

Ending Homelessness — Developing Partnerships Between HUD Continuums of Care and Disability, Aging, and Health Services Providers

> August 29, 2022 Webinar

Welcome



Webinar is hosted by the Housing and Services Resource Center (HSRC)

Facilitator

Lori Gerhard, Director of the Office of Interagency Innovation at the Administration on Community Living

Instructions for Zoom

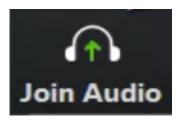
Audio Options

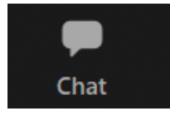
- Use your computer speakers, OR dial in using the phone number in your registration email.
- All participants are muted.

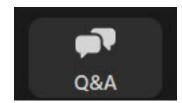
Questions and Comments

- Please actively use chat throughout the meeting, especially for your comments.
- To ask a presenter a question, please use the Q&A function.

Or, send your question or comment via email to HSRC@ACL.HHS.GOV









Housing and ServicesResource Center

JUST LAUNCHED!

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Partnerships to address the needs of people experiencing or at risk of homelessness



National Experts

- Sharon P. Singer, Office of Special Needs Assistance Programs (SNAPS), U.S. Department of Housing and Urban Development (HUD)
- Marcella Maguire, Director, Health Systems
 Integration, Corporation for Supportive Housing (CSH)

The Continuum of Care (CoC) program:

CoCs as Local Partners to Address Homelessness for Older Adults and People with Disabilities



You will learn...

- Why do people experience homelessness
- About homelessness for those who are aging and/or living with disabilities
- Why Permanent Supportive Housing (PSH) is the best practice to meet their needs
- What are Continuums of Care (CoCs) and what role they play in addressing homelessness
- Why partnerships are needed to address community needs related to homelessness







Why do people experience homelessness?

- Cost of renting/homeownership far outpacing incomes
- Limited affordable housing options for people on fixed or low-incomes
 - Only 1 in 4 low-income renters who need housing assistance can access that assistance
- Lack of a social safety net (or have burned through supports)
- Domestic violence and/or history of abuse
- Lack of collaboration between service systems attempting to serve the same people—e.g. health care, public health, mental health, aging and disabilities systems







Disproportionate representation by race

- People identifying as Black or African American accounted for 39% of all people experiencing homelessness and 53% of people experiencing homelessness as members of families with children but are 12% of the total U.S. population.
- Together, American Indian, Alaska Native, Pacific Islander and Native
 Hawaiian populations account for 1% of the U.S. population, but 5% of the
 homeless population and seven percent of the unsheltered population.
- In contrast, 48% of all people experiencing homelessness were white compared with 74% of the U.S. population.
- People identifying as Hispanic or Latino (who can be of any race) are about 23% of the homeless population but only 16% percent of the population overall.

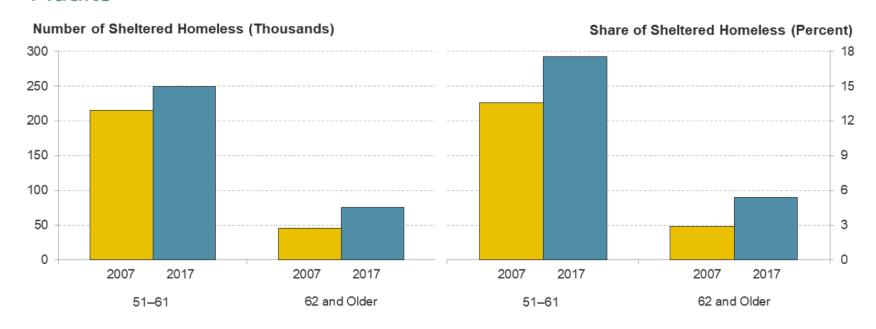






Aging and Homelessness

Figure 2: Sheltered Homelessness is Increasing Among Older Adults



Source: JCHS tabulations of 2017 Annual Homeless Assessment Report: Part 2. 2 | © PRESIDENT AND FELLOWS OF HARVARD COLLEGE









People with disabilities and homelessness

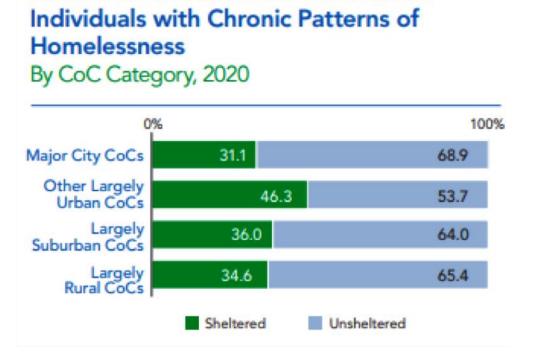
- People with disabilities are disproportionately likely to experience homelessness.
- Annual point-in-time counts (i.e., counts of the people in a community experiencing homelessness on a single night required by HUD) suggest that nearly one quarter of individuals experiencing homelessness have a disability, including physical, intellectual, and developmental disabilities, as well as mental health and/or substance abuse disorders.



