

Colorado Department of Human Services

people who help people

State of Colorado Homeless Policy Academy Mainstream Resources Action Plan

TABLE OF CONTENTS HOMELESS POLICY ACADEMY ACTION PLAN

Priority #1: Expand and Maximize Service Resources	6
Strategy 1.1 Expand and maximize existing substance abuse resources	6
Action 1.1.1	
Examine ways to fill the gap between detox and treatment – includes discharge plan	<u>ning.</u> 6
Action 1.1.2	6
Investigate how to get substance abuse treatment covered under Medicaid	6
Action 1.1.3	7
Increase state dollars for substance abuse services and treatment and use strategicall	<u>y.</u> 7
Action 1.1.4	7
Look at potential Medicaid Waiver 70% -30% Strategy for homeless persons with s	ubstance
abuse.	7
Action 1.2.1	
Increase state dollars for mental health services and treatment and use strategically.	
Action 1.2.2	
Increase street outreach services	
Action 1.3.1	9
Expand medical respite care	9
Action 1.3.2	9
Support and expand health care for the homeless sites (4 sites now)	9
Priority #2: Expand and Maximize Housing Resources	10
Action 2.1.1.	10
Promote the Metro Affordable Housing District through the State Legislature	10
<u>Action 2.1.2</u>	10
Promote the development of a statewide Housing Trust Fund through Real Estate Tr	ransfer
<u>Tax.</u>	10
<u>Action 2.1.3</u>	11
Develop state guidelines and incentives for encouraging local jurisdictions to be inv	
affordable housing development.	
<u>Action 2.2.1</u>	
Investigate targeting/set-aside of SHHP housing resources for persons coming out o	<u>of</u>
institutions (DOC, mental health institutes, substance abuse treatment)	
<u>Action 2.2.2</u>	12
Contact CHFA and Justice Department regarding disposition of foreclosed propertie	
seized properties to determine if they could be used for affordable housing	
<u>Action 2.2.3</u>	
Use Goebel class dollars to leverage and help implement housing initiatives	
<u>Action 2.2.4</u>	
Investigate and promote the development of a Safe Haven - look at VA property for	
building site.	
<u>Action 2.2.5</u>	
Disseminate quarterly information to interested housing agencies regarding available	
and HUD Surplus Properties that could be purchased for homeless populations	
Action 2.3.1	
Expand and enhance residential treatment for people with substance abuse and/or m	
<u>illness</u>	
<u>Action 2.3.2</u>	15

	Develop housing options for people coming out of residential treatment.	
	<u>Action 2.3.3</u>	
	Maximize access to existing family residential substance abuse treatment programs	15
	Action 2.4.1	16
	Increase affordable permanent supportive housing stock. Re-order and examine how we	
	spend money on emergency, transitional, and permanent housing stock.	16
	Action 2.4.2	16
	Engage the business community in the development of affordable permanent housing for	
	their workers	16
Prie	ority #3: Improve Cross System Policies, Planning and Services	
	Action 3.1.1	
	Streamline access to residential treatment for Medicaid clients in crisis situations	
	Action 3.1.2.	
	Investigate whether capitation contracts could require that homeless persons receive	1/
	expedited assessments regardless of Medicaid status	17
	Action 3.2.1	
	Monitor federal efforts to block grant HUD McKinney dollars and how CO will deal with	-
	them.	
	Action 3.2.2	
	Hold public hearings to gather information for public distribution on the impact of federal	
	changes. Determine jurisdictional preference for administration of homeless dollars	
	Action 3.2.3	
	Examine issues of cost shifting on the part of HUD & HHS.	
	<u>Action 3.3.1</u>	20
	Examine assigning responsibility for homelessness as a statute /legislative resolution or	
	executive order within the state	
	<u>Action 3.3.2</u>	21
	Use Policy Academy home and away team to engage new stakeholders for planning,	
	coordination and implementation processes:	21
	<u>Action 3.3.3</u>	21
	Investigate utilizing a Super Waiver process both at the state and federal level	21
	Action 3.3.4	22
	Apply for presumptive eligibility maybe through the Super Waiver Process	
	Action 3.3.5	
	Investigate developing intervention procedures for chronically homeless families caught i	n
	the hotel/motel trap who have substance abuse and mental health issues.	
	Action 3.3.6	
	Develop local sub-committees with representation from mainstream community providers	
	and local homeless providers to facilitate communication and networking.	-
Dri	ority #4: Increase Access to Mainstream Resources	
<u>1 11</u>		
	Action 4.1.1	
	Investigate providing outreach opportunities at school based health clinics.	
	Action 4.1.2	
	Develop an outreach model for area motels/hotels to reach chronically homeless families.	
	Action 4.1.3	
	Work with the Colorado Trusts Health Communities Initiative to include outreach with the	
	Community Partnership Programs.	
	<u>Action 4.1.4</u>	
	Increase street outreach services. Maybe through expanded PATH program.	
	Action 4.2.1	26

Look at targeting existing mainstream resources (set-asides) for homeless persons - ke	eping
in mind that this is a 0 sum game	26
<u>Action 4.2.2</u>	27
Coordinate existing HMIS system with intake and assessment procedures utilized by	
Mainstream Resources.	27
Action 4.3.1	28
Provide consistent training for managers and technicians across counties	28
Action 4.3.2	28
Outstation/co-location county and federal workers at area homeless facilities for applic	cation
and follow-up.	28
Action 4.3.3	29
Provide cross-training to homeless providers (case managers) on how to make eligible	
applications on behalf of homeless persons with special needs. (Develop training mate	rials
"cookbook" or manual)	29
Action 4.3.4	29
Apply for presumptive eligibility maybe through the Super Waiver Process for SSI	29
Action 4.3.5	
Establish representative payee agencies for homeless persons applying for SSI.	
Action 4.4.1	
Examine discharge plan for department of corrections and mental health institutes	
Identify what improvements could be made to ensure that homeless persons are not	
discharged to the streets and/or area shelters	30
Action 4.5.1	
Simplify the Medicaid application process and streamline forms.	
Action 4.5.2	
Expand Medicaid eligibility	
Action 4.6.1	
Training and enhancement of resources for working with co-occurring disorders, dome	
violence, mental health, HIV/AIDS and other victimization, physical disabilities.	
Action 4.6.2	
Develop pilot project for integrating mental health and substance abuse treatment	
Action 4.6.3	
Investigate co-locating mental health services with other health services/substance abus	
services	
Action 4.7.1	
Explore using existing outreach programs, including PATH, to provide transportation	
assistance consumers.	34
iority #5: Develop an Outreach and Education Campaign to Reduce the Stign	
Homelessness.	
Action 5.1.1	
Educate local providers on the current efforts of state and local government and on how	
connect homeless persons to mainstream resources.	
Action 5.1.2	
Increase priority for mental health issues among state legislature	
Action 5.1.3	
Increase education among policy makers and elected officials regarding the special nee	
the homeless including chronic homelessness and co-occurring conditions.	
<u>Action 5.2.1</u>	
Increase grass roots client outreach and education – Tie with peer outreach model	37

Expand Peer support programs for engaging persons in treatment (mental health and sa)	. 37
<u>Action 5.2.2</u>	. 37
Educate mainstream providers regarding the necessary adaptations to service delivery for	•
homeless persons.	. 37
<u>Action 5.2.3</u>	. 38
Investigate how to develop non-traditional ways of offering mental health and substance	
abuse services.	. 38
<u>Action 5.2.4</u>	. 38
Provide stigma reduction training to public and private service providers	. 38
Action 5.2.5.	. 39
Develop culturally appropriate services and training that more effectively address individ	lual
issues.	. 39

State of Colorado Homeless Policy Academy Strategic Plan Working Document

Priority #1: Expand and Maximize Service Resources

Look at components of service continuum and figure out how to do things differently/creatively. (Includes two strategies. The first strategy is focused on expanding substance abuse services and the second is focused on expanding mental health services.)

