

#### Opening Doors New Jersey Presentation to the New Jersey Interagency Council On Homelessness

Trenton, NJ September 25, 2012



# The Role of USICH

- **Coordinates** the federal response to homelessness
- Maximizes the effectiveness of our 19 federal agency partners
- **Shares** best practices
- Drives collaborative solutions





- No one should experience homelessness
- No one should be without a safe, stable place to call home



## **Opening Doors**

#### **Goals of Opening Doors**

- 1. Finish the job of ending chronic homelessness by 2015
- 2. Prevent and end homelessness among Veterans by 2015
- 3. Prevent and end homelessness for families, youth, and children by 2020
- 4. Set a path to ending all types of homelessness



## **Opening Doors**

#### **Five Themes**

- 1. Increase leadership, collaboration, and civic engagement
- 2. Increase access to stable and affordable housing
- 3. Increase economic security
- 4. Improve health and stability
- 5. Retool the homeless crisis response system

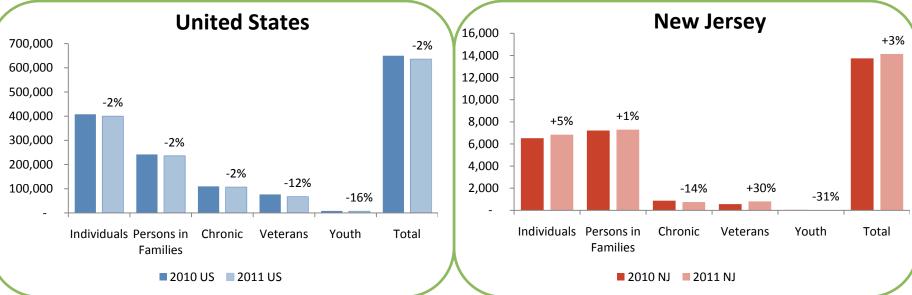


# **Progress Highlights**

- Strong support for Opening Doors and unprecedented collaboration at federal level
- Increased engagement with states and local communities
- Strengthening and expanding HUD-VASH program
- HPRP successes and applying lessons to systems
- Framework on Youth



#### National and New Jersey Point in Time Homelessness Count by Subpopulation, 2010-2011



	2010 NJ	2011 NJ	2010 US	2011 US
Individuals	6,520	6,841	407,966	399,869
Persons in Families	7,217	7,296	241,951	236,181
Chronic	877	750	109,812	107,148
Veterans	567	811	76,329	67,495
Youth	42	29	8,153	6,826
Total	13,737	14,137	649,917	636,017

Source: HUD HRE



#### Purpose of a Interagency Council

#### An Interagency Council Coordinates the Response to Homelessness

**Creates** a plan to prevent and end homelessness that assesses overall needs, coordinates resources, and promotes national best practices. ICHs can facilitate alignment of state-wide and local plans with the goals, vision, values, and strategies of *Opening Doors*.

Fosters the development of local community plans to end homelessness.

**Recommends** policy, regulatory, and resource changes needed to accomplish the objectives outlined in the plan.



### Critical Role of SICHs

- Partnerships
- Linkages to Mainstream Services
- Strategic Direction/ Focus on Proven Solutions and Outcomes
- Accountability



#### **Planning and Formation**

- Determine a lead and purpose.
- Convene a meeting with a broad spectrum of stakeholders.
- Ask questions:

What do best practices look like on the ground? How do different practices work together? How would we bring them to scale?

- Don't reinvent the wheel.
- Be open-minded, creative and flexible.



