Sharing the Vision

Criteria and benchmarks work together to provide a complete picture of a community’s response to homelessness.

- End chronic homelessness
- End Veteran homelessness
- End homelessness among families, youth and children
- Set a path to ending all types of homelessness
Things to Consider

- Goal for ending chronic homelessness: 2017

- The criteria and benchmark for ending chronic homelessness is the vision for where we’re headed – not where we currently are

- Homelessness response system alone will not be sufficient—mainstream services and housing will be key

- New resource investments are critical for achieving the goal nationally
Criteria

1. The community has identified and provided outreach to all individuals experiencing or at risk for chronic homelessness, and prevents chronic homelessness whenever possible.

2. The community provides access to shelter or other temporary accommodations immediately to any person experiencing unsheltered chronic homelessness who wants it.

3. The community has implemented a community-wide Housing First orientation and response that also considers the preferences of the individuals being served.
Criteria

4. The community assists individuals experiencing chronic homelessness to move swiftly into permanent housing with the appropriate level of supportive services and effectively prioritizes people for permanent supportive housing.

5. The community has resources, plans, and system capacity in place to prevent chronic homelessness from occurring and to ensure that individuals who experienced chronic homelessness do not fall into homelessness again or, if they do, are quickly reconnected to permanent housing.
Benchmark

All individuals known to be experiencing chronic homelessness have obtained permanent housing with appropriate services (e.g. permanent supportive housing)

Or, if not all...

The number of individuals that remain chronically homeless does not exceed 0.1% of the total number of homeless individuals reported in the most recent point-in-time count or 3 persons, whichever is greater.

Note: For the purposes of the benchmark, formerly chronically homeless persons that are in transitional housing must continue to be counted as chronically homeless until they have been connected to permanent housing.
Determining When the Goal is Reached

Specifications released this week
- How to measure progress against benchmark
- Claims to be made at the CoC level
- Universe includes persons currently experiencing chronic homelessness and persons previously identified as chronically homeless who are now living in transitional housing

Questions to Assess Against Criteria
- Close-ended questions to determine if a CoC has met each of the specified criteria
- A CoC meeting the goal should be able to answer affirmatively to each question
- Should be considered in conjunction with calculation of benchmark
Review and Confirmation

- Limited roll-out of Federal review process for remainder of calendar year 2016 with emphasis on CoCs engaged in HUD-TA efforts such as Zero: 2016 and Priority Community TA

- Stages of Federal review will involve a CoC self-assessment (including sign off from CoC membership), TA provider review and recommendation, Federal confirmation or denial for CoCs who choose it

- Seeking to refine and clarify what is needed from CoC to demonstrate achievement of the goal, with broader roll out in 2017
Next Steps and Resources

Next Steps

In the coming months, HUD and USICH will release additional guidance and tools

Existing Resources

- [Criteria and Benchmark for Achieving an End to Chronic Homelessness](#)
- [10 Strategies to End Chronic Homelessness](#)
- [HEARTH: Defining “Chronically Homeless” Final Rule Webinar Slides](#)
- [HUD Notice on Prioritizing Persons Experiencing Chronic Homelessness](#)
- [Ending Long-Term Homelessness for People with Complex Needs](#)
- [Supportive Housing Opportunities Planner (SHOP) Tool](#)
THE BERGEN COUNTY HOUSING, HEALTH AND HUMAN SERVICES CENTER

A SHARED PROJECT BETWEEN THE COUNTY OF BERGEN AND THE HOUSING AUTHORITY OF BERGEN COUNTY

“A COLLABORATIVE APPROACH TO MEETING HUMAN SERVICES NEEDS”

What Does It Mean to End Chronic Homelessness In Your Community?

