***A Home for Everyone: A Blueprint to End Homelessness in Washtenaw County***
**Blueprint Update: Focus Group Report
December 2014**

**Background:** Since the mid-1990s, the Washtenaw County community has made concerted efforts to understand and resolve the problems facing people who are homeless in the community. Long before the community created its’ 2004 Blueprint to End Homelessness, a Mission Clarity Group and two major task forces comprised of human service providers, housing advocates, government representatives, and people who were homeless came together at hundreds of meetings to find creative solutions to end homelessness. In 2000, government entities engaged the Washtenaw Housing Alliance (WHA), which is today a coalition of over 30 community organizations in Washtenaw County serving those experiencing homelessness or those at risk of homelessness, to implement a three-phased plan:

**Expand emergency shelter services
(IHN at Alpha House opened in 2001)**

**Construct a single-setting to consolidate homelessness services
(Robert J. Delonis Center opened in 2003)**

**Create and implement a comprehensive community plan to end homelessness
(The Blueprint was adopted in 2004)**

**Blueprint Goals:** The 2004 Blueprint sought to end homelessness in Washtenaw County through improvements in: **homelessness prevention**, **housing with services**, **reforming the system of care**, and **community engagement**. At the end of this document, in Appendix A, are the four original goals, and accompanying strategies, set-forth in the 2004 Blueprint. The status of those goals as of 2014 is also included.

To accomplish the work, WHA created 17 original, targeted workgroups to engage hundreds of people in the local work to end homelessness. By 2006, workgroups were either: consolidated; re-focused; or, disbanded if they had accomplished their original goals. Over time, WHA has worked to document workgroup needs and expand or consolidate them as needed. WHA continues to use the Blueprint as its organization’s principal strategic plan.

**Blueprint Update:** In 2011, the WHA published a lengthy mid-term progress report to take stock of the Blueprint’s success and to help guide Washtenaw County for the remainder of the 10-year Blueprint plan. WHA is now undertaking a process to update the Blueprint by March 31, 2015 and part of the revision process includes holding focus groups with community partners involved in Blueprint activities over the past 10 years. Results from the Focus Groups are presented in this document and will help inform what type of community process is needed to create the Blueprint update.

**Changing Expectations at Federal Level:** In order to assess where Washtenaw County needs to go now that the Blueprint is in its tenth year, the WHA must survey what has changed in terms of funding, research, and best practice implementation on the federal level. In 2009, President Obama signed into law the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act, which amended the McKinney-Vento Homelessness Assistance Act (the largest federal response to homelessness) with substantial changes, including establishing community performance measures outlined below. That same year, the Administration launched the Homelessness Prevention and Rapid Rehousing Program (HPRP), as part of the American Recovery and Reinvestment Act, which granted $1.5 billion in funds to states and local communities for the creation of a three year program that would provide temporary financial assistance to households experiencing housing crises and facing homelessness through two key interventions – prevention and rapid re-housing. The following year, in 2010, the Obama Administration launched *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*, which is the first federal plan to prevent end homelessness. Opening Doors puts the country on a path to end Veterans and chronic homelessness by 2015; and to end homelessness among children, families, and youth by 2020.

Combined, these activities and laws at the federal level have helped inform how communities need to be responding to homelessness today. Specifically, the HEARTH Act outlines several measures communities need to be using to evaluate their homeless systems. These include:

* Prevention/Diversion – Are fewer people experiencing homelessness for the first-time? Are only persons who have no safe, appropriate housing option being admitted to shelter?
* Incidence of homelessness – Are overall rates of homelessness declining? Is street homelessness declining? Is chronic homelessness declining?
* Length of time homeless – Do people stay homeless for shorter periods of time? This outcome is measured as the length of stay in the homeless system, across all homeless programs, and high-performing communities are expected to achieve an average of less than 20 days.
* Successful resolution of housing/homeless crisis – Do people resolve their housing/homeless crisis successfully by maintaining/obtaining permanent housing? Are people successfully connected to community-based supports? Are people increasing access to benefits and employment?
* Repeat incidents of homelessness (recidivism) – Are repeat occurrences of homelessness avoided or declining? The measure of a high-performing community is that less than five percent (5%) of households that exit the homeless system will have returns to homelessness within two (2) years.

In Washtenaw County’s revised Blueprint, it will be important to use our Homeless Management Information System (HMIS), and other available data, to establish baseline performance and system-level metrics using the federal expectations outlined above. Some reporting and goal-setting related to these HEARTH Act measures has been done on an annual basis during the HUD Continuum of Care application process and that work will need to be incorporated into the revised Blueprint.

