



DRAFT TOPLINE OVERVIEW OF REPORT



PARTNERS IN CARE
Oahu Continuum of Care

NOT FOR DISTRIBUTION

BRIDGING THE GAP

2016 HAWAII STATEWIDE POINT IN TIME COUNT

OVERVIEW

Results from the 2016 Hawaii Statewide Homeless Point-In-Time (PIT) conducted on January 24, 2016 revealed the following information:

- **4% overall increase in the numbers of homeless individuals from 7,620 persons in 2015 to 7,921 persons in 2016.**
- **3% decrease in the total number of sheltered and unsheltered homeless veterans statewide compared to 2015, with a 12% decrease on Oahu.**
- **12% increase in the overall number of unsheltered individuals and families since 2015.**
- **4.5% decrease in the overall number of sheltered individuals and families since 2015.**

The 2016 Point-In-Time Count (PIT) represents the best available data to estimate one-day homeless prevalence for the State of Hawaii. The primary objective of the count is to obtain a reliable estimate of the sheltered and unsheltered homeless individuals and families at a specific point in time. PIT data collection is an integral part of local and national planning and acts in support of policy and resource allocations. As count execution improves, the reporting more accurately reflects the actual state of homelessness during that point-in-time. The count is also an excellent opportunity to engage the general public, community leaders, and private businesses in statewide homeless initiatives.

Partners in Care (PIC) representing Oahu, and Bridging the Gap (BTG) representing Hawaii County, Maui County and Kauai County, are Hawaii's Continuum of Care (CoC.) A CoC is a local planning body designed to promote community wide commitment to the goal of ending homelessness.

STATEWIDE STATISTICS AND TRENDS

Island	Total 2015 Count	2016 Sheltered	2016 Unsheltered	Total 2016 Count	2016 % increase	# of persons
Oahu	4,903	2,767	2,173	4,940	1%	37
Hawaii	1,241	271	1,123	1,394	12%	153
Maui	1,137	484	661	1,145	1%	8
Kauai	339	91	351	442	30%	103
Statewide	7,620	3,613	4,308	7,921	4%	301

An analysis of unsheltered persons counted in 2016 found that a total of 860 persons, or 22% of the 2015 statewide total were also counted in the 2016 PIT. A review of homeless service utilization of all unsheltered persons revealed that slightly less than half (46%) had prior Hawaii HMIS records.

Hawaii County- The total count increased by 12%. The sheltered total count increased by 23% compared to 2015, while the unsheltered increased by 10%. In 2016, three main factors contributed to this increase including: 1) There was unprecedented collaboration among those conducting the count which included service providers and non-service providers, volunteers and the County government that improved the Hawaii County PIT count process; 2) Continued growth of substandard housing (ie. living on family property in tents and makeshift structures with no running water and/or utility access) throughout the County and especially in the Hilo, Pahoa, Konawaena and Kealahou regions; and 3) The inventory of transitional housing increased by 13 additional units with a maximum bed space of six (6) beds per unit.

Maui County- The total count registered a small nearly one percent increase since 2015. Maui County showed a 10% decrease in shelter count, and a 4% increase in unsheltered count. Efforts to transition individuals to permanent housing from shelters have increased.

Kauai County- The total count increased 30% since 2015. In 2016, there was unprecedented collaboration among those conducting the count which included service providers and non-service providers, volunteers and the County government that improved the Kauai PIT count process. The increase in the numbers of individuals counted on Kauai is due in large part to this increase in effort rather than an actual growth in the numbers.

Oahu- The total count registered a small nearly one percent increase. Unsheltered homelessness rose by 12% in Oahu. An exploratory analysis was performed comparing persons found in the 2016 PIT with those identified in the previous 2015 count. This subgroup is referred to as “Repeaters.” A total of 425 persons (22%) that were encountered during the 2016 count were also canvassed during the 2015 count. Significant variation in the percentage of repeaters was observed among the different areas. The analysis showed that areas 1 and 2, consisting of the urban Honolulu and Waikiki areas respectively, had the lowest rate of repeaters (14% each) while the Waianae Coast (Area 7) produced the highest rate of repeaters (38%).

Veterans

On Oahu overall veteran homelessness declined 12% compared to 2015 - sheltered veterans declined 7% over 2015, while the 2016 unsheltered veteran estimate decreased 17%. This was a bright spot in the 2016 data and is reflective of the synergy between veteran service providers, the VA and overall veteran prioritization by the Continuum and national funding initiatives.

- Oahu has a much higher proportion of sheltered veteran homelessness than the neighbor islands, which is also reflected in the number of resources available.
- Neighbor Island Counties - continue to have a much higher proportion of unsheltered veteran homelessness than Oahu and a nearly 5:1 ratio of unsheltered to sheltered homeless veterans. Again this is reflective of the resources available on the neighbor islands as compared to Oahu.

Island	2016 Count			2015 Count		
	Sheltered	Unsheltered	Total	Sheltered	Unsheltered	Total
Oahu	224	189	413	240	227	467
Rural Counties	40	217	257	35	190	225
	264	406	670	275	417	692

COMMUNITY SOLUTIONS TO ADDRESS HOMELESSNESS

HOUSING FOCUSED¹ COORDINATED ENTRY SYSTEM - Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner.

EXPAND SHORT, MEDIUM AND LONG TERM RAPID RE-HOUSING PROGRAMS - According to the National Low Income and Housing Coalition, “Out of Reach 2016” study, Hawaii has the highest housing wage in the country where residents must earn \$34.22/hour to afford a two bedroom unit.

INCREASE PERMANENT SUPPORTIVE HOUSING PROGRAMS - For chronically homeless individuals (those with a disability and long history of homelessness), stable housing and supportive services is the foundation for stability.

BUILD AND ACQUIRE AFFORDABLE HOUSING - Hawaii can dedicate itself to increasing the supply of housing and creating new housing opportunities.

To learn more about how you can help, please contact the local Continuum of Care in your county.

