

VIRGINIA BALANCE OF STATE

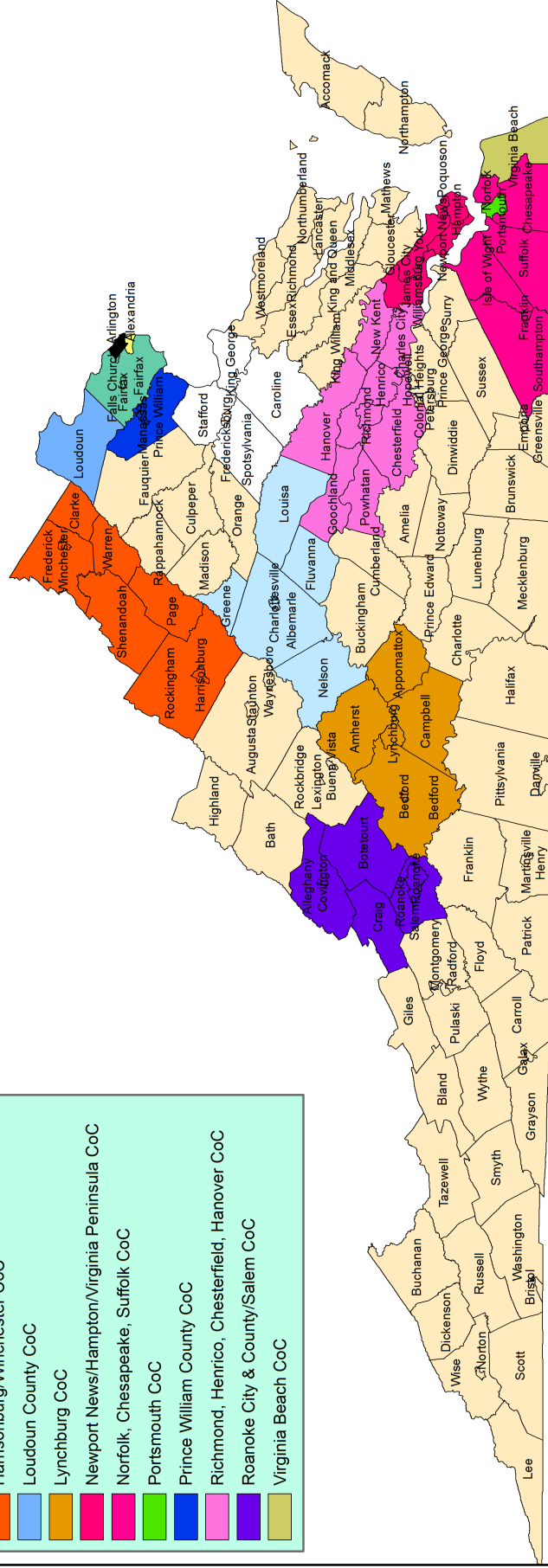
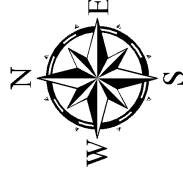
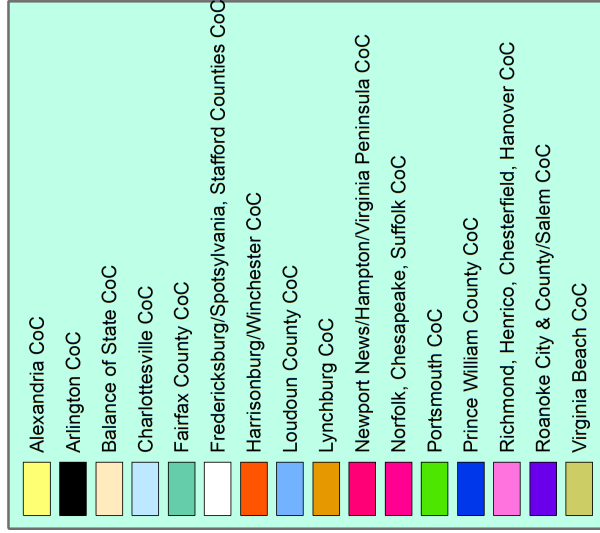
5.08 Solutions for Balance of State CoCs

