

Oklahoma Department of Commerce

*GOVERNOR'S INTERAGENCY
COUNCIL ON HOMELESSNESS*

OKLAHOMA'S
10 YEAR PLAN
TO END HOMELESSNESS



August, 2008

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Introduction and Purpose of Report

The State of Oklahoma submitted grant applications in 2001 to participate in both a Policy Academy on Chronic Homelessness and a Policy Academy on Homeless Families and Children. Delegates from Oklahoma attended both Academies (Chronic Homelessness in Denver, Colorado, October 27-29, 2003 and Homeless Families and Children in Miami, Florida, January 27-29, 2004.) The State team was comprised of representation from the Governor's Office, the Legislature, State agencies and other community stakeholders. The outcome of this participation was the creation of an Oklahoma State Action Plan on Homelessness, based on the vision that all Oklahomans should work together to ensure individuals and families in the state have access to safe, permanent housing and comprehensive supportive services to reduce and prevent homelessness.

In March, 2004, The Governor's Interagency Council on Homelessness (GICH) was established by Executive Order 2004-10. The Council has worked closely with State agencies and local Continuum of Care groups to meet common goals such as: promoting collaborations among stakeholders; developing and implementing strategies to improve access to services and mainstream resources; receiving federal and state benefits and, developing affordable, permanent housing.

The GICH has established five Strategy groups as a part of the State Action Plan on Homelessness with membership of stakeholders addressing the following major issues:

1. Promoting Collaborations Among Stakeholders –

The on-going goals of this committee are to: promote understanding of homelessness and create public and political "will"; develop and implement a statewide data collection system - Homeless Management Information System (HMIS); create an outcome based measurement system; and to coordinate the Continuum of Care resources. This committee will also create a local Homeless Coordinating Committee with the appropriate membership including representatives from the eight Continua of Care, planning commissions, mayors, county commissioners, and public officials.

2. Improving Access to Services –

Representatives from service agencies and those working with prisoners, people with disabilities, foster children, and health care, will establish statewide guidelines and coordinate efforts to reduce the flow into homelessness. On a national level this is referred to as "closing the front door." This committee has made progress by facilitating the implementation of discharge planning/homeless prevention policies that do not contribute to homelessness in partnership with

appropriate agencies in both rural and urban areas; increasing access to comprehensive health care services for individuals and families who are homeless; improving coordination between domestic violence and homeless service providers; and facilitating the implementation of support services (in rural and urban areas) to assist people with accessing and maintaining community based resources such as housing, employment & education.

3. Increasing Access To Affordable, Permanent Housing For Homeless Individuals And Families –

Representatives from financial institutions, housing authorities, developers, providers and planners have been developing statewide guidelines and measurable actions for: Increasing permanent housing dedicated to homelessness and those at-risk of homelessness that is truly affordable and maximizing the effectiveness of Continuum of Care (CoC) housing dollars in both urban and rural areas. This committee continues to work on obtaining statewide funding with a renewable resource to build Housing First units.

4. Improving Access to Mainstream Resources –

The committee has representation from homeless providers, case managers, Workforce Services, educators, researchers, legal, Veterans Administration, and the Social Security Administration, and has worked to provide increased access to job services for individuals and families; increase access to income tax credits for homeless people and people at risk of becoming homeless; provide viable, affordable transportation; and to provide increased access to and awareness of educational services in both the urban and rural areas. To create an effective delivery of mainstream resources, this group will be tasked with identifying, developing and implementing statewide best practices for comprehensive case management services.

5. Improving Access to Federal and State Benefits –

This committee has achieved great success in providing a more streamlined and prompt process for SSI/SSDI through the implementation of SOAR. They continue to work on improving the process for receiving Medicaid, Veterans, and other public assistance benefits including nutrition programs; and identifying system gaps and barriers to accessing Federal and State benefits (urban and rural areas) and developing and implementing solutions.

This plan will draw on the prior years of work and address the broad issues of homelessness, including chronic homelessness.

Addressing the issue of chronic homelessness is a national effort established by President Bush with the goal of ending chronic homelessness in ten years. The United States Interagency Council on Homelessness (USICH) coordinates this effort among 20 federal agencies serving the homeless. The definition of chronic and other homelessness has been established by the Department of Housing and Urban Development (HUD) as follows:

- Temporary – Persons staying in the system for brief periods of time who do not return. This group accounts for about 80% of the homeless and, based on national and local research, consume about 32% of the resources devoted to support the homeless.
- Episodic – Persons that move in and out of the system on a fairly regular basis over time and account for about 10% of the homeless. This group consumes about 18% of the resources devoted to support the homeless.
- Chronic – An unaccompanied individual with a disabling condition who has been homeless for a year or more, or those who have experienced at least four episodes of homelessness within three years. This group accounts for about 10% of the homeless and consumes about 50% of the resources devoted to support the homeless. A significant number (one third) are veterans. The most recent Oklahoma Point-In-Time count indicates that 120 who are chronically homeless individuals are veterans.

In addition to those persons defined as homeless by HUD, there are many people who are at-risk of becoming homeless and/or do not have a permanent residence. These people are currently close to losing their housing or already sleeping on the couches of family, friends, or strangers. A single event such as missing a rent payment, increases in utility bills, losing a job or transportation, or being evicted or told to move can result in homelessness. This at-risk population need further research to determine possible preventive actions. There is not enough reliable data to state an exact number, but national estimates indicate that this population could double the number of homeless persons. The poverty level coupled with the number of homeless students in the public school system in Oklahoma indicates the need for further prevention strategies.

The Oklahoma Public School system receives federal McKinney Vento funding specifically to help students who are homeless continue or enroll in school regardless of their housing status. Each school district in Oklahoma has a designated Liaison that assists students who are homeless with enrollment, finding services, clothing, school supplies and referrals for the family.

Oklahoma's public schools have recently begun to track the number of children who are homeless and attending public school. The most recent statewide count indicates that over 9,000 children come from families that are homeless. The school system uses a more broad definition of homelessness and includes families who maybe living "doubled" with other families as well as in shelters, cars and other places that are not habitable.

Many solutions for ending homelessness have been tried. The most successful of these strategies is a "Housing First" approach. Placing the chronically or recently homeless in permanent supportive housing as soon as possible is less costly to the community than living on the street. An additional strategy aimed specifically to serve homeless families is "Rapid Re-Housing". As the term indicates, the goal is to keep families from entering the shelter system by quickly finding alternate housing.

Implementation of a plan with measurable outcomes is critical to ending homelessness and alleviating the devastating impact of homelessness on our citizens. Addressing the needs of the chronically homeless does not diminish the needs of the broader homeless population and those at risk of becoming homeless. Addressing the needs of the chronically homeless and homelessness in total includes continued efforts by local, state and federal programs already serving homeless persons, directly or indirectly, such as Continuum of Care, Emergency Shelter Grant, HOME, HOPWA, SAMSHA, HHS, VA, the Section 8 voucher choice program, Medicaid, WIA and TANF. If any of the funding for key programs addressing homelessness is reduced or limited by reasonable growth to match demand, it may be impossible for this plan to be successful in achieving the ambitious but otherwise achievable goal.

Governor's Interagency Council on Homelessness (GICH)

The Council is comprised of members appointed by the governor from a consortium of representatives from the Governor's Office, State agencies, community organizations, non-profit agencies and local governments. A full-time employee of the Oklahoma Department of Commerce has been dedicated to actively facilitate a comprehensive and coordinated statewide effort to end homelessness and create complete coverage of Continuum designation. This position has acted as liaison between the GICH and local/regional Continua by facilitating quarterly training focusing on numerous topics including chronic homelessness, mainstream resources, grassroots planning for continuum of care, statewide data collection and the great need for increasing permanent housing.

The GICH meets as a whole every other month and holds working strategy group meetings on the off months. The GICH has held annual retreats to focus on future needs and celebrate any successes. The most pressing needs to be addressed include: 1) pursuing needed legislation clearly defined as creating new units of permanent supportive housing with a renewable source of funding; 2) implementing the detailed action steps outlined in the State Action Plan; 3) coordinating all activities serving the homeless; 4) establishing outcome measures to determine resource utilization effectiveness supported by a statewide homeless management information system; 5) securing additional resources from all entities – the federal government, private investors, the State and local governments, and the public. GICH members should ensure that these actions are accomplished in a collaborative and integrated manner.

Oklahoma's Plan to End Homelessness

Mission Statement

Every person in Oklahoma will have access to safe, decent, truly affordable housing with the needed resources and support to achieve self-sufficiency.

Homelessness: Count – Costs – Present System

Homelessness is briefly defined as being without a permanent place to live that is fit for human habitation. According to the United States Interagency Council on Homelessness (USICH), there are approximately 750,000 homeless persons on any given night in the United States, and three million homeless Americans during the course of a year. In Oklahoma, a survey and analysis of homelessness statewide has been conducted annually since 2005. Below are the results of the most recent survey report.