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| Blueprint Focus Groups |
| Housing | The Washtenaw Housing Alliance Board of Directors (WHA Board) |
| The Washtenaw Housing Alliance Operations Committee (WHA OC) |
| Health and Nutrition | The Safety Net Health and Nutrition Planning & Coordinating Committee |
| Aging | The Blueprint for Aging Committee (BFA) |
| Physical and Cognitive Disabilities | The Washtenaw Regional Inclusive Coalition (RIC) |
| Other | The Barrier Busters Network (BB) |

**2014 Blueprint Focus Groups:** The WHA conducted a total of six focus groups between August and November 2014 with the following human services sectors:

The purpose of conducting focus groups both within the housing sector and beyond the housing sectors was to gauge a broader community experience of and response to housing and homelessness since the Blueprint’s 2004 inception and 10-year implementation. Questions for the focus group were constructed to receive **general** feedback about housing and homelessness in Washtenaw County as well as **specific** feedback to use for the Blueprint’s revision. The Focus Group Guide is included at the end of this report in Appendix B. This Guide was used for all of the Focus Groups except for The Barrier Busters Network, as that focus group was conducted as part of a separate effort to engage Barrier Busters participants in dialogue about barriers to community-level outcomes for Coordinated Funding for Washtenaw County.

**Results:** The six focus group’s recommendations all fell under 4 categories for decreasing homelessness in Washtenaw County:

**Communication and Advocacy**

**Collaboration and Systems Integration**

**Housing and Services**

**Innovation**

**Housing and Services:** What types of housing programs and services could be improved, increased, or included in the revised Blueprint?

**Collaboration and Systems Integration:** Where are areas for more community collaboration in the revised Blueprint? What systems and sectors need to be active participants in the discussions and plans to end homelessness?

**Communication and Advocacy:** In what ways can the community stay informed on housing and homelessness in Washtenaw County?

**Innovation:** What types of new programs, policies, or models could be adopted and/or taken to scale in the revised Blueprint?

**General Recommendations:** Below are suggestions for the revised Blueprint focus areas that arose in **multiple** focus groups across human service sectors.

**Housing and Services**Respondents reported a need for more of the following:

* Permanent housing supply – In order to move people quickly through the homeless system and into stable housing, Washtenaw County needs to strategize how to increase the supply of permanent housing. Part of the challenge is we need to be able to tell the community how many units of what is needed and hopefully the County’s Affordable Housing Needs Assessment (findings to be released in early 2015) will help us. The Blueprint’s 500-unit Plan called for increasing the stock of permanent housing by 500 units and it is estimated the stock in 2014 is approximately 350 units (part of the community’s attention had to be re-directed to preserve stock that existed when the Blueprint was created but was at jeopardy of becoming market-rate). Respondents specifically mentioned work needs to be done now to increase rental subsidies (Section 8 vouchers), and develop more affordable housing units and permanent supportive housing units, including “alternative” types of housing such as SRO, accessory dwelling units, and room-sharing arrangements.
* Emergency shelter – In summer 2014, the WHA and the Office of Community & Economic Development (OCED) convened a Winter Shelter Response Workgroup to develop recommendations for enhanced planning and services for the 2014-2015 winter. The Workgroup did not develop recommendations for the future, but some of the groundwork has been done to clarify the demand for emergency shelter for single adults. In the Blueprint revision, we will need to further clarify the demand for emergency shelter for single adults and explore whether and how to allow for various types of shelter, including wet or low-demand shelter and warming center. It was mentioned during the Focus Groups that there is also a need for a single adult shelter located in Ypsilanti in addition to the Engagement Center operated by Home of New Vision.
* Homelessness prevention services – Respondents felt additional prevention resources are needed, especially ones that have *less* eligibility restrictions than traditional government funding.
* Evidence-based supportive services – Respondents consistently mentioned the need to have more robust, evidence-based supportive services to help clients maintain permanent housing.
* Non-residential, comprehensive services for families – While Alpha House is considered a success of the Blueprint, and it filled the family shelter need in 2004, respondents stated that today there is a need for greater capacity to serve families in the system, as there are a limited number of shelter beds and permanent supportive housing options for families (although this may be mitigated somewhat by the recent influx of rapid re-housing dollars for families). Additional non-residential services may include non-residential services and case management for families, which is comparable to the single adults system, to assist families waiting for shelter, and prevention case management for families doubled up or facing eviction.
* Streamlined housing application process – Respondents repeatedly mentioned the need to streamline housing application processes and a recommendation for a common application used amongst all providers (including local Public Housing Authorities) was suggested.

