Single Adult Advisory Group (SAAG) October, 2015

Continued planning for the Single Adult Strategic Plan. October Topic: RARE

In September, the SA AG identified a variety of strategies to make homelessness among single adults rare, brief and one time, and aligned with the All Home Strategic Plan. RARE strategies brainstormed and subsequently discussed in October:

Brainstormed in September	Framed for October
Rare (Affordable Housing/Prevention)	
▪ Improving/Increasing access to Housing …. ~ 1x	Creation/Access to Affordable Housing
▪ Prevention a. Policy re: prioritization for Affordable Housing, HA units, expedited process b. Increased competitive edge	Prevention
▪ Buy down rents?	Creation/Access to Affordable Housing
▪ Look at alternative housing – tiny houses, micros	Creation/Access to Affordable Housing
▪ Accountability of Feeder Systems (e.g. released from jail to the streets). What other systems have they touched? Familiar Faces, DSHS/Gates?, Criminal Justice. Engage systems to begin collecting the data on Housing Status	Discharge Planning/Accountability of Feeder Systems
▪ Increasing income …. ~ 1x	Increasing Income / Supports
▪ Repairing tattered safety net systems	Folded into Prevention

Affordable Housing

Based on full brainstorm list (below) – this is what GB pulled forward for first draft of Strategic PLan:

- ✓ Engage businesses, landlords and community to foster a sense of responsibility to create/sustain affordable housing
- ✓ Maximize LIHTC
- ✓ Reduce screening criteria
- ✓ Expansion of loss guarantee / 100K @ Oregon model

Full list of ideas, brainstormed October 2015

- Missing the focus on maintaining affordable housing, but this alone will not be enough.
- Re-instate Low Income Housing (Feds)
  - Connector to HA
- Go big or go home on production
- Look at Safe & Sustainable alternative housing options
  - Shared housing w/ supports (not possible for all, but would work for some)
- Criminal history – increase access to affordable and appropriate housing options
- Access to legal help
- Look into the availability and access to affordable housing looks across the region.

①

- How do we better engage the business community to help develop affordable housing?
  - Is there leverage from City to empl. (employ?) yo create housing
  - Where we get the funding to do this?
- HALA recommendations don't really focus on 30% below
- State of Emergency? What does this include?
- A broader campaign is needed to education and engage community on this issue.

<u>Prioritize</u>

- Keep people housed – most vulnerable/vouchers
  - Identify those who are at imminent risk of homelessness
  - Increasing prevention investments
- Public statement/campaign about:
  - Feds needing to step up
  - Business and community responsibility/engagement ✓

②

- Do we know how many units we actually need? PSH, subsidized, and affordable units
- Focus on reducing barriers at the program level to get in and move up (this is <u>achievable</u>)
- Make sure SHA & KCHA have Move to Work status
  - Tell the story about success of Section 8, which is a great tool
- Make a better connection to labor at employment to housing
  - Ex. Chicago hospitals provide housing
- Tax credits to employers?
- Cannot max LIHTC due to services/opportunities gap in project financing ✓✓
- LA using savings from hospitals (charity care) where fewer are uncompensated – goes into a rent subsidy program

Landlord engagement ✓

- Expansion of loss guarantee / 100K @ Oregon model ✓

Home Forward

- Expand at a State level
- Look at King County recipients program as source (data?)
- Coordinated Real Estate focus for landlord recruitment
  - Private Sector?
- Landlord tax credit (Bipartisan Community Housing Afford)
- Non-traditional housing
  - Cargo container
  - Bunkhouse
  - Small scale aloha
  - Modular design
  - Apodments

Ex. Vancouver BC modular housing

Increase Income

Based on full brainstorm list (below) – this is what GB pulled forward for first draft of Strategic PLan:

- ✓ Integrate employment services at places where single adult seek services, recognizing they may not know about / travel to WorkSource sites
- ✓ Expand availability of supported employment and other employment training programs
- ✓ Engage businesses and partners in creating / supporting employment opportunities
- ✓ Bring to scale efforts to help single adults apply for/receive entitlements and benefits

