

Homeless Outcomes Input Sessions
Regional Stakeholder Meeting
Wednesday, July 28, 2010, 10:00 a.m. – 12:00 p.m.
Newport News Downey-Gross Cultural Center
Meeting Notes

I. Meeting Participation

Forty-seven individuals attended the stakeholder input session. Saphira Baker, Communitas Consulting, facilitated. Shea Hollifield and Nichele Carver, 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 Newport News, Wednesday, July 28, 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

- We need to look at the changing face of homelessness. There are more families, with higher levels of education (the working poor), who need childcare to work and afford homes.
- Make it possible for the mentally ill to get on Medicaid prior to the release from jail
- Create a statute of limitations on criminal records regarding access to public housing (section 8 included)
- In domestic violence shelters, there is already a skeleton crew and we can't be any more efficient
- For most support services (VDSS, Medicaid, VEC, SS) one needs to have an income. This is a huge barrier for persons who are homeless.
- During incarceration, social security benefits are cut off for inmates. Sometimes they must wait a year for their competence to be restored. During this time, they should be able to collect social security so that they have sufficient funds to find housing when they leave. Now they are losing housing.
- We should require collaborative teams to address persons and families who are homeless, including the CSBs, Social Services, etc. similar to the CSA mandates.
- We should increase the number of surplus properties available for rehab; allow groups like YouthBuild to rehabilitate them to provide affordable housing
- Use SNAP-EP (employment) benefits and SSI for mental illness. Request a waiver for this purpose.
- Reinstate General Relief. Remember that it is a loan and will be repaid.
- SOAR is very positive, but it is a whole new job. We need more funds to make it work.

- There is an extensive gap between SSI application and the time of receipt. During that time, persons who are homeless accrue debt and other negatives which drive them to institutions because they are penniless.
- What about contracting with hotels that are underutilized to provide shelter for the homeless? This is a win-win.
- Pay attention to the increase in families who are homeless and the need for more beds.
- For males who are single and homeless, particularly Veterans, there is simply no place to go. There is not enough shelter or supported housing for these individuals.
- Persons who are homeless need financial planning skills as prevention for future homelessness.
- We should allow for the portability of Auxiliary Funds.
- We need more incentives for employers and landlords to support Housing First and other affordable housing options.
- There has been an increase in the number of children in foster care due to the loss of housing waivers from IVE funds. Those funds were to prevent displacement.
- We need to address the sense of entitlement. Perhaps we should ask homeless for money to pay something toward shelter. They are making choices to buy cigarettes or beer in favor of rent. We need to build good citizens and empowerment.
- Why aren't we matching persons who are homeless with "Labor Ready" and other places that have low skill jobs for people?
- We need to reward the performance of low-barrier programs, such as those who serve the severely mentally ill. We shouldn't be paying for empty beds. We could bill on reimbursement such as New York, Arizona and Minnesota.
- Emergency Shelters cannot accommodate all the people who will come from the closure of Eastern State, and all the individuals with ADA requirements. More funding is needed. Where is the money going from Eastern State?
- Child care grants need to be extended so that women are not penalized for working; job search resources need to be available.
- The Executive Order of the Governor does not acknowledge the increase in family homelessness.

Opportunities identified

- The PATH site is working, but we need more time to do the work.
- Pay for performance. This needs to be shifted so that it is based on case management and success rate (transition to housing). Increase the 30% of funding linked to utilization rate from DHCD.
- There needs to be a clause that requires shelters to be ADA compliant and address the barrier of a wheelchair.
- Increase the time limit from 30 days to longer and base funding on performance for Housing First. We need duration of 6 months to 2 years.
- Expand awareness of representative Payee Services. This is a complex process but could be a big motivator.
- Virginia is downsizing its state mental health institutions. There has to be an agreement that the money saved follows the people, particularly Eastern State Hospital.
- ABC is being privatized: some of those funds now support substance abuse prevention. We need to keep and increase those funds during this process.
- State Shelter Grants need more flexibility to address the diverse needs of people. Now SSG funds do not allow for prevention.

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:

- Bringing back the Interagency Council for accountability and a local link to the State
- Flexibility of funding for localities and needs

Group 2:

- Reactivate the State Interagency Council
- Require that State agencies develop action plans to address the recommendations of the Homeless Outcomes Advisory Committee
- Each State agency should have a plan for housing (required written plan).

Group 3:

- A centralized information system that shows the availability of shelter beds in real time. A hotline, or single number, for groups seeking shelter for residents.
- An open HMIS system

Group 4:

- Tie funding to collaboration, such as that within the Interagency Council model (Community Services Boards, Social Services, Veterans, Health)
- Replicate the requirements of the HEARTH Act (federal) in Virginia

Group 5:

- Flexibility in funding

The recommendations for more efficient use of resources were:

Group 1:

- No cap on funding for families in programs, such as Rapid Rehousing
- Support models that have demonstrated outcomes that stop the cycle of homeless and get people into housing

Group 2:

- Have proactive thinking. Shift funds from Corrections to prevention.
- Provide funds contingent upon performance. Get 20% of funds up front, and 80% for performance.

