

# Ending Homelessness in Delaware

*Our Action Plan*



*Delaware Continuum of Care*

*2017*



# Ending Homelessness in Delaware

*The Delaware Continuum of Care is a community-based collaborative that ensures a responsive, fair, and just approach to addressing homelessness, and strives to achieve housing for all.*

## Ending Homelessness: What We Mean

Ending homelessness means that we have a responsive and accessible system of supports that:

- Prevents homelessness whenever possible,
- Provides appropriate crisis shelter to all individuals and families who need it,
- Quickly returns homeless individuals and families to permanent housing that is suitable to their unique needs,
- Provides households with housing stability supports so that they do not return to homelessness.

When we end homelessness in Delaware homelessness will be rare, brief, and non-recurring. We believe that this can be achieved by engaging each person with a strength-based approach that builds on their resilience, reduces their risks, and improves their lives from the safety and dignity of their own homes.

## Ending Homelessness: Where Are We?

The goal of ending homelessness in Delaware is both ambitious and achievable. Over the past few years a concerted effort has been made to look at how services are provided, for whom they are provided, and how progress should be measured. There are clear indicators that this effort has resulted in positive outcomes for many individuals and families who were formerly homeless in the state.

Some highlights:

- Reduction in length of time homeless before getting back into permanent housing
- Reduction in veteran homelessness
- Strong HMIS usage and data quality improvements over the past 3 years

As positive as these measures are, the CoC and broader community recognize that there is still much work to be done. To further this commitment to service excellence, OrgCode Consulting was contracted to complete a comprehensive review process involving community and stakeholder engagement opportunities, program data analysis and a community strategic planning day. The data review and the stakeholder interviews highlighted both the positive work that has been done as well as shed light on areas for growth.

## Our Planning Process

To gain a broad perspective and have input from as many voices as possible, the CoC Board and Housing Alliance Delaware sought input from a wide range of voices. There were three phases of input:

**1. Interviews with OrgCode**

- a. CoC Board members were interviewed by phone by an OrgCode staff person and asked to identify their thoughts about how the CoC was doing in its work, areas of focus, and gaps in the system of care.

**2. 1 ½ Days of Planning**

- a. Community members were invited to participate in 1 ½ days of planning facilitated by OrgCode in Dover. Community members were invited based on their role in leadership in the homeless system, or other related systems of care.

**3. Continuum of Care Feedback and Action Plan Finalization**

- a. A draft plan was completed by OrgCode. The CoC Board reviewed, edited, and approved the draft plan, and brought it to the full CoC membership for comment and feedback. Community members were provided with 30 days to make verbal or written comments on the plan.

## Our Guiding Principles

The first task completed by the community group during the planning days with OrgCode was to come up with a set of shared community principles. These principles are a reflection of shared values, beliefs, and ethics that form the foundation of what the community wants to accomplish together.

*The Delaware Continuum of Care commits to these guiding principles:*

**1. We believe that all people should have housing.**

Everyone deserves a safe place to live in permanent housing in our communities, regardless of their experiences, challenges, or circumstances.

**2. We believe that it is possible to end homelessness in Delaware, and everything we do will be focused on ending homelessness.**

We believe that we have the know-how and ability to ensure that homelessness in Delaware is rare, brief, and non-recurring. Everything we do as a community will be focused on achieving this goal.

**3. We believe in a collaborative approach to ending homelessness that is transparent and accountable.**

In order to achieve our goal we all must work together in a coordinated and strategic way. Each of us must be open about our successes and challenges, and accountable to one another and to our clients.

**4. We believe that Delaware’s homeless response system must be consumer-focused, accessible, flexible, trauma-informed, low in barriers, and rooted in best practices.**

Ending homelessness in our community will require us to ensure that our homeless response system is able to compassionately and effectively meet the needs of all people who experience homelessness. We are committed to implementing best practices in order to do so.

**5. We will be data driven and action-oriented in our work to end homelessness.**

Data can tell us a lot, including the demand for housing and services, the types of housing and services needed, and the outcomes that we are achieving. We will use this information to inform our strategies to end homelessness and monitor progress.

## **Our Strategic Priorities**

During the strategic planning sessions participants worked in small groups and used a process called Breakthrough Thinking to identify top priority action items to enhance efforts to end homelessness. This method provided an accelerated and transparent public decision-making process.

Eight top priorities were identified, and are listed below. These priorities represent our Continuum of Care’s priorities for the next 2 years. The CoC recognizes that solutions may vary from one community in Delaware to the next, depending on local conditions. Regardless of our particular and unique challenges, addressing these priorities at the state and local levels will help us achieve an end to homelessness in Delaware.

