

# HOPE FOR THE HOMELESS PLAN TO END HOMELESSNESS IN NORTHWEST LOUISIANA

## *Ending Homelessness: What It Will Take!*

### ***Vision Statement***

*By year 2014, all individuals and families facing homelessness in Northwest Louisiana will have alternatives and access to safe, decent and affordable housing and the resources and supports needed to sustain it.*

### ***Statement of Belief***

Northwest Louisiana, like much of the country, has worked hard over the last 15 years to address the needs of the growing number of homeless people. We have faced barriers from those outside our circle of caregivers and from those within, as we dealt with the complex issues surrounding poverty, illness and shrinking resources. We now realize that to end homelessness, we must rid our system of the silos of care and rid ourselves of the idealism that we have to be everything to everyone in need.

***People who are homeless need housing.*** It is as simple and as complex as that. If we are to end homelessness, we must be about the business of providing housing for the homeless while combining forces with mainstream resource providers and existing systems of care to build partnerships that work.

It will not be easy; yet we are up to the task. Northwest Louisiana has demonstrated both vision and leadership in the past that has benefited both the state and the country. ***This plan will demonstrate that our mission of ending homelessness for all who face its ugly soul, born in despair and hopelessness, is driven by cross system strategies and guided by our vision of alternatives to homelessness.***

## **TABLE OF CONTENTS**

Vision Statement	1
Statement of Belief	1
Executive Summary	2
A NW LA Snapshot of Homelessness	4
The Cost of Homelessness	7
HOPE for the Homeless History	8
HOPE for the Homeless Continuum of Care	11
HOPE for the Homeless Strategy	12
HOPE <i>Ending Homelessness: What It Will Take!</i> Participants	23
Closing Comments	24
Endnotes	25

## **EXECUTIVE SUMMARY**

This country has seen a growth in homelessness of incomparable magnitude over the last twenty years. Tonight nearly a million people will be homeless, despite a two billion a year infrastructure designed to deal with the problem.<sup>1</sup> And in Northwest Louisiana approximately 1,100 persons will be on our streets or in our shelters on any given night.<sup>2</sup> How can we address this in a comprehensive and efficient way?

**Homeless Organizations Providing Empowerment for the Homeless (HOPE)**, a collaborative of over 60 public and private organizations and individuals that have addressed this issue in NW LA for more than 15 years, has committed itself to this plan to end homelessness as we know it over the next 10 years. It will require more than just the goodwill of this collaborative. It will take the spirit of the cathedral builders of the past, who knew their work was noble and designed to lift the character and dignity of all who entered. It will take resources not yet realized: the talents, time and treasures of all of NW LA.

***Ending Homelessness: What It Will Take!*** will guide our process and our efforts and becomes our mission for the next ten years as we work through initiatives that organize our actions. We will focus on strategies that result in available and adequate housing and service resources.

Approximately 4,500 persons in Northwest Louisiana are homeless each year. Many of them come through our continuum of care system that was designed to address their immediate and long term needs. Many move through the system and make their way to self-sufficiency. Others spend considerable time working through programs designed to build strength and independence. Some use the system as a revolving door, moving from the streets to the hospitals, sometimes to the jails, the shelters and then back to the streets. Some would like to just stay in the system, close to a peer network that provides strength and support. Some refuse to ever enter our continuum, rather choosing to stay on the streets, in cars, in abandoned buildings, or on the floors and couches of anyone who will allow them to stay. They all have two things in common: poverty and inadequate housing.

We have built a system of care that works for some, but is woefully inadequate for the majority. Each year we see more and more people entering our programs or requesting a spot on our waiting lists. We must address the system's focus to a new direction. One that is driven by ***housing first*** with support that is in place and at the ready.

The National Alliance to End Homelessness (NAEH) has stated that ending homelessness is well within the nation's grasp. They believe that we can reverse the incentives in mainstream systems so that rather than causing homelessness, they are preventing it. They also testify that we can make the homeless assistance system more outcome-driven by tailoring solution-oriented

approaches more directly to the needs of the various homeless sub-populations and state that in this way, homelessness can be ended within 10 years.<sup>3</sup> HOPE has endorsed this model and believes with them that the following four steps must be taken simultaneously.

### **Step One: Plan for Outcomes**

We have learned to manage homelessness. In order to end it we must change the way we are doing things. We must focus on collecting better data about the needs of the homeless. Along with that, we must plan for outcomes that actually end homelessness, and build those partnerships that can make it happen.

### **Step Two: Close the Front Door**

We help many people escape homelessness each year; however, there are always two or three waiting for their spot. Many of these are clients of the public assistance system, including mental health, public health, the welfare system, criminal justice, child protective services, and the veterans system. In our homeless system, we are in fact caring for a lot of people that have fallen through the cracks of the public systems of care. We must develop homeless prevention methods that keep these people from entering the homeless network of services.

### **Step Three: Open the Back Door**

There are those in our continuum of care that, once in, spend considerable time and consume much of our resources. This group, described earlier as those who are part of the revolving door, are typically the chronically homeless who are disabled and high users of the shelters, the hospitals and even the jails. For these, we must utilize the housing first model. They must be quickly provided permanent supportive housing (housing with services). This will both address their needs (housing and services) and lower the cost to the public systems.

### **Step Four: Build the Infrastructure**

All of the above is fruitless unless there is an adequate supply of affordable housing. Along with housing, we must coordinate existing services so that once housed they remain housed. We have learned that housing without supports only allow us to continue what we have been doing: managing homelessness.

HOPE members acknowledge that we are embarking on a journey that requires steadfast review and evaluation. We are committed to a management approach that is inclusive and productive. We will develop short term action plans to address our long-term goals. We encourage all of Northwest Louisiana to support this effort with their time, their talents, and their treasures.

