Smart & Strategic Collaboration: Services for EHV Recipients

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WELCOME & INTRODUCTIONS
CONSIDERATIONS FOR EHV

Mindy Mitchell, NAEH
Maximize the Impact of Historic Funding

1. Reduce the number of people experiencing literal homeless.
2. Help people with the highest needs.
3. Reduce racial disproportionality and disparities.
4. Create and strengthen partnerships between CoCs, PHAs, HOME Participating Jurisdictions & health sector
5. Create cross-sector referral systems that will work for EHV\'s and any other new resources.
6. Act with urgency.

Source: Kingsnorth Church Of England Primary School
Smart EHV Strategy Considerations

1. Be clear as to the impact you want the EHV to have. (Hint: end homelessness)
2. Understand how the EHV can support the impact you’re trying to achieve.
3. Supporting resourced and meaningful partnerships.

ENDHOMELESSNESS.ORG
Smart EHV Strategy Considerations, Cont.

- Considerations for prioritization
  - System measures
  - Moving on from PSH
  - System flow
  - Long stayers
  - Ending unsheltered/chronic homelessness
Considerations: Using EHV for literal homelessness & utilizing “buckets” to prioritize

- People who are unsheltered
- People who are chronically homeless
- Long-term shelter stayers
- People over 55
- Families with children under six
- People who are high on your existing priority list
- Move-on from PSH
Considerations: Least impact on homelessness

• Those in rapid rehousing, UNLESS they were explicitly placed in RRH while waiting for PSH. **This will not reduce homelessness.**

• People who’ve been staying in hotels/motels **UNLESS** they are very high need.
Considerations: Do NOT Use EHV/s/HOME-CV to **Prevent** Homelessness

Instead use:

- Emergency Rental Assistance Program funds
- Coronavirus Relief Funds
- American Rescue Plan Act utility assistance
- TANF Emergency Assistance
- Other funds

[https://housingequityframework.org/](https://housingequityframework.org/)
SERVICE CONSIDERATIONS

Challenging Our Biases About Who Needs What

Mia Bryant, NAEH
Service Considerations: Use the Housing First Philosophy

- **BELIEF** that everyone is ready for housing
- Homelessness is a housing problem
- Housing First means housing fast, not housing only
- Service needs are unique to each individual household
- Service participation is voluntary
Service Considerations: Maslow's Hierarchy of Needs

- **Physiological needs:** food, water, warmth, rest
- **Safety needs:** security, safety
- **Belongingness and love needs:** intimate relationships, friends
- **Esteem needs:** prestige and feeling of accomplishment
- **Self-actualization:** achieving one's full potential, including creative activities
Service Considerations: Diversifying Your Approach

- Perception of service need based in bias
- Diverse groups have diverse service needs
- Idea of "service" and "stability" looks different for everyone
  - Might not fit your/organization/CoC's idea of "services"
  - "Nontraditional" to you might be "traditional" for others
- Support network needs to be culturally relevant
Service Consideration: Use the Collective Impact* Approach

1. Common Agenda
   • Housed People are NOT Homeless!!

2. Shared Measurement System
   • Returns to homelessness at one- and two-year measures
   • Monitoring equitable access and outcomes

3. Mutually Reinforcing & Equitable* Activities
   • Navigating the PHA housing process (reducing barriers)
   • Individually tailored housing stabilization
   • Linkages with identified natural and community supports

4. Continuous Communication
   • Clearly identified communications channels and processes

5. Backbone Organization
   • Single organization identified to be the link for PHA and landlords to address service needs
ROLE OF THE HOMELESSNESS SYSTEM
Effective Homeless Response System: GOAL

House people as quickly as possible and divert people from imminent homelessness whenever possible.
It takes a village: Define your role in it!

Homeless system is part of a **network** of supports and services:
- Its Goal = Getting people from homeless to HOUSED!