*During the next 2 years, we commit to working together as a CoC to address the following priorities:*

- 1. Increase and enhance Case Management services.**
- 2. Increase access to affordable housing.**
- 3. Increase and enhance CMIS (Community Management Information System) participation.**
- 4. Shift shelters to being low barrier.**
- 5. Re-evaluate and improve Centralized Intake.**
- 6. Partner with other systems to prevent homelessness.**
- 7. Explore ways to support households that do not meet HUD homeless criteria.**
- 8. Begin diverting households from shelter.**

Acting on these 8 priorities will move us closer to ending homelessness. Each priority is discussed in more detail below according to the particular way in which it will help us end homelessness by:

- Preventing homelessness whenever possible,
- Ensuring access to appropriate crisis shelter for all who need it,
- Quickly moving people from homelessness to permanent housing, and
- Providing housing stability supports that prevent returns to homelessness

Some of our priorities may assist us achieve an end to homeless in more than one of the four areas above. If so, they may be mentioned under each area with which they align.

## **Prevent Homelessness Whenever Possible**

Approximately 80% of people who experiencing homelessness in Delaware are homeless for the first time.<sup>1</sup> This indicates a need to look “upstream” to identify opportunities to prevent people from becoming homeless in the first place. When homelessness is prevented whenever possible, fewer people in Delaware will experience homelessness.

### ➤ **Strategy 1: Partner with other systems in order to prevent homelessness.**

No one agency or system can end homelessness in isolation. Community participants identified the need to reach out to other systems and engage with various levels of government differently if ending homelessness is going to be achieved. The Delaware CoC lead agency and CoC members will engage with key government departments and other systems of care to look at ways to prevent the occurrence of homelessness within the state.

#### **Action Steps**

- Identify, map, and engage with Delaware’s existing homeless prevention resources.
- Partner with the health care system and the criminal justice system to prevent people who are exiting institutions from entering the homeless system.
- Expand eviction prevention programs, such as legal services, and/or address landlord tenant issues that lead to evictions.

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<sup>1</sup> The measure for this data looks back 2 years. Households that we consider newly homeless may have been homeless at some point more than 2 years ago.

➤ **Strategy 2: Provide support for households that do not meet HUD homeless criteria.**

Households at risk of homelessness are not eligible for HUD-funded housing resources in the homeless assistance system, such as rapid re-housing and permanent supportive housing. Most households living in poverty will never become homeless. However, many will. As a community, we will look at ways to provide support to these households.

**Action Steps**

- Identify the primary risk factors for households who will become homeless.
- Partner with other systems to help support these households, including funding opportunities outside of HUD.
  - An example of this type of work currently taking place in Delaware includes the HomeWorks program administered by the DE State Housing Authority. This program identifies unstably housed households through the DE public school system and provides them with a rental voucher. This is an example of how other systems can help prevent people from entering the homeless system.
  - Another example of partnering with other systems is to look into expanding legal services to households facing eviction.

➤ **Strategy 3: Begin diverting households from shelter.**

The Delaware CoC recognizes that the current system lacks capacity to effectively serve all those who may be screened as eligible for shelter. Shelter diversion is a way to focus resources and efforts on preventing deeper and more acute needs from developing while ensuring that scarce program supports are truly targeted to those most in need of them. It is recognized that diversion is not the lack of supports or the turning away from resources, rather it is a unique engagement process that looks at both natural and systemic resources and attempts to leverage these resources to keep potential participants from becoming more entrenched in the homeless services delivery system when it is safe and possible to do so.

Homeless diversion occurs when a household presents for shelter. Diversion workers discuss other possible safe sleeping arrangements with clients seeking shelter and utilize mediation techniques and creative brainstorming to determine if other housing options may be possible. Examples may include help to mediating a conflict between a young adult and a parent, paying the electric bill for a family member, paying a security deposit for an identified housing unit, or identifying and connecting the client to other services in the community.

Implementing shelter diversion will require a thorough and systematic review of the current coordinated entry system to see where diversion interventions are best situated.

**Action Steps**

- Identify flexible funding and implement a shelter diversion program.

**Ensure Access to Appropriate Shelter for All Who Need it**

In order to ensure that all people access appropriate shelter who need it, the Centralized Intake emergency shelter referral process must be effective at matching eligible households to open shelter beds, and shelters must have the ability to accept all eligible households that are referred, regardless of their challenges or current circumstances.

➤ **Strategy 1: Shift shelters to being low barrier**

A recurring theme in the planning process was the necessity of an effective and responsive system in place that can provide access to low barrier shelter. Emergency shelters provide a life-saving service, without which people would be sleeping on our streets. Lowering barriers to shelter is critical to ensuring that all people, regardless of their criminal histories, family composition, sexual orientation, behavioral health challenges, disabilities, age, credit history, etc. are able to access safe sleeping accommodations.

**Action Steps**

- Ensure that any new shelter beds created in Delaware have few if any barriers in place to access;
- Review existing practices and working with shelters to reduce barriers while maintaining safety for staff and clients. This review would look at all existing shelters regardless of demographic served and help them to access training and resources to implement recognized best practices wherever possible.
- The CoC lead agency will create a standardized training plan for all homeless assistance staff that includes: Housing First, Housing focused case management, Motivational Interviewing, Trauma Informed Care, and other best practices. These trainings will help to ensure that emergency shelter staff have the information and tools needed to safely decrease barriers to access.

