DELAWARE’S PLAN TO PREVENT AND END HOMELESSNESS

NO ONE WILL EXPERIENCE HOMELESSNESS IN DELAWARE!

2013
The Delaware Interagency Council on Homelessness wishes to thank its members and partners for their commitment and contributions to strengthening policies and programs that serve Delawareans experiencing homelessness and those who are at risk of homelessness. Their ongoing partnership is essential for creating and sustaining the Homeless Prevention and Response System in Delaware.

Jack Markell, Governor, State of Delaware
Matthew Denn, Lt. Governor, State of Delaware

Susan Starrett, Chair, Homeless Planning Council of Delaware
Anas Ben Addi, Director, Delaware State Housing Authority
Rita Landgraf, Secretary, Department of Health and Social Services
Jennifer Ranji, Secretary, Department of Services for Children Youth and their Families
John McMahon, Secretary, Department of Labor
Mark Murphy, Secretary, Department of Education
Robert Coupe, Commissioner, Department of Correction
Bethany Hall Long, Delaware Senate
Gerald Brady, Delaware Housing of Representatives
Tom Gordon, New Castle County Executive
Michael Petit de Mange, Kent County Administrator
Todd Lawson, Sussex County Administrator
Dennis Williams, Mayor, City of Wilmington
Carlton Carey, Mayor, City of Dover
Rosemary Haines, New Castle County Private Citizen
Jeanine Kleimo, Kent County Private Citizen
Catherine Devaney McKay, Connections Community Support Programs
Michelle Quaranta, Delaware Apartment Association
Kyle Hodges, State Council for Persons with Disabilities
Helen Arthur, Council on Public Health
Valarie Tickle, Criminal Justice Council

The following individuals have served on the Delaware Interagency Council on Homelessness as designees:

Brandy Bennett Nauman, Sussex County
Albert Biddle, Kent County
Sherese Brewington-Carr, DOL
Kimberly Brockenbrough, DSHA
Nicole Waters, New Castle County
Nailah Gilliam, City of Wilmington
Tracey Harvey, City of Dover
Cliffvon Howell, DHSS
Felicia Kellum, DSCYF
Lottie Lee, DHSS
Dennis Rozumalski, DOE
Gail Stallings-Minor, DOC
Vaughn Watson, City of Wilmington

This plan is dedicated to the individuals and families who experience homelessness in our State and to the providers and caregivers who are fighting to prevent and end homelessness in Delaware.
December 18, 2013

“Delaware’s Plan to Prevent and End Homelessness” exemplifies ongoing collaborative partnerships that are essential for actively seeking long-term solutions to combat homelessness. The initiative outlines a path forward that reflects the approach we must pursue in the state and complements the first comprehensive federal plan to prevent and end homelessness, which was issued in 2010 by the U.S. Interagency Council on Homelessness (USICH).

The USICH plan, Opening Doors, provides a road map for joint action by 19 federal agencies and local and state partners to align housing, health, education and human services to prevent Americans from experiencing homelessness. As the most far-reaching and ambitious plan to end homelessness in our nation's history, Opening Doors calls for a fundamental shift in how the federal government and communities across the country respond to homelessness.

Central to this shift is greater emphasis on helping people secure and retain safe, stable housing. From years of practice and research, we know that housing is an essential platform for community health and wellness. Stable housing is the foundation upon which people build their lives. Absent a safe, decent, affordable place to live, it is extraordinarily difficult to achieve good health and educational outcomes, or to reach one's economic potential. By the same token, stable housing provides an ideal launching pad for the delivery of health care and other social services focused on improving life outcomes for individuals and families. More recently, researchers have focused on housing stability as an important ingredient for the success of children and youth in school.

In recent years, Delaware has made remarkable strides in advancing housing-based solutions to homelessness – most significantly through the creation of close to 450 units of permanent supportive housing, most of it targeted to people with disabilities who have long histories of homelessness. But there is much more work to be done. And no one knows this better than the authors of this plan: the Delaware Interagency Council on Homelessness (“DICH”).

The DICH plan is the product of a great deal of hard work and forward thinking by members of the Council and provides an important opportunity for our state to make additional progress on eradicating the scourge of homelessness in our state. I thank the Council for their commitment to serving our most vulnerable citizens.

Sincerely,

Jack Markell

Jack A. Markell, Governor
HOMELESSNESS IN DELAWARE

On any given day, there are approximately 1,000 men, women and children staying in Delaware emergency shelters and transitional housing programs. This is not a finite population. Over eight times as many people (8,021) have at least one episode of homelessness during the year than those who are homeless at any given point in time. With the exception of a core of households who are homeless for long periods of time, there is a tremendous fluidity of people moving into and out of homelessness – some for the first time, some repeatedly over time.

Over half (51%) of Delaware’s homeless population is Black—a disproportionate representation of Delaware’s population. Over half are males (58%). 42% of those experiencing homelessness at any given time are members of a family with the average size of a family being 3 persons. 19% of Delaware’s homeless population are children under the age of 18 and 6% are between the ages of 18 and 24. Eight percent report being institutionalized before the age of 18.

