

**State of Colorado Action Plan
Five Point Strategic Plan for Improving Access to Mainstream Resources
for “Chronically” Homeless Persons**

PRIORITY 1 : Expand and maximize service resources. (Look at components of service continuum and figure out how to do things differently/creatively.)

| Strategy(-ies) | Action(s) | Manager ¹ | Implementer ² | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
|---|--|---|--|--|---|-----------------------------|
| 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. | John Parvensky | Jack Real | <ul style="list-style-type: none"> Increased collaboration between existing agencies. Decrease in discharges without a plan. | <ul style="list-style-type: none"> Establish quarterly meeting between provider agencies. Data from Denver Cares demonstrates a decrease in re-admission for those released with a discharge plan. | January 2003 |
| | Action 1.1.2 Investigate how to get substance abuse treatment covered under Medicaid. | George Kawamura, *Richard Allen, John Parvensky | Jack Real | <ul style="list-style-type: none"> Expand health and treatment services for substance abusers. | <ul style="list-style-type: none"> Research to show cost effectiveness by September 2002. Get legislative sponsorship by November 2002. Bill before legislature by January 2003. Pass bill by May 2003. | May 2003 |
| | Action 1.1.3 Increase state dollars for substance abuse services and treatment and use strategically. | John Parvensky | Jack Real | <ul style="list-style-type: none"> Identify other sources of funding (beer tax) Defer to 4.1.2 | | |
| | Action 1.1.4 Look at potential Medicaid Waiver 70% -30% Strategy for homeless persons with substance abuse. | George Kawamura | *Richard Allen *Janet Wood *Carol Taylor | <ul style="list-style-type: none"> A legislative strategy developed by January 2003. | <ul style="list-style-type: none"> Get legislative sponsorship by April 2003. Draft legislation by September 2003. Bill before legislature by January 2004. Pass bill by May 2004. | May 2004 |

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|---|--|----------------------|--|--|---|-----------------------------|
| Strategy 1.2 Expand and maximize existing mental health resources. | Action 1.2.1 Increase state dollars for mental health services and treatment and use strategically. | George Kawamura | Tom Barrett Bridget Barron Tracy D'Alanno | <ul style="list-style-type: none"> Investigate grant opportunities to increase financial resources and make application. | <ul style="list-style-type: none"> Two applications are submitted by January 2004 to increase resources for mental health services and treatment for chronically homeless persons with serious mental illness or co-occurring disorders. | January 2004 |
| | Action 1.2.2 Increase street outreach services | George Kawamura | Path Project Coordinator John Parvensky Tracy D'Alanno | <ul style="list-style-type: none"> Mandate or encourage Mental Health Centers to conduct specialized outreach to chronically homeless persons. Use paraprofessionals and/or consumers. | <ul style="list-style-type: none"> Increased percent of homeless persons documented by mental health services as being in engaged in mental health treatment. | June 2003 |
| Strategy 1.3 Expand and maximize existing health resources. | Action 1.3.1 Expand medical respite care | Nan Morehead | Karen Miller | <ul style="list-style-type: none"> Develop collaborations with hospitals to provide funding or services for respite care to homeless persons. | <ul style="list-style-type: none"> Increased funding for respite beds for homeless persons. | July 2004 |

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|-------------------------|---|----------------------|--|--|--|--|
| | Action 1.3.2 Support and expand health care for the homeless sites (4 sites now) | John Parvensky | *Stout Street Clinic Director | <ul style="list-style-type: none"> • Expanded specialized clinics. • Technical assistance to communities to compete for HHS dollars. • Grant applications submitted and funded. | <ul style="list-style-type: none"> • Two new sites funded by October 2004. (Fort Collins and Boulder) • Increased number of homeless persons receiving medical care. | October 2004 January 2005 |
| Progress to Date | | | Barriers and/or Situational Changes | | | Immediate Next Steps (including potential technical assistance needs) |
| | | | | | | |

* Denotes suggested manager or implementer that has not yet agreed to coordinate or implement the action.

PRIORITY 2 : Expand and maximize housing resources.

| Strategy(-ies) | Action(s) | Manager ¹ | Implementer ² | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
|---|---|----------------------|---|---|---|-----------------------------|
| Strategy 2.1 Promote housing legislation that increases the availability of affordable housing options for homeless consumers. | Action 2.1.1 Promote the Metro Affordable Housing District through the State Legislature | Betty Boyd | Norleen Norden, *Mindy Klowden, *Tom Hart and *Carol Taylor | <ul style="list-style-type: none"> • Creation of a seven county affordable housing district. (2 consumer boards) • Ask voters to extend current Bronco tax at 1/10 cents to create pool of dollars for affordable housing. (Within 10 years \$500 million available.) <ul style="list-style-type: none"> ○ 70% loans and 30% grants. • Creation of affordable housing funding source. • More Permanent affordable housing built at 80% AMI. • Down payment assistance at 100% of area median income. | <ul style="list-style-type: none"> • Reintroduction of legislation passed during next session. | May 2003 |

