

MEMORANDUM

TO: Regional Steering Committee on Homelessness and Housing

FROM: HomeBase

RE: Strategies for Improving Homeless People's Access to Mainstream Benefits & Services

DATE: July 23, 2010

Background

Since 2005 the Regional Steering Committee on Homelessness and Housing (RSC) has examined the issue of utilizing mainstream benefits to improve the quality of life for consumers of the homeless support system and increase the effectiveness of service delivery. Topics we have examined include: (1) identifying what mainstream benefits may be available to our clients (such as Social Security, the food stamp program, Veterans' benefits, and Department of Labor programs); (2) ways in which benefits can be accessed; and (3) the obstacles clients face in accessing them. HUD has also taken steps to address the issue of connecting homeless persons to mainstream benefits, such as gathering information in the Continuum of Care Homeless Assistance Grants application Exhibit 1 concerning mainstream benefits access and funding various initiatives and conferences to demonstrate how mainstream programs can be aligned to significantly impact homelessness. HUD also encourages tracking of access to mainstream services and benefits for persons experiencing homelessness through HMIS. Further, HUD offers technical assistance (TA) on mainstreaming. Many of those TA materials are available on HomeBase's website at: http://www.homebaseccc.org/pages/Hot_Topics/mainstreaming.html

A common theme that arises at RSC and other policy forums is the disconnect between mainstream benefits and services, on the one hand, and homeless persons, on the other. This problem stems from a variety of issues. Mainstream service providers may not wish to serve homeless clients because of the limited amount of resources available or misconceptions about the difficulty of dealing with people experiencing homelessness. Homeless persons may choose not to access the mainstream services because of perceived difficulty with the application process for seemingly little benefit. Thus, there are many levels of change needed to enhance access to mainstream services for those experiencing homelessness.

Ending homelessness requires more than housing alone. For many homeless persons, housing alone will be insufficient without the support of mainstream benefits and services. HUD's primary mission is to assure the availability of housing, as evidenced by the policy shift toward funding permanent housing instead of supportive services. Nevertheless,

there is ongoing recognition of the importance of connecting homeless people to mainstream services.

In March of 2010 HUD published a study titled, “Strategies for Improving Homeless People’s Access to Mainstream Benefits & Services.” This memorandum summarizes the study and highlights some examples used throughout the communities studied to address and alleviate this issue.

Introduction

There are three main research questions the study sought to address:

1. What mechanisms have communities used to maximize homeless individuals’ access to mainstream benefits?
2. What local realities and practices either prevent or enhance access to mainstream services?
3. What effect has the shift in policy towards increasing funding for housing-related activities had on homeless persons access to mainstream benefits and services?

The study focused on seven communities that were diverse in their community composition (different in their size, population, etc.). Most markedly, the communities each approached homelessness in a different way. Each community had a 10 Year Plan, but the focus and emphasis a community placed on their 10 Year Plan varied significantly.

Organizing Structures

The communities that placed more focus on the 10 Year Plan tended to have a strong organizing structure (i.e. a centralized Continuum of Care or Ten Year Plan body). These organizing structures within the communities became a focus of the study. Ultimately, communities with a strong organizational structure were most effective at addressing issues regarding access to mainstream benefits.

The study describes that a strong organizational structure gives a community the ability to focus on:

- goal setting;
- strategizing;
- monitoring;
- fundraising
- resource allocation; and
- community reporting activities.

There are several models of successful organizing structures, with unique features and elements such as strong mayoral support, an independent flexible source of revenue, and a well-established and large group of stakeholders.

- ***Spotlight: Denver, Colorado***

Of the communities studied, Denver, Colorado had the most highly organized structure, called Denver’s Road Home (DRH). DRH was created in order to carry out

Denver's 10 Year Plan and ensure that funds were raised and directed to resources and activities that would further its plan. The organizing structure in Denver has strong mayoral support and an independent flexible source of revenue. This community identified three sources of possible funding to support their 10 Year Plan: government sources, foundations, and private funding. The Mayor embraced innovative and creative approaches to increase funding from private sources. For example, the mayor implemented an annual "Pajama Party" fundraiser at a hotel in which everyone attends in pajamas. The mayor and his staff wear pajamas a few days before the event to raise awareness. The money raised goes to Denver's Road Home.