Chronic Homelessness (disability + long-term)

On one night in January 2020, there were 110,528 homeless individuals with chronic patterns of homelessness. That is 27% of the total population of homeless individuals. 66% of chronically homeless individuals were living on the street, in a car, park, or other location not meant for human habitation. Since 2007, the number of individuals with patterns of chronic homelessness has decreased 8%. However, between 2019 and 2020 this number increased by 15%.

EXHIBIT 6.7: Sheltered vs. Unsheltered









Permanent Supportive Housing (PSH)

- PSH is an intervention that combines affordable housing assistance with voluntary support services to address the needs of people with disabilities (many of whom are chronically homeless).
- Services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment and employment.
- Investments in PSH have helped decrease the number of chronically homeless individuals by 8 percent since 2007.
- Research has demonstrated that permanent supportive housing can also increase housing stability and improve health.
- A cost-effective solution, PSH has been shown to lower public costs associated with the use of crisis services such as shelters, hospitals, jails and prisons.







Supportive Housing is an Evidenced Based Solution

Supportive housing combines affordable housing with services that help people who face the most complex challenges to live in their own homesand communities.

Housing: Affordable Permanent Independent



Support:
Flexible
Voluntary
Tenant-centered
Coordinated Services







80+% of Supportive Housing residents stay housed.

Snapshot—Homeless Assistance Grants

- Continuum of Care (CoC) Program—(FY22 \$2.8 billion due 9/30/22)
 awarded through annual competition. Projects are ranked and awarded as part
 of a community entity also called a CoC. Program components include
 Permanent Supportive Housing (PSH), Rapid-Rehousing (RRH), Supportive
 Services (SS)
- Emergency Solutions Grants (ESG)—(FY22 \$300 million) Distributed by formula to states and localities. Program components include street outreach, emergency shelter, homelessness prevention (HP), RRH, and HMIS; as well as administrative activities
- ESG-CV—(\$3.96 billion CARES Act funding in 2020) Same program components as ESG including non-congregate shelter and other COVID related activities
- Special NOFO for Unsheltered and Rural Homelessness—(\$332 million due 10/20/22)
- Youth Demonstration Project—6 rounds of funding (approx. \$70 million annually)

FY22 CoC NOFO



IN THE

FY22 NOFO



Priority #1: End homelessness for all persons experiencing homelessness.

Priority #3: Reduce unsheltered homelessness

Priority #5: Partner with housing, health, and service agencies

Priority #7: Improving assistance
to LGBTQ+ individuals

Priority #2: Use a Housing
First approach.

Priority #4: Improve system performance.

Priority #6: Advance racial equity and address racial disparities.

Priority #8: Engage persons with lived experience of homelessness

Priority #9: Support local engagement to increase supply of affordable housing.



Role of the local Continuum of Care (CoC)

- A CoC is a state, regional or local planning body that coordinates housing and services funding for homeless families and individuals.
- CoCs are required to bring together government and nonprofit partners
 across the community representing different populations and community
 systems to work towards ending homelessness. People experiencing or
 with lived experience of homelessness must be included in the CoC work.
- HUD is to COCs, as ACL is to Area Agencies on Aging, Aging and Disability Resources Center (ADRCs) and Centers for Independent Living (CIL).
- Large/medium size communities have their own COCs and smaller/rural communities are represented at state level called Balance of State (BOS) COC.
- COCs may be led by a department within government, or a local nonprofit with strong ties to the community and government.







CoC Role Continued...

- System leadership and allocation of limited resources in the best way possible to address homelessness in their communities community
- CoCs have a similar role to an AAA, ADRC or CIL role but for a different lens on the population
- They manage funding and performance for a variety of programs (funded both by HUD and likely state, local and private funding) including:
- 1. Unsheltered outreach (CoC and ESG)
- 2. Shelter (ESG)
- 3. Transitional Housing (CoC)
- 4. Rapid Re Housing (CoC and ESG)
- Permanent Supportive Housing (PSH) (CoC)

<u>HUD reports annually on Housing Inventory by CoC</u> as well as a <u>Point in Time Count of Homelessness by CoC</u>—volunteers can participate in the count!