2007 Statewide Point-In-Time Count

| | |
|---------------------------------|------|
| • Individuals | 2448 |
| • Persons in Families | 1001 |
| Total Homeless | 3449 |
| • Chronically Homeless | 673 |
| Percent of Chronically Homeless | 20% |

Estimated Number of People Who Will Experience Homeless in 2008

***12,070**

**Using Point in Time data to calculate the estimated number of people who will experience homelessness. This number is a rough estimate that does not account for future economic factors that contribute to homelessness.*

The homeless count is from recent continuum of care submissions based on the physical snapshot count accomplished in January. While the data provides basic information to be used and extrapolated, it is by no means a scientifically exact number. However, based on the recent count, at least 12,000 people or .3 % of the State's population will experience homelessness in 2008. Of the 3,449 people who were counted as homeless during the Point in time count, the chronically homeless count was 673 or 20%. Several national studies indicate that the chronically homeless are about 10% of the homeless population and consume about 50% of the resources. According to this count, the number of chronically homeless in Oklahoma is higher than in other parts of the nation. It would be reasonable to assume that the proportion of resources and services that this population uses is also much higher than the national average.

According to the data from the U.S. Department of Health and Human Services, chronic homelessness is associated with extreme poverty, poor job skills, lack of education, and serious health conditions, such as mental illness and chemical dependency. Studies indicate people experiencing chronic homelessness not only suffer as individuals, the communities incur significant financial costs among various providers. The chronically homeless frequently access community “crisis services.” For example, researchers at San Diego State University tracked 15 chronically homeless in San Diego for 18 months and determined the cost to the community for emergency medical service was \$65,600 per person per year. With all these expenditures, there was no improvement for the homeless person.

Studies in other states indicate that providing housing and supportive services reduced “crisis services” costs. The evidence on reduced crisis service costs includes a study conducted by the University of Pennsylvania of permanent supportive housing developments in New York City. This study determined persons with mental illness experiencing long-term homelessness used an average of \$40,500 per year of shelter, corrections, and health services. Once housed with adequate supportive services, the community costs per individual served represented a savings of \$12,145. Minnesota also demonstrated savings of \$6,200 per person when a “Housing First” approach was adopted.

The homelessness costs to Oklahoma communities have not been extensively studied, but the preliminary analysis of costs indicate that providing permanent supportive housing is significantly less expensive than the present approach. In addition to costing less for a person to be housed with supportive services, by having an address, many of the chronically homeless will be able to access mainstream resources such as SSI, Medicaid, Food Stamps, Job and Employment services etc. while not impossible without a place to live, these services are more difficult to access.

The present system and available resources have proven inadequate to meet the challenge of significantly reducing, let alone ending chronic homelessness. A new approach is needed.

Oklahoma's Present System and Why it Needs to Change

The homeless shelter and service system in Oklahoma has evolved over the past two decades to address the changing homeless population.

Presently, there are approximately 1,340 temporary shelter beds in Oklahoma reflecting a range of shelter models. This system is comprised of shelter facilities and transitional housing for both individuals and families that allow longer lengths of stay (some up to two years) in a services-enriched environment. The impetus for more comprehensive shelter service models has been threefold. First, it derived in part from the dramatic influx of families into the system that has occurred since the late 1980's. As single, female headed households increased among the percentage of the homeless, it was apparent that children, in particular, were ill suited to spend 12 hours each day on the city streets. In response, family shelter units and other transitional housing programs were developed. Secondly, this shift in service philosophy reflected a growing awareness of the cyclical nature of homelessness for many who experience it. The fact that many who became homeless were experiencing repeated and prolonged episodes of homelessness suggested the basic needs approach, while effective at protecting people from the difficulties of street life, were insufficient to truly move people out of homelessness. Finally, because of the difficulty for the homeless to access mainstream resources, homeless service providers compensated by providing an increasing range of services such as mental health and on-site substance abuse intervention.

Over time, in the absence of responsive, affordable, permanent supportive housing alternatives, this approach expanded to a residential service model designed to equip homeless households with the skills and resources to be successful in permanent housing. This has culminated in the evolution of a tiered system of care that moves those who are homeless through a succession of shelter programs designed to graduate them to permanent housing and self-sufficiency (see figure 1).

While this approach is logical on its face, it has ultimately proven ineffective for a variety of reasons. A shelter-based response that aims to "fix" the individual factors contributing to a household's homelessness does little to address the larger structural causes of homelessness. Moreover, many of the problems faced by deeply impoverished households, such as lack of education and marketable skills, histories of trauma and domestic abuse, and serious disabilities, are not resolved in a short amount of time and to the degree that would enable them to succeed in the competitive private housing market.

Oklahoma, in its diversity, is a state with unique issues for homeless persons in rural areas. In addition to the socio-economic factors of people in extreme poverty there is a lack of housing stock, economic opportunities and services in rural areas of the state. Access to mainstream resources and the ability to commute to other locations are difficult due to the large geographic area between towns and cities where these are located.

Thus, many remain in the homeless service system for long periods of time, or leave only to return. To compound this issue, the services and supports tied to shelters significantly diminish, or end, once the resident leaves the shelter. At the same time that shelter programs have become more service intensive, they have frequently adopted more demanding eligibility criteria and more strict program rules that have often effectively barred those households with the greatest needs.

Research indicates adopting a “Housing First” approach is significantly more supportive of the homeless and less costly for the community (see figure 1). In addition, as the Housing First model is implemented to meet immediate needs, a broad collaboration to resolve the root causes of homelessness needs to be explored. This will include collaboration to improve access to housing, education, life skills, and job skills.

Figure 1: Traditional Shelter Model

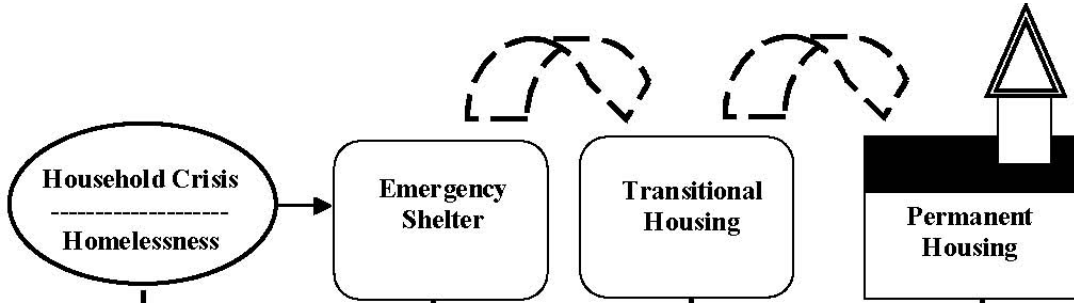
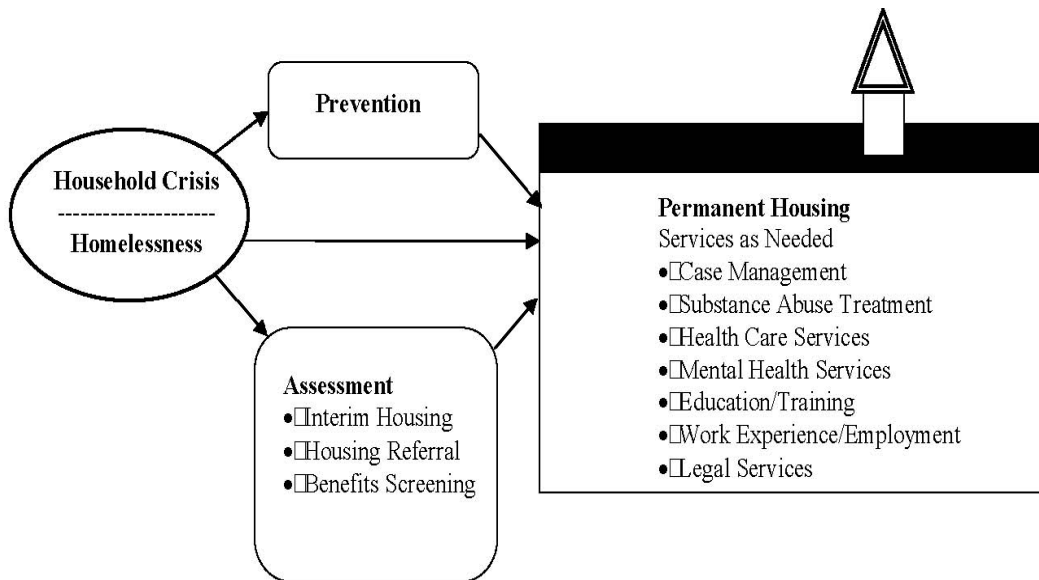


Figure 2: Housing First, Staying Housed Model



Strategic Plan

Getting housed quickly and keeping people housed needs to be a collaborative effort by a public/private framework for change. To end homelessness in Oklahoma, there must be a dramatic shift in the present approach of addressing homelessness from a shelter-based strategy to a permanent supportive housing-based strategy. This permanent supportive housing-based strategy has the following emphases:

1. Homeless Prevention Efforts– This involves reducing entrance into homelessness by at least 40% by 2013 from the baseline year of 2008 by having truly affordable available housing, effective discharge planning and prevention efforts for those at imminent risk.
2. Truly Affordable Housing – To begin with, policies and guidelines will be put in place that, as housing inventory is upgraded, there is no net loss from the 2008 affordable housing inventory. With 2008 as the base inventory, the permanent affordable housing designated for the homeless will be increased by at least 50% by the year 2014.
3. Supportive Services – This includes the appropriate case management level to provide the needed education, skill training for employment and life skills to improve self-sufficiency for those placed in permanent supportive housing. Services must also include mental health, substance abuse and specialty health care.
4. Management Information – This includes collecting and providing accurate data and measuring results from all agencies receiving public funding.

