

Beyond Chronic Homelessness: A Review of Statewide Plans

MARCH 2011

a National Survey policy report from ICPH

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NATIONAL SURVEY
OF PROGRAMS AND SERVICES
FOR HOMELESS FAMILIES

ICPH
— USA —
Institute for
Children, Poverty
& Homelessness
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Executive Summary

Many state-level plans to end homelessness are approaching their mid or endpoints and must accommodate upcoming policy changes signaled by the United States Interagency Council on Homelessness' 2010 release of *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. Hence, to inform and improve future implementation, the Institute for Children, Poverty, and Homelessness (ICPH) reviewed statewide planning efforts across the nation. ICPH found widespread rejection of the federal government's focus on reducing chronic homelessness in the interest of cost-effectiveness, with stakeholders preferring to include other vulnerable persons, such as families with dependent children. ICPH also identified key plan document and stakeholder factors for successful implementation.

Methodology:

Using Nationwide Experience to Inform Future Efforts

Between May and October of 2010, ICPH conducted 49 interviews with key stakeholders from all 28 states with statewide plans, interviewing one government employee and one nonprofit representative from each state when possible. Interviewees were selected based on their key roles in developing, implementing, and overseeing their state's plan and many serve in their state's interagency council or taskforce on homelessness. ICPH guaranteed respondents that their names and the names of their organizations would be kept confidential to encourage open dialogue and protect their professional relationships. To further safeguard interviewees' identities, state-specific data are included only to highlight best practices or present information from publicly available documents and all respondents were given the opportunity to review the report for identifying information prior to its release.

Selecting Target Populations:

Reflecting on the Need for Change Over Time

The key finding that emerged from the interviews was the near unanimous rejection by states of the federal government's emphasis on chronically homeless individuals, defined by the U.S. Department of Housing and Urban Development as unaccompanied individuals with a disabling condition who have been homeless for more than one year or who have had four or more episodes of homelessness in the last three years. Instead, 26 of the 28 states with plans chose to include other vulnerable persons, such as homeless families with dependent children, in their strategies to end homelessness. Respondents in the two states focused on chronic homelessness reported that their states' plans should be inclusive of all homeless families and individuals to reflect the demographics of homeless persons identified in their state.

Planning for Action:

The Importance of Setting Specific and Realistic Goals

To better serve all persons addressed in their state's plan, respondents recommended including measures to address the unique needs of each target population, such as those of families, veterans, youth, and persons at risk of homelessness. Targeted strategies are just one part of a detailed and realistic plan that allows stakeholders to utilize resources as efficiently as possible. Interviewees also recommended prioritizing goals and including timelines, numerical benchmarks, responsible parties, funding amounts, and funding sources.

Progress Reports and Updates:

Transparency and Flexibility are Key

Plans can be most effective when stakeholders publicly release reports on plan progress at least annually to respond to new developments and ensure accountability. These reports frequently quantify progress made

toward plan goals, list accomplishments in procuring funding and establishing programs, indicate reasons for stalled progress, and specify action steps government agencies and other stakeholders will take in the coming year based on updated demographic data on homeless persons in the state. Progress reports may also detail changes in government priorities and stakeholder involvement that affect implementation. States with living planning documents can easily incorporate the changes identified in these reports. Three states currently publish annual reports and seventeen states have either developed new plans or updated their original plans.

Managing the Process:

The Artful Interplay of Leadership and Collaboration Between Agencies

Interviewees cited collaboration and coordination or lack thereof as a reason for goal success or failure. Government agencies and service providers must collaborate to respond quickly and efficiently to emerging issues, build broad-based support for and ownership of the plan, and ensure that the plan reflects states' needs instead of individual vested interests or biases. Nearly all states with active plans have taskforces or interagency councils that meet regularly to guide implementation.

Executive Leadership:

The Power of Gubernatorial Support

Gubernatorial support for the development and implementation of statewide plans can help further legislative priorities, funding applications, or the creation of local plans. Gubernatorial leadership can also encourage the active involvement of agency directors, as decision-making power is essential to plan progress. Interviewees from states with the least gubernatorial support report that interagency councils dissolved because the governor did not prioritize the council or renew the executive order establishing the council. Respondents cited lack of gubernatorial support or decision-maker participation as an impediment to council effectiveness.

Dedicating Resources:

The Need for Leveraging Both Fiscal and Human Investment

States' abilities to implement their plans are hampered without dedicated resources. Funding is the main determinant of successful goal implementation: most interviewees reported that availability or lack of funding was the reason for progress on or hindrance of a goal. Respondents also identified dedicated resources and staff as a strategy to improve council effectiveness; however, most councils do not have dedicated support staff due to lack of funding.

Conclusion:

Using Research to Better Serve Homeless Families

To counter federal policies limiting target populations for funding streams, transparent and thorough data collection efforts within each state and locality are necessary to allow local needs to determine the allocation of resources. Lawmakers should dedicate funding for homeless families that mirrors federal programs presently targeting chronically homeless individuals. Concurrently, ICPH encourages planners and other researchers to explore service provision for homeless families with as much analytical rigor as used in the study of chronic homelessness. In making such program recommendations, ICPH cautions against the use of the same approach for every homeless family or individual, as no single strategy can serve the needs of all. Specifically, while housing alone may meet the needs of some homeless families, other options that include intensive supportive services should be available so that every family has the greatest chance at self-sufficiency. As states are faced with growing numbers of homeless families, now is the time to evaluate progress made, obstacles to overcome, and best practices to better serve all homeless families and individuals.

Introduction

The homelessness policy environment in the United States is entering a new era. Due to decreases in the number of homeless individuals and increases in that of homeless families, the Obama administration has replaced the Bush administration's approach of eradicating chronic homelessness with the United States Interagency Council on Homelessness' (USICH's) *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness* to include families, youth, and veterans. Concurrently, most statewide plans to end homelessness have passed or are approaching their midpoints, with many more yet to be developed. Service providers, planners, advocates, and legislators across the country are faced with a unique opportunity to review and analyze these state plans to determine best practices, address recent shifts in the demographics of homeless persons, and adjust to upcoming changes in federal policy signaled by USICH's *Opening Doors*.

Historical Background:

The Evolution of Federal Programs Addressing Homelessness

Just 30 years ago, there was no federal funding dedicated to homelessness. During the 1980s, homelessness amongst families and single adults surged and most states had limited funding available to tackle the issue. Individual nonprofit and faith-based organizations met immediate food and shelter needs, but for most of the decade, states did not create systems to coordinate services or address the underlying causes of homelessness. Federal programs created in the 1980s also simply responded to immediate needs and lacked strategic forethought. For example, the Stewart B. McKinney Homeless Assistance Act of 1987 established USICH, a body of federal agency directors charged with coordinating agency programs and advising federal homelessness strategies. Although the act also created significant funding streams, the over 20 programs it founded were administered by six different federal departments and agencies, creating a maze of application procedures, funding award criteria, and client eligibility requirements.

The Clinton administration streamlined and coordinated homelessness programs through its 1994 *Priority Home! The Federal Plan to Break the Cycle of Homelessness*, allowing communities to plan long-term homelessness strategies based on reliable and accessible funding streams. *Priority Home!* introduced the Continuum of Care (CoC) system whereby regional networks of providers and state and local government agencies must collaborate to submit plans demonstrating a comprehensive homelessness service system in order to be eligible for funding. This CoC system continues 17 years later and must contain three components: emergency shelters that provide immediate relief and assess family or individual needs, transitional housing with services that address issues identified during emergency intake, and permanent or supportive housing for families and individuals who have attained self-sufficiency or require ongoing supportive services. The funding applications must meet the U.S. Department of Housing and Urban Development's (HUD) guidelines for targeted homeless populations and service models, as HUD is the single source of federal funding for the CoCs.¹ In Fiscal Year 2009, 53.5% of all budget appropriations for long-term, targeted federal homelessness assistance programs, approximately \$1.65 billion of \$3.09 billion, were allocated to the CoC system.²

Now is the time to reflect on past progress to inform future efforts.