Four Categories of HUD Homeless Definition

What are the four categories of the homeless definition (§ 578.3)?

Within the homeless definition there are four categories of homelessness:

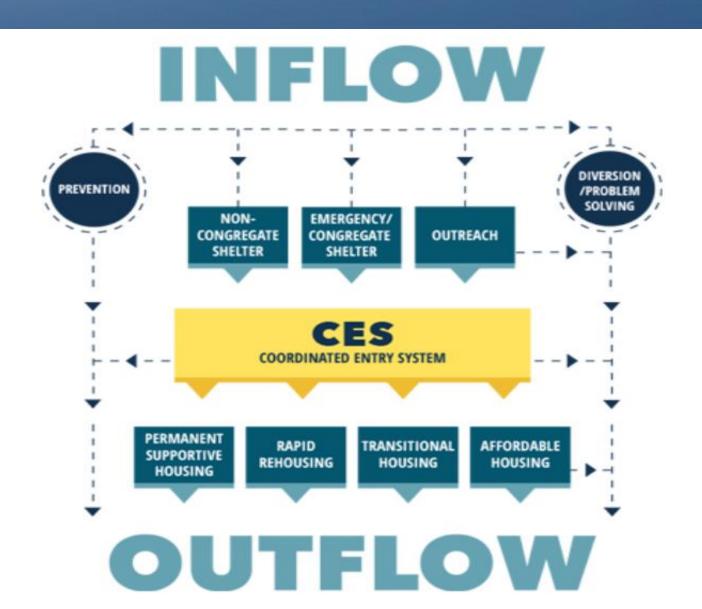
- 1. <u>Literally Homeless</u>
- 2. Imminent Risk of Homelessness
- 3. Homeless Under Other Federal Statutes
- 4. Fleeing/Attempting to Flee Domestic Violence

Separate definition for "At-Risk of Homelessness"





Coordinated Entry Systems



HUD requires CoCs to establish and operate a Coordinated Entry System with the goal of increasing the efficiency of local housing crisis response system and improving fairness and ease of access to shelter, services and housing, including mainstream resources



Community Experts

- Jackie Fortmann, Assistant Director, Ability1st (FL)
- Johnna Coleman, Executive Director, Big Bend Continuum of Care (FL)
- Joshua Gemerek, Senior Vice President, Housing, Bay Aging (VA)
- Angie Alley, Assistant Director, Housing Services, Bay Aging (VA)

Ability1st

Center for Independent Living of North Florida 1823 Buford Court Tallahassee, Florida 32308

Ability1st maintains a Homeless Services Department consisting of a director and two full-time staff members dedicated to Street Outreach. The staff's mission is to engage and build trust with homeless individuals to hopefully get them into housing and provide them with necessities while they are unsheltered. The Leon County 2021 Point in Time count identified **91** unsheltered individuals, with **52** of them chronically homeless. With the current spike in rental costs and inflation, unfortunately, it is likely that more and more people will become homeless.

Ability1st

Our population target are individuals with disabilities who are homeless or unsheltered

How we help:

Food: Provide ready made meals, snacks and drinks.

Basic Necessities: Provide clothing, shoes, sleeping bags, portable showers, hygiene items, backpacks, flashlights, etc.

Transportation: Provide bus passes so people can attend appointments as necessary.

Referrals: Refer in house for assistance with social security and other benefits. Provide information regarding local shelters, food banks, career source, mental health and substance abuse treatment, etc...

Case management: Assessing housing and service needs, arranging, coordinating and monitoring the delivery of individualized services to meet the needs of the program participant. Use in house rapid rehousing funds and assist individuals with documentation for permanent supportive housing.



The Big Bend Continuum of Care (BBCoC) is a membership, planning and oversight body for the homeless service system of care serving Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor, and Wakulla counties of the Big Bend area in Florida. The purpose of the CoC is to develop and implement strategies to prevent and end homelessness. The active participation of individual and organizational members is critical to the success of the CoC.

Members of the CoC are asked to attend general membership meetings and participate in any committees of interest throughout the year.

Other local partners include:

- Capital City Youth Services
- The Kearney Center Homeless Shelter
- HOPE Community Shelter
- Big Bend Homeless Coalition
- The Refuge House

Ability1st and other partners use a Homeless Management Information System to make sure we are providing the best level of service while not duplicating efforts — this way the individual is receiving comprehensive assistance.

