paperwork; difficulty accumulating course credits due to frequent school mobility; and, lack of transportation.[65] A unique set of strategies is required to end homelessness for this population. An overarching and sustained commitment to achieving core outcomes for youth experiencing homelessness—stable housing, permanent connections, education/employment, and social-emotional well-being—will be critical to realizing the goal of ending youth homelessness.

Federal Leadership

Education, Health and Human Services, Housing and Urban Development, Labor, Justice, and Veterans Affairs

Partners

States Health and Human Services Agencies, Counties, Cities, and Homeless Crisis Response, Housing and Service Agencies

Strategies

The Lesbian, Gay Bisexual, Transgendered, and Questioning (LGBTQ) Youth Homelessness Prevention Initiative is a two-year pilot project aimed at preventing homelessness among LGBTQ youth and to intervening early when homelessness does occur. The two participating communities—Hamilton County (Cincinnati, OH) and Harris County (Houston, TX)—have collaboratively developed and are implementing strategic plans to improve the four core outcomes for LGBTQ youth in the Framework for Ending Youth Homelessness: stable housing, permanent connections, employment/education, and well-being.

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 supports, income supports, and health coverage prior to discharge.

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.

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.

Obtain more comprehensive information on the scope of youth homelessness by improving counting methods; better coordinating and disseminating the information collected by different programs and systems; and conducting new research to expand and improve our understanding of the problem.

Build an evidence base of and bring to scale the most effective interventions for the different subsets of youth experiencing homelessness. Refine the preliminary intervention model, conduct additional research on effective interventions, and strengthen the capacity of youth-serving organizations to implement the most effective interventions.

Improve access to emergency assistance, housing, and supports for historically underserved groups of youth. Such groups include youth who have been involved in the juvenile justice and/or child welfare systems; sexually exploited youth; LGBTQ and other gender-non-conforming youth; pregnant or parenting youth; and youth with mental health needs.

Opening Doors **GOAL**

ENDING HOMELESSNESS AMONG YOUTH IN 2020

In 2012, Council member agencies developed a Framework for Ending Youth Homelessness, which calls for improving knowledge and understanding of the prevalence and needs of youth experiencing homelessness while also building community capacity to respond. A Preliminary Intervention Model called for the alignment of programs and services for youth experiencing homelessness to focus on four core outcomes: stable housing, permanent connections, education and employment, and well-being.

The Framework guides the Council's strategies and actions to prevent and end homelessness among youth. These include:

Opening Doors **GOAL**

- Breaking down silos between programs and services that serve youth who are experiencing or at-risk of homelessness by integrating or coordinating Federal data systems that collect information on youth experiencing homelessness.
- Pursuing and supporting research to increase understanding about the scale and nature of youth homelessness.
- Improving the accuracy of counting youth in PIT counts of homelessness by publishing youth-specific methodology based on promising practices identified and tested in some communities.
- Expanding and testing new programs and services for youth experiencing homelessness, promoting coordination and exchange of knowledge and best practices between existing programs and services, and increasing their alignment with four core outcomes.
- Developing approaches that serve vulnerable sub-populations of youth, including LGBTQ youth, pregnant and parenting youth, youth involved with juvenile justice and foster care systems, and survivors of sexual trafficking and exploitation.

Objective 9

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

Logic

People with serious behavioral health conditions who are homeless are often incarcerated when they cannot get the care and treatment they need. People with behavioral health conditions experiencing homelessness also frequently end up in the emergency room and hospitalized. These are interventions that lead to higher costs without improved outcomes. Effective targeted interventions, outreach, discharge planning, and diversion programs are proven to help keep people out of emergency rooms, hospitals, and jails and to connect people to housing, support, or for those who need it, supportive housing.

States are recognizing that a small subset of their Medicaid beneficiaries cause a disproportionate share of health care spending. These high or "super" utilizers of Medicaid services typically have complex health challenges that are not served well by traditional approaches to care. Many of these high need, high cost individuals are people experiencing homelessness. For these individuals, permanent supportive housing models have been shown to be effective in improving health outcomes while lowering costs.

Criminally punishing people for living in public when they have no alternative violates human rights norms, wastes precious resources, and ultimately does not work.

Maria Foscarinis
National Law Center on Homelessness and Poverty

People living on the streets, in cars, or staying in emergency shelters are often ticketed or arrested for activities that may be necessary for survival on the streets. As a result, they end up with a long list of violations that can become a barrier to employment or securing an apartment. Local communities have adopted a range of ordinances in response to citizen and business concerns about panhandling, loitering, and camping on public land. Criminalizing acts of survival is not a solution to homelessness and results in unnecessary public costs for police, courts, and jails. Development of alternative approaches should meet both the public's need for access to public streets, parks, and recreation areas and the ability of people experiencing homelessness to meet basic needs.

Originally a fisherman from Michigan, Timothy ('Popeye') experienced homelessness for 15 years in Pasadena, California. Popeye was affected by physical and mental health conditions, which led to numerous hospital stays. A particularly difficult stay came after Popeye was struck by a car and retained no memory of the incident.

After consistent engagement and work to build trust, Popeye's new case manager from Housing Works was able to connect Timothy with a new permanent supportive housing program.

In addition to finding his own apartment, Popeye utilized the services of Housing Works to enroll in Medicaid, get approved for Supplemental Security Income, connect to health services, and learn to manage his finances. In December 2014, he celebrated his two-year anniversary in his apartment. As Popeye put it, "It's a different world" from living on the streets.

USICH participates in the Federal Interagency Re-entry Council, which is supporting and evaluating promising practices for facilitating successful community reintegration for people returning from jails, prisons, and juvenile justice facilities. New programs authorized by the Second Chance Act are supporting state and local re-entry demonstration projects around the country, including permanent supportive housing models focused on people who have frequent contact with corrections and homeless services. These programs and other effective re-entry initiatives help to prevent and end homelessness.