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| | Action 2.1.2 Promote the development of a statewide Housing Trust Fund through Real Estate Transfer Tax. | Betty Boyd | *Mindy Klowden, *Tom Hart, Norleen Norden, *Carol Taylor | <ul style="list-style-type: none"> • Development of more affordable housing. • Statewide coverage. • Loans to develop affordable housing more available to non-profits. | <ul style="list-style-type: none"> • Introduce next legislative session. | May 2003 |
| | Action 2.1.3 Develop state guidelines and incentives for encouraging local jurisdictions to be involved in affordable housing development. | Norleen Norden | *Marilyn Kirby *Tom Hart Danelle Young | <ul style="list-style-type: none"> • LITC legislation restored. • Increased usage of TANF dollars for housing related activities. • Increased development of affordable housing. • New partnerships forged. | <ul style="list-style-type: none"> • Increased affordable housing. • Technical assistance provided to local communities on eligible housing activities for TANF. Perhaps regional conferences to discuss issue. (bring in new plays – mh, childcare, businesses and housers) | May 2003 |

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| Strategy 2.2 Determine programs/projects that the Department of Human Services could administer or facilitate that would address critical housing needs of the homeless. | Action 2.2.1 Investigate targeting/set-aside of SHHP housing resources for persons coming out of institutions (DOC, mental health institutes, substance abuse treatment) | Tracy D'Alanno | CDHS Supportive Housing Council - Tom Barrett - *Janet Wood - Oliver Gysin | <ul style="list-style-type: none"> • Determine appropriate targeting of limited resources. • Increase number of SHHP housing resources with new funding rather than competing with current resources. | <ul style="list-style-type: none"> • Set of recommendations to SHHP/CDHS from representatives to Executive Management Team and Executive Director. • New initiatives for chronically homeless. • Housing discharge planning comprehensive and effective. | March 2003 |
| | Action 2.2.2 Contact CHFA regarding disposition of foreclosed properties. | *Marilyn Kirby | *Chris Roe, *Sam Desiato | <ul style="list-style-type: none"> • Increased affordable housing stock through foreclosures. • Request discounted rate from HUD. | <ul style="list-style-type: none"> • CHFA linked with non-profits for immediate notification of foreclosures. • Increased housing stock available to non-profits. | July 2003 |
| | Action 2.2.3 Use Goebel class dollars to leverage and help implement housing initiatives | Norleen Norden | *Kristi Mock *Marilyn Kirby John Parvensky | <ul style="list-style-type: none"> • Maximize # of units CCH develops with Goebel fine dollars. | <ul style="list-style-type: none"> • Already 400 plus Goebel units in affordable housing. • Apply for federal funds to match/leverage Goebel. • Super NOFA Goebel projects funded. | December 2002 |

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| | Action 2.2.4 Investigate and promote the development of a Safe Haven – look at VA property for building site. | Donna Good Marva Hammons | Nan Morehead *Carolyn Barr Tracy D’Alanno *Henry Wagner | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • Establishment of a Safe Haven in Metro Denver and Colorado Springs. • Two funded Super NOFA application in 2003 Continuum of Care Processes. | December 2004 |

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| | <p>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.</p> <ul style="list-style-type: none"> Contact the National Law Center for help with unsuitable properties that may be suitable. (Jeremy Rosen) | Tracy D'Alanno | *SHHP Program Assistant | <ul style="list-style-type: none"> Increased utilization of HUD property disposition program. Increased communication among providers. | <ul style="list-style-type: none"> Increase in number of properties purchased from the HUD Property Disposition Program by homeless agencies. | March 2003 and ongoing |

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| Strategy 2.3 Expand residential housing options for homeless persons with mental illness, substance abuse issues, and co-occurring disorders. | Action 2.3.1 Expand and enhance residential treatment for people with substance abuser and mental illness. | Tom Barrett and * Janet Wood | Tracy D'Alanno Bridget Barron Mary McCann Jack Real | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • State decision items proposed. • Grant applications submitted. • Increased focus on people with co-occurring disorders within the Goebel program. <ul style="list-style-type: none"> ○ increased training ○ increased services ○ better credentials for providers. | May 2003 |
| | Action 2.3.2 Develop housing options for people coming out of residential treatment. | Norleen Norden | *Colorado NAHRO | <ul style="list-style-type: none"> • Develop linkages between residential treatment programs and permanent housing programs. | <ul style="list-style-type: none"> • Referral procedures identified and adopted. | August 2004 |
| | Action 2.3.3 Maximize access to existing family residential substance abuse treatment programs. | Jack Real | *Eugene Strauber – Cenikor *David Murphy | <ul style="list-style-type: none"> • Increase # of slots available in facilities with good outcomes. (evidence based practice) | <ul style="list-style-type: none"> • Increased number of slots available and number of families participating. | July 2003 |

