

Housing Stability and Community Services Work Group

Notes from 10/23 Meeting

HOMELESS OUTREACH:

Current performance:

Homeless nearly meets needs.

CHAS homeless outreach workers currently getting connected to HS

Not always open to send clients to or don't want housed.

Gaps:

Outreach spends significant time doing encampment response.

Services are linked to fund goals/populations not always flexible to meet needs of individual homeless

Temporary housing-shelters are at full capacity no temporary housing available

Transitional age youth

Availability?

SUD clients still having a difficult time finding a place to live, not enough outreach, can't meet quals, not enough units

Most outreach knowledge is concentrated with few people

Prior convictions that preclude current housing options.

Limited Staffing for city only forum.

With 0.6% vacancy rate, more help with rental assistance would provide help.

Need to be highly responsible with crisis bridge housing

Need full coordination between outreach teams

Needs substance abuse

Need to be responsive outside of the downtown core.

Under funded.

Detox outreach

Soft handoff to detox for someone who cannot stay due to behavior/medical concern

Detox coming to various shelters as an on call position

Soft handoff for mental health stabilization similar to detox.

Fluid nature of youth homelessness

Strengths:

Youth Reach collaborative- shared response to youth homelessness/outreach to youth

DV mobile advocacy housing assistance, safety planning, resources, referral, housing assessment, strengths

Strong partnerships, police, code enforcement, service providers (HOC, Comm. Ct., CHAS)

Spokane Homeless Coalition coordination amongst homeless outreach workers (across orgs)

VOA, HOC, Rising Strong, Transitions, Salvation Army

Duplications: NONE

Community Service Connections:

Depends on sub-population

SNAP/FBH

Shelter providing for meals but more people are coming than the shelter can handle. More funding is needed.

Questions:

Are there other providers?

If 211 system is effective in supporting homeless outreach?

How can we access youth outreach, court funded behavioral health, screening and support and vet service through health care and education?

COORDINATED ENTRY:

Gaps:

Time from entering system, getting assessed, referral to service, entry to project

Need for more satellite sites, reach people where they feel the most comfortable

CE for youth

Limited hours makes it challenging and 30 below will eliminate people receiving needed help

Consider pairing diversion programs with coordinated entry

There are tons but maybe not well understood or known (seeing clients, better connections, can't measure time when someone touches the system when they're housed b/c ce enrollments, referrals, and housing enrollments are separate elements in HMIS)

Easy to "trick" the system, not enough PSH, we are assessing a lot of people who not get assistance.

Need youth, families doubled up, safety issue, singles need more housing-rapid referring too high of a score

Chronic homeless criteria, most DV survivors aren't screening into PSH due to not meeting this criteria.

Lack of low barriers housing for people getting R.R.

Creates frustration for clients assessed and no place to house.

Need a youth system

Need youth CE.

Strengths:

Good partnerships with other agencies outside the leads for specialized populations youth, DV

VOA, YWCA

Awareness of the system amongst outreach workers

Adult families and vets

Trainable staff to support access

Building out the HMIS system

Lots of potential here

Universal-well known to providers

Hard working staff

Works better for families

Duplications: NONE

Community Service Connections:

Excelsior, pathway, hub

Need to have service connections as part of assessment process, victim services, D/A, mental health

Questions:

If recidivism is higher w/ anonymous HMIS I's?

Is it difficult for unsupported populations to access?

How is the tool working? SPDAT?

SPDAT tool is it right for our system?

What is the reach? Outside the city of Spokane? Individuals going between Spokane and Spokane Valley?

What is the best way to use vulnerability scores on SPDAT? Mismatch between resources and need an effective response.

DIVERSION SERVICES:

Gaps:

Amount of funds allocated to diversion is insufficient

Lowest in the state, not well known

Diversion is happening ad hoc and therefore not tracked adequately

Should be the top focus as a community

Often times we wait for a household to be homeless before we can help them

Diversion only works if clients can get connected to resources quickly (need to know what's available)

For chronically homeless/SUD/BH newly housed, lack of training/ed about how to be housed= cycle back out

Not funded

Need a lot more prevention MH/SUD/Child abuse/Domestic Violence temporary assistance where currently living

Strengths:

Diversion we are doing it, listen to phones, support, referrals, limited resources

ACA has probably helped

Community is well connected so people facing homelessness are steered in the right direction if the resource exists.

Community Service Connections:

Excelsior from emergency room LIFEFRONT 18-21 21-24 in the words

Questions:

How do we outreach to individuals never homeless who are about to lose their housing? Hard to identify.

Wonder how many informal resources are dripping through the system.

Who is doing this well?