Federal Leadership

Defense, Health and Human Services, Housing and Urban Development, Justice, Labor, Veterans Affairs, and Office of Management and Budget

Partners

States Health and Human Services Agencies, Counties, Cities, Law Enforcement, Criminal Justice Systems, and Homeless Crisis Response, Housing and Service Agencies

Strategies

Ensure that discharge planning and re-entry from hospitals, VA medical centers, psychiatric facilities, jails, and prisons are connecting people to housing, health and behavioral health support, income and work supports, and health coverage prior to discharge.

Promote targeted outreach strategies to identify people 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.

Encourage the adoption of housing strategies as part of state and community efforts to improve re-entry from prison and jail. Support DOJ's Second Chance Act grants to incorporate housing strategies.

Encourage states to link housing assistance with care management approaches for people experiencing homelessness identified as Medicaid high utilizers. States pursuing initiatives focused on high need, high cost Medicaid beneficiaries can identify homeless sub-populations through data matching with HMIS, as well as link care management services with housing.

Increase the number of problem solving courts at the state and local levels that are linked to housing and support including courts specifically for Veterans, those experiencing homelessness, or people with mental health issues or substance use disorder.

Reduce criminalization of homelessness by defining constructive approaches to unsheltered homelessness and considering incentives to urge cities to adopt these practices.

Retool the Homeless Crisis Response System

Objective 10

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

Logic

Historically, people experiencing homelessness have had to navigate an uncoordinated set of services and programs to obtain assistance to end their homelessness. Moreover, many of the programs and services that were available were oriented towards managing the symptoms or experience of homelessness; permanent housing was only offered at the end of a linear process and/or after the achievement of particular behavioral milestones.

Over the past several years, communities have shifted their approach towards a crisis response system focused on ending, not managing homelessness. This crisis response system involves the coordination and re-orientation of programs and services to a Housing First approach that emphasizes rapid connection to permanent housing, while mitigating the negative and traumatic effects of homelessness. An effective crisis response system:

- Identifies people experiencing or at-risk of experiencing homelessness
- Prevents homelessness whenever possible
- Provides immediate access to shelter and crisis services without barriers to entry, as stable housing and supports are being secured
- Quickly connects people who experience homelessness to housing assistance and/or services tailored to the unique strengths and needs of households and which enable them to achieve and maintain permanent housing

In an effective crisis response system built upon Housing First principles, homeless outreach is coordinated as well as collaborative. Outreach providers coordinate with one another to ensure full community coverage, connect people to local coordinated assessment processes, connect people to needed health care and emergency services, and work as part of a system for connecting people to stable housing using a Housing First approach. Outreach must also coordinate with programs that assist people experiencing homelessness, such as Health Care for the Homeless programs and youth drop-in centers. Also critical is collaboration with and "in-reach" into other settings and service sectors outside of traditional homeless services like hospitals, correctional institutions, child welfare agencies, and schools.

People experiencing homelessness and/or at-risk of experiencing homelessness can be assisted to obtain or maintain permanent housing while avoiding entry into shelters. Prevention and diversion assistance may include a combination of financial assistance, mediation, housing location, legal assistance, or other supports—many of which can be provided by mainstream systems (or programs) within the community.

A significant role of the crisis response system is to connect people experiencing homelessness to housing and services options that are appropriate to their needs.

In a crisis response system, emergency shelter with stabilization services is readily available to provide immediate safety and address immediate crisis needs. Shelter services also emphasize rapid connection to appropriate permanent or stable housing. Stabilization services may include access to school or early childhood care and learning, public benefit programs, employment services, reunification services, and/or health care, including substance use and mental health services. For survivors fleeing domestic violence, specialized shelters and services should also be available within the local crisis response system.

An effective crisis response system also includes rapid re-housing, which is designed to quickly exit households from homelessness and return them to permanent housing. Households receiving rapid re-housing are provided housing identification services, including landlord recruitment and ongoing engagement, rent and move in assistance, and tailored case management that connects households to necessary mainstream resources within the community. Preliminary evidence shows that rapid re-housing, when combined with connections to appropriate mainstream resources, can successfully end homelessness for many families and individuals who do not need intensive and ongoing financial and service supports, and in comparison to transitional housing, is a more cost-effective housing intervention.

Transitional Housing programs have traditionally been used to provide services to people experiencing homelessness to prepare them to move into permanent housing. Rapid re-housing is less expensive than transitional housing and may be better suited for families who need short term assistance to re-stabilize. Supportive housing may be better suited for families with intensive, long-term service needs who may need more time to stabilize. Transitional housing may fill a need for households with more intensive, but not long-term, service needs. This may include youth and young adults, who benefit from a more supportive living environment, survivors of domestic violence or other forms of severe trauma who feel unsafe or unprepared to live on their own in the community, or some people in recovery from substance use disorders who are seeking a sober environment. Transitional housing may also benefit certain households who need more time in a program while they work to overcome severe challenges that they face identifying and securing permanent housing. To be effective, transitional housing should have few, if any, barriers to entry and connect people to permanent housing as quickly as possible. In some instances, short-term (sometimes referred to as "interim" or "bridge") housing as an alternative to shelter may be needed for people who are awaiting placement into permanent housing. Some communities are retooling their transitional housing portfolios to include transition in place models that resemble a rapid re-housing approach, which allow households to move into permanent housing with transitional supports that end when no longer needed.

Beyond housing, individuals and families may need a range of community-based benefits and supportive service to achieve stability, and improve income, education, and well-being. Crisis response systems connect people to needed community-based and mainstream services, and assist them to navigate these services while also en-

suring rapid connection to permanent housing. Critical time intervention is an evidence-based approach to helping individuals and families exiting homelessness create a wrap-around system of care comprised of community-based services.