Substance Abuse

Strategy 1.1 Expand and maximize existing substance abuse resources

Action 1.1.1

Examine ways to fill the gap between detox and treatment – includes discharge planning. (Ongoing Activity) Related Actions: 2.2.1 & 4.4.1

Persons assigned from the Colorado Department of Human Services:

George Kawamura and Mary McCann

Other persons assigned:

John Parvensky, Jack Real

Expected Outcome:

- Increased collaboration between existing agencies.
- Decrease in discharges without a plan.
- Data from Denver Cares demonstrates a decrease in re-admission for those released with a discharge plan.

Recommended strategies for meeting stated outcome:

- Establish quarterly meetings between provider agencies.
- Coordinate activities with related actions.

Timeline:

January 2003

Action 1.1.2

Investigate how to get substance abuse treatment covered under Medicaid. (**Ongoing Activity within ADAD**) Related Actions Pertaining to Medicaid Initiatives: 1.1.4 & 3.1.1 & 3.1.2 & 4.5.1 & 5.2.2

Persons assigned from the Colorado Department of Human Services:

George Kawamura and Mary McCann

Other persons assigned:

John Parvensky, Jack Real, Esperanza Zachman, Doug Wheylan

Expected Outcome:

Expand health and treatment services for substance abusers. Research to show cost effectiveness by September 2002.

Recommended strategies for meeting stated outcome:

- Get legislative sponsorship by November 2002.
- Bill before legislature by January 2003 and pass bill by May 2003.

Timeline:

May 2003

Action 1.1.3

Increase state dollars for substance abuse services and treatment and use strategically. (Ongoing Activity within ADAD)

Persons assigned from the Colorado Department of Human Services: Mary McCann

Other persons assigned:

John Parvensky, Esperanza Zachman, Jack Real, Doug Wheylan

Expected Outcome:

Expanded resources for substance abuse services

Recommended strategies for meeting stated outcome:

- Identify other sources of funding (beer tax)
- Identify and apply for increased resources through SAMHSA

Related Issues Identified by Academy:

• HHS may be implementing some new state reporting requirements on co-occurring disorders. We will need to look at ways for meeting those reporting requirements.

Timeline:

January 2004

Action 1.1.4

Look at potential Medicaid Waiver 70% -30% Strategy for homeless persons with substance abuse.

(New Initiative)

Note: Need definition for 70/30 strategy. Does it relate to percent of federal dollars and state dollars?

Persons assigned from the Colorado Department of Human Services:

George Kawamura, Janet Wood, Carol Taylor

Other persons assigned: HCPF

Expected Outcome:

A legislative strategy is developed by January 2003.

- Get legislative sponsorship by April 2003.
- Draft legislation by September 2003.
- Bill before legislature by January 2004.
- Pass bill by May 2004

Timeline:

May 2004

MENTAL HEALTH

Strategy 1.2 Expand and maximize existing mental health resources.

Action 1.2.1

Increase state dollars for mental health services and treatment and use strategically. (Ongoing Activity within MHS)

Persons assigned from the Colorado Department of Human Services:

George Kawamura, Tom Barrett, Bridget Barron, Tracy D'Alanno

Other persons assigned:

Esperanza Zachman

Expected Outcome:

Two applications are submitted by January 2004 to increase resources for mental health services and treatment for chronically homeless persons with serious mental illness or co-occurring disorders. Mental Health Block Grant dollars are increased.

Recommended strategies for meeting stated outcome:

- Investigate grant opportunities to increase financial resources and submit applications.
- State receives jail diversion dollars.
- Investigate submitting a new decision item

Timeline: January 2004

Action 1.2.2 Increase street outreach services (New Initiative)

Persons assigned from the Colorado Department of Human Services: Bridget Barron, Tracy D'Alanno

Other persons assigned:

John Parvensky

Expected Outcome:

Increased percent of homeless persons documented by mental health services as being in engaged in mental health treatment.

- Mandate or encourage Mental Health Centers to conduct specialized outreach to chronically homeless persons.
- Use paraprofessionals and/or consumers.
- CCH receives SAMSHA collaborative grant with MHCD. Received October 2002
- Include faith-based providers, food sites for outreach and train staff.

Timeline:

October 2003

Health Services

Strategy 1.3: Expand and maximize existing health resources.

Action 1.3.1 Expand medical respite care (New Initiative)

Persons assigned from the Colorado Department of Human Services: None

Other persons assigned:

Nan Morehead, Karen Miller

Expected Outcome:

• Changes to Community Health Centers Authorization bill includes services for respite care.

Recommended strategies for meeting stated outcome:

• Develop collaborations with hospitals to provide funding or services for respite care to homeless persons. Increased funding for respite beds for homeless persons.

Timeline:

July 2004

Action 1.3.2 Support and expand health care for the homeless sites (4 sites now)

Persons assigned from the Colorado Department of Human Services: None

Other persons assigned:

John Parvensky, Stout Street Director

Expected Outcome:

- Expanded specialized clinics.
- Two new sites funded by October 2004. (Fort Collins and Boulder)
- Increased number of homeless persons receiving medical care.

Recommended strategies for meeting stated outcome:

• Technical assistance to communities to compete for HHS dollars.

• Grant applications submitted and funded.

Timeline:

October 2004 - January 2005

Priority #2: Expand and Maximize Housing Resources

Includes four strategies. The first strategy is focused on supporting and promoting housing legislation; the second is focused on determining new homeless programs or projects that the Department could administer; the third focuses on expanding residential housing options for homeless persons with mental illness, substance abuse issues, and co-occurring disorders; and the fourth expands housing development in the public and private sectors.

Housing Legislation

Strategy 2.1 Promote housing legislation that increases the availability of affordable housing options for homeless consumers.

Action 2.1.1

Promote the Metro Affordable Housing District through the State Legislature (Ongoing Activity)

Persons assigned from the Colorado Department of Human Services:

Norleen Norden, Carol Taylor

Other persons assigned:

Betty Boyd, Mindy Klowden, Tom Hart

Expected Outcome:

- Creation of a seven county affordable housing district (2 consumer boards)
- Creation of affordable housing funding source
- More Permanent affordable housing built at 80% AMI
- Down payment assistance at 100% of area median income
- LITC legislation restored

Recommended strategies for meeting stated outcome:

- Reintroduction of legislation presented during next session
- Ask voters to extend current Bronco tax at 1/10 cents to create pool of dollars for affordable housing. (Within 10 years \$500 million available.)
 - o 70% loans and 30% grants.

Timeline: May 2003

Action 2.1.2

Promote the development of a statewide Housing Trust Fund through Real Estate Transfer Tax.

(Ongoing Activity)

Persons assigned from the Colorado Department of Human Services:

Norleen Norden, Carol Taylor

Other persons assigned:

Betty Boyd, Mindy Klowden, Tom Hart,

Expected Outcome:

- Development of more affordable housing with statewide coverage
- Loans to develop affordable housing more available to non-profits

Recommended strategies for meeting stated outcome:

• Introduce legislation during 2003 session

Timeline:

May 2003

Action 2.1.3

Develop state guidelines and incentives for encouraging local jurisdictions to be involved in affordable housing development.

(New Initiative)

Persons assigned from the Colorado Department of Human Services:

Norleen Norden, Danelle Young, Marilyn Kirby

Other persons assigned:

Tom Hart

Expected Outcome:

- Increased usage of TANF dollars for housing related activities.
- Increased development of affordable housing.
- New partnerships forged.

Recommended strategies for meeting stated outcome:

- Provide technical assistance to local communities on eligible housing activities for TANF
 - Perhaps regional conferences to discuss issue. (bring in new players mental health, childcare, businesses and housers)

Timeline:

May 2003

New Homeless Programs

Strategy 2.2 Determine programs/projects that the Department of Human Services could administer or facilitate that would address the critical housing needs of the homeless.