➤ **Strategy 2: Re-evaluate Centralized Intake.**

The Delaware CoC, with the leadership of the Centralized Intake committee, will re-evaluate Centralized Intake to ensure that consistent and excellent service is provided, and see what barriers can be addressed and what strengths can be leveraged. There is also recognition that there may be a need to ensure that shelter is available any time, day or night. The committee will ensure that local voices are heard, gaps due to location and geography are addressed, and

expertise is leveraged in making the centralized intake system truly responsive to community need and accountable to clients and partners.

**Action Steps**

- Ensure that emergency shelter resources are accessible through Centralized Intake regardless of where a household presents for shelter.
- Determine if elements of Centralized Intake need to be re-designed or improved to ensure access to shelter for all who need it, and implement changes as needed.

## **Quickly Move People from Homelessness to Permanent Housing**

Currently the average length of time that a household experiences homelessness in Delaware is 91 days. 50% of households served by programs in the homeless response system will exit homelessness to permanent housing. When we are quickly moving people to permanent housing, the average length of time that a household experiences homelessness will decrease, and the rate of exits to permanent housing will increase.

➤ **Strategy 1: Increase and enhance Case Management services.**

Overwhelmingly, this was the highest priority established during the community planning process by participants. It is recognized that without providing resources and supports to those who directly serve program participants they cannot achieve success. Additionally, it is recognized that to be most effective case management supports must be needs based and tailored to the individual or family being supported, be rooted in best practices, and be housing-focused.

**Action Steps**

- The CoC lead agency will create a standardized training plan for all homeless assistance staff that includes: Housing First, Housing focused case management, Motivational Interviewing, Trauma Informed Care, and other best practices. The CoC lead agency will ensure that all staff, new and existing, have access to these trainings. The CoC will foster a learning culture and ensure that knowledge is shared amongst agencies, including hosting learning and information sessions in the community.
- The CoC lead agency and the CoC board will look to identify funding opportunities to enhance case management supports and decrease caseloads to appropriate levels.
- Homeless service providers will foster a learning environment within their agencies and ensure that their staff are provided with access to the CoC's standardized training plan.
- The CoC will form a Service Solutions committee that will identify gaps in services, or gaps in service connections for clients in need, develop solutions to these challenges, and identify opportunities to strengthen partnerships with mainstream service agencies and systems of care.

➤ **Strategy 2: Increase access to affordable housing.**

It is recognized that the only solution to homelessness is housing, and the predominate source of housing is private market housing. Ending homelessness and quickly moving people from homelessness to permanent housing will require expanding access to affordable housing stock for people experiencing homelessness, including private market housing and publicly subsidized housing opportunities.

**Action Steps**

- The CoC lead agency will work with rapid re-housing providers to look for ways to expand the pool of landlords willing to rent to individuals and families served by homeless assistance programs and voucher programs.
  - This can include connecting with landlord associations, meeting with property management companies and building developers, and promoting programs in communities.
- The CoC will form an advocacy committee that will develop action strategies to advocate for affordable housing in Delaware.
  - This may include reaching out to local and state elected officials to provide information and increase buy-in, or other strategies such as supporting the expansion of the state rental assistance program, advocating for increased housing vouchers, advocating for increased affordable housing production, addressing the needs of particular subpopulations (sex offenders, young adults, etc.), or educating public officials about the cost savings achieved by ending homelessness.

➤ **Strategy 3: Provide support for households that do not meet HUD homeless criteria.**

There is a housing and service gap for people who have demonstrated the inability to self-resolve their homelessness without support, but who are not chronically homeless and therefore are not eligible for permanent supportive housing in Delaware. Many of these households have a disabling condition, but do not have the length of time homeless needed to qualify as chronically homeless.

These households must be properly identified through the coordinated entry system and matched with a housing resource that can meet their needs. This may involve enhancing or redesigning existing housing programs in the homeless response system, or working with housing partners outside of the homeless system to ensure that these households are served.

**Action Steps**

- The Centralized Intake committee will work with the Centralized Intake team and CoC Lead to identify households that meet this criteria, and identify housing solutions for this population.
  - o An example may include determining possible partnerships with housing solutions such as Section 811, a housing program that provides a housing vouchers for people with disabling conditions.

➤ **Strategy 4: Re-evaluate Centralized Intake.**

In January 2017 on the night of the Point in Time Count, 127 people in Delaware were experiencing chronic homelessness, including 2 families with children. This is approximately 12% of the people who were homeless at that time. In 2016, people experiencing chronic homeless made up 15% of the homeless population nationally.

People who experience chronic homelessness have been sleeping in emergency shelters, on the streets, or in other places not meant for human habitation for more than 12 months and have a disabling condition. By allowing people with severe service needs to remain homeless for long periods of time we are allowing our neighbors to suffer unnecessarily, and our systems of care are incurring significant (and avoidable) financial costs.