Coordinated entry is an important process through which people experiencing or at risk of experiencing homelessness can access the crisis response system in a streamlined way, have their strengths and needs quickly assessed, and quickly connect to appropriate, tailored housing and mainstream services within the community or designated region. Standardized assessment tools and practices used within local coordinated assessment processes take into account the unique needs of children and their families as well as youth. When possible, the assessment provides the ability for households to gain access to the best options to address their needs, incorporating participants' choice, rather than being evaluated for a single program within the system. The most intensive interventions are prioritized for those with the highest needs. Effective coordinated entry systems have the training and capacity to engage in a trauma-informed way and identify survivors of domestic violence. Successful systems also offer safety planning, advocacy, and access to specialized services that address the safety concerns of individuals or families fleeing domestic violence.

Federal Leadership

Agriculture, Education, Health and Human Services, Homeland Security, Housing and Urban Development, Justice, Labor, Veterans Affairs, and Office of Faith-based and Community Initiatives

Partners

States, Counties, Cities, Communities of Faith, Health and Human Services Agencies, School Districts, and Homeless Crisis Response, Housing and Service Agencies

Strategies

Assist communities to transform homeless services to crisis response systems through guidance and best practices, including adoption of community-wide Housing First approaches, homelessness prevention and diversion, collaborative approaches to outreach, McKinney-Vento Homeless Assistance Act performance measurements, and system-wide planning for programs and services.

HHS' *Housing and Shelter Provider's Guide to Developmental and Behavioral Screening* was developed to help providers better serve the developmental and behavioral health of children under five for families experiencing homelessness; it will also help providers facilitate referrals for further screening and evaluation of young children when required.

Encourage the coordination of homeless services funded by different Federal, state, and local sources and for different populations, including through the integration and sharing of HMIS and other data systems as well as through collaborative planning and services coordination.

Provide guidance and tools regarding emergency shelter standards and operations, including the simplification and reduction of entry requirements, alignment with fair and equal access guidelines, assessing child development issues, avoiding the involuntary separation of families, and Housing First.

Encourage communities to assess and retool transitional housing programs. Communities should reduce barriers to entry and also consider conversion or reallocation of resourc-

HHS issued an Information Memorandum to TANF Administrators outlining the use of TANF funds to serve families experiencing homelessness. The TANF IM emphasizes the importance of addressing family homelessness using this mainstream resource.

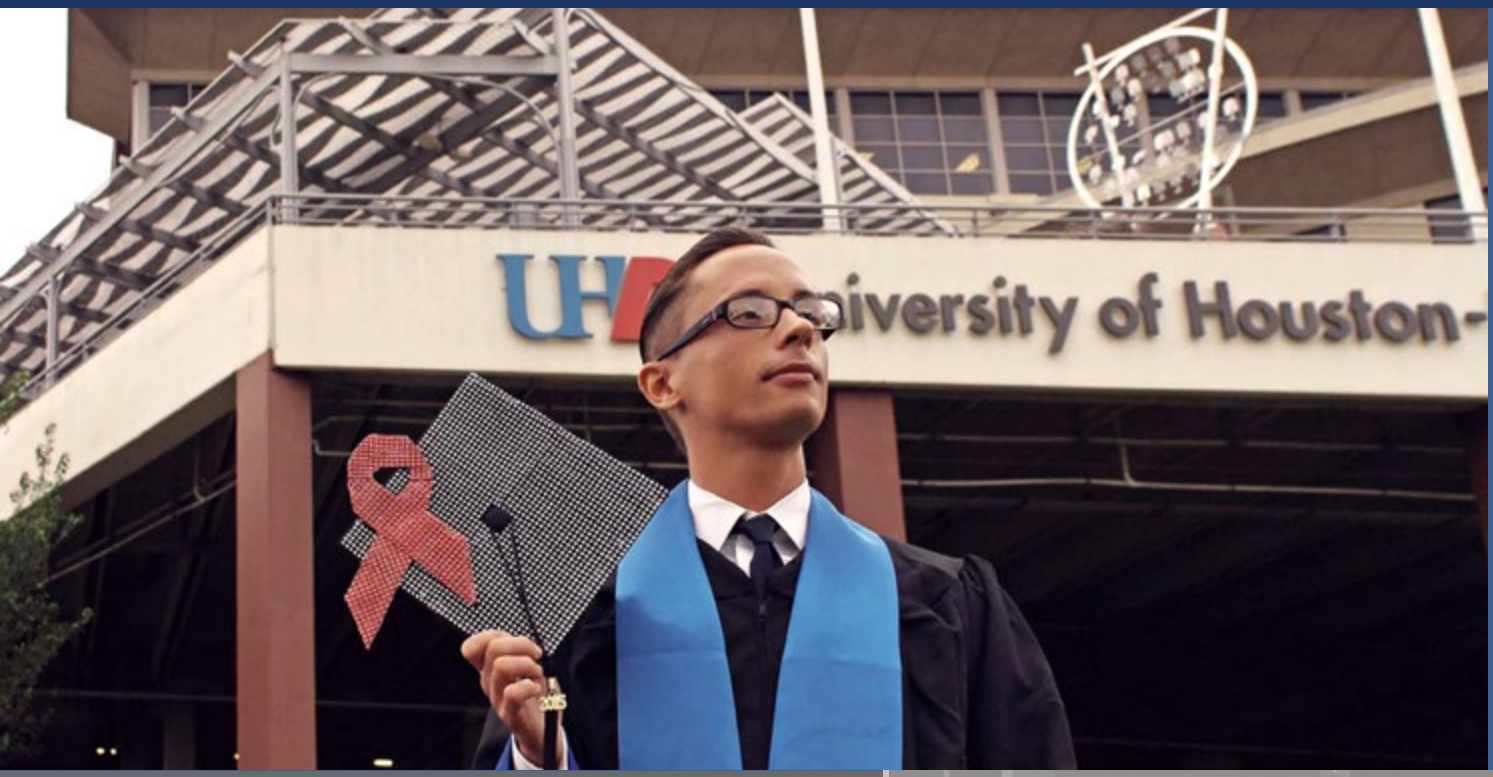
es to cost-effective alternatives like permanent supportive housing, rapid re-housing, crisis or interim housing, or transition-in-place models. They should reserve the use of long-term transitional housing for people with acute service needs that are likely to resolve within two years, or who face the most severe challenges to finding housing.

