



Colorado Department of Human Services
people who help people



The Colorado Interagency Council on Homelessness

Addressing Homelessness Strategic Action Plan



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**Colorado Interagency Council on Homelessness
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

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.

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

Action 1.1.2

Investigate and make recommendations to Executive Office on coordinating substance abuse treatment with any potential Medicaid resources.

(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

Expected Outcome:

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

Recommended strategies for meeting stated outcome:

- Research ability to coordinate Medicaid resources for substance abusers.
- Research overall cost to state budget and effectiveness of providing substance abusers with Medicaid covered treatment versus status quo.

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

Action 1.1.3

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

Expected Outcome:

Expanded resources for substance abuse services

Recommended strategies for meeting stated outcome:

- Identify potential sources of funding
- 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.

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

Action 1.1.4

**Examine and research cost effective strategies for providing treatment and services to homeless persons with substance abuse issues.
(New Initiative)**

Expected Outcome:

Strategies to address the treatment and service needs of homeless persons with substance abuse issues will be based upon not only the needs of consumers but responsible fiscal analysis and cost effectiveness of providing services.

Recommended strategies for meeting stated outcome:

- Research cost of providing Medicaid covered treatment versus impact to overall state budget of not providing covered treatment.
- Investigate other options for expanding treatment to homeless persons with substance abuse issues.
- Develop a report with findings and recommendations to be presented to Council and Executive Office.
- Coordinate implementation of any approved recommendations.

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

MENTAL HEALTH

Strategy 1.2 Expand and maximize existing mental health resources.

Action 1.2.1

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

Expected Outcome:

Annually investigate and aggressively submit applications for financial resources from both the public and private sectors to increase resources for mental health services and treatment for chronically homeless persons with serious mental illness or co-occurring disorders.

Recommended strategies for meeting stated outcome:

- Investigate grant opportunities to increase financial resources and submit applications.
- Investigate laying the ground-work for submitting any future new decision items.

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

Action 1.2.2

Increase street outreach services
(New Initiative)

Expected Outcome:

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

Recommended strategies for meeting stated outcome:

- Incorporate action within the RFP Process that the Mental Health Assessment and Services Agencies (MHASAs) use to compete for implementation of the Medicaid Mental Health Capitation Program Contracts. Additional points could be awarded within the RFP process to MHASAs based upon the technical merits of their response to how they intend to increase outreach services to homeless persons with severe mental illness and co-occurring disorders.
- CCH receives SAMSHA collaborative grant with MHCD. **Received October 2002**
- Include faith-based providers, food sites for outreach and train staff.

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

Health Services

Strategy 1.3: Expand and maximize existing health resources.

Action 1.3.1

Expand medical respite care

(New Initiative)

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.

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

Action 1.3.2

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

Expected Outcome:

- Expanded specialized clinics.
- Two new sites funded by October 2006. (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.

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

New

Action 1.3.3

Maintain and target tobacco dollars for health care to the homeless sites.

Expected Outcome:

Recommended strategies for meeting stated outcome:

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

New

Action 1.3.4

Expand resources for health care for the homeless.

Expected Outcome:

Recommended strategies for meeting stated outcome:

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

New

Action 1.3.5

Develop action for increased dental care for homeless persons.

Expected Outcome:

Recommended strategies for meeting stated outcome:

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

New

Action 1.3.6

Examine and develop recommendations for increasing homeless persons access to the CHP+ program.

Expected Outcome:

Recommended strategies for meeting stated outcome:

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

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 State 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 Investigate and examine if there is a need for housing legislation that increases the availability of affordable housing options for homeless consumers.

Action 2.1.1

Monitor and make recommendations on efforts to create a Metro Affordable Housing District through the State Legislature

(Ongoing Activity)

Expected Outcome:

- Coordination of public/private efforts in addressing affordable housing funding
- More Permanent affordable housing built at 60% AMI or less, except for homeownership

Recommended strategies for meeting stated outcome:

Committee Responsible:

Legislation

Timeline:

Action 2.1.2

Establish a committee with diverse participation from the public and private sector to explore the development of a State Housing Trust Fund.

(Ongoing Activity)

Expected Outcome:

- Development or rehabilitation of more affordable housing stock or programs with statewide coverage
- Decrease amount of gap and numbers of individuals who cannot meet their housing needs.

Recommended strategies for meeting stated outcome:

- Create a broad-based coalition; reach consensus and implement.