In 2002, the Bush administration began an initiative for states to develop ten-year plans to end chronic homelessness. The push was strongly influenced by the National Alliance to End Homelessness (NAEH). NAEH released *A Plan, Not a Dream: How to End Homelessness in Ten Years* in 2000 as a call to action for localities, states, and the country to develop ten-year plans to end homelessness. A year later, Dennis Culhane and his colleagues at the University of Pennsylvania, in a study sponsored by the Corporation for Supportive Housing, argued that using the housing first model to reduce chronic homelessness amongst adults with mental illnesses results in cost-savings to the public due to decreased reliance on emergency services.³ Whereas the Clinton administration's CoC model uses transitional housing to provide homeless families and individuals with the services they need to attain self-sufficiency before moving on to permanent housing, the housing first model rapidly re-houses clients without intensive supports. As part of this policy shift, the Bush administration restricted certain funding streams to services for chronically homeless single adults and encouraged states to write plans to end chronic homelessness using the housing first method. The change was well received by politicians in Washington, who sought public goodwill for striving to end homelessness while saving tax dollars. As a consequence of this strategy, however, no federal planning effort or funding source was dedicated exclusively to homeless families.

States responded by creating plans that varied in timeframe, target population, and adoption of NAEH's language of ending homelessness. Despite local differences in demographics, available resources, and systemic obstacles and opportunities, inflexible federal funding streams favored a uniform model for all states. Tension grew between states and the federal government as states sought funding earmarked for chronically homeless persons while attempting to serve unique local populations, including homeless families. During the most recent economic recession, family homelessness began to rise while homelessness amongst single adults continued to fall, demonstrating the effects of focusing federal resources on chronic homelessness. The Obama administration, through new funding sources such as the Homelessness Prevention and Rapid Re-housing Program (HPRP) and USICH's 2010 release of *Opening Doors*, has signaled increased flexibility in future federal programs to address the needs of all homeless persons, including families.

Literature Review: Assessing Gaps in Previous Studies

To date, there is no comprehensive survey of the implementation of all state-level ten-year plans. The only available analyses are written by students and focus on specific localities or dates of adoption. These reports do not compare experiences nationwide.⁴

NAEH and USICH have developed several resources summarizing the contents of plans and identifying strategies for plan improvement, such as specifying timeframes, responsible agencies, and funding sources. These reports, however, do not include stakeholder perceptions or recommendations.⁵ Other papers have also identified strategies to ensure successful plan implementation. These recommendations were developed before localities began to fully implement their plans and thus do not include lessons learned by government agencies and non-profit organizations involved in the implementation process.⁶

Methodology: Using Nationwide Experience to Inform Future Efforts

As many statewide plans to end homelessness are approaching their mid or endpoints, states without plans are developing their strategies, and federal programs are undergoing systemic change, now is the time to reflect on past progress to inform future efforts. This report is the first to interview key stakeholders from every state that

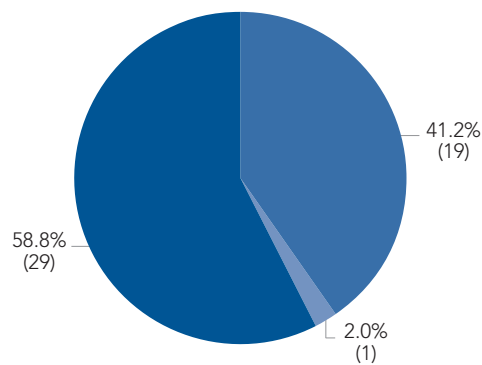
Interviewees were selected based on their close involvement in developing, implementing, and overseeing their state's plan. Many of the respondents serve on the interagency council or taskforce that created its state's plan and is responsible for implementation oversight. The perceptions of those interviewed do not represent every experience in each state. However, agreement on several issues suggests shared themes across states. ICPH sought to interview one government employee and one nonprofit representative from each state and conducted 49 interviews total with key stakeholders from all 28 states with statewide plans. Eight group interviews were conducted at the request of the interviewees. Twenty-nine interviews were conducted with members of the public sector, 19 with members of the nonprofit sector, and one with members of both sectors. Data will be presented in terms of the number of interviews conducted regardless of the number of persons present at each interview. For cases in which not all 49 interviewees provided a response to a particular survey question, the total number of responses will be reported.

Interviewees were guaranteed confidentiality to encourage open dialogue while protecting their political and professional affiliations. To further protect respondents' identities, state-specific data will be included only to present material from publicly available documents or highlight model programs and all interviewees were given the opportunity to review the report for identifying information prior to its release.

The survey instrument can be found in Appendix 1. When possible, interview questions specifically addressed the contents of relevant publicly available documents. Additional questions were asked to clarify interviewees' responses when necessary.

Figure 3
NUMBER OF INTERVIEWS CONDUCTED
(by interviewee affiliation)

- State government agency
- Nonprofit organization
- State government agency and nonprofit organization



Note: Numbers in parentheses represent the number of respondents in each category.

Selecting Target Populations: Reflecting on the Need for Change Over Time

Historical Background: The Downside of Focusing on Chronic Homelessness

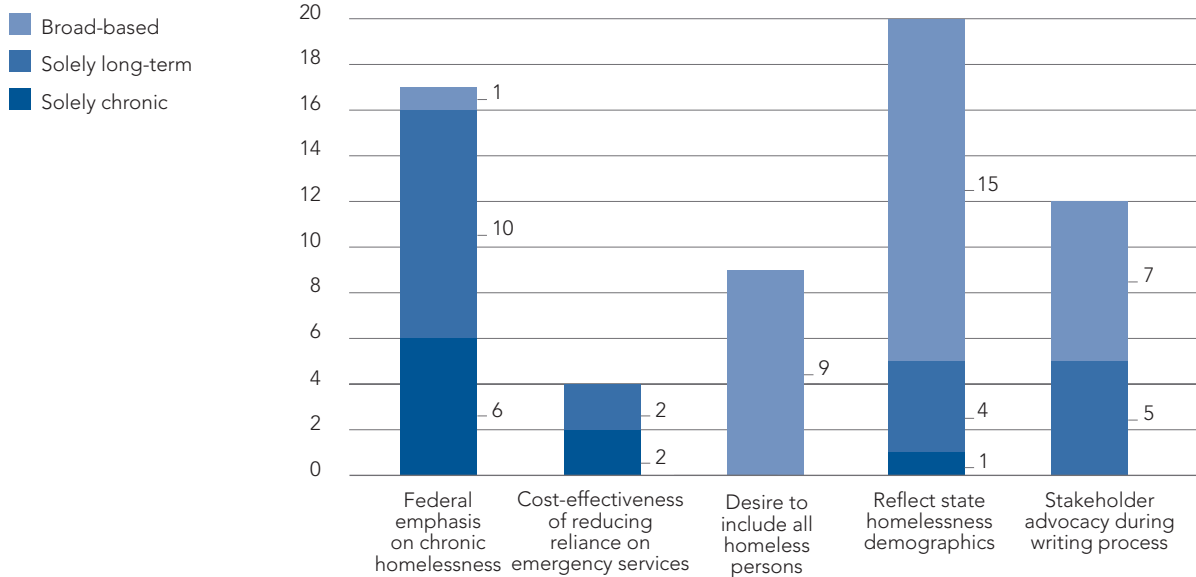
When ten-year plans to end homelessness gained national attention in the early 2000s, the federal priority was to end chronic homelessness in one decade. HUD defines persons experiencing chronic homelessness as unaccompanied individuals with a disabling condition who have been homeless for more than one year or who have had four or more episodes of homelessness in the last three years. This choice of target population was motivated by the potential cost-savings involved in reducing the use of expensive emergency services by transitioning chronically homeless persons into permanent supportive housing but excluded the specific needs of homeless families with children and other vulnerable subgroups.⁷