- For Oahu’s Partners in Care, contact Jen Stasch, Director, at jstasch@auw.org or (808) 543-2282, or visit Partners in Care’s website at www.partnersincareoahu.org.
- For the counties of Hawaii, Maui, and Kauai, please contact the following members of Bridging the Gap, or visit the website at <http://humanservices.hawaii.gov/bessd/home/hp/>.
 - Hawaii - Brandee Menino at bmenino@hopeserviceshawaii.org or (808) 933-6013
 - Maui - Maude Cumming at Maude@flcmaui.org or (808) 877-0880
 - Kauai - Debra deLuis at debra.deluis@catholiccharitieshawaii.org or (808) 632-6950.

¹ Housing Focused is an approach or philosophy and encompasses the Housing First program model.



PRESSING THE LEVERS OF CHANGE

Hawai'i State Strategy on Homelessness, Working Draft (Condensed Version)

Ending homelessness in Hawai'i requires bold collective leadership. Governor David Ige, in partnership with the Legislature, Counties, and key community partners, is leading the efforts to ensure that all people in Hawai'i have access to housing. To achieve this, Hawai'i is simultaneously pressing on three levers: Affordable Housing, Health & Human Services, and Public Safety.

Affordable Housing

Build more permanent housing and maximize the use of rental subsidies and vouchers.

Health & Human Services

Implement data-driven services that emphasize permanent housing placement.

Public Safety

Coordinate law enforcement and human services efforts to quickly transition persons in homeless camps to permanent housing.

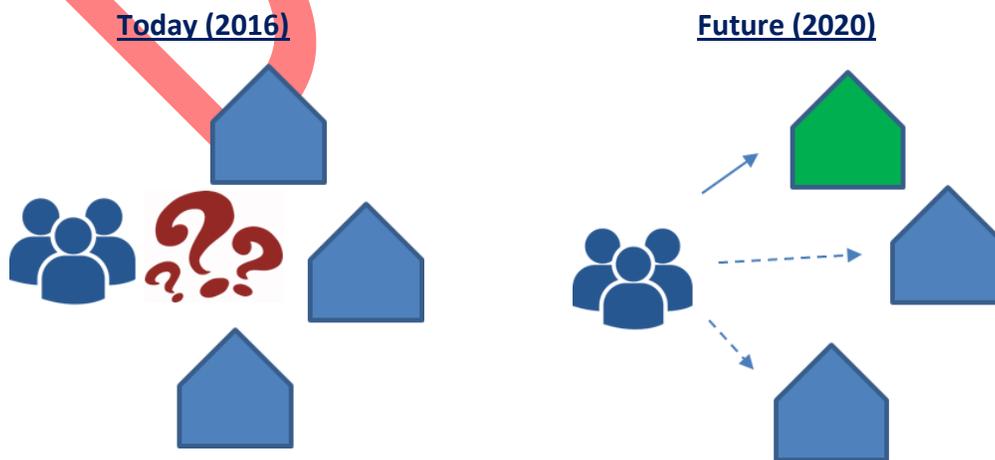
THE GOAL: A HOUSING FIRST SYSTEM BY 2020

To implement **Housing First** on a system-wide scale, Hawai'i will aim to reach a point of Functional Zero, which is defined as a point where:

- Hawai'i has sufficient housing for all homeless persons; and
- Hawai'i has appropriate services to transition homeless persons to permanent housing, regardless of their levels of need.

MORE THAN ADDING BEDS: A SYSTEM TO PLACE INDIVIDUALS ON THE RIGHT PATH

Building a Housing First system is more than adding new housing to the inventory. For many homeless people, the current system is an overwhelming maze. We need navigators – homeless outreach and service providers – to connect homeless people to appropriate resources that address their individual, unique needs. Efficient delivery of services by highly competent and compassionate people – from both government and private organizations – is an essential piece of a Housing First system.



ACCELERATING CHANGE THROUGH COLLABORATION AND LEADERSHIP

Multiple state agencies are taking action to support Governor David Ige's leadership.

	Affordable Housing	Health & Human Services	Public Safety
State Agencies and Departments	<ul style="list-style-type: none"> • Hawai'i Housing Finance & Development Corporation • Hawai'i Community Development Authority • Hawai'i Public Housing Authority • Department of Hawaiian Homelands 	<ul style="list-style-type: none"> • Department of Human Services • Department of Health • Department of Education • Office of Community Services • Office of Youth Services 	<ul style="list-style-type: none"> • Department of Public Safety • Department of Land & Natural Resources • Department of Transportation • Department of the Attorney General

MONITORING PROGRESS

For each lever of change, there are clear and measurable objectives.

	Affordable Housing	Health & Human Services	Public Safety
Short term (Now)	Maximize the use of rental subsidies by convening landlord summits in every county and recruiting landlord participation.	Issue a new RFP for state homeless contracts, which are coordinated, performance-based, and focused on permanent housing.	Implement statewide policy to address homeless encampments on state lands.
Medium term (2018)	Streamline housing development by aligning rules and processes among state housing agencies.	Maximize efficiency by utilizing Medicaid and other funding streams for permanent supportive housing.	Divert homeless persons from the criminal justice system.
Long term (2020)	Build 10,000 new housing units by 2020.	Reduce the number of unsheltered people to functional zero by 2020.	Reduce to functional zero the number of encampments on state lands by 2020.

The full state plan aligns with Governor Ige's vision for Hawai'i and builds on the work done by many individuals from government, nonprofit organizations, and the private sector. If you would like to collaborate in this important work, please contact the Governor's Office on Homelessness at **(808) 586-0193** or gov.homelessness@hawaii.gov.



Gary Herbert
Governor of Utah
Chair

Terry McAuliffe
Governor of Virginia
Vice Chair

Scott D. Pattison
Executive Director / CE

MEMORANDUM

TO: Scott Morishige, Hawaii Homelessness Coordinator
FROM: Flora Arabo and Akeiisa Coleman
SUBJECT: Summary and Highlights from In-State Meeting (Population Health TA Program)
DATE: June 21, 2016
CC: Sandra Wilkniss

On June 14, 2016, the National Governors Association (NGA) convened leaders from cabinet-level state agencies to discuss strategies to increase communication and create alignment with partners at the federal, local and provider level to end homelessness. The meeting featured two distinct sessions:

1. *Case Studies and Best Practices* –the state heard from experts about how states have convened cabinet-level state agencies to create a process for collaboration and pursuit of a common goal of increasing access to resources for homeless veterans. The state also heard from experts on how local governments and continua of care (CoC) have collaborated and reinvented their structure and processes to end homelessness.
2. *State Facilitated Discussion* –state agencies engaged in a facilitated discussion led by NGA to begin to develop a structured process through which the state may drive the governor’s goals toward implementation.