Discussion Questions

- *What models of central organizing structures work well in our communities?*
- *In these economic times, what sources of funds can be utilized to support organizing structures?*

The Study

HUD's study categorizes the problems that impede people's access to mainstream benefits into three groups of barriers: 1) Structural barriers (more commonly referred to as access barriers); 2) Capacity barriers (insufficient supply of resources); and 3) Eligibility barriers (program denies resources based on population demographics). Each of the three barriers contains various sub-categories of challenges that were commonly found throughout the communities. Many of the barriers discussed exist for all persons who want to access mainstream benefits and services. However, for homeless persons, the existing barriers are both aggravated and expanded.

Structural Barriers

Overcoming structural barriers, including hidden or pervasive barriers, is one of the most effective strategies to increase access to mainstream services. Homelessness often exacerbates common barriers faced by all persons seeking benefits. Systemic challenges often have a particularly severe impact on the homeless population, especially those with physical and mental disabilities. There are seven specific issues within the broad category of structural barriers:

1. Geographic & Transportation
2. Environmental Matters (specifically negative atmosphere of application office and stigma associated with the benefit or service)
3. Complexity and Length of Application
4. ID and Documentation Requirements

5. Complexity of Maintaining Enrollment
6. Lack of Knowledge of Systems and Processes
7. System Interaction

Structural barriers restrict people who qualify for mainstream benefits and services from accessing them. Across the board, successful communities had addressed this particular barrier more than the other barriers studied. The study categorized barrier-removal strategies into three broad groups that it describes as: (1) “smoothing mechanisms”; (2) “changing mechanisms”; and (3) “expanding mechanisms”.

Most of the mechanisms, or examples of strategies, that communities use to address structural barriers are smoothing mechanisms, which are practices that make it easier to apply for benefits or services, or increase the likelihood that the application will be accepted. In contrast, changing mechanisms, which are relatively rare, involve directly changing government agency policies. For example, a number of interviews revealed that local DMVs had relaxed the requirements for receiving a state issued license. Finally, expanding mechanisms increase the supply of supportive services and benefits available. These mechanisms were seen more frequently than changing mechanisms but less frequently than smoothing mechanisms.

Outreach & Outstationed Workers

The most common mechanism used to address the many structural barriers is outstationed workers. Outstationed workers, or taking the office to the clients, were available in almost all of the communities studied. Outreach workers differ from outstationed workers because they are not tied to a mainstream benefit or service office. Instead, they may spend most of their time on the streets. Outreach workers make the initial contact with hard to reach homeless persons by seeking them out. These workers are usually armed with all different types of applications.

Both outreach and outstationed workers alleviate issues involving transportation, negative perceptions of office environments, consumer difficulties completing the application process, and general lack of knowledge about services available to homeless persons. Outreach workers are less common but many times make a greater impact than outstationed workers on connecting homeless persons to mainstream benefits and services because they target hard-to-reach homeless populations.

- ***Spotlight: Denver’s Homeless Outreach Team (HOT)***

HOT staff work at local shelters to initiate contact with homeless persons or will seek out people underneath bridges or in other “hidden” locations in order to make a connection. Further, anyone can report a homeless person who needs help by calling a central dispatch that was set up by the Denver outreach collaborative. This dispatch is open 7 days a week from 6am to 10pm. HOT is called upon by dispatch to bring their “plethora of tools” to these persons. These tools include things like benefits applications, other ways to connect to services or benefits (such

as phone numbers and addresses), motel or housing vouchers, and transportation tokens. One staff member remarked on the difficulty of gaining the trust of clients in these situations. Once that trust is formed, however, a relationship is built which allows HOT to guide and follow a person through the system. The HOT team will also stand in the lobbies of benefit offices in order to deter persons from leaving because of long lines or other negative aspects of these office environments. The HOT team works with the Homeless Ongoing Outreach Team (HOOT) set up by Denver's Department of Human Services. HOT staff was trained to make sure to take only applications that are complete and can be processed in one day. This eliminates frustration with long waiting periods. The HOOT team was formed to file applications and deal with redeterminations that come from HOT team's work. Thus, the collaboration between these entities ensures there is little backlog from HOT applications. From this collaboration it is reported that over 100 applications for homeless persons can be filed everyday.