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| Strategy 2.4 Expand housing development in the public and private sector. | Action 2.4.1 Increase affordable permanent supportive housing stock. <ul style="list-style-type: none"> re-order and examine how we spend money on emergency, transitional, and permanent housing stock. | Tracy D’Alanno | MDHI, *Colorado Spring COC, and *Balance of State CoC | <ul style="list-style-type: none"> 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. | Distribution of resources and development of needed housing resources for homeless individuals, families and youth is coordinated statewide. | June 2003 |
| | Action 2.4.2 Engaging the business community in the development of affordable permanent housing for their workers. | *Mindy Klowden Wendy Talley Valorie *Jordan *Lynn Shine | -MDHI Board -*Balance of State CoC -*Colorado Springs CoC *Division of Housing | <ul style="list-style-type: none"> Develop and disseminate a best practice booklet on the benefits of businesses supporting affordable housing development for their workforce. | <ul style="list-style-type: none"> Best practice document is received by area businesses. Two business communities within the state take the challenge. | August 2005 |
| Progress to Date | | | Barriers and/or Situational Changes | | Immediate Next Steps (including potential technical assistance needs) | |
| | | | | | | |

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PRIORITY 3 : Improve Cross System Policies, Planning and Services

| Strategy(-ies) | Action(s) | Manager ¹ | Implementer ² | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
|---|---|-----------------------|--------------------------|---|--|--|
| <p>Strategy 3.1 Improve Intake & Assessment Processes and Procedures.</p> <ul style="list-style-type: none"> Integrate intake/assessment and service planning processes across homeless provider system and mainstream | <p>Action 3.1.1 Streamline access to residential treatment for Medicaid clients in crisis situations.</p> <p><i>Currently required to get a referral from the mental health center, which can lead to persons being discharged from hospitals to the streets.</i></p> | <p>*Richard Allen</p> | <p>*Kristi Mock</p> | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> March 2003 June 2003 July 2004 |

PRIORITY 3 : Improve Cross System Policies, Planning and Services

| Strategy(-ies) | Action(s) | Manager¹ | Implementer² | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
|---|---|----------------------------|--------------------------------|--|--|--|
| <p>resource systems in order to expedite intake and service access to mental health and substance abuse services with emphasis on chronic homelessness.</p> | <p>Action 3.1.2 Investigate whether capitation contracts could require that homeless persons receive expedited assessments regardless of Medicaid status.</p> | <p>*Richard Allen</p> | <p>Tom Barrett</p> | <ul style="list-style-type: none"> • A determination will be made regarding the legality/ feasibility of requiring expedited assessments for homeless persons regardless of Medicaid status. • Explore developing incentives for new providers that would streamline access to assessment and intake services. | <ul style="list-style-type: none"> • If yes, homeless persons will receive expedited intake and assessment within 7 days. • Within 1 year of implementation, mental health services will see an increase of 5% in the number of homeless persons served. • In no, explore negotiation with current providers to conduct assessments. • Increase in # of intake and assessment providers. | <p>December 2002 – August 2003</p> <p>August 2004</p> <p>February 2003</p> |

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| 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. | Norleen Norden | Tracy D'Alanno | <ul style="list-style-type: none"> • 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. • Current service delivery system is strengthened. | <ul style="list-style-type: none"> • 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. | October 2002 October 2003 October 2004 |
| | Action 3.2.2 Hold public hearings to gather information for public distribution on the impact of federal changes. <ul style="list-style-type: none"> • Determine jurisdictional preference for administration of homeless dollars. | Tracy D'Alanno | 1. *Colorado Springs – Valorie Jordan 2. Metro Denver – Wendy Talley 3. * Balance of State – Theo Barychewsky | <ul style="list-style-type: none"> • Single entity for coordination of continuum of care activities identified. • Statewide plan developed for regional distribution of homeless resources. | <ul style="list-style-type: none"> • Regional public hearing are held in each planning and management regions within 6 months prior to implementation of any federal changes. | November 2002 – March 2003. |

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| | Action 3.2.3 Examine issues of cost shifting on the part of HUD & HHS. | Tracy D'Alanno | 1. Mental Health – Tom Barrrett 2. Substance Abuse – Janet Wood 3. Veterans Services – John Daurio 4. Colorado Works, TANF, Food Stamps, Childcare – Danelle Young 5. Homeless Providers – John Parvensky | <ul style="list-style-type: none"> • Magnitude of cost shifting impact is measured and loss of services dollars is minimized. | <ul style="list-style-type: none"> • Price of cost shifting is quantified and efforts are made to supplement differences. • Impact to homeless individuals, families and youth is minimized. | April 2003 |