BAY AGING DIGNITY AT EVERY AGE







Integrated Array of Services

Health & Wellness

- Adult Day Care
- Active Lifestyle Centers
- Care Coordination
- Chronic Disease Self-Management
- Dementia Friendly Communities
- Fall Prevention
- Home & Personal Care
- Insurance Counseling
- Meals on Wheels
- Prevention Education
- Transitional Care
- Veterans-Directed Home and Community Based Services

Advocacy & Outreach

- Advance Care Planning
- Community Action Program
- Community Integrated Health Network
- Ombudsman
- Options Counseling
- Retired & Senior Volunteer Program
- Senior Medicare Patrol
- Senior Employment Title V



Integrated Array of Services

Housing

- Age- and Income-Restricted Service-Enriched Rental Housing
- Community Development Block Grants
- Emergency Home Repair
- Homeless Solutions
- Housing Choice Voucher Program
- Indoor Plumbing Rehabilitation
- Maintenance Technicians
- Resident Service Coordination
- Rural Development 504 Loan
- Weatherization Assistance

Transportation

- Demand-Response
- Deviated Fixed-Routes
- Expanded App-based Service
- MedCarry
- New Freedom
- Seasonal Trolleys



Continuum of Care (CoC)

Regional collaboration and uniform assessment for people experiencing a housing crisis

Community Based Organizations

Faith-Based Community

Community Services Board

Foundation, State, & Federal Funders

Departments of Social Services

Health Department

Department of Veterans Affairs

Hospital Systems

Domestic Violence Providers

Landlords & Housing Managers

Emergency Shelters

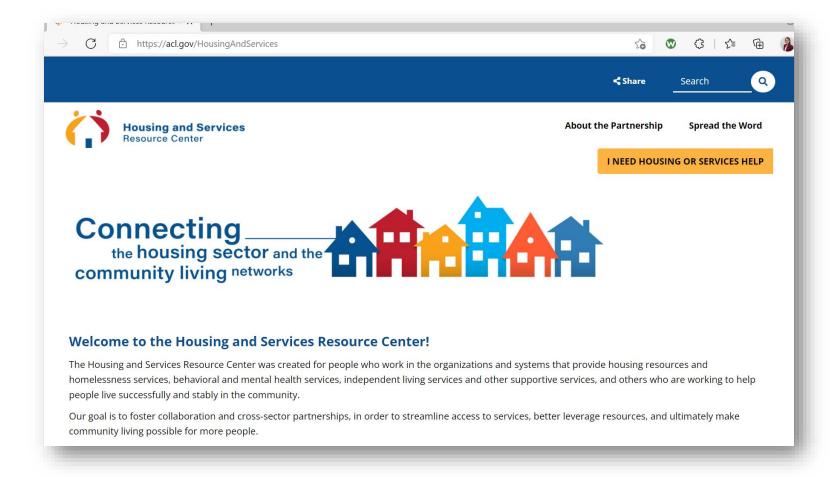
Legal Aid



Panel Discussion

Q&A

HSRC Website



acl.gov/HousingAndServices

Upcoming HSRC Event

- Training on Homelessness for Public Health Providers available through CDC Train, an affiliate of the TRAIN Learning Network powered by the Public Health Foundation. The training is available to anyone serving people who are experiencing homelessness and can be accessed by creating a free account at www.train.org. This course will provide trainees with the knowledge and skills needed to (i) ensure public health protections reach people experiencing homelessness and (ii) recognize and respond to public health emergencies among people experiencing homelessness. Upon completion of this course, participants will be able to:
 - Take action to form partnerships with homeless service organizations
 - Ensure that people experiencing homelessness are represented in public health data and analyses
 - Tailor public health interventions and measures for people experiencing homelessness

Access the most recent case studies to discover approaches for housing stability and addressing homelessness

- Bay Aging Partnerships Bring Help and Hope to People Experiencing Homelessness
- AgeSpan Partnerships Bring Housing and Services Together
- Visit the Housing and Services Resource Center's What's New page!



Resources for Continuums of Care

HUD landing page on COCs

HUD on Point In Time Counts

<u>HUD's Housing Inventory Chart (HIC)</u> — homeless related housing programs and units in your community

HUD on COC boards



We want to hear from you!

Please email us at hsrc@acl.hhs.gov

Acknowledgment



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