## **A NW LA SNAPSHOT OF HOMELESSNESS**

Homelessness in Northwest Louisiana cuts across all segments of the population. It includes those who are well educated and those who never graduated from high school. It includes an almost equal number of blacks and whites. While the majority of those documented are single, families are steadily increasing. The average age grows higher each year. While the highest cause noted is substance use, following close behind is mental illness and dual diagnosis of both mental illness and substance abuse. It affects those most vulnerable, including those low-income populations living in abject poverty with little or no access to systems of care.

Each year since 1987, the number of beds for the homeless has increased in Northwest Louisiana and the dollars supporting those beds have increased in equal measure. We now support more than 300 emergency shelter beds, almost 500 transitional beds, and approximately 200 permanent supportive housing beds.

The growth in the size and diversity of the homeless population is the result of a complex interplay of structural trends such as: reductions in the availability of low-cost housing; net losses in employment and employment related benefits income due to economic changes such as de-industrialization; erosion of the real dollar value of public entitlements, and narrowing of benefits eligibility criteria; and the inadequacy of resources directed to house and support community reintegration for persons with serious mental illness in the wake of de-institutionalization.<sup>4,5</sup>

In order to document at least some portion of the homeless population in Northwest Louisiana, a point in time survey has been conducted over a 24-hour period during the third week in November each year since 1998. A survey is completed for each unaccompanied homeless individual (adult or youth) and the head of household of each homeless family group encountered on the streets, in day shelters or soup kitchens and in the homeless housing system. Our numbers have consistently increased, although 2002 did demonstrate a slight decrease, possibly due to limited street outreach. The total homeless persons represented in 2002 were 1,006. Of that number, 610 were individuals and 128 were family groups made up of 27 two-parent families and 241 children.

Our Homeless Management Information System, ServicePoint, indicates that in 2002, 16,803 unique persons walked through the doors of Centerpoint, the central point for homeless services and information and referral in Northwest Louisiana. And this does not include those who may be temporarily housed in institutions such as mental health and substance facilities and jails; living on the streets or in cars; illegally trespassing in abandoned public and private housing; and in the particular cases of many families and youth, doubled up with relatives and friends.

Who then are the homeless and what are the characteristics of those that we encounter? That can best be described through the findings of recent research efforts that have focused upon the analysis of longitudinal data on shelter usage. This research, conducted on the East Coast, indicates that, with regard to shelter usage, there are three general patterns of homelessness: chronic homelessness, episodic homelessness, and transitional homelessness.<sup>6</sup>

### **Chronic Homelessness**

Chronic homelessness refers to an extended episode of homelessness (more than one year or four or more times over a three year period). According to research, people who experience chronic homelessness are more likely to have a serious mental illness, sometimes with co-occurring substance abuse, unstable employment histories, and histories of hospitalization and/or incarceration. Because many of these individuals use the shelter system for extended periods of time they have been found to consume 50% of the shelter resources.

### **Episodic Homelessness**

This term refers to recurrent periods of homelessness. People who experience episodic homelessness are younger and use the shelter system more sporadically than those whose shelter use is chronic, often have substance addictions, leave shelters when they get income or use them seasonally, and are more resistant to services. These individuals use fewer resources than those whose homelessness is chronic, but are still frequent users of the system, staying for extended periods of time and utilizing approximately 30% of the shelter resources over the course of a year.

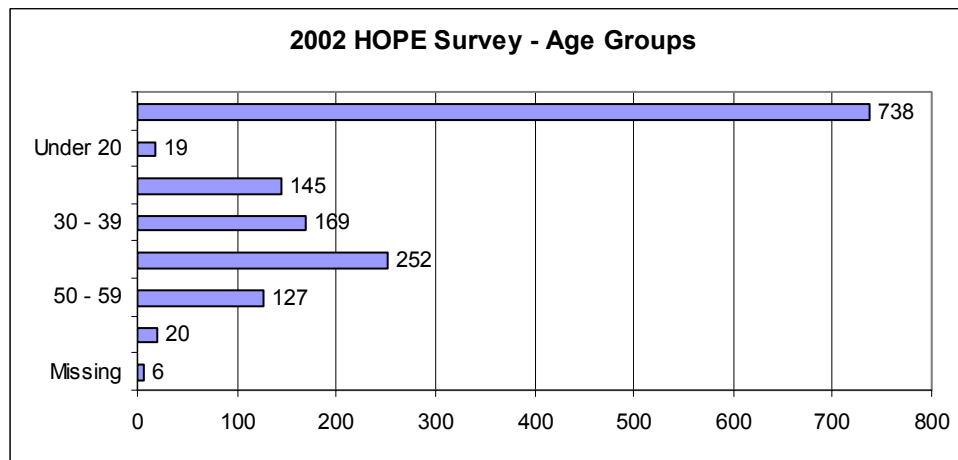
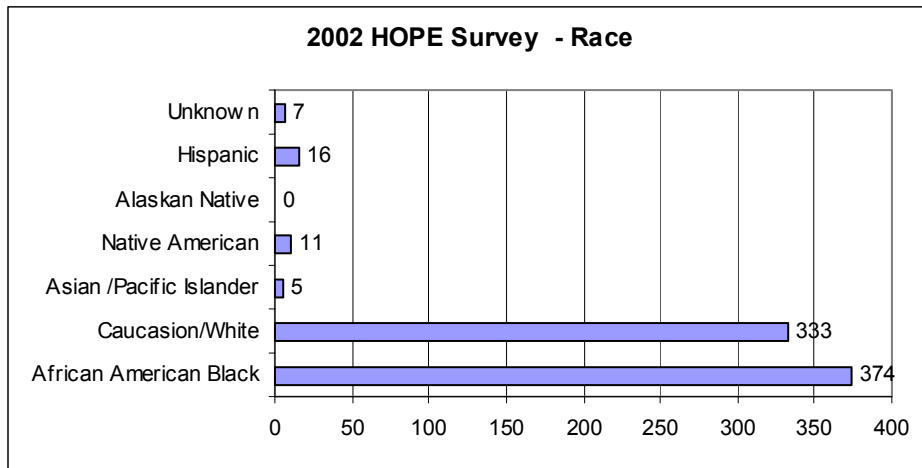
### **Transitional Homelessness**

Transitional homelessness generally refers to a single episode of homelessness that is of relatively short duration. Persons who experience transitional homelessness use homeless resources for brief periods, in times of economic hardship and temporary housing loss. The majority of families and single adults who become homeless over the course of a year fall into this category, many due to a housing crisis.