Ensure that homeless services are coordinated with the EHCY program and that collaboration with local educational agencies and schools occurs to identify and respond to the housing, developmental, educational, and service needs of children and youth experiencing homelessness, reducing their unnecessary school mobility whenever possible.[66]

Provide guidance and technical assistance on implementation of coordinated entry systems, including assessment, triage, centralized or coordinated housing referral systems, youth-specific assessments, and coordination with mainstream programs and services.

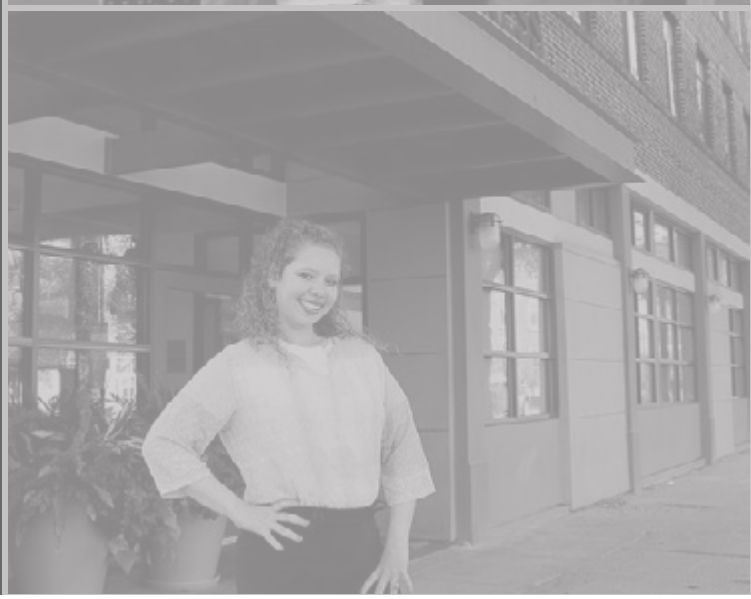
Encourage connection to Federal mainstream resources that could support the crisis response system, such as TANF, Community Services Block Grants (CSBG), Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), Medicaid, and other programs.

Provide guidance and technical assistance to assist communities to implement rapid re-housing, drawing upon knowledge gained from HPRP and SSVF implementation and studies of effectiveness.



In August 2010, at the age of 18, **Kristopher** wandered into the University of Houston-Downtown to find a restroom and some air conditioning. During his visit he also found that he was eligible for a full tuition waiver, able to register for classes, and could obtain financial aid—because of the time he'd spent in the foster care system. Shortly thereafter he was able to rent his first apartment. In May 2015, Kristopher graduated from UHD with a Bachelor of Science in Social Work.

Today, Kristopher is a social worker and homeless youth advocate. "I am a product of community investment. [It]took a community to save me from the streets, and it will take society's investments into the lives of our most vulnerable youth to end youth homelessness."



Accountability and transparency are two of the Administration's priorities in developing good government practices. This section describes the impact that this Plan aspires to achieve in preventing and ending homelessness. The Council will use performance measurement and management tools and provide the public with reports that monitor the progress toward the goals of the Plan and the contributions of the 19 Council agencies. This section also summarizes the Council's approach to implementing the plan, along with highlights of Federal initiatives underway that align with the Plan.

The Council has set targets to which the country should aspire. By setting bold targets, the Plan will catalyze efforts to prevent and end homelessness in America. The Plan calls for an alignment of Federal, state, local, and private resources with four key goals:

- Prevent and end homelessness among Veterans in 2015
- Finish the job of ending chronic homelessness in 2017
- Prevent and end homelessness for families, youth, and children in 2020
- Set a path to ending all types of homelessness.

Much of the demonstrated success to date is attributable to setting clear and measurable goals and documenting progress toward these goals. By doing so, we have demonstrated that ending homelessness is achievable. Working together, we will continue to harness public and private resources—consistent with principles of "value for money"—to finish the effort started by mayors, governors, legislatures, nonprofits, faith-based and community organizations, and business leaders across our country to end homelessness. *Opening Doors* has created a clear path to get there.

Impact

Reductions in the number of Americans experiencing homelessness are the ultimate measure of this Plan's success. As stated in the operational definition, ending homelessness requires a systematic response at the community level to ensure that homelessness is prevented whenever possible, or when it cannot be prevented, is rare, brief, and non-recurring. This Plan continues to guide a fundamental shift in how the Federal government and communities across the country respond to homelessness. To prevent and end homelessness, targeted programs must be fully integrated with mainstream programs that provide housing, health, education, income supports, job skills and connection to jobs, and human services. This Plan urges agencies that operate relevant mainstream programs to consider the role of housing stability for people experiencing or at risk of homelessness, and assist them to obtain housing. People experiencing homelessness should have access to affordable housing, access to treatment, and the vocational support they need to remain in housing.

Achieving targeted reductions in homelessness requires a collective effort focused on solutions. This Plan is a call for continuing and sustained collective action. No level of government can or should do this alone. The success we have achieved and will continue to achieve requires the collaboration and organization of federal, state, tribal, and local governments to execute these strategies effectively. Implementation requires leadership at

all levels and partnerships between the public and the private sector, building on effective partnerships where they exist, and forging new partnerships where they are needed.