In order to meet our goal to quickly move people from homelessness to permanent housing, we must dedicate ourselves to resolving chronic homelessness in Delaware. This can be done, in part, by ensuring that our community is able to more quickly identify people who are experiencing chronic homelessness, document their chronic homeless status, and refer them to open permanent supportive housing units as soon as they become available through Centralized Intake.

**Action Steps**

- The Centralized Intake team, the Centralized Intake committee, and the providers of permanent supportive housing will work together to improve the permanent supportive housing referral process.
  - o This may include educating community providers about chronic homelessness and eligibility documentation requirements, using CMIS to help identify people who are chronically homeless, or other types of system-wide strategies.
  - o This may also include improving homeless outreach and engagement strategies that focus on moving people quickly from the streets to permanent housing.
  - o Nationally there has been a 31% decrease in chronic homelessness since 2007 due to the implementation of best practices throughout the country. Our actions should also include adopting evidence-based practices and implementing guidance from

nationally recognized leaders in the effort, such as the US Interagency Council on Homelessness or the National Alliance to End Homelessness:

- [https://www.usich.gov/resources/uploads/asset\\_library/10 Strategies to End Chronic Homelessness.pdf](https://www.usich.gov/resources/uploads/asset_library/10_Strategies_to_End_Chronic_Homelessness.pdf)
- <http://endhomelessness.org/homelessness-in-america/who-experiences-homelessness/chronically-homeless/>
- <http://endhomelessness.org/resource/ending-chronic-homelessness-saves-taxpayers-money/>

## **Provide Housing Stability Supports that Prevent Returns to Homelessness**

Currently, 22% of people that exit the homeless system to permanent housing will return to homelessness within 2 years. Of those people, 9% return to homelessness within the first 6 months of moving into housing. In order to end homelessness, the CoC will determine strategies to prevent people from returning to homelessness after their homeless episode has been resolved.

### ➤ **Strategy 1: Increase and enhance Case Management services.**

It is recognized that to be most effective case management supports must be tailored to the individual or family being supported and be rooted in best practices. For those who exit homelessness and move into permanent housing, these supports must be focused on helping the household maintain housing stability, increase their income as needed, and connect them to mainstream services in their community.

Rapid re-housing providers in Delaware are not properly resourced and equipped to provide appropriate and flexible housing supports to all households they serve. Additionally, households that self-resolve their homelessness without direct housing assistance may quickly find themselves at risk of homelessness again.

#### **Action Steps**

- The CoC will seek additional funding for housing case management in rapid re-housing.
- The Centralized Intake committee and the Centralized Intake team will work together to ensure that rapid re-housing is being effectively targeted to those who are least likely to be successful in housing without supports. 24% of clients that exit emergency shelter to permanent housing return to homelessness within 2 years. 13% of those households return to homelessness within 6 months.

- The CoC will ensure that rapid re-housing is implemented using a progressive engagement model.<sup>2</sup>

## Measuring Success

The Delaware CoC is committed to tracking progress in each of these areas utilizing a data-informed approach. The CoC will share information about progress and success with community partners no less than annually.

### **Action Steps:**

- The CMIS Lead agency will:
  - o Continue to work with providers to improve the quality of CMIS data. This includes regularly monitoring system and project level data quality and providing feedback and training to all CMIS users as needed to ensure that our community's data is reliable.
  - o Conduct outreach to homeless assistance providers that do not use CMIS and encourage them to do so. Success will result in more CMIS users in Delaware and increased CMIS bed coverage rates on the Housing Inventory Chart.
  - o Run the CMIS reports needed by the CoC to measure progress.
- The CoC Board and the CoC System Performance Committee will:
  - o Monitor system performance outcomes quarterly and annually, and look for:
    - Decreases in the rate of people experiencing homelessness for the first time
    - Decreases in the average length of time that people experience homelessness
    - Increases in the rate of exits to permanent housing
    - Decreases in the rate of returns to homelessness
  - o Set performance targets and provide system performance reports to the CoC members and community partners.
  - o Provide an annual update to the full CoC after 1 year of implementation that reports on activities completed, goals accomplished, and system performance outcomes achieved.
- The CoC will develop a Funder Committee composed of local and state funders of homeless assistance in Delaware. This committee will engage in ongoing coordination to ensure that funding requirements and expectations are aligned and help providers in the CoC move

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<sup>2</sup> This model provides households with the least amount of assistance needed to ensure that they are stably housed, and then increases assistance as needed to make sure that the household does not return to homelessness. By effectively implementing this best practice communities are better able to support those who need it most to prevent returns to homelessness.

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towards our shared goals. As a committee of the CoC, they will be available to receive feedback from provider agencies and CoC members.

The highest community priorities, as discussed above, will be the focus of the Delaware CoC for the next 2 years. The Delaware CoC will measure progress on these priorities and strategies. By 2020, the Delaware CoC will provide a full report on progress made, and identify the next steps in our work to end homelessness in Delaware.