### Aligning State and Local Efforts

- Improve access to interventions by streamlining collaboration at all levels of government and across jurisdictions
- Encourage uniform use of best practices
- Coordinate outcome measures
- Access federal resources and ease federal reporting requirements.
- Save state dollars



### New Jersey Cost Analysis

	Average monthly cost for motel	Average monthly cost for rent plus case management services	Annual savings per household
GA Recipients	\$1,231	\$750	\$5,772
TANF Recipients	\$1,844	\$1,392	\$5,424

October 2010 Report of the New Jersey Interagency Council on Preventing and Ending Homelessness



#### **Costs of Chronic Homelessness**

# 10% of shelter users but more than half of shelter nights

#### Frequent users of expensive crisis services

Emergency and inpatient health and psychiatric services Detox/sobering centers Jails and prisons



## Best Practice: Chicago Housing for Health Partnership

- Keys to success:
  - Agency-level leadership
  - A coordinating entity
  - Keeping collaborations small
- Results:

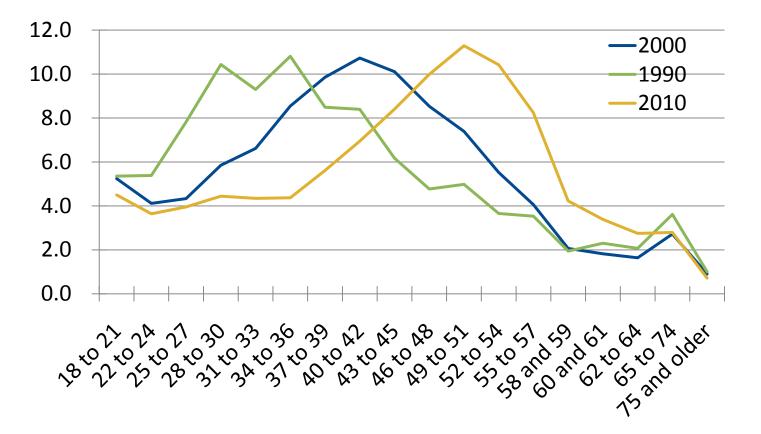


- A study of CHHP, published in the Journal of the American Medical Association, reported that participants used one-third less hospital inpatient days, and one-quarter less emergency room visits than those who relied on the usual system of care
- Cost savings for the subpopulation living with a chronic illness is estimated at nearly \$1 million in public funds per year



## Health and Well Being

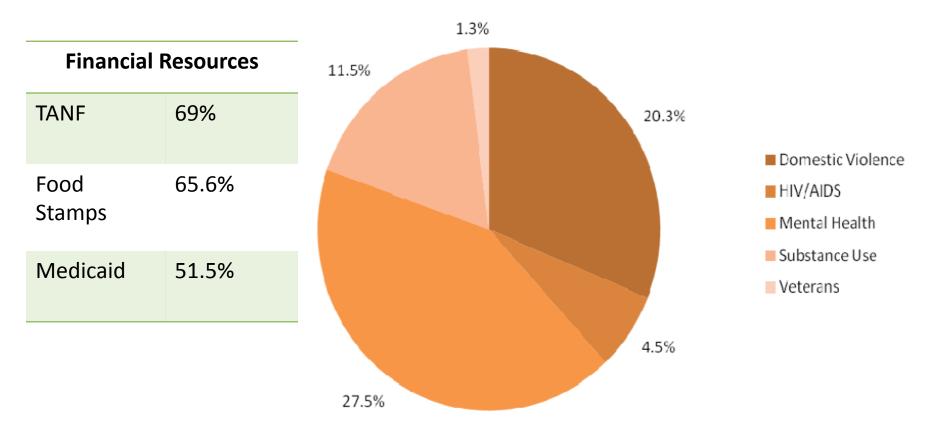
Average Age of Sheltered Chronically Homeless Population