Action 2.2.1

Investigate targeting/set-aside of SHHP housing resources for persons coming out of institutions (DOC, mental health institutes, substance abuse treatment) (New Initiative)

Related Actions: 1.1.1 & 4.4.1

Persons assigned from the Colorado Department of Human Services:

Tracy D'Alanno, Tom Barrett, Janet Wood, Oliver Gysin, CDHS Supportive Housing Council

Other persons assigned:

None

Expected Outcome:

- New initiatives for chronically homeless persons
- Housing discharge planning comprehensive and effective •

Recommended strategies for meeting stated outcome:

- Determine appropriate targeting of limited resources.
- Look at increasing number of SHHP housing resources with new funding rather than competing with current resources.
- Develop and deliver a set of recommendations to SHHP/CDHS from work group representatives to Executive Management Team and Executive Director.

Timeline:

March 2003

Action 2.2.2

Contact CHFA and Justice Department regarding disposition of foreclosed properties and seized properties to determine if they could be used for affordable housing. (New Action)

Persons assigned from the Colorado Department of Human Services:

Marilyn Kirby, Chris Roe, Sam Desiato

Other persons assigned:

None

Expected Outcome:

Increased affordable housing stock through foreclosures available to non-profits

- Investigate disposition of foreclosed CHFA Properties
- Request meeting with CHFA

- Request discounted rate from HUD.
- Investigate disposition of seized properties with Justice Department
- Request meeting with Justice Department regarding seized properties
- CHFA linked with non-profits for immediate notification of foreclosures.

Timeline:

July 2003

Action 2.2.3

Use Goebel class dollars to leverage and help implement housing initiatives (Ongoing Activity)

Persons assigned from the Colorado Department of Human Services:

Norleen Norden, Kristi Mock, Marilyn Kirby

Other persons assigned:

John Parvensky

Expected Outcome:

- Maximizes and expands current housing resources to chronically homeless persons with mental illness in Denver
- Super NOFA Goebel projects funded

Recommended strategies for meeting stated outcome:

- Maximize # of units CCH develops with Goebel fine dollars
- Apply for federal funds to match/leverage Goebel

Timeline:

December 2002 and ongoing

Action 2.2.4

Investigate and promote the development of a Safe Haven – look at VA property for building site. (New Initiative)

Persons assigned from the Colorado Department of Human Services:

Marva Livingston Hammons, Tracy D'Alanno

Other persons assigned:

Donna Good, John Parvensky, Nan Morehead, Carolyn Barr, Henry Wagner

Expected Outcome:

- Decrease in chronic homeless persons living on the streets.
- Reduction in level of violence among street folks.
- More chronically homeless persons engaged in treatment and services. Establishment of a Safe Haven in Metro Denver and Colorado Springs.

- Encourage providers to submit for Safe Haven funding through the Super NOFA Process
- Provide technical assistance and grant writing help to interested agencies

Timeline: December 2004

Action 2.2.5 Disseminate quarterly information to interested housing agencies regarding available VA and HUD Surplus Properties that could be purchased for homeless populations. (New Activity)

Persons assigned from the Colorado Department of Human Services:

Tracy D'Alanno, Karyn Mandler

Other persons assigned:

None

Expected Outcome:

Increase in number of properties purchased from the HUD Property Disposition Program by homeless agencies

Recommended strategies for meeting stated outcome:

- Publish information in either Navigator or through broadcast fax
- Contact the National Law Center for help with unsuitable properties that may be suitable. (Jeremy Rosen)

Timeline:

March 2003 and ongoing

Expanded Residential Special Need Housing

Strategy 2.3

Expand residential housing options for homeless persons with mental illness, substance abuse issues, and co-occurring disorders.

Action 2.3.1

Expand and enhance residential treatment for people with substance abuse and/or mental illness

(New Initiative)

Persons assigned from the Colorado Department of Human Services:

Tom Barrett, Janet Wood, Tracy D'Alanno, Bridget Barron, Mary McCann

Other persons assigned:

John Parvensky, Jerene Peterson, Jack Real, State Military Affairs -Bruce Wontor

Expected Outcome:

- Funding opportunities are identified and applications made to increase # of residential treatment slots for people with co-occurring disorders.
- Reduction of systems realized.
- Increased functioning of people with co-occurring disorders.

- Investigate proposing state decision items
- Look at increasing VA resources for residential treatment
- Increase focus on people with co-occurring disorders within the Goebel program.
 - o increased training
 - o increased services
- Submit grant applications

Timeline:

May 2003

Action 2.3.2 Develop housing options for people coming out of residential treatment. (New Initiative)

Persons assigned from the Colorado Department of Human Services: Norleen Norden,

Other persons assigned:

Colorado NAHRO

Expected Outcome:

Referral procedures are identified and adopted by housing providers and special needs service providers.

Recommended strategies for meeting stated outcome:

Develop linkages between residential treatment programs and permanent housing programs

Timeline:

August 2004

Action 2.3.3 Maximize access to existing family residential substance abuse treatment programs.

Persons assigned from the Colorado Department of Human Services:

None

Other persons assigned:

Jack Real, Eugene Strauber - Cenikor, David Murphy

Expected Outcome:

- Increase # of slots available in facilities with good outcomes. (evidence based practice)
- Increased number of slots available and number of families participating.

Recommended strategies for meeting stated outcome:

• Work group to develop strategies for meeting stated outcome.

Timeline:

July 2003

Public/Private Housing Development

Strategy 2.4 Expand housing development in the public and private sector.

Action 2.4.1

Increase affordable permanent supportive housing stock. Re-order and examine how we spend money on emergency, transitional, and permanent housing stock. (New Activity)

Persons assigned from the Colorado Department of Human Services:

Tracy D'Alanno

Other persons assigned:

Wendy Talley, Valerie Jordan, Theo Barychewsky

Expected Outcome:

Distribution of resources and development of needed housing resources for homeless individuals, families and youth is coordinated statewide

Recommended strategies for meeting stated outcome:

- Representatives from each CoC board get together and look at the distribution of financial resources across the homeless housing continuum.
- Representatives develop a five-year plan on what resources to target and in which areas to focus.

Timeline:

June 2003

Action 2.4.2

Engage the business community in the development of affordable permanent housing for their workers. (Ongoing Initiative)

Persons assigned from the Colorado Department of Human Services: None

Other persons assigned:

Mindy Klowden, Wendy Talley, Valorie Jordan, Lynn Shine, MDHI Board, Balance of State CoC, Colorado Springs CoC, Division of Housing

Expected Outcome:

• Two business communities within the state take the challenge.

Recommended strategies for meeting stated outcome:

- Develop and disseminate a best practice booklet on the benefits of businesses supporting affordable housing development for their workforce.
- Best practice document is received by area businesses.

Timeline:

Priority #3: Improve Cross System Policies, Planning and Services

Includes three strategies. The first is to improve intake and assessment processes and procedures. The second is to prepare for federal changes to McKinney Act funding (federal homeless dollars). The third is to improve statewide planning and policy development on the delivery of housing and services to persons who are homeless.

Integrate Intake & Assessment Services

Strategy 3.1 Improve Intake & Assessment Processes and Procedures Integrate intake/assessment and service planning processes across homeless provider system and mainstream resource systems in order to expedite intake and service access to mental health and substance abuse services with emphasis on chronic homelessness.

Action 3.1.1

Streamline access to residential treatment for Medicaid clients in crisis situations. (New Initiative)

(*Currently required to get a referral from the mental health center, which can lead to persons being discharged from hospitals to the streets*)

Persons assigned from the Colorado Department of Human Services:

Kristi Mock, Maryanne Barbee

Other persons assigned:

HCPF New Representative

Expected Outcome:

- Barriers will be identified to timely access for residential treatment.
- Plan will be developed to reduce the time it takes for assessment and referral.
- Homeless persons will be referred in a timely basis to prevent disruption of services
- A 25% reduction in the amount of time it takes for clients to receive assessment and referral services.
- Increase by 10% the number of Medicaid eligible homeless mentally ill clients who receive a timely referral to residential treatment.