Contributing Factors to Homelessness

Most often, people who experience homelessness face multiple barriers to economic and health security and few resources and support networks in the community. The most common contributors to homelessness in Delaware are these:

**Inadequate income.** Persons experiencing homelessness typically have incomes below half the federal poverty level. This equates to an annual income of less than $7,300 for a family of two. Only 8% of adults reported having income from employment. 42% reported no financial resources.

**High cost of housing.** The lack of affordable housing is the primary cause of homelessness among families in Delaware, as it is in the U.S. This is both because there is an inadequate supply of affordable housing and because incomes are so low that families cannot pay for the housing that is available.

**Interpersonal Violence and Adversity.** Interpersonal violence and adversity are leading precursors to housing instability and homelessness among families. Survivors of interpersonal violence, particularly those with limited resources, often have to choose between living with or near their abusers or becoming homeless. Adverse experiences before the age of 18 significantly contribute to poor outcomes of adults in quality of life and wellness.

**Disabling health conditions.** Homelessness is directly associated with poor health outcomes. People living in shelters or on the streets are extremely vulnerable to health risks and have great difficulty maintaining compliance with health care treatment regimens. Mental and physical health problems are exacerbated by living on the streets and in shelters. Health conditions that require ongoing treatment—such as diabetes, HIV/AIDS, addiction and mental illness—are difficult to treat when people are living in shelter or on the streets.

**Re-entry and criminal justice involvement.** Housing problems and homelessness are common among individuals leaving the corrections system. They tend to have limited or low incomes and, due to their criminal history, are often unable to obtain housing and employment through channels that are open to other low-income people. Criminal background checks are frequently employed by landlords, and these can make it challenging for formerly incarcerated people to secure housing. People re-entering the community often have no other choice than to turn to emergency shelters.

Homelessness is a situation that people find themselves in; it is not a characteristic of the people experiencing it. Effectively addressing homelessness means facilitating the transitions of people out of this situation, preventing their return to it, and preventing people from becoming homeless in the first place.
COST OF HOMELESSNESS

The cost to society because of homelessness is reflected in many sectors:

**Health Care.** Chronically homeless adults often have serious health conditions - such as mental illness, substance use disorders, or chronic health problems - that present persistent obstacles to maintaining housing. Repeated hospital visits account for disproportionate costs and time for emergency departments, drain health care resources, and increase stress on emergency department staff. Studies have documented reductions in avoidable emergency room visits, inpatient hospitalization for medical or psychiatric care, and use of sobering centers once people with serious health conditions are stably housed. In 2012, Delaware conducted a study of the most vulnerably homeless unsheltered. Of the 108 persons surveyed, a total of 215 inpatient hospitalizations in a year were reported and 302 ER visits in 3 months totaling $5,520,775 in healthcare costs. Research shows an average reduction of 60% in healthcare costs after one year of stable, permanent housing with services. If these individuals were placed in permanent supportive housing an estimated $1 million a year would be saved in healthcare costs.

**Schools.** Repeated school mobility leads to decreased academic achievement, impacting both the child’s and the school’s overall performance. While the McKinney-Vento Homeless Assistance Act protects the ability for a student to remain in the same school despite moving to another school’s feeder pattern it is not always in the student’s best interest to do so. As a consequence performance on State Assessments may be effected as well as lags in learning to read and do math. This makes the effects of homelessness much longer lasting than just the time spent in shelters.

**Foster care.** Children placed in foster care are at higher risk of experiencing homelessness in the future. The cost of a keeping a family stable and in housing – whether through prevention, rapid re-housing, or supportive housing strategies - is significantly lower than the cost of out of home placement for children. In Delaware, 7% of those experiencing homelessness report having ever been in the foster care system.

**Prisons, court systems and community safety.** Prisons treat more people with mental illness than hospitals and residential treatment facilities combined, making our jails and prisons the primary provider of mental health care in the US. The cycle of arrest, removal, incarceration, and re-entry is predominantly concentrated in the poorest communities and neighborhoods. Of those experiencing homelessness in Delaware, nearly forty percent report having been incarcerated at some point in their lives.

**Emergency Shelters and Transitional Housing.** The annual cost of an emergency shelter bed in Delaware is approximately $13,042. The annual cost of a transitional housing bed in Delaware is approximately $13,748. For a family of three, this is an annual cost of $39,127, or $3,260 per month. In many parts of the state, this is nearly three times the fair market rent on a two-bedroom apartment. Because of low exit rates to permanent housing and a high return to homelessness when exited from Emergency Shelters and Transitional Housing programs, the costs of these programs can exponentially increase when looking at how much it costs to exit someone from these program types to permanent housing. Using Delaware data from 2012, the cost to exit someone to permanent housing from Transitional Housing increases to approximately $53,891 for an individual and $27,171 for a family.

(*Note: Data comes from the Delaware Community Management Information System and is self-reported by the individual or family.*)
Across the country, many communities have begun a transformation of their homeless systems. Homeless systems have in the past focused on providing shelter in order to move homeless persons off of the street. However, these practices have not had as much success as expected because the number of persons using shelter has continued to increase, services have been inconsistent from one shelter to the next in the same community, and there is no clear path to stable housing in most instances.