National Alliance to End Homelessness Conference

July 28, 2016 – Washington, DC

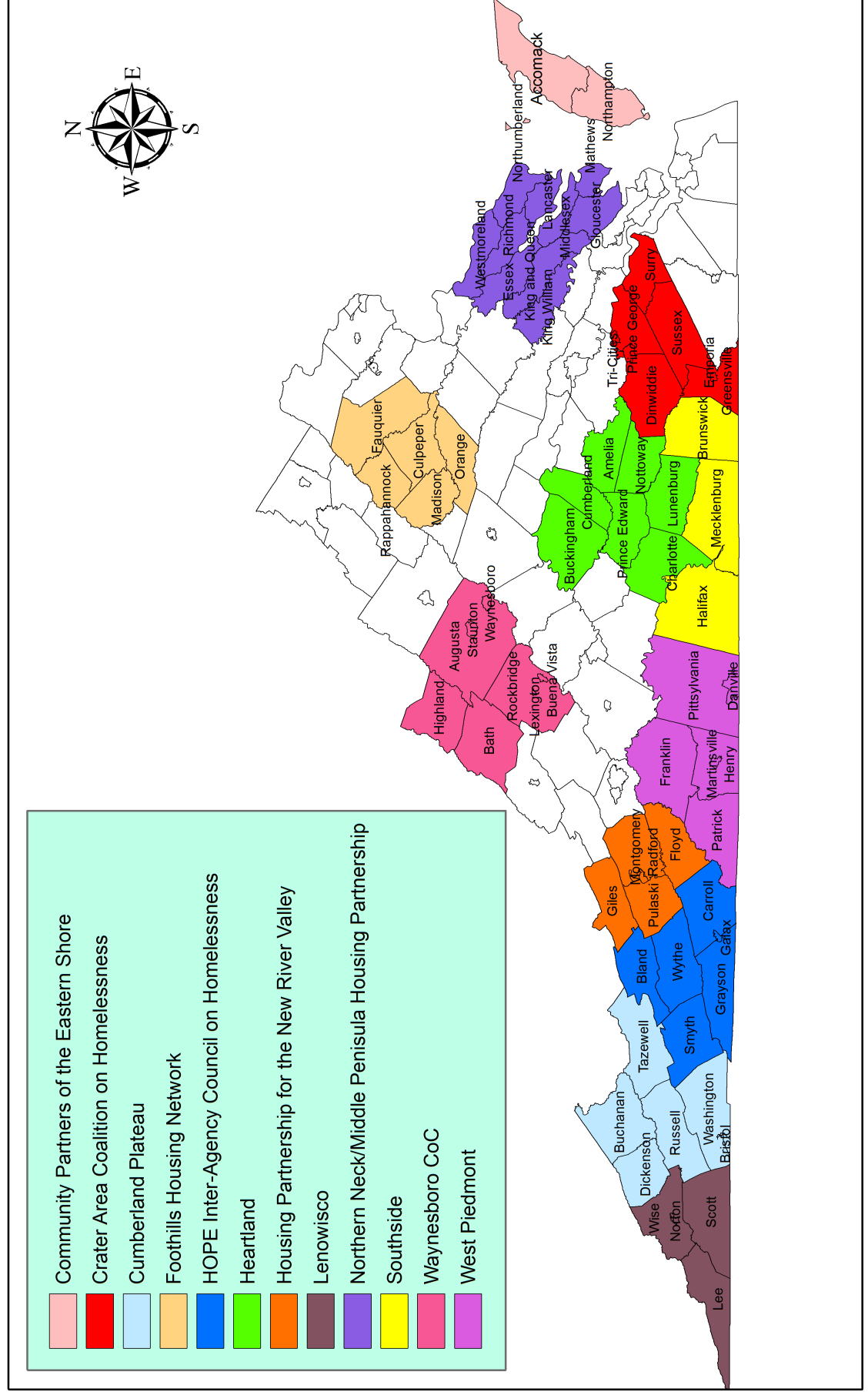


Virginia Continua of Care



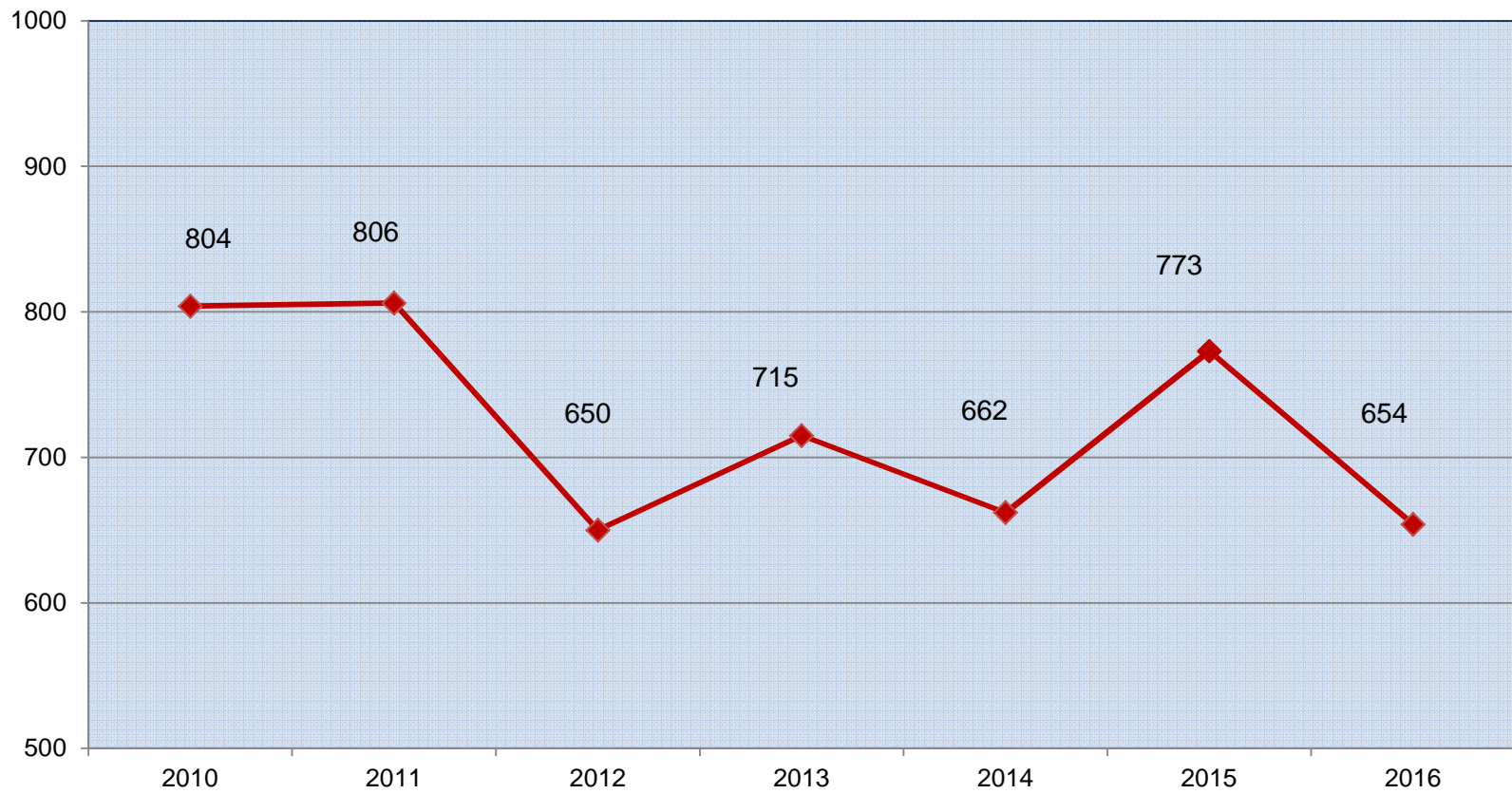
Virginia Balance of State Continuum of Care