To attain value for money, agencies and communities alike must direct resources towards evidence-based and cost-effective solutions like permanent supportive housing, Housing First, and rapid re-housing, and away from models and programs that are outdated, unsupported by evidence, or are not cost-effective. Agencies must use data to measure and improved program performance and quality. These practices bolster the case for adequate resource investments to bring solutions to scale.

Context

The Plan addresses each facet of policy that is related to homelessness with an intergovernmental and interagency approach. The Plan adopts a comprehensive approach in its goals and strategies in relation to the multiple variables involved in causing homelessness, which vary by population and geography. However, the convergence of economic, political, and policy factors that are out of the Council's purview can significantly impact the roadmap presented in this Plan. The decline and rise in homelessness will vary as the result of actions that are more within our collective control, as well as factors well beyond our control. For example, homelessness among families had been increasing due to foreclosures and the recession, and is more recently on a slight downward trend possibly related to more positive economic indicators.

In 2010, we found ourselves at a critical economic moment. The recession gave rise to the number of individuals and families who had fallen victim to homelessness, with shrinking budgets making fewer resources available for the provision of supports to meet a growing need. In 2015, the economy continues to get stronger, but the benefits of recovery are distributed unevenly. People at the lowest end of the economic spectrum face greater challenges than ever.

We remain at a critical policy moment. Following four years of Plan implementation, we are seeing reductions in homelessness across all populations, giving confidence that *Opening Doors* is the right plan with the right objectives and strategies. The areas of the plan with the greatest investments have yielded the strongest outcomes. Through the alignment of programs across agencies, we have moved the needle on homelessness. There is unprecedented collaboration among housing, human services, and health care agencies. Mainstream resources and programs like TANF and Medicaid are being leveraged to help this work. Housing First has evolved from a program model to a community-wide approach and guiding principle. First through the Recovery Act's Homelessness Prevention and Rapid Re-Housing Program, and now through VA's Supportive Services for Veteran Families and HUD's Homeless Assistance Grants, rapid re-housing has fundamentally changed the way communities respond to people who are homeless or at risk of becoming homeless, namely, by helping them to avoid or resolve their homelessness quickly through rapid connection to permanent housing rather than allowing homelessness to persist. The implementation of the Affordable Care Act is helping our efforts to prevent and end homelessness, particularly in states that are choosing to expand their Medicaid programs.

The Affordable Care Act is providing people experiencing homelessness with access to health care and social services that can improve well-being and support housing stability.

We are also at a critical political moment in our efforts to end homelessness. Momentum at the local level is extraordinary and growing. states and communities have developed their own plans to end homelessness with strategies and goals aligned with *Opening Doors*. Through a national campaign, more than 100,000 vulnerable people experiencing homelessness have been provided with permanent housing. Hundreds of mayors, governors, and county executives have signed on to a challenge to end homelessness among Veterans in 2015.

During the initial development of the Plan, we heard a clear call from all stakeholders for further Federal leadership and partnership. As we amended the plan in 2015, that call was equally strong. The same collaboration between Republicans and Democrats that led to the passage of the HEARTH Act in 2009 is once again needed. We have the opportunity to finally realize the goal that was led by a bi-partisan effort in 2002—to end chronic homelessness once and for all. Now is the time to end homelessness across all populations including families, youth, children, and Veterans.

Measures

Three population-specific measures mark progress toward the first three goals of the Plan:

- Annual changes in the number of individuals experiencing chronic homelessness
- Annual changes in the number of Veterans experiencing homelessness
- Annual changes in the number of families with children experiencing homelessness

Council agencies are taking concerted steps to improve data and track progress on homelessness among unaccompanied youth. As a top line measure for the Plan, USICH will use the HUD *Annual Homeless Assessment Report to Congress* (AHAR) Point-in-Time measures. The HUD AHAR data is the most consistent and reliable national measure of homelessness covering three population groups, thereby providing direct comparisons. The PIT count shows how many people experience homelessness, including people who are unsheltered and those who are served in emergency shelter and transitional housing. HUD's annualized counts of homelessness do not include unsheltered persons. The HUD AHAR measures are not inclusive of all people experiencing homelessness served by other Federal targeted programs. A reduction in the sheltered and unsheltered population will likely signify reductions in homelessness overall.

USICH is committed to monitoring multiple measures of people experiencing homelessness including ED data on homeless school-age children and data from the VA on homeless Veterans. Broader economic indicators around poverty and the gap between housing costs, incomes, and available affordable housing, such as HUD's data on Worst Case Housing Needs, will be tracked in order to understand the larger societal and economic factors that will impact rates of homelessness.

USICH monitors plan implementation through an internal performance management process that tracks progress on the Plan's 10 objectives using quantitative measures of performance, as well as qualitative milestones on plan strategies.

For example, USICH works with HUD to track the number of permanent supportive housing units created through HUD's Continuum of Care program, as well as the number of projects that prioritize people experiencing chronic homelessness. VA and HUD report on the number of Veterans placed into permanent housing. Council agencies review and report semi-annually on their strategies to achieve the four goals of *Opening Doors*.

Implementation

This Plan articulates the objectives and strategies needed to make significant progress in preventing and ending homelessness during the period that began with the Federal fiscal year FY 2010, through FY 2020. Activities undertaken in the Administration and activities proposed in the Administration's FY 2015 Budget are included in the Plan. Most strategies are being executed while others have required more significant policy work thus necessitating more time before implementation begins and results are realized.

The Federal government is committed to helping states and local communities identify the most promising practices, support replication of demonstration efforts to validate their effectiveness, and once proven, promote broader knowledge and adoption.

USICH provides Federal leadership to realize the goals of the Plan. The table below and on the following page summarizes the involvement of Council agencies in the Plan's 10 objectives. State, tribal, and local governments, as well as the private sector, have a major role to play if we are to achieve all objectives.