Based on research and successful community demonstrations, homeless systems have begun to transform their systems to focus on housing stability. By assessing for risk factors that lead to long-term homelessness we can target specific interventions that will reinforce and build upon protective factors that ensure housing stability. Focusing on housing stability allows communities to focus resources and address a person’s long-term service needs – bridging the divide between the homeless system and mainstream systems. Mainstream systems (such as benefits, cash assistance, supportive services, housing assistance, health care, job training, corrections, etc.) have an opportunity in this model to help provide services to the homeless population; spreading the responsibility of preventing and ending homelessness across the entire community.

A vision of housing stability requires us to measure our outcomes based upon a person’s housing needs, not just social needs. Shifting the focus of the system to housing stability as its main outcome, begs for us to redefine the current system of how we provide housing and services. It is important for a housing stability focused system to continue to identify a person’s social needs – but the Homeless Prevention and Response System does not focus on providing those services and instead refers persons to those services that exist within the community. This allows the resources of the Homeless Prevention and Response System to focus on preventing and ending homelessness.

“It is simply unacceptable for individuals, children, families, and our nation’s Veterans to be faced with homelessness in our country.”
President Obama
Program Models

One of the recommendations of this Plan is to create a Program Models Chart that details the programs that exist within the Homeless Prevention and Response System and defines their essential elements and desired outcomes. The purpose of this chart is to create a basic understanding and guide for all agencies to work from when developing and implementing programs. Included within this Plan is a definition for all Program Model types. (Note: The additional information mentioned above will be finalized after the Plan is released and will be included as an Appendix.)

All programs within the Homeless Prevention and Response System will adhere to the following Program Essential Elements:
- All programs will adopt a trauma informed care approach in assessment and delivery of services
- All programs will participate in the Delaware Community Management Information System (DE-CMIS)
- All programs will participate in Delaware’s Centralized Intake
- All programs will be part of the Homeless Prevention and Response System planning group
- All programs will utilize a Housing First approach

Engagement Services:
Outreach: Low barrier/Low demand street outreach or engagement through a drop in center that creates linkages to centralized intake and provides basic needs assistance
Prevention: Short to medium term financial assistance and stabilization services to prevent shelter entrance and promote housing retention
Diversion: A program that diverts homeless individuals and families from entering the homeless system by helping them identify immediate alternate housing arrangements and connecting them with services and financial assistance, if necessary

Temporary Shelter:
Emergency Shelter: Low demand, site based, emergency shelter to deal with an individual’s or family’s immediate housing crisis
Domestic Violence Shelter: Site based emergency shelter to deal with an individual’s or family’s housing crisis due to fleeing domestic violence, available to any gender
Transitional Housing: Short-term housing that provides services to assist with transitioning someone into appropriate permanent housing

Permanent Housing:
Rapid Re-Housing: Short to medium term housing program that rapidly moves homeless individuals and families into permanent housing with needed services to maintain stability
Permanent Supportive Housing: Permanent, lease based housing with supportive services that are appropriate to the needs and preferences of residents
COMMUNITY PLANNING PROCESS

Delaware Interagency Council on Homelessness

The Delaware Interagency Council on Homelessness (DICH) was created by Executive Order number 65 in March 2005 by Governor Ruth Ann Minner. The Executive Order forming the Delaware Interagency Council on Homelessness was constructed to ensure that cabinet-level members of state government, local government officials, providers of a wide range of services impacted by homelessness, and the Homeless Planning Council of Delaware, would come together in an official forum to provide the vision and leadership needed to end homelessness in Delaware. Given that Delaware has a history of collecting data and planning homeless services on a statewide basis, the DICH elected to develop a single statewide plan. In 2008, the DICH was codified in Delaware law.

Breaking the Cycle: Delaware’s Plan to End Chronic Homelessness and Reduce Long-Term Homelessness (2007)

In February 2007, the DICH released *Breaking the Cycle: Delaware’s Ten Year Plan to End Chronic Homelessness and Reduce Long-Term Homelessness*. The Plan included the following five major strategies for ending chronic homelessness:

- Develop new housing for persons who are chronically homeless or at risk for chronic homelessness
- Remove barriers to accessing existing affordable housing
- Improve discharge and transition planning
- Improve supportive services for persons who are homeless
- Enhance data collection and the use of technology

HEARTH Act (2009) and Opening Doors

In 2009, Congress and President Obama signed into law the HEARTH Act. The HEARTH Act sets a vision that no person should experience homelessness for longer than 30 days and puts emphasis on creating a system that prevents persons from becoming homeless and moves persons experiencing homelessness into permanent housing as quickly as we can with a connection to wraparound services. In 2010, the first federal strategic plan to prevent and end homelessness, *Opening Doors*, was created by the U.S. Interagency Council on Homelessness.
Delaware’s Plan to Prevent and End Homelessness

In 2011, the DICH decided to embark on another planning process to create Delaware’s Plan to Prevent and End Homelessness which aligns Delaware with the HEARTH Act and Opening Doors while expanding the focus of the existing plan to all populations of persons experiencing homelessness. The Delaware Plan to Prevent and End Homelessness combines permanent supportive housing, outreach and engagement-oriented supportive services, improved discharge and transition planning, and other evidence-based practices to alleviate homelessness among all populations most likely to experience homelessness to create an efficient and cost-effective service delivery system that addresses homelessness now and prevents it in the future. Delaware’s Plan to Prevent and End Homelessness is not just about creating housing units. It also calls for implementing a range of prevention and service delivery strategies that have a basis in research evidence and have been demonstrated to be effective.