Group 3:

- State funding should be more transparent, showing how it is spent and utilized. Funding should be less competitive.
- Agencies should coordinate reporting so that there are not duplicative requests for data. This includes DSS, VHDA, and DHCD.

Group 4:

- Open HMIS system where questions match for all funders. Simplify the data system and requests from DSS, VHDA, HUD, and DHCD.

Group 5:

- Be sure that the State has distinct policies and approaches (and has been exposed to) for rural areas. For example, it is harder to fill shelter beds in rural areas than urban.

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 pages reflects the compiled results.

RANKING	RECOMMENDATION	SUGGESTED STRATEGIES
2.03	Increase Flexibility of Funding to Prevent and Address Homelessness	<ul style="list-style-type: none"> • Allow flexibility in Homeless Intervention Program (HIP) – e.g., transportation out of State if it is to a stable situation. • Placing restrictions on low barrier shelters creates unintentional barriers for homeless clients. Case management at low barrier shelter site is often service the client may get. • Emergency shelter beds are still needed! • More flexibility for SSG, ESG, and Auxiliary Grants.
2.33	Expand Permanent Supportive Housing and Housing for Special Populations	<ul style="list-style-type: none"> • Transition in place • Find land that could be donated to nonprofits to develop housing. • Increase the hold harmless dollars through HUD and high scoring of Continuum of Care regions • Expand staff to provide supports • Stop putting so much money in emergency shelters
2.7	Increase Accessibility of Mental Health and Substance Abuse Treatment	<ul style="list-style-type: none"> • Jump start the development of Healing Places – a statewide network. • Cutting services creates a trickle down effect that increases the number of clients seeking shelter and increasing professional need of services that we don't have, such as medical intake and ADA. • Expand PATH services – homeless people cannot pay co-pays for Tx at CB for SA/MH Tx • Move to local, not State facilities
3.87	Improve Management of Data and Increase Performance-Based Funding and Outcomes	<ul style="list-style-type: none"> • Simplify the data collection reporting. Have reports match federal HUD reporting requirements through HMIS. • Fund programs with good long-term outcomes. • Performance-based funding • Statewide HMIS (3 times) • Implement a statewide HMIS. Use Hennepin County outcome: clients do not present for services one year later. • Define outcomes that are for a broad range of services • All emergency shelters involved in HMIS except Veterans and Domestic Violence. • Outcomes expectations need to look at target population outcomes for families with kids. Outcomes are easier to achieve than with singles with chronic mental illness, substance abuse, etc.
4	Improve Discharge Policies and Procedures	<ul style="list-style-type: none"> • Housing – provide focused case management for all State agencies and 6 month follow up • Only the State can do this and it is a requirement of CoC funding. • We have discharge policies for mental health, but not Corrections, especially local jails.

2.7	Increase Accessibility of Mental Health and Substance Abuse Treatment	<ul style="list-style-type: none"> • Jump start the development of Healing Places – a statewide network. • Cutting services creates a trickle down effect that increases the number of clients seeking shelter and increasing professional need of services that we don't have, such as medical intake and ADA. • Expand PATH services – homeless people cannot pay co-pays for Tx at CB for SA/MH Tx • Move to local, not State facilities
ADDITIONAL RECOMMENDATIONS:		
	I am suggesting more programs to help homeless pay small fees for services to prevent the continuation of the homeless cycle.	
	Emphasis on family – not just chronically homeless. Target resources for building housing for homeless.	
	A statewide centralized detailed information system available to all organizations with homeless consumers.	
	Require all programs receiving any State funds related to homelessness to participate in an open local HMIS system if an HMIS system exists in their area.	
	Increase representative payee services for resistant clients. Establish relationships with social security and community agencies.	
	One for one replacement for income-based housing. If a 25 until is torn down, it needs to be replaced with 25 new units – either Section 8 or new income-based housing.	
	Establish a baseline and recognize that homelessness will have trends – i.e., recession, unemployment rates, reduction of public housing	
	Increase awareness of SOAR – it work! Need to find money for SOAR.	
	Training of Staff	
	Utilization key players in the faith community. Mobilize those in the faith community who may open doors to those who are experiencing temporary homelessness.	
	Address the increase in family homelessness.	
	Increase assistance for child care during job search and first year of employment for increased stability.	
	State coordination at Agency level – just like CoCs at the local levels; coordinate money, applications, inspections, monitoring. This would save the State money since everyone is doing more with less staff money.	