<table>
<thead>
<tr>
<th><strong>Homeless System's Role</strong></th>
<th><strong>NOT the Homeless System's Role</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure interventions are scaled, accessible, and tailored</td>
<td>Solve poverty</td>
</tr>
<tr>
<td><strong>Get People Housed ASAP!</strong></td>
<td>Create ideal living situations</td>
</tr>
<tr>
<td>Make necessary and appropriate <strong>connections</strong> to <strong>keep</strong> people housed</td>
<td>&quot;Fix&quot; people</td>
</tr>
</tbody>
</table>

**Community Service Partners**
- Healthcare
- Mental & Behavioral Health Services
- Childcare
- Transportation
- Education & Training
- Employment
- Income Supports

**Warm Handoffs!**

[ENDHOMELESSNESS.ORG]
SO, WHERE ARE THE SERVICES DOLLARS?

Marcella Maguire, CSH
Leveraging the American Rescue Plan to Drive Housing Solutions Pennsylvania

The American Rescue Plan provides States, Counties, and Cities with significant new resources to help individuals and families achieve greater stability and thrive in their communities. These one-time, limited resources can be prioritized to reimagine our public systems away from emergency and institutional responses to one that provides permanent, affordable housing and supportive services solutions that are equitably distributed to those most with the greatest need.

There are approximately 38,123 households in YOUR STATE in need of supportive housing today.

Based on CSH National Supportive Housing Needs Assessment

Key ARP Provisions for Supportive Housing

**HOME-ARP**
- $5 billion total
  - Primary Uses:
    - Develop new units
    - Housing Navigation
    - Support Services
    - Acquisition/ conversion to PSH
    - Tenant based rent assistance
    - Data and Evaluation
    - Tenants’ Rights

**Emergency Housing Vouchers**
- $5 billion total
  - Primary Uses:
    - Housing Navigation
    - Tenant based rent assistance
    - Security Deposits
    - Utility Assistance
    - Joint Applications
    - Data and Evaluation

**State / Local Fiscal Recovery Funds**
- $350 billion total
  - Primary Uses:
    - Develop new units
    - Housing Navigation
    - Support Services
    - Acquisition/ conversion to PSH
    - Tenant based rent assistance
    - Security Deposits
    - Utility Assistance
    - Flexible Subsidy Pool
    - Data and Evaluation
    - Tenants’ Rights

**Coronavirus Capital Projects**
- $10 billion total
  - Primary Uses:
    - Develop new units
    - Acquisition/ conversion to PSH
    - Capital/ Operating Reserves

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**Medicaid/HCBS**
- Increased percent of Federal reimbursement
  - Primary Uses:
    - Housing Navigation
    - Supportive Services
    - Housing Support Services
    - Behavioral Health Services
    - Aging Services

**HRSA**
- $6.1 billion total
  - Primary Uses:
    - Housing Navigation
    - Supportive Services
    - Housing Support Services
    - Behavioral Health Services

**SAMHSA**
- $3.68 billion total
  - Primary Uses:
    - Housing Navigation
    - Supportive Services
    - Housing Support Services
    - Behavioral Health Services

*depending on the state Medicaid Plan*
## THE FOUNDATIONAL QUESTIONS

<table>
<thead>
<tr>
<th><strong>WHO?</strong></th>
<th><strong>WHAT?</strong></th>
<th><strong>Where and When?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid/MCOs</td>
<td>- What do you need? From whom?</td>
<td></td>
</tr>
<tr>
<td>Heath Centers</td>
<td>- What overlap is there in agendas, activities and pain points between you and your partners?</td>
<td></td>
</tr>
<tr>
<td>Behavioral Health Authorities</td>
<td>- How can your activities serve their agenda?</td>
<td></td>
</tr>
<tr>
<td>Public Health Authorities</td>
<td>- How can other sector activities serve your agenda?</td>
<td></td>
</tr>
<tr>
<td>Do you know these people? Are you connected?</td>
<td>Define Services for your new partners?</td>
<td>How is the funding flowing? For how long?</td>
</tr>
<tr>
<td>Set priorities for engagement based on need</td>
<td></td>
<td>How do we bring systems together to serve more people equitably?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What are you building today to use EHV's? What system are you building for tomorrow with potential new $$.</td>
</tr>
</tbody>
</table>
How are multiple sectors negotiated? Where does the burden of coordination lie?
Where do Cross Sector Partnerships strategically begin?