USICH Member Involvement in Plan

OBJECTIVES	1	2	3	4	5	6	7	8	9	10
USICH MEMBERS	Promote Collaborative Leadership	Strengthen Capacity and Knowledge	Provide Affordable Housing	Provide Permanent Supportive Housing	Increase Employment	Reduce Financial Vulnerability	Integrate Health Care with Housing	Advance Health and Housing Stability for Youth	Advance Health and Housing Stability for Adults	Transform Crisis Response Systems
Department of Agriculture	•	•	•		•	•				•
Department of Commerce	•	•								
Department of Defense	•								•	
Department of Education	•	•			•	•				
Department of Energy	•		•							
Department of Health and Human Services	•	•		•	•	•	•	•	•	•
Department of Homeland Security	•	•				•				•
Dept. of Housing and Urban Development	•	•	•	•	•	•	•	•	•	•
Department of Interior	•	•								

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Department of Justice	•	•		•				•	•	•
Department of Labor	•	•	•	•	•	•			•	•
Department of Transportation	•		•							
Department of Veterans Affairs	•	•	•	•	•	•	•	•	•	•
Corp. for National and Community Service	•	•								
General Services Administration	•		•	•						
Office of Management and Budget	•	•	•	•	•	•			•	
Social Security Administration	•	•				•		•		
U.S. Postal Service	•									
White House Office of Faith-based and Community Initiatives	•	•								•

Targeted Homeless Programs

EDUCATION	Education for Homeless Children and Youth Grants for State and Local Activities
GSA with HHS and HUD	Federal Surplus Real Property Program
HEALTH AND HUMAN SERVICES	Mental Health and Substance Abuse Treatment Programs (includes Grants for the Benefit of Homeless Individuals, Cooperative Agreements to Benefit Homeless Individuals for States, and Services in Supportive Housing Grants) Health Care for the Homeless Program Programs for Runaway and Homeless Youth Projects for Assistance in Transition from Homelessness
HOMELAND SECURITY	Emergency Food and Shelter Program
HOUSING AND URBAN DEVELOPMENT	Emergency Solutions Grant Program Continuum of Care Program HUD-Veterans Affairs Supportive Housing (HUD-VASH) Rural Housing Stability Assistance Program Section 8 Single Room Occupancy for Homeless Individuals
JUSTICE	Transitional Housing Assistance Grants for Victims of Sexual Assault, Domestic Violence, Dating Violence, and Stalking Program
LABOR	Homeless Veterans Reintegration Program
VETERANS AFFAIRS	Domiciliary Care for Homeless Veterans Program Grant and Per Diem Program Health Care for Homeless Veterans Program Homeless Veterans Dental Program HUD-VASH Supportive Services for Veterans Families Veteran Justice Outreach Initiative

After the house he shared with his father was sold following his father's death, Michael found himself without a stable place to call home. He split his time between sleeping outdoors and accessing emergency shelters. He also struggled with his use of alcohol.

"I became someone I thought I'd never be. In fact, I remember driving[…] and seeing all the homeless people waiting for a meal and a place for the night. I thought, those people have only themselves to blame, and I'll never be like that. But a year later, I was one of them."

Michael found assistance through Southwest Solutions, where he entered a vocational program, enrolled in an internship, and now has his own apartment. He is determined to become more self-sufficient, sustain his recovery and continue to give back. "I have a different perspective on life because of all I have been through…I have a lot more empathy now."

Cross-cutting Initiatives

The following list is illustrative, but not comprehensive, of activities under way that will help prevent, reduce, and end homelessness.

Expanding Access to Healthcare and Integration of Health and Housing

The Affordable Care Act furthers the Plan's goals by creating new opportunities to expand access to health coverage and improve care for a range of vulnerable populations, including people experiencing homelessness. These efforts include, but are not limited to: new options to expand Medicaid eligibility to persons with income up to 133 percent of the Federal poverty level; increased access to private health insurance coverage through the Health Insurance Marketplace; opportunities to integrate and streamline care for the elderly, persons with disabilities, and people dually eligible for Medicare and Medicaid; new Medicaid state plan options; and innovation/demonstration opportunities.

Expanding Access to Employment and Integration of Housing and Employment

The Workforce Innovation and Opportunity Act (WIOA) amends the Workforce Investment Act of 1998 and strengthens the workforce development system by clarifying that the central purpose is to support people with barriers to employment, which often includes individuals experiencing homelessness. WIOA will help ensure that people experiencing or at-risk of homelessness have improved access to employment opportunities by altering performance expectations to remove perceived disincentives for serving those with the greatest needs for support; and increasing local coordination and flexibility to meet the unique needs of individuals experiencing homelessness and regional job skill demand.

WIOA also bolsters opportunities for youth experiencing or at-risk of homelessness. The Act authorizes specific funding for youth employment programs from FY 2015 through FY 2020 and expands the definition of "out-of-school youth" to include individuals ages 16 to 24 who have dropped out of school and those who face extensive barriers to work or school. This approach aligns with the Federal Framework to End Youth Homelessness. By focusing youth program services on out-of-school youth and high school dropout recovery efforts, the Act will promote school engagement and employment, which are two core outcomes of the youth framework.

The Administration's FY 2016 Budget includes $5.5 billion in targeted homelessness programs across all Federal agencies; an increase of seven percent over FY 2015 enacted levels. Since the launch of *Opening Doors*, the Administration's budget requests have reflected a core tenet of the Plan, that to end homelessness, we must invest in what works: evidence-based solutions like Housing First, permanent supportive housing, and rapid re-housing.

With two young children and a third on the way, Sarah knew she had to flee her abusive boyfriend. She and her children headed across the country with nothing but a backpack full of clothes. When things did not work out as planned, she came to Northwest Assistance Ministries (NAM) in Houston, Texas. With HUD-funded rental assistance, Sarah found an apartment and enrolled her children in school. She is pursuing an education in nursing, a long-time dream of hers.

