HOMELESS ADVISORY COUNCIL

January 25, 2021

3:00 pm

Facilitator, Reggie Gordon

Welcome

Thank you for being present with us. We want to be sure that everyone has received their Homeless Advisory Council (HAC) Workbook. If you have not received your copy, please contact Khilia Giacobone, khilia.giacobone@richmondgov.com.

Today we are placing Richmond in a national context. We are looking at homelessness a the National, State, Regional and Local levels so that when we get to the point of reviewing recommendations we will have a good foundation based on Richmond's Homelessness Strategic Plan. We will all have a good foundation with the same body of knowledge and facts.

Process:

- Presentation from guest speakers

- HAC last 15 mins for comments and questions

Session 1:

Monday, January 25 (3:00 p.m. – 4 p.m.)

Purpose:

Homelessness 101.Review of Homelessness at the National and State Level/Placing Homelessness in Richmond in a National Context.

Presenter(s):

- Nan Roman, President, and CEO, National Alliance to End Homelessness (Washington D.C.)

  Contact: info@naeh.org

- Fred Karnas, Senior Fellow, Richmond Memorial Health Foundation (Richmond)

- Nichele Carver, Associate Director, of Virginia Department of Housing and Community Development.

  Contact: nichele.carver@dhcd.virginia.gov.

  *Bios are included in the HAC Workbook

Fred Karnas, Senior Fellow, Richmond Memorial Health Foundation (Richmond)

Goals for today:

- Offer some context for the discussion today and for the session for the next several weeks.

- Cover 40 years of homelessness in about 10 mins.

History of Homelessness

1. In the 1980's Peter Marin wrote a piece offering some thoughts on how homelessness emerged in this country:

   - Homelessness among other things is a complicated result of budget cuts, poorly executed deinstitutionalization, tax cuts, modernization of industry, shifts in the balance of things, and the war, causing homeless veterans on the streets.

   - Homelessness is the sum total of our dreams policies, tensions, cruelties, kindnesses all of it recorded in the flesh in the life on the streets.

   - We need to be clear upfront it is those policies that Marin alludes to have often fueled structural racism and that drives the poverty and set the core of homelessness and results in a hugely disproportionate number of persons of color facing homelessness.

   - It is critical that we understand that the context of the problem we are facing is much broader than specifically the programs we are working with here in the city of Richmond, the region, or even in the country.

2. It is critical that we understand that the context of the problem we are facing is much broader than specifically the programs we are working with here in the city of Richmond, the region, or even in the country. And that even in the midst of our inability to meet the overwhelming needs the systems in place have helped millions of people out of homelessness over the last decades.

3. When these mainstream existing systems – whether they are related to housing or behavioral health, health or food insecurity, or other basic needs; when they cannot meet the crushing demand people begin to fall through the cracks and then they end up homeless.

   - Too often when that happens the assumption is that the homeless system doesn't work.

     Example 1: since modern homelessness is driven mainly by the poverty and the lack of affordable housing. Here is one example of why we can't put all of our expectations on the back of homeless assistance system. The entire Federal Assistance project across HUD, VA, Education, is about 5 Billion Dollars. The mainstream housing programs at HUD are funded at 10X that level and yet everyone here knows that the waiting list for public housing are thousands of people long. If you are facing a housing crisis, is it not likely that the Public Housing System will be the first place that is going to help you out. Across the safety net programs we see are funded at much higher levels than the homeless assistance programs, as they should be and still grossly insufficient in terms of meeting the pressing needs.

     Example 2: Corrections system receives over 80 billion dollars. Currently 36 X the homeless assistance programs. Yet that dumps returning citizens into homelessness. By the 1000's the lesson here…no matter how angry we are every time we see a person left behind on the streets or facing homelessness, it is simply impossible to expect the homeless system by itself to solve the problem.

4. What happens when demand outpaces resources? You have to make hard decisions just like you have to do with your organizations and your own households.

   - We who have worked at the national level on the housing policies, and those who have worked on local policies, have nightmares about those decisions, because we know people are going to be left behind. Even if we know those decisions were based on higher research or

understanding who has the least options. It is very hard to make those decisions. Some of those decisions drive how we make those decisions today.

History of Continuum of Care

1. In the mid 1990's the Continuum of Care approach was established. The goal was to give communities that were closer to the problem more flexibility in setting priorities in their own local communities. I helped develop this and I felt like this was a model for how federal policies should work. The Federal dollars creates some guidelines – gives localities within those guidelines to set priorities however.