Recommended strategies for meeting stated outcome:

- Identify barriers to timely access of residential treatment
- Develop a plan to reduce the time it takes for assessment and referral

Timeline:

July 2004

Action 3.1.2

Investigate whether capitation contracts could require that homeless persons receive expedited assessments regardless of Medicaid status (New Initiative)

Persons assigned from the Colorado Department of Human Services:

Tom Barrett

Other persons assigned:

HCPF New Representative

Expected Outcome:

- A determination will be made regarding the legality/ feasibility of requiring expedited assessments for homeless persons regardless of Medicaid status
- Within 1 year of implementation, mental health services will see an increase of 5% in the number of homeless persons served
- Increase in # of intake and assessment providers

Recommended strategies for meeting stated outcome:

Explore developing incentives for new providers that would streamline access to assessment and intake services. If yes, homeless persons will receive expedited intake and assessment within 7 days. In no, explore negotiation with current providers to conduct assessments.

Timeline:

December 2002 - August 2004

Federal Legislative Changes

Strategy 3.2 Prepare for federal changes to McKinney Act funding and resource distribution processes

Action 3.2.1 Monitor federal efforts to block grant HUD McKinney dollars and how CO will deal with them (Ongoing Activity)

Persons assigned from the Colorado Department of Human Services:

Norleen Norden, Tracy D'Alanno

Other persons assigned:

John Parvensky

Expected Outcome:

- Current service delivery system is strengthened. Plan is disseminated to each Continuum of Care and local governments, state agencies, and local providers are educated about potential impacts.
- Loss of services or housing units is minimized.
- Maximizes current provider capacity and addresses gaps in system through increased providers and/or provider roles

- Develop a written report that outlines the potential impact on housing and services.
- Develop plan to implement any changes and minimize any potential negative outcomes.

Timeline: October 2002 – October 2004

Action 3.2.2

Hold public hearings to gather information for public distribution on the impact of federal changes. Determine jurisdictional preference for administration of homeless dollars. (New Activity)

Persons assigned from the Colorado Department of Human Services:

Tracy D'Alanno, Karyn Mandler

Other persons assigned:

Colorado Springs – Valorie Jordan, Metro Denver – Wendy Talley, Balance of State – Theo Barychewsky

Expected Outcome:

- Single entity for coordination of continuum of care activities identified.
- Statewide plan developed for regional distribution of homeless resources.
- Regional public hearings are held in each planning and management regions within 6 months prior to implementation of any federal changes.

Recommended strategies for meeting stated outcome:

- Schedule public informational meetings
- Prepare presentation
- Conduct/facilitate meetings
- Provide written feedback to participants

Timeline: November 2002 – March 2003

Action 3.2.3 Examine issues of cost shifting on the part of HUD & HHS. (New Project)

Persons assigned from the Colorado Department of Human Services:

Tracy D'Alanno, Mental Health – Tom Barrett, Substance Abuse – Janet Wood, Colorado Works, TANF, Food Stamps, Childcare – Danelle Young

Other persons assigned:

Homeless Providers - Wendy Talley, John Parvensky

Expected Outcome:

- Magnitude of cost shifting impact is measured and loss of services dollars is minimized
- Price of cost shifting is quantified and efforts are made to supplement differences
- Impact to homeless individuals, families and youth is minimized

Recommended strategies for meeting stated outcome:

• Gather information regarding changes and potential changes

- Analyze and develop a report that measures loss of dollars and impact to mainstream programs
- Investigate ways to mitigate impacts
- Develop recommendations for minimizing impacts

Related Issues Identified by Academy:

Report from the President's Commission on Mental Health includes recommendations for increasing access to mental health services.

Timeline:

April 2003

Homeless Housing and Services Planning

Strategy 3.3 Improve statewide planning and policy development on the delivery of housing and services to persons who are homeless

Action 3.3.1

Examine assigning responsibility for homelessness as a statute /legislative resolution or executive order within the state. (New Initiative)

Persons assigned from the Colorado Department of Human Services:

George Kawamura, Norleen Norden, Tracy D'Alanno, Carol Taylor

Other persons assigned:

Betty Boyd, Esperanza Zachman

Expected Outcome:

- State of Colorado will address the needs of its' homeless consumers by taking responsibility for planning, policy development, administration, and coordination of activities related to homeless service delivery through appropriate departments and program areas
- Bio-terrorism planning includes needs of homeless persons.
- Responsibilities for housing and service distribution will be assigned and Department's will be held accountable for ensuring that homeless individuals, families and youth receive adequate services and intervention.
- Dept. of Public Health addresses unique needs of homeless persons in their bio-terrorism efforts.

Recommended strategies for meeting stated outcome:

• Develop recommendations on how the state could more clearly define its' responsibility to meeting the needs of homeless persons.

Timeline:

October 2003

Notes: Will Betty be willing to propose a bill, will Marva support and Executive Order? (Need to answer these two questions first)

Action 3.3.2

Use Policy Academy home and away team to engage new stakeholders for planning, coordination and implementation processes:

Examine how we engage these partners and redesign processes for collaboration. Include the Continuum of Care Planning Processes, CDHS Supportive Housing Council and the following organizations:

Criminal justice system, Business community, Veterans organizations, Law enforcement, CCI, CACI, Chamber of Commerce, Dept. of Education, Public Health – maternal & child, infectious diseases, Three continuums of care, Faith Based Providers, Division of Housing, Public and private mental health/substance abuse organizations, Private health insurance providers – "Kaiser"

(Ongoing Activity)

Persons assigned from the Colorado Department of Human Services:

Marva Livingston Hammons, Norleen Norden, Tracy D'Alanno, Karyn Mandler

Other persons assigned:

Esperanza Zachman

Expected Outcome:

- All stakeholders will be involved in planning and administration of a coordinated homeless service delivery system.
- The needs of chronically homeless persons will be identified and addressed by the appropriate service agencies.
- Policy Academy meetings will include at least 80% of members at every meeting.
- Mainstream resource providers will develop new policies and regulations that make it easier for chronically homeless persons to receive services.

Recommended strategies for meeting stated outcome:

• Tracy to develop a list of potential new stakeholders and present to Marva and existing Academy members for discussion. New members invited to February – March meeting.

Timeline: December 2002 – July 2003

Action 3.3.3

Investigate utilizing a Super Waiver process both at the state and federal level (New Initiative)

Persons assigned from the Colorado Department of Human Services:

Danelle Young -Office of Self-Sufficiency

Other persons assigned:

HCPF – Medicaid Assistance Division

Expected Outcome:

Application process and content is identified.

- Issues include disability determination process, SSI application process, Medicaid
- Determination of feasibility and application process will be made.

Related Issues:

Consider working with Jeremy Rosen for technical assistance.

Timeline: January 2003 - January 2004

Action 3.3.4 Apply for presumptive eligibility maybe through the Super Waiver Process. (New Initiative)

Persons assigned from the Colorado Department of Human Services:

Marva Livingston Hammons, Danelle Young,

Other persons assigned:

Donna Good, Nan Morehead

Expected Outcome:

- Super Waiver Application is submitted.
- Super Waiver is approved.
- Application received
- Application is approved

Recommended strategies for meeting stated outcome:

- Determine feasibility of requesting a waiver
- Develop proposal
- Submit application
- If approved develop an implementation plan

Timeline: April 2003 – July 2003

Action 3.3.5

Investigate developing intervention procedures for chronically homeless families caught in the hotel/motel trap who have substance abuse and mental health issues. (New Activity) Related Actions: 4.1.2

Persons assigned from the Colorado Department of Human Services:

None

Other persons assigned:

John Parvensky, Wendy Talley, Louise Boris

Expected Outcome:

• Chronically homeless families receive intervention services and are stabilized in emergency and transitional housing programs.

Recommended strategies for meeting stated outcome:

- Intervention procedures are developed by February 2003.
- Resources are identified to implement procedures
- Interested homeless agencies are trained and adopt program.
- CCH implements new health outreach vans from Stout Street

Timeline:

October 2004

Action 3.3.6

Develop local sub-committees with representation from mainstream community providers and local homeless providers to facilitate communication and networking. (New Activity)

Persons assigned from the Colorado Department of Human Services:

Tracy D'Alanno, Andrew Johnson, Chris Roe

Other persons assigned:

Barbara Richen

Expected Outcome:

- Quarterly sub-committees will be developed in at least ten jurisdictions by June 2003
- Two regional sub-committees will be developed and meet at least bi-annually by June 2003
- Increased communication between local homeless agencies and County Departments of Social workers and Departments of Public Health will result in increased access to mainstream programs, co-location of services, and memorandums of understanding between agencies
- Client barriers to accessing mainstream resources will be addressed and simplified
- Co-location of services will increase by 20%
- Memorandums of Understanding between agencies will increase by 10%

Recommended strategies for meeting stated outcome:

• Letter from Marva encouraging coordination and participation is created, approved and distributed to local county social service agencies, mental health and substance abuse providers and local health departments.