Full list of ideas, brainstormed October 2015

- Differences in PSH & RRH
- Room for growth in shelter
- Education Restriction on Tax Credit pops.
- What is the percentage of single adults interested in/needing employment? (aging population)
- # accessing WorkSource
- Benefits Team (Long Term Stayers & Medicaid outreach)
    - Different skills than employment
    - Getting documentation/Navigation
    - Takes resources, done well in medical system
    - Housing Authority Interest - Diminishing return (last 20% not accessing)
- Training in SOAR
- SS restricts benefits based on [???]
- Had KC Drug Court staff – Employment there & accessible, not forced
    - Easy to access / distribute
- WorkSource not the right type – people have to go there, which can be a barrier, and not meeting the needs of the chronically homeless population.
- Job training (viable?) – Farestart; engage local businesses.
- DESC-Supported employment – need to find out more. Whom is this for? Look into expansion.

❖ Medicaid Waiver
❖ Lessons learned from other populations
❖ Shifting existing employment services model to tailor to needs of chronically homeless/disabled

- Need access to lots of training

- Seasonal employment/day labor opportunities
    - Connect w/ people employed this way to increase stability → ongoing supports
    - Working class w/o steady employment
- Discrimination in Employment
    - Support & Business engagement
    - Low unemployment rates
    - Tax incentives? For DD, not hiring homeless
    - YWCA and NH are those those doing it now
- Nobody to pay for financial empowerment

❖ SafeCo & CenturyLink

- Conservation Corps
- Socialism

Prevention

Based on full brainstorm list (below) – this is what GB pulled forward for first draft of Strategic PLan:

- ✓ Increase resources for rental assistance, utility assistance and landlord mediation to keep people in housing.
- ✓ Advocate for community supports that support housing stability – a stronger safety net, treatment on demand, employment services, availability of soft skills (budgeting, conflict resolution)
- ✓ Integrate diversion into single adult strategies
- ✓ Need follow-up case management/community-based relationships for at least 3-6 months (critical time period) when someone enters housing to help them stabilize.

Full list of ideas, brainstormed October 2015

- Need to address upstream – Heroin / chemical dependency (CD)
    - Preventing CD addiction, to prevent fall into homelessness
    - Develop & support relational safety nets
    - Address income disparities/poverty
    - Need funding for supporting families / kids
    - Decrease trauma in kids + youth, family sys
- Diversion from homeless system, relational support to address addiction – ongoing healthy recovery support
- Increase CD treatment services, at a reasonable cost, earlier upstream to prevent homelessness
    - Alternative treatment options, Harm reduction
- Increase housing options that include recovery support
- Harm Reduction House
- Our goals are focused on ending homelessness, not eliminating drug use.
- Increase resources for rental assistance and utility assistance to keep people in housing.
- Need increased opportunities to build community once someone is housed
- Eviction S.O.S. – when an eviction may happen, bringing someone in to work w/ landlord & tenant for resolution.
- Need follow-up case management/relationships for at least 3-6 months (critical time period) when someone enters housing to help them stabilize.
- Need greater housing support sys (mental health case managers don't have the capacity)

- Avoid exiting institutional sys into homelessness - Criminal justice, primary & behavioral health, TH, child welfare, Foster care, DSHS, HEN, health care/inpatient hospital
    - Need to engage those systems to commit to a policy
    - They to bring resources to the table
    - Identify units & make a direct match
    - Helping the systems understand that they need to do exit planning earlier / coaching (life skills)
    - (CFH program on coordination /planning)
- Advocacy needed locally and at the legislative level around discharge planning requirements for DOC