The most effective solutions to homelessness are: 1) prevent it when possible, 2) provide permanent supportive housing that makes it sustainable for those who are homeless, and 3) provide appropriate supportive services.

Responsibility

The GICH is responsible for implementing the ten-year plan and for ensuring the development of comprehensive cross systems strategies, such as linking those released from incarceration with housing agencies. Strategies will complement these approaches plus incorporate the unique needs of rural and urban areas.

With the above strategies, the homeless and chronically homeless count will be reduced by at least 50% in the 2014 homeless count compared with the 2008 count.

Homeless Prevention

It has long been argued the most effective strategy for addressing homelessness for those at imminent risk is to prevent its occurrence in the first place. This includes more systemic strategies that seek to prevent homelessness by ensuring people leaving institutions such as jails, prisons, foster care, or treatment facilities are not discharged to the streets or shelter system. Prevention efforts also include strategies such as one-time or short-term rent or mortgage assistance, legal assistance programs, representative payee and direct payment programs, meeting transportation needs, and housing placement services. In addition, strategies to improve educational and job skills, financial management, and a reduction in language barriers are needed. Another source of homelessness is domestic violence, which needs to be addressed more extensively among the homeless. The key to preventing homelessness is access to truly affordable housing.

Prevention Strategic Initiative

Over the next ten years, the GICH will improve the effectiveness of present resources for preventing homelessness, plus seek additional resources directed to prevention as the first line of defense in combating homelessness. Through this initiative, the GICH will expand the breadth of current efforts, increase their immediate accessibility, and improve their long-term effectiveness. These efforts will include the following:

1. Expanding the range and availability of prevention strategies by:
 - a. Increasing access to permanent supportive housing and services to reduce those entering into homelessness when leaving institutions by at least the following targets:

| | 2009 | 2011 | 2013 | 2015 | 2017 |
|--------------------------|------|------|------|------|------|
| Prisons | Base | 50% | 60% | 70% | 80% |
| Mental Health Facilities | Base | 15% | 25% | 30% | 35% |
| Foster Care | Base | 20% | 40% | 80% | 100% |
| Hospitals | Base | 20% | 40% | 80% | 100% |

- b. Reducing evictions from a 2008 baseline by at least 10% in 2009, 15% in 2011, 25% in 2013, 35% in 2015, and 50% in 2017.

2. Ensuring those discharged from prisons, mental health facilities, and foster care or juvenile services have developed a plan for self-reliance and support from either family or community agency(ies) as follows by at least:

| | 2008 | 2011 | 2013 | 2015 | 2017 |
|-------------------------------|------|------|------|------|------|
| Prisons | Base | 75% | 80% | 85% | 90% |
| Mental Health Facilities | Base | 50% | 60% | 70% | 80% |
| Foster Care/Juvenile Services | Base | 20% | 40% | 80% | 100% |

3. Increasing timely access to prevention resources by:

- a. Resource materials for homeless prevention will be provided to the 2-1-1 operators by 12/31/09. 2-1-1 service is available to all residents of Oklahoma. A real-time listing of available shelter beds will be accessible to 2-1-1.
- b. Increasing staff assessment resources by at least 10% annually from 2008 for identifying appropriate shelter alternatives, and facilitating access for persons at imminent risk of homelessness or who are homeless.

Truly Affordable Housing

“Truly” affordable housing is developed at “Extremely Low Income Limits” (30% of Median Income) and “Very Low Income Limits” (50% of Median Income). For those who are already homeless, the GICH will employ a “Housing First” strategy. A Housing First approach seeks to assist person(s)/family(ies) to exit homelessness as quickly as possible by placing them in permanent housing with appropriate supports. This approach assumes the factors contributing to a household’s homelessness can best be remedied once the household is housed. It also accepts that, for some of the most vulnerable citizens, lifelong support may be required to prevent the re-occurrence of homelessness. Hence, it seeks to maximize utilization of mainstream resources such as HOME, HOPWA, Medicaid for medical services, Temporary Assistance to Needy Families (TANF), Social Security, Workforce Initiative Act (WIA), Food Stamps, housing subsidies, etc. With innovative efforts, state-controlled monies like HOME, HOPWA and TANF may be used for temporary rental assistance, thus providing more resources for immediately housing homeless persons. For most, the model seeks long-term self-sufficiency, promoted through supportive services where housing and supportive services are combined. In shifting from the current tiered system of shelters and transitional housing to a Housing First model we recognize there will still be a need for emergency shelters and interim housing for stabilizing selected persons before placement in permanent supportive housing. The initial assessment will be focused on an immediate and comprehensive needs assessment, resource acquisition(i.e., public benefits and other forms of assistance) and housing placement. Changes to the system need to address the unique challenges homelessness poses in Oklahoma’s rural communities. The form of permanent supportive housing will vary according to the needs and desires of each household. For some, permanent supportive housing will mean a studio unit with on-site supportive services. For others, permanent supportive housing will be an individual apartment unit with a temporary rent subsidy, monthly case management, and facilitated access to community supportive services. For still others, the type of permanent supportive housing may change over time as they become more self-sufficient.

Truly Affordable Housing Strategic Initiatives

Simultaneous efforts to ensure a successful Housing First approach will be undertaken to expand the availability of truly affordable housing with appropriate supportive services by increasing accessibility to current housing and increasing the housing inventory through rehabilitation and new construction. It is understood there will be a need for some level of short-term emergency sheltering and transitional housing,

but the emphasis will be transitioning the existing tiered shelter system into a Housing First system. This approach includes the following:

1. Expanding availability of truly affordable supportive housing by:
 - a. Providing recommendation for changes to legislation and policies by September 1, 2010 to ensure the present affordable housing inventory is not reduced with future developments.
 - b. Increasing the availability of truly affordable permanent supportive housing units designated for the homeless over the 2008 inventory by at least 5% in 2009, 20% in 2011, 40% in 2013, 60% in 2015, and 80% in 2017.
 - c. Creating 100 additional project based supportive housing units per year from 2009 to 2014 for the episodic and chronically homeless.
 - d. Expanding supportive housing subsidies for the homeless to live independently with appropriate supportive services by at least 25% by the year 2014.
 - e. Developing 100 additional housing units such as safe havens and harm reduction programs, for those who need supportive housing, but would be better with nontraditional service models by 2012.
 - f. Increasing the availability of appropriate supportive Housing First models for homeless youth and youth transitioning out of foster care or juvenile services by at least 25% over the 2008 inventory by 2012.

2. Increasing accessibility of truly affordable permanent supportive housing by:
 - a. Developing coordination/availability of truly affordable housing, and linking households in interim housing with appropriate affordable permanent supportive housing.
 - b. Expanding and increasing coordination of outreach efforts for the chronically homeless for assessing and linking with mainstream services and permanent supportive housing.

3. Transitioning the existing shelter system to a Housing First system by:
 - a. Developing statewide standards by September 1, 2009 for moving homeless persons into permanent supportive housing models that promote housing placement in the most suitable, least restrictive, settings possible.
 - b. Providing guidelines for public funding resources by September 1, 2009, encouraging existing shelter programs to adopt a Housing First approach, to the extent possible.

Paying the Rent in Oklahoma

Housing Wages*

The “housing wage” in Oklahoma is \$11.96. This is the amount a full-time worker must earn per hour in order to afford a two-bedroom unit at the area’s fair market rent. This only includes housing (rent and basic utilities) without telephone or cable. The housing wage ranges from a high of \$12.81 in several Counties in the Tulsa region to a low of \$10.10 in 43 rural Counties that are dispersed throughout the state.

An extremely low-income household (earning \$15,047 or 30 percent of the area median income of \$51,056) can afford monthly rent of no more than \$376.00 per month while the fair market rent for a two-bedroom unit is \$608.00

Of the 424,153 Oklahomans who rent, 45% of renters are not able to afford a two- bedroom apartment at the fair market rent.

**From the Low Income Housing Coalition Out of Reach Report 2008*

Living Wages

The living wage shown is the hourly rate that an individual must earn to provide the basic necessities for their family, if they are the sole provider and are working full-time (2080 hours per year).

Comparison of wage for a family of four

| | |
|----------------------------|-----------------------|
| <i>Living Wage</i> | <i>\$17.22</i> |
| <i>Minimum Wage</i> | <i>\$ 5.85</i> |
| <i>Poverty Wage</i> | <i>\$ 9.39</i> |

In Oklahoma a family with both parents working for minimum wage must work almost three full time jobs (117 hours work week) in order to provide only the bare necessities. This does not take into account any emergency or unexpected situations that happen in normal day to day living.

Poverty in Oklahoma

According to the US Census Bureau 2006 report, poverty in Oklahoma increased to 17% while the national poverty rate decreased to 12.3%. Nationally, Oklahoma is ranked number nine in the number of people who live below the poverty level. With rising food/fuel costs, experts predict this trend will continue.