NAEH Conference 2016

OPENED
October 1, 2009

Bergen County Ten Year Plan to End Homelessness 2008
SHELTER DESIGN CONTRAST
BERGEN COUNTY, NJ

Old System (prior 2009)
- 4 temporary shelters (some sub-standard)
- Limited Outreach
- Seasonal, sit-up
- EA only, hard to access, SU banned
- 4 different intakes
- Housing access limited
- 8 beds for women

New System (after 2009)
- One new, clean, safe, easy access shelter
- Coordinated Outreach
- Year-round, 24-hour
- Housing First
- Coordinated entry
- Housing access prioritized and immediate
- Plan to sustain & RRH
- 45+ beds for women
MISSION

• Permanent housing with support services

• One-stop location and single point of entry

• Prevent homelessness / rapidly re-house individuals

Bergen County Housing, Health and Human Services Center
KEY DESIGN CONCEPTS

• Objectives:
  End chronic homelessness,
  prevent homelessness & successful re-entry

• Approach:
  The Housing First Model

• Process:
  Engagement, Collaboration, Integration
GETTING TO ZERO*

• Ending chronic homelessness takes *political will, leadership, collaboration and coordination* among multiple state and local programs to *align resources* for housing and supportive services

* Adapted from USICH 10 Strategies to End Chronic Homelessness

Bergen County Housing, Health and Human Services Center
TRANSITIONS TO HOME

• *Transitioning* to stable housing
  • Identifying client strengths and needs
  • Identifying community resources

• *Sustaining* permanent housing
  • Consistency with case management (face to face follow-up)
  • Making sure the client is *accountable*

• Healthy and *robust* connections with landlords who would overlook background checks and poor credit
  • Create relationships, establish rapport and respect preferences (vouchers, etc)
  • Start with less difficult cases with new landlords
  • Make sure they can reach you, and address issues *directly* with the client

• *Collaboration* very helpful and *Communication* is key
IT TAKES A VILLAGE:
CASE STUDY: Ms. M

Ms. M

- Very long hx of psychiatric inpatient (state hospital), past group homes and long homelessness.
- Significant issue with immigration documents
- Very visible presence
- Nomadic
- Sporadic contact

Process (7 Years)

- Take a knee/negotiation
- Collaboration-Senator M
- Low barrier-no barrier
- Bad day vs. good day
- Whose your BFF?
- Length of stay-plan
- Transparency and constant communication
- Incentives
- Fight isolation-safety net-touchstone
PIT OUTCOMES 2010-2016

- Unsheltered homeless decreased by 84.7%
- Chronic homelessness decreased by 86.8%
- All-Star participants in 100k campaign
- Only NJ Community participating in Zero 2016
- On track to end Veteran homelessness

Bergen County Housing, Health and Human Services Center
PIT Data Chronic Homelessness 2010-2016
BERGEN COUNTY HOUSES LAST CHRONIC HOMELESS PERSON ON BNL 7/6/16
At-Risk List

- Homeless individuals who have been identified by either shelter staff or outreach/advocates as having great difficulty identifying or accessing housing (this includes individuals who have failed other housing options and have returned to homelessness multiple times).

- Individuals who have been homeless for more than a year without a documented disability.

- Individuals with a documented disability and significant homeless history (currently 180+ days).
Contact me:

Julia Orlando, DRCC, CRC, Ed.M, MA

orlando@habcnj.org

201-336-6476
Ending Chronic Homelessness in CT

NAEH Conference Workshop 2016

“What Does it mean to End Chronic Homelessness in Your Community?”
# Homelessness in CT

<table>
<thead>
<tr>
<th>10,932 persons used shelter in 2015, including:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7,606 Individuals</td>
</tr>
<tr>
<td>- 46% between 31 and 50</td>
</tr>
<tr>
<td>- 26% women</td>
</tr>
<tr>
<td>- 38% African-American</td>
</tr>
<tr>
<td>- 25% Hispanic</td>
</tr>
<tr>
<td>- 74% report some disability</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>1,125 Families</td>
</tr>
<tr>
<td>- 22% headed by someone &lt;25</td>
</tr>
<tr>
<td>- 44% headed by someone 25-34</td>
</tr>
<tr>
<td>- 3,317 people</td>
</tr>
<tr>
<td>- 49% African-American</td>
</tr>
<tr>
<td>- 41% Hispanic</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>2,022 Children</td>
</tr>
<tr>
<td>- 86% of homeless children in CT are under 12</td>
</tr>
<tr>
<td>- 43% under the age of 5</td>
</tr>
<tr>
<td>- 42% between 5 and 12</td>
</tr>
</tbody>
</table>