Delaware’s Plan to Prevent and End Homelessness is an expression of a collective commitment to actively seek long-term and sustainable solutions to the issue, rather than continuing to simply manage episodes of homelessness as they occur. The significant focus of this plan is on investing our precious local resources in a manner that better serves the homeless people and, in so doing, eliminates homelessness in Delaware.

To condense planning time while involving a broad range of stakeholders, the Delaware Interagency Council on Homelessness and Homeless Planning Council of Delaware engaged the Corporation for Supportive Housing (CSH) to facilitate this work using the CSH Charrette process. The goal of the Charrette was to produce a feasible set of recommendations benefitting from the support of stakeholders throughout its implementation. Each conversation occurred in a “fishbowl” setting with a group of experts sitting in a circle surrounded by an outer circle of community stakeholders. Experts from diverse communities and organizations drew from their experiences and expertise to exchange views and craft suggestions for moving forward.

The recommendations presented in this report represent ideas presented in the “fishbowl” sessions that will have the most impact on preventing and ending homelessness in Delaware. In addition to the six issue areas identified prior to the Charrette, a seventh issue area, Homeless Prevention was identified during the Charrette process. Also, as part of this process, recommendations for Implementation were developed and are included. Finally, Delaware used the process to help develop a vision and goal statement and guiding principles for the Homeless Prevention and Response System of Delaware.

VISION
NO ONE IN DELAWARE WILL EXPERIENCE HOMELESSNESS

GOAL
NO ONE IN DELAWARE WILL EXPERIENCE HOMELESSNESS FOR LONGER THAN 30 DAYS
Themes

Although there are many recommendations in this report, all of them fall under one of the five themes outlined below. The relationship of each recommendation to one of these themes has been noted in order to clarify the overall framework for moving forward on the recommendations.

System Mapping and Re-Design

The recommendations under this theme are those that work in support of the effort to understand the resources and housing models that exist within the current system. In order to make effective decisions about how to shift the individual programs toward a comprehensive homeless crisis response system, it is critical to understand what elements currently exist. This includes mapping the existing system and developing system-wide housing models. Analyzing and understanding this data will illuminate the most efficient path for persons experiencing homelessness to reach permanent housing and any other needed services, and provide a framework for rebalancing the allocation of housing and service resources in the system where needed.

Capacity Building

For the redesigned system to function effectively there must be a commitment to community-wide capacity building and training at every level – system, agency, consumer, and other key stakeholders. Additionally, integrating cultural competency and language access components at all levels of the system and within every aspect of capacity building and training is critical.

Change Management

In order to successfully implement the changes outlined in these recommendations, special attention must be given to stakeholder relationships, the creation of organizational infrastructure to support change, and to clear communication of the process. This includes the development of clear and consistent timelines and messaging at all levels.

IT IS ESTIMATED THAT 8,000 PEOPLE EXPERIENCE HOMELESSNESS IN DELAWARE EACH YEAR
A commitment to continuous quality improvement is paramount in any consumer-oriented system. Quality improvement focuses on ensuring that the system, individual providers, and consumers all have adequate tools to evaluate and improve system functionality and performance, especially as it relates to the experience of the homeless consumer.

The funders of homeless services should come together to discuss their role in system change. Membership could include the HUD Continuum of Care, foundations, business community members, private funders, government funders, among others. Recommendations that fall under this theme include those that address the role that funders play in redesigning the system by aligning and leveraging homeless and housing funding streams throughout the community.

**Goals to Prevent and End Homelessness**

Delaware has adopted the same goals as the United States Interagency Council on Homelessness in *Opening Doors: The Federal Strategic Plan to Prevent and End Homelessness*

- **Finish the Job of Ending Chronic Homelessness by 2015**
- **Prevent and End Veterans Homelessness by 2015**
- **Prevent and End Family Homelessness by 2020**
- **Setting a path to ending all types of homelessness**
Guiding Principles for Delaware’s Homeless Assistance System

Persons experiencing homelessness should be treated with dignity and respect

Compassionate and Consistent. All persons experiencing homelessness are in crisis. Our responses must be compassionate and trauma-informed when interacting with people who are in crisis. From assessment of client barriers, to matching clients with the right housing options, to providing prevention and diversion services, temporary housing and permanent housing, the system must maintain a focus on providing consistent services to persons experiencing homelessness. All housing options and services must be adequate, easily accessible and user-friendly for the person at-risk of homelessness and/or those who are experiencing homelessness.