*The Delaware Continuum of Care is a community-based collaborative that ensures a responsive, fair, and just approach to addressing homelessness, and strives to achieve housing for all.*



Delaware Continuum of Care

## **APPENDIX A: PUBLIC COMMENTS**

The Delaware CoC received comments on the Action Plan in-person at a statewide Continuum of Care meeting on July 26, 2017. We also received comments in writing during a 30-day public comment period.

We have grouped the comments by topic, and respond to each topic area by describing the ways in which the Action Plan addresses issues raised by the comments, and highlighting any changes made to the Action Plan in response to the comments.

### ***Case Management/Services/Health/Treatment/Recovery***

(Comments made by the Ministry of Caring, Dover Interfaith Mission for Housing, Connections Community Support Programs, Catholic Charities, the Delaware Commission of Veteran Affairs, Lutheran Community Services)

- Part of the discussion should include substance abuse recovery for parents with children. Heads of households have a difficult accessing treatment without risking having their children placed in state custody. Additionally, some permanent supportive housing programs lack the resources to provide the level of support and services that people in those program need. We need to ensure these programs are properly equipped and staffed to be able to support people with high levels of need.
- With regards to case management training in the CoC, it will be important to make sure that helping people increase their incomes and access behavioral health services is part of the training.
- The plan encourages shelters to be “low barrier.” If this means that shelters such as that operated by DIMH must take in men who are high on drugs, drunk, or so seriously mentally ill that they present a threat to themselves and others, DIMH will simply cease to operate shelter. As a primarily-volunteer organization with 37 beds, accepting referrals through CMIS that bring unsafe behaviors into the shelter creates too much risk for volunteers and for what is typically a one-person staff on duty at any given time. Faith and community organizations provide dinner on a daily basis and interact with shelter residents. When there is belligerent or other markedly-abnormal behavior, volunteers will not return. Men who are shelter residents and who are urged—even REQUIRED—not to use street drugs or alcohol as a condition of their tenure feel unsafe in the presence of those active in an addiction and are often “triggered” into relapse.

While such individuals require shelter, it should not be up to shelters to accommodate everyone. Instead, safe and specialized environments equipped with personnel skilled at addressing serious mental illness and active addictions must be provided separately.

- We need to ensure that once people are permanently housed there are linkages for them to financial management/empowerment and behavioral health services so that they do not return to homelessness again.

- We need to make sure we protect Medicaid and healthcare to make sure people have access to healthcare.
- Transportation is a major problem. There was a program called “cars for careers.” We should consider this type of program for people who are homeless.
- Sussex County has major issues with transportation.
- System-wide case management is a concern. We need case management services that follow people through the system, from one program to another, and that provides warm handoffs from one provider to another, and follows the client all the way from homelessness to housing.
- We need to do a better job with warm hand-offs for clients, from one provider to the next.
- It’s good to recommend additional case management; however, this is a hollow recommendation without housing resources. It is also important to have what we have come to call a “second tier” of case management so that resources continue to be available to guide those who have left actual homelessness and moved into a place they can afford initially. This would help to ensure that they continue to have access to job placement and other services to help to maintain their stability. WHO would train these case managers?

***Continuum of Care Board Response:***

Priority #1 of the CoC Action Plan is to *“Increase and enhance case management services.”* The goal is to ensure that people who are homeless have someone helping connect them to appropriate and available services in the community based on their personal goals and needs, including employment, substance use treatment, mental health services, mainstream benefits, recovery housing, child care, transportation, etc.

Additionally, on page 11 of the CoC Action Plan, there is recognition that there needs to be sufficient and effective housing stabilization case management provided to clients after they leave homelessness for permanent housing, in order to ensure that they do not return to homelessness. The CoC will develop and implement best practices training for direct services staff who are working as case managers or program staff in homeless assistance programs. The CoC will begin working on developing this strategy and identifying the training methods and content in 2018.

The CoC Action Plan has been edited to include more descriptive and clear language about what is meant by “low barrier” shelter access.

The CoC Action Plan has been edited to include creating a *Service Solutions* sub-committee of the CoC that is responsible for developing specific actions that can be taken to fill identified service gaps or enhance service connections for people experiencing homelessness.

***Lack of Available Affordable Housing***

(Comments by New Castle County, City of Dover Blue Ribbon Panel, Dover Interfaith Mission for Housing)