Having reviewed that literature, the face of homelessness in Northwest Louisiana can best be viewed from the results of the 2002 point in time survey. Those identified as the chronic homeless represent almost 20% of the total persons represented in the count. Those that most closely fit into the category of episodic homeless represent an estimated 23%. We can assume that the rest of our populations are those that are in a transitioning state, where with appropriate housing and supports for a limited period of time they can reach independence. When asked to identify causes that contributed to their homelessness, many listed multiple causes even though the survey requested they list the main cause. Addiction (38%), mental illness (21%), family conflict/domestic violence/divorce (12%), unemployment (12%), were the most common answers. Their self reported needs overwhelmingly noted permanent supportive housing, with job

training/employment assistance a close second. Housing placement services, case management, medication assistance, transportation and life skills training were also high on the list.

Our survey was completed by 437 single men (45% white, 51% black) and 173 single women (52% white, 44% black) and 128 families with children. Children represent 23% of our homeless population and families total nearly 40%. Almost 25% were veterans and almost 23% had graduated from attended college. 72% had no health insurance. The single population is increasingly older, with the majority (34%) in the 40-49 age groups.



## **THE COST OF HOMELESSNESS**

For all of us who interface with the homeless, it has been our goal in the past to place them in our shelter beds. In doing so, we have institutionalized homelessness and, in many cases, added to the cost. Research tells us that preventing a homeless episode or ensuring a speedy placement into permanent housing can be more effective and efficient. The following are some examples of the costliness of serving the chronic and episodic homeless in our shelter and public systems:

*According to a report in the New England Journal of Medicine, homeless people spent an average of four days longer per hospital visit than did comparable non-homeless people. This extra cost, approximately \$2,414 per hospitalization, is attributable to homelessness.<sup>7</sup>*

*According to a University of Texas two-year survey of homeless individuals, each person cost the taxpayers \$14,480 per year, primarily for overnight jail.<sup>8</sup>*

*A typical cost of a prison bed in a state or federal prison is \$20,000 per year.<sup>9</sup>*

*The cost of an emergency shelter bed funded with HUD's Emergency Shelter Grants (ESG) program is approximately \$8,067,<sup>10</sup> more than the average annual cost of a federal housing subsidy (Section 8 Housing Voucher).*

### ***These are all prime examples of the real costs of managing the homeless.***

In actual numbers, HOPE can document that Northwest Louisiana receives an estimated \$2.5 million each year from HUD's Continuum of Care Homeless Assistance programs for some 20 programs that specifically serve the homeless. Leveraged into these funds are approximately \$5 million in other federal, state, local and private funds. Other programs outside the purview of HUD's Continuum of Care Homeless Assistance program report usage of mainstream resources in excess of \$2 million each year. These include CDBG, HOME, Public Housing, Mental Health Block Grant, Substance Abuse Block Grant, Social Services Block Grant, Welfare to Work, State-funded programs, City/Parish funded programs and private resources.

### ***Is there a better way to utilize what at a minimum is almost \$10 million?***

HOPE believes that we have addressed our *continuum of care model* so that our programs are products of thoughtful policy direction and program analysis and decision-making, rather than a patchwork of pragmatic and costly beds implemented in a vacuum and in a linear design. ***Ending Homelessness: What It Will Take!*** and its' implementation moves us away from the attempts on the part of all of those who provide homeless services to compensate for the inadequacies of certain mainstream programs and systems by being everything to everyone.

## **HOPE for the HOMELESS HISTORY**

The history of collaboration among homeless providers in Northwest Louisiana demonstrates innovation and energy. It began in 1988 with the development of two Single Room Occupancy developments in downtown Shreveport which resulted in 101 units. In 1990, a group of homeless providers from Louisiana participated in a homeless conference held in Dallas, sponsored by the U.S. Interagency Action Council for the Homeless. Inspired by the spirit and motivation of that event, the Shreveport contingency hosted the first statewide homeless conference in Louisiana in 1991, attracting over 300 participants from across the State. This conference energized all of the participants and there have been statewide conferences addressing homeless issues in each of the following years sponsored by regional continuums from across the state.

Beginning in 1990, Centerpoint, the center for information and referral in Northwest Louisiana, began to operate as the central intake, assessment and case management center for **homeless** services. Centerpoint brought focus to the collaborative process in those early years and made it possible to coordinate services to homeless clients. This process led to long-term planning bringing together providers, community leaders, and the homeless population throughout the region.

In 1994, Centerpoint and affiliated service providers joined with the City of Shreveport planners to develop a Continuum of Care. This group evolved into the homeless coalition of Northwest Louisiana. The organization was established as a voluntary membership association with no paid staff which began to meet on a monthly basis to address: steps to gain cooperation of all significant entities; consideration of how best to share information and data; development of a networking process to improve client service delivery; and determination of methods to be utilized for constructive planning.

In 1997 the coalition continued to design and improve the structure within the organization. Election of officers set up the process to establish formal goals and objectives. One goal was to maintain and expand the broad based working group needed to complete the tasks associated with building a regional continuum. Formal by-laws were developed and approved. Committees were established to address all aspects of the continuum. Additional committees addressed public awareness and housing and service development.

Working closely with the **LA Interagency Action Council for the Homeless (LIACH)** and all of the agencies responsible for planning for federal, state and local dollars which could impact our housing and service delivery, the coalition pursued every opportunity to plan for and bring focus to the needs of the homeless. Applications to HUD for Continuum of Care Homeless Assistance Grants have been successful each year beginning in 1995 and housing and service delivery has improved to the homeless in this region. Yet we continue to face sometimes-insurmountable barriers to housing.

