# Listening Session: Homeless Service Providers' Input on State Contracts

*Thursday, June 16, 2016, 1:00 – 4:30 p.m.*

# Participant Feedback Notes

The notes below reflect participant feedback from the June 16th meeting convened by the Governor's Coordinator on Homelessness. The listening session emphasized surfacing responses to a series of questions about Lever 2 of the Governor's Strategy to End Homelessness, and to the structuring of contracts related to Lever 2.  Meeting design and facilitation was supported by Liza Culick, Culick Consulting & Coaching.

The goal was to surface <u>all</u> ideas and feedback through a series of structured small group conversations. We didn't seek to prioritize the responses, synthesize thinking, or come to agreement or decisions about any of the ideas that emerged. This document includes the full set of responses and will be shared will all participants.

The responses have been organized and sorted by themes. Duplicate answers have been merged, and an asterisk (*) indicates multiple times that the response was posted.

Participants worked in small groups of peers: funders/government groups and providers groups. Whenever possible, the responses by the funder/government participants and by the provider participants are ordered below to illustrate convergence of thinking can be noted.

At several points during the conversation, participants were given a few dots and asked to place them next to responses that they agreed with or thought should be emphasized. Where there is a number next to a response in the tables below, this indicates the number of dots that response received.

## Question 1: What parts of the strategy excites you, gives you optimism?

| FUNDERS/GOVERNMENT | PROVIDERS |
|---|---|
| **A strategy**<br>• State coming together with three levers with a frame work for action.<br><br>**Alignment and coordination across sectors**<br>• Taking a coordinated approach (cross-sector)<br>• Counties are involved in conversation.<br>• Aligning health and human services<br>• Collaboration – REAL<br><br>**Evidence-based approach & performance metrics**<br>• Consistent performance metrics***<br>• Performance and evidence-based approach**<br>• Coordinated entry system<br><br>**Other**<br>• The start to start the conversation<br>• Love for Scott | **A strategy**<br>• Levers… different way the state is trying to look at the big picture<br><br>**Alignment and coordination across sectors**<br>• Integrated healthcare behavioral health services with homeless services and housing***<br>• Align contracts for health/human services****<br><br>**Evidence-based approach & performance metrics**<br>• Coordinated entry - approach is evidence based practice ******<br>▪ Consistent performance metrics >>> transparency that incentivizes meeting goals**<br><br>**Funding**<br>• Coordinated funding<br>• Leverage mainstream resources/other funding sources**<br><br>**Other**<br>• Job training (supportive services)<br>• Creating workflows to get to the job done<br>• The possibility of increased inventory |

# Participant Feedback Notes

## *Question 2: What part of strategy leaves you skeptical?*

| FUNDERS/GOVERNMENT | PROVIDERS |
|---|---|
| **Politics and culture change**<br>• Elevation above politics***<br>• Successfully changing the culture in government offices<br>• Who is owner/champion/has authority?<br><br>**Transition to new model**<br>• Making the transition to a housing first model<br>• Being able to pursue evidence based practices without discarding opportunities for innovation.<br>• Making sure $$ for transition to Housing first model<br>• Why is it a good idea to convert?<br><br>**HMIS and data**<br>• Transition effectiveness of HMIS<br>• Capturing meaningful data<br><br>**Other**<br>• Ensuring property coordination because of insufficient current systems<br>• Permanent housing: number of housing units needed to house all homeless.<br>• Doubt that all homeless will cooperate | **Alignment of different services/contracts**<br>• Respect between healthcare and homeless services lacking<br>• Alignment between sectors<br>• Engagement with case management<br>• Frequent/intensity of support services - our ability to align health & human service contracts<br>• How does the state plan to manage contracts when they have not been very successful in the past?<br><br>**Costs and long term commitment**<br>• Housing first and the time limits and what happens to client when funding runs out? Too expensive (cost)<br>• We're skeptical that more mainstream resources can be leveraged<br>• Partnership lacking real time completion for funding<br>• Available long term funding<br>• Length of time and execution<br>• Convert transitional housing to permanent housing skeptical that there will not be enough resources**<br>• Skeptical that retention services will be funded<br><br>**Questions about impact / effectiveness of housing first, new model**<br>• Is exclusive focus on Housing First harming the continuum of care?<br>• Some agencies will continue to provide certain contracted services<br>• Maintaining housing for SMI/violent behavior<br>• Coordinated entry<br>• Evidence based where is the evidence coming from? Mainland? Local?<br>• Emphasizing rapid entry into permanent housing<br>• Strict formula for services leaves no latitude depending on needs<br><br>**How to set metrics and hold accountability**<br>• Measurement tools for accountability (how were they arrived at?)<br>• Establish clear and consistent peer performance metrics across all contracts: Who is going to decide metric; Who is going to monitor metrics?<br>*continued* |