Today, the fastest growing homeless population is families with children, while the number of homeless single individuals has declined. Over the course of 2009, an estimated 535,447 persons in families accessed emergency shelters or transitional housing, a 13.1% increase since 2007. The number of single individuals living in these facilities declined 7.2% in the same time period.⁸ Family homelessness is now more than ever a situation rooted in deep poverty and numbers will likely continue to rise. The full impact of the recent economic recession on families has yet to be seen as they continue to exhaust alternatives before resorting to homelessness services. The long-term costs of increasing child and family homelessness may be difficult to quantify, but its impact on child development and well-being has been extensively documented.⁹

Rejecting the Federal Focus on Chronic Homelessness: States Seek to Serve All

Despite federal emphasis on chronically homeless individuals, states predominantly chose to broaden the scope of their plans. Of the 28 approved statewide plans, 26 include other vulnerable populations, like homeless families with children. For the purposes of this study, ICPH categorized the plans into three types: solely chronic, solely long term, and broad based. The two plans placed in the solely chronic category focus on chronically homeless individuals in accordance with HUD's definition, as well as persons discharged from public institutions such as prisons, mental health facilities, hospitals, and the foster care system. The two plans placed in the solely long-term category address the needs of all families and individuals who have been homeless for at least one year or experienced four or more episodes of homelessness in the past three years. The 24 broad-based plans have less restrictive or no criteria based on disability or marital status or duration of homelessness and have often further expanded the range of groups aided to also include persons at risk of homelessness.

Figure 5
REASONS WHY TARGET POPULATION SELECTED
 (by number of respondents and plan type)



Note: Interviewees could select more than one response. Plan categorizations are based on interviewees' individual definitions, not ICPH's standardized definitions.

The four states that initially concentrated their efforts on ending chronic homelessness wrote their plans between 2005 and 2007, when the federal government was focused on ending chronic homelessness. This policy environment determined the programs and services for which funding was available. Now, however, interviewees from states with solely chronic plans unanimously concur that other populations, including families, should be included to more accurately represent the composition of homeless persons in their state. Two states have already revised their plans to reflect this need.

Example 1

Addressing Rural Homelessness in Maine

When nonprofit and government stakeholders in Maine released *State of Maine Action Plan to End Homelessness: A Ten Year Plan* in 2005, approximately 2,769 persons were homeless in the state. Over half (51.8%) were members of families, whereas only 6.4% were chronically homeless. As a rural state, Maine continues to have high levels of family homelessness (54.0% in 2009) and low levels of chronic homelessness (7.6%). Hence, Maine's plan to end homelessness has included families since its inception and recognizes the unique needs of rural families, who are often not part of a shelter system.

Source: U.S. Department of Housing and Urban Development, *HUD's 2005 CoC Homeless Assistance Programs—Homeless Populations and Subpopulations*; U.S. Department of Housing and Urban Development, *HUD's 2009 CoC Homeless Assistance Programs—Homeless Populations and Subpopulations*; State of Maine, *State of Maine Action Plan to End Homelessness: A Ten Year Plan*, January 2005; State of Maine, *Maine's Plan to End and Prevent Homelessness*, March 11, 2008.

Beyond expanding the types of homeless households included, some interviewees recommended further broadening the plan to include persons at risk of homelessness. ICPH defined prevention broadly to include any program that targets persons at risk of homelessness, excluding persons recently discharged from public institutions. While plans in 23 states include some strategies to prevent homelessness, states are inconsistent in their methods. Affordable housing development, expanding access to mainstream services, and providing short-term cash assistance are the most common strategies. Six respondents, however, stressed the need to effectively prevent homelessness by further targeting resources to at-risk households. Another two interviewees indicated that the need to include homelessness prevention strategies in their plans was a key reason for not limiting their plan’s target population to chronically homeless individuals.

The variety of local needs exhibited across states created tension between state governments and federal funding guidelines. Paralleling the states’ desire to include families, federal policy has shifted from exclusively prioritizing chronic homelessness to also addressing homelessness among families with children, youth, and veterans. USICH’s 2010 *Opening Doors* articulates this strategy to address emerging needs and may serve to channel funding towards the implementation of goals targeted to homeless families.

Planning for Action: The Importance of Setting Specific and Realistic Goals

While interviewees unanimously expressed the need for broad plans that include families and other groups, there is also widespread consensus that plan goals need to be specific, prioritized, realistic, and quantified. Fifteen respondents (independently of prompting by the survey questions), 14 from states with broad plans, suggested that clients could be better served by targeting action steps, the step-by-step strategies outlined to achieve over-

Example 2

Meeting the Needs of Homeless Families in Washington State

Action steps in Washington State’s 2007 update to its 1999 *Homeless Families Plan* tailor common goals such as increasing access to public services, preventing homelessness, and effectively serving those who face multiple barriers to meet the unique needs of families.

Goal	Action Steps
Enhance access to public services	Provide ongoing cash and food assistance to homeless families with children
	Provide child care for homeless families
	Expand homeless families’ access to health services through Community Health Centers
Prevention	Connect families ineligible for Temporary Assistance to Needy Families (TANF) with other federal or state programs for which they may qualify
	Use funding streams with compatible eligibility requirements to assist TANF-eligible families
Effectively serve families with multiple barriers	Maintain residential chemical dependency treatment services for homeless parenting women and support services for parenting women at risk of homelessness
	Continue to address domestic violence issues through the Family Violence Joint Advisory Committee
	Improve chemical dependency services to American Indian families who are homeless or at risk of homelessness
	Maintain Family Preservation and Intensive Family Preservation Services for cases involving abuse or neglect

Source: State of Washington, *Homeless Families Plan*, January 2007.

arching goals. Action steps tailored to address the needs of different homeless persons would enable the state to utilize its resources more efficiently and provide needed direction to the stakeholders who implement the plan's recommendations. Specific action steps in some statewide plans include offering housing counseling services to youth aging out of foster care, prioritizing Section 8 Housing Choice Vouchers for homeless families, and connecting disabled individuals with Supplemental Security Income.

In addition to including specific action steps aimed at distinct groups, 16 interviewees (out of 49) recommended prioritizing and quantifying goals or action steps. When plans do not adequately prioritize strategies, the resulting plethora of goals overwhelms stakeholders and makes the task of reducing homelessness seem infeasible, especially given limited financial resources. Furthermore, realistic goals specified with timelines, numerical benchmarks, responsible parties, funding amounts, and funding sources enable organizations to systematically address each strategy and thereby ease implementation. Interviewees from states without updated plans reported that specifying goals would enable them to better track plan progress and focus on strategies that to date have not received adequate attention. Currently, the plans in these states include only some measurable goals, most frequently, the number of beds to be developed. Other strategies, such as expanding access to mainstream resources, preventing homelessness, and improving data collection, are most often not quantified and do not include yearly benchmarks.

Example 3

Developing Measurable Goals in Hawaii

The updated 2008 *Plan to End Homelessness in Hawaii* (originally released in 2004) specifically outlines the manager, expected outcomes, benchmarks, and deadlines for each action step under each goal in the plan. The table below outlines one particular action step.

Goal	Develop affordable supportive housing
Action step	Develop additional permanent supportive housing projects
Managers	Names of two individuals responsible
Expected outcomes	50 housing units on Oahu by Hawaii Community Correctional Center, 30 units in Waianae by Housing Solutions, 30 units in Kona by Hawaii County
Benchmarks	Secure operating funding, obtain site, obtain exemptions from development requirements, secure development financing
Deadline	December 2009

Source: Hawaii Interagency Council on Homelessness, *Plan to End Homelessness in Hawaii*, September 2008.

Example 4

Alaska Quantifies Prevention

The 2009 update to Alaska's 2005 ten-year plan includes quantified benchmarks for all of its goals and also provides baseline statistics for its housing and prevention goals.

Strategy	Create centralized prevention funding for (1) rent, mortgage, and utility assistance and (2) housing for persons recently discharged from hospital stays, substance abuse treatment, or less than 60 days of incarceration
2008 baseline	324 households served, 67% housing retention rate
2014 benchmark	100% increase in number of households served, 75% housing retention rate
2019 goal	200% increase in number of households served, 85% housing retention rate
Total funding	\$3 million
Funding sources	Coordinated Homeless Fund, Emergency Shelter Grant

Source: Alaska Council on the Homeless, *10 Year Plan to End Long Term Homelessness in Alaska*, 2009.