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|---|---|----------------------|-------------------------------------|---|---|-----------------------------|
| Strategy 3.3 Improve statewide planning and policy development on the delivery of housing and services to persons who are homeless | Action 3.3.1 Examine assigning responsibility for homelessness as a statute /legislative resolution or executive order within the state. | Betty Boyd | George Kawamura / Norleen Norden | <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> Responsibilities for housing and service distribution will be assigned and Department's will be held accountable for ensuring that homeless individuals, families and youth receive adequate services and intervention. | June 2003 |

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| | <p>Action 3.3.2 Use Policy Academy home and away team to engage new stakeholders for planning /coordination and implementation processes:</p> <ul style="list-style-type: none"> • Examine how we engage these partners and redesign processes for collaboration. • Include the Continuum of Care Planning Processes, CDHS Supportive Housing Council and the following organizations: Criminal justice system, Business community, Veterans organizations Law enforcement, CCI, CACI, Chamber of Commerce, Dept. of Education, Public Health – maternal & child, infectious diseases, Three continuums of care, Faith Based Providers, Division of Housing, Public and private mental health/substance abuse organizations, Private health insurance providers – “Kaiser” | Marva Livingston Hammon | Norleen Norden | <ul style="list-style-type: none"> • All stakeholders will be involved in planning and administration of a coordinated homeless service delivery system. • The needs of chronically homeless persons will identified and addressed by the appropriate service agencies. | <ul style="list-style-type: none"> • 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. | August 2002 July 2003 |
| | <p>Action 3.3.3 Investigate utilizing a Super Waiver process both at the state and federal level</p> | Danelle Young | Office of Self-Sufficiency/ *HCPF – Medicaid Assistance Division | <ul style="list-style-type: none"> • Determination of feasibility and application process will be made. | <ul style="list-style-type: none"> • Application process and content is identified. | January 2003 |

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|----------------|--|--------------------------|--------------------------|---|--|-----------------------------|
| | Action 3.3.4 Apply for presumptive eligibility maybe through the Super Waiver Process. | Marva Livingston Hammons | Danelle Young | <ul style="list-style-type: none"> • Super Waiver Application is submitted. • Super Waiver is approved. | <ul style="list-style-type: none"> • Application received • Application is approved | April 2003 July 2003 |
| | Action 3.3.5 Investigate developing intervention procedures for chronically homeless families caught in the hotel/motel trap who have substance abuse and mental health issues. | John Parvensky | *Louis Boris | <ul style="list-style-type: none"> • Intervention procedures are developed by February 2003. • Resources are identified to implement procedures by • Interested homeless agencies are trained and adopt program. | <ul style="list-style-type: none"> • Chronically homeless families receive intervention services and are stabilized in emergency and transitional housing programs. | October 2004 |

PRIORITY 3 : Improve Cross System Policies, Planning and Services

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| | <p>Action 3.3.6 Develop local sub-committees with representation from mainstream community providers and local homeless providers to facilitate communication and networking.</p> | <p>Tracy D'Alanno</p> | <p>Andrew Johnson/ Chris Roe</p> | <ul style="list-style-type: none"> • Quarterly sub-committees will be developed in at least ten jurisdictions by June 2003. • Two regional sub-committees will be developed and meet at least bi-annually by June 2003. • Increased communication between local homeless agencies and County Departments of Social workers will result in increased access to mainstream programs, co-location of services, and memorandums of understanding between agencies. | <ul style="list-style-type: none"> • 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%. | <p>June 2003</p> |

PRIORITY 3 : Improve Cross System Policies, Planning and Services

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| Progress to Date | | | Barriers and/or Situational Changes | | | Immediate Next Steps (including potential technical assistance needs) |
| | 3.3.6 There is currently a mainstream resources monthly meeting for the six-county Denver metropolitan area that has been meeting for one year. | | 3.3.6 Broomfield has recently become a county and a representative for local government needs to be identified. Participation from every county is sporadic and more providers need to be included. 3.1 Medicaid representation on Homeless Policy Academy needs to be improved. Social Security representation on Policy Academy needs to be identified. | | | 3.3.6 Broomfield contact needs to be identified and invited. Localities and regions need to be identified and coordinated. 3.1 Technical assistance on how to get Medicaid and Social Security to the table would be appreciated. |

¹ The Manager is the individual responsible for coordinating each action.

² The Implementer is the individual (or entity) responsible for carrying-out each action.

