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

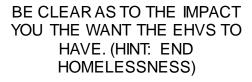
- 1. Reduce the number of people experiencing literal homeless.
- 2. Help people with the highest needs.
- 3. Reduce racial disproportionality and disparities.
- 4. Create and strengthen partnerships between CoCs, PHAs, HOME Participating Jurisdictions & health sector
- 5. Create cross-sector referral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





Smart EHV Strategy Considerations







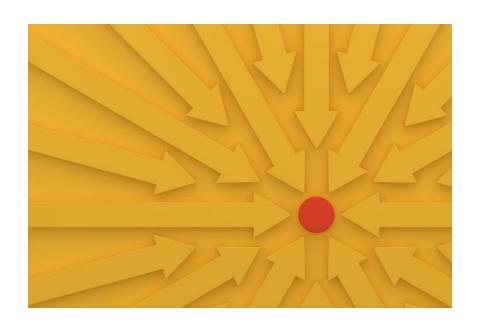
UNDERSTAND HOW THE EHVS CAN SUPPORT THE IMPACT YOU'RE TRYING TO ACHIEVE.



SUPPORTING RESOURCED AND MEANINGFUL PARTNERSHIPS.



Smart EHV Strategy Considerations, Cont.



- Considerations for prioritization
 - System measures
 - Moving on from PSH
 - System flow
 - Long stayers
 - Ending unsheltered/chronic homelessness



Considerations: Using EHVs 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.



From: Razan/ThinkStock



Considerations: Do NOT Use EHVs/HOME-CV to **Prevent** Homelessness

Instead use:

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



https://housingequityframework.org/

SERVICE CONSIDERATIONS

Challenging Our Biases About Who Needs What

Mia Bryant, NAEH

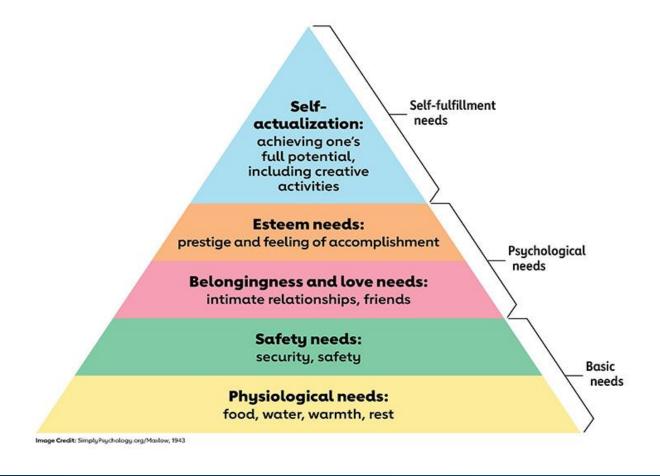


Service Considerations: Use the Housing First Philosophy

- 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





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

Common Agenda

- Housed People are NOT Homeless!!!
- Shared Measurement System
 - Returns to homelessness at one- and two-year measures
 - Monitoring equitable access and outcomes



- 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!

Homeless System's Role

Ensure interventions are scaled, accessible, and tailored

Get People Housed ASAP!

Make necessary and appropriate **connections** to **keep** people housed

NOT the Homeless System's Role

Solve poverty Create ideal living situations "Fix" people

Warm Handoffs!

Community Service Partners

Healthcare
Mental & Behavioral Health Services
Childcare
Transportation
Education & Training
Employment
Income Supports





SO, WHERE ARE THE SERVICES DOLLARS?

Marcella Maguire, CSH





Marcella Maguire, Ph.D.

Director, Health Systems Integration



Leveraging the American Rescue Plan to

Drive Housing Solutions Pennsylvania



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



Greatest Need by Group:

Aging -35%

Justice - 28%

ID- 16%

Families -9%

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
- Data and Evaluation Tenants' Rights

Housing Vouchers

\$5 billion total

- **Primary Uses:** Housing Navigation
- Tenant based rent assistance
- Security Deposits
- Utility Assistance Joint Applications
- Data and Evaluation

\$350 billion total

Primary Uses:

- Develop new units Housing Navigation Support Services Acquisition/ conversion to PSH
- Tenant based rent
- assistance Security Deposit
- 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

Medicaid/HCBS

Increased percent of Federal reimbursement

Primary Uses:

- Housing Navigation*
- Supportive Services Housing Support Services*
- Behavioral Health Services*
- Aging Services*

*depending on the state Medicaid Plan

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





THE FOUNDATIONAL QUESTIONS

WHO?

- Medicaid/MCOs
- Heath Centers
- Behavioral Health Authorities
- Public Health Authorities
- Do you know these people? Are you connected?
- Set priorities for engagement based on need

WHAT?

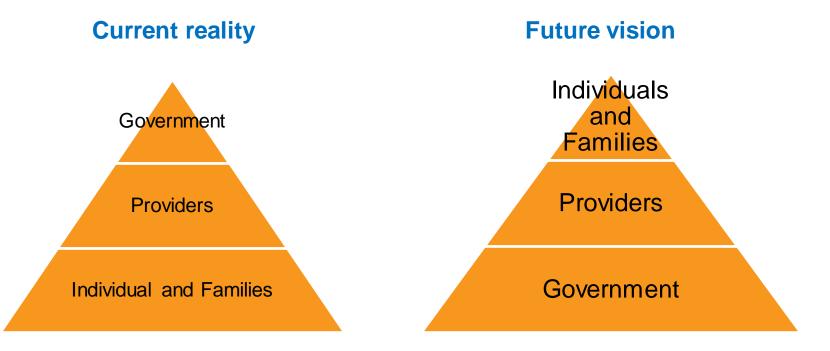
- What do you need?From whom?
- What overlap is there in agendas, activities and pain points between you and your partners?
- How can your activities serve their agenda?
- How can other sector activities serve your agenda?
- Define Services for your new partners?