Local Planning Groups



Balance of State CoC PIT

2010 -2016
18.6% Decrease



Virginia Balance of State

- 69 Counties and Cities
- 500 miles from most western county to most eastern county of the BoS
- Census: 1.5 million
- 2016 Point-in-Time: 654
 - 156 unsheltered
 - 85 families (260 people)
 - 394 singles
 - 46 CH
 - 12 veterans
- Comprised of 12 local planning groups (LPGs)

Local Planning Groups

Requirements:

- Have Governance Policies, a Board, Committees, and Standards that align with the BoS CoC.
- Have open meetings at least every other month, and publish notices of their meeting agendas and minutes
- Elect Steering Committee and Sub-Committee representatives
- Conduct Point in Time (PIT) and Housing Bed Inventory Chart (HIC) at least annually (provided to collaborative applicant)

LPG requirements continued

- Submit Annual Performance Reports (APR) to HUD (where applicable)
- Participate in HMIS (if applicable) and adhere to the BoS's HMIS Policies and Procedures maintained by Homeward (HMIS administrator)
- Use system level data (HUD and state) to make LPG decisions
- Support the priorities established by the BoS CoC aligning with state and federal policies



BoS Collaborative Applicant

The Department of Housing and Community Development(DHCD) is the lead support agency (collaborative applicant) providing staff to the various committees and work groups.

BoS Governing Board

- ***Balance of State Steering Committee*** - The CoC Steering Committee is the lead decision-making body and board responsible for planning for the use of the US Department of Housing and Urban Development (HUD) CoC resources and coordinating these funds with other relevant resources in the jurisdiction.

Steering Committee Responsibilities

- Providing overall direction and leadership of the process
- Making all formal decisions of the CoC
- Strategic planning and goal setting
- Approving the selection of the Monitoring and Selection Committee (Ranking Committee)

Responsibilities cont.

- Monitoring and evaluating both system wide and individual program performance
- Establishing priorities for and making decisions about the allocation of CoC resources
- Disseminating information to all members of the local planning groups



Sub-committees

- HMIS, Data, and Performance Committee
- Uniformed/Coordinated Assessment System Committee
- Services Coordinating Committee
- Monitoring and Selection Committee (Ranking Committee)

Coordinated Entry

- Each LPG has either a centralized or multiple coordinated access points that cover entire geography
- In addition to access points, each LPG has one phone number where persons can access services
- The Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) is the common standardized assessment tool (Approved Spring 2015)

Prioritization and By-Name List

- **Prioritization**
 - The BoS follows the guidance for PSH priority provided by HUD (CPD-14-012)
 - Otherwise, the BoS prioritizes persons based on the vulnerability score determined using the VI-SPDAT.
- **By-Name List**
 - A list is maintained by each LPG
 - Depending on capacity/population, list is either comprehensive or by sub-population



CoC Funding

- 5 PSH projects – 1 new (34%)
- 3 RRH projects (37%)
- HMIS (17%)
- CoC Planning (12%)
- Total \$808,025

CoC Competition Process

- After the registration is released, the CA seeks interest from each of the 12 LPGs to apply for a new projects
 - Pre-applications are reviewed by CA to determine project eligibility
- Once NOFA is released, another request for new projects is requested
 - Pre-applications are reviewed by the CA to determine project eligibility

CoC Competition cont.

- All eligible applicants submit their ESNAP applications, supplemental applications, and required attachments to CA for distribution to ranking committee
- Ranking committee reviews all applications and tiers projects based on NOFA guidance, federal and state priorities, community needs, and project performance
- Steering Committee has approved (by vote) ranking committee to make final decisions for project tiering



Challenges

- Infrastructure
- Provider capacity
- Engagement of LPGs with BoS
- Engagement of stakeholders with LPGs
- Few LPGs with CoC HUD projects
- Level of poverty vs. homelessness

Contact Information

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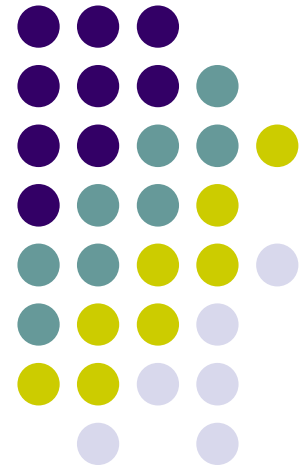
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Coordinated Entry: Solutions to Advanced Challenges in Implementation