# Participant Feedback Notes

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**Achieving real collaboration**
- How do you operationalize collaboration and how do you measure it and hold organizations accountable?
- If you preach collaboration, show us collaboration amongst the different depts. In government (city, state, counties)

**Other**
- Dependency/employment
- Maximizing inventory without enough inventory

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# Participant Feedback Notes

## Question 3: What questions does lever two raise for you?

| FUNDERS/GOVERNMENT | PROVIDERS |
|---|---|
| **Transcending politics**<br>• How do you build in a strategy that weathers politics and political change?<br>   o Buy in<br>   o Sustainability<br>   o Stamina<br><br>**Alignment**<br>• How does this align with other plans and strategies?<br>• How can we align all levels of government? County, state, federal for contracting?<br>• How do we align private contracts also?<br>• Linking employment services, TANF, bridge to hope, first to work<br><br>**Data infrastructure**<br>• Data infrastructure to measure performance<br>• Are our current systems able to gather data efficiently<br><br>**Moving to a new model**<br>• Does framework provide segmenting homeless population to drive policies and programs?<br>• What happens to displaced target population with the conversion of transitional shelters<br>• What happens to people who have received rapid rehousing money, do they stay?<br><br>**Funding and commitment**<br>• Where will money come from (perm housing)<br>• Will funders commit for the long term?<br><br>**Other**<br>• How does this fit into the bigger economy conversation? | **Leadership & accountability**<br>• Will the governor give full authority to the Coordinator on homelessness?<br>• Who leads oversees implementation for long term success<br><br>**Establishing and leading new model, Coordinated Entry**<br>• Who is going to coordinate the coordinated entry and who is going to fund it?<br>• Who do we determine what evidence based model will we use so we are in alignment and coordinated<br><br>**Data infrastructure**<br>• Will HMIS really work?<br>• Actual measurements of success based on what data?<br><br>**Moving to a new model**<br>• Is there going to be funding to convert transitional housing to permanent and who is going to fund it?<br>• If transitional to permanent where will the people on the wait list go?<br>• How big of role can we expect Medicaid to play? Standardizing cont<br>• Where is HPHA in this process?<br>• What about the square pegs? The folds programs that don't align/fit?<br><br>**Other**<br>• Where is the coordinated entry system – status?<br>• Where is the housing going to come from?<br>• Drug testing to receive benefits<br>• Can DHS collaborate with Department of Labor to provide job training to homeless/sheltered homeless? |