   - Over the years, those flexible resources have diminished and the programs that were funded year after year were no longer sustainable.

   - We have learned more about best practices for ending homelessness and tighter federal requirements have been put into place and less local control, they have to determine who they are going to serve. And it has targeted those resources to the most vulnerable folks.

   - Current definition of homelessness – an operational definition of homelessness. In an effort to tie the amount of resources we have to those in greatest need. Certain populations were prioritized – veterans…then others were being discouraged like those being released from institutions like hospitals and prisons from entering the homeless assistance programs – not intended to be punitive but in an effort to not overburden the main stream assistance from just dumping people from their systems into an already overburdened homelessness assistance systems. We jettisoned approaches that were not proven to work. Like Mass Shelters, long term transitional housing in favor of evidence programs like permanent supportive housing, housing first, portal entry systems, and rapid rehousing which are all key components of our local continuum of care. These decisions have consequences – meaning that some, lots of people get left behind because lots because the resources that served them through the homelessness assistance services are not there.

2. It is not unreasonable to argue for different prioritizations of the federal law, there are people around this table who are working with populations who are often left behind. But these are the priorities that exist now and the decisions that have been made over the years drive local voices to get the resources that they can get. Even though this may seem constraining, by targeting resources on evidence based systems, we began to see some significant reductions in homelessness in the last 8 or 10 years. Unfortunately the pandemic has upended this and we will have to go back to that but we know that targeting resources can make a difference.

What can this committee do?

1. You can be assured that the resources that you do have are spent equitably and efficiently.

   - The GRCoC here does a great job of that. But that does not mean it is not worth taking a look at both the system level and the programmatic level

2. We can better connect our homeless assistance systems with our mainstream systems. To increase efficiency and maintain and better outcomes for our homeless neighbors

   - We have seen this happen already between the homeless system and the health system during the pandemic. And Reggie is leading an effort in a more integrated health and human services – that will hopefully increase efficiency

3. We absolutely must at National, State and local level address structural racism and our safety net across the board. Until we eliminate the inequities that drives the disparities in our community, we will never end homelessness.

   - We can start by knowing we have the capacity to dis-aggrate data – see where the greatest needs and who is being served.

4. We continue to innovate and adapt as needed.

   - The fact that so few homeless people have died from COVID compared to what the CDC predicted, is not a miracle, but the result of incredibly hard work systems and programs adapting almost overnight to meet the emerging need for safe housing and to no one's surprise the additional dollars made a huge difference .

5. Finally we can stop blaming overworked and under resourced providers and recognize that it is on all of us.

   - Press on for more federal resources. State government, local governments, philanthropist and the private sector must all play a role in ending homelessness.

   - The Federal Government has the capacity to deal with the problem at full scale.

   - We must push back against NIMBY and other policies that limit the ability for equal housing.

   - We must know the facts about what's being done and share them with our neighbors.

Closing Thoughts

Author and friend Johnathan Kozol says about ending homelessness:

   - The many problems that we may not know how to solve, we may need more research and testing, but homelessness isn't one; we know how to build housing ,we know how to provide needed services, what we need is the will to ensure that every man, woman and especially that every child is housed.

I know you can do that. I look forward in seeing what comes of the hard work that you are about to take.

Nan Roman

What is Homelessness

1. Housing really is the driver of homelessness.

   - This defines what homelessness is; those who have a house are not homeless.

   - We become homeless because we just can't afford housing.

   - Substance abuse, not having a job, disabilities, all of these things may cause people to become poor and exacerbate the problem. Those people who have those problems, most of them are housed. it is not the substance abuse, not having a job, disabilities that is causing homeless, it is something else. The major issue is housing affordability.

   - It is something else. People with a criminal record, people in foster care are also at a disadvantage in getting housing, of course by virtue of systemic racism people of color are

disadvantaged in the housing market. Disproportionally this leads to homelessness. In all of these cases the real, major issue is housing affordability.

2. The cause is that there is just not enough affordable housing units for all the low income people who need those low housing units.

   - There are statistically 59 available low income units for every 100 household units in the country, according to HUD. Only 1 in 4 people who is eligible to receive housing assistance because there is not enough money coming into the federal budget to receive housing.

   - We are about 7 million units short about having enough affordable housing to meet the needs of every low income household in the country. It is really a game of musical chairs and those that are left standing, they don't have a chair are at risk of becoming homeless.

