



State of the Homeless Address



May 20, 2015



***What** is the Continuum of Care?*

The Community's

Homeless Response System

How Do We Evaluate Homeless Status?

- Quantify the *demand* for housing and services through a Point in Time Count
- Quantify the *supply* by taking an inventory of all housing dedicated to persons experiencing homeless through the Housing Inventory Chart
- Assess the *needs* of the homeless through a survey with consumers
- Assess the *gaps* in the system through a survey of providers

***What** do we do with the information?*

- Develop a **Continuum of Care Strategic Work Plan**
- Secure the political will, **agency buy-in** and community resources to achieve the goals in the plan
- **Create committees and taskforces** within the MDHA/CoC and CoC Assembly as necessary to implement the plan
- **Monitor our progress** in ending homelessness

Today's Agenda

- Results of Point in Time Count
- Results of Needs and Gaps Surveys of Consumers and Agencies
- Overview of Continuum of Care Strategic Work Plan
- Alliance Public Comment on the CoC Plan
- Public Forum on Needs of the Homeless and the CoC Strategic Work Plan

January 2015 PIT Count



DATA SOURCES: Agency Reports, Surveys, HMIS

The Numbers of Homeless

Year	UN	ES	Safehaven	TH	Total	Change
2015	363	1,748*	23	1,007*	3,141	< 1% +
2014	242	2,072 (1,944)	24	1,176 (902)	3,514 (3,112)	

**There are 68 fewer ES beds and 190 fewer TH beds compared to prior years and 402 fewer in the PIT year to year adjusting for these beds.*

***In 2016, numbers of TH will decrease again as TH beds are converted to RRH*

Chronic Homeless

	UN Ind/Family	ES	Safe Haven	TOTAL	Change
2015	164/0	399/29	23	615	26%+
2014	92/7	356/22	12	489	

- Evidence of **longer lengths of stay** in homelessness
- Based on survey **self reports**
- UN CH: 78 identified mental illness disability, 33 potential dual-diagnosed mental illness and substance use disability
- ES CH: 213 (53%) identified mental illness disability, 77 potential dual-diagnosed mental illness and substance use disability

KEY FINDING

Homeless Veterans

	UN	ES	Safe Haven	TH	Total	Change
2015	49	190	0	99	291	-32%
2014	42	214	2	77	335	

78 of ES Veterans and 99 Transitionally Housed Veterans are on a path to permanent housing through VA connected programs.

The CoC Veteran's Committee meets monthly to review housing rates. June 10-12 Members will attend Zero:2016 Action Camp to develop final plans to get to zero.

PIT Count Take Away

- No significant change in homelessness year to year up less than 1%
- Count methodology requires improvements and more volunteers in 2016 – *GIS mapping*
500+ volunteers to recruit
- HMIS and data systems should be used to detail demographic and length of stay information over surveys for sheltered clients

Housing Inventory Chart



DATA SOURCES: Agency Reports, HMIS

Housing Supply

	ES	Safe Haven	TH	PSH/CH Beds	CH Rate
2015	2,522	25	1,203	3,138/1,846	59%
2014	2,466	25	1,539	2,897/1,672	57%
2013	2,182	25	1,558	2,557/1,127	44%

Occupancy on January 22 2015

	ES	SH	TH	PSH	
Rate	70%	92%	84%	76% (PIT 2,407)	
Beds Available	774	2	196	731	

KEY FINDING

HIC Take Away

- ES vacancy primarily in DV, reopening of Salvation Army shelter days before the count, unused overflow beds
- TH and PSH should be closer to 100%

Needs of Consumer



DATA SOURCES: Surveys

Service Needs - Frequency

Unsheltered

1. Photo Identifications
2. Job Placement
3. Birth Certificate
4. Social Security Card
5. Permanent Housing for non disabled

Emergency Shelter

1. Bus Passes
2. Dental Care
3. Permanent Housing for non-disabled
4. Job Placement
5. Transportation

Service Needs - Frequency

All Categories: UN, ES, SH, TH and PSH

1. Bus Passes
2. Job Placement
3. Dental Care
4. Permanent Housing – non disabled
5. Transportation



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Consumer Survey Take Away

- Basic service needs do not change year to year
- Substance abuse and mental illness disabling conditions are very significant among Unsheltered and Emergency Sheltered populations
- More Bus Passes

System Gaps



DATA SOURCES: Service Providers Survey

Knowledge Gaps

	Least Knowledge
Harm Reduction Model	28.08% 41
Trauma-Informed Care	28.08% 41
Bio-psychosocial Assessment	28.08% 41
Coordinated Assessment/Access System	26.03% 38
SOAR Process	48.63% 71

How support the work of Case Management?