# Participant Feedback Notes

## *Question 4: What are the implications for our work?*

| FUNDERS/GOVERNMENT | PROVIDERS |
|---|---|
| **Commit to work together & coordinate**<br>• How do we do this together?<br>• We need to stay in a coordinated mode for the long haul<br>• Can we create funder alignment group? To learn how to make $$ transition to housing first model<br>• State and County contracts have to be in alignment (difference in management, paperwork).<br><br>**Shared responsibility**<br>• Responsibility to end homelessness is SHARED (government and funders not just service providers)<br>• Possibility of dealing with shifts in programs and institutions in their work.<br>• Everyone will need to be flexible and adapt<br><br>**Data sharing & transparency**<br>• Need to be open, sharing data<br>• Greater transparency and data around how/which transitional shelters will have to change to permanent housing<br>• Developing system dashboards and program models<br><br>**Other**<br>• How do you infuse energy, information, messaging, training, etc. with my staff?<br>• Lack of funding and resources to do job effectively at all levels | **Change in mindset and program practices**<br>• Letting go of our individual "stuff" for the greater good!!<br>• Change our mindset from "business as usual" to more innovation<br>• Change culture of service provider/organization**<br>• How to integrate all policies regarding homeless services/shelters/agencies<br><br>• Transitional will become permanent<br>  ○ Providers will lose employment<br><br>**Training and technical assistance needs**<br>• Education for renters/landlords who house people?<br>• Training for providers re: SMI/SA<br><br>• Unknown expectations & effects**<br><br>**Other**<br>• We need to improve HMIS<br>• Increase capacity and collaboration<br>• SDOH codes should be billable to generate revenue<br>• Aligning EDP investment<br>• End homelessness<br>• Reality of limited resources of housing inventory |

# Participant Feedback Notes

## *Question 5: What actually inhibits collaboration?*

| FUNDERS/GOVERNMENT | PROVIDERS |
|---|---|
| **Contract/application process**<br>• The competitive application process is counter to collaboration – 2<br>• Contract process to complex/lengthy<br>• Power imbalances and competition for resources – 1<br>• Forced collaboration by the funder which will only encourage the bare minimum<br><br>**Provider relationships, structure, process**<br>• Providers lack the system or means to function as a team<br>• Weak infrastructure to support effective collaboration (e.g., HMIS and coordinated entry)<br><br>**Funders don't work together**<br>• Every funder wants its own outcomes, data, and clients. There's no shared success<br>• Grant cycles and funding timelines don't align<br>• Funding streams are silo'd and miss opportunities to coordinate/better leverage each other<br><br>**Public officials/entities not aligned**<br>• Lack of alignment among elected/appointed officials<br>• Inhibits collaboration with fed/state/city – 2<br><br>**Change is hard**<br>• Hard to change established processes and procedures ("we've done it this way for years") | **Systems, structures, processes**<br>• System is set up for competition (duplication of services) – 1<br>• Not all agencies doing their part<br>• Sometimes collaboration leads to less client focus – 1<br>• Lack of support, limited decision making and others counties with key players (PIC, state/fed/city)<br>• Low admin rate<br><br>**Resources limited/misallocated**<br>• Funding/lack of resources<br>• State departments understaffed/turnover<br>• Each department that has homeless funds makes it difficult to collaborate with other programs/providers<br><br>**Self interest, lack of transparency/competition/silo'd**<br>• Lack of Government transparency – 3<br>• Different standards that affect outcomes – self-interest – 8<br>• Fear of losing funding<br>• Ego = survival<br>• Competition between/among providers and being understaffed<br>• Uneven power between funders/providers<br><br>**Policies, funders, public entities not aligned**<br>• State/city/counties have difference rules for the same program (e.g., Housing First) – 4<br>   ○ The way RFPs are designed inhibits ability to be creative (language not practical to actual operations)<br>**Other**<br>• We need more Funds to neighbor islands to participate in these meetings<br>• Too many barriers (no insurance/each insurance co has different requirements) |

# Participant Feedback Notes

## Question 6: What is working to support collaboration?

| FUNDERS/GOVERNMENT | PROVIDERS |
|---|---|
| • Having all the right entities at the table<br><br>• Clear mission, goals, objectives<br><br>• Good framework for BTG/COCs<br><br>• Mayor's challenge fostered alignment of resources and coordination of outreach<br><br>• Emergency Proc has helped in some ways. Still just a tool. Needs clearer public communication<br><br>• Mandated requirements that work to produce a single product<br><br>• Allowing team proposals from providers/one proposal for all different kinds of funds – 2<br><br>• Joint RFP or pooled funds<br><br>• Contractors are required to meet/talk to each other<br><br>• Champions are stepping forward<br><br>• Supportive grant administration/willingness to help grantee implement/personal relationships | • Meetings which allow networking - 8<br>    o (also listed) support PIC to support service delivery problems among providers by including front line staff<br><br>• Trainings/TA<br><br>• HPO available to answer questions<br><br>• Relationships among organizations (BTG/PIC/HICH)<br><br>• Today, it's a start<br><br>• Identifying clearly defined leadership/strong interpersonal relationships/same standards<br>• Recognizing we all need each other – 1<br>    o What we do well and do not do well<br>    o Transparency<br><br>• Commination/community voice – 1<br>    o Follow-through and accountability<br><br>• Regular face-to-face meetings with community governing bodies (PIC, Leeward Housing Coalition, BTG) |

