

Potential Barriers to Success

Economic realities are significantly impacting the Colorado Springs city budget. Impact has been and will continue to be felt by governmental and service agencies alike. While access to services drives the community’s response to homelessness, the need for reports, client data sharing and a central/coordinated intake may not be perceived as top priority. Participation in CHAP and HMIS Advisory Committee meetings will be crucial to sustaining a community-wide response.

In addition, the HMIS system has significant software gaps plus HUD will issue new standards sometime in 2009. It is not yet known whether the vendor will be able to meet the requirements in a timely fashion or whether we will have sufficient funds to close the gaps. If the Continuum of Care must change software providers, the funds needed will be significantly greater.

Centralized/coordinated intake requires broad and willing participation from providers and clients. There is considerable motivation to accomplish this, but the confidentiality and peace of mind considerations will have to be addressed with extensive planning, participation, and education.

Meeting HUD Priorities

The access to services sector specifically supports the following HUD Goals and Policy Priorities.

HUD Goal	
C4	End chronic homelessness and move homeless families and individuals to permanent housing
E2	Improve HUD’s management and its internal controls to ensure program compliance and resolve audit issues
E3	Improve accountability, service delivery, and customer service of HUD and its partners
E4	Capitalize on modernized technology to improve the delivery of HUD’s core business functions
F2	Conduct outreach and provide technical assistance to strengthen the capacity of faith-based and community organization to attract partners and secure resources

HUD Policy Priority	
B7	Make communities more livable.
F6	Provision of supportive services, such as health care assistance that will permit homeless individuals to become productive members of society
F7	Provision of service coordinators or one-stop assistance centers that will ensure that chronically homeless persons have access to a variety of social services

SYSTEMIC RESPONSE AND SERVICES: HOMEWARD PIKES PEAK

Homeward Pikes Peak's role is to step back from the service sectors to evaluate the community's capacity to serve the homeless. Beyond aggregating and assessing HMIS data, Homeward Pikes Peak must work with the Continuum of Care on the following issues.

- 1) Align sector-based services to evidence-based practices.
 - Action:* Arranging site visits to successful programs in similar communities.
 - Action:* Distributing and discussing information on evidence-based practices at CHAP meetings.

- 2) Conduct an annual evaluation of homelessness care coordination.
 - Action:* Homeward Pikes Peak will facilitate annual performance plans from each sector.
 - Action:* Homeward Pikes Peak will track cost/benefit and return on investment data on each community sector.
 - Action:* Homeward Pikes Peak will aggregate HMIS and annual performance data to create a report on the Continuum of Care's contribution towards the following Community Quality of Life Indicators.
 - Growing a Vibrant Economy:
 - Employment rate
 - Poverty rate
 - Self-sufficiency income
 - Promoting Social Wellbeing
 - Affordable housing
 - Homelessness
 - Drug and alcohol use
 - Sustaining a Healthy Community
 - Access to Care
 - Mental Health
 - Oral Health
 - Action:* In conjunction with the annual 10-year plan update, Homeward Pikes Peak will oversee appropriate "course corrections" on how the Continuum of Care serves the public through evidence-based practices, interagency coordination, and service access.

- 3) Continue leadership in developing sustainable financial resources for service providers.
 - Action:* Continue working with city and county agencies to coordinate Super NOFA homelessness funds.
 - Action:* Serve as a local, state and national advocate for increased funds and resources for the Continuum of Care.
 - Action:* Promote interagency collaboration and blended resource streams to accomplish community homelessness goals.

- 4) Coordinate public relations opportunities regarding homelessness and interventions.
- Action:* The Homeward Pikes Peak Executive Director will continue community outreach and education through speaking engagements and committee work.
- Action:* The Homeward Pikes Peak website will be updated to serve as a resource and link to homeless services and service providers.
- Action:* A Public Relations packet including key elements of the 10-Year Blueprint and progress towards community indicators will be developed and made available to community leaders and the press.
- Action:* The annual Conference on Homelessness will serve as a key conduit for information on homelessness, evidence-based practices and progress towards community indicators.
- The conferences will provide opportunities for Continuum of Care and government agencies to reflect and celebrate progress at least annually.
 - The conference will provide a “look forward”, aligning progress preventing homelessness with community quality of life indicators.
 - Homeward Pikes Peak will publicize cost/benefit and return on investment data on each community sector.

