

Homeless Input Session Comments

Older Adults:

What people are seeing in their community:

- Demographics
 - Increased 62+ population
 - Increased population of 62+ however, in proportion with other age groups (Abingdon)
 - 40% increase of 62+ in Emergency Shelter since 2015 (Richmond)
 - Larger families
 - Single women
 - Multiple generations in families
 - Grandparents parenting grandchildren
- Resources
 - Lack of resources
 - More resources for families and singles, but not for older adults
 - In need of more services due to health conditions and more ALF and nursing homes
 - Adult Protective Services
 - Partnering with APS for assessments
 - Some communities have a lack of collaboration between APS and Homeless Service Providers
 - Increased APS involvement
 - Collaboration with in home care, other agencies who specialize in older adults
 - Need for reasonable accommodations
 - Need for assisted living
 - Need for resources to assist folks with aging in place
- Income
 - Lack of or fixed income
 - Lack of employment
 - Retirement
 - Too young to apply for early retirement
 - Working into older age as they cannot retire
 - Lack credits to get their social security
- Medical Conditions
 - Medical Vulnerable individuals in shelters/ RRH programs
 - Mental Illness/ severe mental illness
 - Older adults with medical issues
 - Chronic medical issues but not disabled so individual is ineligible for SSDI
 - Cannot manage activities of daily life
- Providers
 - Not equipped to serve individuals with increased medical needs

- Individuals with medical issues not fit for shelters
- Conversation of whether or not Rapid Rehousing will work for individuals who cannot increase income
- Stigma
 - Individuals not wanting to access shelter due to stigma
- Abuse/ Domestic Violence
 - Abuse including emotional abuse from children
- Housing
 - Lack of availability of senior housing
 - Long waiting lists for senior housing
 - Senior housing that does not take Medicaid
 - Limited affordable housing units
 - Lack of ADA compliant units
- Transportation
 - Need for transportation resources
 - Medicaid provides transportation but system is not user friendly
- Other
 - Reverse mortgages
 - Individuals coming in contact with the system sooner
 - Individuals not 14 days or less to homelessness

What people are doing to meet the increased need:

- Collaboration
 - Partnering with hospitals/ quarterly meetings with hospitals
 - Geriatric Case Management and Services
 - Gathering agencies together to see what resources are available in the community
 - Vulnerable Adults Task Force
 - APS, Police, anyone working with older adults
- Creating Resources
 - Health Clinic with same day referral to Nurse Practitioner
- Housing
 - Develop senior housing (utilizing HOPWA and other funds)
- Older Adults Experiencing Homeless Coalition
- Conversation with APS

Additional Notes:

Question: Is there a contact for hospitals at the state level?

Homeless Youth:

What people are seeing in their community:

- Demographics:
 - Larger families
 - Increase in chronic homeless youth
 - Number of homeless youth is increasing in shelter
 - Increase in African American homeless youth
 - Homeless youth population looks different than general homeless population
 - 18 and 19 year olds with substance use disorder being kick out of home
 - Individuals aging out of foster care
 - Underrepresented in shelter
 - Parenting youth
 - Households where both parents are youth
 - LGBTQIA+ youth
 - Cannot return home due to broken family relationships
- Services
 - Increased youth seeking services
 - Rapid Rehousing does not generally work for homeless youth
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 - Outreach
 - Lack of culturally competent outreach for youth
- Housing
 - Lack of affordable and safe housing
 - Lack of rental history
 - Need for housing for individuals with large families
 - Couch surfing until they reach shelter
 - Youth willing to talk about housing
 - Need alternative housing solutions for youth
 - Youth not willing to sign 12- month lease
 - Shared housing or Host Housing is preferred as youth don't want to live by themselves
 - Do not wish to move away from social networks
 - Flexible spending to assist youth gain alternative housing
 - Flexible recertification for VHSP to allow a guarantee of longer financial assistance for youth
 - Public Housing
 - Need to focus on areas with resources
 - Transportation
 - Community college
- Income
 - SSDI going to parents as payee and parents not utilizing funds to assist youth