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PRIORITY 4: Increase Access to Mainstream Resources

| Strategy(-ies) | Action(s) | Manager | Implementer | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
|---|--|--|----------------------------|---|---|---|
| <p>Strategy 4.1 Expand and develop creative outreach procedures. Look at involving:</p> <ul style="list-style-type: none"> • Americorps • State employee volunteers • Colorado cares • National Guard | <p>Action 4.1.1 Investigate providing outreach opportunities at school based health clinics.</p> | <p>Margie Milenkiewicz, CDE – Homeless Coordinator</p> | <p>Margie Milenkiewicz</p> | <ul style="list-style-type: none"> • Schools with a high number of homeless children/youth will be identified. • Existing school outreach programs will be identified and evaluated. • Model outreach program and materials will be developed and disseminated by August 2003. | <ul style="list-style-type: none"> • List of schools and existing programs will be developed by October 2002. • Current programs evaluated by February 2003. • Model program developed and disseminated by August 2003. • 15% increase in number of clinics offering outreach by June 2004. • 15% increase in number of families/youth receiving information by June 2004. | <p>October 2002 February 2003 August 2003 June 2004 June 2004</p> |

PRIORITY 4: Increase Access to Mainstream Resources

| Strategy(-ies) | Action(s) | Manager | Implementer | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
|----------------|--|--------------|---------------|---|---|---|
| | <p>Action 4.1.2 Develop an outreach model for area motels/hotels to reach chronically homeless families.</p> | Wendy Talley | *Jeff Vincent | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • Outreach model will be developed by February 2003. • Pilot project will begin implementation by October 2003. • A 15% reduction in the number of families living in area motels for extended periods of time will be accomplished by June 2004. | <p>February 2003 October 2003 June 2004</p> |

PRIORITY 4: Increase Access to Mainstream Resources

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|-----------------------|--|----------------|----------------------------------|---|--|--|
| | Action 4.1.3 Work with the Colorado Trusts Health Communities Initiative to include outreach with the Community Partnership Programs. | *Lynn Johnson | *Colorado Trust – Heidi Halpern? | <ul style="list-style-type: none"> • Meet with and gain cooperation of the Colorado Trust. • Identify number of Community Partnerships. • Develop model outreach protocol. | <ul style="list-style-type: none"> • Cooperation acquired by December 2002. • Community Partnerships Identified by January 2003. • Model developed by March 2003. • 15% of the funded Community Partnerships incorporate outreach protocols by September 2004. | <p>December 2002</p> <p>January 2003</p> <p>September 2004</p> |

PRIORITY 4: Increase Access to Mainstream Resources

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| | Action 4.1.4 Increase street outreach services. Maybe through expanded PATH program. | Tom Barrett *Louis Boris | Mental Health - Bridget Barron Substance Abuse – Jack Real | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • Outreach programs identified statewide by September 2002. • Outreach program assessments will be completed by January 2003. • 15% increase in outreach programs and people served by June 2004. | September 2002 January 2003 June 2004 |

PRIORITY 4: Increase Access to Mainstream Resources

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| <p>Strategy 4.2 Improve Processes and procedures for obtaining SSI/Medicaid/ AND/VA/TAN F/Workforce Investment Act/CHP+ benefits.</p> | <p>Action 4.2.1 Look at targeting existing mainstream resources (set-asides) for homeless persons – keeping in mind that this is a 0 sum game.</p> <ul style="list-style-type: none"> • Increased commitment of dollars to substance abuse treatment (e.g. TANF) • Increased commitment of childcare dollars to homeless families. | <p>Danelle Young John Daurio *Eugene Belz</p> | <p>Office of Self-Sufficiency Office of Adult Services *Veterans Affairs Tracy D’Alanno – staff assistance</p> | <ul style="list-style-type: none"> • Gant chart for mainstream resources will be developed identifying how homeless persons access current services. • Evaluation of existing programs with opportunities identified for either targeting or maximizing access through policy/rule changes will be conducted. • Executive Director of Colorado Department of Human Services authorizes targeting and policy/rule changes for at least 20% of recommended changes. | <ul style="list-style-type: none"> • Gant chart completed by October 2002. • Programs evaluated by January 2003. • Recommendations approved by June 2003. | <p>October 2002 January 2003 June 2003</p> |

PRIORITY 4: Increase Access to Mainstream Resources

| Strategy(-ies) | Action(s) | Manager | | Implementer | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
|----------------|--|----------------|--------------------------|---|--|--|-----------------------------|
| | <p>Action 4.2.2 Coordinate existing HMIS system with intake and assessment procedures utilized by Mainstream Resources.</p> | Tracy D'Alanno | Jill Hart & Andy Johnson | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • Intake and Assessment instruments for each Mainstream Program will be collected by November 2002. • Identification of ways to coordinate information will be accomplished by January 2003. • Agreements to coordinate processes and procedures with each mainstream program will be developed by June 2003. • Implementation of agreements will begin in July 2003. • Improved communication, data collection and tracking will result in a 25% increase in the number of homeless persons obtaining mainstream benefits by June of 2004. Baseline percent will be based upon data collected in the 2001 Homeless Point-in-Time survey matched against new data collected through the coordination of CHIRP HMIS system. | <p>November 2002</p> <p>February 2003</p> <p>June 2003</p> <p>July 2003</p> <p>June 30, 2004</p> | |