Where and When?

- How is the funding flowing? For how long?
- How do we bring systems together to serve more people equitably?
- What are you building today to use EHVs? What system are you building for tomorrow with potential new \$\$.



How are multiple sectors negotiated? Where does the burden of coordination lie?





Where do Cross Sector Partnerships strategically begin?

Goals and Policies

- Joint Priorities including populations
- Building Common networks among people and providers
- Building strong, trusted relationships

Referral Systems and Future Development

- Flipping the pyramid
- How do you ensure equitable distribution of these new resources?
- Plan for the future

Data Integration

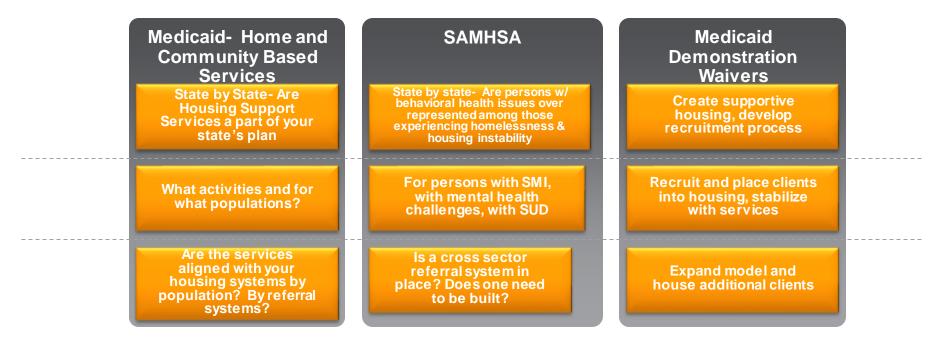
- How can you leverage the data you have?
- What resources do you need to better develop this resource?
- Quantify and be able to act!

CSH Cross Sector Partnership ROAD MAP



Services Financing: Populations

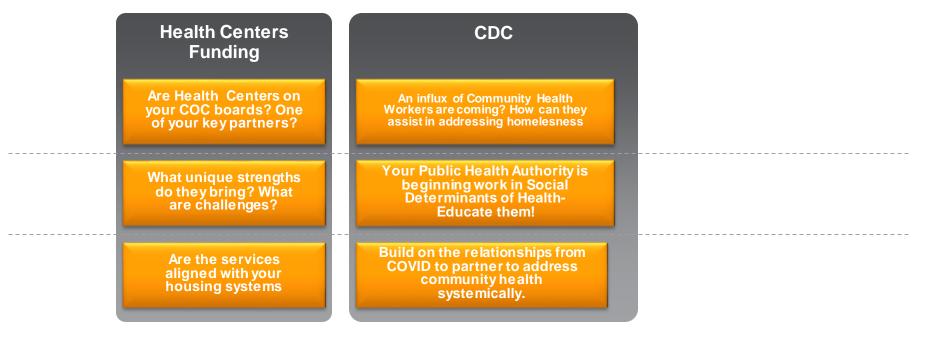
Services financing often falls into a question of 'categorical funding' meaning funds have to support specific populations. Common populations include aging, persons returning from long term incarceration, persons with disabilities including behavioral health, physical disabilities and intellectual or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





Services Financing: Populations

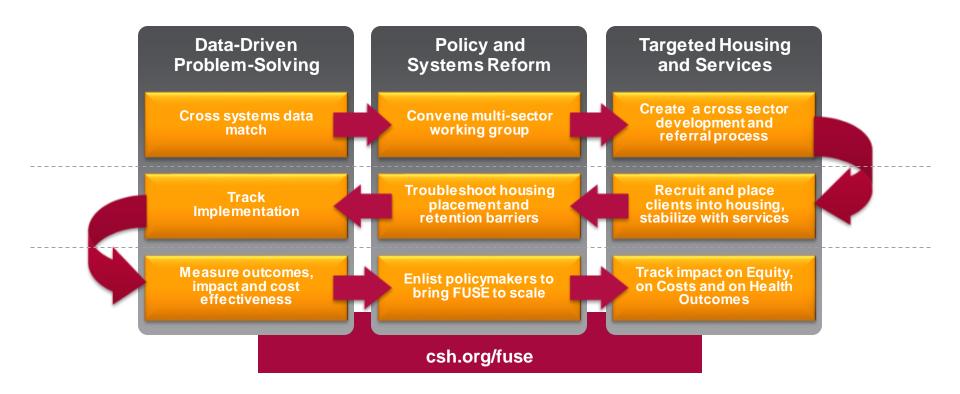
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Services Financing: Cross System Activities

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.





Does my state's Medicaid plan cover Tenancy Support Services?

YES

- Washington
 State
- Minnesota
- North Dakota
- CT, NH, IL (SOON)
- Hawaii
- Rhode Island

SORT OF

- Florida, Maryland (in some regions)
- LA, OR, PA for some people
- MA (if you can get a contract with an ACO
- California
- North Carolina

NOT YET

- Requested
 - AZ
 - CO
 - VT
- 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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stay connected



Questions?

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