Supportive Services

In many respects, housing stability is a function of a household's ability to access fundamental resources and supports when a crisis occurs, so the security of their housing is not threatened. For all of us, these supports include: a) affordable healthcare with mental health and substance abuse services, b) skill and employment training leading to a livable wage employment and/or other income supports, and c) affordable quality child care for families. Support is even more critical for low-income households, for whom a crisis often means choosing between paying the rent or paying for food.

This State plan is dedicated to ensuring that households have access to a full range of resources and services to protect their ability to remain housed. This will be accomplished through increased supportive services. Supportive services refer to a comprehensive integrated service delivery system that will coordinate service across all components of the State's homeless service delivery system— prevention, interim housing when necessary, and permanent supportive housing using public and private funding.

Presently, service referrals are a component of most homeless services, but in the absence of more comprehensive and integrated case management, referral-based case management often results in fragmented care. Implementing an increased supportive services approach will coordinate case managers across agencies to develop one plan of action for each client. Each agency will contribute its strengths and resources to support the individual or family in achieving housing stability and long-term self-sufficiency. Service intensity is based on client need, and some clients may initially need daily or weekly case management. The case management may shift to monthly or on-call assistance over an extended period. For some, services will always remain an integral part of the residential environment. For others, support will be transitional but sufficient to ensure that employment and community-based resources, such as health care, schools, social services, civic organizations, and communities of faith, are secured.

Supportive Services Strategic Initiatives

Over the next ten years, this initiative will simultaneously strengthen community services and safety net systems for persons at risk of homelessness and for those being re-housed. This will be accomplished by providing transitional services linking community resources and increasing the availability and awareness of community supports. The actions will include the following:

1. Establishing a “triage” or “one-stop” system in each quadrant of the State for preventing homelessness of families about to be evicted and for those accessing homeless services needs to be established by December 31, 2009. Intake personnel should be trained and certified for assessment and input into the Homeless Management Information System, allowing other agencies to access the initial assessment and services.
2. Ensuring linkage to available community resources by developing systems to integrate strategies between Housing First and mainstream services, such as public entitlements (TANF, Medicaid, Social Security, and Food Stamps), employment training and placement (WIA), public health, community mental health, and substance abuse. This will be developed and tested by a Continuum of Care (COC) location by January 1, 2010. Following completion of the test, the system will be expanded to two additional COC’s in 2011 with statewide implementation by December 31, 2012.
3. Increasing the availability and awareness of community supports by:
 - a. Identifying alternative resources by July 1, 2009 to fund targeted supportive services for persons with severe and persistent disabilities who are placed in permanent supportive housing.
 - b. Implementing follow-up strategies to work with households being assisted with basic prevention strategies to increase their stability and reduce their future risk of homelessness. A date for implementing this will be established by the Supportive Services Committee.
 - c. Developing a broadly disseminated community education program on homelessness and methods to mitigate their impact. For example, programs focusing on the cycle of violence could promote options for addressing spousal abuse, elder abuse, and other forms of domestic violence to keep a person(s) housed. The Supportive Services Committee will define the program and a location for testing this educational approach by July 1, 2009.
4. Creating a single application form to apply for State and other benefits by 2010.

Management Information System

The initiatives described in this plan will require an underlying system-level infrastructure of reporting accurate data in order to be effective and efficient. To support the planned activities for each of the initiatives the following will be undertaken:

- a. Continue developing and implementing a statewide homeless management information (HMIS) system by December 31, 2008 to collect data from all publicly funded service providers. This will include assessed needs, case management, and the results of improved service delivery.
- b. Linking the State's Consolidated Housing Plan to HMIS by December 31, 2009.
- c. Consolidating housing assistance resources to support prevention, affordable housing placement, and long-term supportive services. This will be developed, tested and reported on by a selected COC by July 1, 2009 with statewide implementation by July 1, 2010.

Implementation Infrastructure

The State's homeless plan will be implemented by the various political jurisdictions working closely within and across county/city boundaries serving the homeless population based on the statewide strategies and guidelines established by the GICH. Each COC will establish a local Homeless Coordinating Committee comprised of representatives of all interested parties by March 1, 2009.

In Oklahoma, a top down strategy of unfunded mandates cannot succeed. Therefore, the state must model the kind of collaborative partnerships that encourage local participants, through rewards and incentives, to successfully implement this ten-year plan. Oklahomans have a long history of success where local partners are fully empowered by the state, to work toward a common goal.

A change as fundamental as the one described in this plan requires a shift to a results oriented approach to end chronic homelessness. To this end, the GICH has established five committees as a part of the State Action Plan on Homelessness with membership of stakeholders addressing the following:

1. Promoting Collaborations Among Stakeholders –

The on-going goals of this committee are to: promote understanding of homelessness and create public and political “will”; develop and implement a statewide data collection (HMIS) system; create an outcome based measurement system; and to coordinate the Continuum of Care resources. This committee will also create a local Homeless Coordinating Committee with the appropriate membership including representatives from the eight Continua of Care, planning commissions, mayors, county commissioners, and public officials.

2. Improving Access to Services –

Representatives from service agencies and those working with people being released from correctional facilities, people with mental illness or substance abuse, children aging out of the foster care system, and persons with health care needs, will establish statewide guidelines and coordinate efforts to reduce the flow into homelessness. On a national level this is referred to as “closing the front door.” This committee has made progress by facilitating the implementation of discharge planning/homeless prevention policies that do not contribute to homelessness in partnership with appropriate agencies in both rural and urban areas; increasing access to comprehensive health care services for homeless

individuals and families; improving coordination between domestic violence and homeless service providers; and facilitating the implementation of support services (in rural and urban areas) to assist people with accessing and maintaining community based resources such as housing, employment & education.

3. Increasing Access To Affordable, Permanent Housing For Homeless Individuals And Families –

Representatives from financial institutions, housing authorities, developers, providers and planners have been developing statewide guidelines and measurable actions for: Increasing permanent housing dedicated to homelessness and those at-risk of homelessness that is truly affordable and maximizing the effectiveness of Continuum of Care (CoC) housing dollars in both urban and rural areas. This committee continues to work on obtaining statewide funding with a renewable resource to build Housing First units.

4. Improving Access to Mainstream Resources –

The committee has representation from homeless providers, case managers, Workforce Services, educators, researchers, legal, Veterans Administration, and the Social Security Administration, and has worked to provide increased access to job services for individuals and families; increase access to income tax credits for homeless people and people at risk of becoming homeless; provide viable, affordable transportation; and to provide increased access to and awareness of educational services in both the urban and rural areas. To create an effective delivery of mainstream resources, this group will be tasked with identifying, developing and implementing statewide best practices for comprehensive case management services.

5. Improving Access to Federal and State Benefits –

This committee has achieved great success in providing a more streamlined and prompt process for SSI/SSDI through the implementation of SOAR. They continue to work on improving the process for receiving Medicaid, Veterans, and other public assistance benefits including nutrition programs; and identifying system gaps and barriers to accessing Federal and State benefits (urban and rural areas) and developing and implementing solutions.

These five committees will a) develop an in-depth understanding of current systems, policies and procedures, b) recommend policy and programmatic changes to address deficiencies and increase the effective distribution of resources, and c) develop new programmatic responses to expedite moving people out of homelessness and decreasing the incidence of homelessness in vulnerable populations. Based on recommendations from these committees, the State Action Plan will be implemented. The GICH will hold an annual Homeless Summit to report on results, share best practices and plans for the coming year. The first of these will be October 2008, to publicly announce Oklahoma's Ten-Year Plan and organization to end chronic homelessness.

By working together, every person can have access to safe, decent, truly affordable housing with the needed resources and supports for self-sufficiency and wellbeing.

Evaluation

Evaluation will be an important part of the plan implementation. Each action will delineate specific benchmarks and outcome measures as a framework to gauge progress and report to policymakers and funders. Key to the evaluation effort will be the continued development of the homeless management information system, which will provide a way of understanding how people who are homeless use the system of services, and the impact of these services in promoting housing stability and self-sufficiency. The homeless information system will also collect data to generate point-in-time and longitudinal counts of homelessness in Oklahoma.

The 2007 update of the State Action Plan is attached. This is a “living” document that will change and evolve as tasks are completed and new endeavors are added resulting in an annual Progress report.