During the calendar year 1999, the Coalition focused on the need to become self-sustaining. Following approval from the membership to file articles of incorporation with the Louisiana Secretary of State as the NW LA Homeless, Housing, and Service Development Corporation (coalition) and to seek nonprofit designation under the IRS Code 501(c)(3), a special committee drafted articles and by-laws compliant with CHDO regulations.

In 2001, the coalition sponsored the annual state conference on homelessness, attracting almost 400 participants from across the state. Building upon that successful venture, we once again took steps to improve the structure of the organization, still an all voluntary assembly of providers and advocates. The membership approved the public awareness committee proposal to establish the coalition under the name *Homeless Organizations Providing Empowerment* for the Homeless or HOPE for the Homeless. Under current leadership, an executive director has recently been hired.

An important part of our history includes the development of ServicePoint homeless management information system (HMIS). Through the work of the coalition (HOPE for the Homeless), efforts began in 1997 to develop a common intake form that could be shared and utilized across systems of care.

Mutual understanding between the participants acknowledged that the common intake form should lead to the development of a system that would meet the needs of the service providers, both homeless providers and other agencies that interface with homeless providers/participants. A committee representing the full range of human services in the community spent approximately a year designing the format. Following completion of the initial format, a request for proposals (RFP) was submitted to technology providers in the region. Two vendors responded to the RFP, and a vendor was chosen to begin the first version of an HMIS system. After completion of the intranet system, a full year was spent testing and refining it according to recommendations received from coalition members.

We soon recognized that a more robust system was necessary to expand reporting capabilities and speed of use. Again a RFP was submitted and five proposals were received. A subcommittee with both technology and human service expertise recommended contracting with Bowman Internet Systems, LLC and **ServicePoint HMIS was born.**

**ServicePoint HMIS is a comprehensive data collection tool used to capture uniform client-level information on service needs of the homeless in our continuum over time.** It allows client intake and assessment through any HMIS provider in the regional continuum of care and serves as a case management tool that tracks client specific goals and outcomes changing over time. It also provides service tracking, both delivered and received. There are numerous beneficiaries: homeless and indigent clients, who receive services more

efficiently; service providers, who can track data across programs and systems; and aggregate system policy makers, who for the first time have clear data.

ServicePoint has progressed over the years and is now a complete MIS for the human services industry. More enhancements have been recently added with the release of ServicePoint 3.0 that include information and referral quick call capability; a mental health module with DSM-IV, ICD-9, and CPT codes, and an even more robust case management system with extensive goal and outcome creation and reporting. ServicePoint is the key to connecting our homeless community and can be a total solution for more efficient service delivery.

Centerpoint, under the direction of HOPE, acts as the administrator of ServicePoint. Through a HUD Continuum of Care Homeless Assistance, Supportive Housing Program grant, an HMIS coordinator was hired in 2000 for the purpose of promoting, training and support. Developing an understanding of the value of ServicePoint HMIS total and timely utilization for member agencies, for HOPE, and especially for the clients served is a high priority for both Centerpoint and HOPE. The ServicePoint coordinator follows a schedule to include outreach to providers, training for the region and one-on-one training for individual data entry personnel. The timeline for complete participation among shelter and transitional housing providers is 2005. The ServicePoint coordinator continues to make contacts on a daily basis with providers in the region.

In the spring of 2003, HOPE membership, in conjunction with leadership from the cities of Shreveport, Bossier, and cities across Northwest Louisiana, came together to plan for an end to homelessness as we know it today. The mission is to implement a ***housing first*** model that changes the design of our system of care. ***Housing first is a national model that implies an emphasis on quick access to housing for the homeless.*** For those described as chronically homeless (single persons with disabilities on the streets or in shelters for a year or more or experiencing four or more episodes of homelessness in the last three years), it suggests the provision of permanent supportive housing (housing with services). For less disabled persons and families, *housing first* means moving them into permanent housing with links to services very quickly.

***A housing first approach consists of three components:***

***Crisis intervention, emergency services, screening and needs assessment:*** Persons who become homeless have immediate, crisis needs that need to be accommodated, including the provision of emergency shelter. Early screening of challenges and resources that will affect the re-housing plan are necessary.

***Permanent housing services:*** The provision of services to help persons access and sustain housing includes working with clients to identify affordable units, access housing subsidies, and negotiate leases. Clients may require assistance to overcome barriers, such as poor tenant history, credit history and discrimination based on ethnicity, gender, family make-up and income source.

**Case management services:** The provision of case management occurs (1) to ensure individuals and families have a source of income through employment and/or public benefits, and to identify service needs before the move into permanent housing; and (2) to work with families and individuals after the move into permanent housing to help solve problems that may arise that threaten the clients' tenancy including difficulties sustaining housing or interacting with landlords and to connect them with community-based services to meet long term support service needs.

### **HOPE FOR THE HOMELESS CONTINUUM OF CARE**

Since the inception of the HUD continuum of care model in the mid 1990's, we in Northwest Louisiana have followed the linear design, which consists of several program components. The system is designed to assist clients through a step-by-step progression of housing and services that begins with outreach, includes shelter, than transitional housing with treatments, followed by permanent housing.

In the first step, the HOPE outreach team or staffs from the day shelter or Centerpoint engage individuals who are literally homeless and encourage them to accept referral to shelters or transitional settings. These programs allow the persons to remain indoors, usually for a specified period of time. Many provide assistance in obtaining entitlements and appropriate treatment, life skills, education or employment training. The next phase is many times aimed at developing clients' housing readiness so that they will be able to meet eligibility criteria required by housing providers. Finding permanent housing is the third and final point on the continuum.

HOPE members have identified several flaws in this linear system, chief among them the stress that results from frequent change in residence and uncertainty while in the early and transitional stage about where they might end up. Perhaps the most critical challenge to this model is the time that it takes for clients to reach the final step of the continuum.