Incorporating 8 Additional Continuum of Care Sectors

Eight additional sectors contribute vital services to the homeless:

- Outreach;
- Clothing and Furniture;
- Disability Services;
- Discharge Policies/Processes;
- Daycare;
- Youth Services;
- Police;
- Transportation; and
- Education.

Over the next two years, these sectors will be incorporated into the 10-Year Blueprint. Representatives from each sector have been involved in the VisionLink planning and CHAP meetings during 2008.

CONCLUSION

The last five years focused a spotlight on homelessness and homelessness issues throughout the region. Agencies began a concerted effort to discuss mutual problems, efficiencies and strengths. Developing this 10-Year Blueprint served to emphasize progress and the ongoing need for improvement. As one Executive Director said, “We want to change how the matrix of services functions, not just move the same pieces around the chess board.”

Sector coalitions now meet regularly. Progress indicators have a continuity between agencies and sectors including the following:

- The percentage or rate of people seeking services who are able to access services.
- Measurable improvement in client status.
- Reduction in the time individuals spend homeless.
- Reduction in services sought over time in the Continuum of Care.

As important, Homeward Pikes Peak and CHAP serve as ongoing forums which facilitate coordination between sectors. Agencies view their actions, needs and concerns as part of a *viable* Continuum of Care. Their collective vision for the next 10 years reaches beyond progress indicators to deliberate change.

- Any homeless person seeking services receives them.
- Any homeless person who needs case management receives it.
- There is reduced incidence of recidivism, relapse and re-use of services.
- Homeless individuals demonstrate movement toward self-sufficiency.
- The community has developed sustained funding and programs.
- Systems are increasingly effective in preventing homelessness.
- The community has sufficient housing to meet the needs of the homeless.

Given the current economic climate, homelessness may actually increase during the next 12 months. Job loss and business failure will lead many families to the brink of disaster. Now, it is even more critical for the Pikes Peak region to move forward deliberately, ensuring rapid access to services and rapid exit to housing. Innovation, collaboration and multi-dimensional solutions are the watchwords to ensure our community is a great place to overcome homelessness, but a difficult place to be intentionally homeless.

ADDENDUM 1: GLOSSARY OF TERMS

Throughout this document many terms have been used that may be unfamiliar to the general public or to professionals outside the service delivery system for the homeless. This glossary provides definitions as agreed upon for this document by the Continuum of Services agencies in the Pikes Peak region.

Area Median Income (AMI): The median divides the income distribution into two equal parts: one-half of the cases falling below the median income and one-half above the median. HUD uses the median income for families in metropolitan and non-metropolitan areas to calculate income limits for eligibility in a variety of housing programs. HUD estimates the median family income for an area in the current year and adjusts that amount for different family sizes so that family incomes may be expressed as a percentage of the area median income. For example, a family's income may equal 80 percent of the area median income, a common maximum income level for participation in HUD programs.

Community Access to Coordinated Health (CATCH): CATCH is a community system of health care for low income, uninsured residents. Common qualifying criteria and forms have been established for use by faith-based clinics and by volunteering providers. Memorial and Penrose Hospital systems have donated lab and diagnostic tests to CATCH clients. Peak Vista has signed an agreement to “fast track” CATCH patients with chronic diseases from local free clinics into Peak Vista. Pikes Peak Mental Health is working with CATCH to identify the mental health needs of CATCH clients. The El Paso County Medical Society is increasing the number of physician volunteers willing to provide care for the uninsured. HealthTrack allows partners to electronically track CATCH eligibility, print CATCH cards allowing clients access to required services (such as lab and imaging) and make referrals from the list of volunteers.

Chronic Homelessness: The Department of Housing and Urban Development defines a “chronically homeless” person as an unaccompanied individual who has been homeless for a period of one year or more, or has experienced four or more episodes of homelessness over a three year period, and has some sort of disabling condition (e.g., mental and/or emotional disorder, substance abuse, etc.).

Emergency Housing: Short-term housing provided in response to a housing crisis offered either in emergency shelters (congregate facilities used for this purpose) or motel rooms funded as emergency housing by either a public or not-for-profit agency.