The conversation continued in subsequent meetings on June 15-16. This document provides a summary of:

- I. Key takeaways from the presentations, facilitated discussion, and subsequent meetings
- II. Decisions and outcomes from the meetings; and
- III. Follow-up and next steps for NGA and the state.

CASE STUDIES AND BEST PRACTICES – KEY TAKEAWAYS

Using Data to Diagnose Problems Before Developing Solutions

Matt Power, former Director of State Stat, participated via webinar to present the State Stat process that was used in Maryland to achieve the governor’s goals, in particular to obtain more federal resources for the homeless.

- State Stat was a process. Goals are not achieved in single meetings.
- Accountability and transparency were key to the process – cabinet secretaries were responsible for moving metrics in the right direction,
- A process for follow-up is critical, not only to keep things moving, but also to ensure that each meeting begins where the last one left-off.
- States must select objective metrics that are fair indicators for agencies to be rated on. Often these were selected by simply beginning with the data that was already being collected and tracked by each agency. Later it evolved into more data sources as they became away of them. Leaders should keep pushing for better data.
- Collaboration among public, private, and nonprofit entities: putting people in the same room when they aren’t normally makes them accountable because they can see how their actions affect other sectors.
- State Stat evolved into collaborative meetings with numerous agencies and stakeholders, to allow for shared resources, passion, and commitment. It also allowed for greater capacity to conduct outreach and address cross-jurisdictional issues.
- Successful states create and track goals, otherwise there’s no objective way to know if progress is being made.

- Use maps to see where things are happening and where the resources are in order to identify gaps.
- Having the right people at the table is also a key element – must include people with political power (cabinet secretaries) but also those working at the ground/implementation level (program managers).

Flora Arabo also presented on the State Stat model, but gave the state agency perspective on how to leverage the process to create change.

- Governor participated in meetings occasionally and would drop-in. His presence elevated the importance of the work that was being done.
- Identifying and using the champions in state government and on the ground level helped to drive the work, especially when they invoked the charge of the governor and governor’s office.
- Collaboration was key to the success of Vet Stat (Maryland effort focused on addressing the needs of veterans, including homelessness), and it was important to have the right people at the table: agency leadership and operational staff.
- The State Stat process helped changed the dynamic by asking how the governor or governor’s office could help and following through on the requests: the governor was asked to send letters to the Congressional delegation, VA, and HUD; members of the Congressional delegation sent their own letters.
- Sharing credit with collaborators and partners can increase buy-in, motivation and ownership of the solution. Sharing stories about small wins can also provide encouragement.
- Look to see if policies are getting in the way of solutions. Communicate, share what resources are available, and consider what services are needed and available capacity to coordinate efforts and avoid duplication.

Using Collective Impact to Create a System Design for Decision-Making

Mandy Chapman presented on the Houston CoC and its efforts to transform itself into a well-organized and extremely effective collaboration with the city.

- “Transformation” is the what, but “change management” is the how
- Collective Impact model:
 - Common agenda: end homelessness
 - Shared measurement: PSH – how many go into PSH, and how many stay in it
 - Mutually reinforcing activities, continuous communication, & backbone support: all the focus of change management, or the “how”
- Collective alignment around a system design for decision making
- With homelessness, sometimes have to reorient the entire system around housing placement, housing stability, and other housing-related measures.
 - This involved matching resources with needs, using data, building capacity, enhancing collaboration among funders, and removing barriers.
 - When evolving to a coordinated system, need to move to a homeless response system which is actually a piece of many different systems. Those pieces must operate in tandem, not independently.
 - Coordinate access system will be revisited regularly to ensure ongoing alignment between the beds, the funding of those beds, and the eligibility of the people going into those beds.
 - Requiring PHA to only take referrals from the coordinated access system helps drive the model.
- Started with data to tell them what the problems were: more unsheltered than sheltered; cycling through the system and returning to homelessness; and using funds inefficiently.
- Created a governance structure for streamlined decision-making – who are the right people that control resources and have ideas. This structure makes it much easier to bring other folks to the table and align priorities.
- Houston CoC engaged with Medicaid around an 1115 waiver, then engaged with the HFA to support development of PSH
- CoC completed strategic planning in just one week that included guiding principles for how to move forward (Used the “charrette” process)
 1. Right size intervention mix: using money to pay for the right kinds of beds
 2. Connect services to housing: we keep people in crisis because that’s where we put services – i.e. they get services when they’re in crisis but not at other times.

3. Coordinated placement: get the right people into those beds. Coordinated entry is necessary to make this happen.
 - Houston CoC Steering Committee functions a lot like a city council – resolutions are presented to them and they vote. They set law for the CoC and align resources.
 - All the pieces must converge at the same moment to create change management.
 - In Houston, not just CoC dollars flowing through, but also a lot of state-administered dollars such as ESG went to CoC who then spent dollars as an organized system.
 - CoC identified number of units already in development pipeline and units on the ground that could be turned into PSH to determine the PSH pipeline needed. Houston created financial incentives to convert transitional housing to PSH.
 - Houston leveraged Medicaid and PHA vouchers to get all the development money to the table. Created a “pipeline committee” that included HFA, agencies that controlled HOME/CDBG funds, etc, and used CSH to provide technical assistance to the developers to help them apply and utilize financing effectively.
 - City took on a lot of the risk that developers that often have to take on.
 - Also had coordinated RFP for capital and operating funds.
 - Created an Implementation Team.
 - Mayor’s leadership team raised \$15M capital for gap financing.
 - Services: created integrated care teams (using 1115 to ask FQHC to be the lead organizer and integrate behavioral health), then assigned those teams to PSH.
 - Teams created immediate access to primary and behavioral health services.
 - Integrated CHWs, care managers, nurses, even recreational specialists.
 - Coordinated access and vulnerability is assessed using the VI-SPDAT. The entire system – hospital, night shelter, criminal justice, etc – all uses the same coordinated access system.
 - Rapid re-housing programs serve families with no income but who can demonstrate that they have the ability to become self-sufficient eventually.
 - A lot of communities lack technical assistance experts and change managers. States don’t need this forever but for a short time they are necessary.
 - Houston didn’t have strong enough nonprofit developers, so they went out nationally to encourage stronger groups to come into the area.
 - Houston added \$8.4 million to their COC funding this year – used good data and coordinate access to spend efficiently, reallocate unused dollars and demonstrate need.