Discussion Questions

- *What do our successful outreach and outstationing efforts look like?*
- *What can we learn from the study to improve our efforts?*

Obtaining Identification

ID/Documentation requirements stood out as the most pervasive problem and was prevalent in all communities studied. It was prominent in almost every interview conducted for the study. One interviewee described getting an ID as "one of the most ridiculous things on this planet." The harsh reality is that identification is needed for almost all mainstream benefits. The most common problem is attaining replacement identification once it has been lost or stolen, which can be extremely problematic because, as one interviewee stated: "You need an ID to get an ID!"

- ***Spotlight: Miami Beach's Identification Project***

The Homeless Opportunity Providing Employment (HOPE) operates the Identification Project, where requests for identification had increased from 200 requests per year to 200 requests *per month*. The Homeless Trust (Miami's central organizing structure) had also determined that ID problems were widespread. Thus, it allocated some of the food and beverage tax funds that were under its control to support the Identification Project. It funded HOPE to hire a part time staff person and funded the cost of document retrieval throughout the country. The main system used is Vital Check, which is very quick for retrieving government documents for in-state identification. Though the program has been very successful, the demand for the services far exceeds what is provided.

- **Spotlight: Project Homeless Connect**

Project Homeless Connect is a national best practice model that is replicated in over 200 cities throughout the nation. San Francisco's Project Homeless Connect occurs every 2 months: over 1,000 community volunteers partner with government agencies, nonprofits, and the private sector to provide a one-stop shop of health and human services for those experiencing homelessness in San Francisco. As of June 2010, 20,644 volunteers have provided services to more than 31,661 homeless and poor San Franciscans.

One of the services provided at San Francisco's Homeless Connect is an attorney to address a person's lack of ID. The Local Bar Association recruits attorneys to meet with persons in need of ID and determines if he or she qualifies for a replacement ID. If so, the attorney fills out the applications and sends them to DMV Stations where applications can be entered into computer systems and processed on the spot.

Norfolk, Virginia's Project Homeless Connect created the ID Innovative Project. The project uses the food stamp eligibility database and corrections records in order to create a record with enough information to obtain a city sponsored ID, which in turn allows persons to obtain a primary ID from the DMV and to access other homeless services.

Discussion Questions

- *What are the unique local challenges we face when assisting people to obtain ID?*

- *How can we improve our efforts to assist people to replace lost or stolen ID cards?*

Universal Applications, Expediting Applications, and Using Program Address

Four of the study communities utilize a universal application in order to combat the confusion and complexity associated with completing multiple benefits applications. This cuts down the burden of having to repeatedly collect common documentation and information when a new service or benefit becomes available to a person. Another common practice to address the difficulties with applications was to flag and expedite homeless applicants. In order to address the related issue of keeping homeless persons from losing benefits, many programs throughout the communities studied allowed homeless persons to use the program address and phone number in benefits applications.

Targeting Reentering Populations

The studied communities also showed great concern for persons leaving state institutions, specifically jails or hospitals. For example, in Miami a new Florida policy allows persons released from jail that were previously SSI recipients to immediately receive Medicaid and food stamps. Further, in Pittsburgh, Health Care for the Homeless issues pre-release applications to persons in county jail for welfare benefits and medications. This program was so successful that Pennsylvania is now pushing to institute it throughout the state.

Discussion Question

- *Alameda County has recently implemented a pre-release agreement between its county jail and the Social Security Administration to allow inmates to begin applications for SSI/DI while incarcerated. Are there other local pre-release agreements?*

Capacity Barriers

Capacity barriers are more difficult to address and solve because they stem directly from the availability of resources and services. Nonetheless, effective solutions to these barriers can result in significant payoffs for a community due to the magnitude of the changes involved and the effects on large numbers of homeless persons.