Coordinate with three continuums of care to implement meetings that help to increase communication between the front line workers of mainstream programs and front line homeless agencies.

Timeline:

June 2003

Priority #4: Increase Access to Mainstream Resources

Includes seven strategies. The first is to expand and develop creative outreach procedures. The second is to improve processes and procedures for obtaining SSI, Medicaid, AND, VA, TANF, Workforce Investment Act, and CHP+ benefits. The third is to develop new processes in bringing people into the SSI system. The fourth is to improve discharge planning procedures across institutions. The fifth is to develop effective pathways to accessing Medicaid benefits. The sixth is to develop integrated treatment programs for persons with co-occurring disorders.

The seventh is to Address transportation issues for persons trying to access mental health and substance abuse treatment.

Outreach

Strategy 4.1 Expand and develop creative outreach procedures. Look at involving: Americorps State employee volunteers Colorado cares National Guard

Action 4.1.1 Investigate providing outreach opportunities at school based health clinics. (New Activity)

Persons assigned from the Colorado Department of Human Services: Jill Hart

Other persons assigned:

Margie Milenkiewicz, CDE – Homeless Coordinator, Bruce Guernsey, Barbara Richen

Expected Outcome:

- Schools with a high number of homeless children/youth will be identified.
- Existing school outreach programs will be identified and evaluated.
- Model outreach program and materials will be developed and disseminated by August 2003.
- List of schools and existing programs will be developed by October 2002.
- Current programs evaluated by February 2003.
- Model program developed and disseminated by August 2003.
- 15% increase in number of clinics offering outreach by June 2004.
- 15% increase in number of families/youth receiving information by June 2004.

Recommended strategies for meeting stated outcome:

- Identify schools with a high number of homeless children
- Identify existing school outreach programs and evaluate
- Develop model outreach program and materials and disseminated by August 2003

Timeline:

October 2002 - June 2004

Action 4.1.2

Develop an outreach model for area motels/hotels to reach chronically homeless families. Note: Duplicate activity. Combine with 3.3.5

Persons assigned from the Colorado Department of Human Services: None

Other persons assigned: Wendy Talley, John Parvensky

Expected Outcome:

• A 15% reduction in the number of families living in area motels for extended periods of time will be accomplished by June 2004.

Recommended strategies for meeting stated outcome:

- Pilot project will be developed that provides specialized outreach to homeless families living in area motels.
- Appropriate family interventions will facilitate movement of families into shelter and transitional housing where chronic issues like mental health and substance abuse may be addressed. In addition stabilization for the children in families will be addressed for education, parenting skills and other issues as necessary.
- Outreach model will be developed by February 2003.
- Pilot project will begin implementation by October 2003

Timeline:

February 2003 - October 2003

Action 4.1.3

Work with the Colorado Trusts Health Communities Initiative to include outreach with the Community Partnership Programs.

(New Activity)

Persons assigned from the Colorado Department of Human Services:

Tracy D'Alanno

Other persons assigned:

Lynn Johnson, Colorado Trust – Heidi Halpern

Expected Outcome:

- Cooperation acquired by December 2002.
- Community Partnerships Identified by January 2003.
- Model developed by March 2003.
- 15% of the funded Community Partnerships incorporate outreach protocols by September 2004.

Recommended strategies for meeting stated outcome:

- Meet with and gain cooperation of the Colorado Trust.
- Identify number of Community Partnerships.
- Develop model outreach protocol.

Timeline:

December 2002 through September 2004

Action 4.1.4

Increase street outreach services. Maybe through expanded PATH program. (New Activity) Relates to 1.1.2 Combine efforts with this action.

Persons assigned from the Colorado Department of Human Services:

Other persons assigned:

Jack Real, Louis Boris,

Expected Outcome:

- Existing street outreach programs and source of funding will be identified statewide.
- Existing outreach programs evaluated and assessed for populations served, tactics, locations, and capacity.
- Model program ideas will be developed with suggested sources of funding resources will be developed and disseminated to homeless/ mental health/ and substance abuse providers statewide. Outreach programs identified statewide by September 2002.
- Outreach program assessments will be completed by January 2003.
- 15% increase in outreach programs and people served by June 2004.

Recommended strategies for meeting stated outcome:

- Identify existing street outreach programs and source of funding statewide
- Evaluate existing outreach programs and assessed for populations served, tactics, locations, and capacity
- Develop model program ideas with suggested sources of funding and disseminated to homeless/ mental health/ and substance abuse providers statewide.

Timeline: January 2003 – June 2004

Disability Benefits

Strategy 4.2 Improve Processes and procedures for obtaining SSI, Medicaid, AND, VA, TANF, Workforce Investment Act, CHP+ benefits.

Action 4.2.1

Look at targeting existing mainstream resources (set-asides) for homeless persons – keeping in mind that this is a 0 sum game.

- Increased commitment of dollars to substance abuse treatment (e.g. TANF)
- Increased commitment of childcare dollars to homeless families.

Persons assigned from the Colorado Department of Human Services: Danelle Young, John Daurio, Tracy D'Alanno,

Danelle Young, John Daurio, Tracy D'Alanno

Other persons assigned:

Eugene Belz, Veterans Affairs

Expected Outcome:

- Gant chart for mainstream resources will be developed identifying how homeless persons access current services.
- Evaluation of existing programs with opportunities identified for either targeting or maximizing access through policy/rule changes will be conducted.
- Executive Director of Colorado Department of Human Services authorizes targeting and policy/rule changes for at least 20% of recommended changes.

⁽New Activity)

- Gant chart completed by October 2002.
- Programs evaluated by January 2003.
- Recommendations approved by June 2003

Recommended strategies for meeting stated outcome:

- Develop gant chart for mainstream resources identifying how homeless persons access current services
- Evaluate existing programs with opportunities identified for either targeting or maximizing access through policy/rule changes
- Present recommendation to Policy Academy and obtain Executive Director approval for at least 20% of recommended changes.

Timeline:

October 2002 through June 2003

Action 4.2.2 Coordinate existing HMIS system with intake and assessment procedures utilized by Mainstream Resources. (Ongoing Activity)

Persons assigned from the Colorado Department of Human Services:

Tracy D'Alanno, Jill Hart, Andy Johnson

Other persons assigned: Expected Outcome:

Improved communication, data collection and tracking will result in a 25% increase in the number of homeless persons obtaining mainstream benefits by June of 2004. Baseline percent will be based upon data collected in the 2001 Homeless Point-in-Time survey matched against new data collected through the coordination of CHIRP HMIS system.

Recommended strategies for meeting stated outcome:

- Opportunities for coordination in the area of data collection, intake and assessment will be identified to facilitate improved communication between private non-profit providers and public agencies.
- Homeless persons who are eligible to receive mainstream benefits will be identified and referred to appropriate public agencies for application purposes.
- HMIS tracking software will identify number of homeless clients needing mainstream resources and number of homeless clients who have actually obtained benefits.
- Mainstream resource providers will be able to count the number of homeless persons served in their programs. Intake and Assessment instruments for each Mainstream Program will be collected by November 2002.
- Identification of ways to coordinate information will be accomplished by January 2003.
- Agreements to coordinate processes and procedures with each mainstream program will be developed by June 2003.
- Implementation of agreements will begin in July 2003.

Timeline:

November 2002 - June 30, 2004

SSI

Strategy 4.3 Develop new processes in bringing people into the SSI system.