Facilitated Discussion

Akeiisa Coleman and Flora Arabo from the NGA facilitated a discussion with the full group to solicit ideas on creating a state-level structure for collaborative, aligned decision-making and implementation of the governor’s objectives.

Common Goal:

1. Central governance
2. Coordinated efforts, decision making entity, support infrastructure
3. Setting framework for policy coordination to help drive best practice interests into alignment, reduce competition for funds, amp up coordination of effort for the long game
4. Goal is unification of State effort ideally to influence and align external partners but everyone seemed to agree they should unify regardless of that influence.

What Success Looks Like:

1. Streets and public spaces clear
2. No tourist complaints
3. No media stories
4. Shut down the homeless office
5. Functional zero
6. Functional system
7. IAP - eliminate chronic homelessness within 2 years so it is a comprehensive set of services to support individuals and families - system for housing stability

8. More flexible funding to engage landlords
9. Sufficient resources
10. Innovation in resource management
11. Internal culture shift
12. Need to speak the same language internally, to the legislature and to external partners

Governance & Decision-Making:

1. Who - all of us
2. What does it take to get the buy-in from all departments? Reduction efforts a few years ago left some offices slim and thus lack of capacity keeps them from signing on.
3. Do we need to advocate for more resources? Yes/No.

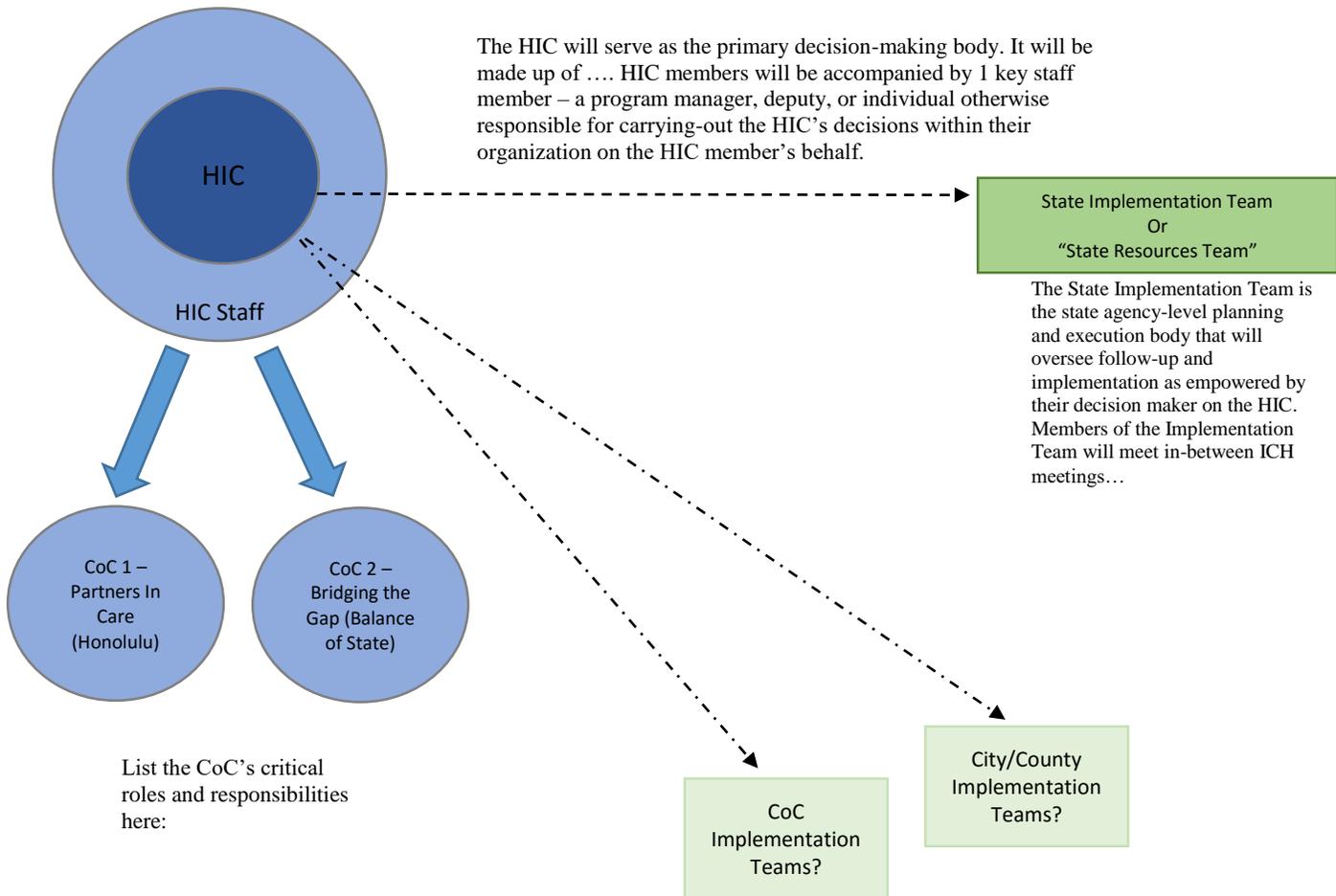
What is possible?

1. Bring legislators to the table to participate
2. Share the support of this group with the Governor - we have to go back to our boss's and let them know we made this commitment
3. Empower the Hawaii Interagency Council on Homelessness (HIC) - use it as part of this unification strategy
4. Need a kitchen cabinet but worried about engagement at lower levels within the departments.
5. What group is describing is a need for an implementation team - could this group be that team?
6. How do we build trust and get folks comfortable with supporting change management and implementation?
7. How often can this group meet? Can we combine meetings? Idea is to use this as the umbrella and let the other work function as work group? IAP as a workgroup?
8. What makes a productive meeting? Action-oriented; honest, open discussion; no decisions already made; convergence of activities; shared success tracking; supporting each other; tangible actions; no fear; use of technology/OneNote
9. Do we have the right people here in the room?