Progress Reports and Updates: Transparency and Flexibility are Key

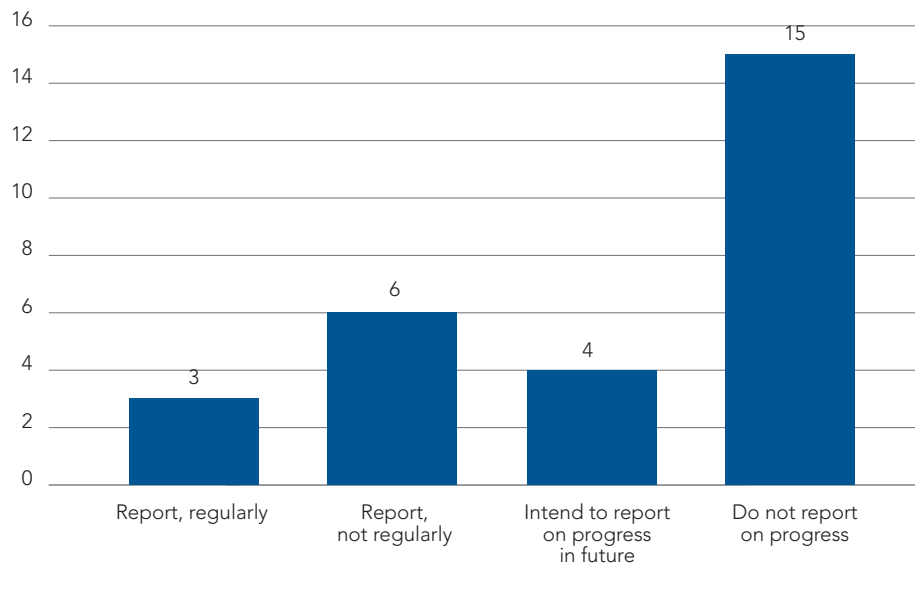
Reporting Progress to Improve Implementation

Interviewees noted the importance of regularly reporting on the status of the plan to keep abreast of new developments and ensure accountability. ICPH defined regular reporting to entail progress reports made available to the public on at least an annual basis. Reports that detail demographic or service changes but not plan progress were excluded from the definition. Three states currently report on plan progress regularly; six report, but not regularly; and four intend to issue progress statements in the future. Fifteen states, however, do not report or intend to report on their plan's progress. Eight respondents (out of 49), five from states without progress reports, identified developing such reports and using them to amend the plan document as a primary way to improve implementation.

Figure 6

PROGRESS REPORTS

(by number of states and status)



Reports from states that already formally evaluate their progress provide a template for other states. These documents frequently quantify progress made toward plan goals, list accomplishments in procuring funding and establishing programs, indicate reasons for any stalled progress, and specify action steps government agencies and other stakeholders will take in the coming year based on updated demographic and survey data on homeless persons in the state. Progress reports may also detail changes in government priorities and stakeholder involvement that affect implementation.

Example 5

Measuring Past Progress and Prioritizing Future Initiatives	
Types of Reporting	Cases
Reporting past progress	<p><i>Minnesota:</i> Heading Home Minnesota’s August 2010 progress report on housing opportunities funded through its business plan to end long-term homelessness includes:</p> <ul style="list-style-type: none"> The total amount of funding, disaggregated by funding source, for each housing program The number of housing units created by each program The above data aggregated by region
	<p><i>Georgia:</i> The Georgia Interagency Homeless Coordination Council’s 2009 annual report demonstrates that the Georgia Re-entry Partnership Housing Program saved the state over \$17 million in incarceration costs for 749 eligible parolees in 2009, in addition to improving the health and stability of the consumers.</p>
	<p><i>Rhode Island:</i> The Rhode Island Housing Resources Commission’s 2007 Annual Report outlines a set of goals, the barriers the commission faced to accomplishing those goals, and the steps the commission would take in the upcoming year to overcome those barriers:</p> <ul style="list-style-type: none"> Goals: coordinate a system of shelter and services for homeless persons and increase the supply of housing for vulnerable subpopulations Barriers: decreased federal funding, shortage of affordable housing, disparity between incomes and housing costs Next steps: coordinate services between state agencies
	<p><i>Washington:</i> Washington State Department of Community, Trade and Economic Development’s 2008 annual report on its <i>Homeless Families Plan</i> identifies the amount of additional yearly funding needed to address unmet housing needs.</p>
	<p><i>Vermont:</i> The Vermont Interagency Council on Homelessness’ 2008 Report to Governor Douglas responds to changes in data collected on Vermont’s homeless residents. The legislature authorized the expenditure of \$250,000 for the creation of cold weather overflow beds to meet the demands of a rising shelter population.</p>
Identifying next steps	<p><i>Kentucky:</i> Kentucky Interagency Council on Homelessness’s 2009 update for its <i>Ten-year Plan to End Homelessness</i> includes advocacy priorities for the upcoming year, such as supporting legislation that establishes a living wage to further the plan’s goal of increasing self-sufficiency.</p>

Source: Heading Home Minnesota, *Ending Long-term Homelessness Progress Report: Housing Opportunities Funded*, August 2010; Georgia Interagency Homeless Coordination Council, *Annual Progress Report: State Fiscal Year 2009*; Rhode Island Housing Resources Commission, *2007 Annual Report*; Washington State Department of Community, Trade and Economic Development, *Ten-year Homeless Plan: 2008 Annual Report*; Vermont Interagency Council on Homelessness, *2008 Report to Governor Douglas*; Kentucky Interagency Council on Homelessness, *Ten-year Plan to End Homelessness: Update 2009*.

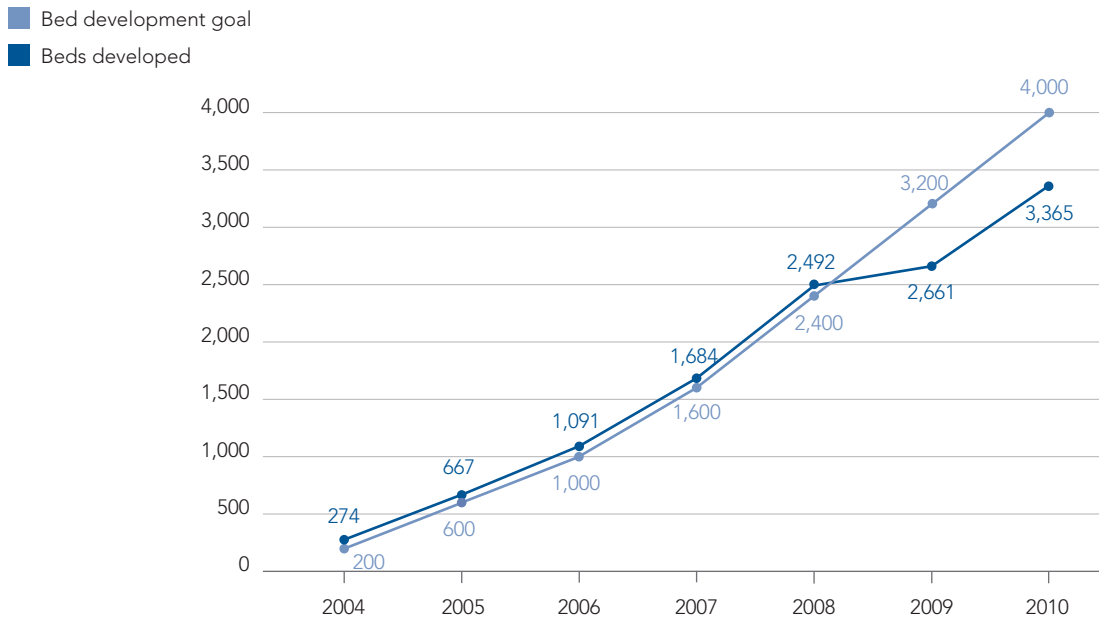
Example 6

Reporting in Minnesota

Minnesota's Business Plan to End Long-term Homelessness aims to develop 4,000 housing units for long-term homeless households by 2010, with yearly benchmarks for bed development. Semi-annually, the state reports on new housing units, retention rates, number of regional plans, and amount of funding procured. These reports and benchmarks helped the state meet or surpass its annual goals through 2008.