Capacity barriers stem from a number of issues:

1. Insufficient supply (a particular benefit or service may be available to a limited number of people)
2. Insufficient value (the benefit or service does not provide enough support to serve its intended purpose)
3. Timely application process without immediate availability (an application may take a long time to complete and upon its completion there is more wait time before the benefit or service becomes available)

The two main capacity barrier issues are lack of availability and delayed availability of benefits. Obvious solutions involve increasing resources so that people can qualify for more economically substantial benefits in shorter amounts of time. Thus, communities use changing mechanisms and expanding mechanisms to address these barriers. Resolving capacity barriers usually requires coordinated, large-scale formal planning, which can be difficult and time-consuming. Nonetheless, most of the communities studied have been able to increase the availability of individual benefits or services and the amount of funding to support them.

Lack of Availability

Lack of Availability encompasses a wide range of barriers from complete absence of a benefit or service to insufficient value even when in sufficient supply. Food stamps and Temporary Assistance for Needy Families (TANF) are, many times, readily available but fall short of meeting the needs of its recipients. On the other hand, General Assistance is completely unavailable in some communities. Many communities have addressed these issues with a generic increase in funding from non-federal sources. There are some cases where communities targeted funding for a particular benefit or service. For example, some communities have also addressed the insufficiency of job training by launching unique employment supports especially for the needs of ex-offenders.

Delayed Availability

Delayed availability has forced many communities to use waiting lists or lotteries. This most commonly occurs with subsidized housing, low/no cost medical care, and mental health and substance abuse care. In order to combat these delays, communities use mechanisms such as prioritizing homeless people's access, offering presumptive eligibility, or expediting the application process for homeless persons. Communities have used unique approaches of providing interim coverage for people with pending applications.

- ***Spotlight: Albany, New York***

Albany gives persons with complete Medicaid applications temporary benefit cards to cover immediate health care costs. Though this process is not perfect, it does offer some resource for immediate health care needs. Also, New York's Office of Mental Health supplies Albany with funds to provide psychiatric treatment and medications for Medicaid applicants waiting for approval.

Discussion Questions

- *What have we done locally to eliminate capacity barriers?*

Eligibility Barriers

Eligibility barriers categorically prevent homeless persons from accessing benefits or services based on certain criteria. These restrictions tend to be embedded in federal policy. Six categories of eligibility barriers were identified:

1. Criminal History
2. Categorical Requirements
3. Homelessness (documenting and verifying length of homelessness)
4. Family Size and Composition
5. Mental Health and Substance Abuse
6. Health Insurance

By definition, the mechanisms used by communities to address eligibility barriers are changing mechanisms. Of the six categories listed above, criminal history is addressed most effectively throughout the communities studied. Criminal history can be a barrier to a number of benefits and services. Most prominently, housing access is restricted by criminal history. These restrictions come from federal regulations, locally sponsored housing authorities, and landlords. Within the communities studied, it was near to impossible to find housing for persons with arson-related or sex-related offenses. Nonetheless, at the local level, communities have successfully eliminated some eligibility barriers. One method of addressing the restrictions for criminal history involves changes in eligibility restrictions. As the examples show below, sometimes a little push and paperwork is all that is needed to allow for restrictions to be relaxed.

- ***Spotlight: Albuquerque's Crossroads for Women***

Crossroads for Women is an agency in the Albuquerque Continuum of Care that provides a number of services to homeless women who are suffering from mental illness and substance abuse disorders. Services provided include housing, case management, life skills, and mental health. In 2005, the Public Housing Authority issued new rules that affected many women served by Crossroads. The new rules prohibited housing for anyone with a felony conviction and eliminated a federally allowed exception regarding substance abuse. Crossroads convened a meeting with the housing authority and submitted legal documents that showed an inconsistency with federal law. The Housing Authority informed them the only way that they could continue to serve the clients affected by the new rule was to file a "hopeless appeal." Undaunted, Crossroads initiated numerous appeals. With a 90% success rate, most women they wish to serve are deemed eligible for housing assistance.

