

Homeless Outcomes Input Sessions
Regional Stakeholder Meeting
Thursday, July 22, 2010, 10:00 a.m. – 12:00 p.m.
Featherstone Workforce Center - Midlothian
Meeting Notes

I. Meeting Participation

Twenty-two individuals attended the stakeholder input session. Saphira Baker, Communitas Consulting, facilitated. Shea Hollifield, Kathy Robertson and Nicole Poulin, DHCD, also attended.

II. Overview

In July 2010, the Department of Housing and Community Development convened four meetings for stakeholders to provide input and top priorities to the Homeless Outcomes Advisory Committee members as they develop a plan to improve the effectiveness and efficiency of State resources for individuals and families who are at risk of homelessness or homeless. This document details the meeting held in Midlothian, Thursday, July 22, 2010. Participants were given the background on the committee, homelessness in Virginia, and provided with a summary of the State agency inventory results and the opportunities and constraints facing the Committee. Handouts included a copy of the PowerPoint presentation and a synopsis of the eight Ten-Year Plans in Virginia.

III. Large Group Discussion

Participants were asked to identify barriers and opportunities for improving effectiveness and coordination of State services.

Barriers identified

- Jail records can prevent access to housing, as can credit issues
- Mental Health system funding focuses on the “severely mentally ill” and misses some of those with needs and substance abuse issues that don’t meet the criteria
- Access to an ID card is very complicated, and the paperwork is a barrier to service
- The HUD list of available Section 8 housing is up to five years long. There is no expedited housing for domestic violence victims
- Lack of employment (and lack of hiring those with a jail record) makes it hard for individuals to get ahead
- Workforce development programs have barriers if you have been in jail. Legislation is needed to change this
- The Workforce Investment Board requires people to be “work ready”
- States need to coordinate with businesses and localities to address local issues
- There is a need for treatment as an alternative to long jail terms
- There is a lack of focus on long-term prevention. We need to make the switch from emergency shelter to Housing First and Permanent Supportive Housing that work. This should be articulated at the State level.
- There is an increased immigrant need for housing; and housing is needed that accommodates immigrants’ religious and language needs – families and individuals
- Child care funding for families to retain employment and housing
- Make the distinction between “barrier-free” facilities where persons who are homeless do not have to meet requirements, and programs that help people become self-reliance and have expectations. Some persons do not want to change and are not motivated.

- Not enough child care funding – a barrier for women and children becoming self-sufficient

Opportunities identified

- SOAR regional trainers have been positive.
- Transition emergency shelter to housing. Evaluate support services to make sure they work; including public housing officials in the dialogue.
- Private business sector can be challenged and asked to step up to assist with economic development. The Governor could urge participation of for-profit leadership on this issue (like Children’s Mental Health).
- There are opportunities to have increased SOAR personnel and training. It works well at the Daily Planet and Virginia Supportive Housing (in Richmond).
- State and local collaboration to increase Housing First model
- Build on federal emphasis on primary prevention for domestic violence (such as teaching children about healthy relationships)
- Centralized policy, funding and services under one “czar”, like NY and MD.
- Partnerships with housing authority and priority to families with children
- Primary prevention – cultural shift to address factors contributing to future social problems in children. Long-term prevention strategy.

IV. Small Group Discussions

Participants were given worksheets with the five top recommendations identified earlier by the Homeless Outcomes Advisory Committee. As individuals they were asked to rank them from one to five with one being the most critical. The work groups were then tasked with answering the following questions:

- *The best two ways for the State to improve the effectiveness and coordination of services are to _____.*
- *What are your top two specific recommendations for more efficient use of resources at the state and local levels?*

The participants reconvened as a large group and the small groups reported out. The top priorities to improve effectiveness and coordination identified were:

Group 1:

- Expand permanent supportive housing and housing for special populations (including those coming out of jail)
- Increase flexibility of funding
- Increase access to treatment, recovery, peer to peer support

Group 2:

- Expand permanent supportive housing
- Increase accessibility for mental health, substance abuse treatment
- Improve performance data and information on outcomes

Group 3:

- Expand permanent supportive housing. Help PSH residents transition to permanent housing, or stay in housing, without being penalized for recovery.
- Increase access to substance abuse and mental health services

Group 4:

- Increase permanent supportive housing, including young people as special populations
- Increase flexibility of funding
- Increase access to substance abuse and mental health services

The recommendations for more efficient use of resources were:

Group 1:

- Uniform HMIS system across the State
- Technical assistance from the State on best practice templates for models

Group 2:

- A permanent home to centralize policies for the State
- Use data to inform policies based on performance

Group 3:

- Coordinate housing programs and services at the State level and encourage coordination at the local level. Align funding streams for common purposes, such as CDBG and other housing funding.