Action 4.3.1

Provide consistent training for managers and technicians across counties. (New Activity)

Persons assigned from the Colorado Department of Human Services:

Danelle Young, Tracy D'Alanno

Other persons assigned: Donna Good, Nan Morehead,

Expected Outcome:

Managers and technicians across counties will understand how to meet the unique needs of homeless persons needing apply for SSI

Recommended strategies for meeting stated outcome:

- Consult with Yvonne Parret on application process and procedures.
- Consult with Jeremy Rosen
- Develop a train-the-trainer program specific to the needs and situations of homeless persons.
- Train the trainer program implemented. Initial consultation with Yvonne Parret held.
- Initial consultation with Jeremy Rosen held.
- Train the trainer program developed.

Timeline: September 2002 – April 2003

Action 4.3.2 Outstation/co-location county and federal workers at area homeless facilities for application and follow-up. (Expanded Activity)

Persons assigned from the Colorado Department of Human Services: Danelle Young, Tracy D'Alanno

Other persons assigned:

Wendy Talley

Expected Outcome:

Homeless persons receive improved access to application process and are approved more quickly for benefits.

- Key locations identified within each county.
- Representative of the Policy Academy Team to meet with SSA for buy-in.

- Implementation of a plan for co-locating county and federal workers at homeless programs within identified counties Possible locations identified by November 2002.
- SSA meeting is held by October 2002.
- Implementation of plan begins July 1 2003.
- 15% increase in number of facilities with out-stationed workers. •

Timeline:

November 2002 through July 2004

Action 4.3.3

Provide cross-training to homeless providers (case managers) on how to make eligible applications on behalf of homeless persons with special needs. (Develop training materials "cookbook" or manual)

(New Initiative)

Persons assigned from the Colorado Department of Human Services:

Tracy D'Alanno

Other persons assigned:

Steve Potter, SSA

Expected Outcome:

Homeless providers are trained on how to best assist clients through the application process.

Recommended strategies for meeting stated outcome:

- Identify what training materials and manuals already exist.
- Develop a new training manual "cookbook" that helps navigate the application process to meet the special needs of the chronically homeless.
- Distribute and publicize availability of manual.
- Schedule at least two hands-on training sessions for homeless providers or make available at • statewide homeless conferences. Inventory of existing took is developed.
- Specialized training manual from outreach through benefit receipt is developed.
- 80% of homeless providers in the state have a copy of the manual. ٠

Timeline:

October 2002 – October 2003

Action 4.3.4

Apply for presumptive eligibility maybe through the Super Waiver Process for SSI. (New Activity)

Persons assigned from the Colorado Department of Human Services:

Danelle Young, Disability Determination Office, Tracy D'Alanno

Other persons assigned:

John Parvensky, Jeremy Rosen

Expected Outcome:

50% decrease in the number of initially denied applications for Soc. Sec. Disability.

Recommended strategies for meeting stated outcome:

- Investigate opportunities for presumptive eligibility waiver.
- Apply, if possible for presumptive eligibility for chronically homeless persons.
- Streamlined application process and procedures are established.
- Streamlined process is promoted. Opportunities identified
- Application is submitted and approved.
- Participate in national advocacy efforts to promote presumptive eligibility

Timeline:

January 2003 – June 2003

Action 4.3.5

Establish representative payee agencies for homeless persons applying for SSI. (New Activity)

Persons assigned from the Colorado Department of Human Services:

None

Other persons assigned:

Steve Potter, John Parvensky

Expected Outcome:

- Increased money management assistance for chronically homeless persons results in better housing outcomes.
- 15% increase in the number of chronically homeless persons obtaining adequate housing.

Recommended strategies for meeting stated outcome:

• Develop strategies for implementing expected outcomes.

Timeline:

July 2004

Discharge Planning

Strategy 4.4 Improve discharge planning procedures across institutions.

Action 4.4.1

Examine discharge plan for department of corrections and mental health institutes. Identify what improvements could be made to ensure that homeless persons are not discharged to the streets and/or area shelters.

(New Activity)

Related Actions: 1.1.1 & 2.2.1

Persons assigned from the Colorado Department of Human Services:

George Kawamura, Tom Barrett, Tracy D'Alanno, Meg Williams, Beth Stillman, Kerry (DYC)

Other persons assigned:

Dept. of Corrections, Barbara Ritchen, Sean Ahlmeyer, Jerene Peterson, Oliver Gysin,

Expected Outcome:

- Discharge plans are examined and improvements identified.
- Recommendations are developed for improved discharge processes.
- Recommendations are approved and implemented.
- Issues are identified and recognized.

Recommended strategies for meeting stated outcome:

- Review pre-release applications
- Examine what components the state could copy from the Massachusetts discharge planning process.
- Examine discharge plans and identify improvements
- Develop recommendations for improved discharge processes

Timeline:

December 2002 - September 2003

Medicaid

Strategy 4.5 Develop effective pathways to accessing Medicaid benefits.

Action 4.5.1

Simplify the Medicaid application process and streamline forms. (New Initiative)

Persons assigned from the Colorado Department of Human Services:

Danelle Young, Tracy D'Alanno

Other persons assigned:

HCPF, Esperanza Zachman, John Parvensky

Expected Outcome:

- Chronically homeless persons will be able to complete applications for Medicaid, the Colorado Indigent Care Program or CHP+ through approved homeless provider agencies.
- The existing Medicaid application process, application locations, and system for each County Department of Human Services will be outlined and examined for consistency across agencies. Areas for improvement will be identified.
- Eligibility and application processes will be clearly understandable and timely.
- Homeless persons with no address will still be able to receive medical assistance even if there is no address to mail the Medicaid Authorization Card to.
- Health Care Policy and Financing in coordination with local county department of human services has a system in place for no less than 10 homeless agencies to submit completed applications to the county for approval.
- Existing Medicaid application process, application locations and process for each County Department of Human Services is examined across jurisdictions and areas of improvement are identified.
- Homeless persons with no address are able to receive medical assistance

Recommended strategies for meeting stated outcome:

• Work group to identify strategies for achieving states outcomes.

Timeline:

July 2003

Action 4.5.2 Expand Medicaid eligibility

Substance abuse is not an eligible benefit for Medicaid in Colorado Some residential supportive services are not eligible Medicaid expenses. Eligible residential supportive services are based upon pre-capitation included benefits. Cost savings may then be applied to other services.

(New Activity)

Persons assigned from the Colorado Department of Human Services:

Janet Wood, Mary McCann

Other persons assigned:

Jack Real, Esperanza Zachman

Expected Outcome:

- Expanded eligibility opportunities will be identified.
- Recommendations for expanding eligibility to chronically homeless persons with substance abuse issues will be developed.
- Assistance alternatives will be identified.
- Alternatives and recommendations will be evaluated and followed-up on. Expansion opportunities are identified.

Recommended strategies for meeting stated outcome:

- Identify expanded eligibility opportunities
- Develop recommendations for expanding eligibility to chronically homeless persons with substance abuse issues
- Identify assistance alternatives
- Follow-up on alternatives and recommendations

Timeline:

December 2003- July 2004

Integrated Treatment

Strategy 4.6 Develop integrated treatment programs for persons with co-occurring disorders.

Action 4.6.1

Training and enhancement of resources for working with co-occurring disorders, domestic violence, mental health, HIV/AIDS and other victimization, physical disabilities. (New Activity)

Persons assigned from the Colorado Department of Human Services: None

Other persons assigned:

Ruth Ann Russell, Lindi Sinton, Laurie Tomlinson, Gene Finn - PH

Expected Outcome:

- Training program for homeless providers on how to deal with co-occurring disorders is developed and offered bi-annually.
- Training by Dr. Min Koff in February
- First training program is held by June 2003 with participation from at least 30 organizations.