Cohesive governance, system performance, and how to pay
attention to regional issues in large geographies

NAEH Conference 7/27/16

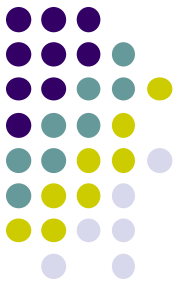
Presented by: Cullen Ryan
Executive Director
Community Housing of Maine



Governance: How it's set up



- Joint Board of Directors for both CoCs, which includes CoC leadership and a broad range of community stakeholders
 - The Board is charged with developing processes, policies, and initiatives that involve the entire state and are shared between CoCs so that everyone is working in a unified manner – high level system planning (Coordinated Entry, etc.).
 - Membership includes State offices, municipal officials, local housing authorities, and community stakeholders – non-profit service providers and housing developers; individuals who have experienced homelessness; Veteran, DV, youth, and family providers.
- Each CoC has its own leadership, membership, and specialized initiatives to recognize the unique needs of the geographic regions they cover.
 - CoCs plan and implement local and regional processes, policies, and initiatives with community participation.



Establishing cohesive governance:

Challenges to cohesive governance:

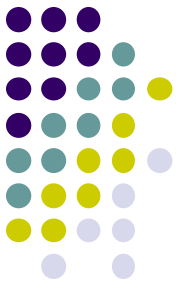
- People often work in silos and have different myopic agendas.
- Getting everyone on the same page can feel like herding cats.

Solutions:

- Establish unifying agenda items
- Ensure everyone is working on the same item(s) collectively
- Progress is made as there is engagement, focus, collective strategic implementation, and we are able to cheer on the group by showing real progress made.

Establishing one unifying agenda:

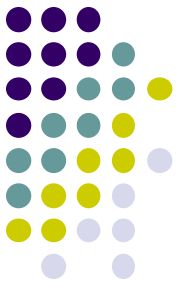
Targeting people who are homeless for the longest periods of time



- After realizing they had been ignored for decades, Maine decided to address the homeless population that was staying the longest.
- Maine’s Statewide Homeless Council resolved that “Long Term Stayers” (LTS) were defined as people staying over 180 cumulative days in shelters or outdoors within a 365 day period.
- This group was very easy to find.
- It immediately took the guesswork out of how many people were chronically homeless in Maine, and we began focusing rental subsidies and services on LTS as a top priority population in 2013.

Focusing one unifying agenda:

Targeting people who are homeless for the longest periods of time



- For years, we had estimated the number of chronically homeless to be around 900 people. The new definition allowed us to easily use Homeless Management Information Systems (HMIS) data to calculate exactly how many LTS there were. In the 12 months ending 7/1/13, Maine's (HMIS) data showed 262 LTS across the state. All 262 were single adults.
- Once people saw the data they realized that solving this was feasible; they could house all 262 people if everyone did their part.
 - Many communities only had one or two LTS. Surely they could house one or two people. And with each community doing its part, we could end long term homelessness.

