Program Name: **Ending Chronic Homelessness**

Your name and date: **Michael Johnson, Apr. 17, 2003**

Program evaluation template – this template is to be used as an evaluation tool during our program investigation. The questions are designed to assist in determining what elements of each program we want to consider for incorporation into our programs. Feel free to add additional notes as you use the template. This template is the foundation for your presentation about the program you have researched.

Program or Concept Purpose or Mission Statement:
The concept behind this plan is to restructure existing mainstream programs in order to provide chronically homeless people with access to full spectrum treatment and services. "The department believes that by linking affordable housing with treatment services, substantial and permanent reductions in the occurrence of chronic homelessness are achievable."

Principles or Values:
Health and Human Services recognizes that the current mainstream homeless service delivery systems provide chronically homeless individuals with only limited access to needed treatment and services. HHS believes that by providing improved access, coordination and prevention activities, chronic homelessness can be ended in a decade.

Program Structure or Key Points:
The HHS plan to end chronic homelessness begins by making the distinction between chronic, temporary and episodic homelessness: Approximately 80% of the homeless service users are temporarily homeless, 10% are episodically homeless, and 10% are chronically homeless (about 200,000 individuals annually). The basic structure of the plan is expressed as three goals and objectives:
Goal 1- Improve access to treatments and supports.
Objective: To expand the capacity of HHS programs to assist persons experiencing chronic homelessness.
Goal 2- Improve coordination at the federal, state and local levels.
Objective: Develop a framework for promoting collaboration in providing services to persons experiencing chronic homelessness at federal, state and local levels
Goal 3- Prevent additional chronic homelessness.
Objective: Promote programs and policies designed to ensure that persons returning to the community from institutional or other sheltered settings (including foster care) do not become homeless.
Promote programs and policies that address the service and housing needs of persons identified as at risk of housing loss who are currently participating in HHS assisted mainstream programs.

In order to achieve these goals, HHS had to first identify and define the characteristics associated with chronic homelessness. These are as follows:

1. **Disability** (85% of all chronically homeless individuals have one or more disabilities)
2. **Heavy use of services** (The chronically homeless subgroup uses 50% of the total shelter hours)
3. **Engagement with treatments** (Reluctance to interact with service providers.)
4. **Multiple problems** (Most chronically homeless people have more problems than any one program can address)
5. **Fragmented Systems** (No one service provider offers a comprehensive set of treatments and services)

Second, HHS had to identify the needs of chronically homeless individuals.

Finally, HHS had to determine which treatments and services were effective. These fall into two categories:

1. **Core services** (Include those which are needed to move people from the streets into housing and to stabilize their conditions. For example, alcohol and drug abuse services and mental health and counseling services)
2. **Supportive services** (Include those which are needed to reintegrate people into the community. For example, employment and legal services)

Having identified the characteristics of chronically homeless people, their needs, and which treatments and services are effective, the Work Group then chose 8 mainstream programs to study - based on their relevance to chronic homelessness. What they found was that none of the 8 programs was able to provide all the Core Services needed to help their client attain housing, let alone the supportive services needed to keep them there.
They also found that there was very limited coordination and communication between the programs, mainly due to privacy and eligibility issues.
The strategies HHS set forth in their report all focus on how best to restructure their programs in such a way as to ensure that chronically homeless people were able to get all their needs met through a single service provider, thereby maintaining a seamless continuum of care for their clients. (People who are being shuffled from one service provider to another, because of their many problems, tend to get frustrated and discouraged – then drop out altogether.)

How does the program define or measure success?
If this program is successful, all or a "significant percentage" of chronically homeless people will be housed, and remain housed, in a decade.

Describe a successful participant
A chronically homeless person who has managed to remain involved with any given program long enough to get into housing and remain there.

At what level would a participant enter the program?
Theoretically, a participant could enter the program at any level, or from any category of homelessness.

Does this promote a responsible and accountable lifestyle? How?

Yes, assuming clients can maintain a continuous relationship with a single case manager throughout their quest for housing, as well as after they are housed. I think that a "Seamless continuum of care" would mean for the client that they would receive much more guidance and support in making healthy choices. And, they would be held more responsible and accountable for their choices.

What would you change to make the program or concept more useful in our setting?
This is a difficult question to answer. The "Plan" HHS outlined in its report is still largely theoretical. At this stage the Department has identified problems and barriers to change within their own programs. They have also come up with some strategies to achieve their stated goals and objectives. But, the specific tactics they will use and what their programs will ultimately look like is as yet undetermined. However, I think that the work we are doing with our transition team, our client tracking, and especially the program approach we are taking with the Mary Isaac Center, all jibes well with the goals of HHS.

Additional Issues:

- **Staffing requirements**

The main thrust of the strategies in this report is not on adding new staff to HHS programs. Rather, it is to " Provide training and technical assistance for mainstream service providers on steps that can be taken to end chronic homelessness" And, "Establish a formal program of training for providers of services to persons experiencing chronic homelessness."

- **Aftercare**

HHS expresses the need to promote programs and policies that focus on the Core Services as well as the Supportive Services. Such as Life skills services, education and training services, legal services, employment services, etc.

- **Costs**

Since the strategies set forth in this report emphasize training, and the realignment of existing programs to focus on chronic homelessness, it sounds like much of the costs would be on the administrative end.

What pieces of this program or concept do you see useful for COTS
The concepts of offering clients a "comprehensive set of treatments and services" and maintaining a "seamless service delivery system" are both very attractive. I think that eventually, as the mainstream programs begin to implement the HHS plan, we will be able to look at what they have done and adopt some of their practices.

How do you see this working in our effort?
Again, I think we need to wait and see what comes of the plan.

What makes you uneasy about this program or concept?
Several things make me uneasy about this plan. First, it seems to me that the Secretary's Work Group spent a great deal of time gathering information and recommendations from homeless service providers, and very little time talking to the homeless themselves. The prevailing attitude at HHS seems to be that, if they can make all the changes necessary to bring the full range of homeless services within easy reach, chronically homeless people will make the choice to use them. I think HHS is ignoring the fact that a significant percentage of the chronically homeless population simply does not wish to be housed. Or perhaps more accurately, they are not ready or willing to put in the effort it will take to get and keep housing.

I know from my own experience that there are people out there that will not take advantage of service programs no matter how accessible they are, or how well they address their needs.

Sources: Ending Chronic Homelessness, Strategies for action
Department of Human Services
Report from The Secretary's Work Group on Ending Chronic Homelessness