Recommended strategies for meeting stated outcome:

- Develop training program for homeless providers on how to deal with co-occurring disorders and offer bi-annually.
- Investigate training being offered by Dr. Min Koff in February

Timeline: February 2003 - June 2004

Action 4.6.2

Develop pilot project for integrating mental health and substance abuse treatment. (New Initiative)

Persons assigned from the Colorado Department of Human Services:

Bridget Barron, Maryann Barbee

Other persons assigned:

Jack Real, Gene Medina- Arapahoe House, Carolyn Barr - MHCD

Expected Outcome:

- Integrated mental health and substance abuse treatment pilot project is developed and implemented.
- Pilot project model is developed by August 2003.
- Pilot project implemented by January 2004.
- SAMSHA CCH grant implemented
- Goebel service plan incorporated

Recommended strategies for meeting stated outcome:

- Develop an integrated mental health and substance abuse treatment pilot project by August 2003
- SAMSHA CCH grant awarded Done
- Incorporate Goebel service plan

Timeline:

August 2003 - January 2004

Action 4.6.3

Investigate co-locating mental health services with other health services/substance abuse services. (New Initiative)

Persons assigned from the Colorado Department of Human Services:

Tom Barrett, Janet Wood

Other persons assigned:

Louis Boris, Jack Real

Expected Outcome:

- Opportunities for co-locating services will be identified with recommendations on how to proceed.
- Recommendations for co-locating services will be forwarded to Executive Management Team and Executive Director for approval by March 2003.

Recommended strategies for meeting stated outcome:

- Identify opportunities for co-locating services with recommendations on how to proceed.
- Forward recommendation for co-locating services to EMT and ED.

Timeline:

March 2003

Transportation

Strategy 4.7 Address transportation issues for persons trying to access mental health and substance abuse treatment.

Action 4.7.1

Explore using existing outreach programs, including PATH, to provide transportation assistance consumers.

(New Action)

Persons assigned from the Colorado Department of Human Services:

Bridget Barron, Tracy D'Alanno

Other persons assigned:

PATH Coordinators and Outreach Program Administrators

Expected Outcome:

- Outreach programs will be encouraged to offer transportation assistance to consumers.
- 25% of the existing outreach programs will offer transportation to mental health and substance abuse services to chronically homeless persons with special needs.

Recommended strategies for meeting stated outcome:

• Strategies to be developed by PATH Project

Timeline:

January 2004

Priority #5: Develop an Outreach and Education Campaign to Reduce the Stigma of Homelessness

Includes two strategies. The first strategy is to educate elected officials, policy makers, mainstream providers, and local providers regarding the special needs of the homeless and system cross-over issues. The second strategy is to develop programs and projects that reduce stigmas attached to persons who are homeless, including those with special needs.

Homelessness Education

Strategy 5.1 Educate elected officials, policy makers, mainstream providers, and local providers regarding the special needs of the homeless and system cross-over issues.

Action 5.1.1

Educate local providers on the current efforts of state and local government and on how to connect homeless persons to mainstream resources. (Expanded Activity)

Persons assigned from the Colorado Department of Human Services:

Tracy D'Alanno, Andy Johnson, Chris Roe

Other persons assigned:

Esperanza Zachman, Doug Wheylan

Expected Outcome:

- Increased connection to mainstream resources resulting in an awareness of unmet needs.
- Better targeting of mainstream resources that most appropriately meets the need of the chronically homeless.
- Increase in respect and mutual understanding between public/private sectors.
- Decrease in duplication of services.
- 10% increase in connection to mainstream resources with baseline data from 2001 Homeless Survey.
- Annual analysis of unmet needs based upon results of annual homeless survey and HMIS data.
- 10% increase in number of homeless persons served by the mental health and substance abuse system.
- Development of MOU's between public and private entities resulting in increased access to services.
- An increase in community capacity without a reduction in services.

Recommended strategies for meeting stated outcome:

• Work group to develop strategies to meet stated outcomes.

Timeline

July 2004

Action 5.1.2 Increase priority for mental health issues among state legislature. (Ongoing Activity)

Persons assigned from the Colorado Department of Human Services:

George Kawamura, Carol Taylor, Tracy D'Alanno

Other persons assigned:

Betty Boyd

Expected Outcome:

- Increase in legislative proposals for mental health services.
- Increase in financial resources.
- Increased number of new legislative bills introduced, passed and funded.

Recommended strategies for meeting stated outcome:

- Investigate increasing the number of legislative proposals for mental health services.
- Look for opportunities to increase financial resources.

Timeline:

July 2003

Action 5.1.3

Increase education among policy makers and elected officials regarding the special needs of the homeless including chronic homelessness and co-occurring conditions. (New Initiative)

Persons assigned from the Colorado Department of Human Services:

George Kawamura

Other persons assigned:

Betty Boyd, Esperanza Zachman

Expected Outcome:

- Increase in legislative proposals for services to persons with co-occurring conditions.
- Increase in financial resources.
- Development of integrated treatment models for persons with co-occurring disorders.
- Increased number of new legislative bills introduced, passed and funded.
- Increased number of integrated treatment programs.

Recommended strategies for meeting stated outcome:

• Strategies to be identified by implementers

Timeline: July 2003 - July 2004

Reduce Homeless Stigma

Strategy 5.2 Develop programs and projects that reduce stigmas attached to persons who are homeless, including those with special needs.

Includes both the stigma attached to persons who are homeless and the stigma attached to persons with special needs.

Action 5.2.1

Increase grass roots client outreach and education – Tie with peer outreach model. Expand Peer support programs for engaging persons in treatment (mental health and sa) (New Activity)

Persons assigned from the Colorado Department of Human Services:

Tracy D'Alanno, Andy Johnson

Other persons assigned:

Steve Gould, Formerly homeless consumer with special needs, current S+C participants

Expected Outcome:

- Increased success in treatment programs for the chronically homeless with special needs.
- Increased engagement in services for the chronically homeless with special needs.
- Decrease in number of chronically homeless persons as measured by the annual homeless survey and CHIRP data.
- Decrease in chronic homelessness as measured by annual homeless survey.
- Jail Diversion Grant Received
- Evidence Based Practice Grant approved.

Recommended strategies for meeting stated outcome:

• Strategies developed by work group

Timeline:

September 2004

Action 5.2.2

Educate mainstream providers regarding the necessary adaptations to service delivery for homeless persons.

(e.g. medication issues, keeping appointments, documentation and id) (culturally appropriate) Risk reduction model -different concept for many existing programs. (e.g. TANF, Selfsufficiency, SA & abstinence)

(New Activity)

Persons assigned from the Colorado Department of Human Services:

Marva Livingston Hammons, Tracy D'Alanno

Other persons assigned:

Expected Outcome:

- Education of state and local mainstream providers will result in greater access to services through changes in intake and assessment procedures, flexibility in regulations.
- Distribution of a clearly defined plan with recommendations to each local provider for changes in intake and assessment procedures for Medicaid, SSDI, AND, Mental Health, Substance Abuse, TANF, and Food Stamps.

Recommended strategies for meeting stated outcome:

- Develop plan with recommendations to each local provider for changes in intake and assessment procedures.
- Look at risk reduction models and concepts.

Timeline:

March 2003

Action 5.2.3

Investigate how to develop non-traditional ways of offering mental health and substance abuse services. (New Action)

Persons assigned from the Colorado Department of Human Services:

Tom Barrett, Janet Wood, Bridget Barron, Mary McCann

Expected Outcome:

- Development of pilot projects with non-traditional treatment approaches.
- Increased number of non-traditional treatment programs.
- Increased access to homeless persons to these programs.

Recommended strategies for meeting stated outcome:

• Develop pilot projects with non-traditional treatment approaches.

Timeline: June 2004

Action 5.2.4 Provide stigma reduction training to public and private service providers. (New Initiative)

Persons assigned from the Colorado Department of Human Services: Tracy D'Alanno, Office of Performance and Improvement

Other persons assigned:

Expected Outcome:

• Number of people trained.

Recommended strategies for meeting stated outcome:

• Development of a training program for both public and private providers on reducing the stigma associated with homeless persons with special needs.

Timeline: September 2003

Action 5.2.5 Develop culturally appropriate services and training that more effectively address individual issues. (New Project)

Persons assigned from the Colorado Department of Human Services: Office of Performance Improvement CDOHS, Roz Bedell, Tracy D'Alanno

Other persons assigned:

Expected Outcome:

Increase in percent of homeless persons from minority cultures receiving mainstream services.

- Native Americans
- Hispanic and culturally appropriate domestic violence programs.