While there will always be a need shelter beds, in time we hope there is only minimal need. We have a dozen shelters that provide more than 300 beds. Likewise, in cases in which a wife or family is fleeing from a situation of domestic violence or where a person has been in residential treatment or detox for drug or alcohol abuse, a transitional period is likely required prior to housing placement. There are now almost 500 transitional beds. However, for many of those with mental illness and even for those with co-occurring substance abuse, providing basic housing first, before other services are provided has proven effective.<sup>11</sup>

And permanent supportive housing is where HOPE has and will continue to focus. We can now boast of a dozen permanent supportive housing programs in Northwest Louisiana that provide over 200 beds, with another 40 beds in the pipeline.

## **HOPE FOR THE HOMELESS STRATEGY**

In order to approach the planning process in a way that focused on the development and implementation of an effort that works, HOPE used the National Alliance for the Homeless *Ending Homelessness Checklist: Ten Essentials for Communities* as a tool. This report demonstrates the steps taken to insure that our approach lends itself to concrete results and that this document does not end up on the shelves of the public and private agencies in our community, but rather is a guide for the community leadership for where we truly want to be in the second decade of this century.

Our strategies were largely compiled in conjunction with state and local planning for the Consolidated Plans, the public housing agencies plans, and the Continuum of Care Strategy. The focus of the following strategies are naturally centered around the Continuum of Care Strategy, but have been revised to present a comprehensive approach to address ending homelessness in Northwest Louisiana using NAEH's components described in their publication: *A Plan Not a Dream*.

### **Step One: Plan for Outcomes**

HOPE for the Homeless is using technology to increase the effectiveness and efficiency of our service delivery to the chronic homeless, those homeless for a short time, and the indigent. As the community responsible for the development of ServicePoint HMIS, HOPE is determined to collect better data at the local level and to study that data in order to meet the needs of the chronic homeless and to develop outcomes that better address this sub-population's issues. This past year, HOPE leadership has been involved in the development of ServicePoint HMIS 3.0 upgrade, providing assistance to programmers and designers as they seek to implement a system that is user friendly and comprehensive.

HOPE is dedicated to the premise that the collection of real time data and the study of program delivery to address cause and effect of homelessness will impact our efforts to end homelessness. Over time it has become apparent that just because someone says there is a need, it doesn't make it so.

ServicePoint data can be analyzed to assess the following information:

- **Length of stay:** When ServicePoint users document Entry/Exit into their program, the system will calculate length of stay in program after the clients has been exited. Calculation is provided in the following increments:
  - less than one month
  - 1 to 2 months
  - 3-6 months
  - 7-12 months
  - 13-24 months
  - 25-36 months

- 4-5 years
  - 6-7 years
  - 8-10 years
  - over 10 years
- **Needs** – Needs, fully met, partially met and not met, can be documented in ServicePoint in the client’s *service transactions*. Providers can demonstrate they provided a service to meet the need, referred the client to another provider for service, or that the need remained unmet.
  - **Causes of homelessness** – the Entry/Exit screen in ServicePoint lists a number of possible causes of homelessness. Some examples are:
    - **Addiction**
    - **Aging out of foster care**
    - **Domestic violence**
    - **Mental illness**
    - **Physical disability**
    - **Gambling**
    - **Unemployment/underemployment**
  - **Interaction with mainstream programs** – the ServicePoint Employment Assessment allows documentation of mainstream programs in which the client is currently involved and also documents whether an application for mainstream resources has been completed and the outcome of the application if applicable.
  - **Effectiveness of interventions** – outcomes of case plans, goals and action steps put in place with case management can be documented in ServicePoint. Examples of possible outcomes can be shown as:
    - **Goal abandoned**
    - **Goal achieved**
    - **Goal partially achieved**
    - **Goal revised**
  - **Number** – ServicePoint allows a provider to report the number of clients that received services over any date range selected. The report will break down the number of clients into race, age, and gender categories for single individuals and for persons in families with children.

As the forgoing information attests, ServicePoint is a comprehensive data collection tool that must be utilized completely throughout the social services system so that real numbers and real needs are identified and appropriate outcomes are in place.

**The following defines the objectives, strategies and action steps that HOPE leadership believes is necessary to make that happen.**

**Objective: Collect better data throughout the region**

**Strategy: Expand the use of ServicePoint HMIS throughout the Nine Parish Region that defines Northwest Louisiana**

**Action Steps:**

- **Require certification from all HUD Continuum of Care recipients that they will enter certain data required as standard by HOPE**
- **Require certification from all Emergency Shelter Grant (ESG) recipients to enter certain data required as standard by HOPE**
- **Identify barriers and address issues that continue to prevent agencies, particularly state and federal mainstream agencies, from using ServicePoint**
- **Develop Memoranda Of Understandings (MOUs) with mainstream providers that lead to real time data collection regarding mainstream service delivery**

**Objective: Plan for outcomes**

**Strategy: Develop outcome measures and monitoring procedures to determine program effectiveness**

**Action Steps:**

- **Develop monitoring tools and standards**
- **Monitor all Continuum of Care Homeless Assistance programs for effectiveness**
- **Determine HUD goals are being met**

**Strategy: Expand outreach to build and strengthen relationships with chronic homeless and with community at large**

**Action Steps:**

- **Expand HOPE mobile outreach team and develop mobile crisis response team that includes mental health, addictive disorder, veterans and medical components**
- **Deliver sack lunch and other basic needs to street chronic homeless at least once a week**
- **Provide HOPE emergency info cards to street homeless and those who come in contact with population**
- **Provide HOPE pamphlets to homeless and those who serve them**
- **Educate staff at hospitals and jails regarding info and referral to housing and services**

**Strategy: Utilize ServicePoint reporting tools as a mechanism for service delivery design and implementation**

**Action Steps:**

- **Produce data on homeless recidivism and utilization of mainstream programs and services**
- **Measure outcomes of current discharge planning efforts**
- **Identify percentage of population being released to homelessness from institutions (shelters/hospitals/jails/prisons/mental health institutions/treatment centers/ foster care systems)**
- **Produce data on current request and utilization of homeless prevention (rent and utility assistance)**
- **Conduct cost/benefit analysis**
- **Coordinate project development throughout the region addressing identified gaps based on documented need**

**Step Two: Close the Front Door**

HOPE's focus on homeless prevention has seen real effort and much success. At the state level, HOPE was a leader in the establishment of the Louisiana Advocacy Coalition for the Homeless (LACH), which held its initial meeting at the 11<sup>th</sup> Conference on Homelessness in Louisiana in October, 2002. LACH is comprised of membership from all 10 continuums in Louisiana and holds meetings six times a year via conference calls. There are two co-chairs, one from Shreveport and one from New Orleans. The two priorities established at the initial meeting were:

- Establishment of a Louisiana Housing Trust Fund;
- Improvement in discharge planning in state hospitals and correction facilities.