MINNESOTA'S PROGRESS TOWARD BED DEVELOPMENT GOAL

(by year)



Source: Minnesota Housing Finance Agency, "Heading Home 2010: Minnesota's Business Plan to End Long-term Homelessness," <http://www.mnhousing.gov/initiatives/housing-assistance/homelessness/index.aspx>.

Living Documents: Learning from the Recession

Interviewees reported that planning documents should be flexible to incorporate amendments reflecting changes in the policy environment, homelessness demographics, and macroeconomic conditions identified in progress reports. The importance of flexible documents became acute during the recent economic recession, which resulted in fewer state dollars available for homelessness programs and more families and individuals at risk of homelessness. To assist cash-strapped states in their efforts to respond to the recession, the American Recovery and Reinvestment Act of 2009 made \$1.5 billion available through HPRP. The funds were administered through HUD to states and localities, financing temporary cash assistance for households at risk of homelessness and housing placement and retention services for homeless families and individuals. HPRP was a one-time funding allocation and grantees are required to expend all monies within three years of receipt.¹¹

Additional federal dollars partially alleviated the shortage of local funding sources. However, these new grants required states to have a flexible plan already in place outlining how the funds could be disbursed or to allocate significant time and resources to developing new program proposals that may or may not align with existing plans to end homelessness. Three respondents mentioned that HPRP funds were quickly disseminated in accordance with their plans since their states already had well-developed systems in place. For example, local homelessness service providers in Utah receive State Homeless Trust Fund, Emergency Shelter Grant, and HPRP dollars through contracts with the state tied to local ten-year plan goals. In contrast, three interviewees noted that plan implementation stalled while all staff members focused on HPRP. Most respondents did not discuss HPRP, as the interview questions did not explicitly include the program. The recurring theme of the effects of HPRP despite the constraints of the survey instrument underscores the need for ten-year plans to be living documents that are updated routinely to respond to macroeconomic and funding changes.

Updated Plans: A Nationwide Snapshot

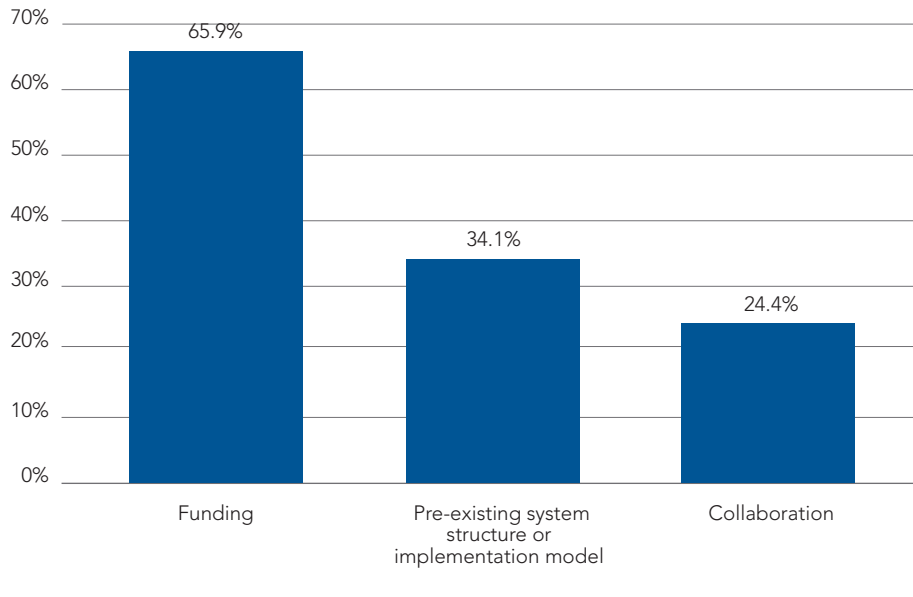
Seventeen of the 28 states ICPH interviewed have either developed new plans or updated their original plans. Updates range from minor alterations of action steps to a complete overhaul of the planning document. All of the updated plans were originally adopted in 2006 or earlier. These updated plans are relatively new, but reflect lessons learned from the early years of plan implementation. With this report, states can draw on shared experiences nationwide to further hone their plans.

Managing the Process: The Artful Interplay of Leadership and Collaboration Between Agencies

The Benefits of Collaboration

Collaboration is one of the top three factors that help or hinder goal implementation; ten interviewees (out of 41) cited it as a reason for goal success or failure. By facilitating timely information-sharing and promoting frequent communication between organizations, collaboration allows government agencies and service providers to respond quickly and efficiently to emerging issues. For example, close working relationships between the Vermont State Housing Authority and the Vermont Department of Human Services, Housing, and Transportation enable stakeholders to resolve potential housing crises before they happen and connect those who are at risk of homelessness with services and housing best suited to meet their needs.

Figure 7
FACTORS THAT AID OR HINDER THE IMPLEMENTATION OF GOALS
 (by percent of 41 respondents)



Interviewees indicated that collaboration between a wide range of stakeholders in the planning process serves to build broad-based support for and ownership of the plan and ensures that the plan reflects states’ needs instead of individual vested interests or biases. Furthermore, the membership and active involvement of experts in assisting particular subpopulations allows better planning and service provision for those homeless persons. Thus, collaboration can involve not only departments of housing and human services, but also service providers, advocates, faith-based organizations, educational administrations, foster care agencies, businesses, departments of corrections, and disability advocacy groups. Several respondents emphasized the importance of engaging agencies not traditionally associated with homelessness to address systemic causes of homelessness. These organizations can work together to streamline and connect mainstream and supportive programs, as well as address unintended policy gaps that contribute to homelessness, to prevent and minimize the barriers to self-sufficiency experienced by homeless and at-risk families and individuals.

Example 7

Maryland Governor’s Interagency Council on Homelessness

Maryland Governor’s Interagency Council on Homelessness is composed of members from a wide variety of government agencies, including the Governor’s Office for Children and the Departments of Transportation; Business and Economic Development; Housing and Community Development; and Labor, Licensing, and Regulation. The involvement of departments not usually associated with homelessness programming makes traditional providers aware of a greater variety of services available to their clients. The council maintains a centralized database of services for homeless persons that may be accessed online. Nonprofit and community stakeholders participate in a work group, communicating field experiences and bringing emerging needs to the attention of legislative champions.

Source: Maryland State Archives, “Governor’s Interagency Council on Homelessness,” <http://www.msa.md.gov/msa/mdmanual/26excom/html/21home.html>; WE Connect, “Resources for Maryland Families,” <http://maryland.gov/pages/problemsolver.aspx>.