Source: CT Homeless Management Information System, Annual FFY15

2015 Youth Count found an estimated 3,000 CT youth (<25) are experiencing homelessness:
- 33% w/DCF involvement
- 22% criminal justice system involved
- 35% attend school regularly
- 25% identify as LGTBQI
- Biggest needs: education, employment, food, stable housing
- 32% African-American, 23% Multiple Races, 36% Hispanic
Opening Doors CT
Connecticut’s state level planning effort

• Follows the federal *Opening Doors* model, setting a path to achieve HEARTH goals

• Implemented through statewide campaign to end homelessness in Connecticut: *Reaching Home*

• Unifies efforts of federal, state, local and non-profit partners

• Emphasizes coordination of efforts across communities; prioritizing and targeting resources

• Part of Zero 2016 national initiative to accelerate pace
Reaching Home Structure

Reaching Home Campaign
Campaign to end homelessness in CT

Opening Doors – Connecticut
Framework being implemented by Reaching Home Campaign

Reaching Home Steering Committee
A broad coalition crossing boundaries and systems; informs direction, advances policy change, oversees work groups, makes connections; 40-50 people; meets 4x year

Reaching Home Coordinating Committee
Coordinates campaign; integrates strategies and provides guidance to work groups; supports and updates Steering Committee; 10-20 people, meets monthly

Opening Doors- CT Work Groups
Work groups develop, recommend, advance Opening Doors-CT strategies; 12-20 people

- Affordable & Supportive Housing WG
- Family Economic Security WG
- Health & Housing Stability WG
- Homeless Youth WG
- Retooling Crisis Response WG
- Veterans WG
The number of Verified/Potentially Chronically Homeless individuals who are active on the By-Name List as of July 1, 2016 and not yet matched to a housing resource. This number fluctuates as people get housed, become inactive, or become homeless.

Number of Chronically Homeless people housed statewide in June 2016, as reported by CANs to CSH.

Number of Chronically Homeless people housed statewide since October 1, 2015, as reported by CANs to CSH.

Statewide Progress Towards Zero: 2016 Housing Goal

942

Statewide 53% of Housing Goal

501

Placements 10/1/15-6/30/16

441

# Remaining to be housed

88 individuals need to be housed monthly to reach our goal.

The Statewide Zero: 2016 housing goal is based on a count of active verified and potentially chronically homeless individuals on the By-Name List, and adjusted to include anticipated inflow through the end of 2016.

CAN Progress Towards Zero: 2016 Housing Goal

Central CAN 30% of Housing Goal

Fairfield CAN 53% of Housing Goal

Greater Hartford CAN 55% of Housing Goal

Greater New Haven CAN 73% of Housing Goal

Middletown Meriden Wallingford CAN 72% of Housing Goal

Northeast CAN 31% of Housing Goal

Southeast CAN 76% of Housing Goal

Waterbury/Litchfield CAN 37% of Housing Goal
Housing Works
Federal and State Investments

Ending Chronic homelessness saves lives, saves public funds

Permanent Supportive Housing (housing + services) can cut system costs by up to 70%
By Name Registries and Coordinated Access
Critical Tools to Identify, Prioritize, and Target Resources

Source: Home For Good, 2014

Opening Doors in Connecticut...to a Future Where Everyone Has a Home
Major Milestones

August, 2015: CT ends chronic homelessness among Veterans (long-term homelessness with disability)

February, 2016: CT ends homelessness among all Veterans (Any Veteran identified as homeless is housed within 90 days)

December, 2016: CT is on track to end all chronic homelessness – saving lives and saving public dollars
Contact information

Alicia Woodsby, MSW  
Executive Director  
Partnership for Strong Communities

860-244-0066
alicia@pschousing.org