OKLAHOMA

STATE ACTION PLAN

ON

HOMELESSNESS

DECEMBER 2007

GOAL #1 PROMOTING COLLABORATIONS AMONG STAKEHOLDERS

| Strategy(ies) | Initiative(s) | Manager(s) | Expected Outcomes | Completion Date | Key Steps | Implementer(s) & Benchmark |
|--|--|--|--|------------------------|--|--|
| Strategy 1.2 Promote understanding of homelessness and Create Public and Political "Will" | Initiative 1.2.2 Create a public and political "will" campaign | Jane Ferrell, Vaughn Clark, Floy Smith and Jim Lyall | Improve Public and Political Will toward assisting homeless Oklahomans | 7-31-2009 | 1.2.2.1 Research successful public and political will strategies implemented in other states 1.2.2.4 Based on research findings, develop a plan for Oklahoma | Jane Ferrell, Vaughn Clark Floy Smith and Jim Lyall 12-31-2008 Jane Ferrell, Vaughn Clark Floy Smith and Jim Lyall 12-31-2008 |
| | Initiative 1.2.3 Educate Federal, State, Private, and Faith-Based Organizations on Homelessness | Jane Ferrell, Vaughn Clark, Floy Smith and Jim Lyall | Improvement of understanding regarding the unique characteristics of homeless individuals and families | 12-31-2008 | 1.2.3.1 Provide technical assistance to agencies for developing training on homelessness | Jane Ferrell, Vaughn Clark Shelly Kuhn, Linda Love 12-31-2008 & Annually |
| | Initiative 1.2.4 Increase community access to information on homelessness | Jane Ferrell, Vaughn Clark, Floy Smith and Jim Lyall | Increased access to information on homelessness | 7-31-2009 | 1.2.4.1 Develop a plan to effectively disseminate information regarding homeless needs, resources and GICH related efforts to community stakeholders and the public as a whole | Jane Ferrell, Vaughn Clark, Floy Smith, Jim Lyall and Shelly Kuhn 12-31-2008 |
| Strategy 1.3 Develop and implement a statewide plan for data collection and outcome measurements | Initiative 1.3.4 Coordinate statewide data collection system. | Vaughn Clark, Jane Ferrell, Linda Love, and Linda Lepak | To analyze and report information concerning the homeless issues in Oklahoma. | 1/31/2009 | 1.3.4.2 Compile and analyze statewide HMIS data and report to GICH, CoC and other interested parties. | Vaughn Clark, Jane Ferrell, Linda Love, Linda Lepak and Shelly Kuhn 7-31-2008 |
| | Initiative 1.3.5 Facilitate standardized statewide Point in Time Count of the Homeless | Vaughn Clark, Jane Ferrell, Linda Love, and Linda Lepak | To analyze and report information concerning the homeless issues in Oklahoma. | 1-31-2009 | 1.3.5.1 Coordinate and provide assistance to CoC members to conduct annual PIT Count | Vaughn Clark, Jane Ferrell, Linda Love, Linda Lepak, and Shelly Kuhn 12/31/2008 & Annually |
| Strategy(ies) | Initiative(s) | Manager(s) | Expected Outcomes | Completion Date | Key Steps | Implementer(s) & Benchmark |
| | Initiative 1.3.6 Facilitate statewide community -based planning. | Vaughn Clark, Jane Ferrell, Linda Love | To analyze and report information concerning the homeless issues in Oklahoma. | 1-31-2009 | 1.3.6.1 Provide analysis report of annual 2008HUD CoC competition to GICH members and community stakeholders | Vaughn Clark, Jane Ferrell, Linda Love, Linda Lepak and Shelly Kuhn 7-31-2008 & Annually |

| | | | | | | |
|--|---|--|---|-------------------|---|---|
| | | and Linda Lepak | | | 1.3.6.2 Provide an annual report outlining updated data elements and data related outcomes to GICH members and community stakeholders | Vaughn Clark, Jane Ferrell, Linda Love, Linda Lepak and Shelly Kuhn 1/31/2009 |
| Strategy 1.4 Promote understanding of homeless needs and resources at they relate to the Continuum of Care | Initiative 1.4.1 Conduct regularly scheduled statewide meetings for continua of care members on a quarterly basis | Vaughn Clark and Jane Ferrell | Increased awareness of State initiatives and concerns of local stakeholders. Attention and action from lawmakers and funding sources. | 12-31-2008 | 1.4.1.1 Provide the GICH with details and concerns from Statewide CoC members | Vaughn Clark and Jane Ferrell 12/31/2008 & Annually |
| | | | | | 1.4.1.2 Provide Statewide CoC members with the initiatives of the GICH. | Vaughn Clark and Jane Ferrell 12/31/2008 & Annually |
| | Initiative 1.4.2 Participate in Continuum of Care Assessment funded by HUD. | Vaughn Clark, Jane Ferrell and Linda Love | Identify and develop training for Continuum of Care applicants. | 12-31-2008 | 1.4.2.3 Assist Continua in implementing recommendations by providing resources and technical assistance. | Vaughn Clark, Jane Ferrell and Linda Love 12/31/2008 & Annually |

GOAL #2

INCREASING ACCESS TO AFFORDABLE, PERMANENT HOUSING FOR HOMELESS INDIVIDUALS AND FAMILIES

| Strategy(ies) | Initiative(s) | Manager(s) | Expected Outcomes | Completion Date | Key Steps | Implementer(s) & Benchmark |
|---|---|-----------------------|--|-------------------|--|---|
| Strategy 2.1 Increase permanent housing dedicated to homelessness that is affordable in both rural and urban areas. | Initiative 2.1.2 Identify State and Federal funding streams that can be used for housing development for homeless individuals and families, and facilitate increased access | Jane and Jacki | Increased access to permanent housing for people who are homeless in Oklahoma. | 12-31-2009 | 2.1.2.6 To create a housing trust fund with an on-going funding stream and a broad definition of service criteria. | Housing Solutions Committee 7-31-2009 |
| | | | | | 2.1.2.8 Improve access to the following funding streams: HOME, CDBG, Federal Home Loan Bank, and Tax Credits | Jacki, Shelly and Lee Ann 7-31-2009 |
| | | | | | 2.1.2.9 Create a process/framework to provide on-going technical assistance to community stakeholders in making successful application for available funds | Jacki 12-31-2009 |
| | | | | | 2.1.2.10 Get the homeless preference reinstated for Section 8 in Tulsa and Oklahoma City. | Greg and Debra 7-31-2009 |
| | | | | | 2.1.2.11 Advocate for funding application processes that are simple, more streamlined and less restrictive | Jacki and Dan 7-31-2009 |

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|---|---|-----------------------|---|------------------|---|--|
| | | | | | 2.1.2.12 Research and increase other options for subsidy and housing development | Jacki 7-31-2009 |
| | Initiative 2.1.3 Recruit and support increased partnership in developing permanent housing, including supported housing, for people who are homeless in both rural and urban areas. | Jane and Jacki | Increased permanent housing units developed for people who are homeless in Oklahoma | 7-31-2009 | 2.1.3.1 Facilitate technical assistance for Oklahoma communities to develop new partners and collaborations in the development of permanent housing for people who are homeless | Jacki, Debra and Shelly 7-31-2009 |
| Strategy 2.2 Maximize effectiveness of Continuum of Care (CoC) housing dollars in both rural and urban areas. | Initiative 2.2.1 Provide technical assistance to CoCs, and community stakeholders interested in applying for COC dollars to develop permanent housing | Jane | Increase number of permanent housing units funded/developed through CoC | 7-31-2009 | 2.2.1.2 Will facilitate a process/framework for on-going planning, coordination and problem-solving re: the development of permanent housing, for State CoCs | Jane and Shelly 7-31-2009 |
| | | | | | 2.2.1.3 Will facilitate/offer annual training opportunities to community stakeholders re: application for and implementation of CoC permanent housing programs | Jane and Shelly 7-31-2009 |

GOAL #3 IMPROVING ACCESS TO SERVICES

| Strategy(ies) | Initiative(s) | Manager(s) | Expected Outcomes | Completion Date | Key Steps | Implementer(s) & Benchmark |
|--|---|---|---|------------------|--|---|
| Strategy 3.1 Facilitate the implementation of discharge planning/homeless prevention policies that do not contribute to homelessness in partnership with appropriate agencies in both rural and urban areas. | Initiative 3.1.3 Support/promote the utilization of discharge planning best practices in policy development by discharging agencies | June Elkins-Baker & Jacki Millspaugh | Discharging agency policies reflect discharge planning best practices | 6-30-2009 | 3.1.3.2 Creation of a position paper on discharge planning best practices for psychiatric and substance abuse inpatient treatment facilities and present to ODMHSAS | June Elkins-Baker & Jacki Millspaugh 4-30-2008 |
| | | | | | 3.1.3.3 Send out a survey to mental health and substance abuse inpatient treatment facilities to assess what is needed to be able to implement discharge planning best practices | June Elkins-Baker & Jacki Millspaugh 9-30-2008 |
| | | | | | 3.1.3.4 Creation of a position paper on discharge planning best practices for corrections facilities and present to ODOC | Bob Mann & Carol Marsh 4-30-2008 |
| | | | | | 3.1.3.5 Send out a survey to corrections facilities to assess what is needed to be able to implement discharge planning best practices | Bob Mann & Carol Marsh 9-30-2008 |
| | | | | | 3.1.3.6 Facilitate a discharge planning forum to review the position paper and survey findings and plan implementation | Jacki Millspaugh, June Elkins-Baker & Bob Mann 3-31-2009 |
| Strategy 3.3 Increase access to comprehensive health care services for homeless | Initiative 3.3.5 Increase access to physical health care services | Susan Geurin & Jim Marks | Increased access to physical health care | 6-30-2009 | 3.3.5.1 Identify gaps/needs in physical health care services for the homeless through stakeholder focus groups and analysis of existing state data. | Susan Geurin & Jim Marks 9-30-2008 |