- We should consider ways to help prepare households for housing while they are waiting to receive a public housing voucher.
- Access to affordable housing in the private sector for this population is going to be very difficult to accomplish, because private housing providers are not geared to serve this population. Taking this on will be a large task for the CoC. The CoC may have to do quite a lot of work to make progress in this area of the housing and real estate market.
- The “classic” solution of increasing the “pool” of landlords willing to rent to the homeless and the promotion of increasing the number of vouchers for housing is impractical in a community in which there is an insufficient supply of affordable housing and in which—as noted above—no one has been placed in “rapid” re-housing in Kent County despite qualified individuals. It is also in conflict with a national political environment in which expensive solutions which require rental assistance to support rising rental housing costs is untenable and unpopular, despite the statistics regarding improved conditions for the homeless in those locales in which sufficiently-extensive plans have been implemented. Further, the placement of homeless individuals in apartments which separate them from one another is not often what Kent County homeless individuals prefer—based on Dover Interfaith’s extensive interaction with 400 to 500 homeless adults annually. Many who lack access to shelter live in tent communities and other informal settings and would choose to live in congregate housing or other situations in which their neighbors are those with similar backgrounds, issues, and struggles. Overall, our “downstate” view is that the plan drafted is, perhaps, a better reflection of the reality of New Castle County than that of Kent County. In particular, the lack of housing resources in Kent County makes it difficult to imagine that recommendations for the “rapid” re-housing of homeless individuals and households can possibly apply to our local situation.
- This approach (RRH)-being offered as the “solution”—requires waiting for landlords to open up what the plan implies is an existing supply of adequate housing for rent. In fact, there is NOT an adequate supply of housing in Kent County, so waiting on the openness of landlords would be a futile strategy. Instead, community organizations and municipalities must be active in the creation of a suitable housing supply. The proposed approach fails to recognize the potential for such community-based efforts in developing or contributing to a solution.
- Overall, there is no consideration of non-traditional housing: Does everyone need their own apartment? What about renting houses (as DIMH does) and placing four or five individuals together? Or congregate housing? Or housing programs in which those who will never acquire full employment due to disability or other factors can have the dignity of contributing to the community that supports them, by providing services to others who were homeless?

***Continuum of Care Board Response:***

The CoC recognizes that lack of affordable housing is the primary issue that creates homelessness. Priority #2 of the CoC Action Plan is to *“Increase Access to Affordable Housing.”* This priority is discussed in detail as it directly relates to our ability to move people quickly from homelessness to housing. An action step discussed under this priority includes forming an *Advocacy* sub-committee of the CoC that will advocate for affordable housing, among other things.

The CoC Action plan has been edited to include that the advocacy committee will promote increased affordable housing production.

***Systems Issues***

(Comments by Ministry of Caring, Family Promise, Dover Interfaith Mission for Housing, DE Division of State Service Centers, Catholic Charities)

- Homeless prevention is key. There are people who are losing their housing and becoming homeless who really do not need to – who seem to have the resources and/or supports to be prevented from becoming homeless.
- The emphasis on “collaboration” is noble but could not be more distant from the reality of operating a shelter and housing program for homeless men in Greater Dover. There is no one with whom the Dover Interfaith Mission for Housing can truly collaborate, with the exception of transferring homeless men back and forth between the Whatcoat Shelter and the Dover Interfaith shelter. The idea that Housing Alliance Delaware “collaborates” with Dover Interfaith is simply a euphemism for HAD’s dictation of policies and client eligibility without anything in return. Dover Interfaith Mission for Housing (DIMH) and its very small staff have added to their daily responsibility the completion of VI-SPIDAT forms and communication with HAD staff without any benefit of assistance to DIMH guests in terms of access to housing. Only ONE of 35 individuals determined to have a very high VI-SPIDAT score has received housing: this is in an unfurnished and unsafe apartment in New Castle County which he is eager to leave.
- The definition of “chronic” homelessness is restrictive and excludes those who utilize community resources in a creative way focused on self-preservation. Someone who has access to a week’s stay with a friend and who interrupts his routine of sleeping on a park bench is suddenly less “homeless” than someone who could not access anyone’s hospitality? Really? Who wishes to explain this to the woman being put on the street today after four weeks of support for a motel room while she searched for employment?
- There is NO mention of ex-offenders or sex offenders in the report. These individuals have particular barriers to accessing housing. DIMH has found some workable approaches which we are seeking to expand; but advocacy for ex-offenders and the inclusion of one-time sex offenders who might be determined not to present a continued threat to the public is important and currently missing from the report’s recommendations.

- It is important that we advocate to funders of homeless assistance to make sure that funders are not adding requirements that make it more difficult for us to achieve our goals as a CoC. We need to make sure that we are coordinating our homeless assistance funds as a state to make it easier for us to do our work and achieve our goals.
- Each county in Delaware is different and has different needs and resources. This should be taken into account in all of our planning efforts.
- We should make sure to have strong connections to other systems that are exiting people to homelessness, like hospitals and prisons. These systems need to be at the table.

***Continuum of Care Board Response:***

Priority #6 of the CoC Action Plan is to “*Partner with other systems to prevent homelessness.*” These other systems include the criminal justice system, health care system, and behavioral health care system.

Priority #8 of the CoC Action Plan is to “*Begin diverting households from shelter.*” Homeless diversion is a homeless prevention program that occurs when people are seeking access to shelter. Diversion uses mediation and motivational interviewing techniques to help households identify safe alternatives to entering shelter and homelessness whenever possible. Diversion workers discuss other possible safe sleeping arrangements with clients seeking shelter and utilize mediation techniques and creative brainstorming to determine if other housing options may be possible. Examples may include help mediating a conflict between a young adult and a parent, paying the electric bill for a family member, paying a security deposit for an identified housing unit, or identifying and connecting the client to other services in the community.