Committee Responsible:

Legislation

Timeline:

Action 2.1.3

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

(New Initiative)

Expected Outcome:

- Increased usage of TANF dollars for housing related activities.
- Increased development and preservation 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)

Committee Responsible:

Legislation

Timeline:

New

Action 2.1.4

Monitor and make recommendations on the impact of national efforts to create a National Housing Trust Fund.

(New Initiative)

Expected Outcome:

Recommended strategies for meeting stated outcome:

Committee Responsible:

Legislation

Timeline:

New Homeless Programs

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

Action 2.2.1

Investigate targeting/set-aside of state 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

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.
- Examine and apply for opportunities to increase housing resources with new funding rather than competing with current resources.

Committee Responsible:

Housing Development

Timeline:

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)

Expected Outcome:

Increased affordable housing stock through foreclosures available to non-profits

Recommended strategies for meeting stated outcome:

- 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.

Committee Responsible:

Housing Development

Timeline:

Action 2.2.3

Use Goebel class dollars to leverage and help implement housing initiatives

(Ongoing Activity)

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

Committee Responsible:

Housing Development

Timeline:

Action 2.2.4

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

(New Initiative)

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.

Recommended strategies for meeting stated outcome:

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

Committee Responsible:

Housing Development

Timeline:

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)

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

Committee Responsible:

Housing Development

Timeline:

Expanded Residential Special Need Housing

Strategy 2.3

Expand residential accessible housing options for homeless persons with mental illness, substance abuse issues, co-occurring disorders, HIV/AIDS, developmentally disabled and domestic violence issues.

Action 2.3.1

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

(New Initiative)

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.

Recommended strategies for meeting stated outcome:

- 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.
 - increased training
 - increased services
- Submit grant applications

Committee Responsible:

Housing Development

Timeline:

Action 2.3.2

Develop housing options for people coming out of residential treatment including accessible housing.

(New Initiative)

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

Committee Responsible:

Housing Development

Timeline:

Action 2.3.3

Maximize access to existing family residential substance abuse treatment programs.

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.

Committee Responsible:

Housing Development

Timeline:

Public/Private Housing Development

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

Action 2.4.1

Increase affordable permanent and accessible supportive housing stock. Examine how we spend money on emergency, transitional, and permanent housing stock and develop recommendations on the appropriate distribution of resources.

(New Activity)

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.

Committee Responsible:

Housing Development

Timeline:

Action 2.4.2

Engage the business community in the development of affordable permanent housing for their workers.

(Ongoing Initiative)

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.

Committee Responsible:

Housing Development

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)

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

Committee Responsible:

Benefits

Timeline:

Action 3.1.2

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

(New Initiative)

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.

Committee Responsible:

Benefits

Timeline:

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)

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

Recommended strategies for meeting stated outcome:

- 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.

Committee Responsible:

Staff

Timeline:

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)

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

Committee Responsible:

Staff

Timeline:

Action 3.2.3

Examine issues of cost shifting on the part of HUD & HHS.

(New Project)

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.

Committee Responsible:

Staff

Timeline:

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

Improve interdepartmental coordination and responsibility for addressing homelessness and investigate whether a statute, legislative resolution or executive order within the state should be developed to ensure that the state is meeting the needs of Coloradoans who are homeless.

(New Initiative)

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
- Responsibilities for housing and service distribution will be coordinated and Department's will be held accountable for ensuring that homeless individuals, families and youth receive adequate services and intervention.

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.

Committee Responsible:

Legislation

Timeline:**Action 3.3.2****Use Homeless Council members 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, Local Affairs, Colorado Division of Housing 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, Public and private mental health/substance abuse organizations, Private health insurance providers – “Kaiser”

(Ongoing Activity)**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:

- Council Committees to identify and invite participation from other public/private agencies.

Committee Responsible:

All

Timeline:

Action 3.3.3

Investigate developing intervention procedures for chronically homeless families caught in the hotel/motel trap who have substance abuse and mental health issues.

(New Activity)

Expected Outcome:

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

Recommended strategies for meeting stated outcome:

- Coordinate and support the existing efforts of Joshua Station and the Colfax Community Network
- 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 2005.
- Pilot project will begin implementation by October 2004
- Intervention procedures are developed by July 2004.
- Resources are identified to implement procedures
- Interested homeless agencies are trained and adopt program.
- CCH implements new health outreach vans from Stout Street

Committee Responsible:

Families, Children and Youth

Timeline:

Action 3.3.4

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

(New Activity)

Expected Outcome:

- Quarterly sub-committees will be developed in at least ten jurisdictions by June 2005
- Two regional sub-committees will be developed and meet at least bi-annually by June 2006
- 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 co-chairs 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.
- Work with Office of Self-Sufficiency to incorporate into appropriate forums.