**Collaboration and Systems Integration**Respondents reported a need for increased collaboration with the following groups:

* Landlords (and developers) – In 2013, the Washtenaw County Continuum of Care (CoC) repurposed over half of its HUD CoC homeless assistance funds from transitional housing and supportive services only programs to rapid re-housing (RRH) and permanent supportive housing (PSH) programs. These new programs will provide short- and long-term rental subsidies that are (primarily) used in the private rental market to move people quickly into housing. With the increased emphasis on obtaining housing in the private market, there needs to be increased collaboration with landlords, including unified messaging to landlords about subsidy programs and more extensive outreach to find landlords willing to house people with challenging rental histories in Washtenaw County’s competitive rental market. Respondents noted that offering landlords incentives for renting to this population would be important and could include volunteer maintenance teams to fix units upon turnover or in the event of minor damages.
* Veterans Administration (VA) – Eliminating Veterans homelessness by December 2015 is a key goal of the President’s Federal Strategic Plan to End Homelessness and as a result there has been increased attention and resources to serve veterans who are homeless. Respondents noted a desire to connect more intentionally with the VA and its programs and this will be essential in 2015, as the community participates in the national Zero: 2016 Campaign.
* Workforce Development – Connect people with jobs in order to foster housing stability. Employment was repeatedly mentioned as a key component to reducing the number of people who are experiencing homelessness and an area where providers have found it exceptionally challenging to make progress (particularly for older homeless adults).
* Substance Use Disorder (SUD) system – Respondents repeatedly cited the intersection between homelessness and substance use disorders. With the emphasis nationally on Housing First there needs to be more connection between the homeless and SUD systems. Part of the current disconnect is differing service philosophies and scarcity of resources. Both issues need to be worked on and advocating for more resources could be a common advocacy item that both homeless and SUD providers and advocates could rally behind.
* Criminal justice system – Respondents in most of the focus groups consistently mentioned criminal backgrounds as a barrier to housing. Several people also mentioned working more with the court systems so that they understand that mandating transitional housing (when the homeless system has shifted away from this housing intervention) is in conflict with what types of housing are available. There was consensus that more work needs to also be done around discharge planning to ensure no one is directly discharged into homelessness.
* Transit system – One of the most common themes among all of the Focus Groups is how transportation can impede or enhance someone’s ability to find and maintain permanent housing. Repeatedly, respondents cited that affordable housing and employment are often not easily accessed through existing bus lines. It is hoped that the Ann Arbor Area Transportation Authority’s (AAATA) expansion will help ease some of these gaps.

**Communication and Advocacy**Respondents reported a need for increased communication between the community and agencies for information about:

* Housing Access for Washtenaw County (HAWC) – HAWC is a partnership amongst Washtenaw County service providers that serves as the central point of access for the homeless system. Many ancillary service providers who participated in the Focus Groups expressed frustration with the HAWC system and noted more could be done to clarify what services can be expected from that system
* Human service organization news and updates
* Available resources
* Events
* “Myth Busting” around homelessness in Washtenaw County
* Helping households exiting homelessness become experts on utilizing other existing community resources

Respondents also reported a need for clearer definitions for commonly used housing terms, such as:

* “Community”—who counts as community? Rural parts of Washtenaw County are often left out of discussions about homelessness because services are concentrated within the Ann Arbor-Ypsilanti corridor.
* “Homelessness”—who is considered homeless in Washtenaw County?
* “Expectations”—what can agencies and consumers expect from each other?

**Innovation**Focus groups made the following suggestions about innovative models to implement – or expand – in the revised Blueprint:

* Housing first and harm reduction models – Housing First is a proven best practice model that focuses on providing people experiencing homelessness with housing as quickly as possible and without preconditions such as sobriety or income. National Housing First retention rates hover around 85-90%, which is excellent. Respondents
* Common application – Like what is utilized for the college applications process, a common application for housing could be adopted by all providers of affordable housing.
* Family Empowerment Program – Respondents cited the Family Empowerment Program, a program utilized by Ypsilanti Housing Commission’s Hamilton Crossing development, as a best practice model for improving households’ self-sufficiency once they are in housing through education and employment training opportunities.
* Alternative housing options – Tiny Houses, shared living, and inter-generational housing developments were cited as possible options to expand affordable housing supply.
* FUSE –Washtenaw County’s Frequent Users Systems Engagement (FUSE) project integrates resources of area supportive housing providers and hospitals to provide housing and coordinated primary and behavioral health care to homeless frequent users of crisis health services. The project is part of a national grant and is being evaluated by New York University (NYU); preliminary findings are already showing positive health and housing outcomes for participants and cost reductions for the health systems. Respondents would like to see this project maintained and expanded in the Blueprint revision.
* Zero: 2016 Campaign – Respondents cited the need to get involved with national campaigns that have proven success in helping communities reduce homelessness. One program that the Washtenaw County CoC recently signed-on to is Zero: 2016. It is a national campaign to house the community’s homeless veteran households by the end of 2015 and all of the community’s chronically homeless households by the end of 2016. The Campaign will offer participating communities the ability to network and receive targeted technical assistance.

