

**Interagency Council on Homelessness Meeting November 18, 2014
Hosted by The Light House, 10 Hudson Street, Annapolis, MD 21401**

Welcome & Greeting: Ellen Kinney- History and highlights of The Light House (90 day program, includes 16 hour reflection of strengths upon admission program driven by Trauma Informed Care)

Introductions of ICH members in attendance: H.S, T.D, P.F, A.B, P.A, T.R, T.S, D.H, M.R, S.F, J.M, R.S, H.T, S.P, R.W, K.L, K.B, J.K, L.P

H.S. -provided a synopsis of Housing 1st

R.W.- Has not rolled out Housing 1st due to constraints

E.R- Assessing chronically homeless for Anne Arundel Co has huge obstacles. Currently 255 on list. Utilize 280 churches and creating advocacy groups to walk with those who are extremely vulnerable. Other aspects are presently unknown. Not sure if churches have resources/expertise to do other aspects. Need to prioritize folks for housing and what options/strategies are available

K.L- Reinvestment in housing. Pre-housing, Post-housing. 1st formal program needed, 2nd housing readiness 3rd supportive housing. 300+ chronic people w/housed using the Housing 1st approach. Not enough affordable housing- find way to invest in housing that is affordable.

T.S- Survey of homeless, people's health improved once housing w/obtained. Reduction in hospital costs. Mental illness, asthma other conditions increased when people were homeless. The priority is to get the people off the street and sen in a team after they are housed.

A.B- Concerns HUD increased Housing 1st w/o additional resources/funding. Need for case mgrs, clinicians,etc. Where does the responsibility lie with this other than the housing agencies

E.R- Have partnerships w/volunteers to render services (mental health,etc)

T.D. What are some of the hurdles? What worked in NY? (Heather)

H.S- NY has substantial resources. Involved with 415 housing facility & Safe Haven Model. Accepted anyone to come to services & provide accommodations & subsidize rent. There is a need for providers to have the conversation on what is needed to move forward w/ Housing 1st. Security deposits, etc.

K.B- There are legal issues with landlords. Low income housing doesn't exist. Income levels don't meet the housing costs. Attempts to negotiate with LL to assist with background checks. LL have the legal right to deny residency for sex/violent criminal hx. Other concerns elder care not covered by MA.

H.S- Advocate for the resources needed ie rental subsidies

E.R- Received vouchers- barriers security deposits & LL willing to take the voucher. LL continue to discriminate against source of income. Need for subsidize rent deposits

S.F- 12 yrs ago when this started funds were available. Now no or lack of income and utilities are being shut off. Supportive services are at a deficit.

E.R-CoC has opportunities to build relationships

K.B- Currently they are tracking barriers in HMIS and that gave definition for vulnerable populations. They were able to prioritize based on VSPDAT score. Moving population into available site. Funding for furnishings and maintaining utilities have been challenging. The need for photo id and other basic necessities exist.

T.D- Although Housing is the ultimate goal...there are other pieces and components involved that can easily be chipped away to move towards the Housing 1st. Encourage to do what can be done and what is doable now to move forward in achieving Housing 1st. Need the Vision & be Theoretical use realistic approaches.

R.W-Another vision, it will be used differently in every community. There are no resources in Washington Co

H.S- There will be a need for flexibility in uses of funding

A.B- Photo identification initiative and add to the wish list

M.R- Need to substitute other funding as no new funding is being offered. Sex offender registry-prohibited from going in senior living/nursing home environments. Dept of Aging- Congregate Housing w/low income may want to expand. Run by Faith based organizations. Combat negative homeless stories in the press as LL see these and some base their decisions on what is being reported on homeless population.

H.S- Request for M.R to bring a list

T.D- Confirmed there is no additional funds for Housing 1st. Encourage to use funds efficiently and be creative in what is available

H.S- Talk to LL to inquire who is being accepted and why, Who are providers who are assisting, etc

E.R- How many CoC? Staffing is an issue

H.S- There are 16 CoC. Need to meet in person w/work groups and reach out to other experts in the field.

D.H-reporting on Veteran awareness/challenges of Veterans work group. Resources have been submitted and request for VA HUD VASH to participate in ICH. Drafted 2 new

stakeholders to bring to the table. Trying to prevent evictions before they occur and they become homeless.

H.S- reporting on Health and Homelessness work group. Health homes age in place instead of moving. Respite beds for people leaving the hospitals. Hospital associations to be involved to combat issues with young adults

P.A- 16-24 year olds. Systems and no systems involved. To open up work group to outsiders

H.S- Redistributing current resources. Foundation of where we build our platform for State policy

E.R- Use resource mapping..do the work for the community

H.S- Available positions for Chair and Vice Chair of ICH. In January meeting will have 2-3 comments and vote for those positions.

H.S- State Ethics Board- Financial Disclosure requirements. Applied for waiver for ICH committee members. The request was denied. All participants need to file their Disclosure forms which are due on or before 11/30/14. This is for reporting year 2013. ICH committee members wanted clarification on the State Ethics Board requirements. Heather to provide with an update.

It was agreed that the next ICH meeting will take place on 2/10/14

P.F- Housing 1st videos were powerful and suggest Maryland look into circulating a video.

K.L, R.W, T.S, and E.R to forward Homeless Event Schedule to Heather so that all ICH committee members with have that information.