**Legislation establishing the Louisiana Housing Trust Fund was signed into law by the Governor on June 18, 2003.** The Louisiana Housing Finance Agency (LHFA) will administer the Fund and at least one LACH member will participate on the LHFA board of directors. These funds will be utilized to address the housing needs of the homeless and the very low-income throughout the state.

**Discharge planning** has also been addressed, with LACH interfacing with correction officials and Department of Health and Hospitals (DHH) leadership to initiate planning policies and procedures that will not release residents into homelessness.

At the 12th Conference on Homelessness held in September 2003, LACH reported that the focus for the coming year would be to:

- Move forward the housing opportunities established through the Housing Trust Fund legislation and to support the National Trust Funding legislation
- Continue working with state and local institutions to develop discharge plans that do not result in homelessness

Many have observed that the best strategy in addressing homelessness is to prevent it from happening in the first place. HOPE has fallen short in the past with this issue, largely because the available dollars for prevention are fragmented and generally developed by systems operating in a vacuum. Even the local FEMA board that directs the Emergency Food and Shelter Grant program (EFSG) does not actively participate as a HOPE member.

The Office of Mental Health (OMH) and the Office for Addictive Disorders (OAD) address homeless prevention through continuity of care policy; however, many times their clients fall through the cracks and end up homeless yet again. Emergency Shelter Grants (ESG) available from the balance of state and entitlement city funding do not require grantees to coordinate or collaborate prevention efforts. Therefore funding is not coordinated to address prevention issues such as one-time or short-term rent or mortgage assistance or housing placement services throughout the community. Individual agencies utilize this funding to fill the gaps in their existing service delivery. It is clear that HOPE must act as the catalyst for change within the funding silos that currently exist.

Another issue to be addressed in a long-term homeless prevention plan is the lack of comprehensive discharge planning from public treatment centers and correction facilities. While the OMH has a continuity of care policy that addresses discharge, there is not tracking beyond delivery out of the public system. It is much the same with OAD and within correction facilities with mental health components, such as Caddo Correctional Center. However, virtually none of these facilities provide discharge planning to stable and decent permanent supportive housing. These clients then end up either back on the streets, in the hospitals or incarcerated.

HOPE will seek to build relationships with public agencies and officials who set funding policy that can assist prevention efforts in this region. The leadership will meet with key public officials to ascertain Hope's role in directing the flow of prevention dollars in a collaborative and coordinated effort. It is our intent to collaborate with the Emergency Food and Shelter Grant Board for coordination with the FEMA "Local Recipient Organizations" using the HMIS system so that appropriate referrals for rent and utility assistance are addressed. We will match these funds with existing TANF grant funds to maximize our prevention efforts.

***Objective: Prevent homelessness through comprehensive strategies including early intervention and discharge planning***

**Strategy: HOPE will establish 24-hour access to information and referral hotline coordinated through 2-1-1 that will direct clients to appropriate prevention resources**

**Action Steps:**

- **Support development and implementation of 211 system (social service call line) by working with legislators and LA Public Service Commission staff to establish appropriate funding**
- **Develop regiment of agency and staff training to assure appropriate information and referral knowledge exists in the community**
- **Identify at risk clients and link to prevention programs**
- **Provide ongoing community resources to support sustainability**
- **Pursue prevention efforts at all food pantries throughout the region, utilizing ServicePoint messaging to alert information and referral experts in efforts to prevent homelessness**

**Strategy: Increase linkage to permanent housing and services for persons leaving institutions and for the chronic homeless**

**Action Steps:**

- **Interact with leadership in public systems of care to establish multi-disciplinary re-entry teams prior to discharge**
- **Actively seek to collaborate with Emergency food and Shelter Grant local boards to coordinate prevention dollars**
- **Utilize HOME funds available through participating jurisdictions to provide tenant-based rental assistance**
- **Provide symposium focusing on homeless prevention**
- **Create ex-offenders resource guides**
- **Initiate planning to coordinate discharge of chronically homeless with HOPE's case management program, Pathways, operated by Centerpoint**
- **Ensure that Pathways establishes case plans prior to discharge that includes selection of appropriate supportive housing and track services in ServicePoint to follow client beyond supportive housing placement**
- **Facilitate creation and training for community-based teams to provide prevention services in targeted neighborhoods**
- **Ensure youth aging out of foster care have access to resources**
- **Increase number of respite beds and youth group homes available in the community**

**Strategy: Educate community, consumers and program staff regarding the legal rights of tenancy**

**Action Steps:**

- ***Pro Bono will provide staffing sessions regarding tenant rights***
- ***HOPE will provide information to landlords regarding special needs of the homeless***

**Step Three: Open the Back Door**

According to the NAEH plan to end homelessness, most people who become homeless enter and exit homelessness relatively quickly. Although there is a housing shortage, they accommodate this shortage and find a place to live. The much smaller group of homeless people spend much more time in the system utilizing more of the housing resources at a higher cost. Many of this folks, the chronically homeless, actually live in the system and use these resources and other public high cost resources such as hospitals and jails.