Group 4:

- Promote data sharing, improve coordination, and reduce duplication. Use HMIS at the State level, and include housing authorities
- Align policies and funding to national recommendations that move funding to permanent housing and do not over fund emergency shelters.

In addition, the following questions were posed to the large group.

What are barriers to Permanent Supportive Housing?

- Location – both “Not in my Backyard” but also County preferences and zoning policies
- Lack of transportation and access in the rural areas
- The need to educate people (policy makers, General Assembly, local decision makers) on what Permanent Supportive Housing is, why it is effective, what its impact has been, and how it fits in to an overall strategy. Shift funding to permanent housing solutions
- Clustering people is not a good solution. Better to use Section 8 vouchers to integrate people who are homeless into communities, like Washington, DC
- The need to be creative about building self-sufficiency among persons who are homeless – through volunteering and apprenticeships, as one example.

What are the barriers to accessing mental health and substance abuse treatment?

- Self-disclosure can mean that you lose resources

What are the barriers to an HMIS statewide system?

- Domestic Violence shelters have confidentiality concerns about HMIS and will not participate in a statewide system for legal reasons.

V. Wrap-Up and Next Steps

Participants were asked to turn in their individual work sheets identifying their rankings of the top recommendations, suggested strategies and additional recommendations. The table on the following page reflects the compiled results.

RANKING	RECOMMENDATION	SUGGESTED STRATEGIES
1.3	Expand Permanent Supportive Housing and Housing for Special Populations	<ul style="list-style-type: none"> • Develop an office (or give authority) to receive complaints from people denied shelter due to mental health or substance abuse. They have no recourse. • Grant solicitations should include grass roots efforts • Essential for persons with substance abuse and mental health issues • Need to change Public Housing Authority policies
2.57	Increase Flexibility of Funding to Prevent and Address Homelessness	<ul style="list-style-type: none"> • Focus on primary prevention activities to address the root causes of homelessness.
2.57	Increase Accessibility of Mental Health and Substance Abuse Treatment	<ul style="list-style-type: none"> • Include peer recovery support services (peer to peer)
2.93	Improve Management of Data and Increase Performance-Based Funding and Outcomes	<ul style="list-style-type: none"> • Unify HMIS systems • Change the public perception of the homeless person.
3.57	Improve Discharge Policies and Procedures	<ul style="list-style-type: none"> • Re-entry from jails and corrections can result in tremendous savings by reducing recidivism
ADDITIONAL RECOMMENDATIONS:		
	Accessible housing for disabled ex-offenders. These include offenders with crimes as barriers to housing. Some need assisted living and nursing home levels of care, but there are no homes willing to accept them.	
	Equitable distribution of homeless shelter or other resources	
	Have both urban and rural models	
	Address related issues, such as incarceration and lack of credit	
	Marry housing with employment initiatives	
	Consider ground up grass roots coordinator that involves those who become homeless, local citizens, businesses and state and local agencies.	
	Workforce Development (twice)	
	Increased communication	
	Increase data sharing to know how resources are being used and to prevent duplication of services (i.e., local DSS and Public Housing Authorities)	
	Align our policies and funding with national homeless advocacy recommendations to prioritize permanent supportive housing and prevention, possibly modifying Housing First to meet the needs of special populations.	
	Collaboration of Services	
	Increase flexibility of funds within CSBs. Use of state funds is compartmentalized.	
	Increase awareness of resources	
	Support Housing First, especially for people who have substance abuse concerns	
	State coordination with local prison reentry	
	Need technical assistance for community mapping	
	Let nonprofits establish their own goals	
	Reduce denial of shelter	
	Establish discharge protocols – e.g. templates of good models -	
	HMIS piggy back on state's contract for a uniform system	
	Providers too busy to plan for system level and evaluate effectiveness. Northwestern only has domestic violence and cold weather shelters.	

