HAB Quarterly Meeting

April 28, 2015 10:00AM to Noon
Human Services Building
One Smithfield Street, Pittsburgh.

Purpose: The Homeless Advisory Board (HAB) is a public/private partnership formed to assist and recommend Allegheny County, the City of Pittsburgh, the City of McKeesport and the Municipality of Penn Hills on public policy, programs, activities, data and all other efforts that will eliminate homelessness and improve the wellbeing of homeless persons and families.

HAB Member Attendees

Alicia Allen, ReSolve
Meg Balsamico, Penn Hills Planning Dept.
Caster Binion, HACP
Don Clark, ACDHS
Liz Daniels-Totten, City of Pgh
Julie DeSeyn, United Way
Jane Downing, Pgh Foundation
Nancy Dunkis, ACED
Frank Hammond, BNY Mellon
Linda Kilderry, SVdP
Richard Morris, ULPGH
Joe Lagana, HCEF
John Lovelace, UPMC Health Plan
Mary Francis Pilarski, VA
Laurel Randi, McCune
Barbara Smith, HEARTH
Adrienne Walhona, CHS
Rod Williaman, Chartiers Center
Reggie Young, ACDHS

Guest Attendees

Seth Abrams, ACDHS
Nishauna Ball, ReSolve
Sheila Bell, ACDHS
Scott Barbour, Light of Life
Annie Boyd, ACDHS
Mary Jo Dickson, ACDHS
Dezrea D'Alessandro, ACDHS
Maggi Durr, Mercy
Judy Eakin, HEARTH
Rob Eamigh, ACDHS
Joe Elliott, ACDHS
Tracey Finn, AIU
Therese Frankowski, Jubilee
Keith Giles, First Step Recovery
Michelle Helba, VA
Abby Horn, ACDHS
Cindy Hines, HUD
Patricia Kehren, WPIC
Chuck Keenan, ACDHS
Joseph Koresant, PDP
Victoria Smith Laban, Catholic Charities
Terri Laver, ACDHS
Scott Lewis, Salvation Army
Jack Luden, VA
Maria Marsico, VA
Jeremy Martin, CHS
Nicole Molinaro Karaczun, WC&S
Gina Prioletti, Goodwill
Diana Reichenbach, Goodwill
Kelly Russell, City of Pgh
Joseph Savin, VA
Hilary Scherer, ACDHS
Carmen Denise Seriff, VA
Margi Shrum, ACDHS
Trishia Silvia, YWCA
Karen Snair, AVAC
Amy Snider, ACTION-Housing
Beverly Vanderhorst, VA
Laverne Wagner, HACP
Danielle Williams, Auberle

Allegheny County Homeless Advisory Board

Notes

1. **Welcome & Introductions—Frank Hammond**
   January meeting notes approved by HAB.

2. **Updates**
   a. **Point-in-Time Summary—Terri Laver**
   141 programs participated in Allegheny County's 2015 PIT, and Terri Laver presented findings from the count. She noted that 3,788 people are involved in housing system, with that number including persons residing in permanent housing programs. Looking specifically at homelessness, the count identified 1,424 people as homeless in Allegheny County, which includes those who are unsheltered, in Safe Havens, Emergency Shelters, and Transitional Housing. Additional results highlighted or raised during discussion included:

   - The street count was conducted over 4 days, and 38 people were identified; 4 of which were 18-24 year olds. This number is substantially down from last year.
   - Severe Weather Emergency Shelter had 86 people identified.
   - Looking at capacity, the PIT indicated 82% of beds filled for shelters, 91% filled for Transitional, and 96% filled for Permanent.
   - 214 Veterans were counted, broken down as 205 sheltered and 9 who were on the street, which is down from last year.
   - An increase in the numbers for experiencing substance abuse was noted, and Ms. Laver explained that the counts are self-reported and reflect the standardized form from HUD (also note: dual diagnosis is no longer captured, thus the number went down to 0)

   It was also noted that changes in data between years can often be correlated with changes in definitions and requirements, so when thinking of trends from 2010 to 2015 this should be considered.

   b. **DHS Housing Plan Distribution—Chuck Keenan**
   Chuck Keenan provided an overview of the DHS Housing and Homeless Services Plan, highlighting the 3 strategic initiatives:
   - Coordinate, standardize and evaluate care across all DHS programs and providers serving individuals who are homeless.
   - Use creative and collaborative means to increase the number of affordable housing units available to DHS consumers, while supporting development of additional affordable housing units throughout the county.
   - Provide proactive housing assistance to prevent at-risk individuals from becoming homeless.

   The Plan aims to look holistically at needs and context, and further includes guiding principles, such as housing first and engaging the community.

