

## Systems Prevention

Denver, CO (page 2-9)

# Ten Year Plan to End Homelessness

## GOAL 3: PREVENTION, ACTION STEPS

Time Frame: Ten Years beginning: July 2005 to July 2015

	<b>Actions</b>	<b>Time Frame</b>	<b>Proposed Partners</b>	<b>Cost</b>	<b>Funding Status</b>
3.1	Coordinate with other organizations to fund one-time eviction, foreclosure and utility shut off prevention assistance for those at 0-50% of AMI.	Yrs. 1 - 10	FEMA, HUD, State Homeless Tax-Check-off Fund, DDHS, DHA, Foundations, United Way, Faith Communities, Homeless Prevention Assistance Providers, Landlords	\$\$	Available but increased revenue is needed to increase assistance
3.2	Coordinate with other organizations, policymakers and landlords to create funding or negotiate waivers for rental application fees, deposits and move-in costs.	Yrs. 1 - 10	FEMA, HUD, State Homeless Tax-Check-off Fund, DDHS, Foundations, United Way, Faith Communities, Homeless Prevention Assistance Providers	\$\$	No resources available. Waivers and trades of other funding resources such as HOME may be adequate.
3.3	Coordinate with other agencies to improve the discharge policies and procedures of the Correctional System, the Mental Health System, the Child Welfare System and the Public Health System to reduce the number of people discharged with no place to go and who consequently end up in the emergency shelter system.	Yr. 2	Denver Health, Denver Hospitals, Denver Jail, Colorado Dept. of Corrections, Denver Human Services, CHDOs, Division of Workforce Development.	\$	Changes in policy could be accomplished with little new cost incurred by any of the partner agencies.
3.4	Develop programs for people with poor credit histories and/or criminal backgrounds to qualify to housing.	Yrs. 6 - 10	Landlords, Apartment Managers, FEMA, HUD, DHA, State Homeless Tax-Check-off Fund, DDHS, Foundations, United Way, Faith Communities, Homeless Prevention Assistance Providers	\$	Sources of Revenue not identified
3.5	Create evaluation systems to identify effective prevention programs	Yrs. 1 - 10	CDHS, HUD, DDHS, Homeless Providers, Foundations	\$	Partially Available

## Systems Prevention

Quincy, MA (pages 4-5)

## **II. CRITICAL AREAS TOWARD ENDING CHRONIC HOMELESSNESS:**

Section 2 of this plan will explain our goals for each critical area, action steps needed to accomplish our goal, and measurable outcomes that will show our progress over the next 10 years. The actions steps will be re-evaluated every quarter to every year see if we are reaching our benchmarks and of course to set new benchmarks as the plan progresses. Every year a report will be presented to the Mayor of Quincy by the Planning Department and the Leadership Committee.

### **A. PREVENTION AND DISCHARGE PLANNING**

The quickest and most efficient way to end chronic homelessness is to prevent the homelessness from happening at all. Quincy sees an average of 25-30 discharges from state systems of care occurring monthly. These individuals are ending up at the doorstep of our emergency shelter and/or the streets of Quincy.

Such state agencies include:

- Department of Youth Services
- Department of Social Services
- Department of Corrections
- Bureau of Substance Abuse
- Department of Mental Health
- Regional hospitals
- Regional court houses

#### **GOAL ONE:**

To develop in collaboration with the State's 10 year plan and the Interagency Council on Homelessness, a zero tolerance policy amongst state systems of care and prioritize persons experiencing chronic homelessness within these systems so that anyone willing to accept treatment will be granted such help regardless of insurance status, length of stay, or other barriers.

#### **ACTION STEPS:**

1. Data gathered and collected quarterly will be forwarded by Quincy-Weymouth Board on Homelessness to the State Interagency Council on Homelessness.
2. Efforts will be enhanced by area homeless providers to build collaborations and/or relationships with housing courts so that a designated person will be notified of potential evictions that may lead to homelessness prior to homelessness beginning.
3. Local agencies and City officials will work with State agencies to create a zero tolerance policy toward discharges into homelessness.
4. Quincy's emergency Shelter Director will meet quarterly with the local sheriff's office to ensure appropriate discharge planning with the State's Department of Corrections.

5. Representatives of Quincy's Emergency Shelter will begin attending Regional Hospital Meetings to coordinate substance abuse and mental health issues for persons experiencing homelessness.
6. Quincy's Veteran Specialist will work with Federal and State Department of Veterans' Affairs in identifying and providing services to Veterans who are returning home and who may be at risk of becoming homeless.
7. Funding will be sought by state systems of care and local government to provide supportive services for discharge planning and follow up care.

**MEASURABLE OUTCOMES:**

1. A decrease in inappropriate discharges by 10% the first year and will be reviewed each year over the course of the ten years until a zero tolerance policy is fully adopted and enforced.
2. Decrease in over utilization of emergency law enforcement and corrections, mental health hospitals, emergency medical services by 10% the first year and will be reviewed each subsequent year after that.

**B. DATA GATHERING**

The collection of empirical data about the characteristics and demographics of persons experiencing chronic homelessness in the Quincy area is essential to understanding and assessing the needs of the individuals we are serving as well as ensuring that funding is targeted to addressing these needs in an effective manner.

**GOAL TWO:**

To gather and share data collected through State-wide data, ambulance agency statistics and statistics and data from the regional hospital emergency rooms.

**ACTION STEPS:**

1. To implement the state-wide HMIS Data gathering System- (The Homeless Management Information System) amongst the service providers serving anyone homeless and the City of Quincy to be fully implemented over the next 18 months.
2. Area ambulance companies will begin July 1, 2005 statistical data gathering on all homeless persons served and report statistics back to the Leadership Council on Homelessness on a yearly basis.
3. Regional hospitals will track visits from emergency room services for anyone experiencing homelessness and report this data back to the Leadership Council on Homelessness on a yearly basis.

4. Data will be analyzed by the Leadership Council on homelessness after year 1 to assess trends and gaps amongst information provided.

**MEASUREABLE OUTCOMES:**

1. True unduplicated count of the homeless and chronic homeless within our City.
2. Identification of homeless persons at risk of becoming chronically homeless.
3. Accurate quantifiable data as to the cost of mental health and substance abuse services being provided in medical emergency rooms.
4. Data to assess needs and characteristics of persons experiencing chronic homelessness.

**C. AFFORDABLE SUPPORTIVE HOUSING**

Through our data with the Continuum of Care we have seen most people who become homeless move back into the community with minimal assistance once they obtain housing. For about 30% of our Homeless population, however, additional support is necessary to help these individuals obtain self sufficiency. We as a community need to be committed to permanent supportive housing when assisting the chronic homeless population. We have successfully started to move toward a new housing model called Housing First.

**HOUSING FIRST**

“Housing First” is a model of housing designed to provide barrier free housing for those individuals that have struggled the most and are the toughest to house. Instead of leveraging housing on participation in treatment and housing programs, Housing First creates housing first and attends to treatment needs after a person struggling with homelessness has moved off the streets. Once persons are placed into housing they pay rent if they have an income, and participate in an individualized service plan created to increase their level of self-sufficiency and stabilize their situation within the community. Support staff are available off-site 24 hours a day with daily on-site visits which provide crisis intervention, case management and stabilization services. By creating housing first people do not have to fall into emergency shelter, rather people are placed in safe, affordable, barrier-free housing thus creating higher levels of stability, economic savings and dignity for individuals.