Priority # 7 of the CoC Action Plan is to “Explore ways to support households that do not meet HUD homeless criteria.” This includes those who may not meet the HUD definition of chronically homeless, and, therefore, may not be eligible for certain types of HUD-funded housing assistance.

The CoC recognizes that conditions, challenges, and solutions may vary significantly from one Delaware community to another. The CoC Action Plan has been edited to include language stating that local implementation of these goals and strategies may vary depending on local needs and conditions.

The CoC Action Plan has been edited to include advocacy for the unique needs of subpopulations through the CoC’s advocacy subcommittee, such as the need to reduce barriers to housing for people with histories of justice involvement, including sex offenders.

*Funder Collaboratives* are often considered a best practice in communities that are making progress toward the goal of ending homelessness. The CoC Action Plan has been edited to include the creation of a *Funder* subcommittee composed of local housing and homeless assistance

fundings. Through this committee local fundings will engage in ongoing coordination to ensure that all funding sources are aligned to promote our CoC's shared goals. They will also be well-positioned to receive feedback from homeless assistance providers.

## **APPENDIX B: PLANNING SESSION NOTES**

Many other issues were identified during the planning process. It is truly a strength that the community was able to identify the number of and diverse nature of issues that need to be addressed as we work to end homelessness.

As a community we do not want to lose any of the good ideas that were shared and discussed. For that reason, we have recorded those ideas below and grouped them into focus areas. You will notice that some of what is listed below overlaps or reiterates what is included in the action plan, while other items go into more detail about specific ways that we may consider moving forward.

### **Focus Area 1: Housing**

As a community we have prioritized housing and supporting our most vulnerable individuals and families. We remain committed to housing individuals and families experiencing homelessness in Delaware and providing the wrap around supports necessary to help them stay housed.

- Work to increase affordable housing stock;
- Use data and find funding to build better and awesome housing that meets the needs of people experiencing homelessness. Look at models from other communities that are already doing this.
- Work to build better relationships with private landlords and owners and enhance our engagement with existing landlords.
- Look at ways to expand SRAP to other populations;
- Enhance our partnership with public housing authorities throughout the state to increase access to housing choice vouchers.
- Explore shared housing options;
- Engage with individuals and families who are awaiting public housing to see if we can support them overcome their present barriers;
- Increase funding to provide greater housing flexibility;
- Advocate for the modernizing of local building and housing codes to see if more units could be built or access by the individuals and families that we support;
- Create a liaison position in the CoC to communicate housing options and vacancies to providers in real time.

### **Focus Area 2: Housing Supports**

As a community, we celebrate the tremendous effort that has been expended to help individuals and families experiencing homelessness be moved into housing through support programs. We also recognize the challenges faced by both participants and the programs that support them. We are committed to the task ahead, ensuring that supports of the highest quality are provided to assist individuals and families maintain their housing throughout and beyond their time in our support programs while ensuring that these supports are participant-centered.

- Ensure that comprehensive and consistent case management supports are provided throughout the state, ensuring that the case managers are well trained, supported, and have access to all of the resources available to them and the households they support;
- Develop a comprehensive and formalized training plan to ensure that case managers are able to provide the best supports possible in their work;
- Ensure that there is enough funding available to ensure appropriate caseloads that will allow case managers to provide weekly support for individuals and families until the level of support required lessens.
- Advocate for additional funding to be available for emergencies that occur after individuals and families have moved into housing;
- Enhance our existing connections with employment, job training, healthcare, transportation and financial literacy supports in communities to ensure that the individuals and families we support can access these supports as they stabilize in their housing.
- Advocate for access to mental health wrap around services for individuals and families who require them and wish to engage with them;
- Advocate for funds to be available for use in emergency and crisis situations to ensure individuals and families supported by our programs don't lose their housing;
- Survey and collect data from persons with lived homeless experience to improve and enhance our programs and supports.

### **Focus Area 3: Homeless Response System**

As a state we recognize the importance of and need for emergency and crisis responses that are effective, accountable, and responsive when individuals and families lose their housing.

- Determine if there is need for a “gap” shelter that is available 24 hours a day, 7 days a week and available in all three counties; If so, these shelters would be centrally located, made available to those otherwise deemed “difficult to house” or “difficult to shelter” and will be available for access afterhours and on weekends;
- Work to ensure that there is clear communication about these shelters so that individuals and families can know how they can access them and that this information is provided to housing supports and other community agencies.
- Explore the option of providing a centralized intake hub in all three counties that provides 24 hour access to individuals and families that will access them:
- Determine if households who are homeless have access to a resource hub in all three counties to ensure that individuals and families can have access to information and supports when they are needed;
- Look at how to implement diversion as a service throughout the homeless response system;
- Provide education and training for first responders who encounter individuals and families experiencing homelessness so they know how to access the systems of care and provide a clear and consistent message about how to access resources and supports;

- Look for ways to utilize peer advocates to enhance our work and supports;
- Examine the role of motel vouchers and their use within the system.