Transparent and Accountable. In order for systems to work effectively and efficiently they must be transparent to all stakeholders (providers, consumers, funders, etc.). Holding programs accountable for their performance and effectiveness, quality of service, and collaboration and cooperation with the system will ensure that the Homeless Prevention and Response System is focused on preventing and ending homelessness.

Collaborative. When everyone in our community works together towards a common goal of preventing and ending homelessness, we will have an efficient, streamlined, and effective system. Collaboration requires clear, consistent and organized communication and the understanding that the Homeless Prevention and Response System has an overarching vision that no one in Delaware will experience homelessness.

Adaptable and Flexible. An adaptable and flexible system can respond based upon feedback received and can conform easily to fit different situations. An effective system:

• welcomes flexibility as a critical attribute;
• is open to dialogue and adjustments;
• is objective, and
• monitors trends in terms of the needs and choices of people seeking assistance in our community and can adapt to meet those needs.

There is strength in collaboration
We must invest in cost-effective solutions that end homelessness

**Solutions-Driven and Trauma-Informed.** Decision-making and system design is driven by the HEARTH Act Objectives. The HEARTH Act identifies system-wide objectives including: reducing the number of new persons experiencing homelessness, reducing the length of time persons experience homelessness, increasing exits to permanent housing, and reducing the number of persons experiencing reoccurring episodes of homelessness. The system must focus on solutions to ending homelessness not merely coping with or managing homelessness. To become trauma-informed, means that every part of an organization, management, and the service delivery system is assessed and potentially modified to include a basic understanding of how trauma affects the life of people seeking services. Integrating the core values of a trauma informed care model (safety, trustworthiness, control, choice and empowerment) into our Homeless Prevention and Response System will avoid re-traumatization and aid in recovery and healing.

**Evidence-Based and Measurable.** Homelessness is not a simple problem affecting some rather it is part of a more complex housing and public health issue with many causes, solutions, and outcomes. Over the past 30 years, we have learned that there must be a continuum of housing options and services available in order for all persons to access permanent housing as quickly as possible. New models of providing housing and services have become evidence-based best practices that lead towards measurable outcomes. Persons experience homelessness when they lack a safe, decent, accessible, and affordable home. Placing a person in a permanent home and providing the necessary wrap-around services for that person so they can be integrated in their community leads to a successful outcome. Delaware must invest in these best practices to ensure success at preventing and ending homelessness.

**Implementable and Lasting.** System transformation requires forward thinking and the realization that change occurs when we are all moving in the same direction. System change respects the accomplishments of the system while optimizing everyone’s role in moving the needle on preventing and ending homelessness by creating changes that are implementable and lasting.

**WE WILL MAKE A DIFFERENCE!!**
Approximately 8,000 people experience homelessness each year in Delaware. Centralized Intake provides the community with a uniform method of accessing homeless resources. This means people will access resources through a single location and/or phone number (centralized). The aim is to ensure that families and individuals in crisis have the same experience as they seek housing services and that they are directed to the best housing intervention for their situation. The following recommendations will move this issue forward:

**Strategy 1:** Implement the current proposal, allowing flexibility to make adjustments as needed.

**Strategy 2:** Focus Centralized Intake on matching the best immediate intervention to person or families experiencing homelessness as well as appropriate follow-up support.

**Strategy 3:** Centralize data entry of clients with housing specialist.

**Strategy 4:** Switch DE-CMIS from a model focused on entry and exit of clients from programs to a system-wide bed management process.

**Strategy 5:** Create a process for real time entry of bed usage.

**Strategy 6:** Continue engagement with agencies not yet in the system.

**Strategy 7:** Create a governance structure to ensure participation and compliance in the Homeless Prevention and Response System including - intake; standards of care; approved models of housing and appropriate delivery of services; and standards for facilities that provide homeless housing.

**Objective 1: Implement Centralized Intake**

Delaware’s current homeless system has nearly 1,500 emergency shelter and transitional housing beds available on any given night. However, only about 1,000 people experience homelessness in Delaware (again, on any given night). It’s important to determine the right intervention for the right populations. For example, someone experiencing chronic homelessness will need different supports to end their homelessness compared to a family with children facing eviction. Delaware like many states and communities, built capacity in beds and units on an opportunity basis (when resources were available, for example). Under the current HEARTH guidance, communities will be monitored for their capacity to provide the most appropriate solutions to all people who experience homelessness – in addition to monitoring for utilization.

The emphasis of the new homeless rules is on measuring the Homeless Prevention and Response System as a whole. This is in contrast with other funding sources that reward individual agencies competing against each other. System wide performance goals reward agencies for collaborating with each other as part of a system. This also means collaboration among regional partners as well. Everyone is measured together.
The ultimate goal is to prevent clients from re-entering as homeless anywhere in the system and ending homelessness as a community. Communities must set system-wide goals that are aligned with the goals of the Federal Strategic Plan, Opening Doors, in order to prevent and end homelessness. At the same time that we must measure our system’s success at preventing and ending homelessness there is still a need to set and measure individual programs’ successes. Developing program level performance measures is an important part of tracking and increasing capacity of high performing program types. The following recommendations will move this issue forward:

**Strategy 1:** Develop a common framework of what constitutes an eligible housing and service provider in the community, including prevention (i.e. a Programs Model Chart).