### Families – NJ 2012 PIT

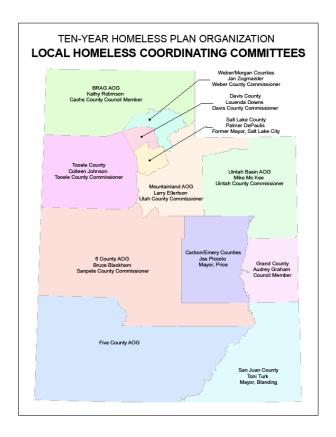
#### **Homeless Subpopulations**



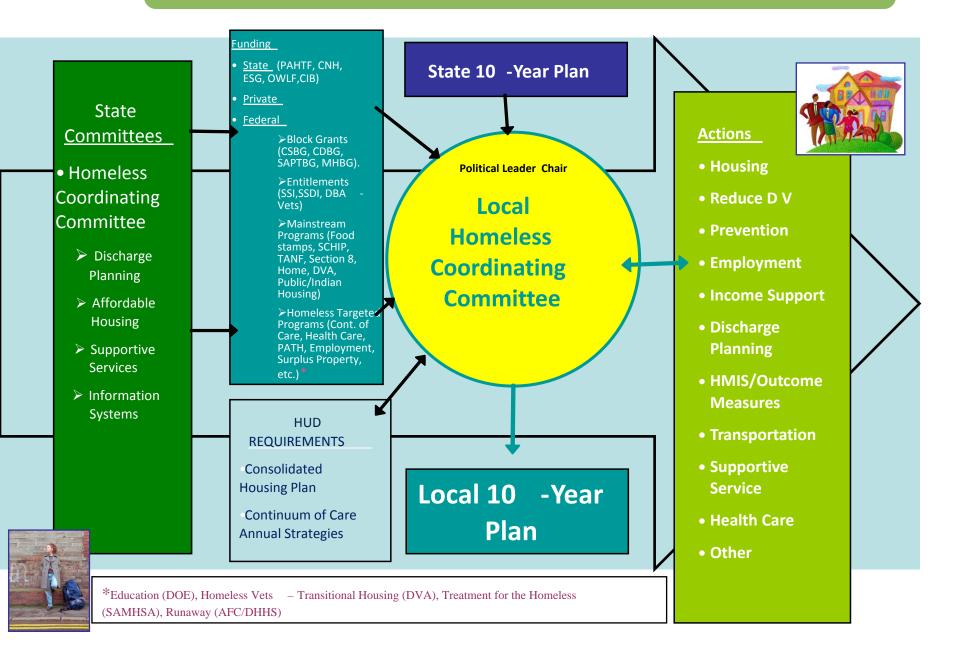


### Utah State Homeless Coordinating Committee

- Senior leadership and membership
- Purpose
- Diverse funding sources
- Regional approach



#### **Utah Local Homeless Implementation Plan**





#### Massachusetts Interagency Council on Housing and Homelessness

- Senior leadership and membership
- Purpose
- Regional approach
- Data and Evaluation



### Spotlight on Innovations in NJ: Bergen County

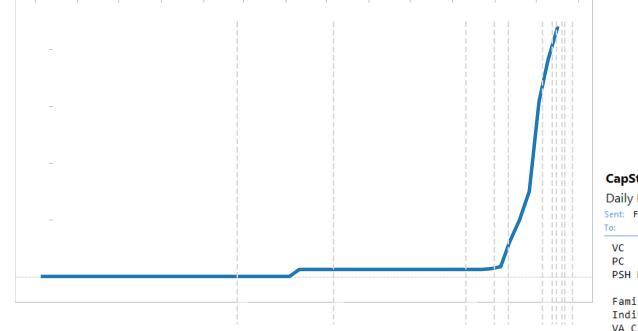
- Retooling Crisis Response
  - Access to services
  - Assessment of individual/family situation and needs



- Assign to housing intervention
- Bergen County One-Stop Shop Partnership with PHA



#### DC Example Accountability



#### CapStat Daily: Blackberry view

Daily Report

Sent: Fri 5/21/2010 7:10 AM

VC	26	2,465	2,64	46 -	-7%
PC	79	8,017	9,84	44 -1	19%
PSH Ho	oused				
	D	aily T	oDate 🗌	Frgt	Diff
Famili	es	0	153	80	**
Indivi	duals	0	641	620	20
VA Cli	ents	0	89	105	16
Homele	ess Sh	elter	Census !	5/19	
		Daily	/ BedAvl	Vacar	ncies
Famili	es	262	267		5
Women		354	352		0
Men		963	980	1	17



### Opening Doors Across America: Call to Action





JOIN THE CAMPAIGN

http:/www.usich.gov/



## Align with Opening Doors' Goals

- Finish the job of ending chronic homelessness by 2015
- Prevent and end homelessness among Veterans by 2015
- 3. Prevent and end homelessness for families, youth, and children by 2020
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#### Set Targets and Measure Results

