Lancaster, Pennsylvania:
Ending and Sustaining an End to Chronic Homelessness

Rockford, Illinois reached functional zero, effectively ending chronic homelessness in March 2017.

TOP 8 LESSONS LEARNED FROM ROCKFORD:

1. Use HMIS data early and often to drive performance and direct funding.
2. Coordinated Entry (CE) for all populations provides consistency throughout the system.
3. VI-SPDAT levels the field so that all people receive the right services at the right times.
4. A quality By Name List (BNL) keeps the focus of outreach, CE, and leadership on the needs of each household.
5. Partner with the Public Housing Authority (PHA) to prioritize Housing Choice Vouchers for homeless persons.
6. Prioritize all PSH openings for people meeting the definition of chronic homelessness.
7. Chronic homelessness is a health crisis and should be treated as such.
8. Weekly case conferencing meetings improves collaboration and communication.

COMMITTING TO ENDING CHRONIC HOMELESSNESS

Lancaster's focus on ending chronic homelessness began in earnest in 2010 with the creation of a chronic homelessness work committee. The committee created a process to begin determining who was chronically homeless and to dedicate 18% of permanent supportive housing beds to this group. Lancaster developed a fine-tuned By Name List for vulnerable and chronically homeless persons as a part of the 100,000 Homes Campaign. In 2014, Lancaster joined Built for Zero with an express focus on ending veteran as well as chronic homelessness.   By 2015, Lancaster conducted registry week alongside their Point-In-Time (PIT) count and incorporated the data into their By Name List. To identify homeless persons who would become chronically homeless, Lancaster created an "At Risk" group to track and house such individuals before they became chronically homeless.

OVERCOMING OBSTACLES

The obstacles which Lancaster needed to overcome included initial concerns about HUD's policy to prioritize housing according to need from the non-profit permanent supportive housing (PSH) providers and the PHA. These housing providers were accustomed to accepting referrals on a first come first serve basis and found it easier to work with individuals with fewer needs and greater resources. Over time, these housing providers recognized the value to prioritizing PSH for those most in need if the community was going to achieve the goal of ending chronic homelessness. The other major obstacle was that many homeless assistance providers, both funded and non-funded by the COC, did not initially grasp the importance of client level data collection and how the use of a shared Homeless Management Information System (HMIS) data base would help keep the system focused on those most in need. By having solid client-level data, the stakeholders were able to identify, prioritize and house the most vulnerable rather than simply the next person encountered.

WHAT MADE A DIFFERENCE?

As Lancaster came together as a community to tackle chronic homelessness, several key initiatives tipped the scales to achieving the goal:

• The continuum conducted a blitz over a one week period to create a comprehensive, updated, By Name List.
• The stakeholders ensured that Coordinated Entry staff conducted a VI-SPDAT assessment for every single person they encountered, resulting in a priority ranking for housing.
• Leadership approved the prioritization of PSH and Homeless Preference Housing Choice vouchers for people meeting the definition of chronic homelessness. All PSH providers targeted all turnover units to the chronically homeless. In addition, the PHA dedicated 20% of its turnover Housing Choice vouchers.

MID-COURSE IMPROVEMENTS

During the campaign to end chronic homelessness, Lancaster needed to make several course corrections:

• Initially Lancaster had developed a BNL for homeless veterans. When embarking on ending chronic homelessness, the community decided to develop a quality By Name List covering all households in the CoC. Accordingly, the weekly case conferences focused on the needs of all homeless households, with a n particular focus on those who were chronically homeless.
• It also became clear to stakeholders that to end chronic homelessness, Lancaster needed to create an "at risk of chronic homelessness" policy and procedure to focus stakeholders' efforts on preventing people from aging into chronicity. This action reduced the inflow into chronic homelessness.

AFTER ACHIEVING FUNCTIONAL ZERO

Lancaster was one of the first communities nationally to end chronic homelessness. The community was committed to ensuring that they sustained a functional zero for this population. To do so they have retained the procedures they set in place to achieve the goal. For instance, the turnover vouchers that were set-aside for the chronically homeless are now targeting those at risk of becoming chronically homeless. The BNL for all populations is now being used to focus in on ending family homelessness. Lancaster has experienced that it is a continual challenge to keep people housed and get those at-risk of becoming chronically homeless housed. The weekly By Name List meetings continue to be imperative. Lastly, Lancaster recently formed a work group to discuss and develop innovative options for individuals who are struggling to accept housing due to mental illnesses or other extenuating circumstances.

WHAT ARE THE BIGGEST THREATS TO SUSTAINING FUNCTIONAL ZERO?

There are three primary threats:

• Resistance of providers and landlords to serve the most needy and vulnerable populations because they are difficult to house.
• The constant potential for politically motivated funding cuts, given competing priorities.
• The lack of affordable housing.

WHAT WOULD HAVE BEEN GOOD TO HAVE KNOWN EARLIER?

Lancaster could have achieved the goal more quickly if all stakeholders had readily adopted a common assessment tool and used that assessment to prioritize housing placement instead of using the first come first serve approach.

HOW HAVE EFFORTS ON CHRONIC HOMELESSNESS IMPACTED YOUR WORK?

• Having achieved an end to chronic and veteran homelessness has helped Lancaster make progress on other populations.   In particular, using the methodology of prioritization and matching people by need to available open units has transformed how the CoC does operates, not just for people experiencing chronic or veteran homelessness but now for all populations.

• In addition, using best practices, research, and process/quality improvement methods provided by HUD, USICH, and Built for Zero has helped the CoC evolve into having better business practices.