**Strategy 2:** Conduct a bed analysis to determine if the existing capacity meets the needs of persons experiencing homelessness.

**Strategy 3:** Retool existing programs based on the needs identified from the analysis and realign funding sources to meet the identified needs.

**Strategy 4:** Develop crisis beds with very low barriers for entry.

**Strategy 5:** Increase the number of units of permanent supportive housing that utilize a harm reduction model.

**Strategy 6:** Develop a program to divert persons experiencing homelessness from entering the Homeless Prevention and Response System.

**Strategy 7:** Conduct training and technical assistance to increase providers’ capacity to retool their programs.

**Strategy 8:** Enhance coordination, education, and training between child support enforcement and providers because this is a significant barrier to housing retention.

**Strategy 9:** Enhance the homeless service provider network to include peer review of system policies and procedures.

**Strategy 10:** Develop performance outcome measurements that align with the HEARTH regulations that evaluate all homeless programs within the system regardless of funding streams—include risk adjustment measures based on populations served.

**Strategy 11:** Set policies and procedures to address underperforming programs within the system to be consistent with HUD-funded programs.

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**Permanent Housing**

Permanent housing means community-based housing without a designated length of stay. To be permanent housing, the program participant must be the tenant on a lease for a term of at least one year, which is renewable for terms that are a minimum of one month long, and is terminable only for cause.
With a national awareness and push towards affordable healthcare that integrates primary and behavioral healthcare, there are new models that could better serve persons who are experiencing homelessness. Delaware conducted a vulnerability index of our unsheltered population in June 2012, and identified over 75 individuals who have been on the street for six months or more and have at least one risk factor for increased mortality. Nearly 25% of our homeless population self-report having a mental health issue and another 20% report a chronic substance abuse issue. Persons experiencing homelessness and mental illness/chronic substance abuse are at increased risk of trauma related injuries and may exacerbate their mental health conditions. Few emergency shelters and transitional housing programs admit persons who have mental health illness or chronic substance abuse issues (especially those who are intoxicated) and even fewer will admit persons who are on mental health medications. At the same time, Delaware has signed a settlement agreement with the U.S. Department of Justice to ensure community integration (including housing and services) for persons with severe persistent mental illness. Persons who are experiencing chronic homelessness and diagnosed with a severe persistent mental illness are part of the settlement agreement target population. The following recommendations will move this issue forward:

**Strategy 1:** Incorporate Housing First strategies in the Homeless Prevention and Response System.

**Strategy 2:** Develop crisis beds with very low barriers to address the needs of people on medications as well as active substance users (create new beds or repurpose existing beds).

**Strategy 3:** Create harm reduction models as part of the homeless system.

**Strategy 4:** Professional assessments should ensure that the most vulnerable homeless with behavioral health and chronic health conditions are matched with the best housing and service intervention.

**Strategy 5:** Undertake a service inventory of what is provided in the community and homeless system to identify efficiency of services.

**Strategy 6:** Update the barrier inventory of the system and work with funders and providers to increase access.

**Strategy 7:** Provide training on Housing First principles and practices for all homeless and Division of Substance Abuse and Mental Health providers.

**Strategy 8:** Offer re-training on SOAR and implement SOAR as part of the Centralized Intake process.

**Strategy 9:** Expand peer supports in temporary housing, permanent housing placements, and service delivery.

**Strategy 10:** Create and adopt policies that promote no discharge into homelessness from institutional settings (hospitals, residential treatment centers, behavioral health centers, detox centers, etc.)

**Strategy 11:** Submit for a Medicaid waiver from the federal government that would design Medicaid-financed, supportive housing-based care management services to improve care for at-risk beneficiaries while lowering costs associated with avoidable hospitalizations and other crisis services.

**Strategy 12:** Ensure that Mental Health, Alcohol and Drug, and Primary Care providers address low barrier access and expanded eligibility that includes those who may fall into a ‘street’ community.

**Strategy 13:** Connect persons with mainstream services to avoid duplication of services between systems and to ensure that persons exiting from the homeless system have continuity of services.
Housing is a fundamental need that every resident of Delaware has; a safe, decent, affordable place to call home. Housing options for many in our community who annually earn $20,000 or less are fewer and are accompanied by barriers such as accessibility, affordability, poor quality and insufficient quantity.

Our challenge is to think outside the box to develop innovative ways of overcoming barriers to accessing current housing units, improving housing quality, balancing housing costs with incomes, and develop new housing options that are effective at preventing and ending homelessness.

People who are experiencing homelessness face many barriers—poor credit, criminal records, behavioral issues stemming from addictions and mental illness—topped off with insufficient transportation and constrained community based supports. Some affordable housing providers or housing systems create barriers that keep the most vulnerable people out of their units. Barriers are not always visible and can come from the cumulative effects of multiple systems setting their own priorities and application procedures. The following recommendations will move this issue forward:

**Strategy 1:** Investigate evidence based practices of “moving on” people from permanent supportive housing to affordable housing with or without a subsidy based on individual need.