Recommended strategies for meeting stated outcome:

• Development of a training program for homeless providers on cultural competency and cultural cueing. (How to provide individualized services based upon the "world view" of the client, not white middle class values.)

Timeline: October 2004

Uniform Discharge Planning Strategy 1

The Uniform Discharge Planning Strategy has three basic components: The first component is to develop a uniform discharge planning policy through the Homeless Policy Academy and to request implementation through Executive Order of the Governor. The second component involves assessment and analysis of the extent of the problem. The third component focuses on the development of a training curriculum for execution of the policy and to address the needs identified during the assessment phase.

Year 1 Activities

- 1) Uniform Discharge Planning Policy: The Homeless Policy Academy will develop and recommend a uniform discharge planning policy across institutions that could be implemented through Executive Order of the Governor for homeless individuals and individuals at risk of becoming homeless. At a minimum, the uniform discharge planning policy may include the following protocols: a) establishment of criteria for the identification of individuals who are homeless and those at risk of being homeless; b) identification of institutions and facilities throughout the state that serve a high number of individuals who are homeless; c) obtaining agreements with identified institutions and facilities to participate in this initiative; d) collaboration with selected facilities and key stakeholders to establish criteria for exemplary discharge planning practices for individuals who are homeless and those who are at risk of being homeless; e) pre-release assistance with benefit acquisition; f) performance standards; and g) recommended methods for the evaluation of the effects of this initiative on individuals who are homeless and those at risk of being homeless.
- 2) Initial Surveys, Assessment and Analysis: Catholic Charities will take a lead on conducting two discharge planning surveys to determine the extent of the problem and the barriers and issues being confronted by institutions and facilities serving homeless persons and those at risk of homelessness. The surveys will be a 1) Provider Needs Assessment: A provider survey will be developed and distributed to approximately 200-300 organizations representing emergency shelter, day shelter and outreach providers within the State of Colorado to develop a baseline for determining the number of persons who are being released from institutions, facilities and residential treatment programs to the streets and shelters. 2) Targeted Institutions and Facilities Needs Assessment: An institute/facility survey will be developed and distributed to identify existing discharge planning policies and practices and to better define informational and service gaps. Target agencies include medical facilities, mental health institutions, correctional facilities and residential treatment facilities. The State of Colorado's Division of Supportive Housing and Homeless Programs will conduct data input and analysis for each survey.
- 3) **Training and Technical Assistance:** Based upon survey data and an executed Discharge Policy, Catholic Charities will develop training curricula and implement an on-going series of regional training workshops and technical assistance to participating institutions and facilities.

Curricula will address both rural and urban concerns. Components will include scaleable inperson training materials plus post-training technical assistance materials to enable on-going cross training and promote advocacy efforts. Curricula will also be available through Webbased services provided by the State of Colorado's Division of Supportive Housing and Homeless Programs. Specific educational topics will include: a) homeless discharge planning protocols; b) benefits facilitation and acquisition; c) data collection and discharge review tools; d) community resources and referral process; e) cross-training and communication; f) service planning and linkage; and g) client advocacy.

Year 2 Activities

During the second year of grant implementation eleven regional workshops will be held that include a combination of onsite training and distance learning through video conferencing. The State of Colorado Supportive Housing and Homeless Programs office will coordinate and provide video conferencing/distance learning for rural organizations unable to participate inperson. Following the trainings, Catholic Charities will follow-up with in-person and distant participants to assess qualitative and quantitative benefits of the educational materials and trainings; further track the appropriateness of the uniform Discharge Planning Policy; identify emerging needs, gaps, and advocacy efforts; and to promote on-going cross-training and communication.

4) **Follow-up Evaluation:** At the end of the second year, the Colorado Department of Human services will conduct a final survey to measure program effectiveness.

<u>Rationale and Sustainability:</u> There is exponential need across Colorado to educate and coordinate with key administrators and other discharge personnel from hospitals, mental health, correctional, and residential treatment facilities in order to reduce rates of recidivism among the homeless population. Managed care situations and compulsory time restrictions have forced hospitals, nursing homes, and other institutions to relegate homeless or near-homeless individuals to shelter facilities--frequently perceived as a sole source option. The establishment of a uniform discharge planning policy along with education and ongoing monitoring by the Homeless Policy Academy would result in an "institutionalization" of the process and positive long-term outcome.

Strategy 2: Implementation of Key Activities of the Homeless Policy Academy

A dedicated staff person is needed to ensure that the policies and actions related to addressing chronic homelessness within the Homeless Policy Academy Action Plan are implemented. Representatives on the Policy Academy are high-ranking public and elected officials within state and local government, as well as executive directors of homeless provider agencies, all having the authority to execute policy and systemic changes within the public and private sector. A staff person will focus on facilitating and overseeing the implementation of the following key activities:

Year 1 Activities:

The following activities will be undertaken in year one: a) discharge planning (See above discharge planning discussion for yearly breakouts); b) expanding usage of the CHIRP Homeless Management Information System to agencies serving persons who are chronically homeless throughout the state; c) analysis and assessment with recommendations on how to target, promote preferences, and set-asides of existing Section 8 housing both within state controlled and locally administered programs for permanent supportive housing activities; and d) assessment and development of recommendations on current residential special need housing capacity for persons with mental illness, substance abuse issues, and co-occurring disorders.

Year 2 Activities:

The following activities will be undertaken in year two: a) development of state guidelines and incentives for encouraging local jurisdictions to be involved in housing development, including permanent supportive housing; b) investigation into the disposition of foreclosed and government-seized properties for supportive housing; promoting the development of a Safe Haven; c) increasing the number of properties purchased from the HUD Property Disposition Program for supportive housing; d) creating a permanent supportive housing campaign to state and local housing authorities on utilization of new and existing Section 8 housing for chronically homeless persons; and e) expanding residential special needs housing options for chronically homeless persons with mental illness, substance abuse issues, and co-occurring disorders through grant applications, promotion of state budget items, and targeting new and existing Section 8 resources within the Department of Human Services.

Rationale and Sustainability

While the individuals who serve on the Policy Academy have the authority to make policy and system level changes, they do not have the time needed to devote to ensuring that each action item is implemented and administered. A dedicated staff person to facilitate and follow through on each activity would significantly increase the ability to ensure that activities are undertaken and institutionalized within the government systems. Once actions have been implemented they will become part of the "normal" operating procedure and therefore, sustainable over time.

Strategy 3: Development And Implementation Of Ten-Year Plans To End Chronic Homelessness

The State of Colorado has three Homeless Continuum of Care Initiatives. The Metropolitan Denver Homeless Initiative covers the seven-county Denver metropolitan area. The Homeward Pikes Peak Continuum covers the Colorado Springs area. The Balance of State Continuum of Care is managed by the Colorado Coalition for the Homeless and covers the remaining 56 counties. Funding is being requested for staffing assistance to each continuum of care board to conduct the following activities:

Year 1 and 2 Activities

1. Develop a coordinated ten-year plan for ending chronic homelessness and activities that are designed to gain endorsements of the plan from each governmental jurisdiction covered within their geographic region. 2. Provide technical assistance in pursuing sources of funding from HUD, foundations, CSH and other loan funds for permanent supportive housing to participating homeless providers. 3. Preparation and distribution of fact sheets

and other materials on permanent supportive housing programs to regional community groups, homeless service providers and other interested parties throughout Colorado. 4. Provide public education and advocacy and community organizing to promote the development of new and expanded permanent supportive housing programs. 5. Direct technical assistance and grant writing to homeless service providers to help them develop new and expanded permanent supportive housing programs to serve chronically homeless families and individuals.

Rationale and Sustainability

Comprehensively addressing the needs of chronically homeless persons with special needs must be a coordinated effort between mainstream public state and local providers and the non-profit agencies that provide homeless housing and services. To attempt systems change without involving these groups would only address a portion of the problem. This strategy incorporates the necessary activities of non-profit organizations with the activities occurring at the state and local levels. Finally, by developing ten-year plans, each board will embrace and continue to work toward implementing strategies and solutions for ending chronic homelessness.