#### New York Times article

Teaming up to End Homelessness

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Community	100 day Goal	Reported Results
Houston/Harris County	House 100 chronically homeless individuals, 60 of which are veterans, in 100 days	Housed 101 Chronic Vets in 100 days, 140 Vets total Increased targeting from 22% to 63%
New Orleans/Kenner	House 117 chronically homeless veterans, clearing up VA backlog	Housed 121 chronically homeless vets in 100 days, uniform application across 5 housing authorities/VAMC
San Antonio	100% utilization, house chronically homeless veterans in no more than 30 days	100% utilization Decreased process time by 60%



# Act Strategically

- Transform homeless services to rapid-response systems
- Implement Housing First and Rapid Re-housing
- Collaborate with VA Medical Centers
- Work with PHAs to help prioritize individuals and families experiencing homelessness



#### Act Strategically

- Commit to using data as a management tool
- Work collaboratively and build relationships to streamline resources and invest dollars where they make the most impact



#### Partner

- Identify and recruit new partners
- Keep lines of communication open with leaders at all levels of government during local plan implementation
- Urge local officials to formalize their partnerships and leverage their resources
- Share what you're doing and learning



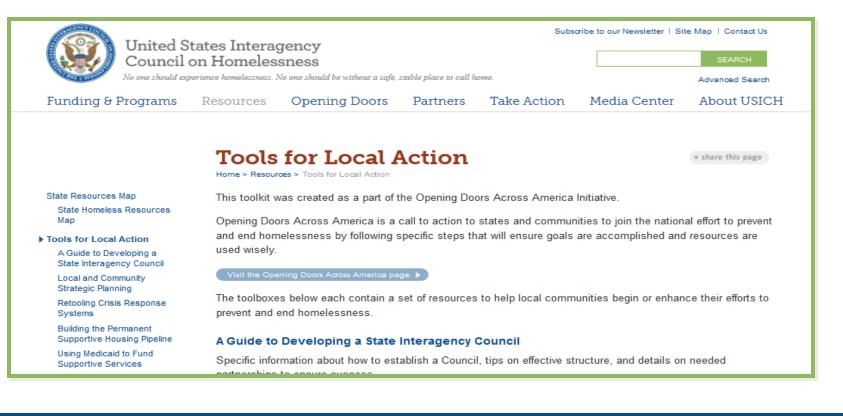
#### Support from USICH

- A new extensive toolkit for communities and states to utilize on <u>www.usich.gov</u>
- Feedback from our regional staff on plan implementation and we'll connect you with other signatory communities
- Be publicly recognized by USICH as leaders in the field, which will assist you in applying for federal, state, and local funding



#### Tools to Help

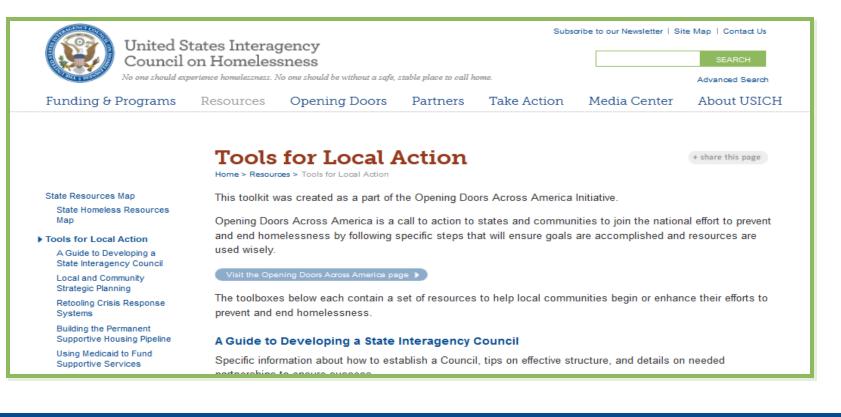
#### Visit the USICH Toolkit: www.usich.gov/tools





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