# Participant Feedback Notes

## *Question 7: What would real collaboration/coordination look like?*

| FUNDERS/GOVERNMENT | PROVIDERS |
|---|---|
| **Shift in mindset and culture – work together, leave ego and self-interest behind**<br>• Like-minded leaders with "shared vision"<br>• All pieces moving together to move people through the system to permanent housing<br>• Shared metrics and clear definitions<br><br>**Change in funding structures, practices**<br>• Consider portfolio funding with multiple gov agencies pooling funds – 2<br>   o Contracts to align:<br>      ▪ Language<br>      ▪ Timing<br>      ▪ Priorities<br>      ▪ Performance metrics<br>      ▪ Multi-year<br>• Matching source of funding (rigid federal gov funding vs. flexible private funder) to different aspects of service provision/implementation – 1<br>• Allowing for failure! Allowing for discussion/surfacing of pain points -2<br>   o To address systemic breakdowns and avoid workarounds as solutions<br>   o Incent practice change as the solution<br><br>**Communication, transparency**<br>• Better communication/transparency about where existing contracts/resources are going (like resource mapping) – 1<br>• Real/meaningful communication<br><br>**Provider-driven planning, accountability**<br>• Providers in COCs to hold each other accountable – 3<br>• Plan comes from provider community (a reverse RFP) so the buy-in is already there<br><br>**Other**<br>• Actual follow-through to initial efforts to implement | **Shift in mindset and culture – work together, leave ego and self-interest behind**<br>• Everyone on the same page speaking the same language, goals, outcomes<br>• Principles before personalities – 1<br>• Egoless on both sides (funders and providers)<br>• Real collaboration, warm handoffs and follow through – 1<br>   o No favoritism<br>   o Sharing funds in subcontracting<br>• Honest with each other – 1<br>   o No wrong door – 1<br>   o These are requirements<br><br>**Shift in mindset – solution focused**<br>• Get beyond barrier focus – 3<br>• Don't tell my why you can't do this – 3<br><br>**Communication, transparency**<br>• Transparency \*\*<br>• Openness in addressing barriers that prevent collaboration<br>• Understanding each other's barriers and strengths<br>• Regular interaction between funders and providers for effective collaboration \*\*<br><br>**Other**<br>• Technical assistance from the funders<br>• Actual discharge planning by public safety and the state hospital, ERs, foster care – 2<br>• Focal point for client services<br>• Not competing for money<br>• Input > buy in > action<br>• Longevity in housing clients<br>• Equitable distribution of funding |

# Participant Feedback Notes

## Question 8: Given vision of real collaboration… how might contracts be structured to foster/facilitate collaboration?

| FUNDERS/GOVERNMENT | PROVIDERS |
|---|---|
| • Shared goal<br><br>• An application process that requires all providers to develop a community wide plan down to the last dollar.<br><br>• Alignment of metrics across funders<br><br>• Streamline process | • Implement a requirement of funders to do the "frontline" work of the contract. -1<br><br>• Performance based collaborative measures into each contract – requirement of transparency.<br><br>• Funding collaborative<br>   o State/city/feds/philanthropy<br>•<br>• One RFP once a year for all agencies<br><br>• Require warm handoff – 1<br><br>• Allow flexibility (for example subcontract)<br><br>• Map specific regions for providers (outreach) – 5<br><br>• Realistic expectation – 1<br><br>• Everything housing focused – 4<br><br>• Need supportive services; but after they are housed<br><br>• Ask and listen to the issue with contracts<br><br>• Open dialogue with ending homelessness in mind – not gripe sessions<br>• Having more opportunity for direct staff to network with each other in an organic way<br><br>• Have to show history of working together service provider<br><br>• Delineate service based on strength<br><br>• Pic vet proposal |