PRIORITY 4: Increase Access to Mainstream Resources

| Strategy(-ies) | Action(s) | Manager | Implementer | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
|---|--|----------------------------------|--|---|---|---|
| <p>Strategy 4.3 Develop new processes in bringing people into the SSI system.</p> <ul style="list-style-type: none"> Model Chicago discharge model (hospitals and institutions) for including appropriate documentation of disability that can be used for SSI application | <p>Action 4.3.1 Provide consistent training for managers and technicians across counties.</p> | <p>Donna Good, Danelle Young</p> | <p>Nan Morehead, Tracy D'Alanno</p> | <ul style="list-style-type: none"> Consultation with Yvonne Parret on application process and procedures. Consultation with Jeremy Rosen Develop a train-the-trainer program specific to the needs and situations of homeless persons. Train the trainer program implemented. | <ul style="list-style-type: none"> Initial consultation with Yvonne Parret held. Initial consultation with Jeremy Rosen held. Train the trainer program developed. Training program implemented. | <p>September 2002</p> <p>July 2002 January 2003</p> <p>April 2003</p> |
| | <p>Action 4.3.2 Outstation/co-location county and federal workers at area homeless facilities for application and follow-up.</p> | <p>Danelle Young</p> | <p>Tracy D'Alanno & Wendy Talley</p> | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> Possible locations identified by November 2002. SSA meeting is held by October 2002. Implementation of plan begins July 1 2003. 15% increase in number of facilities with out-stationed workers. | <p>November 2002</p> <p>Oct. 2002</p> <p>July 2003</p> <p>July 2004</p> |

PRIORITY 4: Increase Access to Mainstream Resources

| Strategy(-ies) | Action(s) | Manager | Implementer | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
|---|---|-----------------------|--------------------------|--|---|--|
| <p>process.</p> <ul style="list-style-type: none"> Follow-up with (Yvonne Perrett) SSI Outreach Program on forms and procedures. Request technical assistance/training. Coordinate with Jeremy Rosen and training for PATH program. | <p>Action 4.3.3 Cross-train homeless providers (case managers) on how to make eligible applications on behalf of homeless persons with special needs. (Develop training materials “cookbook” or manual)</p> | <p>Tracy D’Alanno</p> | <p>Steve Potter, SSA</p> | <ul style="list-style-type: none"> 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. | <ul style="list-style-type: none"> 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. Providers are trained on how to best assist clients through the application process. | <p>October 2002 February 2003</p> <p>May 2003</p> <p>May – Oct. 2003</p> |

PRIORITY 4: Increase Access to Mainstream Resources

| Strategy(-ies) | Action(s) | Manager | Implementer | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
|--|---|-----------------|---|--|---|--|
| | Action 4.3.4 Apply for presumptive eligibility maybe through the Super Waiver Process for SSI. | John Daurio | 8Disability Determination Office | <ul style="list-style-type: none"> • Investigate opportunities for presumptive eligibility waiver. • Apply, if possible for presumptive eligibility for chronically homeless persons. • Streamlined application process and procedures are established. • Streamlined process is promoted. | <ul style="list-style-type: none"> • Opportunities identified • Application is submitted and approved. • 50% decrease in the number of initially denied applications for Soc. Sec. Disability. | January 2003 February 2003 – June 2003 December 2003 |
| | Action 4.3.5 Establish representative payee agencies for homeless persons applying for SSI. | Steve Potter | John Parvensky | <ul style="list-style-type: none"> • Increased money management assistance for chronically homeless persons results in better housing outcomes. | <ul style="list-style-type: none"> • 15% increase in the number of chronically homeless persons obtaining adequate housing. | July 2004 |
| Strategy 4.4 Improve discharge planning procedures across institutions. | Action 4.4.1 Examine discharge plan for department of corrections and mental health institutes. <ul style="list-style-type: none"> • Identify what improvements could be made to ensure that homeless persons are not discharged to the streets and/or area shelters. | George Kawamura | Oliver Gysin Dept. of Corrections Tom Barrett – Mental Health Services | <ul style="list-style-type: none"> • Discharge plans are examined and improvements identified. • Recommendations are developed for improved discharge processes. • Recommendations are approved and implemented. | <ul style="list-style-type: none"> • Issues are identified and recognized. • Recommendations are approved. • Recommendations are implemented. | December 2002 July 2003 September 2003 |

