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MEMORANDUM

TO: Scott Morishige, Hawaii Coordinator on Homelessness
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. Scott is a coordinating entity but has no hammer; question of authority within State agencies and external partners
5. 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. Who is the leader - perhaps the Governor but not necessarily his style
3. Structural issues exist today - we need the support of the Governor
4. The governor is the leader and needs to anoint the leadership team to provide perceived and real authority
5. Need to elevate Scott's Office to Governor's Office
6. 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.
7. Do we need to advocate for more resources? Yes/No...complicated history related to elected vs civil service

What is possible?

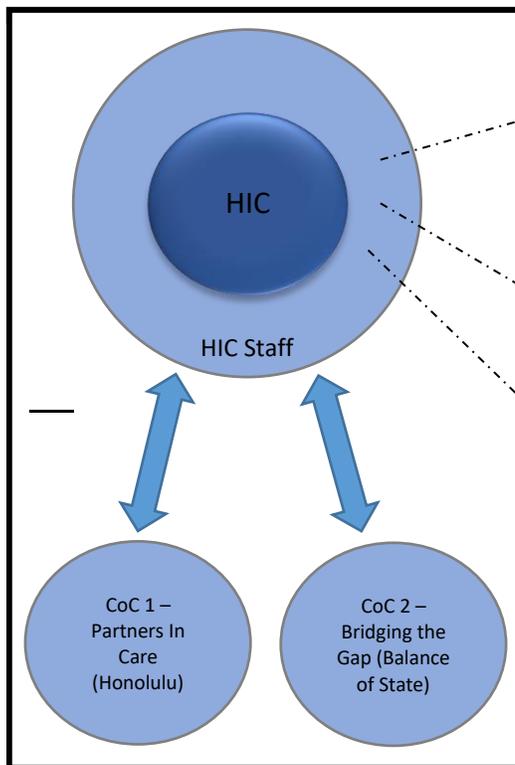
1. Bring legislators to the table to participate
2. Share the support of this group with the Governor - we have to go back to our boss's and let them know we made this commitment
3. Empower the Hawaii Interagency Council on Homelessness (HIC) - use it as part of this unification strategy
4. Need a kitchen 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? - Governor's Office needs to be present, other departments needed, no clear conclusions
10. Can governor's office support this? Conceptually but need to look at the purpose of the meeting and have a clear objective, folding into something else.

KEY RECOMMENDATIONS

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. The HIC should serve as the collaborative decision-making body to establish a state-wide framework to end homelessness, align state resources, and support CoCs to effectively implement. NGA and the state will review HIC membership to ensure CoCs, counties, and state agencies are accurately represented and that the committee is chaired and staffed in the most effective way. This will require high level leadership from the Governor and Mayor of Honolulu and other jurisdictions to be successful. HIC members should also be accompanied by 1 key staff member – a program manager, deputy, or individual otherwise responsible for carrying-out the HIC’s decisions within their organization on the HIC member’s behalf. For HIC members that are state cabinet secretaries, their staffer should serve on the State Implementation Team. Some of these changes may require legislation.

A well-structured HIC with appropriate leadership, membership, and operational staff will establish a clear governance structure and support the dissemination of a state-wide framework for ending homelessness. This framework will empower CoCs to prepare action plans to support implementation and further inform how the HIC can align resources and efforts to end homelessness.



The CoCs create policies that inform the roles and functions of providers. The CoCs also make funding decisions, set priorities, and coordinate local activities. They play a key role in implementing the decisions made by the HIC on the ground level. CoCs should create their own strategic plans in response to (and alignment with) the state-wide framework in order to maximize effective use of state and federal funds. The state may incentivize this work in the contract RFP by requiring the CoCs have this plan in place.



The State Implementation Team is the state agency-level planning and execution body that will oversee follow-up and implementation as empowered by the HIC, in particular alignment and distribution of State resources in accordance with the CoCs’ action plans and State-wide framework. The Implementation Team should be comprised of the staff who accompany HIC membership at HIC meetings. The Implementation Team should meet one week after all HIC meetings in order to set a state-level strategy and response that will carry out the work of the HIC. May also call this the “State Resources/Strategic Team” and could include staff from all HIC partners to avoid the perception that the state is working in isolation.



CoCs are required to have boards that function as primary decision making bodies for the CoC region. These boards would establish a strategic plan and/or action plans to achieve the goals defined by the HIC, set policy to define funding priorities and drive implementation, collect data and provide implementation oversight. This Board is federally mandated so City/County staff will likely be part of the CoC governance and implementation workgroups.



Staff members accompanying the city & county members of the HIC should be encouraged to develop their own Implementation Teams so that they may coordinate internally at the provider or local government level and fulfill their responsibilities on the HIC. May also consider this or participation in the CoC governance structure a requirement of state contracts.

Timeline of Events