<table>
<thead>
<tr>
<th>Goals and Policies</th>
<th>Referral Systems and Future Development</th>
<th>Data Integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Joint Priorities including populations</td>
<td>• Flipping the pyramid</td>
<td>• How can you leverage the data you have?</td>
</tr>
<tr>
<td>• Building Common networks among people and providers</td>
<td>• How do you ensure equitable distribution of these new resources?</td>
<td>• What resources do you need to better develop this resource?</td>
</tr>
<tr>
<td>• Building strong, trusted relationships</td>
<td>• Plan for the future</td>
<td>• Quantify and be able to act!</td>
</tr>
</tbody>
</table>
Services Financing: Populations

Services financing often falls into a question of ‘categorical funding’ meaning funds have to support specific populations. Common populations include aging, persons returning from long term incarceration, persons with disabilities including behavioral health, physical disabilities and intellectual or development disabilities.

**Medicaid- Home and Community Based Services**
- State by State - Are Housing Support Services a part of your state’s plan?
- What activities and for what populations?
- Are the services aligned with your housing systems by population? By referral systems?

**SAMHSA**
- State by state - Are persons with behavioral health issues over represented among those experiencing homelessness & housing instability
- For persons with SMI, with mental health challenges, with SUD
- Is a cross sector referral system in place? Does one need to be built?

**Medicaid Demonstration Waivers**
- Create supportive housing, develop recruitment process
- Recruit and place clients into housing, stabilize with services
- Expand model and house additional clients
Services Financing: Populations

Services financing often falls into a question of ‘categorical funding’ meaning funds have to support specific populations. Common populations include aging, persons returning from long term incarceration, persons with disabilities including behavioral health, physical disabilities and intellectual or development disabilities.
Services Financing: Cross System Activities

Communities spend billions of dollars on services that bounce vulnerable people between crisis services. CSH’s FUSE model helps break that cycle while increasing housing stability and reducing multiple crisis service use.

Data-Driven Problem-Solving
- Cross systems data match
- Track implementation
- Measure outcomes, impact and cost effectiveness

Policy and Systems Reform
- Convene multi-sector working group
- Troubleshoot housing placement and retention barriers
- Enlist policymakers to bring FUSE to scale

Targeted Housing and Services
- Create a cross sector development and referral process
- Recruit and place clients into housing, stabilize with services
- Track impact on Equity, on Costs and on Health Outcomes

[Diagram showing the flow of activities across the three categories]

csh.org/fuse
Does my state’s Medicaid plan cover Tenancy Support Services?

<table>
<thead>
<tr>
<th>YES</th>
<th>SORT OF</th>
<th>NOT YET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Washington State</td>
<td>Florida, Maryland (in some regions)</td>
<td>Requested</td>
</tr>
<tr>
<td>Minnesota</td>
<td>LA, OR, PA for some people</td>
<td>AZ</td>
</tr>
<tr>
<td>North Dakota</td>
<td>MA (if you can get a contract with an ACO)</td>
<td>CO</td>
</tr>
<tr>
<td>CT, NH, IL (SOON)</td>
<td>California</td>
<td>VT</td>
</tr>
<tr>
<td>Hawaii</td>
<td>North Carolina</td>
<td>Remaining States</td>
</tr>
<tr>
<td>Rhode Island</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Remaining States
Take Away Messages:

- Define your priorities
- Strategically gather partners
- Build for the present and the future
- Ensure that equity is foundational
THANK YOU!

Stay in touch

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