#### **Focus Area 4: Sub-Populations**

As a state we are committed to providing consistent and excellent support to the individuals and families that we serve. We also recognize that the individuals and families we serve are all unique and are not always well served by mainstream services. Increasing awareness around specific sub-populations and providing education and training that will allow programs and supports to better understand and support their needs is important. It is also important to look at available data to see how these needs are being met at present.

- Provide low barrier shelters for those who currently have difficulty accessing existing shelters;
- Create a system map of existing services to see where any overlap or duplication exists and then look to reallocate those resources;
- Ensure that a VI-SPDAT is completed within 5-10 days of being identified by the system of care;
- Explore the role of transitional housing within the system;
- Ensure that programs have quick access to benefits such as Social Security and Medicaid;
- Work with providers outside of the homeless system to increase advocacy for mutual participants;
- Encourage an internal review at all funded agencies to see where any service barriers currently exist and work to remediate those barriers.

#### **Focus Area 5: Data and Research**

We are committed to making decisions that are evidence-based, and we will utilize and expand available data to do so. We will keep up with current trends of thought and research and will continue to prioritize the use of data in our work. We are committed to having all available data in one place from all providers and have real-time and open-system access to this data.

- Engage First State Community Action around CMIS and bring remaining providers who are not currently tracking or sharing their data with the rest of the system of care;
- Merge together data and ensure that all providers have access to real time data that will allow them to enhance their service delivery.
- Explore the possibility of creating a mobile app that would allow programs to input and access data while in the field with participants;
- Create uniform terms and definitions so that all providers “speak the same language”;
- Use available data to inform new programming needs;
- Communicate system performance to the community;
- Explore the idea of social impact bonds to pay for success;

- Have the CoC tighten data reporting and entry requirements;
- Ensure that people with lived experience are utilized when looking at program improvements.

### **Focus Area 6: Knowledge Acquisition**

As a continuum of care we recognize the importance of continual knowledge acquisition and growth. We are committed to ensuring that all community supports, from front line providers to managers and executives have opportunities to learn and share information to enhance their work. We also feel we have a responsibility to educate and inform our community about the work that we do, how we do it, and why we do it the way that we do.

- Support more training throughout the state on best practices including trauma informed care, progressive engagement, housing first, housing focussed case management, harm reduction, mental health supports, fair housing, and SOAR;
- Work with partners to explore opportunities for staff to shadow other programs and resources to enhance their knowledge of available supports;
- Explore holding or hosting a conference or summit on homeless supports and practices;
- Take on the role of a learning hub and ensure that all funded programs have access to resources and supports;
- Regularly engage with program participants to solicit their feedback in improving and enhancing our programs;
- Explore the possibility of providing training sessions and/or webinar during the work day, a series of “brown bag” sessions;
- Connect with other CoC’s to look at their training and support systems to find and utilize best practices.

### **Focus Area 7: Governance**

As a state we have created our current governance structure in the form of a Continuum of Care. We recognize that as communities change so too does the response needed to end homelessness have to change to reflect new realities.

- Strategically plan to identify and reach out to supports and agencies from various sectors, including justice, employment, mental health, childcare, education, first responders, health, transportation, and persons with lived experience to create partnerships and enhance the work of ending homelessness.
- Look at ways to engage new members and to make CoC meetings more interactive;
- Create local teams within each county that will be responsible for implementing statewide goals;
- Ensure that there are clear and accountable roles and responsibilities for the CoC board, funders and other CoC members;

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- Implement a system of quarterly check-ins throughout the CoC to look at data and performance management;
- Ensure that new CoC members receive a proper orientation;
- Increase collaboration with other CoC's.

### **Focus Area 8: Advocacy**

As a continuum of care we recognize that we cannot end homelessness alone. To end homelessness will truly be a community effort, and to that end we understand that we must broaden our scope of influence and work with a broad range of others within the community.

- The CoC will take the lead in connecting with various levels of government and the governor's office to increase their knowledge of our work as well as ways they can be more effective in efforts to end homelessness throughout the state.
- Advocate for partner systems to look at ways to address the root causes of homelessness in Delaware and address them in efforts to prevent future homelessness from occurring.
- Advocate with landlords;
- Creative engagement efforts to engage the public such as social media and ensuring a consistent message is delivered;
- A CoC advocacy committee;
- Engaging sub-populations we serve to ensure their needs are heard and addressed;
- Build self-advocacy skills with program participants.

### **Focus Area 9: Other**

Some priorities identified by the community did not fit into the previous focus areas but their importance remains.

- Provide legal assistance to help those in housing maintain their housing;
- Pass a homeless persons bill of rights in Delaware;
- Increase access to mental health and substance use treatment.