"Without this opportunity, we'd just be another struggling family," she says. "But with NAM's help, I can finish my nursing degree. It's giving me a chance to break the cycle, to not be a statistic, but to get my education and give the kids a stable home life."

The FY 2016 Budget was constructed through a careful analysis of the specific number of housing units needed to achieve an end to Veterans homelessness in 2015, chronic homelessness in 2017, and to make significant progress on ending homelessness among families, children, and youth in 2020, taking into account policy actions by Federal agencies to ensure that existing resources are being deployed as efficiently as possible. Notably, the budget provides $2.48 billion for HUD's Homeless Assistance Grants, $345 million above the 2015 enacted level. This funding supports new permanent supportive housing units, new rapid rehousing opportunities, and maintains more than 330,000 HUD-funded beds, which assist persons who experience homelessness nationwide. These resources, if appropriated by Congress will enable the nation to achieve the goal of ending chronic homelessness in 2017 through the creation of 25,500 new permanent supportive housing units and advance progress in ending homelessness among families by assisting 15,000 additional families through rapid rehousing. Further, the Budget also provides funding to restore approximately 67,000 vouchers lost in 2013 due to sequestration, including new vouchers to provide housing assistance to families, veterans, and tribal families experiencing homelessness, victims of domestic or dating violence, youth aging out of foster care, and families with children in the foster care system for whom assistance could facilitate reunification.

This Administration is modeling collaboration in several initiatives related to preventing and ending homelessness.

- HUD and the VA are working together to implement HUD-Veterans Affairs Supportive Housing (VASH) vouchers for Veterans who are homeless. HUD-VASH provides a critical resource that combines housing, health care, and services to support Veterans and their families in housing, recovery, and employment.
- The Secretaries of HHS and HUD are continuing their collaboration to better integrate the nation's housing, health, and human services delivery systems. The goal of the collaboration is to identify concrete opportunities in three related areas: homelessness, community living, and livable homes and communities. In addition, the collaboration is also working on increasing access to mainstream programs for those who are homeless or at risk of becoming homeless and partnering with ED to improve supports for children and youth experiencing homelessness.

Other Key Initiatives

What follows is a review of the efforts under way or under consideration over and above the cross-cutting initiatives described above. This summary is organized by the themes of the Plan objectives.

In order to increase leadership, collaboration, and civic engagement, the Plan focuses on providing and promoting collaborative leadership at all levels of government and across all sectors and strengthening the capacity of public and private organizations by increasing knowledge about collaboration, homelessness, and successful interventions to prevent and end homelessness. Over the past four years, Federal collaboration

around homelessness has reached unprecedented levels. Through a variety of interagency working groups and other collaborative processes, Council agencies work to plan concrete actions related to Plan implementation and achievement of goals. A number of states have also formed interagency collaborations modeled after the Council and are working to align policies and resources to end homelessness.

USICH and other agencies are directly engaging with state and community leaders and efforts both to advise them of Federal policies relevant to their work as well as to inform Federal policy. Specific actions for increasing leadership, collaboration, and civic engagement include:

- Since 2012, HUD and USICH have been implementing Dedicating Opportunities to End Homelessness, a place-based effort focused on leveraging mainstream housing opportunities in 10 communities.
- In 2014, recognizing the importance of local leadership in ending homelessness, HUD, VA, and USICH, together with First Lady Michelle Obama, launched the **Mayors Challenge to End Veterans Homelessness**, engaging and supporting mayors, governors, and county executives to commit to the goal of ending homelessness among Veterans in 2015. As of June 2015, 509 mayors, eight governors, and 145 county officials have signed on to this goal.
- The VA-led **25 Cities** effort is a collaborative effort with HUD and USICH to provide technical assistance to communities with high prevalence of homelessness to develop and implement coordinated entry systems to end homelessness among Veterans and people experiencing chronic homelessness.

In order to increase access to stable and affordable housing, the Plan's objectives focus on providing affordable housing and permanent supportive housing. Several specific Federal efforts are under way:

- Through guidance, messaging, and engagement of industry groups, HUD and USICH have encouraged public housing authorities to commit more of their resources to households experiencing homelessness. As a result, the proportion of new admissions going to families and households experiencing homelessness has been increasing, even in a time of shrinking resources.
- HUD has also been engaging and providing technical assistance to owners of HUD-assisted multifamily housing who receive Section 8 Project Based Rental Assistance (PBRA) to increase admission to households experiencing homelessness. With approximately 1.2 million apartments nationally, PBRA represents a significant affordable housing opportunity.
- Annual budget requests included in the President's Budget have been funded by Congress to expand the number of affordable housing units created through the HUD-VA Supportive Housing (HUD-VASH) program. Currently, there are 69,979 HUD-VASH vouchers awarded; another 10,000 vouchers will be awarded by HUD in FY 2015.
- Through policy incentives enacted through its Continuum of Care Program Notice of Funding Availability, HUD has encouraged communities to reallocate

Robin experienced chronic homelessness for three years before moving into DESC's Housing First building in 2011. Seeing the furniture and basics of her home, Robin found peace of mind and security knowing exactly where she would sleep every night. Most important was the key to her front door. Robin shared that when she experienced homelessness, nothing felt real or meaningful because she didn't have a key.

Before Robin's experience with homelessness took her from her desired path, she was a wife, an author and an active member of her community. She has now happily reclaimed her life. She works with the Emerging Advocates Program of the Washington Low Income Housing Alliance, which provides opportunities for people who have experienced homelessness or housing instability to build skills and gain support to effectively advocate for policy change.

funding from low performing or less cost-effective projects to evidence-based housing interventions. Through these incentives, HUD has increased the availability of permanent supportive housing without new resource investments. However, the national inventory of permanent supportive housing requires additional resource investments in order to achieve the goal of ending chronic homelessness. The President's FY 2016 Budget includes increased funding in HUD's Homeless Assistance Grants to create 25,500 new units of permanent supportive housing.