Some communities have developed special courts that directly or indirectly affect homeless people. This type of mechanism allows people experiencing homelessness to be given special attention in one form or another. For example, Denver and many other communities, including many in the Bay Area, have Homeless Courts, which create a docket for eligible homeless persons. Once a person is entered in the docket, outstanding warrants are generally vacated and fines may be reduced or eliminated. Many other special courts used in various communities indirectly effect homeless people, such as mental health courts and substance abuse courts.

Creating liaisons between landlords and tenants is another mechanism used by communities to reduce the harm of eligibility barriers regarding criminal history. Landlords frequently outright reject persons with a criminal history, especially in such an increasingly competitive private housing market. To address this, Norfolk created a Housing Broker Team that encourages landlords to house homeless clients and in turn provides housing expertise and a point of contact for landlords. The team can tell the landlord that they have met the likely faceless applicant with a criminal history.

Conclusion & Implications

Most persons who seek mainstream benefits and services face one or more of these barriers. However, when a person experiences homelessness, he or she will face these barriers to a greater degree. Structural barriers, capacity barriers, and eligibility barriers have the capacity to increase in number and magnitude for a person experiencing homelessness. Ending homelessness requires housing, but it also requires adequate supports from mainstream services and benefits. The barriers faced in accessing such support need to be decreased.

The study identified three conditions that increase the likelihood that a community has adequate supports to move persons into permanent supportive housing and enable persons to retain that housing. The first is that communities have an organizational structure that is not only focused on funding allocation, but also on addressing the principles and policies that continue to improve access to mainstream benefits and services. Communities need to not only have a 10 Year Plan, but also embrace the principles and goals of their 10 Year Plan in order to end homelessness. Second, communities should seek and commit to a variety of mechanisms to improve access to mainstream benefits and services. There is no shortage of ideas, many are exemplified throughout the study communities. Lastly, communities will benefit by tracking the outcomes of their efforts, which can occur through the homeless management information systems (HMIS). This will allow communities to systematically determine the problem areas that need to be addressed to improve access. In turn, these successes enable organizing structures to rally more support for the communities at large.

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Exhibit 3.1: Key Features of Study Communities that Facilitate Homeless People’s Access to Mainstream Services

Community	Organizing Entity	Implementing Entity	Role of Local Elected Officials	Role of Mainstream Agencies	Role of Service Providers	Change in Level of Resources
Miami (since 1993; 10 Year Plan [10YP] in 2004 as add-on to Homeless Plan)	Homeless Trust (HT)	Homeless Trust	Five of 27 HT Board members either are or represent local elected officials; elected law enforcement and mayors have strongly supported the Criminal Mental Health Project; HT advises County Board of Commissioners on homeless matters	Recently signed Memorandum of Agreement to increase connections with homeless system; much co-location; strong involvement of criminal justice agencies; schools and Department of Children and Families have representatives on HT Board	Main access mechanisms run through providers—Citrus for outreach and jail connections, Camillus for families, Community Partnership for the Homeless for the Homeless Assistance Centers	Local dedicated tax, increased state funding, especially for Criminal Mental Health Project
Denver (since 2000; 10YP since 2005—established Denver’s Road Home)	Denver Commission to End Homelessness/ Denver’s Road Home (DRH)	Denver’s Road Home and the Commission’s seven committees	Strong commitment of mayor and City Council	Strong Dpt. Of Human Services (DHS) involvement; DRH is housed in and works integrally with Denver DHS	Many new and expanded programs under Denver’s Road Home to increase access as well as other goals	Major fundraising focus—\$46 million for first four years, on target; 50% public, 25% corporate, 25% private
Pittsburgh (DHS reorganized in 1997; Advisory Board since 2003; 10YP since 2005)	Allegheny County Homeless Advisory Board—public-private partnership	Department of Human Services and, through its contracts, service providers	Not directly involved	DHS is the locus of most activity to increase access; funding flexibility to fill gaps identified by Advisory Board	Work closely with DHS to implement strategies that DHS funds	Have refocused existing money, generated new grant funds from the U.S. Department of Housing and Urban Development and the Substance Abuse and Mental Health Services Administration for targeted services