- Child Welfare system & youth exiting Foster Care - connecting to existing programs/resources in sys (there are currently untapped resources, such as vouchers for those exiting the child welfare system that are only 80% full) ➔ need for systems coordination/seamlessness
- Best preventions is keeping someone housed – education and job supports
- Coordination across systems – these large systems are serving many of the same people (these sys don't have an obligation to pay attention to this population)
  Ex. LT Psych care; need a requirement to ensure housing stability of clients (and need resources to do this), as housing stability supports the work of psychiatric care.
- Need education to change the mindset on who's responsible.
- Breaking down silos b/w homeless services providers, MH sys, etc.
  *Need representatives from those sys in these conversations – to develop relationships, ensure we have the right people at the table, opportunities for advocacy/external incentives.
- Lt mentorship programs for formerly homeless, including training for volunteers to support
- Life Skills classes
- Increase incentives for all housing development
- Diversion – Family reconciliation (appropriate for a small percentage) – not sure if this would be more appropriate for single males or females.
- Increase mental health investments / systems overhaul
- Addressing racial disparities
- Social safety net
- Language – How we talk about this w/ institutions that are not us. (identifying what is the shared self-interest)
- Housing retention – soft skills (not just Employment / Ed)
    - Conflict mediation, interpersonal, showing up on time…
    - Need for ongoing care
- Diversion – what's the definition?
    - Vehicular residents are self-diverting from the emergency shelter system
    - Include literally homeless & couch surfing

* tapping into resources in mainstream systems at a sector to sector level, not an individual level

- Eviction prevention / Financial assistance (as housing retention after exiting homelessness)
- Prevention as a larger anti-poverty work
- ACES, how that plays out for adults, how services are delivered/how we interact w/ them to not re-trigger (connect to soft skills).

Feeder Systems

Based on full brainstorm list (below) – this is what GB pulled forward for first draft of Strategic PLan:

- ✓ Actively track, support and apply for a Medicaid benefit in Permanent Supportive Housing.
- ✓ Become knowledgeable of housing supports available in partner systems (e.g., mental health, developmental disability) and advocate for their funding and infrastructure needs in order they can full support their cohort
- ✓ Check assumptions on accountability. Capitalize on respective areas of expertise; initiate partnerships and provide technical assistance on housing options so partners have knowledge and tools as part of their discharge planning efforts
- ✓ Create Pools of Navigators to fill the gap of people who do exit without housing supports

Full list of ideas, brainstormed October 2015

Basis Data: 25% become H/L upon discharge → 70% of this cohort come from Tx/Jails

- Advocacy Issue – For housing and "Feeder System" Capacity not to be so overloaded
- Look to example of McKinney App this year re: Criminalization
- Coordinated Entry will help discharge Planners know where to send folks
- Stronger Partnerships between Institutions & Houses (Can Institutions help pay?)
- Capacity in Crisis Response System or Respite Programs
- Eligibility if been in institution >90 days → Check assumptions on Accountability & "our swim lane". Capitalize on respective areas of expertise and Identify gaps ✓
- Partner for discharge Planning so folks have tools prior to exit ✓
- In fact – there is a housing system for some of these institutions ✓
    - Learn about it
    - Support & Sustain it – separate from homeless system
- Highlight healthcare & Tx needs of "our" PSH residents & ever growing need of an aging population
- Build bridge from H/L system to institutions. Responsibility lies with us (& Assumption Comment)
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How?

- Pilot (or expand) programs that combine housing & discharge
    - Jeff Terrace Respite
    - Early Release Voucher Program
    - (UWKC Pilot $?) ✓ *(time sensitivity)*
    - Maintain & Increase Hsg Component of MIDD ✓ *(time sensitivity)*
- Create Pool of Navigators – FF & MH Chaplaincy (see Snohomish model) ✓
- Increase focus at State (Joe) Interagency Council on this & Commerce
- Full Court Pres on Medicaid Benefit . Especially: Track the Chronic 3000 Homeless Academy (DSHS) which has been identified as body to influence Medicaid Benefit ✓ *(time sensitivity)*
- Re: First Responders – Medic One & Fire is great – build on how they do it
- Strategic Plan element I.I.F should not be "just" BH (SA/MH) – Also health care