***Objective: Assist those who are homeless exit homelessness as quickly as possible through a housing first approach***

***Strategy: Expand the availability of affordable permanent and supportive housing***

**Action Steps:**

- ***Create 250 new permanent supportive housing units for persons with disabilities utilizing Homeless Assistance CoC over the next 10 years***
- ***Within 24 months, build 20 units of permanent supportive housing for the chronically homeless utilizing HOME funds***
- ***Continue to work with housing agencies and HOPE members to facilitate additional housing subsidies for persons with disabilities who can live independently in market rate housing with appropriate supportive services***
- ***Develop additional safe haven units for those reluctant to enter the current system of care***
- ***Address appropriate permanent supportive housing models to serve youth who are homeless.***

HOPE must also address housing availability in the short term by developing a housing placement service that can link households in interim housing with appropriate housing in the community. HOPE members must be willing to seek new alternatives to the current *managing homelessness* approach. In moving to the Housing First model, we must assure that appropriate standards are in place for crisis or interim housing all the way to permanent housing and that placement in any of these is suitable and in the least restrictive setting. We must also assist shelter and transitional housing providers in the conversion to Housing First, assuring them of a place in the new housing and service delivery system.

**Strategy: Improve access and coordination of affordable housing and services**

**Action Steps:**

- **Rapidly re-house the homeless by instituting the Housing First Model for special homeless populations within the next 24 months**
- **Provide on- site support services to the chronic homeless living in permanent housing**
- **Utilize existing housing stock owned by the city for affordable housing development with HOME and CDBG funds**
- **Secure ongoing public revenue streams dedicated to housing, such as the Housing Trust Fund and rental assistance programs**
- **Coordinate housing services through preventive case management**
- **Develop bridge funding for tenant-based rental assistance utilizing HOME funds**

The Housing Authority of Bossier City has demonstrated dedication to serving the housing needs of the homeless in our community. They currently have memoranda of understanding with three homeless provider agencies to quickly house their clients while the agencies provide services that lead to self-sufficiency. We will expand this model across the region. If successful this model could provide permanent housing to more than 250 of our homeless families over the next five years.

**Strategy: Locate and access more affordable permanent housing units**

**Action Steps:**

- **Increase access to public housing using the model initiated by Bossier Housing Authority, which currently works with three transitional programs to quickly house clients receiving services**
- **Add additional public housing agency (PHA) units through MOUs with all PHAs in the nine parish region that is Northwest Louisiana to house homeless individuals and families**

**Step Four: Build the Infrastructure**

HOPE believes that housing stability cannot be attained or maintained without the ability to access resources and supports that sustain the homeless in a time of crisis. They need appropriate health care that includes mental health and substance abuse treatment and they need income supports. For those who live in abject poverty with a frightening disease the need for services is intense and calls for totally integrated case management. Our existing system is referral-based and the result is many times fragmented care.

**Objective: Address housing, income and service needs of the homeless in NW LA**

**Strategy: Implement a wraparound service approach that encourages case managers across agencies and even across systems to work together to develop one plan of action for the client**

**Action Steps:**

- **Each agency assures that the client attains goals in ServicePoint**
- **Utilize ServicePoint to determine goal success and unmet need**
- **Provide the training necessary to build this team approach for the client**

HOPE is using technology to increase the effectiveness and efficiency of our service delivery to both the chronic homeless, those homeless for a short time, and the indigent. As the continuum responsible for the development of ServicePoint HMIS, we now must focus on getting the mainstream programs to utilize this system as well.

ServicePoint now offers an eligibility determination module that is a two-pronged dynamic tool used to compare individuals in need with all of the agencies and programs in a community's database. Based upon the individual's specific situation, a referral is made to the matching eligible agencies. The tool is unprecedented in that it allows the client to enter specific information regarding household and other income, and all agencies and programs can enter and modify within the system their criteria for benefits. Some of the features of the module include: a **client poverty calculation**, which, because many mainstream providers base eligibility standards on how a family falls within the federal guidelines for the Poverty Level, allows individual income to be tested against these mainstream standards; **Household membership**, that can address the entire household eligibility for mainstream resources; **qualifying income information**.

This eligibility module is an optional add-on to ServicePoint and will be purchased by Centerpoint. HOPE will support efforts to access funding for this tool in order to design a system that automatically determines eligibility for mainstream programs, thus allowing case managers to link into the enrollment process and follow up to assure benefits are received. Following purchase of the eligibility module and the training necessary for provider usage, the ServicePoint coordinator will produce reports quarterly that indicate those eligible clients who have attained enrollment into each mainstream program for which they are eligible.

The current system for determining food stamp eligibility is extremely complex and burdensome to both the recipient and the state. Regional Office of Family

Support (OFS) administrators report over-burdened staff, with caseloads that are increasingly unmanageable. Technologically and administratively restructuring the intake process in the Food Stamp program could improve the effectiveness by reducing the administrative burden and by improving access to benefits for those in need.

Our service delivery must also address incomes and employment. While many who are homeless get by and make due with little or no income, the provision of supports to access additional income and supported employment are necessary if we are to truly address ending homelessness. Our attempts to change our system must also work within our current transportation systems to assure access to services and to employment are met.

**Strategy:** *HOPE members will initiate a collaborative effort through the food pantries in the region to develop intake procedures*

**Action Steps:**

- *Simplifies the food stamp application and eligibility determination systems technologically and administratively*
- *Improves public access, awareness, and understanding of the food stamp program*
- *Coordinates the efforts of private non-profit and for profit corporate entities within the region's local assistance programs to ensure a more seamless and accessible network of services*
- *Pilot program results as a model for implementation in all state regions of the Louisiana Department of Social Services, Office of Family Support and potentially to other federal, state and local assistance programs*

**Strategy:** *Strengthen the provision of integrated, coordinated supports through mainstream resources that are necessary for successful transitions to permanent supported housing*

**Action Steps:**

- *Purchase ServicePoint mainstream eligibility determination software and train providers as to usage*
- *Expand and integrate employment services to ensure a continuum of employment opportunities for the homeless*
- *Identify core services offered to homeless under Workforce Investment Act*
- *Restructure Project Employment to address gaps in available mainstream employment services*
- *Expand availability of supported employment and vocational rehabilitation through Project Employment restructure*

- **Create expanded transportation services to increase employment opportunities**
- **Expand availability of subsidized transportation options through MOU with local transit system to offer reduced rates for the homeless**



## **HOPE Ending Homelessness: What It Will Take! Participants**

HOPE for the Homeless is member driven, with a 16 member elected board, which coordinated and facilitated the planning process that led to the preparation of this plan to end homelessness. The planning committee led the process. Those who participated include directors from both the cities of Shreveport and Bossier City Offices of Community Planning and Development, both of whom are appointed by the Mayors; senior leadership from the housing authorities; leadership from the VA; senior-level public and private policy makers; grantmakers, directors of mainstream programs, representatives of providers of services to homeless people, faith-based and community-based leaders, and formerly homeless people.