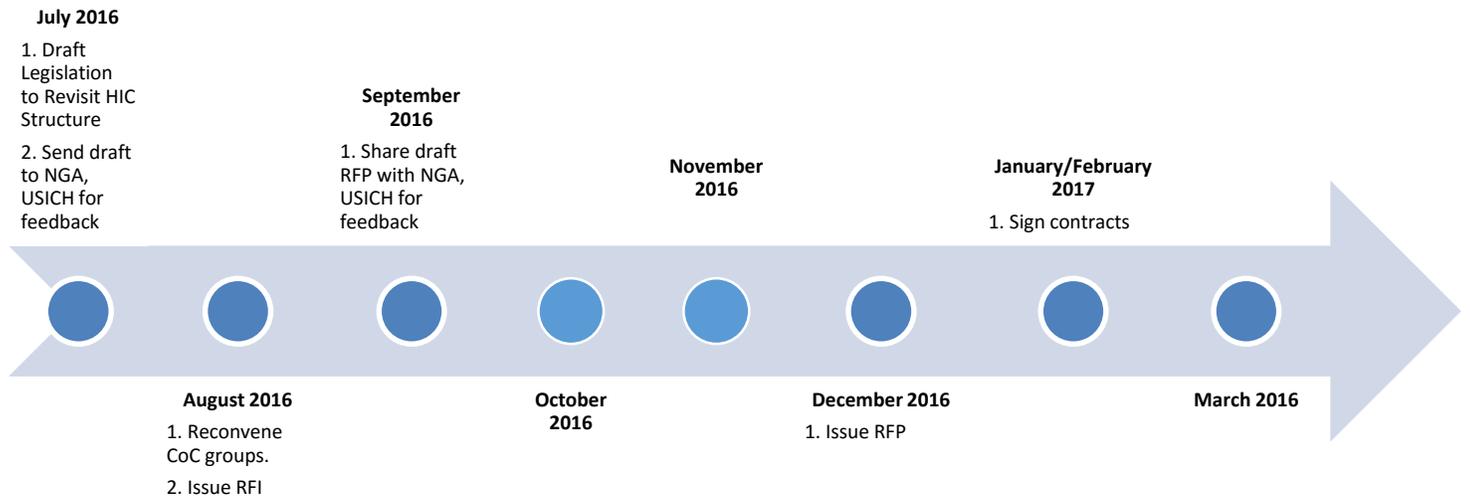
KEY DECISIONS, OUTCOMES

Hawai'i Interagency Council on Homelessness

An important next step will be to explore changes to the structure of the HIC, its relationship with the CoCs, and the state process for implementing and coordinating on the state-level.



Timeline of Key Events



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 all 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 with 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
<p>A strategy</p> <ul style="list-style-type: none"> State coming together with three levers with a frame work for action. <p>Alignment and coordination across sectors</p> <ul style="list-style-type: none"> Taking a coordinated approach (cross-sector) Counties are involved in conversation. Aligning health and human services Collaboration – REAL <p>Evidence-based approach & performance metrics</p> <ul style="list-style-type: none"> Consistent performance metrics*** Performance and evidence-based approach** Coordinated entry system <p>Other</p> <ul style="list-style-type: none"> The start to start the conversation Love for Scott 	<p>A strategy</p> <ul style="list-style-type: none"> Levers... different way the state is trying to look at the big picture <p>Alignment and coordination across sectors</p> <ul style="list-style-type: none"> Integrated healthcare behavioral health services with homeless services and housing*** Align contracts for health/human services**** <p>Evidence-based approach & performance metrics</p> <ul style="list-style-type: none"> Coordinated entry - approach is evidence based practice ***** Consistent performance metrics >>> transparency that incentivizes meeting goals** <p>Funding</p> <ul style="list-style-type: none"> Coordinated funding Leverage mainstream resources/other funding sources** <p>Other</p> <ul style="list-style-type: none"> Job training (supportive services) Creating workflows to get to the job done The possibility of increased inventory

Listening Session: Homeless Service Providers' Input on State Contracts

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

Participant Feedback Notes

Question 2: What part of strategy leaves you skeptical?

FUNDERS/GOVERNMENT	PROVIDERS
<p>Politics and culture change</p> <ul style="list-style-type: none"> • Elevation above politics*** • Successfully changing the culture in government offices • Who is owner/champion/has authority? <p>Transition to new model</p> <ul style="list-style-type: none"> • Making the transition to a housing first model • Being able to pursue evidence based practices without discarding opportunities for innovation. • Making sure \$\$ for transition to Housing first model • Why is it a good idea to convert? <p>HMIS and data</p> <ul style="list-style-type: none"> • Transition effectiveness of HMIS • Capturing meaningful data <p>Other</p> <ul style="list-style-type: none"> • Ensuring property coordination because of insufficient current systems • Permanent housing: number of housing units needed to house all homeless. • Doubt that all homeless will cooperate 	<p>Alignment of different services/contracts</p> <ul style="list-style-type: none"> • Respect between healthcare and homeless services lacking • Alignment between sectors • Engagement with case management • Frequent/intensity of support services - our ability to align health & human service contracts • How does the state plan to manage contracts when they have not been very successful in the past? <p>Costs and long term commitment</p> <ul style="list-style-type: none"> • Housing first and the time limits and what happens to client when funding runs out? Too expensive (cost) • We're skeptical that more mainstream resources can be leveraged • Partnership lacking real time completion for funding • Available long term funding • Length of time and execution • Convert transitional housing to permanent housing skeptical that there will not be enough resources** • Skeptical that retention services will be funded <p>Questions about impact / effectiveness of housing first, new model</p> <ul style="list-style-type: none"> • Is exclusive focus on Housing First harming the continuum of care? • Some agencies will continue to provide certain contracted services • Maintaining housing for SMI/violent behavior • Coordinated entry • Evidence based where is the evidence coming from? Mainland? Local? • Emphasizing rapid entry into permanent housing • Strict formula for services leaves no latitude depending on needs <p>How to set metrics and hold accountability</p> <ul style="list-style-type: none"> • Measurement tools for accountability (how were they arrived at?) • Establish clear and consistent peer performance metrics across all contracts: Who is going to decide metric; Who is going to monitor metrics? <p><i>continued</i></p>