Homelessness History since 1970

1. We don't have to have homelessness, when I started working in the housing issues in the 70's, we did not have widespread homeless issues. We had a surplus of affordable housing units relative to the number of households that needed them. We had enough housing for people.

   - We had plenty of substance abuse, mental illness, disabilities and no jobs and plenty of racism, and yet we did not have widespread homelessness.

2. Federal Gov recommends that people spend not more than 30% of their income on housing, most low income housing, at least half of the low income household, most of them pay much more than that, they pay 50 to 70% of their income for rent, that of course leaves too little for food, education and clothing, and that means they are unstable in housing. The cost of housing and the gap in affordable housing is really what is driving up homelessness and commensurately, housing is the solution to homelessness.

   - The homeless system is dealing with who are people affected by this economic issue, there is just not enough resources to help all of the 8 million households that have what we call worse case housing needs, that is where they spend too much for housing and but can't find housing.

   - We do not have enough resources to pay for people who become homeless. 37% of people who become homeless are in the shelter – over a third of the people who become homeless, we are not even providing them with any shelter.

3. As to the homeless system, we are really managing a scarce resource and that's why it is not making very much progress on the problem.

   - However between 2007-2016 because it became more efficient on the types of strategies that were being used. Homelessness went down. Particularly among families. There was an emphasis on this timeline of chronic homelessness, families went down. Veterans had a huge decrease, due to resources and some additional resources that got devoted to homeless veterans.

Thoughts for this Committee

The Homeless system fails to help everyone. That is true either because it is not using its resources it has efficiently and effectively. I think the two things, for you to be thinking about:

   - What could be causing the numbers to be going up.

- And are you using the resources effectively and efficiently.

1. Richmond does not have enough resources, but I have been impressed with the work of the Greater Richmond Continuum of Care (GRCoC).

   - The Alliance has worked with Richmond over the years with their strategies, GRCoC is considered one the better CoC's in the country. It rings every bit of help out of every dollar it receives. It is not ineffective. It has effective programs.

   - GRCoC does a great job in collecting data and using the data it collects to design what it needs to do to prioritize its scarce resources. It stays on top of the best practices are and what it means to implement those best practices. Using best practices at a higher level than others.

   - It's philosophical approach to managing in your city is good, it is trying to help everyone, but putting its resources into the people in the highest needs.

   - It is very transparent it communicates with people about what it is doing and why. It is strategic in approaches, always trying to figure out what is going to work whether it is dealing with an issue or using a racial lens, it is innovative, it is not afraid to try things. To adjust things and drop things if it is not working.

   - It is successful in raising money, it works hard to build the capacity of providers.

   - We regularly go to your GRCoC to get sample policies and how to implement certain practices.

2. So if your GRCoC is not ending homelessness, it is because they don't have the money to end homelessness, it is not because they are not doing the right things, it is not to say there couldn't be improvements. But it is a high functioning CoC. What are some of the right things to do:

   - Housing first, rapid rehousing, getting homeless into housing and then linking to other resources. People do much better as we all do. When we have a solid stable place to live.

   - Low barrier housing.

   - Diversion to try to get people who have not yet lost housing, catch them and do some problem solving and see if there are alternative.

   - Linking people to services about what people are going to do.

   - Coordinated entry to focus on folks who are – those with the highest needs. Too many people are not getting anything there esp. people with higher needs.

   - There needs to be better balance. In this COVID environment, better spacing in hotels

   - Providing testing and vaccination vaccinating but these are all things

   - Encampment; getting people into housing and out of camps is the best practice.

Closing

We need to close the front door into homelessness and open the back door to homelessness.

We need to prevent more people from becoming homeless, making the MAINSTREAM Criminal Justice, Foster Care, TANF, Health and other systems responsible; not to discharge people into the homeless system.

And getting everyone that needs housing into houses and connect services in their community – that is the back door.

Nichele Carver

Richmond was the system that I started working in around 1997. This is the system I know the best in the Commonwealth. I started at RBHA and then moved on the state level, I can definitely put Richmond in context.

GRCoC Expectations from the State Level

1. The Greater Richmond Continuum of Care (GRCoC) we are referring to Richmond and all of the localities that fall within that sphere: Charles City, Chesterfield, Goochland Hanover, Henrico, New Kent, Powhatan and the City of Richmond.

   - Today's conversation is very much about Richmond – from the state perspective we are talking about greater Richmond COC – it is a little bigger and so we always have the expectation that the funding going to the GRCoC is for the entire community, we don't break it up by communities. We give it a pot of money with the expectation that it will serve everyone experiencing homelessness and region. This is not odd, there are 436 communities and Coc's. Every community doesn't have their own CoC, it would not be cost effective and would not make sense.