Committee Responsible:

Families, Children and Youth

Timeline:

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)

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 2005.
- List of schools and existing programs will be developed by October 2004.
- Current programs evaluated by February 2005.
- Model program developed and disseminated by August 2005.
- 15% increase in number of clinics offering outreach by November 2004.
- 15% increase in number of families/youth receiving information by November 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

Committee Responsible:
Families, Children and Youth

Timeline:

Action 4.1.2

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

(New Activity)

Expected Outcome:

- Cooperation acquired by December 2004.
- Community Partnerships Identified by January 2005.
- Model developed by March 2005.
- 15% of the funded Community Partnerships incorporate outreach protocols by September 2005.

Recommended strategies for meeting stated outcome:

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

Committee Responsible:
Families, Children and Youth

Timeline:

Action 4.1.3

Increase street outreach services. Maybe through expanded PATH program.

(New Activity)

Relates to 1.1.2 Combine efforts with this action.

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 2004.
- Outreach program assessments will be completed by January 2005.
- 15% increase in outreach programs and people served by June 2005.

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.

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

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 and co-location of 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.

(New Activity)

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 Directors of State Departments authorize targeting and policy/rule changes for at least 20% of recommended changes.
- Gant chart completed by October 2004.
- Programs evaluated by January 2005.
- Recommendations approved by June 2005

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.

Committee Responsible:

Benefits

Timeline:

Action 4.2.2

Coordinate existing HMIS system with intake and assessment procedures utilized by Mainstream Resources.

(Ongoing Activity)

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 2005. 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 Tapestry 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 2004.
- Identification of ways to coordinate information will be accomplished by January 2005.
- Agreements to coordinate processes and procedures with each mainstream program will be developed by June 2005.
- Implementation of agreements will begin in July 2005.

Committee Responsible:

Benefits and HMIS System Administrators

Timeline:

Action 4.2.3

Investigate coordinating access to CBMS system for non-profit homeless providers to expedite intake and eligibility processes to mainstream resources.

(Ongoing Activity)

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 2005. Baseline percent will be based upon data collected in the 2001 Homeless Point-in-Time survey and any new data collected through the coordination of Tapestry HMIS system.

Recommended strategies for meeting stated outcome:

- Development of policy granting access rights to approved non-profit agencies.
- CBMS training expanded to non-profit agencies.
- Investigate potential of linkages between Tapestry and CBMS
- 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.

New

- Homeless persons who are eligible to receive mainstream benefits will be identified and referred to appropriate public agencies for application purposes.
- HMIS/CBMS 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 2004.
- Identification of ways to coordinate information will be accomplished by January 2005.
- Agreements to coordinate processes and procedures with each mainstream program will be developed by June 2005.
- Implementation of agreements will begin in July 2005.

Committee Responsible:

Benefits and HMIS System Administrators

Timeline:

SSI

Strategy 4.3 Develop new processes, policies and procedures for in accessing Medicaid and SSI for homeless persons with severe disabilities.

Action 4.3.1

Provide consistent training for managers and technicians across counties.

(New Activity)

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.

Committee Responsible:

Benefits

Timeline:

Action 4.3.2

Outstation/co-location county and federal workers at area homeless facilities for application and follow-up.

(Expanded Activity)

Expected Outcome:

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

Recommended strategies for meeting stated outcome:

- 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 2004.
- SSA meeting is held by October 2004.
- Implementation of plan begins July 1 2005.
- 15% increase in number of facilities with out-stationed workers.

Committee Responsible:

Benefits

Timeline:

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)

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 tools 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.

Committee Responsible:

Benefits

Timeline:

Action 4.3.4

Improve disability determination process and benefits acquisition for persons who are homeless.

(New Initiative)

Revised

Expected Outcome:

- Application process barriers and content is identified.
- Recommendations are developed to improve processing time and eligibility outcomes.