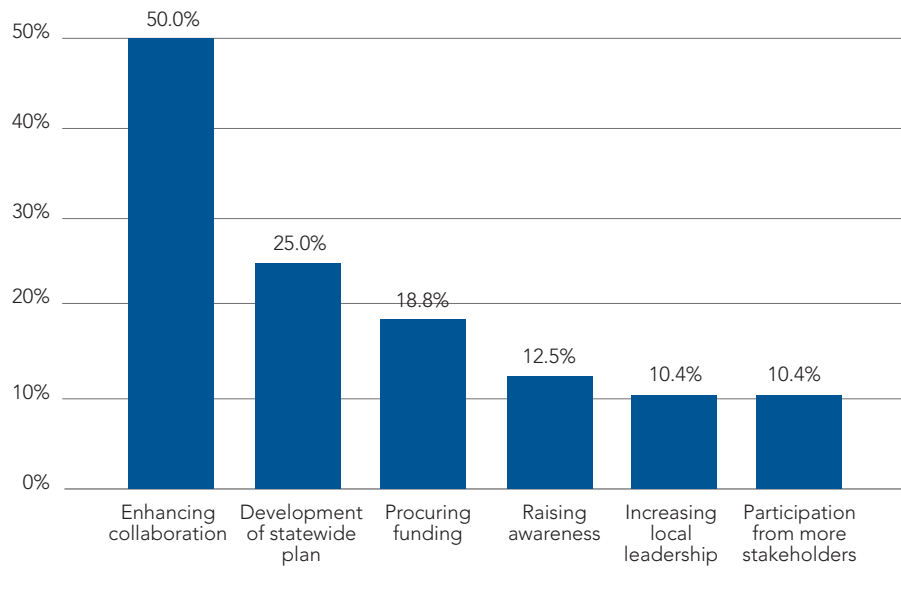
Interagency Councils: Where Collaboration Happens

Oftentimes, collaboration surrounding the plan is born and fostered through taskforces or interagency councils. These groups create statewide homelessness strategies and make policy recommendations to the governor or state legislators. They normally are also active in data collection and plan implementation. Most planning bodies are distinguished as interagency councils when they include only representatives from government agencies or as taskforces when they also include persons from faith-based organizations, service providers, advocacy groups, or private businesses. For the purposes of this report, both types of planning bodies will be referred to as interagency councils.

Each state in this report had an interagency council at some point in time. Twenty-four states currently have active councils, two have inactive councils, and two have councils of unknown status (government stakeholders reported active councils while nonprofit stakeholders reported inactive councils). All 24 states with active councils are implementing their plans, while the remaining four states report mixed progress. One state with an inactive council is not implementing its plan, while state agencies in the second state have each adopted facets of the plan independently of one another. In the two states with councils of unknown status, interviewees from government agencies reported they are implementing the plans, whereas respondents from nonprofits reported that some community organizations are making progress on the plans piecemeal without government support.

To date, interagency councils have relatively successfully fostered collaboration when implementing statewide plans: 24 interviewees (out of 48) cited collaboration and coordination as the interagency council’s primary accomplishment. Councils have improved collaboration by increasing dialogue among multiple stakeholders, including officials from agencies that were previously not involved with homelessness services.

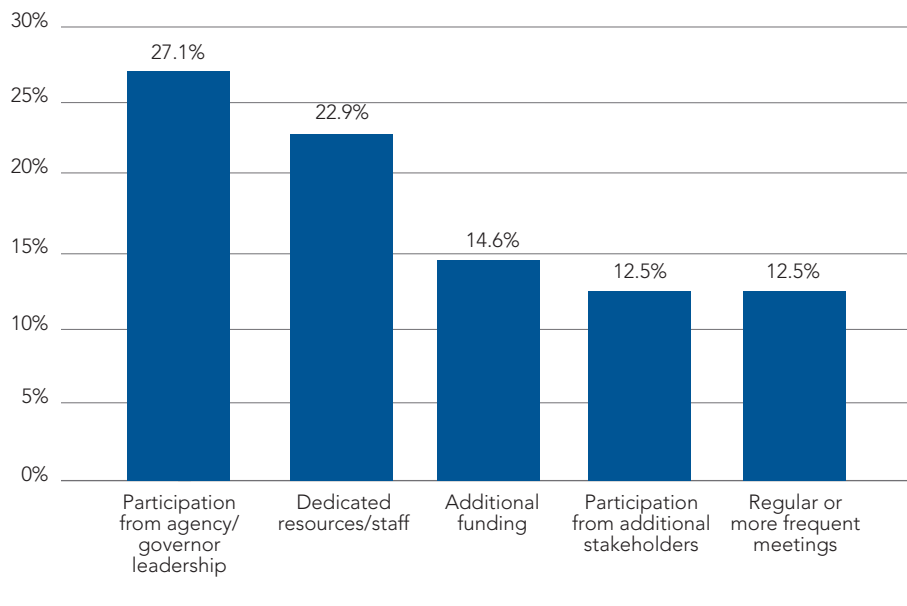
Figure 8
TASKFORCE CONTRIBUTIONS
(by percent of 48 respondents)



Executive Leadership: The Power of Gubernatorial Support

Although collaboration between organizations has been successful, interviewees note that further progress is needed to ensure that the most appropriate government representatives are involved in council activities. In most states, governors created interagency councils through executive order to write and oversee implementation of a plan to end homelessness. Despite the fact that governors established most of the councils, 13 respondents (out of 48) cited lack of gubernatorial support or involvement by agency directors and other decision-makers as an impediment to council effectiveness.

Figure 9
STRATEGIES TO IMPROVE TASKFORCE EFFECTIVENESS
(by percent of 48 respondents)



As governors set statewide agendas, prioritize programs, and advocate legislatures for funding, their role can determine councils' success or lack thereof. Interviewees in three states reported that inactive councils dissolved because the governor did not prioritize the council or renew the executive order convening the council.¹² When the governor's office takes a proactive role, however, respondents noted that executive commitment and support can help further legislative priorities, funding applications, or the creation of local plans. For example, the Utah Lieutenant Governor's active involvement as Chair of the State Homeless Coordinating Committee has advanced the committee's efforts to generate proactive local leadership through political influence. Governors' offices can also encourage the active participation of agency directors. When agency directors send lower-level staff to council meetings in their stead, council activities stall as attendees seek manager approval of every proposed action. Whether governors explicitly mandate involvement by agency directors or signal that homelessness is a policy priority through executive orders, gubernatorial interest and leadership can be important motivation for strong support from agency directors.

Dedicating Resources: The Need for Leveraging Both Fiscal and Human Investment

Even if agency directors and governors' offices take active roles in interagency councils, states' abilities to implement their plans are limited without dedicated resources. In the current economic environment, funding is the main determinant of successful goal implementation. Twenty-five interviewees (out of 41) reported that availability or lack of funding was the reason for progress on or hindrance of a goal, with more citing lack of resources. Of these 25 respondents, 16 mentioned housing-related goals. Four reported that stakeholders were able to identify funding for permanent supportive housing, whereas nine experienced difficulties finding funding sources for other elements of the housing continuum.

Example 8

Creative Ways to Leverage Funding

In this time of financial strain, some organizations have used creative funding strategies to meet the rising demand for homelessness services and implement their plans.

Alaska: The Alaska Housing Finance Corporation uses interest earned from provision of low- and moderate-income housing loans and other investments to fund housing for homeless persons.

Nebraska: The Nebraska Homeless Shelter Assistance Trust Fund receives over \$800,000 annually through the state's Documentary Stamp Tax. The tax charges \$1.75 per \$1,000 of real estate sales and the fund receives \$0.25 for every \$1.75 of tax collected.

Rhode Island: In 2005, the United Way of Rhode Island provided pilot funding for the Housing First Rhode Island Program. The state matched those funds with additional resources and the program is currently sustained through a grant from the federal Substance Abuse and Mental Health Services Administration.

Source: Alaska Housing Finance Corporation, *2010 Annual Report*; Nebraska Department of Health and Human Services, "Nebraska Homeless Assistance Program (NHAP)," <http://www.hhs.state.ne.us/fia/nhap/nhapindex.htm>; Riverwood Mental Health Services, "Housing First Rhode Island," <http://www.riverwoodmhs.org>.

Although 12 interviewees (out of 48) identified dedicated resources and staff as a strategy to improve council effectiveness, most states currently do not have dedicated support staff due to overall inadequate funding for homelessness services.¹³ Government officials are obligated to prioritize agency work over their volunteer-based council activities. Furthermore, fragmenting responsibility for plan oversight between multiple agency staff members instead of assigning one staff member entirely to the plan is inefficient and impedes plan implementation.

Example 9

Dedicated Staff in Missouri

Missouri is one of the few states that have dedicated staff for its council. Through the Missouri Housing Development Commission, two Community Initiatives Coordinators manage capacity building and coordination of homelessness services for the Balance of State CoC. With this additional assistance, the state is able to assume a proactive leadership role by travelling to each of Missouri's ten regions quarterly to promote local and regional collaboration and communicating regional concerns back to the Governor's Committee to End Homelessness. With dedicated staff, the state is also able to regularly provide technical assistance for grant applications and coordinate semi-annual point-in-time counts.