Single Adult Advisory Group (SAAG) November, 2015

Continued planning for the Single Adult Strategic Plan. Novembers Topic: BRIEF

Brainstormed in September	Framed for November
Brief (Crisis Response, outreach, emergency shelter)	
▪ Expedited process to Housing Authority: Access & Prioritization	Covered in October: Creation/Access to Affordable Housing
▪ Regional access to full range of services	Coordinated Entry
▪ Prioritization for homeless into general resources and affordable housing	Coordinated Entry
▪ Streamline / reduce documentation	Documentation and Screening
▪ Align housing search activities	Aligned housing search activities
▪ Reduce screening barriers within agencies	Streamlined/reduced documentation & screening
▪ Deeper understanding of who we are serving. How to serve those between "self-resolver" and Long-Term Stayer	Shifted to December: SA Typology
▪ *More Housing* / Super-heated rental market is trapping people in their housing, forcing folks into subsistence, and also making it difficult to self-resolve	Covered in October: Creation/Access to Affordable Housing

Coordinated Entry

Missing:

- Minority cultural pops
  - Not connected to mainstream resources
  - Lacking language support
  - Access for people who are undocumented?
- First responders need a tool/training about diverting to hosp., but don't know hsg resources
  - Define who they are & bring together
  - More connected to crisis services than homeless system
  - Use their vehicles?
  - Won't be equipped to fill out a form
  - Guide client to the right system/services

  In any engagement → have the next option / resource
- Set policy that this is our job (everyone's job)
- Notification policies need to be reviewed & updated (Police)
  Engage @ the top (Chief) to set policy → Tall order
  Need to believe this is useful to them
  LEAD program/Mobile Med/Crisis Intervention > emanate from systems, need to connect w/ homelessness
- Bulk of resources looked @ now are for chronically homeless (PSH)
- Bring in more hsg resources, incl. Employment
- Consider every type of hsg there is (shared, mobile)
- Tech advances? Engaging people outside of hsg
- Stop the chasing down of housing waitlists w/ coord system – can provide more transparency about wait times – don't have the hsg resources
- Don't have enough shelter – what we do have doesn't meet needs – don't have flex. shelter on demand
- Need for 24-hour, year-round shelter

- More flexible shelter options – limited by resources
- Low/No barrier shelter w/ outreach to meet different needs
- More flex. tools for outreach workers (Shelter, Short term subsidy)

Bring in

- Existing housing & creation of hsg
    - All types, all needs
- Leverage SOE to engage 1st responders
- Aff. Hsg Issues → Rent Control?
- Address disproportionality in CEA
- Utilize existing programs → LEAD, Mobile Crisis Team & specifically connect w/ homeless system
- Outreach on demand / Shelter on Demand - haven't articulated this vision & moved that way
- Behavioral Health, encampments, mental health
    - All patchwork approach right now
    - Geographically uneven
- MDOT Team – coord. w/ hsg is critical
    - Coord all outreach efforts – data tracked/coord.
    - Comm-wide priority rather than all specialized

Crisis Response

- Decriminalizing – stop ticketing (sit/lie, tix in 72-hr parking)
- Stop clearing encampments w/ no place to go
- Create safe zones – VR & all homeless
- MDOT prioritize "hot spot" zones, geo to org/coordinate resource w/ other stakeholders
- ↑ Coord. Of outreach staff/targets/access to resources/comm. mechanism/decision-making
- Prioritize health & welfare checks; Education for service provider & community on importance
- Suspend harm while working w/ people
- "embedded social workers" – paid for by public safety $
- Zoning, bldg. codes to ↓ barriers for ES use (Portland)
- Expand ES partnerships w/ Faith communities
- Demystification of what is actually available to ppl on the street
- Having enough places for trash & restrooms (camps)
    - Facing Homelessness trash pickups?
    - Innovative ideas
- Prioritize 2.1.A, 2.1.B, 2.3.C
- Bring this Q to people current/formerly homeless and actually listen to & act on them
- City Light & Port property & private
- Mass mobilization of disaster-relief model ES (Key Arena, schools, etc.)
- Treating SOE like an emergency
    - #ES need v. created
- Looking at/redefining true role of 1st responders
- People dying from homelessness is a PH crisis (involve FEMA and CDC)
- Role of Metro in SOE (supporting transportation needs)
- ↑ ppl going where the clients are
- Treating encampments w/ sensitivity & support (not just move out) esp. if somewhere low impact
- Relationship dev, having time w/o sweeps