Health Insurance Portability and Accountability Act of 1996 (“HIPAA”): The HIPAA Privacy Rule standards address the use and disclosure of individuals’ health information as well as standards for individuals’ privacy rights to understand and control how their health information is used. A major goal of the Privacy Rule is to assure that individuals’ health information is properly protected while allowing the flow of health information needed to provide and promote high quality health care and to protect the public’s health and well being. The Rule strikes a balance that permits important uses of information, while protecting the privacy of people who seek care and healing.

HealthTrack: A HIPAA compliant web-based software system, that provides a virtual medical home for the under- and uninsured. Through the visit history summary, HealthTrack helps improve quality of care by informing providers of recent visits to other safety-net providers, including diagnoses, tests and treatment provided. It has helped organizations re-bill for services provided once benefits, such as Medicaid, are approved, determine if benefit applications have been submitted, understand who the uninsured are, where and when they go for care, and what services they most often seek.

Homeless Management Information System (HMIS): HMIS systems are developed locally to record client level data from a community’s homelessness service providers. In addition, HMIS presents communities with an opportunity to re-examine how homeless services are provided in their community, make informed decisions, and develop appropriate action steps.

Homelessness: This blueprint uses the HUD definition of homelessness which is as follows:

- sleeping on the streets or places not meant for human habitation;
- sleeping in an emergency shelter (or a motel room funded as emergency housing);
- living in transitional housing after having been on the streets or in emergency shelter;
- staying for a period of up to 30 days in a hospital or other institution after having been on the street or in an emergency shelter;
- being threatened with an eviction within one week from a private dwelling unit; or
- begin discharged within one week from an institution in which the resident has been a resident more than 30 days and not appropriate housing has been identified.

Housing Choice Voucher Program: The current name for the Section 8 Housing Program.

“Housing First” Model: A model focused on securing permanent housing coupled with intensive supportive and treatment services. The housing is secured as quickly as possible after individuals or families have become homeless.

Low-Income Housing: Housing that is affordable to those who are at or below 30% of the median income for the area in which they live. This is housing for very impoverished persons many of whom are reliant on Supplemental Security Income (SSI) or temporary assistance through the Department of Social Services as their only income.

NOFA/SuperNOFA: Notice of Funding Availability/Super Notice of Funding Availability is the federal program announcement for HUD program. Funding is available to communities throughout the United States and covers ten (10) Economic Development and Empowerment Programs operated and managed by the following HUD Offices: Community Planning and Development (CPD), Housing-Federal Housing Administration (FHA), Public and Indian Housing (PIH), and the Office of Lead Hazard Control (OLHC).

Permanent Housing: Housing that can be occupied for an indefinite period as long as the tenant complies with lease requirements. One type of permanent housing is *permanent supportive housing* which is permanent housing accompanied by ongoing supportive and treatment services. Many persons with disabilities require permanent supportive housing in order to remain stably housed.

Poverty: The set minimum amount of income that a family needs for food, clothing, transportation, shelter and other necessities. In the U.S., this level is determined by the Department of Health and Human Services. Federal Poverty Level varies according to family size. The number is adjusted for inflation and reported annual in the form of poverty guidelines.

President's Interagency Council on Homelessness: Congress established the Interagency Council on Homelessness in 1987 with the passage of the Stewart B. McKinney Homeless Assistance Act. The Council is responsible for providing Federal leadership for activities to assist homeless families and individuals.

Public Housing: Housing, usually operated by public housing authorities, established to provide decent and safe rental units for eligible low-income families, the elderly, and persons with disabilities. Public housing comes in all sizes and types, from scattered single-family houses to high-rise apartments for the elderly.

Section 8 Housing Program (now called the Housing Choice Voucher Program): Housing assistance secured from a local housing authority or other authorized provider in the form of direct payments to landlords that low-income people can use to rent apartments and homes on the private market.

Single Room Occupancy (SRO): Permanent housing providing an individual a single room in which to live. These units may contain food preparation or sanitary facilities or these may be shared with others.

Social Security Disability Insurance: A federally-funded wage-replacement program, administered by the Social Security Administration, for those who have a disability meeting Social Security rules and who have paid FICA taxes. SSDI is financed with Social Security taxes paid by workers, employers, and self-employed persons. SSDI benefits are payable to disabled workers, widows, and children or adults disabled since childhood who are otherwise eligible.

Supplemental Security Income: A Federal income supplement program funded by general tax revenues and designed to help aged, blind, and disabled people who have little or no income. The program provides cash to meet basic needs for food, clothing, and shelter.

Transitional Housing: Housing coupled with supportive and treatment services that is provided on a time-limited basis (in most cases, not exceeding 24 months). The primary distinction between transitional housing and permanent housing is that in transition housing the program, not the participant, determines the length of stay.

U.S. Department of Housing and Urban Development (HUD): A cabinet-level agency of the federal government whose mission is to increase homeownership, support community development, and increase access to affordable housing free from discrimination. HUD is the primary federal funder of low-income housing for homeless persons.

ADDENDUM 2:
Continuum of Care Member Organizations

Colorado Coalition for the Homeless	Collaborative for Co-Occurring Disorders
Colorado Springs City Council	Colorado Springs Child Nursery Center
Colorado Division of Housing	Habitat For Humanity Private Sector
Colorado Department of Human Services	Nonpro..
Colorado Springs Housing and Community Development	Harbor House
Colorado Springs Fire Department Public Sector	Homeward Pikes Peak Private
El Paso County Department of Human Services	Billie Spielman Center
El Paso County Department of Health and Environment	Colorado Veterans Resource Coalition
Social Security Administration	Centro De La Familia
Colorado Springs Housing Authority	Family Life Services
Colorado Springs School Districts 2, 11,12, 14, 20	Good News Foundation
Colorado Springs Christian School	Ithaka Land Trust ..
Colorado College	Grace Be Unto You Private Sector Faith
University of Colorado at Colorado Springs	Liza's Place
Pikes Peak Community College	Mesa House
Diocese of Colorado Springs Schools	Meadows Park Community Center
Colorado Springs Police Department	Lighthouse Recovery
El Paso Sheriff's Department	Mercy Housing
El Paso County Correctional Facility	National Association of Mental Health - Local Chapter
Manitou Springs Police Department	Partners In Housing
Fountain Police Department	Pikes Peak Behavioral Health Group
Green Mountain Falls Police Department	Pikes Peak Community Action Agency
Pikes Peak Workforce Center	Peak Vista Health Centers
Veterans Administration Public	Pikes Peak Mental Health Center
Alano Recovery Homes	Rocky Mountain Land Trust
Assistance League of Colorado Springs	Silver Key Senior Services
Care and Share Food Bank for Southern Colorado	Salvation Army
Colorado House	Southern Colorado Aids Project
Colorado Legal Services	Springs Rescue Mission
ComCor	TESSA (formerly the Center for Prevention of Domestic Violence)
FirstChoice Services	Urban Peak Colorado Springs
Goodwill Industries	Women Partnering
Bijou Community	Womens Resource Agency
Greccio Housing	Westside CARES
	Catholic Charities Private Sector Faith
	Ecumenical Social Ministries
	Emmanuel Missionary Baptist Church
	Interfaith Hospitality Network

Lutheran Family Services
Manna Ministries
Mission Medical Clinic
Northern Churches Care
Open Bible Medical Clinic
Pulpit Rock Church
The Safe Harbor
Payne Chapel A.M.E. Church
Business Improvement District
Center for Nonprofit Excellence
Council of Neighbors and Organizations
The Daniels Fund
The Downtown Partnership
El Pomar Foundation
Joseph Henry Edmondson Foundation
Marson Foundation
Pikes Peak Community Foundation
Pikes Peak Peace and Justice Commission
Pikes Peak United Way
Aspen Grove Properties
The Colorado Springs Greater Chamber of
Commerce
The Colorado Springs Gazette
Concept Restaurants
Lockheed Martin
Platinum Group Realty
Wells Fargo Bank
Memorial Hospital Private Sector
Penrose-St. Francis Hospital
St. Francis Counseling
S.E.T. of Colorado Springs
Apartment Managers Association of
Southern Colorado
Dia Didario Homeless Individual
Michelle Duda Homeless Individual
Gaylord Goll Homeless Individual
Matt Parkhouse Homeless Individual
Robert Heller Homeless Individual