PRIORITY 4: Increase Access to Mainstream Resources

| Strategy(-ies) | Action(s) | Manager | Implementer | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
|---|--|-----------------------|-----------------------|---|---|---|
| <p>Strategy 4.5 Develop effective pathways to accessing Medicaid benefits</p> <ul style="list-style-type: none"> • Being poor does not make you automatically eligible for Medicaid. | <p>Action 4.5.1 Simplify the application process and streamline forms.</p> | <p>*Richard Allen</p> | <p>*Richard Allen</p> | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • 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. | <p>July 2003</p> <p>January 2003</p> <p>July 2003</p> |

PRIORITY 4: Increase Access to Mainstream Resources

| Strategy(-ies) | Action(s) | Manager | Implementer | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
|--|--|------------------------------|---|---|--|--|
| | <p>Action 4.5.2 Expand eligibility</p> <ul style="list-style-type: none"> • Substance abuse is not an eligible benefit for Medicaid in Colorado • Some residential supportive services are not eligible Medicaid expenses. Eligible residential supportive services are based upon pre-capitation included benefits. Cost savings may then be applied to other services. | *Janet Wood | Mary McCann & Jack Real | <ul style="list-style-type: none"> • Expanded eligibility opportunities will be identified. • Recommendations for expanding eligibility to chronically homeless persons with substance abuse issues will be developed. • Assistance alternatives will be identified. • Alternatives and recommendations will be evaluated and followed-up on. | <ul style="list-style-type: none"> • Expansion opportunities are identified. • Recommendations are developed. • Alternatives for assistance are identified. • Recommendations and alternatives are acted upon. | <p>December 2003 March 2003 April 2003 July 2003</p> |
| Strategy 4.6 Develop integrated treatment programs for persons with co-occurring disorders. | <p>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.</p> | Ruth Ann Russel | Lindi Sinton *Laurie Tomlinson | <ul style="list-style-type: none"> • Training program for homeless providers on how to deal with co-occurring disorders is developed and offered bi-annually. | <ul style="list-style-type: none"> • First training program is held by June 2003 with participation from at least 30 organizations. | June 2003 |
| | <p>Action 4.6.2 Develop pilot project for integrating mental health and substance abuse treatment.</p> | Jack Real/ Bridget Barron | *Gene Medina-Arapahoe House *Carolyn Barr - MHCD | <ul style="list-style-type: none"> • Integrated mental health and substance abuse treatment pilot project is developed and implemented. | <ul style="list-style-type: none"> • Pilot project model is developed by August 2003. • Pilot project implemented by January 2004. | <p>August 2003 January 2004</p> |

| PRIORITY 4: Increase Access to Mainstream Resources | | | | | | |
|---|---|------------------------------|--|---|---|------------------------------------|
| Strategy(-ies) | Action(s) | Manager | Implementer | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
| | Action 4.6.3 Investigate co-locating mental health services with other health services/substance abuse services. | Tom Barrett & *Janet Wood | *Louis Boris and Jack Real | <ul style="list-style-type: none"> Opportunities for co-locating services will be identified with recommendations on how to proceed. | <ul style="list-style-type: none"> Recommendations for co-locating services will be forwarded to Executive Management Team and Executive Director for approval by March 2003. | March 2003 |
| 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. | Bridget Barron | *PATH Coordinators and Outreach Program Administrators | <ul style="list-style-type: none"> Outreach programs will be encouraged to offer transportation assistance to consumers. | <ul style="list-style-type: none"> 25% of the existing outreach programs will offer transportation to mental health and substance abuse services to chronically homeless persons with special needs. | January 2004 |
| Progress to Date | | | Barriers and/or Situational Changes | | Immediate Next Steps (including potential technical assistance needs) | |
| | | | | | | |

* Denotes suggested manager or implementer that has not yet agreed to coordinate or implement the action.

PRIORITY 5: Develop an outreach and education campaign to reduce the stigma of homelessness

| Strategy(-ies) | Action(s) | Manager ¹ | Implementer ² | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
|---|--|----------------------|----------------------------|---|---|---|
| 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. | Tracy D'Alanno | Andy Johnson and Chris Roe | <ul style="list-style-type: none"> • 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 sector. • Decrease in duplication of services. | <ul style="list-style-type: none"> • 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. | <p>July 2003</p> <p>February of each year.</p> <p>February 2003</p> <p>July 2004</p> <p>July 2004</p> |
| | Action 5.1.2 Increase priority for mental health issues among state legislature. | George Kawamura | Betty Boyd | <ul style="list-style-type: none"> • Increase in legislative proposals for mental health services. • Increase in financial resources. | <ul style="list-style-type: none"> • Increased number of new legislative bills introduced, passed and funded. | July 2003 |