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| individuals and families in both rural and urban areas. | | | | | 3.3.5.2 Identify best practices for increasing access to physical health care services for homeless individuals and families through stakeholder focus groups and existing research. | Susan Geurin & Jim Marks 9-30-2008 |
| | Initiative 3.3.6 Increase access to mental health and substance abuse services | June Elkins-Baker & Jacki Millspaugh | Increased access to mental health and substance abuse services | 6-30-2009 | 3.3.6.1 Identify gaps/needs in mental health and substance abuse services for the homeless | June Elkins-Baker & Jacki Millspaugh 3-31-2008 |
| | | | | | 3.3.6.2 Identify best practices for increasing access to mental health and substance abuse services for homeless individuals and families | June Elkins-Baker & Jacki Millspaugh 3-31-2008 |
| Strategy 3.4 Improve coordination between domestic violence and homeless service providers in both rural and urban areas. | Initiative 3.4.2 Develop and implement educational opportunities for stakeholders regarding domestic violence assessment and services | Susan Geurin & June Elkins-Baker | Increased coordination between domestic violence and homeless service providers | 6-30-2009 | 3.4.2.2 Develop screening and training for homeless shelter staff on identification of domestic violence issues | Susan Geurin & June Elkins-Baker 6-30-2008 |
| | | | | | 3.4.2.3 Facilitate training on identification of domestic violence issues | Susan Geurin & June Elkins-Baker 6-30-2008 |
| Strategy 3.5 Facilitate the implementation of support services (in rural and urban areas) to assist people with accessing and maintaining community based resources such as housing, employment & education. | Initiative 3.5.1 Develop and implement housing support services | Jacki Millspaugh | Increased number of people accessing and maintaining housing | 6-30-2009 | 3.5.1.1 Develop and implement training for direct care staff to improve knowledge of housing systems, increase access to housing for people served, and to provide on-going supports that assist people in successfully maintaining housing. | Jacki Millspaugh 9-30-2008 |
| | | | | | 3.5.1.2 Identify and implement infrastructure for the provision of training | Jacki Millspaugh 9-30-2008 |
| | | | | | 3.5.1.3 Provide training to 50 direct care staff | Jacki Millspaugh 3-31-2009 |
| | | | | | 3.5.1.4 Obtain funding to add Housing Support Specialists positions in community mental health | Jacki Millspaugh 12-31-2008 |

GOAL #4 IMPROVING ACCESS TO MAINSTREAM RESOURCES

| Strategy(ies) | Initiative(s) | Manager(s) | Expected Outcomes | Completion Date | Key Steps | Implementer(s) & Benchmark |
|---|--|-----------------------------------|---|--|---|--|
| Strategy 4.1 To provide increased access to job services for individuals and families that are homeless in both rural and urban areas. | Initiative 4.1.1 Identify employment needs of homeless | David Slimp, Linda Manaugh | Specific identified employment needs to facilitate development of targeted services | March 31, 2008 | 4.1.1.1 Analyze 2007 Point In Time survey data to assess the employment needs and barriers to employment of homeless Oklahomans. | David Slimp, Sidna Chambers March 31, 2008 |
| | Initiative 4.1.2 Identify and encourage implementation of "best practices" models of employing homeless | David Slimp, Linda Manaugh | "Best practice" models are used by the employment service providers | April 30, 2008 | 4.1.2.1 Research "best practice" models for employment service programs for homeless individuals | David Slimp, Linda Manaugh, Sidna Chambers, Shelly Kuhn April 30, 2008 |
| | | | | | 4.1.2.2 Work with the GICH to include a track in the Employment Network Conference for employment stakeholders to review best practice models, identify model(s) to implement, and create a model plan for implementation. | David Slimp, Linda Manaugh, Sidna Chambers, Shelly Kuhn April 1, 2008 |
| | | | | | 4.1.2.3 Distribute the identified "best practice" model(s) at appropriate agencies | David Slimp, Linda Manaugh, Sidna Chambers, Shelly Kuhn April 30, 2008 |
| Initiative 4.1.3 Improve access to Workforce Center Services for people who are homeless | David Slimp, Linda Manaugh | Improved access | December 31, 2008 | 4.1.3.1 Facilitate local level stakeholder meetings between local work force centers and service providers to facilitate local level collaboration. | David Slimp, Sidna Chambers December 31, 2008 | |
| Strategy 4.2 Increase access to income tax credits for homeless people and people at risk of becoming homeless in both rural and urban areas. | Initiative 4.2.1 Increase access | Jean Cooper | Increased access | June 30, 2008 | 4.2.1.1 Research current utilization of income tax credits by homeless people and people at risk of becoming homeless, and identify barriers to access. | Mary Jo Kinzie, Jean Cooper, Ashley Jones, and AC Garcia June 30, 2008 |
| | | | | | 4.2.1.2 With key community stakeholders, develop a plan to improve access to income tax credits for homeless persons and people at risk of becoming homeless. | Mary Jo Kinzie, Jean Cooper, Ashley Jones, and AC Garcia March 31, 2008 |
| Strategy(ies) | Initiative(s) | Manager(s) | Expected Outcomes | Completion Date | Key Steps | Implementer(s) & Benchmark |
| Strategy 4.3 To provide viable, affordable transportation for homeless individuals in rural and urban areas | Initiative 4.3.1 Research statewide options / initiatives and funding opportunities for homeless individuals | Kay Floyd | Continued information gathering and networking on current state-wide | December 31, 2008 | 4.3.1.1 Schedule United We Ride Representative to provide updates, and continue gathering information and networking on current statewide transportation projects. | Kay Floyd, Mary Jo Kinzie December 31, 2008 & Annually |

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|---|--|---|--|--------------------------|---|---|
| | | | transportation projects | | 4.3.1.2 Provide Information and data to GICH members from Governor's Oklahoma United We Ride Council. | Kay Floyd December 31, 2008 & Annually |
| | Initiative 4.3.2 Partner with existing transportation initiatives to increase transportation options for people who are homeless | Kay Floyd | Increased options for and access to transportation for people who are homeless | December 31, 2008 | 4.3.2.1 Assist United We Ride with planning, advocacy, and implementation of increased transportation options for people who are homeless. | Kay Floyd, Mary Jo Kinzie December 31, 2008 |
| Strategy 4.4 To provide increased access to and awareness of educational services | Initiative 4.4.1 Implement McKinney-Vento Act requirements. | Delana Smiley, Erin Clapper | Implementation in all school districts as appropriate | December 31, 2008 | 4.4.1.1 Create and distribute local area resource packets to the school districts. | Erin Clapper, Kathy Dunn June 30, 2008 |
| | | | | | 4.4.1.2 Identify and educate liaisons regarding their roles and responsibilities. | Erin Clapper, Kathy Dunn December 31, 2008 & Annually |
| | | | | | 4.4.1.3 Educate school personnel and implement requirements in all school districts. | Erin Clapper, Kathy Dunn December 31, 2008 & Annually |
| | Initiative 4.4.2 Network adult education services including Job training; GED; Literacy; Financial Literacy | Delana Smiley, Erin Clapper, Linda Manaugh | Identification and collaboration of existing programs with opportunities for targeting or maximizing homeless person's access and eligibility. Improved communication and data collection. | December 31, 2008 | 4.4.2.1 Identify existing resources & gaps. | Delana Smiley, Erin Clapper, David Slimp, and Linda Manaugh May 31, 2008 |
| | | | | | 4.4.2.2 Participate with key stakeholders in eliminating gaps. | Delana Smiley, David Slimp, and Linda Manaugh September 30, 2008 |
| | | | | | 4.4.2.3 Joint training among OESC, SDE Adult Education and Career Tech. | Erin Clapper, David Slimp, and Linda Manaugh December 31, 2008 |
| | Initiative 4.4.3 Coordinate pre-K – 12 education programs including Head Start, and other public/private child care and preschool programs | Delana Smiley, Erin Clapper | Identification and collaboration of existing programs with opportunities for targeting or maximizing homeless person's access and eligibility. Improved communication and data collection. | December 31, 2008 | 4.4.3.1 Facilitate two (spring and fall) 2-hr video conferences for Head Start and public school programs. | Erin Clapper, Kay Floyd, Linda Manaugh December 31, 2008 & Annually |
| | | | | | 4.4.3.2 Develop list of existing programs among public schools, Head Start, and childcare that serve homeless children. | Erin Clapper, Kay Floyd, Linda Manaugh December 31, 2008 & Annually |
| | | | | | 4.4.3.3 Facilitate a collaborative forum for education programs serving homeless children to identify opportunities for targeting or maximizing access & eligibility. | Erin Clapper, Kay Floyd, Linda Manaugh December 31, 2008 & Annually |
| | | | | | 4.4.3.4 Facilitate Improved communication and data collection. | Erin Clapper, Kay Floyd, Linda Manaugh December 31, 2008 & Annually |