   - When you start to plan what you are going to do, it really should be a regional effort. Regional works much better than trying to put all of your requirements on one community. NOVA has separate CoC's due to per capita.

   - There is not enough money right now for anyone to end homelessness. We sent out a request to find out how much it would cost for every CoC in the Commonwealth, if we had a magic bullet and could end homelessness? This was what came back during the heart of COVID in June – it came back at 187 million, which was way lower than I thought it would be. We don't have 187 million.

What We Need

1. Affordable housing.

2. A more robust Coordinated Entry system the coordinated entry system is a requirement through HUD and through the Dept. of Housing and Urban Development and DHCB.

   - Nobody is getting money without a coordinated system. The requirement for a coordinated entry is that there should be a door to the system. It could be multiple doors doing the exact same things or one door doing the same thing, but not multiple doors doing different things. That would put the GRCOC out of compliance.

3. Housing first is our primary goal, not just getting more shelter beds.

   - The problem with that is that if they just get a shelter bed, they are still experiencing homelessness.

   - They are still homeless and the larger issue is affordable housing. You can create a lot of shelter beds, but if you don't have affordable housing, you did not change it or you made it so people just can't see it. But did not change it.

4. When we are talking statewide and funding whatever decisions are being made, remember that a decision made for Richmond will affect the other 8 communities and could affect them if any other kinds of stipulations were made

   - Example – in NOVA, they said, we are only going to serve people from x community even though they have a COC that serves all of the larger area. They said we will not serve everyone in this CoC effects funding, it is unfortunate but did not work – we had to put money into another community to serve the other communities by their CoC.

5. We are very much into making sure everybody has access. When people don't have access. There's a problem and we try to get to the root of the problem. To solve the problem we can never cut out access for more people.

Questions from Speakers

FK

1. Nan, are there any efforts of the part of the US Interagency Dept. on the work being done to engage the mainstream systems in addressing homelessness and do you have any examples in other communities or elsewhere and how have they been able to better engage, whether it be the behavior health folks or foster care folks and recognizing their part in reducing homelessness and reducing their part of the homeless assistance services.

NR

1. There is a US interagency Dept. that is supposed to in the quarterly sessions work on the issue, Coordinating people's homelessness issues, without people trying to nag and focus on the preventive side of things. I think it hasn't done a great job there. Coordination among healthcare and housing and other kinds of services is really important to getting the numbers down. There are a number of programs designed for Fed funding:

   - In addressing the needs of youth getting out of foster care getting into housing.

   - The veterans – from the VA to get veterans into housing

2. In the new and current administration we are going to have more opportunities to plan than in the previous administration to coordinate the systems better.

3. As you are doing work in Richmond. There are big pockets of money already in play.

   - FEMA made a commitment, not sure what it means yet. They were paying 75% of motels and people who were homeless and were in isolation quarantine related to COVID. They have now decided to pay 100% of that will be reimbursement – which is why a lot of communities have not used this. FEMA takes so long reimburse them. And some will reimburse faster. They have expanded who they are willing to serve – this would get people into hotel rooms quickly – over the next 8 months

   - Stimulus bill proposed has 5 billion related to property acquisition related to homelessness, 10 billion for other assistance and 25 billion for rental assistance. Large amounts of money that will be flowing into communities.

** You are striking while the iron is hot in terms of possibilities to be able to implement your integrated system plans.

NC

1. We have a couple of Initiatives on the State level.

   - State Health care and housing initiatives.

   - The Virginia Coordinated Council on Homelessness - we are trying to replicate that at local levels.

   - Pilot projects where we are working with managed care organizations. COC's have been involved, we are seeing how we can put projects in and see how we can have more money that will be helpful to will assist communities way past COVID.

   - FEMA vs. VA Dept. of Emergency Management put out something that was a little contradictory. We are waiting to see which one we have to follow. They simultaneously came out saying you can do this, you cannot do this. We are waiting – hoping that since the President signed the paper work that might be helpful.

Closing remarks

Thank you to our guests for sharing their wealth of knowledge of strong and rich information for the HAC, it will move us forward as we begin to unpack homelessness in the Greater Richmond region.

Please email questions and comments to our staff so we can build upon and address these issues, your comments and questions are important for us to understand our shared all of our concerns.

End 4:10