Targeting LTS – One shelter's efforts

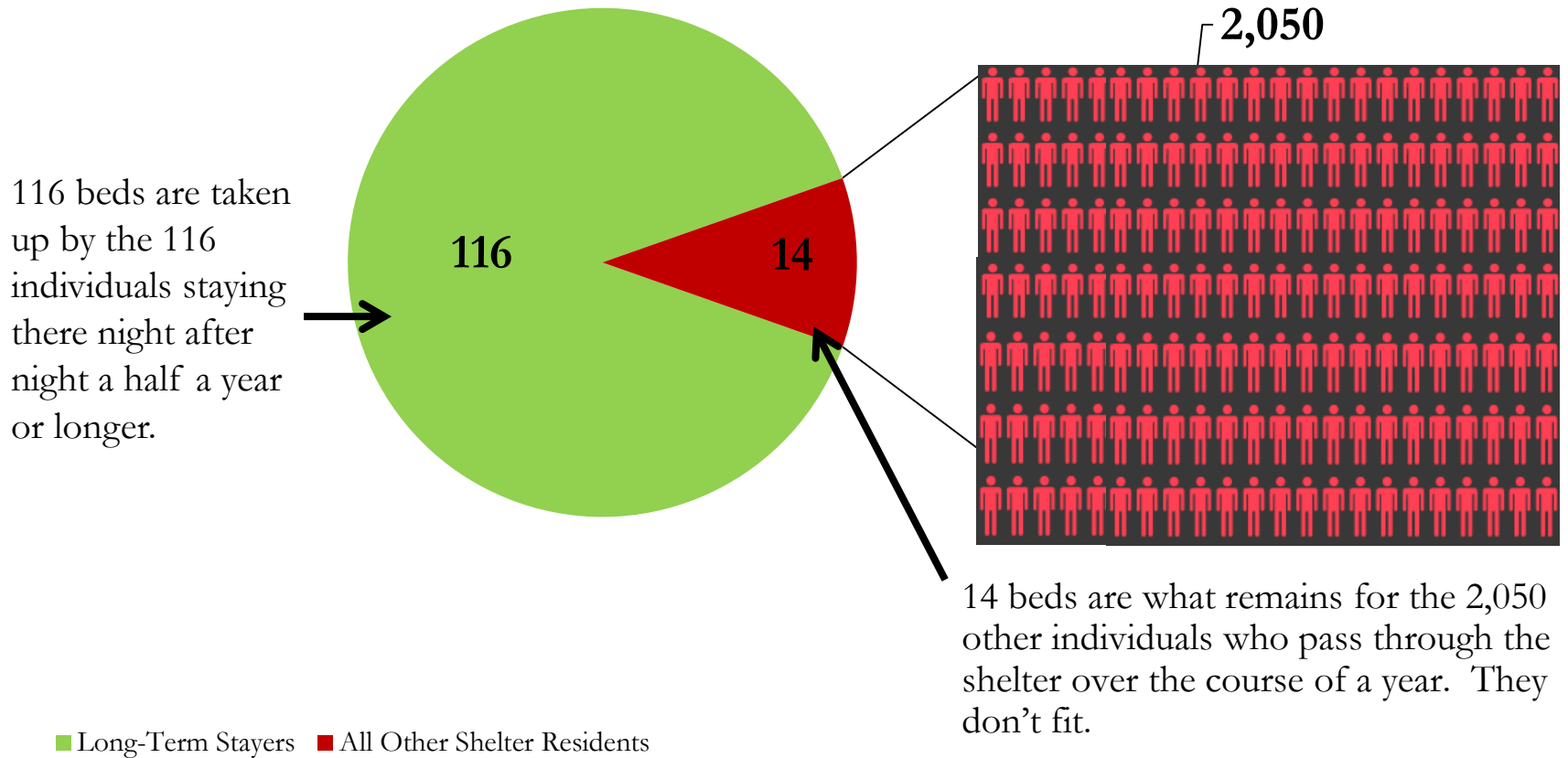


- We discovered through HMIS data that 44% of the state's LTS were located at the Oxford Street Shelter (OSS) in Portland, the largest shelter in Maine. A specialized regional effort zeroed in on that one shelter.
- HMIS length of stay data for that shelter revealed that 33% of people passed through the shelter in 1-3 days, 54% passed through in 2 weeks or less, and 80% passed through in 2 months or less. 5% or less were staying night after night, using the shelter beds and causing the need for overflow. (As of 7/1/16, we now have that down to 1.5%).

Using data to show how LTS affected one shelter: 2013



130 Oxford Street Shelter Beds

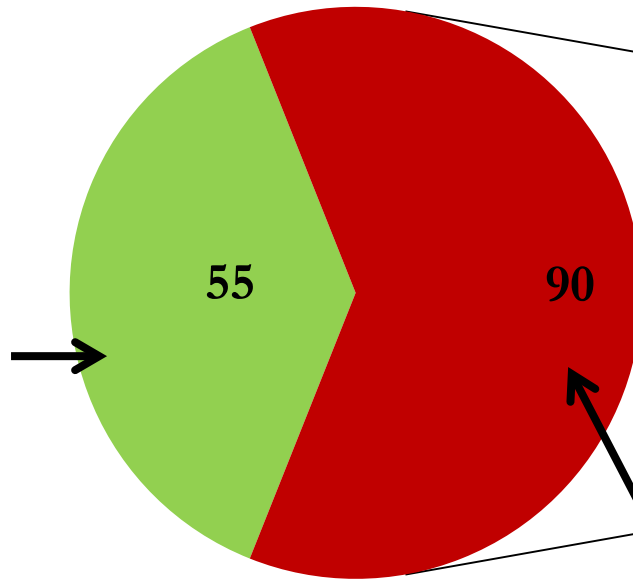


Using data to show how LTS affected one shelter: 2014



145 Oxford Street Shelter Beds

55 beds are taken up by the 55 individuals staying there night after night, for half a year or longer.



■ Long-Term Stayers ■ All Other Shelter Residents

2,000+



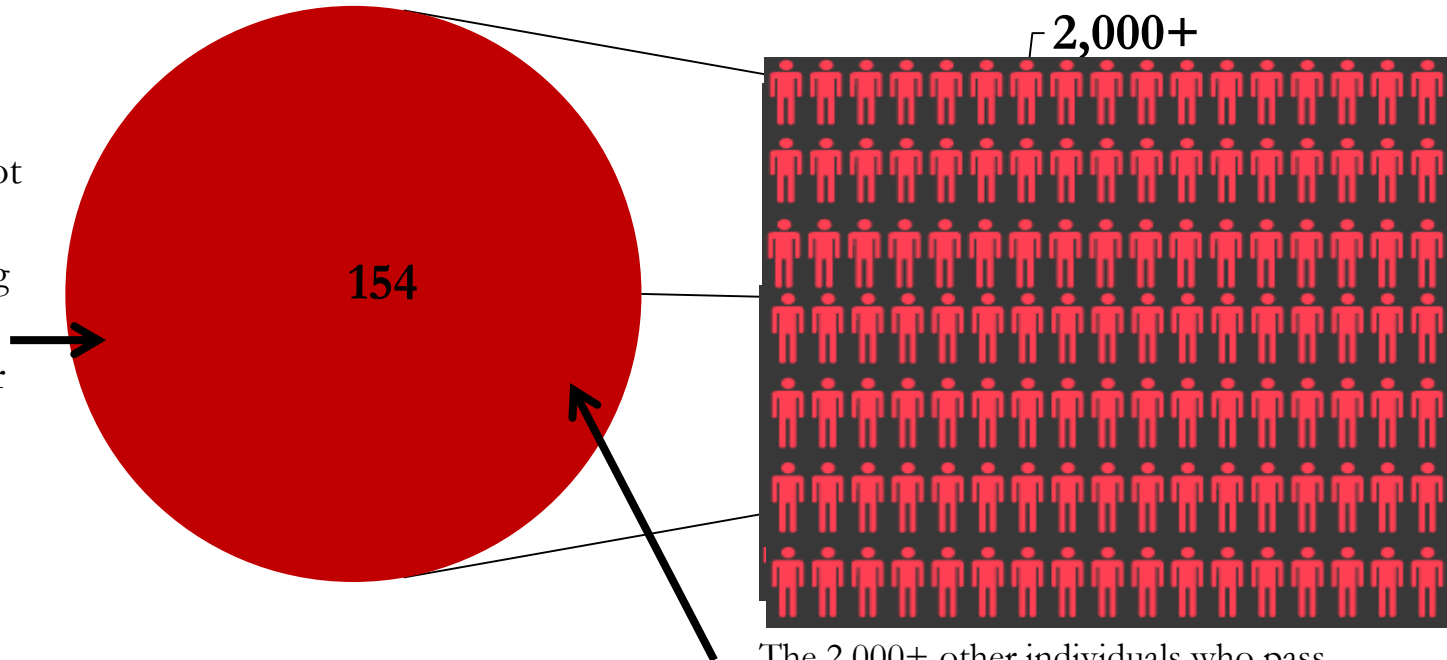
90 beds are what remains for the 2,000 other individuals who pass through the shelter over the course of a year. They don't fit yet causing continued need for overflow.