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Community	Organizing Entity	Implementing Entity	Role of Local Elected Officials	Role of Mainstream Agencies	Role of Service Providers	Change in Level of Resources
Portland (since 1987; no local 10YP, statewide since 2008 but were earlier plans)	Emergency Shelter Assessment Committee (ESAC)	ESAC's Mainstream Resources and Priorities Committees	Not directly involved, but supportive	Do trainings, establish point person, co-locate staff, provide leadership through ESAC membership	Highly collaborative, host co-located staff, extend trainings internally	Small increase in health resources, bridge housing resources
Norfolk (since 2004; 10YP since 2005)	Mayor's Office to End Homelessness (OEH); Norfolk Homeless Consortium	OEH; Homeless Action and Response Team (HART), Consortium	Strong mayoral commitment	HART is housed in DHS, which promotes mainstream access for families and some singles, and connects to other agencies	Support HART and efforts to end/prevent family homelessness, but less integrated with other 10YP goals	Creative use of state funds for family preservation, some use of federal block grant funds, but have faced significant cuts
Albany (since 1996; 10YP since 2005)	Albany County Coalition on Homelessness (ACCH)	Split—co-location, Single Point of Access for mental health services	Endorsed 10YP development; supportive through Dpt. of Social Services (DSS)	Participate in ACCH; Dpt. of Mental Health leads Single Point of Access for mental health services	Participate in ACCH	NY has General Assistance; DSS has put resources into prevention and Housing First
Albuquerque (since 2003; 5 Year Plan [5YP] since 2007)	New Mexico Coalition to End Homelessness and its Steering Committee for the Albuquerque Continuum of Care	Mostly actions of individual service providers seeking resources for their clients	Local government funded the Coalition to write a 5YP, but the plan was written and is being implemented by the Coalition	One provider has funding from several mainstream agencies, but most do not; some co-location, some procedural changes	Provide the primary leadership and all the implementation	City funds Housing First, Homeless Court, centralized substance abuse intake through sobering center on its own initiative; low level of services combined with recent budget cuts are big problem

Exhibit 8.1: Summary of Findings Related to Specific Benefits and Services

Benefit or Service	Smoothing, Changing, or Expanding Mechanisms in Study Communities	Issues
Entitlements (no cap on how many people can receive if eligible)		
Food stamps	SMOOTHING— Denver, Miami, Portland, Norfolk, Albany, Pittsburgh (through simplified applications, waiver of face-to-face interview requirements, expedited access, outreach, outstationing, “pending” applications, and suspending rather than terminating benefits during institutional stays)	Cannot change eligibility; set at federal level. Can smooth application procedures and facilitate acquisition of needed documentation. Recent federal policy is pushing streamlined procedures that increase access
Medicaid	SMOOTHING— Miami (children, through Temporary Assistance for Needy Families [TANF] office, mentally ill offenders through Supplemental Security Income/Social Security Disability Income [SSI/SSDI] Outreach, Access, and, and Recovery [SOAR]); Portland (specialized SSI staff, consolidated application); Denver (consolidated application, outreach, benefit suspension for institutionalized persons); Norfolk (Homeless Action Response Team); Albany (outreach at hospitals); Pittsburgh (consolidated application, rapid enrollment in medical assistance managed care program) EXPANDING— Portland (MaineCare noncategorical eligibility); Albany (all General Assistance [GA] recipients eligible for state-funded Medicaid)	Cannot change eligibility for basic program; set at federal level. Can smooth application procedures and acquisition of needed documentation. Some states set up additional eligibility categories and pay for coverage entirely with state dollars. Among study communities, Maine and New York do this.
Medicare	No study community specifically mentioned trying to improve access to Medicare, but SOAR and other mechanisms to improve SSI access do the same for SSDI if it is relevant, so these mechanisms will also increase access to Medicare for anyone eligible for SSDI.	Depends on eligibility for SSDI, which most homeless people will not have the employment history to qualify for, or on age (65 and older).
SSI/SSDI	SMOOTHING— Denver, Miami, Portland, Norfolk, Albany, Pittsburgh (through SOAR or specialized staff in public or homeless agencies, including significant cooperation that has been developed with local Social Security Administration offices)	Issues same as Medicaid. SOAR and other mechanisms make a big difference for speed and success of SSI applications.
General Assistance	SMOOTHING— Portland, Pittsburgh EXPANDING— Denver (increased motel vouchers using General Assistance funds)	Many states do not have General Assistance; for those that do, eligibility thresholds and benefit levels are very low.
Veterans’ disability benefits	SMOOTHING— Denver, Miami, Portland, Norfolk, Albany, Pittsburgh	Need honorable or general discharge, length of service, documentation is an issue, vets of older wars losing priority to newer vets.
Veterans’ pension	SMOOTHING— Denver, Miami, Portland, Norfolk, Albany, Pittsburgh	
Other Benefits and Services (resources usually not sufficient to serve all eligible people)		
TANF	SMOOTHING— Portland, Denver, Norfolk, Pittsburgh (consolidated	Eligibility, length of receipt, requirements