# Participant Feedback Notes

## *Question 9: Given that we are moving to results based contracts, what challenges do you see?*

| FUNDERS/GOVERNMENT | PROVIDERS |
|---|---|
| **Measurement, outcome**<br>• Ensure data and performance tracking is value added not just an exercise that taxes providers – 2-<br>• Fear of measurement/sub-performance (and losing funding)<br>• Establishing a solid/ reasonable performance baseline<br>• Challenging with agreeing on metrics/defining metrics<br>• Motivation behind setting goals – improving programs? Funding only certain programs?<br><br>• Limited/no money<br><br>• Finding most effective and efficient ways to implement/execute and monitor contracts<br><br>• Taking into account service populations<br><br>• Varying degrees of<br>    o Resources<br>    o Acuity<br><br>• Limited/no housing<br><br>• Taking into account services populations | **Data infrasctructure, HMIS**<br>• HMIS issues: *****<br>    o Need training, need reports to work<br>    o Easier input/output<br>• Provide report card to hold accountability of all players<br><br>**Measurement, outcome**<br>• Count results (for those who choose to not sign consent)<br>• Realistic measurements<br>• Ability to measure services accurately<br>• Outcome measures need to fit/make sense<br>• Contracts must allow for (i.e. fund) for data collection<br>• How do we agree on the shared measurements<br>• Measuring soft outcomes (telephone contract, etc.) to measure real outcome<br>    o Housing<br>    o Stable medical<br>    o Stable behavioral health<br>    o Medication<br><br>• Different populations may leave different definitions of "success"<br><br>• Numbers don't tell the whole story<br><br>**TA**<br>• Technical assistance built in to funding stream to build agency capacity -<br>    o State work with private found altruistic to fund TA<br><br>• Homeless Coordinator given proper support to actualize these goals -1<br><br>• Encourages cherry-picking of client who are higher functionality<br><br>• How can funders come together to collaborate on outcomes statewide (both CoC) |

# Participant Feedback Notes

|  | |
|---|---|
|  | • Consent forms inhibit to us |
|  | • Housing |
|  | • Effective collaboration w/ partners |
|  | • Staff/retention/hiring |
|  | • Being evaluated on successful transitions when there are few referral resources |
|  | • Revolving door |
|  | • How do you define success? Not all population can meet the same outcomes |
|  | • Loss of funding is risky |
|  | • Requirements are too detailed |
|  | • Choosing clients who die "easiest" to house/intervene/have a positive outcomes |

# Participant Feedback Notes

## Question 10: What are the opportunities?

| FUNDERS/GOVERNMENT | PROVIDERS |
|---|---|
| **Focus on what works, most effective programs**<br>• Identify programs and services that are not working – 5<br>• Opportunities to enhance and scale programs that are working<br>• To direct resources to the most effective solutions<br><br>**Common metrics, shared measurements**<br>• Common metrics among different funders -2<br>• For counties to assist the state in performance monitoring<br>• To change evaluation measures to reflect health outcomes of formerly homeless<br><br>**Other**<br>• Focus agencies to think out of the box – seek solutions (creativity)<br><br>• Forces staff/agencies to up their skills<br><br>• Opportunity to lower the time clients are utilizing homeless services<br><br>• Keep agency on task/focus<br><br>• Having everyone on same performance period, funding cycle -1<br><br>• Open up conversation for funds for severely and mentally ill housing. | **Data systems, measurement**<br>• Align outcome to receiving funding<br>• Complete HMIS -1<br>    o Comprehensive<br>    o Robust<br>    o Adaptable<br>    o User friendly<br>    o Training<br>    o Making own reports<br>• Align outcome measures that make sense. Realistic! -1<br>• Standardize outcomes and share results with providers – feedback<br>• More success by using data for what is working<br>• Clear indicators of success if everyone is working toward the same outcomes<br>• Better reliable data to capture outcomes outputs<br>• Can providers influence performance measures before the RFP -1<br><br>**Other**<br>• Improved communication with funder – provider and provider –provider<br>• Increased incentive for higher acuity clients?<br>• More people placed in housing<br>• Mandatory collaboration (can be by region or service type)<br>• Elevating stories of success to the broader public to different positions should be paid the same for the same outcomes.<br>• Increased awareness of service delivery truth for providers<br>• Bigger impact on ending homelessness<br>• Ability to adjust programming<br>• More funding for program<br>• PIC having input on State contracts -1 |