One shelter's end goal:



154 Oxford Street Shelter Beds

When beds are not taken up by individuals staying there night after night a half a year or longer, the shelter has much greater capacity.



■ Long-Term Stayers ■ All Other Shelter Residents

The 2,000+ other individuals who pass through the shelter over the course of a year now fit – and the shelter can shift resources to house them, longest to shortest, while keeping the original long term stayers stably housed.

Getting multiple organizations to work together on the same goal (one shelter), and showing results:



- In May 2015, 9 agencies and 9.5 FTEs joined the effort.
- Weekly meetings began working with one by-name list of people beginning with 70. Due to the success of the initiative, a second list of 72 people was initiated on 1/7/2016, and a third list of 34 people on 6/2/2016.
- 79 LTS were housed through this effort in the last year. The community is engaged, the pace is picking up, and commitment to keep at this is growing.
- Shelter numbers are currently at their lowest since 2/2012.
- The group is poised to continue this effort working from longest to shortest stayers until functional zero is achieved.

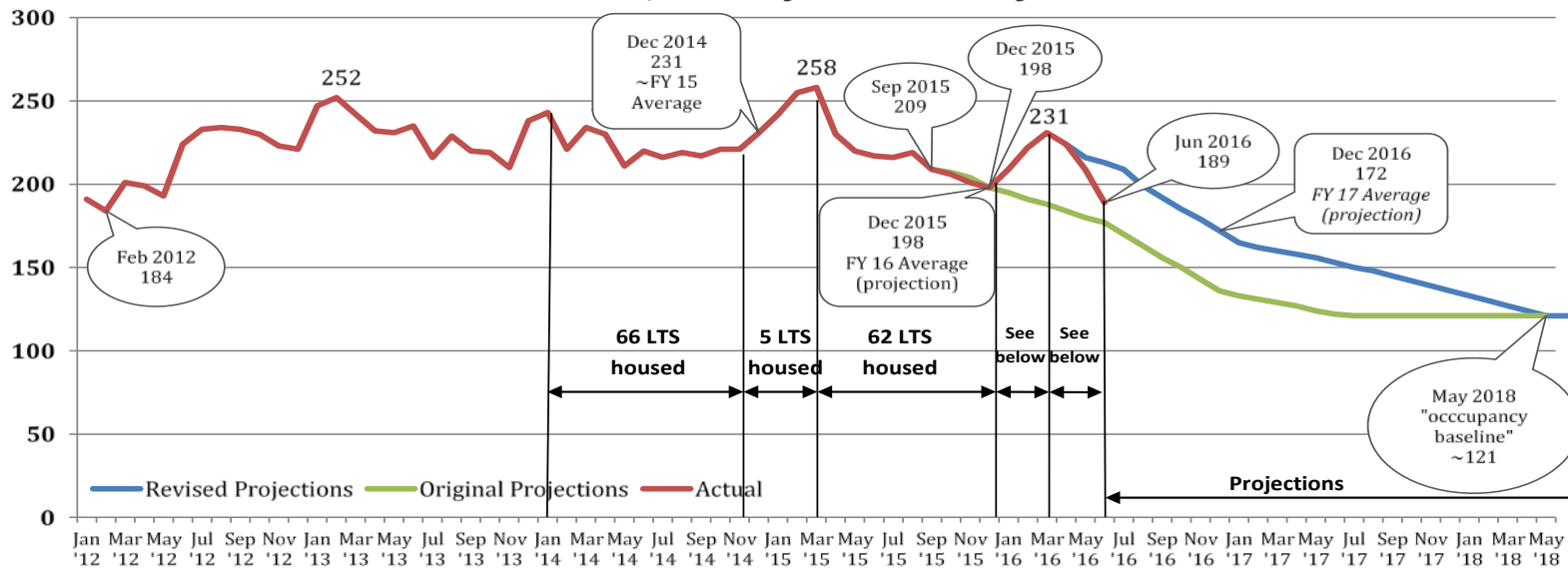
Showing results – One shelter’s progress