   In terms of moving the Plan and next steps, team leads have been identified within DHS, and an action plan is being initiated that will coordinate with HAB as progressions are made.

c. **Survey of Why You Attend the HAB**
Mr. Hammond notified meeting participants that a short survey was being developed to gather feedback on the structure and content of HAB meetings. The survey results will help guide future meetings and help facilitate the continued high engagement of the meetings.

3. **VA Summit/Public Input of VA Planning to Serve Vets Experiencing Homelessness**
Mary Francis Pilarski led the VA Summit for Veteran Homelessness, providing meeting participants with an overview of the VA Pittsburgh Healthcare System, which has sites in Oakland and Aspinwall, and is an integrated system for serving veterans' needs. Over the past 5 years, the VA Pittsburgh Healthcare System has been working on their 5 year plan to end homelessness among veterans, which focused on a "no wrong door" approach. The plan involves both existing program and new initiatives, some of which are highlighted below:
    - Rapid Re-Housing Boot Camp
    - Veterans Recovery Center (Healthcare for Homeless Veteran Program, Domiciliary Residential Rehabilitation and Treatment Program, Vocational Services Program, Psychiatric Residential Rehabilitation Treatment Program)
    - Service Center
    - Justice Outreach Veterans

    Ms. Pilarski further informed members that the Stand Down event, a day-long homeless Veterans services fair, will be held on September 26, 2015 at Stage AE.

    Following the presentation a few questions were asked—these are documented below with Ms. Pilarski's response:
    - Eligibility Requirements for services?
        - Use SSN or discharge papers to verify veteran status (dishonorable discharge not eligible)
        - Mr. Keenan noted that DHS funded programs through the Veterans Leadership Program do not have this same discharge requirement, and rather require 1 day of service. The CoC also has programs that can serve anyone experiencing homelessness, so veteran status or discharge status is not a requirement for eligibility. As a result, even if the VA programs cannot serve a particular veteran because of discharge status, other programs in the CoC can.
    - Where should veterans go for application to housing programs?
        - Come to center or call. The Allegheny Link also makes referrals to the VA funded programs, but not through HMIS.
    - How long does eligibility take?
        - Can occur in less than 5 minutes if their SSN links to their veteran status information.
    - What is the average age of people in the housing program? I.e., are they veterans from Afghanistan and Iraq, or older?
        - It spans from 20's into 60's, with probably the largest portion coming from the Vietnam Era. Staff members have identified a trend of younger veterans taking more time to come in and identify their needs. Another trend noted is the increase in the number of female veterans with children.
    - Do you have a long wait list for housing/how many people are you unable to house?
        - The programs do not keep a waitlist, rather if there is not an available spot the person would be connected to other resources in the community.

4. **Committee Reports**
    a. **Rapid Re-Housing Task Force Recommendations—Abby Horn**

Abby Horn provided a report out for the RRH Task Force, which was envisioned as a short term team to explore RRH and how it might fit into the CoC. The group met between June and November 2014 and included a diverse array of representation, including perspectives from shelters, transitional housing, permanent housing, ESG fund receiving, VA fund receiving, etc. Through the meetings a number of recommendations have been developed:

- Defining the overall goal of the homeless system to be making homelessness rare, brief and non-recurring. The system should establish benchmarks and track, at minimum, 2 outcomes:
    - The length of time individuals/families spend in shelter and/or transitional housing
    - Recidivism rate of clients (tracked for 2 years from leaving the system, including from the point RRH rental assistance ends).
- Seek to increase the number of RRH providers or the capacity of existing RRH providers. All RRH providers will:
    - Help client find appropriate housing (location/size/cost/quality) as quickly as possible;
    - Serve as a liaison/mediator with landlords; and
    - Assess and connect clients to all support services needed for them to stay stably housed.
- Implement the VI-SPDAT as a screening tool at intake
- Improve the linkage between shelters and RRH providers.
- Seek HUD technical assistance on how to fund more RRH through the CoC application process without risking existing funding given the lack of funding for New Projects in recent years from HUD.
- Foster a conversation among the different RRH funders (CoC, ESG, SSVF) and RRH providers to identify commonalities in current practice and the regulatory issues that create differences—thus working together to define an ideal version of RRH and wherever possible, establish shared standards of care for RRH.
- Continue to explore the efficacy of "progressive engagement" within a RRH model (aims to not offer clients more supports than they actually need to land on their own feet).
- Create a shared directory that inventories community resources to quickly and easily furnish apartments for RRH clients.
- Connect members of the RRH taskforce and all RRH providers to the DHS strategic plan—particularly Initiative 2 (creative and collaborative means to increase supply, and wise use of, affordable housing in the community).