Listening Session: Homeless Service Providers' Input on State Contracts

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

Participant Feedback Notes

	<p>Achieving real collaboration</p> <ul style="list-style-type: none">• 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) <p>Other</p> <ul style="list-style-type: none">• Dependency/employment• Maximizing inventory without enough inventory
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Listening Session: Homeless Service Providers' Input on State Contracts

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

Participant Feedback Notes

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

FUNDERS/GOVERNMENT	PROVIDERS
<p>Transcending politics</p> <ul style="list-style-type: none"> • How do you build in a strategy that weathers politics and political change? <ul style="list-style-type: none"> ○ Buy in ○ Sustainability ○ Stamina <p>Alignment</p> <ul style="list-style-type: none"> • How does this align with other plans and strategies? • How can we align all levels of government? County, state, federal for contracting? • How do we align private contracts also? • Linking employment services, TANF, bridge to hope, first to work <p>Data infrastructure</p> <ul style="list-style-type: none"> • Data infrastructure to measure performance • Are our current systems able to gather data efficiently <p>Moving to a new model</p> <ul style="list-style-type: none"> • Does framework provide segmenting homeless population to drive policies and programs? • What happens to displaced target population with the conversion of transitional shelters • What happens to people who have received rapid rehousing money, do they stay? <p>Funding and commitment</p> <ul style="list-style-type: none"> • Where will money come from (perm housing) • Will funders commit for the long term? <p>Other</p> <ul style="list-style-type: none"> • How does this fit into the bigger economy conversation? 	<p>Leadership & accountability</p> <ul style="list-style-type: none"> • Will the governor give full authority to the Coordinator on homelessness? • Who leads oversees implementation for long term success <p>Establishing and leading new model, Coordinated Entry</p> <ul style="list-style-type: none"> • Who is going to coordinate the coordinated entry and who is going to fund it? • Who do we determine what evidence based model will we use so we are in alignment and coordinated <p>Data infrastructure</p> <ul style="list-style-type: none"> • Will HMIS really work? • Actual measurements of success based on what data? <p>Moving to a new model</p> <ul style="list-style-type: none"> • Is there going to be funding to convert transitional housing to permanent and who is going to fund it? • If transitional to permanent where will the people on the wait list go? • How big of role can we expect Medicaid to play? Standardizing cont • Where is HPHA in this process? • What about the square pegs? The folds programs that don't align/fit? <p>Other</p> <ul style="list-style-type: none"> • Where is the coordinated entry system – status? • Where is the housing going to come from? • Drug testing to receive benefits • Can DHS collaborate with Department of Labor to provide job training to homeless/sheltered homeless?

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Participant Feedback Notes

Question 4: What are the implications for our work?

FUNDERS/GOVERNMENT	PROVIDERS
<p>Commit to work together & coordinate</p> <ul style="list-style-type: none"> • How do we do this together? • We need to stay in a coordinated mode for the long haul • Can we create funder alignment group? To learn how to make \$\$ transition to housing first model • State and County contracts have to be in alignment (difference in management, paperwork). <p>Shared responsibility</p> <ul style="list-style-type: none"> • Responsibility to end homelessness is SHARED (government and funders not just service providers) • Possibility of dealing with shifts in programs and institutions in their work. • Everyone will need to be flexible and adapt <p>Data sharing & transparency</p> <ul style="list-style-type: none"> • Need to be open, sharing data • Greater transparency and data around how/which transitional shelters will have to change to permanent housing • Developing system dashboards and program models <p>Other</p> <ul style="list-style-type: none"> • How do you infuse energy, information, messaging, training, etc. with my staff? • Lack of funding and resources to do job effectively at all levels 	<p>Change in mindset and program practices</p> <ul style="list-style-type: none"> • Letting go of our individual “stuff” for the greater good!! • Change our mindset from “business as usual” to more innovation • Change culture of service provider/organization** • How to integrate all policies regarding homeless services/shelters/agencies • Transitional will become permanent <ul style="list-style-type: none"> ○ Providers will lose employment <p>Training and technical assistance needs</p> <ul style="list-style-type: none"> • Education for renters/landlords who house people? • Training for providers re: SMI/SA • Unknown expectations & effects** <p>Other</p> <ul style="list-style-type: none"> • We need to improve HMIS • Increase capacity and collaboration • SDOH codes should be billable to generate revenue • Aligning EDP investment • End homelessness • Reality of limited resources of housing inventory

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

FUNDERS/GOVERNMENT	PROVIDERS
<p>Contract/application process</p> <ul style="list-style-type: none"> • The competitive application process is counter to collaboration – 2 • Contract process to complex/lengthy • Power imbalances and competition for resources – 1 • Forced collaboration by the funder which will only encourage the bare minimum <p>Provider relationships, structure, process</p> <ul style="list-style-type: none"> • Providers lack the system or means to function as a team • Weak infrastructure to support effective collaboration (e.g., HMIS and coordinated entry) <p>Funders don't work together</p> <ul style="list-style-type: none"> • Every funder wants its own outcomes, data, and clients. There's no shared success • Grant cycles and funding timelines don't align • Funding streams are silo'd and miss opportunities to coordinate/better leverage each other <p>Public officials/entities not aligned</p> <ul style="list-style-type: none"> • Lack of alignment among elected/appointed officials • Inhibits collaboration with fed/state/city – 2 <p>Change is hard</p> <ul style="list-style-type: none"> • Hard to change established processes and procedures ("we've done it this way for years") 	<p>Systems, structures, processes</p> <ul style="list-style-type: none"> • System is set up for competition (duplication of services) – 1 • Not all agencies doing their part • Sometimes collaboration leads to less client focus – 1 • Lack of support, limited decision making and others counties with key players (PIC, state/fed/city) • Low admin rate <p>Resources limited/misallocated</p> <ul style="list-style-type: none"> • Funding/lack of resources • State departments understaffed/turnover • Each department that has homeless funds makes it difficult to collaborate with other programs/providers <p>Self interest, lack of transparency/competition/silo'd</p> <ul style="list-style-type: none"> • Lack of Government transparency – 3 • Different standards that affect outcomes – self-interest – 8 • Fear of losing funding • Ego = survival • Competition between/among providers and being understaffed • Uneven power between funders/providers <p>Policies, funders, public entities not aligned</p> <ul style="list-style-type: none"> • State/city/counties have difference rules for the same program (e.g., Housing First) – 4 <ul style="list-style-type: none"> ○ The way RFPs are designed inhibits ability to be creative (language not practical to actual operations) <p>Other</p> <ul style="list-style-type: none"> • We need more Funds to neighbor islands to participate in these meetings • Too many barriers (no insurance/each insurance co has different requirements)