CITY OF PORTLAND
HEALTH & HUMAN SERVICES DEPARTMENT
SOCIAL SERVICES DIVISION

OXFORD STREET SHELTER & COMMUNITY OVERFLOW

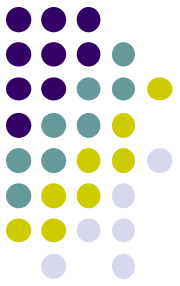
Average Number of Individuals Served On Any Given Night – Per Month

January 2012 - May 2018



Warming Center	Last Used: May 29
PSRC Overflow (75 Beds)	Warming Center/ Chairs used since May 30, 2014: June- 2 July- 3 Aug- 10 Sept- 9 Oct- 12 Nov- 11 Dec- 11 Jan- 23 Feb- 23 Mar- 31 Apr- 6 May- 1 June- 1 July- 2 Aug- 0 Sep-
Oxford Street Shelter	

- The average for February and March 2016 increased compared to January 2016 and did not meet projections. This increase coincided with the continued concerted effort to bring individuals sleeping outside into the shelter (29 individuals in March), new shelter funding requirements, clients presenting at the shelter for verification of homeless status due to HUD’s new Chronic Homeless definition (18 individuals in March), and clients returning to shelter due to no-cause evictions from Grant Street and Cumberland Avenue (2 individuals in March).
- The averages have steadily decreased since March 2016, and remained on track with the revised projections. The average for June 2016 was lower than the revised projections.



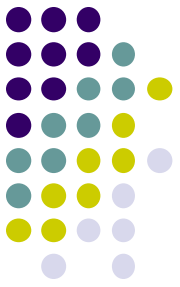
Showing results – Statewide progress

On July 1, 2013, there were 262 LTS in Maine.

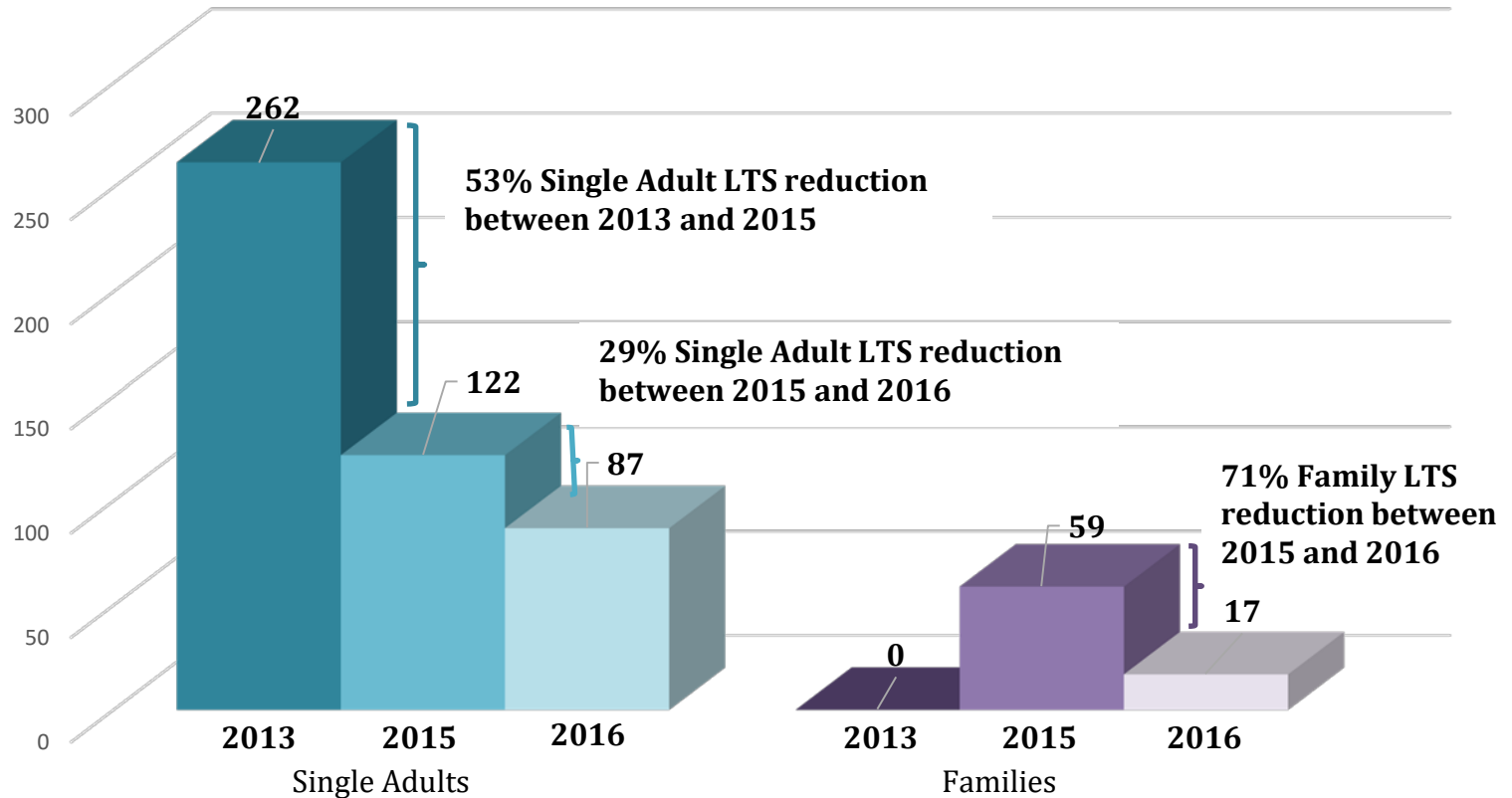
On July 1, 2016, there were:

- 87 single adult LTS (down from 122 in 7/15 and 262 in 7/13 – a 67% decrease)
- 17 family member LTS (down from 59 in 7/15 – a 71% decrease)
- Overall, LTS now represent 1.5% of the overall population, down from 5% of the population in 2013.