Meeting participants than offered the following comments and questions:

- VI-SPDAT identifies that it does not appropriately score for IPV and unaccompanied youth—so how can that be controlled for in the CoC?
    - There are programs specifically designed for those populations, and the VI-SPDAT score would be integrated with the target population needs and eligibility to help those populations still link to the appropriate programs

- For RRH, does the lease go in the name of the individual, rather than the program agency?
  - The lease goes in the name of the individual and the participant should be expected to take over the lease/remain in the unit after the RRH subsidy is removed
- What is diversion?
  - Diversion would be when a person calls intake and we encourage them to use existing resources if possible, rather than entering the homeless system. Other resources we can explore include rental assistance prior to eviction, landlord mediation, advocating for rental rights.
- A shared directory is a request often received by 2-1-1, and they have a number of resources that can be shared for that recommendation, so as not to duplicate efforts.
- Is there an ongoing coordinated effort around the landlord outreach? I.e., a number of different efforts seem to be underway around this issue, and a full community response would be effective, but required a lead.
  - Housing Alliance has been moving on this issue, but additional discussion would be needed and no one organization can handle it all.
  - Potentially a conversation focused on landlord issues would be beneficial, as there a number of topics ranging from engaging more landlords to mediating with landlords.

b. **Advocacy Committee—Adrienne Walnoha**

As an update from the Advocacy Committee, Adrienne Walnoha informed meeting participants that the Committee has been developing techniques for educating the public, destigmatizing homelessness, and getting people connected. The group is looking at a variety of strategies and has identified a few key items:

- Using art as a way to highlight issues and tell story.
  - Partnerships with organizations like Toonseum
  - Gorilla Art
- Website development, like www.endhomelessness.org
  - Use to challenge the perception of housing crisis and poverty, or unsafe housing; make affordable housing something that is real for the entire community; create a unifying presence for individuals, providers, DHS, public, etc.; be a one-stop-shop where the community can discuss efforts
  - Advocacy components; Stigma components; Self-service components; Way to communicate as HAB and elevate our messages
  - Connecting homeless individuals with other homeless individuals

On behalf of the Advocacy Committee, Ms. Walnoha was looking to the HAB for permission to explore funding opportunities for the software, design, and content of the website. If approved by the HAB, the Committee could demo the site and build off that to get initial resources.

The HAB was not ready to formally accept this recommendation, and would like more discussion on how the system would be sustained and supported—including discussions around website management, legal and regulatory issues, and ownership.

c. **Continuum of Care Committee—Linda Kilderry**
The CoC Committee has been developing a ranking tool for the next CoC application. The tool is performance based, building from the HUD tools. For any program that achieves beyond the stated goal, an extra point will be given. Ms. Kilderry referenced the two benchmarks noted by the RRH Task Force (length of time and recidivism), noting that they are goals the Committee has discussed and they have already defined the length of time goal. The tool will was to be shared with providers along with the performance, and the applications were due Thursday, April 30th at noon.

d. **HMIS Advisory Committee—Chuck Keenan**
The HAB were given the HMIS Data Quality Plan, which outlines what providers need to do to comply with the data quality standards in the HMIS. The plan is designed to help ensure that data inputted is good and accurate, and holds providers accountable for their data.

The plan was approved by the HAB.

5. **Re-organization of the Homeless Advisory Board/Strategic Planning—Laurel Randi**
Laurel Randi reported to meeting participants regarding ongoing discussions the Executive Committee has been having around the direction and movement of the HAB. One area of this discussion has been the planning for next steps and the need to check in and assess the HAB's charge and purpose. The question put forth for HAB consideration was if it is appropriate for the Leadership Committee to continue discussions and put forth recommendations, or should the discussion happen with the full HAB, which is comprised of 45 members.

6. **Announcements/Public Comments**
   a. **Coordinated Intake**
   At the time of the meeting Coordinated Intake had been in place for more than 6 weeks, with an average of 130-135 calls a day. The system was operating well, with the main issue being that there is not space to accommodate the need. In response to questions raised during the meeting, the following was noted:
      - Ongoing adjustments will be made to respond to system issues and improve processes, which include issues around providers having trouble moving through waitlists to fill spaces.
      - Consumers are provided a choice of which programs they are referred to (of the ones for which they are eligible), and are notified of the locations of programs during intake.
      - Providers can deny a referral after 3 attempts to contact, or after a scheduled no-show
      - A request was made for the Policy and Procedure Manual as well as a copy of the intake questions.

   b. **HUD Technical Assistance**
   DHS has applied and been awarded technical assistance from HUD on integrating housing with health care. A 2-day action planning session will be scheduled for mid-October, and the planning will be driven by the existing health care committee.