GOAL #5 IMPROVING ACCESS TO FEDERAL AND STATE BENEFITS

| Strategy(ies) | Initiative(s) | Manager(s) | Expected Outcomes | Completion Date | Key Steps | Implementer(s) & Benchmark | |
|---|--|---|--|---|--|--|---|
| Strategy 5.1 To provide a more streamlined and prompt process for SSI/SSDI, Medicaid, Veterans, and other public assistance benefits in both urban and rural areas. | Initiative 5.1.1 Investigate and coordinate simplified eligibility processes including presumptive eligibility and quick decisions | Noel Tyler & Joanne Terlizzi & Darlene McClure | Quicker decisions, fewer decisions based on limited or incomplete information or processes | 6-30-2008 | 5.1.1.1 Identify and flag homeless cases to facilitate immediate development | Eloy Huerta, LaVerna Williams, Noel Tyler 6-30-08 | |
| | | | | | 5.1.1.2 Track homeless cases for essential outcomes | Eloy Huerta, LaVerna Williams, Noel Tyler 6-30-08 | |
| | Initiative 5.1.2 Establish a resource network of examination providers, advocates, and immediate exchange of process based information | Noel Tyler & Joanne Terlizzi & Darlene McClure | Increased collaboration between involved parties | 12-31-2008 | 5.1.2.1 Identify and recruit providers and advocates | Committee 12-15-08 | |
| | | | | | 5.1.2.2 Identify and standardize information for processes and communication methods | Committee 12-15-08 | |
| | Initiative 5.1.3 Implement front end real time procedures between all agencies for application completion, medical records acquisition, and providing medical services | Noel Tyler & Joanne Terlizzi & Darlene McClure | Improved customer service and increase number and quality of applications | 12-31-2008 | 5.1.3.1 Instigate a network of communication resources | Committee 12-15-08 | |
| | | | | | 5.1.3.2 Enhanced application access through outreach; going where the people are | Noel Tyler, Jacki Millspaugh, Darlene McClure, LaVerna Williams, Eloy Huerta 6-30-08 | |
| | | | | | 5.1.3.3 Schedule consultative exams at time of application or as quickly as possible | Noel Tyler, Jacki Millspaugh, Darlene McClure, LaVerna Williams, Eloy Huerta 6-30-08 | |
| | | | | | 5.1.3.4 Received medical records within 10 days of application or as quickly as possible | DDS PR Unit 12-15-08 | |
| | Strategy 5.2 Establish a statewide training (urban and rural areas), collaboration, and information exchange of all service providers to improve access to SSI/SSDI, Medicaid, Veterans benefits and other public benefits (<u>including nutrition programs</u>) | Initiative 5.2.1 Develop and implement educational opportunities for stakeholders regarding eligibility processes | Jacki Millspaugh & Noel Tyler & Joanne Terlizzi & Darlene McClure | Improved assistance for adults who are homeless with SSI/SSDI, Medicaid, public assistance and Veterans benefits applications | 6-30-2008 | 5.2.1.1 Facilitate SOAR, Medicaid, less intensive assistance (SOAR refresher) and other technical assistance trainings on a regular basis in OKC and Tulsa | Dawn Talton, Bruce Smith 6-30-08 |
| | | | | | | 5.2.1.3 Identify existing, and/or create new, training curriculum for improving access to public assistance benefits (including nutrition programs), and Veterans benefits in Oklahoma | Joanne Terlizzi, Darlene McClure 6-30-08 |
| 5.2.1.4 Create curriculum for technical assistance training less intensive (SOAR refresher) than SOAR training as well as other technical assistance training. | | | | | | Dawn Talton, Nancy Shaw, Bruce Smith 6-30-08 | |

| Strategy(ies) | Initiative(s) | Manager(s) | Expected Outcomes | Completion Date | Key Steps | Implementer(s) & Benchmark |
|--|--|--|--|-------------------|---|--|
| Strategy 5.2 Cont'd | Initiative 5.2.2 Develop and implement training opportunities for health care providers regarding disability claim documentation | Jacki Millspaugh & Noel Tyler & Joanne Terlizzi & Darlene McClure | Improved awareness and immediacy of medical or mental documentation for claim | 6-30-2008 | Step 5.2.2.1 Conduct CEU/CME accreditation provider training for CE/Treating physicians and advocates | DDS PR Unit 6-30-08 |
| | | | | | Step 5.2.2.2 Informational outreach to treating physicians. | DDS PR Unit, Tracey Booth, Susan Guerin 6-30-08 |
| Strategy 5.3 Identify system gaps and barriers to accessing Federal and State benefits (urban and rural areas) and develop and implement solutions | Initiative 5.3.1 Establish a diverse collaboration network across state agencies, healthcare service providers and community and faith based organizations | LaVerna Williams | Increased cooperation, collaboration, and communication between involved parties | 12-31-2008 | Step 5.3.1.1 Develop public relations taskforce | Committee 12-15-08 |
| | | | | | Step 5.3.1.2 Document the specific barriers to improved access by the homeless to Medicaid | Dawn Talton, Susan Geurin 12-15-08 |
| | | | | | Step 5.3.1.3 Develop network resource flow chart and establish a network resource list serve | Committee 12-15-08 |
| | Initiative 5.3.2 Facilitate increase of representative payee options for homeless persons | LaVerna Williams | Increased options | 12-31-2008 | Step 5.3.2.1 Support local stakeholders (such as Volunteers of America) in their efforts to increase representative payee options | OKC and Tulsa SOAR Teams 12-15-08 |
| | | | | | Step 5.3.2.2 Promote the need and benefits of increased options across the State and identify new stakeholders willing to provide representative payee services | OKC and Tulsa SOAR Teams 12-15-08 |
| | | | | | Step 5.3.2.3 Promote additional training for new representative payees to better meet the need of people served | OKC and Tulsa SOAR Teams 12-15-08 |
| | Initiative 5.3.3 Facilitate increase in number of designated benefits counselor positions with service providing agencies | LaVerna Williams | Increase in number of benefits counselors. | 12-31-2008 | Step 5.3.3.1 Document and educate stakeholders regarding the need and benefits of these positions. | Committee 12-15-08 |
| | | | | | Step 5.3.3.2 Acquisition of funds | Committee 12-15-08 |
| | | | | | Step 5.3.3.3 Create job description | Committee 12-15-08 |

Glossary of Homelessness

Affordable Housing

Housing costs, including utilities and rent or mortgage expenses, are no more than 30% of the adjusted gross household income.

At-risk for Homelessness

On the edge of becoming homeless, often because of extremely low income and having to pay a large percent of the adjusted gross household income for housing expenses.

Chronic Homelessness

An unaccompanied adult who has been continually homeless for one year or more or who has experienced at least four episodes of homelessness over a three-year period and who suffers from one or more disabling conditions that limit his/her ability to perform activities of daily living, including 1) a diagnosable substance use disorder, 2) serious mental illness, 3) a developmental disability, or 4) a chronic physical illness or disability.

Continuum of Care

The traditional model for getting a person off the street and into a more stable living environment. Typically a step-by-step process in which an individual moves from an emergency shelter to short-term housing to permanent housing, with access to psychiatric care, substance-abuse treatment, and job training along the way.

Co-occurring Disorders

The presence of two or more disabling conditions such as mental illness, substance abuse, HIV/AIDS, and others.

Disability

As it applies to homelessness, a disability is a physical or mental impairment that substantially limits one or more major life activities (such as caring for oneself, speaking, walking, seeing, hearing, or learning) in a way that prevents one from obtaining and/or remaining in housing.

Discharge Planning

A significant percentage of homeless individuals report recent discharge from incarceration, hospitalization, residential health care, or treatment facilities. Successful discharge planning begins long before the end of someone's stay in such an institution and includes connection to housing and supportive services to assist the person in gaining/maintaining stability. Integrated services both within and outside of institutions are necessary to assure effective discharge planning.

Emergency Shelter

Provisions of a safe and immediate alternative to the streets such as shelter facilities or motel vouchers. Emergency shelter is short-term, usually for 90 days or less.

Fair Market Rent

The amount determined by HUD per state, county, or urban area that determines the maximum allowable rent for HUD-funded housing programs.

GICH

Governor's Interagency Council on Homelessness. Statewide collaboration of agencies.

Harm Reduction

Harm reduction is a set of practical strategies that reduce the negative consequences associated with drug/alcohol use, including safer use, managed use, and non-punitive abstinence. These strategies meet drug/alcohol users "where they're at," addressing conditions and motivations of drug use along with the use itself. Harm reduction acknowledges an individual's ability to take responsibility for their own behavior.

HHS

U.S. Department of Health and Human Services.

Homeless Encampment

Temporary, makeshift housing created by homeless persons, such as tents and boxes on sidewalks or under bridges.

Homeless Management Information System (HMIS)

A community-wide database congressionally mandated for all programs funded through Department of Housing and Urban Development (HUD) homeless assistance grants. The system collects demographic data on consumers as well as information on service needs and usage.

Homeless Youth

Young people estranged from their families who live on the streets, have no stable housing, or are not well served by current housing options for adult homeless people.

Household

One or more persons residing or intending to reside in the same housing unit related or unrelated

"Housing First"

Housing First is based on three premises: 1) the re-housing of people experiencing homelessness is the primary goal when working with individuals and families; 2) providing housing assistance and follow-up case management services after a family or individual is housed, significantly reducing the time people remain homeless, and 3) providing housing with low eligibility criteria.

HRSA

U.S. Department of Health Resources and Services Administration.