- Homeless providers receive training on application process and requirements
- DDS receives information and responds to how they can help meet the special application requirements of persons who are homeless.
- Point/contact persons are identified at both service agencies and DDS to facilitate improved communication.
- 25% decrease in the number of initially denied applications for Soc. Sec. Disability.
- Mental health centers receive training on improving the application process and requirements for their homeless consumers.

Recommended strategies for meeting stated outcome:

- Issues include disability determination process, SSI application process, Medicaid
- Develop recommendation to improve application process and procedures
- Establish a streamlined application process with agreed upon procedures
- Promote and educate both public and private providers on streamlined process and procedures.
- Work with SSA to coordinate training and develop appropriate application processes.
- Request Governor’s Office to appoint Donald Ketcham from SSA to Interagency Homeless Council.
- Coordinate with CCH and Denver SSA to replicate current efforts to improve the SSI determination process throughout the state.
- Monitor results

Related Issues:

Consider working with Jeremy Rosen and Yvonne Perrot for technical assistance.

Committee Responsible:

Benefits

Timeline:

Action 4.3.5

Establish representative payee agencies for homeless persons applying for SSI.

(New Activity)

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.

Committee Responsible:

Benefits

Timeline:

<p>Discharge Planning</p> <p>Strategy 4.4 Improve discharge planning procedures across institutions.</p>
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Action 4.4.1

Decrease number of persons being released from correctional facilities, mental health institutions, medical facilities, foster care, and residential treatment facilities to shelters and the streets.

(New Activity)

Related Actions: 1.1.1 & 2.2.1

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

Actions already accomplished:

- Mental Health Services already has adopted a new policy that prohibits discharge from public mental health facilities to the streets.

Committee Responsible:

Discharge and Families, Children and Youth

Timeline:

<p>Medicaid</p> <p>Strategy 4.5 Develop effective pathways to accessing Medicaid benefits.</p>
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Action 4.5.1

Simplify the SSI application process and streamline forms. Related actions 4.3.1, 4.3.2, 4.3.2, 4.3.4 and 4.3.5.

(New Initiative)

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.

Committee Responsible:

Benefits

Timeline:

<p>Integrated Treatment</p> <p>Strategy 4.6 Develop integrated treatment programs for persons with co-occurring disorders.</p>
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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)

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

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

Action 4.6.2

Develop pilot project for integrating mental health and substance abuse treatment.

(New Initiative)

Expected Outcome:

- Integrated mental health and substance abuse treatment pilot project is developed and implemented.
- Pilot project model is developed by August 2004.
- Pilot project implemented by January 2005.
- 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 2004
- SAMSHA CCH grant awarded - Done
- Incorporate Goebel service plan

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

Action 4.6.3

Investigate co-locating mental health services with other health services/substance abuse services.

(New Initiative)

Expected Outcome:

- Opportunities for co-locating services will be examined with recommendations on how to proceed.
- Recommendations for co-locating any services will be forwarded to Executive Management Team and Executive Director for approval by November 2004.

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.

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

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)

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

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

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 crossover 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)

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.

Committee Responsible:

Continuum of Care Boards, MDHI Mainstream Committee, Staff

Timeline:

Action 5.1.2

Increase priority for mental health issues among state legislature.

(Ongoing Activity)

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.

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

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)

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:

- Examine current costs to state of current policies and develop recommendations on how changes in policy could decrease costs to corrections, Medicaid, and services. Cost benefit analysis.

- Other strategies to be identified by implementers

Committee Responsible:

Education

Timeline:

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)

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

Committee Responsible:

Education

Timeline:

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, Self-sufficiency, SA & abstinence)

(New Activity)

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.

Committee Responsible:

Education

Timeline:

Action 5.2.3

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

(New Action)

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.

Committee Responsible:

Mental Health, Substance Abuse, Health & Integrated Treatment Committee

Timeline:

Action 5.2.4

Provide stigma reduction training to public and private service providers.

(New Initiative)

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.

Committee Responsible:

Education

Timeline:

Action 5.2.5

Develop culturally appropriate services and training that more effectively address individual issues.

(New Project)

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 traditional values.)

Committee Responsible:

Education

Timeline:

NEW

Action 5.2.6

Expand education efforts to business, faith based agencies, and general public.

(New Project)

Expected Outcome:

- General public more informed about the true needs of persons who are homeless
- General public more informed about the reasons for homelessness and the solutions.

Recommended strategies for meeting stated outcome:

- Involve the business community
- Personalize to each jurisdiction or region
- Address peoples fears

Committee Responsible:

Education

Timeline: