Atlanta Strategic Planning Meeting 5 – 8-17-16, Ending Chronic Homelessness
Minutes

Question: How to get buy-in on the strategic plan?

* General public education important. Focus on strategy, efficiency, faces of the population, results
* Educate on progress to date. Builds confidence, trust
* Business community is solutions focused, make sure message is on point
* Strong talking points for everyone who may be asked questions
* Strong leader voices necessary (mayor)
* Pledge/Sign on/Board adoption may be good mechanism
* Articulate the benefit clearly by audience (self-interest)
* Answer what is my part and connection in this plan for key stakeholders
* Show it works – use stories to humanize, how does it connect to other initiatives or social examples (example of school outcomes improving when a family is housed was given

Question: How do we get the word out?

* Summit
* Faith conversations, preachers using as Sunday message
* Toolkit/info to help translate high level to every day
* Social media
* Media PR/Journalism tours
* Highlight community assets
* ID community leaders and do 1:1 meetings
* 1:1 with opinion leaders
* Meetings with umph for large scale city, board, elected officials
* City council adoption

Question: What worked with ending veterans homelessness?

* By name list
* Collaboration with people doing the work, bi-weekly meeting
* Sense of urgency
* Resources – VASH and SSVF
* Engaging on nontraditional housing providers and landlords
* Very targeted
* Central access point
* VA Partnership

Question: What are the baseline principles to meet the chronic homeless plan? (highlighted are top 5)

* Rare and brief – not ending, but making homelessness rare and brief
* Low barrier entry
* Coordinated assessment, intake, and referral
* Visable data and accurate data. Track returns to homelessness
* Housing first philosophy
* Increase skilled outreach
* Case management standards and qualified staff
* HMIS participation
* Real time availability of units
* Sustainable services
* Faith based involvement
* Harm Reduction
* RRH and variety of interventions for those that don’t need SH

Question: What does the flow look like in the system that works?

Question: What do you need to get the job done?

* Supportive Housing!
* Single units, not shared
* Safe, close to transportation, jobs
* Need to build but the timeline may be an issue
* Longer covenants for PSH setasides in buildings
* Zoning issues in site selection need to be addressed
* Sustainable, long-term money for services
* Case management 1:15 (ICM model)
* Medicaid Expansion
* Staff Capacity
* Operating dollars for rent subsidies
* Line up the timing of service commitments

Question: What should happen with the current TH?

* Bridge/short-term apartments
* Line up outcomes based on housing first principles
* Discuss who needs the targeted intervention
* Look into the vacant beds question

Question: What advocacy is needed to accomplish this goal?

* State: Dedicated source for CH PSH – long term subsidy
* Medicaid 1115 waiver, probably 2-3 years out. Chamber and current task forces are working on this, link to those efforts
* City council change zoning regulations for supportive housing
* Reach out to other advocacy groups to connect efforts
* TANF opportunities for shelter and services
* Coordinated RFP for supportive housing to make it easier to create and faster
* Creative vehicle for revenue including: AirBNB, parking lot tax, bonds, food and beverage tax

Question: What improvements to coordinated entry are needed?

* Assessors needed
* Expand pool of navigators to get people into housing
* Create the housing options so you can quickly rehouse people
* Technology: real time availability would be helpful
* Increase buy-in.

Reviewed a system map, draft financial projection.