**Sector-Specific Recommendations:** The BFA, Health and Nutrition P&C and RIC all had specific recommendations for their special populations: **BFA and RIC** both reported a need for **safer** housing units for seniors and individuals with physical and developmental disabilities. **RIC** reported a need for Tenant Rights Education and standard accessibility for **all** affordable housing units.

**Appendix A
Following are the four original goals, and accompanying strategies, set-forth in the 2004 Blueprint. The status of those goals as of 2014 is also included.**

* Unable to secure 500 new units due to economic crisis; Created 150+ new units of PSH (Avalon, MAP, Ozone House, etc)
* New Vets TH projects (Sal Army & MAP)
* Preserved existing affordable housing stock (WAHC properties added to Avalon stock)
* MSHDA HARP and HCV vouchers; VASH vouchers; MPRI and other short-term voucher programs
* $2.1 million Endowment for supportive services for PSH created
* Re-purposed 2013 HUD renewal funds for 198 new units of PH (PSH & RRH)
* Food Gatherers Culinary training program (2005)

**REFORM THE SYSTEM OF CARE**Use community resources more creatively and efficiently – across all sectors

**ENGAGE THE COMMUNITY**Success means shared responsibility across the community

**PREVENTION**Keep people in their homes whenever possible

**HOUSING *AND* SERVICES**Create more permanent, affordable housing with services

* Housing Access for Washtenaw County (HAWC)
* Barrier Busters

**2004 Goals**

**2014 Status Snapshot**

**2004 Strategies**

* Establish a centralized response system WITH needed support services to those at risk of losing housing.
* Centralize prevention dollars.
* Increase # of units developed and managed by nonprofits (500 Unit Plan)
* Establish use of units of existing, privately owned housing stock combined with supportive housing services. Secure needed vouchers.
* Secure supportive housing service dollars for new PSH developments 2005-2007. Identify and secure best method for additional sustainable funding for supportive housing services.
* Increase services to people who suffer from addictions.
* Secure access to the full range of treatment services for people with co-occurring disorders.
* Increase # of family emergency shelter units.
* Increase # of affordable supportive housing units for young adults.
* Develop integrated strategy for education and employment services for people who are homeless.
* Develop innovative strategies to provide employment opportunities.
* Advocate vigorously at state, local and federal levels.
* Conduct evaluative research.
* Develop common service and administrative standards across providers. Develop a shared performance management process for service providers using consumer feedback, standards review and analysis of outcomes.
* Establish a robust HMIS solution.
* Establish an integrated funding structure and process.
* Integrate planning process.
* Shared service standards developed; implemented HMIS data sharing
* Street outreach court (2005)
* Engagement center (2008)
* JIF created; precursor to CoFu
* Shared services work
* Conduct PIT counts bi-annually
* Evaluative research model explored but not created
* Local, state, federal advocacy efforts

**Appendix B
Focus Group Protocol**

**Focus Group Protocol**

1. Introduction (5-10 minutes): The moderator introduces herself and the supportive staff and takes time to explain the purpose of the focus group, the context of the focus group, as well as provide any supportive documents to focus group participants.
2. General probing questions:
	1. You all specialize in programs and policies related to (health, childhood development, aging, nutritional services, etc.); Generally speaking, does your work also intertwine with issues of housing and homelessness?
		1. What are some examples
3. General observation questions:
	1. In the past 10 years, have you noticed any changes in housing and homelessness? (differences in programs, differences in the community of people experiencing homelessness, etc.)
	2. In your opinion, what are some of the largest gaps in housing and homelessness services in the community?
	3. What changes would you like to see in housing and homelessness services in the community?
4. Blueprint Specific Questions
	1. This is a specific question about the Blueprint to End Homelessness: looking at the success stories in the handout, are there agency or organizational collaborations not mentioned?
	2. What are some opportunities for further collaboration between agencies and across sectors that we may not have taken advantage of in the past?
	3. Do you know of any policies, programs, or initiatives in outside communities that could be replicated in a revised Blueprint?
5. Close
	1. Is there anything we left out that you would like to talk about?
	2. What would you say is the most important point we discussed?