**Strategy 2:** Investigate the feasibility of utilization of vacant properties, foreclosures, and HUD surplus federal buildings and homes.

**Strategy 3:** Move toward a universal waiting list for permanent housing, ensuring that the most vulnerable are prioritized.

**Strategy 4:** Explore the concept of home sharing and expansion of legal accessory dwelling units to increase housing options.

**Strategy 5:** Create a rental counseling program.

**Strategy 6:** Convene the 5 housing authorities to revise their administrative plans to allow for best practices and ways to reduce barriers in public housing as well as a homeless priority for rental assistance vouchers.

**Strategy 7:** Advocate changing the QAP to include set-aside for homeless in all affordable housing projects utilizing the LIHTC program.

**Strategy 8:** Determine feasibility of rental assistance vouchers and units that turn over each month being dedicated to the homeless.

**Strategy 9:** Work with DSHA on feasibility of a set aside of state rental assistance program vouchers for homeless with the flexibility to be used as either tenant based or project based.

**Strategy 10:** Advocate for additional VASH vouchers to be utilized specifically by DE veterans.

**Strategy 11:** Advocate for the inclusion of housing status and source of income under the protected classes in DE’s Fair Housing Law.

**Strategy 12:** Advocate for the inclusion of homeless housing program as a type of housing required to be in compliance with DE’s Fair Housing Law.

**Strategy 13:** Work with the public housing authorities to get project based rental assistance as new units are being developed.

**Strategy 14:** Engage landlord, property managers, developers and service providers to create partnerships leading to increased access, opportunities, and development projects.

**Strategy 15:** Engage public housing authorities, local, and state government to apply through the HUD Continuum of Care for permanent supportive housing projects utilizing rental assistance.
Homelessness among families, children, and youth is a problem in our community, and not an easy one to identify. We can identify those families and youth who are living in shelters but it is much more difficult to identify those whose families are doubled up with family or friends or those teens that are couch surfing. Other homeless youth include children aging out of the foster care system and those coming out of the correction system. While we have some programs that are actively trying to address this issue to provide support for homeless youth, we have just begun to scratch the surface of addressing homeless youth and how we prevent children from becoming homeless in the first place. The following recommendations will move this issue forward:

Strategy 1: Review existing program policies, procedures and mechanisms that could increase retention in high quality programs.

Strategy 2: Develop policies and procedures that ensure seamless access and engagement to educational services for homeless children of all ages.

Families

Strategy 1: Implement rapid re-housing to move families experiencing homelessness quickly into permanent housing.

Strategy 2: Create a pipeline of permanent supportive housing units for families experiencing homelessness with high barriers to maintaining housing.

Strategy 3: Streamline the process for families to gain access in the system and ensure the best housing intervention.

Strategy 4: Broaden definition of family to include all family structures; eligibility criteria should reflect keeping all family structures intact when in the homeless system.

Strategy 5: Identify children experiencing homelessness more effectively and enroll them in school—for education and school based supports for the family.

Strategy 6: Coordinate with DSCYF to determine need for enhanced permanent supportive housing for high need families that are at risk of out of home placement for children.

Strategy 7: Improve education of homeless providers about laws and practices that are designed to increase access to early care and education.

Strategy 8: Repurpose existing funding that provides temporary housing placements to permanent housing per federal recommendations and Delaware’s vision and goal statements.

Unaccompanied Youth

Strategy 1: Develop outreach and engagement strategies for unaccompanied homeless youth.

Strategy 2: Design and implement safe places for youth where they can be engaged and connected to services.

Strategy 3: Obtain more comprehensive information on the scope of youth homelessness with improvements in counting methods, coordination and dissemination of information and new research that expands understanding of the problem.

Strategy 4: Petition to enact state law so that unaccompanied youth can access mainstream services without parental/guardian permission.

Strategy 5: Work with public housing authorities on allowing youth at the age of 16 to apply for the waiting list.
Nearly 40% of persons experiencing homelessness say that they have been incarcerated at least once in their lifetime. A large majority of those who exit prison exit with no identified housing option. Persons who are experiencing homelessness and have a criminal history have additional barriers to accessing permanent housing. A sub-population of re-entering offenders that have additional barriers is sex-offenders and persons with mental illness. The following recommendations will move this issue forward:

**Strategy 1:** Complete a data match on the “frequent flyers” of the correction system and temporary shelters. Develop criteria for defining frequent users and develop protocols and agreements to share data across systems to determine need for replication of national FUSE model program.

**Strategy 2:** Create a peer mentor program that employs the formerly incarcerated to engage and support people who are exiting the correction system to help them move into housing and more healthy living.

**Strategy 3:** Explore strategies on shared living arrangements and monitor with the goal of community safety.

**Strategy 4:** Provide increased training opportunities and awareness about issues dealing with the sex offender population.

**Strategy 5:** Create and adopt policies that promote no discharge into homelessness from institutional settings.

**Strategy 6:** Petition for the suspension of Medicaid services rather than termination of benefits while incarcerated so that benefits can resume immediately upon discharge.