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Question 6: What is working to support collaboration?

FUNDERS/GOVERNMENT	PROVIDERS
<ul style="list-style-type: none"> • Having all the right entities at the table • Clear mission, goals, objectives • Good framework for BTG/COCs • Mayor's challenge fostered alignment of resources and coordination of outreach • Emergency Proc has helped in some ways. Still just a tool. Needs clearer public communication • Mandated requirements that work to produce a single product • Allowing team proposals from providers/one proposal for all different kinds of funds – 2 • Joint RFP or pooled funds • Contractors are required to meet/talk to each other • Champions are stepping forward • Supportive grant administration/willingness to help grantee implement/personal relationships 	<ul style="list-style-type: none"> • Meetings which allow networking - 8 <ul style="list-style-type: none"> ○ (also listed) support PIC to support service delivery problems among providers by including front line staff • Trainings/TA • HPO available to answer questions • Relationships among organizations (BTG/PIC/HICH) • Today, it's a start • Identifying clearly defined leadership/strong interpersonal relationships/same standards • Recognizing we all need each other – 1 <ul style="list-style-type: none"> ○ What we do well and do not do well ○ Transparency • Commination/community voice – 1 <ul style="list-style-type: none"> ○ Follow-through and accountability • Regular face-to-face meetings with community governing bodies (PIC, Leeward Housing Coalition, BTG)

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

FUNDERS/GOVERNMENT	PROVIDERS
<p>Shift in mindset and culture – work together, leave ego and self-interest behind</p> <ul style="list-style-type: none"> • Like-minded leaders with “shared vision” • All pieces moving together to move people through the system to permanent housing • Shared metrics and clear definitions <p>Change in funding structures, practices</p> <ul style="list-style-type: none"> • Consider portfolio funding with multiple gov agencies pooling funds – 2 <ul style="list-style-type: none"> ○ Contracts to align: <ul style="list-style-type: none"> ▪ Language ▪ Timing ▪ Priorities ▪ Performance metrics ▪ Multi-year • Matching source of funding (rigid federal gov funding vs. flexible private funder) to different aspects of service provision/implementation – 1 • Allowing for failure! Allowing for discussion/surfacing of pain points -2 <ul style="list-style-type: none"> ○ To address systemic breakdowns and avoid workarounds as solutions ○ Incent practice change as the solution <p>Communication, transparency</p> <ul style="list-style-type: none"> • Better communication/transparency about where existing contracts/resources are going (like resource mapping) – 1 • Real/meaningful communication <p>Provider-driven planning, accountability</p> <ul style="list-style-type: none"> • Providers in COCs to hold each other accountable – 3 • Plan comes from provider community (a reverse RFP) so the buy-in is already there <p>Other</p> <ul style="list-style-type: none"> • Actual follow-through to initial efforts to implement 	<p>Shift in mindset and culture – work together, leave ego and self-interest behind</p> <ul style="list-style-type: none"> • Everyone on the same page speaking the same language, goals, outcomes • Principles before personalities – 1 • Egoless on both sides (funders and providers) • Real collaboration, warm handoffs and follow through – 1 <ul style="list-style-type: none"> ○ No favoritism ○ Sharing funds in subcontracting • Honest with each other – 1 <ul style="list-style-type: none"> ○ No wrong door – 1 ○ These are requirements <p>Shift in mindset – solution focused</p> <ul style="list-style-type: none"> • Get beyond barrier focus – 3 • Don't tell my why you can't do this – 3 <p>Communication, transparency</p> <ul style="list-style-type: none"> • Transparency ** • Openness in addressing barriers that prevent collaboration • Understanding each other's barriers and strengths • Regular interaction between funders and providers for effective collaboration ** <p>Other</p> <ul style="list-style-type: none"> • Technical assistance from the funders • Actual discharge planning by public safety and the state hospital, ERs, foster care – 2 • Focal point for client services • Not competing for money • Input > buy in > action • Longevity in housing clients • Equitable distribution of funding

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

FUNDERS/GOVERNMENT	PROVIDERS
<ul style="list-style-type: none"> • Shared goal • An application process that requires all providers to develop a community wide plan down to the last dollar. • Alignment of metrics across funders • Streamline process 	<ul style="list-style-type: none"> • Implement a requirement of funders to do the “frontline” work of the contract. -1 • Performance based collaborative measures into each contract – requirement of transparency. • Funding collaborative <ul style="list-style-type: none"> ○ State/city/feds/philanthropy • One RFP once a year for all agencies • Require warm handoff – 1 • Allow flexibility (for example subcontract) • Map specific regions for providers (outreach) – 5 • Realistic expectation – 1 • Everything housing focused – 4 • Need supportive services; but after they are housed • Ask and listen to the issue with contracts • Open dialogue with ending homelessness in mind – not gripe sessions • Having more opportunity for direct staff to network with each other in an organic way • Have to show history of working together service provider • Delineate service based on strength • Pic vet proposal