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Benefit or Service	Smoothing, Changing, or Expanding Mechanisms in Study Communities	Issues
	applications, language lines, computerized search for documentation)	for participation, and sanctioning policy are set at state level, with little local flexibility to modify.
Health care	SMOOTHING— All (Health Care for the Homeless [HCH]), Miami (post-shelter linkage); Denver (priority at clinic, mobile unit); Pittsburgh and Albuquerque (co-location) EXPANDING— Miami (Homeless Trust purchase of health services), Portland (MaineCare for noncategoricals); Denver (new medical respite program)	State or local jurisdictions must commit resources; of study communities, only Portland (Maine) has expanded Medicaid eligibility through state-only funding.
Mental health services other than through Medicaid	SMOOTHING— Miami (purchase of services); Norfolk (Projects for Assistance in Transition from Homelessness [PATH] and Assertive Community Treatment [ACT] teams); Albany (single point of access, co-location); Pittsburgh (case management, provider coordination, co-location); Albuquerque (co-location) EXPANDING— Miami (Homeless Trust purchase of services, state and federal grants, county funds); Denver (new ACT team); Pittsburgh (new funds for behavioral health managed care entity)	Funding falls extremely short of need in all study communities.
Substance abuse treatment other than through Medicaid	SMOOTHING— Denver (PATH, Benefit Acquisition and Retention, and Homeless Outreach teams); Albany (single point of access); Pittsburgh (provider coordination) EXPANDING— Portland (HCH expansion, provider specialization); Albuquerque (new city funding for Sobering Center/single point of entry for substance abuse services)	Funding falls extremely short of need in all study communities.
Federal rent subsidies or public housing	SMOOTHING— Portland, Denver, Norfolk CHANGING— Pittsburgh (changed Moving to Work felony rehabilitation clause systemwide); Albuquerque (adjusted felony rules for one program’s clients)	Far too few subsidies, waiting lists are extensive or closed, not all give priority to homeless households.
State/local rent subsidies	EXPANDING— Miami (for ex-offenders with mental illness); Denver (Road Home funds); Portland (access to state subsidies); Albany (two local housing trusts); Pittsburgh (Local Housing Options Team); Albuquerque (city funds to support housing first program)	Shows strong local commitment, but still too few.
Use of Community Development Block Grant and Home Investment Partnership for homeless-related housing	CHANGING/EXPANDING— Denver, Norfolk, Pittsburgh, Portland (similar resources from state housing authority/housing finance agency)	Rare nationally, so having four out of seven study communities allocating resources from these U.S. Department of Housing and Urban Development block grants to homeless-related residential programs reflects the consequences of high-level executive leadership on ending homelessness.

Exhibit 8.1: Summary of Findings Related to Specific Benefits and Services

Benefit or Service	Smoothing, Changing, or Expanding Mechanisms in Study Communities	Issues
Employment and training	SMOOTHING— Denver, Norfolk CHANGING-- Albuquerque (Vocational Rehabilitation resources for women with criminal histories) EXPANDING— Pittsburgh (Homeless Children’s Education Fund)	Federal performance standards may discourage some One-Stops from serving people with disabilities; pressure for people to be work-ready.
U.S. Department of Veterans Affairs (VA) health/ behavioral health care	SMOOTHING— Denver, Miami, Portland, Norfolk, Albany, Pittsburgh	Same as for VA cash benefits.