- Health
 - Mental health issues
 - Medical issues
 - Untreated Substance Use Disorder
 - Developmental Disabilities
- Other
 - Risky behavior utilized to secure housing for the night
 - Difficulties tracking/ serving homeless youth
 - Due to stigma around receiving services

What people are doing to meet the increased need:

- Programs
 - Youth specific programs
 - Youth Pilot Program using United Way funding
 - Youth Drop-In Center
 - Rapid Response Team
- Collaboration
 - Schools
 - Large school based program
 - Strong relationships with schools
 - Police Force
 - Child and Family Services
 - Family Shelters
 - Behavioral Health Programs
 - Partnering with DARS
- Youth Groups
 - Youth Action Board
 - Youth Task Force
- Funding
 - Administer grant funding specialized for youth
 - Prioritize youth for funding
- Outreach
 - Youth Outreach Worker in Richmond
 - In reach and outreach
 - Follow up
 - Track youth
- Staff
 - Youth Case Worker

Substance Use Disorder:

What people are seeing in their community:

- Demographics
 - Increased women
 - Increased pregnant and parenting women
 - Increased women with older school-aged children
 - Cannot get the women into shelter
 - Intersection of youth, human trafficking and substance use disorder
 - Increase in individuals using methamphetamine
- Resources
 - Lack of access for residential treatment
 - Specifically lack of residential treatment in the immediate area
 - Need to transport clients into facilities out of the area
 - Transportation is a barrier
- Housing
 - Evictions due to substance use disorder
 - Violation of quiet enjoyment of residence
 - Landlords have zero tolerance policy for drugs
 - Drug dealers taking over residences
- Individuals not disclosing they have substance use disorder
- Issues in community
 - Walmart drug scandal (Roanoke)

What people are doing to meet the increased need:

- Income
 - Individuals working under the table or side jobs
- Low Barrier Approach
 - Housing First approach
 - Giving individuals more than one intake appointment
 - Looking for individuals who do not show up for appointment
 - People are more willing to reach out for help with substance use disorder since they know their housing is not dependent on being sober
 - Low barrier shelter connecting individuals to Substance Abuse Treatment program
- Staff
 - Resident Services Coordinator
 - Position is separate from property manager
 - Position focused on stopping and preventing lease violations
- Staff Training
 - NARCAN training
 - Harm Reduction training
 - Fair Housing Training
- Low Barrier Approach
 - Giving individuals more than one intake appointment

- Looking for individuals who do not show up for appointment
- Sobering Up Center
- Programs
 - Health Department Needle Exchange Program
 - Sobering Up Center
 - Developing a resource for women
 - PSH program
- Collaboration
 - Partnering with Substance Use Disorder agencies
- Funding
 - SAMSA grant for opioids

Racial Equity:

- Agencies are looking at the issues and beginning to question their processes
- Data
 - Agencies are looking at their data and beginning to have discussions around what the data means
 - Agencies beginning to collect data
- Agencies are looking for help from the state level on what to do with the data they have collected
- Agencies are beginning the conversation
 - Comparing staff demographics to that of clients
 - Having conversation with community partners
- Developed specialized committees
- Advisory Board
 - Consists of:
 - Board Members
 - Staff
 - Community Members
- Looking at Trauma Informed Care practices to utilize in schools
- Racial Equity Training

Training:

- Programs
 - Coordinated Entry
 - Specialized Populations
 - Diversion
 - Prevention
 - Street Outreach
 - Permanent Supportive Housing
 - Rapid Rehousing

- Shelter
 - How Quality – Low Barrier Shelter training
- General
 - Housing Case Management Training
 - Cultural Competency
- Substance Use Disorder training
 - Maintaining housing
- Reporting
 - How to complete reports
- How to Develop your Continuum of Care
 - Building community partnerships
- Other
 - How to get a shelter in the community?
 - What does the future look like for harder to serve folks?