Source: Missouri Housing Development Commission, "Community Initiatives," <http://www.mhdc.com>.

Policy Recommendations

Some states are revisiting their plans to end homelessness to respond to shifts in federal policy, incorporate lessons learned from the first half of implementation, and address recent demographic changes, including the rise in family homelessness. Others are creating plans for the first time. To aid their efforts, ICPH offers the following recommendations based on an overview of experiences reported by the 28 states with statewide plans:

Target population

States agree that a focus on chronic homelessness does not meet the needs of their homeless residents, which include growing numbers of homeless families. Instead, plans need to be tailored to address local demographics of homeless and at-risk families and individuals without overlooking any homeless person.

- **Maine:** As a rural state, Maine has a much higher rate of family homelessness (54.0%) than of chronic homelessness (7.6%).¹⁴ Hence, the state's homelessness plan has included both families and individuals since it was first released in 2005.

Plan goals

Plans that address more than one target population should include action steps that identify the unique needs of each subpopulation, such as families with dependent children. Action steps or goals should be prioritized, realistic, and specific. They should include timelines, measurable outcomes, responsible parties, funding amounts and sources, and yearly benchmarks.

- **Washington:** Action steps in Washington State's *Homeless Families Plan* express common goals such as increasing access to public services, preventing homelessness, and effectively serving those who face multiple barriers to meet the unique needs of families.
- **Hawaii:** The *Plan to End Homelessness in Hawaii* specifically outlines the manager, expected outcomes, benchmarks, and deadlines for each action step under every goal in the plan.

Progress reports and updates

Conduct progress reports annually that detail advancements made during the previous year, including budget, programs created, survey data collected, and outcome and output measures compared to baseline. Identify steps that will be taken during the upcoming year to overcome stalled progress, respond to the changing needs of clients identified through survey analysis, and prioritize activities. Update plan documents in response to changes in homelessness demographics, policy environment, or funding streams.

- **Minnesota:** Minnesota's August 2010 progress report on housing opportunities funded through its business plan to end long-term homelessness includes: the total amount of funding for each housing program, disaggregated by funding source; the number of housing units created by each program; and the aforementioned data aggregated by region.
- **Georgia:** The Georgia Interagency Homeless Coordination Council's 2009 annual report demonstrates that the Georgia Re-entry Partnership Housing Program saved the state over \$17 million in incarceration costs for 749 eligible parolees in 2009, in addition to improving clients' health and stability.
- **Washington:** Washington State's 2008 annual report on its *Homeless Families Plan* identifies the amount of additional yearly funding needed to address unmet housing needs.
- **Vermont:** According to the Vermont Interagency Council on Homelessness' *2008 Report to Governor Douglas*, the legislature authorized the expenditure of \$250,000 for the creation of cold weather overflow beds to meet the demands of a rising shelter population.

Collaboration

Conduct regular meetings that include a wide range of traditional and non-traditional stakeholders to build broad-based support for and ownership of the plan. Stakeholders may include members of government agencies, businesses, faith-based organizations, advocacy groups, and service providers. Involving agencies that do not typically address homelessness can help better serve the unique needs of homeless subpopulations. Partnerships with local universities can yield more in-depth research and analysis.

- Maryland: The Maryland Governor's Interagency Council on Homelessness (ICH) is composed of members from a wide variety of government agencies. The involvement of departments not traditionally associated with homelessness programming makes providers aware of a greater variety of services available to their clients. Nonprofit and community stakeholders participate in the ICH through a work group, communicating field experiences and bringing emerging needs to the attention of legislative champions.

Executive leadership

Governors have the political power to help further legislative priorities, funding applications, and the creation of local plans. They should signal homelessness as a policy priority by including it in their agendas, renewing executive orders establishing interagency councils, and requiring agency directors to actively participate in councils. Lower-level agency staff can be valuable members of work groups but should not represent agency directors at council meetings since progress stalls without decision-makers present. Agency directors can enact some change without gubernatorial support. For example, they can coordinate with each other to create consistent, no-wrong-door policies.

- Utah: The Lieutenant Governor, as the Chair of the Utah State Homeless Coordinating Committee, uses his political influence to stimulate the creation of local ten-year plans.

Funding

States can explore unique funding options in this time of economic strain. Creative taxes, challenge grants, linkages of grant application processes with plan goals, and maximization of mainstream resources can support activity that otherwise would not be funded.

- Alaska: The Alaska Housing Finance Corporation uses interest earned from the provision of low- and moderate-income housing loans and other investments to help fund the homelessness housing continuum.
- Nebraska: The Nebraska Homeless Shelter Assistance Trust Fund (HSATF) receives over \$800,000 annually through the state's Documentary Stamp Tax. The tax charges \$1.75 per \$1,000 of real estate sales and the HSATF receives \$0.25 for every \$1.75 of tax collected.
- Rhode Island: In 2005, the United Way of Rhode Island provided pilot funding for the Housing First Rhode Island Program. The state matched those funds with additional resources and the program is currently sustained through a grant from the federal Substance Abuse and Mental Health Services Administration.
- Utah: Local homelessness service providers in Utah receive State Homeless Trust Fund, Emergency Shelter Grant, and HPRP dollars through contracts with the state tied to local ten-year plan goals.

Dedicated staff

Dedicate support personnel to the plan responsible for coordinating and scheduling council meetings, developing progress reports, identifying and procuring funding, and performing other administrative work. Such tasks are fundamental to plan implementation, but may overwhelm council members whose primary job functions lie outside the plan.

- Missouri: The Missouri council has dedicated personnel that manages capacity building and coordination of homelessness services for the Balance of State CoC. The staff travels to each of Missouri's ten regions quarterly to provide technical assistance and promote local and regional collaboration.

ICPH concludes that in the past, federal funding streams targeting chronically homeless individuals drove the contents of statewide plans and program proposals. However, transparent and rigorous data collection and analysis can continue the current trend of local conditions and needs driving resources. For example, HPRP grants require data collection, allowing states to both create innovative prevention programs and develop more sophisticated progress measures. Keeping in mind that most states elected to expand their plans to include homeless families with children despite the original federal emphasis on chronic homelessness, ICPH encourages both planners and other researchers to ask the same hard-hitting questions to better serve homeless families that they did to further assist chronically homeless individuals.

Although the inclusion of families, youth, and veterans in USICH's 2010 *Opening Doors* is a step forward, ICPH cautions against using the same uniform approach for every homeless family or individual. Each has unique barriers and strengths and no single model can serve the needs of all. Specifically, while housing first may adequately provide for chronically homeless families, its long-term effects on family recidivism rates are unknown. An array of models that include intensive supportive services to address education, employment, transportation, child care, and other needs are necessary to give every family the greatest chances of attaining self-sufficiency. Furthermore, the unique circumstances of homeless families require dedicated federal funding streams, just as chronically homeless individuals have earmarked resources. Now is the time for thoughtful change based on data and experience. ICPH encourages planners, legislators, advocates, service providers, and researchers to seize the moment to better serve all homeless families and individuals in the United States.

The unique circumstances of homeless families require dedicated federal funding streams, just as chronically homeless individuals have earmarked resources.

Appendices

Appendix 1 Interview Questions

Part I

Taskforce and/or Interagency Council
Does your state have an active Taskforce and/or Interagency Council?
Does the Taskforce currently fulfill its function as stated in the most recent executive order? If it is inactive, did it fulfill that function while it was active?
What has the main contribution of the Taskforce been since it was established?
What changes could be made (or could have been made) to enable the Taskforce to be more effective?