Significant work is needed to make affordable housing available to everyone who most needs it. While efforts are underway to increase access to mainstream housing resources, additional housing investments in the National Housing Trust Fund and in Housing Choice Vouchers are needed.

In order to increase economic security, the Plan's objectives focus on increasing meaningful and sustainable employment and improving access to mainstream programs and services to reduce people's financial vulnerability to homelessness. This is an area where improvements in the economy as a whole will help people experiencing homelessness find jobs, and help others avoid homelessness. Specific Federal initiatives that are under way include:

- DOL, HUD, and USICH are actively working to engage mainstream workforce systems and job centers to provide employment assistance to individuals and families experiencing homelessness.
- The enactment of the Workforce Investment and Opportunity Act of 2014 will create greater incentives for workforce systems to focus on vulnerable populations including people experiencing homelessness.
- SSA, HHS, VA, and USICH are promoting the broader adoption of key strategies for connecting people experiencing homelessness to SSI/SSDI benefits, including practices developed through the SOAR model.
- The continued implementation of the Affordable Care Act will lead to greater health insurance coverage for all Americans, and especially low-income households, thereby decreasing the risk of financial vulnerability due to catastrophic health care costs.
- Greater awareness of the categorical eligibility and priority of children experiencing homelessness for Head Start will increase child care opportunities for families to facilitate employment.

In order to improve health and stability, the Plan's objectives focus on integrating primary and behavioral health care services with homeless assistance programs and housing, advancing health and housing stability for youth aging out of systems such as foster care and juvenile justice along with people who have frequent contact with hospitals and criminal justice. There are several new initiatives and proposals on the Federal front, over and above the significant impact of health reform discussed above:

- More and more states are choosing to expand their Medicaid programs, thereby increasing the number of people experiencing homelessness that are eligible

for health insurance coverage. As of May 2015, 30 states including the District of Columbia have expanded their Medicaid programs.

- Following the publication of guidance and information resources, HHS is now encouraging and increasing the capacity of states to cover services in permanent supportive housing under Medicaid for people experiencing and at-risk of chronic homelessness.
- The Council agencies published and are now implementing the Federal Framework for Ending Youth Homelessness, which calls for improving data and knowledge on youth homelessness while increasing community capacity to respond. Forthcoming tools and resources will assist communities to align their programs around four core outcomes—stable housing, permanent connections, health and well-being.
- Since 2009, the Veterans Justice Outreach program has been conducting outreach to Veterans in the early stages of the justice system. In reaching out to Veterans early, the program intends to avoid unnecessary criminalization of mental illness and extended incarceration among Veterans.
- The Department of Justice, HUD, and USICH are collaborating on a new initiative to use a Pay-for-Success approach to create and test permanent supportive housing models for individuals with disabling conditions who have frequent contact with jails and homeless services.

In order to retool the homeless crisis response system, the Plan's objectives focus on transforming homeless services.

- Implementation of the HEARTH Act amendments to the McKinney-Vento Homeless Assistance Act, including HUD's recent release of guidance on McKinney-Vento Homeless Assistance Act performance measurements, is continuing and will drive the transformation of homeless services at the local level.
- USICH and other agencies will assist communities to adopt the key components of an effective response to family homelessness as outlined in Family Connection: coordinated assessment, tailored housing interventions like rapid re-housing and supportive housing, evidence-based models, and mainstream services.
- HUD has adopted incentives in the Continuum of Care Program funding competition to encourage communities to shift resources towards rapid re-housing and away from less cost-effective interventions.
- In March 2010, the VA rolled out a 24/7 hotline for homeless Veterans seeking housing and services across the United States. Agencies are promoting coordinated and collaborative approaches to outreach and engagement to rapidly identify and respond to homelessness particularly among people who are unsheltered or who cycle in and out of hospitals, jails, and other institutional settings.

Local communities across the country must work together to assess needed transformations in both collaboration and practice in order to realize this objective.

This remains a multi-year effort due to the breadth of the objectives and strategies. As such, it is important to constantly assess what is working and what is not, as well as to collect

data about impacts and where actions fall short of intended outcomes. Strategies and implementation plans must adapt to what is learned in future years. This is a long-term commitment and must be dynamic and timely, with a relentless focus on results.

Next Steps

USICH and the 19 members of the Council remain fully committed to implementation of the Plan. USICH continues to provide strategic guidance and oversight on implementation, convening Council agencies to develop concrete actions for implementation of all 10 objectives and achievement of all four goals, review progress, and ensuring accountability through performance management.

USICH will continue to publish an annual report to Congress that enumerates people served by Federal programs assisting those experiencing homelessness. The report also notes impediments to people accessing these programs and efforts made to increase access. The report covers activities and accomplishments across all USICH agencies, as well as accomplishments by the Council.

We continue to evaluate and monitor the efforts related to the achievement of *Opening Doors'* four goals targeting Veterans, families with children, youth, and chronic homelessness. These evaluations will look at both improvements for people served by these initiatives and how agencies collaborate to facilitate those improvements.

USICH is committed to accountability and transparency and will share information as it is available on its website: www.usich.gov.

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Margin Notes and Narratives

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13	Chart: "Housing Affordability in America by the Numbers." Data from *Out of Reach 2014*. National Low Income Housing Coalition.
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59	Narrative ("Kristopher") conducted by USICH.
65	Narrative ("Michael") used with permission from Southwest Solutions. Photo: Steve Palackdharry
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68	Narrative ("Robin") used with permission from the Downtown Emergency Service Center, Seattle, WA

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Endnotes

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