**Strategy 7:** Revisit current school zone statute by allowing judicial discretion to impose the 500 foot rule based on Sex Offender Management Board approved risk assessment on a case by case basis.

**Strategy 8:** Increase housing accessibility by working with public housing authorities and local non-profit and private housing providers to revise policies and procedures.

**Strategy 9:** Look at approved risk assessment tool for rates of re-offense and provide housing on a one-to-one basis with the information from the risk assessment tool.

**Objective 6: Create Housing Solutions for Re-entering Offenders**

**System Mapping**  **Capacity Building**  **Change Management**  **Funder Collaboration**  **Quality Improvement**

**Policies and Priorities**

- Strategic Resource Allocation
- Removing Barriers to Homeless Prevention and Response System Resources
- Maximizing the use of Mainstream Resources
- Building Partnerships
- Ending Chronic Homelessness
- Ending Family Homelessness
- Ending Homelessness for Other Populations
Preventing homelessness in our community requires us to close the front door of the Homeless Prevention and Response System. Nearly 12% of Delaware’s population lives in poverty and about 6% are severely cost-burdened, paying more than 50% of their income on their housing costs. Yet only about 1% of Delaware’s population becomes homeless each year. Existing cash financial programs are extremely important in helping those who are living in poverty maintain their permanent housing. Homeless prevention requires us to target financial resources and services on those who are most at-risk for becoming homeless. Prevention can help our community reduce the size of our homeless population by aiding households to preserve their current housing situation. This ultimately reduces the number of people entering the Homeless Prevention and Response System and the demand for shelter and other programmatic housing beds. The following recommendations will move this issue forward:

**Strategy 1:** Identify what prevention resources are in place and what populations are targeted for those resources.

**Strategy 2:** Include prevention in program model design being developed.

**Strategy 3:** Develop a unified rental assistance system—coordinating homeless prevention and rental assistance programs and resources to make services more effective and efficient.

**Strategy 4:** Create and adopt policies that promote no discharge into homelessness from institutional settings, inclusive of hospitals, residential treatment centers, correction facilities, behavioral health centers, etc.

**Strategy 5:** Coordinate with DSCYF to identify high risk youth and families and put services in place to prevent out of home placement.

**Strategy 6:** Coordinate with youth rehabilitation services to identify high risk youth and put services in place to prevent out of home placement.

**Strategy 7:** Develop a landlord outreach program that includes mediation services.

**Strategy 8:** Conduct an inventory of current prevention programs, evaluate their efficacy, and retool as necessary.

**Strategy 9:** Assess the prevention system to see what other factors are leading to homelessness (i.e. utilities) and determine funding needs and strategies for those areas.
Any effective implementation of strategies to prevent and end homelessness requires four components: Community Wide Involvement, Effective Providers, Creative Bureaucracies, and Political Will.

Having just one or two of these in a community will show some results, but in order to see an actual reduction in the number of people who experience homelessness, all of them need to be working together toward a common goal of preventing and ending homelessness. Additionally, in order to make sure all of these components are organized under a model that prevents and ends homelessness, a community needs a lead agency to bring all these together and guide implementation of the plan.

Delaware and its cities are highly effective with almost all of these. However, one area that needs some focused energy is engaging all members of the community to implement these recommendations. Not all of those involved in the homeless community, including providers, elected officials and State representatives were a part of the Charrette. The follow-up to the Charrette should continue to build on the community will that was visible during the fishbowl sessions and feedback meeting to do more community building.

The goal should be to move the system to be more responsive to the needs of individuals and families experiencing homelessness in a way that is mutually beneficial for all parties concerned, most importantly those that experience homelessness or may be on the verge of it.

**Strategy 1:** Create an effective governance structure that can move recommendations in the plan forward. The structure of the primary decision making group should have representation from all key stakeholders involved in homelessness.

**Strategy 2:** Decide on a lead implementer to ensure action is taken on accepted recommendations.

**Strategy 3:** Have the State of Delaware formally approve and accept the plan.

**Strategy 4:** Review and prioritize adopted recommendations. Map out timelines and responsible entities for implementing accepted recommendations.

**Strategy 5:** Define clear roles and responsibilities (MOU’s) for those responsible for aspects of monitoring and implementing the plan.

**Strategy 6:** Create structured and time limited committees to increase coordination and planning. Consider repurposing existing committees instead of creating new committees to begin implementation of action items and strategies outlined in the updated plan.

**Strategy 7:** Ensure full community buy-in through ongoing engagement of all partners needed to prevent and end homelessness through these structures.

**Strategy 8:** Create a Consumer Advisory Council.

**Strategy 9:** Increase participation, either by outreach or funding, among all providers in the community regardless of their funding sources around successful outcomes and data collection.

**Strategy 10:** Continue good work on issues not covered in these recommendations. Evaluate and update those committee charges if necessary. Additionally, stay flexible and open on other opportunities and issues.

**Strategy 11:** Implementation tasks and timelines should adhere to the Federal Plan to Prevent and End Homelessness and must adhere to HEARTH Regulations.
NO ONE WILL EXPERIENCE HOMELESSNESS IN DELAWARE!