- Need substantial resources to offer: Rent subsidy, appropriate indoor sleeping environment, ↑ stability
- Need enough Housing (Housing 1st), ↓ barriers
- Co-location of services (ES, Hygiene, food)
- Need for minimum shelter standards
- Prioritize overnight safety
- Harm reduction environ for active users
- Emergency is b/c people are sleeping outside
- Exploring barriers to use of public lands
- Using large tents (UN-style)
- Call the UN (#s displaced people)
- Incentive or obligation for large-scale shelter (ShoWare Ctr, City Hall)

Aligned Housing Search Activities

- What are the current diversion for SA - Need more $ for diversion for SA
- Clearer communication on what resources are available if not already tied to shelter or program
- Eastside/Community-wide needs more outreach
- Stronger CM @ the lower barrier shelters
  - Driving toward housing
  - Should be in every shelter & ISM
  - 1.5/230 case management ratio is not adequate
- Diversion funds required CM & staff support
- 2.4E be more specific
- Getting ID/Documents (This takes OR off the streets)
- 2.3B more employment in or connected @ shelter
  - Start sooner – accessing sustainable work skills
  - Landlords want tenants to have job
  - Life Skills volunteer
- Mental Health & addiction treatment
- Full service @ all shelters
- Identify priority for 9% tax credit program - Needs to be for homeless housing
- Day Centers need to be increased countywide
  - More resources to connect to. Have a Resource Day
  - Partner w/ Library systems better

Priority

- Without a place to send or support serv. more CM to outreach won't be effective
- Need to understand the type & level of support serv. that are needed & in order to have a dialogue to reduce barriers by housing
- Remove barriers to moving ppl out of PSH (graduation) & increase the opp to move ppl into PSH
- Prioritize the 9% for homeless housing
- Not enough of the right resources into the low barrier day center & shelters
- Coordinated Entry
- Identify the gaps in resources available to/for flexible funds
- Move housing subsidies system-wide throughout King County
- What else can we do for Single Adults for Diversion

- How do we find alternative housing models for SA
  - Better coordination of housing identification
  - Focus on geographic locations
  - Small house communities
- Connect to Mobile Medical
- Coordinated Entry for SA
- Peer & Companion mentors

Streamlined Documentation & Screening

- Organizational Risk Tolerance
  - It's both what is driven by funder source And How agency interprets policies
- The most restrictive fund source tends to drive documentation for "consistency" sake
- Negotiation with investors (e.g. tax credits) → Need TA & education of Fair Housing, etc.
- Common Application. To push it further – Do we even need an application
- Corollary – Right sizing housing & Service & Documentation needs accordingly
  - Must adhere & promote Fair Housing (without hiding behind it)
  - Thoughts: prioritizing by disability status (e.g. HIV+, MH disability) may be problematic
- Issues specific to SA
  - Literal Housing First & Documentation
    After
  - Experience of DESC/PHG RRH partnership
    - Risk Tolerance (eg SSI receipt & disability)
    - LT subsidy w/ ongoing services is MUCH easier than RRH
- Always an issue – Options attractive & appropriate – Continuum
- Ability to be nimble & responsive to short term/episodic homeless SA
  - Culture shift to screen & use results to serve folks in the middle band
  - Appropriate use of choice
  - Move from medical model to one of self determination or appropriate engagement otherwise
- Ban the box – don't screen for criminal history
  - Concerns
  - Transparency
  - Understanding of Transferability on CHx as predictor of hsg stability & Svc Needs
- Individual Assessment – Option for Individual to explain the circumstances & more recent
  - Move Secondary Review from appeals process to earlier (application) process
    [req'd by Fair Housing Law]
- Education of Private LL
- Explore more Master Leasing
- Take Look at LLP screening/App to see how they ↓ criteria
- Lay Persons Understanding of Criminal History – OH Guideline Selecting a Tenant Screening Agency
- Change Questions from "Arrest" to "Conviction"- State Leg Priority
- Follow Seattle Ordinance Work & Promote