# Participant Feedback Notes

## _Question 11: What help/support/will it take for you to succeed?_

| FUNDERS/GOVERNMENT | PROVIDERS |
|---|---|
| • Having everyone on same performance period, funding cycle<br><br>• Collecting and deploying data (support with data gathering/analysis)<br><br>• Capacity building, appropriate, sequenced, training<br><br>• Training to understand and circulate outcome s(vs. outputs)<br><br>• Streaming data collection and standardization (metrics and processes)<br><br>• Get agreement among funders around metrics | **Data system, infrastructure that works**<br>• HMIS that gives accurate reports to help us track results ****<br><br>**Communication, transparency, increased provider/PIC input**<br>• Transparency between funder/provider and provider/provider<br>• Ask and listen (realistic expectations) -2<br>• Can providers influence performance measures before the RFP -1 **<br>• PIC having in put in state projects -1<br>• Ability to adjust programming<br>• Share data with providers -1<br>• Collaborative efforts amongst all agencies**<br><br>**Appropriate level of funding**<br>• Opportunity to increase funds based on level of service<br>• Contract reimbursement structured to accommodate pay/cost of living increases for multiyear contract.<br>• Appropriate funding****<br><br>**TA support**<br>• Technical assistance***<br>• Training on expectations and best practices<br><br>**Other**<br>• Business/private sector<br>• Adequate staff to support provider agencies -1<br>   o (APS, OPG, MedQuest, Judiciary)<br>• HOUSING – really affordable rentals (micro units) -1**<br>• Bigger impact on ending homelessness<br>• Buy-in from the client |

# Participant Feedback Notes

## *Question 12: What else should be paid attention to?*

| FUNDERS/GOVERNMENT | PROVIDERS |
|---|---|
| <ul><li>Shared data</li><li>Unintended consequences -1</li><li>Common contracting language – everyone using the same words for the same thing</li></ul> | **Cost to provide services**<br><ul><li>Services that are being provided and are needed, but not funded**</li></ul>**Respect and understand providers' experience and realities**<br><ul><li>At systems level, there are factors beyond the provider's control.<ul><li>Migration COFA</li><li>Cost of housing due to investors</li><li>Meth epidemic</li><li>Lack of affordable housing options</li></ul></li><li>Don't shift blame on homeless providers</li><li>Remembering the geography of neighbor islands. When making decisions outreach is more difficult.</li><li>Service provider's input</li><li>Find common denotations with provider/population but individualize contracts based on needs/strengths of community</li><li>Recognizing the work it takes to meet outcomes</li></ul>**Issues related to data, HMIS, measurement**<br><ul><li>Documented Data -3</li><li>Who defines "success" -1</li><li>Benchmarks more transparency and accuracy of results</li><li>HMIS data should reflect outcomes</li><li>Measure real outcomes (expectations)</li></ul>**Other**<br><ul><li>Collaboration between state and county</li><li>Substance abuse</li><li>Transition homes for<ul><li>Parolees/ex-prisoners, medical fragile</li></ul></li><li>Clients that are unsuccessful in a program… should be allowed or given the opportunity to have other providers collaborate and discuss issues experience with previous providers. To find the right fit.</li></ul> |