Housing Tax Credit Program

This program provides federal income tax credits to individuals or organizations that develop affordable housing through either new construction or acquisition and rehabilitation. The tax credits provide a dollar for dollar reduction in the developer's tax liability for a ten-year period. Tax credits can also be used by nonprofit or public developers to attract investment to an affordable housing project by syndicating, or selling, the tax credit to investors. In order to receive tax credits a developer must set-aside a number of units for occupancy by households below 60% of area median income. The rents charged to these households may not exceed 30% of the median income. These units must remain affordable for a minimum of 30 years. This program is a resource provided by the Internal Revenue Service.

HUD

U.S. Department of Housing and Urban Development. HUD offers a variety of programs and resources that address homelessness and provide funding for persons who need housing assistance, e.g. HOME, Emergency Shelter Grants, Continuum of Care, Housing Opportunities for Persons With AIDS.

Intensive Case Management

The long term, time intensive service used to assist in goal identifying and the development of actions steps, the completion of which leads to self-sufficiency through resource coordination.

Life Skills

Life skills counseling includes education and training on hygiene, time management, parenting, finances, literacy, health and wellness, job readiness, transportation, communication, cooking and nutrition.

Long-term Homeless Adults

People who have experienced multiple episodes of homelessness over several years and rely on emergency shelters and other temporary arrangements for housing.

Long-term Homeless Families

People who have been homeless repeatedly, live in emergency shelters, or are "doubled up" with relatives or friends.

Low Demand or Low Barrier Housing

Housing provided in a low-demand environment emphasizes ease of entry and ongoing access to services with minimal requirements. The focus is on helping tenants retain their housing, rather than layering the housing within various program participation requirements. The application and admission processes, admission criteria, and conditions of tenancy are limited in their demands of tenants and potential tenants. This term is usually closely related to voluntary services and harm reduction.

Mainstream Resources

Resources, such as Temporary Assistance to Needy Families, Food Stamps, Section 8 Housing Choice Vouchers, Medicaid, Social Security, etc., which assist a household to meet their basic needs and are not specific to the individuals and/or families experiencing or at-risk of homelessness.

PACT

Program for Assertive Community Treatment. A best practice in the mental health community, PACT provides multidisciplinary, intensive treatment for persons in mental health crisis wherever they are located, e.g. street, hospital, clinic, home.

PATH

Projects for Assistance in Transition from Homelessness. The PATH program is a formula grant program to support service delivery to individuals with serious mental illnesses, as well as individuals with co-occurring substance use disorders, who are homeless or at risk of becoming homeless.

Permanent Supportive Housing

As financed by HUD, long-term, community-based housing that includes supportive services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting.

Point-In-Time Count

A one-day, statistically reliable, unduplicated count of sheltered and unsheltered homeless individuals and families. It is required that communities using HUD Continuum of Care funding to serve the homeless conduct a count every two years in the last week of January.

Prevention

Prevention refers to any of a number of strategies used to keep individuals and families from becoming chronically homeless. Homelessness prevention is an essential element of any effort to end homelessness either locally or nationwide. Every day in the United States, families and single adults who have never been homeless lose their housing and enter a shelter or find themselves on the streets. No matter how effective services are to help people leave homelessness, reducing homelessness or ending it completely requires stopping these families and individuals from becoming homeless. Policies and activities capable of preventing new cases, often described as “closing the front door” to homelessness, are as important to ending homelessness as services that help those who are already homeless to reenter housing.

Re-entry Housing

This refers to transitional and supportive options for people coming out of prison and jail. Research has shown that homelessness is prevalent among people released from prison and jail, and that there is insufficient affordable housing available to people coming out of prison. Individuals released from prison who have a connection to stable housing may be less likely to be re-incarcerated than their counterparts.

Relapse tolerant

For those who struggle with substance use issues, relapse from abstinence to active use is often part of the recovery process. Even the most effective clinical programs admit that a majority of patients will relapse into active use at one time or another. Many of them also point out that the most effective way to promote long-term success for those individuals is to continue to work with them toward long-term recovery. Relapse tolerant programs are those that are willing to continue working with clients who relapse without interrupting residential stability.

Safe Haven

A form of supportive housing serving hard-to-reach homeless people with severe mental illness or other debilitating behavioral conditions who are on the streets and have been unwilling or unable to participate in supportive services.

SAMHSA

Substance Abuse and Mental Health Services Administration, a federal agency that works to improve the quality and availability of substance abuse prevention and treatment programs.

Section 8 Housing

This type of affordable housing is based on the use of subsidies, the amount of which is geared to the tenant's ability to pay. The subsidy makes up the difference between what the low-income household can afford, and the contract rent established by HUD for an adequate housing unit. Subsidies are either attached to specific units in a property (project-based), or are portable and move with the tenants that receive them (tenant-based). The Section 8 program was passed by Congress in 1974 as part of a major restructuring of the HUD low-income housing programs. Section 8 was created to permit federal housing assistance to go for construction or rehabilitation of new low-income housing or to subsidize existing housing.

Service Plan

Case managers in shelter, transitional, and supportive housing programs typically create a comprehensive service plan for clients including goals and objectives, which will assist them in addressing barriers and maintaining stability. A good service plan is comprehensive in that it includes an array of needs, multiple service providers, long-term and short-term goals, timelines, and specific expectations of both the client and caregivers.

Sheltered Homeless

Someone who is homeless and is being temporarily housed in shelters (emergency and transitional) or motels/hotels that accept vouchers.

SSI/SSDI

Supplementary Security Income (SSI) is a federal income supplement program funded by general tax revenues (not Social Security taxes), designed to help aged, blind, and disabled people who have little or no income and provides cash to meet basic needs for food, clothing, and shelter. Social Security Disability Insurance (SSDI) is another federal

income supplement specifically for persons who are eligible for benefits through their Social Security Administration and individuals must meet medical and eligibility criteria for benefits through either program.

Street Homeless

Single adults, youth, or families currently living on the streets or in abandoned buildings.

Ten Year Plans to End Long-Term Homelessness

These local and statewide campaigns in regions across the country seek to engage all sectors of society in a revitalized effort to confront and overcome homelessness in America. Each Ten Year Plan to End Homelessness provides solutions and options for looking communities committed to ending homelessness rather than just managing it.

Transitional Housing

Transitional housing is a short-term (usually six to 24 months), stable housing that helps a client move towards increasing levels of self-sufficiency and permanent housing.

Unsheltered Homeless

Someone who is either living on the streets, or in a vehicle, encampment, abandoned building, garage, or any other place not normally used or meant for human habitation.

Wraparound Services

A wraparound service model coordinates all caregiver services, often through a team case management or shared service plan system, bringing mainstream and non-profit providers together for case conferencing and problem solving.

ACRONYMS

| | |
|--------|--|
| ADA | Americans with Disabilities Act |
| AFCD | Aid to Families with Dependent Children (now TANF) |
| ASA | Autism Society of America |
| CAA | Community Action Agency |
| CCOSA | Cooperative Council for Oklahoma School Administration |
| CDBG | Community Development Block Grant |
| CM | Case Manager |
| CMHC | Community Mental Health Center |
| COC | Continuum of Care |
| CPD | Community Planning Department |
| CPS | Children Protective Services |
| ESG | Emergency Shelter Grant |
| DCP | Disabled Children's Program (OK Title V) |
| DDD | Disability Determination Division |
| DDSD | Developmental Disabilities Services Division |
| DHHS | Department of Health & Human Services (US) |
| DHS | Department of Human Services (Oklahoma) |
| DMHSAS | Department of Mental Health & Substance Abuse Services |
| DRS | Department of Rehabilitation Services |
| GICH | Governors Inter Agency Council |
| HCFA | Health Care Financing Administration (US) |
| HHS | Health & Human Services |
| HUD | Housing & Urban Development |
| US ICH | United State Interagency Council on Homelessness |
| IDEA | Individuals with Disabilities Education Act |
| IHS | Indian Health Service |
| NAEH | National Alliance to End Homelessness |
| NAMI | National Alliance for the Mentally Ill |
| NIA | National Institute on Aging |
| NOFA | Notice of Funding Availability |
| JOIN | Joint Oklahoma Information Network |
| OACD | OK Advocates for Citizens with Disabilities |
| OAIMH | OK Association for Infant Mental health |
| OASIS | Oklahoma Area-wide Services Information System |
| OCCY | OK Commission on Children and Youth |
| ODOC | Oklahoma Department of Commerce |
| OHFA | Oklahoma Housing Finance Agency |
| OHC | Office of Handicapped Concerns |
| OSDE | OK State Department of Education |
| OSDH | OK State Department of Health |
| OSDHS | OK State Department of Human Services |
| OSRHE | OK State Regents for Higher Education |
| PHA | Public Housing Authority |
| PRA | Policy Research Association |

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| SDE | State Department of Education |
| SHP | Supportive Housing Program |
| SOAR Training | Social Security Grant |
| SSA | Social Security Administration |
| SSDI | Social Security Disability Insurance |
| SSI | Supplemental Security Income |
| SSO | Supportive Services Only |
| TANF | Temporary Assistance for Needy Families |
| UMCOR | United Methodist Council of Relief |
| WIC | Women, Infants and Children |