Single Adult Advisory Group (SAAG) December, 2015

Continued planning for the Single Adult Strategic Plan. December Topic: ONE TIME

Brainstormed in September	Discussed in December
Move from subsidized housing to un-supported housing (a.k.a. Graduation)	Combine with program transfers below
Flexibility in housing to meet individuals' needs as their circumstances change	Combine with Graduation
Improving access to appropriate Long Term Care programs and gaps in type of Long Term Care	Improving access to appropriate Long Term Care programs and gaps in type of Long Term Care
Understand the demand for typology (broadly)	Understand the demand for typology (broadly)
Need new policy to improve access to housing for individuals (e.g. screening criteria)	Also brainstormed as part of RARE, and discussed in September
Affordable housing doesn't match the need. Data shows need for focus on very low-end AMI	Also brainstormed as part of RARE, and discussed in September
Increase income: employment + public entitlement	Also brainstormed as part of RARE, and discussed in September
Improving access to appropriate, diverse, affordable housing (PSH, private market, non-traditional options – the full continuum)	Also brainstormed as part of RARE, and discussed in September

Program Transfers & Graduation

- PSH outside of Seattle – recommend KC DCHS use 9% tax credits to target Homeless + PSH as a priority for use of these funds
- Graduation:
  - Right sizing – what % of PSH population
  - Affordable housing (SHA / KCHA) step in with subsidy
  - More tenant based vouchers in the system (easier to move / transfer – i.e., look to model of VASH project based voucher which includes guarantee that Vet can have tenant voucher when s/he wants to move.)
- Role of Transitional Housing : exits from Jail and other re-entry
- Respite Options:
  - if have crisis get supports, but maintain housing
  - Medical respite PSH (Boston Model)
  - Tiered system – housing supports
  - Community building – connection / stability AND system care (not program specific – don't make people leave their community to get care – bring services to them)

Long Term Care

Missing from Strategic Plan / local strategies:

- Supportive housing for those with chronic medical conditions – individuals with long term HEALTHCARE needs.
- Assessment for healthcare needs (as opposed to MH, CD needs)
- Most programs don't / can't provide medication management, assistant with ADL's. (activities of daily living)

- These services are a particular gap for those in scattered site programs
- Variance and capacity differences between healthcare providers –driven by what he3althcare provider individual signed up with through ACA

Strategies

- Partner with Long Term Care (LTC) licensed providers to provide LTC services onsite in PSH
- Be mindful: do we move people as their needs change (economies of scale to deliver services, particularly complex services) or bring services onsite as their needs change?
- Transfers and eligibility between programs
- LTC eligibility requires either disability or age (65+). Documenting 65+ is easy. Documenting disability / eligibility harder. Increase assessment points for disability (SOAR) ABD / SS
- Increase knowledge of how LTC works
- Partner with others exploring aging in place issues (housing authorities)
- Connect to Home Community Services (DSHS)
- Evaluate new development against universal design / aging in place

Typology

- Healthcare for the Homeless (HCHN):
  - More people aging, deteriorating health. Can overwhelm existing PSH. People who would otherwise be in nursing facility may not be interested in these environments.
  - Life expectancy of Chronically Homeless (low 60's or lower) going through end of life issues
  - More health care services, higher level of care needed
  - True for all programs (TH / ES / PSH) several barriers to health care (COPES)
  - Exits w/VASH (or tenant based subsidies) – likelihood of success in relation to these needs? Need housing with clinic access, but not always possible.
  - Leverage more of HCHN – integrate healthcare stakeholders. Healthcare clinic engagement with All Home, Medicaid waver opportunities, DSHS.
  - Data: healthcare costs and consequences. Hospitals asking about homelessness

- Vehicle residents: housing preference, pets, etc.
- Majority homeless for short time and don't come back. Affordability issues impact this group, and not 'self resolving' as quickly
- HEN – more accommodating systems. Gov't funded residential arrangements typically available for 'frail and elderly' HEN pop isn't always older, may still have the same needs, doesn't always fit the environment.
- RRH: build in safety net. Examples: eviction prevention targeted to formerly homeless (LL, Tenant, Outside companion -> address repeat crisis. RHA wants this!)
- What to do about mid-range scorers. We have no good / adequate intervention for them – they still need vouchers, permanent affordable housing, shared housing.
- Parish Nurses, companionships / volunteers – first level of triage. Presenting conditions can worsen because of fear/lack of support