The following list represents the participants who played a major role in the design and strategies of *Ending Homelessness: What It Will Take!*

### Bossier City Department of Community Development

- Bossier City Housing Authority
- Bossier City Police Department
- Bossier Parish Community Services
- Bowman Internet Systems, Inc.
- Buckhalter SRO
- Caddo-Bossier Center
- Caddo Council on Aging
- Caddo Parish School Board
- Caddo Parish Sheriff Office
- Centerpoint
- Christian Services
- Community Foundation
- Community Support Programs
- Council on Alcoholism
- Extra Mile
- Goodwill Industries
- Habitat for Humanity
- LA Interagency Action Council for the Homeless
- LA Office for Addictive Disorders
- LA Office of Mental Health
- LA Office of Family Support
- McAdoo SRO
- Mercy Center
- NW LA Food Bank
- Philadelphia Center
- Project Return
- Providence House
- Queensborough Neighborhood Assn.
- Red River Employment Services
- Salvation Army
- Service Connection
- Shreveport-Bossier Rescue Mission
- Shreveport Department of Community Development
- Shreveport Police Department
- Shreveport Fire Department
- Steps
- Step-Up Inc.
- United Christian Home
- US Department of HUD
- US Department of VA
- VET Center
- Volunteers of America
- The Way Station
- The Well
- YWCA

## **CLOSING COMMENTS**

While HOPE will have the responsibility for leading the *Ending Homelessness: What It Will Take!* implementation, commitment from the Northwest Louisiana community to advancing the goals of this plan is vital to the success of this effort. We can attest that this plan will not succeed and the goal of ending homelessness in Northwest Louisiana will not become a reality unless the leadership and the entire community devotes human, political and financial resources to its cause.

Placing the new emphasis on ***Housing First*** will require not only community support, but also changes in service delivery to the homeless populations that we encounter. As part of the implementation of this plan, service providers will need to look at what they are doing and must decide how they can modify their services to further the goal of permanently ending homelessness. Our success is also dependent on attracting the appropriate human and financial resources and providing services in the most cost-effective way. Those who provide financial and human support should ask the hard questions: ***will this funding and time lend itself to ending homelessness in this community?***

We are grateful to our community leaders who support this effort. We will continue to count on them to provide the vision and the energy to lead this plan to its fruition.

We end this document with the question that many will continue to ask: ***Can we truly end homelessness in Northwest Louisiana, an area largely made up of rural settings where many of the homeless are hidden?*** Hidden in barns and makeshift housing, or moving from place to place. In the Shreveport-Bossier community, the metropolitan setting of this region, they are not so much hidden as hopeless. Those of us who have worked hard and long on this plan are absolutely convinced that we can end homelessness. The objectives, strategies and action steps laid out in the preceding pages will carry us forward to develop the housing and the relationships needed in this community so that affordable housing with appropriate services is available for all those in need. We will not accept anything less than to meet the goals of *Ending Homelessness: What it will Take!*



## Endnotes

---

- <sup>1</sup> National Alliance to End Homelessness (2000). *A plan: Not a dream. How to end homelessness in ten years*. Washington, DC: Author.
- <sup>2</sup> Homeless Organizations Providing Empowerment (HOPE) for the Homeless. (November, 2002). *Point in Time Survey*.
- <sup>3</sup> National Alliance to End Homelessness (2000).
- <sup>4</sup> Burt, M. (1997). Causes of the growth of homelessness during the 1980s. In D.P. Culhane & S. P. Hornsburg (Eds.), *Understanding homelessness: New policy and research perspectives* (pp. 169-203). Washington, DC: Fannie Mae Foundation.
- <sup>5</sup> Wright, J. & Rubin, B. (1997). Is homelessness a housing problem? In D.P. Culhane & S.P. Hornsburg (Eds.), *Understanding homelessness: New policy and research perspectives* (pp. 205-224). Washington, DC: Fannie Mae Foundation.
- <sup>6</sup> Khun, R. and Culhane, D. (1998). Applying cluster analysis to test a typology of homelessness by pattern of shelter utilization: Results from the analysis of administrative data. *American Journal of Community Psychology*, 26(2), 207-232.
- <sup>7</sup> Salit, S.A., Kuhn, E.M., Hartz, A.J., Vu, J.M., Mosso, A.L., Wong, C. (1998). *Hospitalization costs associated with homelessness in New York City*. *New England Journal of Medicine*, 338; 1734-1740.
- <sup>8</sup> Diamond, Pamela and Steven B. Schneid, (1991). *Lives in the Shadows: Some of the Costs and Consequences of a "Non-System" of Care*. Hogg Foundation for Mental Health, University of Texas, Austin, TX.
- <sup>9</sup> Slevin, Peter, *Life After Prison: Lack of Services Has High Price*. *The Washington Post*, April 24, 2000.
- <sup>10</sup> Office of Policy Development and Research, U.S. Department of Housing & Urban Development, *Evaluation of the Emergency Shelter Grants Program, Volume I: Findings* September 1994, p. 91.
- <sup>11</sup> Tsemberis, Sam and Eisenberg, Ronda. *Pathways to Housing: Supported Housing for Street-Dwelling Homeless Individuals with Psychiatric Disabilities*. *Psychiatric Services*, April 2000, Vol. 51, No. 4, 487-493.