New Case Manager Basic Training/Orientation	48.51%
Case Manager Peer to Peer Roundtables	57.46%
Case Manager Networking Opportunities	74.63%

- **Breaking down silos** between agencies
- Improving collaboration and coordination
- Hungry to improve skills and personal career effectiveness

Barriers to Working with Other Agencies

Limited awareness of resources.	46.92%
No reliable contact information.	46.15%
No clearly defined referral process.	53.08%
Unclear eligibility criteria.	41.54%

- All components of an effective Coordinated Assessment and Access System - 211 for homeless services

Client Needs: Agency Perspective

Emergency Shelters

1. Critical Documents (ID, Birth Cert. etc.)
2. Toiletries/Hygiene Items
3. Bus Passes
4. Food
5. Addiction Services

Transitional Housing

1. Employment Assistance
2. Bus Passes
3. Applications for Main Stream Benefits
4. Legal Services
5. Information and Referral Services

Client Needs: Agency Perspective

PSH

1. Budgeting Assistance
2. Dental Care
3. Credit Counseling
4. Information and Referral Services
5. Employment Assistance

RRH

1. Security Deposits
2. Child Care
3. Household Set-up/Furniture
4. Information and Referral Services
5. Main Stream benefits

Why do clients fail in housing

Transitional Housing

1. Behavioral Health/Addiction Issues
2. Mental Health
3. Unhealthy relationships/family issues
4. No social networks/loneliness

PSH

1. Mental Health
2. Lease Violations
3. Behavioral Health/Addiction Issues
4. Unhealthy relationships/family issues

Agency Survey Take Away

- Much needed Information and referral system and resource directory needs paramount – Coordinated Assessment System Key Feature Helpline/211, web enabled, real-time
- Need regular Case Manager Roundtables, Networking, Peer to Peer mentoring
- Critical documents clerk accessible at ES
- More bus passes
- More dental care needed
- Different stages of housing have different needs

Continuum of Care Strategic Work Plan



Putting it all together

CoC SWP Accountability

- Quarterly Progress Reporting
- Performance Reporting
- Highlights of key actions
- Calendar of upcoming meetings



Metrics that Matter

- Reducing the **length of stay** in the homelessness system of care
- Reducing the number of persons that **return to homelessness** after leaving the system of care
- Reduce the total number of persons who **become homeless**

The Big Needs of CoCSWP

I. Robust **Single Open HMIS** System

- Full real-time participation of all Unsheltered Supportive Services and Emergency Shelters
- Must provide the capacity for agencies to manage their agencies and programs
- Examining PCCI Pieces IRIS as HMIS potential
- Will know by end of summer next steps

The Big Needs of CoCSWP

II. Quality **Training** for Case Managers

- National researchers and thought leaders
- Develop Case Manager Basic Training
- Year – Round Training, Networking, Peer Support
- Important conferences and trainings
- Recognition of Excellence – **Case Manager of the Year ...start now!**

The Big Needs of CoCSWP

III. Flexible Fund of Last Resort

- Centrally managed, accessible to participating agencies
- Small financial needs
- Critical documents, Bus passes, certification exams, food handlers license, security deposits, car repair, mattresses
- Diversion system resource

The Big Needs of CoCSWP

IV. Coordinated Assessment/Access System

- Diversion – Homeless Helpline Information and Referral for clients and agencies
- Integrated into HMIS system
- Standardized Assessment and Client Prioritization and Centralized Dynamic Housing Waitlist System
- Gatekeeper of housing resources for priority clients
- Real-time inventory of housing and resources
- Document ready for housing – expedite housing access

MDHA as Servant Leaders

- Lighting fires under good Ideas
- Solving problems
- Recognizing failures fast and rebounding quickly
- Throwing parties to celebrate the communities success

Public Forum



Hearing other voices.