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

FUNDERS/GOVERNMENT	PROVIDERS
<p>Measurement, outcome</p> <ul style="list-style-type: none"> • Ensure data and performance tracking is value added not just an exercise that taxes providers – 2- • Fear of measurement/sub-performance (and losing funding) • Establishing a solid/ reasonable performance baseline • Challenging with agreeing on metrics/defining metrics • Motivation behind setting goals – improving programs? Funding only certain programs? • Limited/no money • Finding most effective and efficient ways to implement/execute and monitor contracts • Taking into account service populations • Varying degrees of <ul style="list-style-type: none"> ○ Resources ○ Acuity • Limited/no housing • Taking into account services populations 	<p>Data infrastructure, HMIS</p> <ul style="list-style-type: none"> • HMIS issues: ***** <ul style="list-style-type: none"> ○ Need training, need reports to work ○ Easier input/output • Provide report card to hold accountability of all players <p>Measurement, outcome</p> <ul style="list-style-type: none"> • Count results (for those who choose to not sign consent) • Realistic measurements • Ability to measure services accurately • Outcome measures need to fit/make sense • Contracts must allow for (i.e. fund) for data collection • How do we agree on the shared measurements • Measuring soft outcomes (telephone contract, etc.) to measure real outcome <ul style="list-style-type: none"> ○ Housing ○ Stable medical ○ Stable behavioral health ○ Medication • Different populations may leave different definitions of “success” • Numbers don’t tell the whole story <p>TA</p> <ul style="list-style-type: none"> • Technical assistance built in to funding stream to build agency capacity - <ul style="list-style-type: none"> ○ State work with private found altruistic to fund TA • Homeless Coordinator given proper support to actualize these goals -1 • Encourages cherry-picking of client who are higher functionality • How can funders come together to collaborate on outcomes statewide (both CoC)

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	<ul style="list-style-type: none">• 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
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Question 10: What are the opportunities?

FUNDERS/GOVERNMENT	PROVIDERS
<p>Focus on what works, most effective programs</p> <ul style="list-style-type: none"> Identify programs and services that are not working – 5 Opportunities to enhance and scale programs that are working To direct resources to the most effective solutions <p>Common metrics, shared measurements</p> <ul style="list-style-type: none"> Common metrics among different funders -2 For counties to assist the state in performance monitoring To change evaluation measures to reflect health outcomes of formerly homeless <p>Other</p> <ul style="list-style-type: none"> Focus agencies to think out of the box – seek solutions (creativity) Forces staff/agencies to up their skills Opportunity to lower the time clients are utilizing homeless services Keep agency on task/focus Having everyone on same performance period, funding cycle -1 Open up conversation for funds for severely and mentally ill housing. 	<p>Data systems, measurement</p> <ul style="list-style-type: none"> Align outcome to receiving funding Complete HMIS -1 <ul style="list-style-type: none"> Comprehensive Robust Adaptable User friendly Training Making own reports Align outcome measures that make sense. Realistic! -1 Standardize outcomes and share results with providers – feedback More success by using data for what is working Clear indicators of success if everyone is working toward the same outcomes Better reliable data to capture outcomes outputs Can providers influence performance measures before the RFP -1 <p>Other</p> <ul style="list-style-type: none"> Improved communication with funder – provider and provider –provider Increased incentive for higher acuity clients? More people placed in housing Mandatory collaboration (can be by region or service type) Elevating stories of success to the broader public to different positions should be paid the same for the same outcomes. Increased awareness of service delivery truth for providers Bigger impact on ending homelessness Ability to adjust programming More funding for program PIC having input on State contracts -1

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Question 11: What help/support/will it take for you to succeed?

FUNDERS/GOVERNMENT	PROVIDERS
<ul style="list-style-type: none"> • Having everyone on same performance period, funding cycle • Collecting and deploying data (support with data gathering/analysis) • Capacity building, appropriate, sequenced, training • Training to understand and circulate outcome s(vs. outputs) • Streaming data collection and standardization (metrics and processes) • Get agreement among funders around metrics 	<p>Data system, infrastructure that works</p> <ul style="list-style-type: none"> • HMIS that gives accurate reports to help us track results **** <p>Communication, transparency, increased provider/PIC input</p> <ul style="list-style-type: none"> • Transparency between funder/provider and provider/provider • Ask and listen (realistic expectations) -2 • Can providers influence performance measures before the RFP -1 ** • PIC having in put in state projects -1 • Ability to adjust programming • Share data with providers -1 • Collaborative efforts amongst all agencies** <p>Appropriate level of funding</p> <ul style="list-style-type: none"> • Opportunity to increase funds based on level of service • Contract reimbursement structured to accommodate pay/cost of living increases for multiyear contract. • Appropriate funding**** <p>TA support</p> <ul style="list-style-type: none"> • Technical assistance*** • Training on expectations and best practices <p>Other</p> <ul style="list-style-type: none"> • Business/private sector • Adequate staff to support provider agencies -1 <ul style="list-style-type: none"> ○ (APS, OPG, MedQuest, Judiciary) • HOUSING – really affordable rentals (micro units) - 1** • Bigger impact on ending homelessness • Buy-in from the client

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Question 12: What else should be paid attention to?

FUNDERS/GOVERNMENT	PROVIDERS
<ul style="list-style-type: none"> • Shared data • Unintended consequences -1 • Common contracting language – everyone using the same words for the same thing 	<p>Cost to provide services</p> <ul style="list-style-type: none"> • Services that are being provided and are needed, but not funded** <p>Respect and understand providers' experience and realities</p> <ul style="list-style-type: none"> • At systems level, there are factors beyond the provider's control. <ul style="list-style-type: none"> ○ Migration COFA ○ Cost of housing due to investors ○ Meth epidemic ○ Lack of affordable housing options • Don't shift blame on homeless providers • Remembering the geography of neighbor islands. When making decisions outreach is more difficult. • Service provider's input • Find common denotations with provider/population but individualize contracts based on needs/strengths of community • Recognizing the work it takes to meet outcomes <p>Issues related to data, HMIS, measurement</p> <ul style="list-style-type: none"> • Documented Data -3 • Who defines "success" -1 • Benchmarks more transparency and accuracy of results • HMIS data should reflect outcomes • Measure real outcomes (expectations) <p>Other</p> <ul style="list-style-type: none"> • Collaboration between state and county • Substance abuse • Transition homes for <ul style="list-style-type: none"> ○ Parolees/ex-prisoners, medical fragile • 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.