Showing results – Statewide progress



Statewide LTS Data



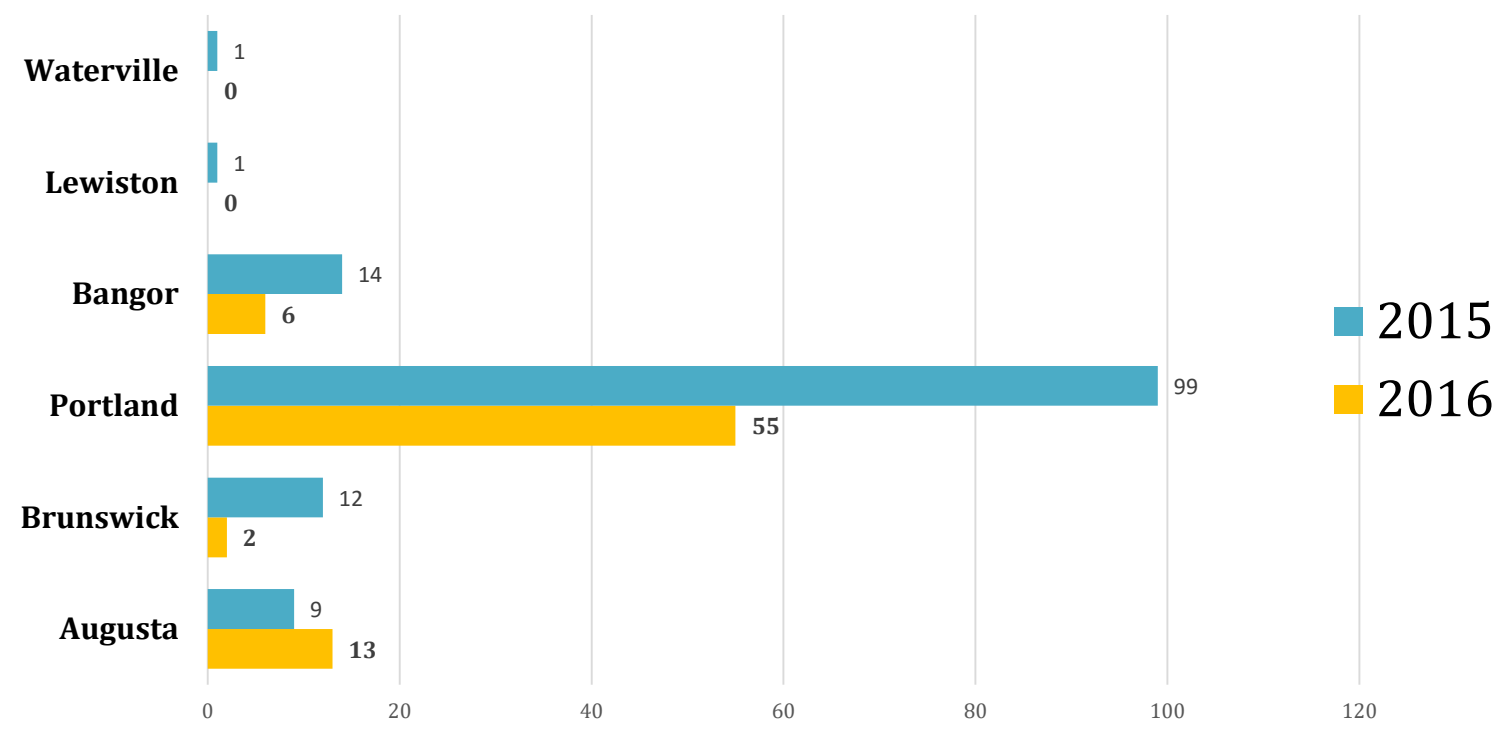
*Family LTS increased between 2013 and 2015 likely due to sequestration reducing the supply of Section 8.



Showing results – Urban progress:

Data shows that as of June 30th, 2016, there were 76 LTS in urban locations (73% of the total LTS), and for 5 of 6 communities, their numbers are decreasing significantly:

Urban LTS Statistics



Improving System Performance – Year to year comparison:



Highlights:

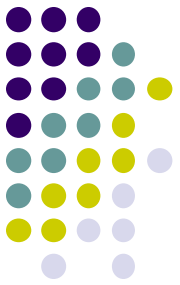
- **7020 people were homeless in 2016** vs. 7679 people in 2015, a 12% reduction.
- There was a **63% decrease in the average length of stay** in homelessness in 2016 vs. 2015.
- There was a **54% decrease in Veteran homelessness: 201 people** in 2016 vs. 438 in 2014.
- There was a **67% decrease in single adult Long Term Stayers: 87 people** in 2016 vs 262 in 2013.

Improving System Performance – Year to year comparison:



Compared to FY 2015, in FY 2016 there were significant reductions:

- 12% reduction in people experiencing homelessness (659 less people)
- **63% reduction in the average length of time clients remain in homelessness**
 - By targeting people staying in homelessness the longest and working in a collaborative, coordinated manner to get them housed we experienced a statewide reduction in the length of time clients remain in homelessness.



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