PRIORITY 5: Develop an outreach and education campaign to reduce the stigma of homelessness

| Strategy(-ies) | Action(s) | Manager ¹ | Implementer ² | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
|----------------|--|----------------------|--------------------------|--|--|-----------------------------------|
| | 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. | George Kawamura | Betty Boyd | <ul style="list-style-type: none"> • 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. | <ul style="list-style-type: none"> • Increased number of new legislative bills introduced, passed and funded. • Increased number of integrated treatment programs. | <p>July 2003</p> <p>July 2004</p> |

PRIORITY 5: Develop an outreach and education campaign to reduce the stigma of homelessness

| Strategy(-ies) | Action(s) | Manager ¹ | Implementer ² | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
|---|--|---------------------------------|--|---|--|---|
| <p>Strategy 5.2 Develop programs and projects that reduce stigmas attached to persons who are homeless, including those with special needs.</p> | <p>Action 5.1.4 Increase grass roots client outreach and education – Tie with peer outreach model.</p> <ul style="list-style-type: none"> Expand Peer support programs for engaging persons in treatment (mental health and sa) | <p>Tracy D’Alanno</p> | <p>*Steve Gould, Formerly homeless consumer with special needs.</p> <p>*Current S+C Participants</p> <p>Andy Johnson – S+C Administrator</p> | <ul style="list-style-type: none"> Increased success in treatment programs for the chronically homeless with special needs. Increased engagement in services for the chronically homeless with special needs. | <ul style="list-style-type: none"> 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. | <p>September 2004</p> <p>September 2003</p> |
| <p>Includes both the stigma attached to persons who are homeless and the stigma attached to persons with special needs.</p> | <p>Action 5.1.5 Educate mainstream providers regarding the necessary adaptations to service delivery for homeless persons. (e.g. medication issues, keeping appointments, documentation and id) (culturally appropriate)</p> <ul style="list-style-type: none"> Risk reduction model - different concept for many existing programs. (e.g. TANF, Self-sufficiency, SA & abstinence) | <p>Marva Livingston Hammons</p> | <p>Tracy D’Alanno</p> | <ul style="list-style-type: none"> Education of state and local mainstream providers will result in greater access to services through changes in intake and assessment procedures, flexibility in regulations. | <ul style="list-style-type: none"> 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. | <p>March 2003</p> |

PRIORITY 5: Develop an outreach and education campaign to reduce the stigma of homelessness

| Strategy(-ies) | Action(s) | Manager ¹ | Implementer ² | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
|---|---|--|------------------------------|---|--|-----------------------------|
| Strategy 5.2 Develop programs and projects that reduce stigmas attached to persons who are homeless, including those with special needs. | Action 5.2.1 Investigate how to develop non-traditional ways of offering mental health and substance abuse services. | Tom Barrett and *Janet Wood | Bridget Barron & Mary McCann | <ul style="list-style-type: none"> • Development of pilot projects with non-traditional treatment approaches. | <ul style="list-style-type: none"> • Increased number of non-traditional treatment programs. • Increased access to homeless persons to these programs. | June 2004 |
| | Action 5.2.2 Provide stigma reduction training to public and private service providers. | *Office of Performance Improvement CDOHS | Karen Taylor Tracy D'Alanno | <ul style="list-style-type: none"> • Development of a training program for both public and private providers on reducing the stigma associated with homeless persons with special needs. | <ul style="list-style-type: none"> • Number of people trained. | September 2003 |

| PRIORITY 5: Develop an outreach and education campaign to reduce the stigma of homelessness | | | | | | |
|--|---|--|--|---|---|------------------------------------|
| Strategy(-ies) | Action(s) | Manager¹ | Implementer² | Expected Outcomes | Benchmarks | Completion Date (Estimated) |
| <ul style="list-style-type: none"> Includes both the stigma attached to persons who are homeless and the stigma attached to persons with special needs. | Action 5.2.3 Develop culturally appropriate services and training that more effectively address individual issues. | *Office of Performance Improvement CDOHS | *Roz Bedell Tracy D'Alanno | <ul style="list-style-type: none"> Increase in percent of homeless persons from minority cultures receiving mainstream services. <ul style="list-style-type: none"> Native Americans Hispanic and culturally appropriate domestic violence programs. Development of a training program for homeless providers on cultural competency and cultural cueing. (How to provide individualized services based upon the "world view" of the client, not white middle class values.) | <ul style="list-style-type: none"> Increase in culturally appropriate programs. Number of people in culturally appropriate programs. Increase in percent of folks served from minority cultures. | October 2004 |
| Progress to Date | | | Barriers and/or Situational Changes | | Immediate Next Steps (including potential technical assistance needs) | |
| | | | | | | |

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