Part II

The Ten-year Plan	
Section A	Dates
	When was the plan written? Approved? Implemented?
Section B	Target Populations
	What is the target population of your state's plan, if one exists?
	Why was the target population chosen?
	Does the target population originally identified in the plan, in your opinion, reflect the population that should be targeted today?
	If not, why do you think the target population should be different?
Section C	Implementation
	Is the plan actively being implemented?
	If yes, which goals have been easier to implement? Which goals have been harder to implement? Why?
	If no, what has prevented implementation of the plan?
	How is oversight of implementation structured? (Single agency, multiple agencies, ad-hoc basis)
Section D	Measurement
	Most state plans include goals that are not quantified or are difficult to measure.
	Have internal benchmarks been developed that are not included in the official plan?
	How will progress on these goals be measured?
Section E	Progress and Evaluation
	Have progress reports been conducted and distributed regularly?
	If yes, have they been released to the public?
	If no, what has prevented the creation of these reports? How is progress evaluated in your state?
Section F	Funding
	Were the responsible parties able to procure all of the funding identified in the state plan?
	If no funding was identified, has funding been identified and procured since the plan was written?
	If not, is a responsible party currently trying to procure that funding or find different sources of funding?
Section G	Conclusion
	How could the plan be modified to be more effective?

Appendix 2

State-by-state Overview of Plans and Demographics						
State	Original Plan Year	Most Recent Update	Original End Year	Updated End Year	Original Target Population	Updated Target Population
Alabama	2006	–	2016	–	Broad-based	–
Alaska	2005	2009	n/a ¹⁵	2019	Broad-based	–
Arizona	2004	2009	n/a ¹⁶	2015	Broad-based	–
Connecticut	2005	–	2008	–	Broad-based	–
Delaware	2007	–	2017	–	Solely chronic	–
District of Columbia	2004	2010	2014	2014	Broad-based	–
Georgia	2002	2009	2012	2012	Solely long-term	Broad-based
Hawaii	2004	2008	2014	2014	Broad-based	–
Idaho	2005	–	2015	–	Solely chronic	–
Iowa	2004	2006	2014	2014	Broad-based	–
Kentucky	2005	2009	2015	2015	Solely chronic	Broad-based
Maine	2005	2008	2015	n/a ¹⁷	Broad-based	–
Maryland	2005	2010	2015	2015	Broad-based	–
Massachusetts	2007	–	2013	–	Broad-based	–
Minnesota	2004	2007	2010	2010	Solely long-term	–
Missouri	2003	2008	2013	2013	Solely long-term	Broad-based
Montana	2006	2008	2014	2014	Broad-based	–
Nebraska	2004	2007	2014	2014	Broad-based	–
New Hampshire	2006	–	2016	–	Broad-based	–
North Dakota	2008	–	2018	–	Solely long-term	–
Oklahoma	2008	–	2018	–	Broad-based	–
Oregon	2008	–	2018	–	Broad-based	–
Pennsylvania	2005	2010	2015	2015	Broad-based	–
Rhode Island	2006	–	2016	–	Broad-based	–
Utah	2005	2008	2014	2014	Solely chronic	Broad-based
Vermont	2005	2007	2015	2015	Broad-based	–
Washington	2006	2008	2015	2015	Broad-based	–
Wisconsin	2007	–	n/a ¹⁸	–	Broad-based	–

Endnotes

- ¹ U.S. Department of Housing and Urban Development, *Priority Home! The Federal Plan to Break the Cycle of Homelessness*, 1994.
- ² Institute for Children, Poverty, and Homelessness, *Missing the Mark: Federal Funding Off Target for Homeless Families*, 2011.
- ³ Corporation for Supportive Housing, *The New York/New York Agreement Cost Study: The Impact of Supportive Housing on Services Use for Homeless Mentally Ill Individuals*, May 2001.
- ⁴ Katie Baum, *Collaborative Capacity and the 10-year Plan to End Homelessness in Portland and Multnomah County: Stakeholder Perceptions*, University of Oregon, June 2009; Shannon Moriarty, "Advancing Your Ten Year Plan: Habits of Highly Effective Plans (conference presentation, 2010 National Conference on Ending Homelessness, Washington, D.C., July 12, 2010).
- ⁵ National Alliance to End Homelessness, *A Shifting Focus: What's New in Community Plans to End Homelessness*, September 2009; National Alliance to End

- ⁶ Homelessness, *A New Vision: What is in Community Plans to End Homelessness*, 2006; U.S. Interagency Council on Homelessness, *Good ... to Better ... to Great: Innovations in 10-year Plans to End Chronic Homelessness in Your Community*, 2009.
- ⁷ Martha R. Burt, *Great Goal, No Follow Through*, Urban Institute, July 2004.
- ⁸ U.S. Department of Health and Human Services, *Ending Chronic Homelessness: Strategies for Action*, March 2003; Corporation for Supportive Housing, *The New York/New York Agreement Cost Study*, May 2001; National Alliance to End Homelessness, *A Plan, Not A Dream: How to End Homelessness in Ten Years*, June 2000.
- ⁹ U.S. Department of Housing and Urban Development, *2009 Annual Homeless Assessment Report to Congress*, June 2010.
- ¹⁰ Debra J. Rog and John C. Buckner, "Homeless Families and Children," *Toward Understanding Homelessness: 2007 National Symposium on Homelessness Research*, September 2007; U.S. Interagency Council on Homelessness, *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, 2010.

Beyond Chronic Homelessness: A Review of Statewide Plans

State	Quantified Goals (in most recent update)	Publicly Available Progress Reports	Persons in Homeless Families in 2009 ¹⁹	Persons in Homeless Families (per 10,000 population in families) in 2009 ²⁰
Alabama	None	None	1,394	9
Alaska	All	2010	753	27
Arizona	None	None	4,762	21
Connecticut	Some	None	1,832	14
Delaware	Some	None	354	12
District of Columbia	Some	2010	2,294	157
Georgia	None	2005, 2006, 2008, 2009	5,995	16
Hawaii	Some	2008	2,841	67
Idaho	None	None	822	14
Iowa	Some	None	1,725	17
Kentucky	None	2009	2,697	18
Maine	None	None	1,320	31
Maryland	None	None	5,057	24
Massachusetts	Some	None	8,425	36
Minnesota	All	Quarterly since 2006	4,325	22
Missouri	None	None	3,136	15
Montana	Some	None	444	14
Nebraska	None	None	1,646	24
New Hampshire	None	None	754	16
North Dakota	Some	None	225	11
Oklahoma	All	None	1,611	13
Oregon	None	2009	6,866	54
Pennsylvania	None	None	7,712	18
Rhode Island	None	None	468	13
Utah	Some	None	1,553	13
Vermont	None	2007, 2008	521	25
Washington	All	2008	10,696	45
Wisconsin	None	None	3,364	17

¹⁰ A disabling condition is a “diagnosable substance abuse disorder, a serious mental illness, developmental disability, or chronic physical illness or disability, including the co-occurrence of two or more of these conditions” (U.S. Department of Housing and Urban Development).

¹¹ U.S. Department of Housing and Urban Development, *Notice of Allocations, Application Procedures, and Requirements for Homelessness Prevention and Rapid Re-housing Program Grantees under the American Recovery and Reinvestment Act of 2009*, March 2009.

¹² In the fourth state with an inactive council, the group disbanded because it had fulfilled its mandate to write a plan to end homelessness.

¹³ ICPH did not explicitly ask respondents if they had dedicated staff, but was able to determine based on interview transcripts that at least three states included in this report have dedicated staff.

¹⁴ In 2005, 51.8% of all homeless persons in Maine were members of families with children and 6.4% were chronically homeless; U.S. Department of

Housing and Urban Development, *HUD’s 2009 CoC Homeless Assistance Programs—Homeless Populations and Subpopulations*.

¹⁵ Alaska’s original plan did not specify an end year.

¹⁶ Arizona’s original plan did not specify an end year.

¹⁷ Maine’s updated plan will be active until there are zero homeless persons in the state.

¹⁸ Wisconsin’s original plan did not specify an end year.

¹⁹ U.S. Department of Housing and Urban Development, *2009 Homeless Populations and Subpopulations*.

²⁰ *Ibid*; U.S. Census Bureau, *2006–2008 American Community Survey 3-year Estimates*.

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