



## Housing and Services Resource Center

### Expanded Opportunities with Federal Funding for Housing and Services

#### HSRC Webinar | Transcript | 3/7/22

##### Presenters:

- Michelle Daly, MSW, Lead Public Health Advisor, Co-Occurring and Homeless Activities Branch, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration (SAMHSA)
- Richard Cho, PhD, Senior Advisor for Housing Services, US Department of Housing and Urban Development (HUD)
- Martha Egan, Technical Director, Division of Community Systems Transformation, Disabled and Elderly Health Programs Group, Center for Medicaid and CHIP Services, Centers for Medicare and Medicaid Services (CMS)

Facilitator: Lori Gerhard, Director of the Office of Interagency Innovation, Administration for Community Living

##### LORI GERHARD:

Hi everyone. We will get started in one minute. Yes, everyone is muted. Hello and welcome to the Housing and Services Resource Center March webinar series.

Thank you so much for joining us. I'm Lori and I lead the Office of Interagency Innovation at the Administration for Community Living, an operating division within the US Department of Health and Human Services. I will be serving as the facilitator for today's webinar. It is great to see so many of you here today and with your support we are hoping today's webinar will include an engaging discussion.

Before we get started, we have a few housekeeping items. This meeting is being recorded; by staying to participate you're consenting to the recording. Also, all attendees' microphones have been muted for audio quality. But please note that we very much want to hear from you today. Please frequently use the chat to make comments and submit your questions any time in the Q&A feature in this dashboard. You may also email a question or comment to [HSRC@ACL.HHS.GOV](mailto:HSRC@ACL.HHS.GOV). We have reserved time to address your questions and will compile all the questions and make available an FAQ document.

Please use the chat or email if you have a technical issue, and our technical support team will work to resolve it.

So who is with us today? The work under the Housing and Services Resource Center or HSRC is designed to serve professionals in multiple sectors. We like to get an idea of who is in the audience by using a poll. It will display on the side of your screen. What sector is your organization in? Please select one of the responses.

While you are responding to the poll, I'd like to introduce our fellow agency partners and Housing and Services Resource Center colleagues who will be today's speakers.

With us today is Ms. Michelle Daly. She is the Lead Public Health Advisor, Co-occurring and

Homeless Activities Branch, Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, or SAMHSA. Also joining us is Doctor Richard S. Cho, who's a Senior Advisor for Housing Services, US Department of Housing and Urban Development, or HUD.

Also joining us is Ms. Martha Egan, the Technical Director, Division of Community Services Transformation, Disabled and Elderly Health Programs Group, Center for Medicaid and CHIP Services.

Today our focus is spending opportunities for federal and housing services. You will hear about key funding streams such as the American Rescue Plan, to help more people get and keep affordable and accessible housing with home and community based services and/or the behavioral and mental health services they are seeking and need.

They can live full lives in the community. Our intention is that you leave today's webinar with new openings for action, as it relates to the funding and flexibilities that are available. And that you will also be thinking about other organizations that you could be partnering with. We reserved about 20 minutes to address your questions at the end of the webinar. After the webinar, we will share a PDF with the slides in this presentation, and some additional ones we think are helpful, along with an evaluation.

We are likely all here today because we are grappling with challenges we have in common. The data are quite sobering. We know that the stock of affordable units has been shrinking for many years and competition for that limited supply of affordable rentals and rising rents makes it difficult if not impossible for many older adults and people with disabilities to effectively and sustainably live in the community.

HUD's 2021 worst-case housing report found there were only 40 affordable and available homes for every 100 extremely low income renter households nationwide. Adding to that lack of affordable housing is the fact that under 1% of US housing stock is wheelchair accessible and less than 5% can accommodate individuals with moderate mobility disabilities, making finding units that are both affordable and accessible a huge challenge. Homelessness among adults aged 51 to 61 years old and 62 and older is also rising. About one in 4 adults in the sheltered homeless population are 62 and older.

In addition, many studies have documented that finding, navigating and obtaining services and supports for living in the community can be difficult. However, even in states that have put in place necessary community services, to help people transition from institutions, the challenge of finding affordable and accessible housing is an issue that slows down or prevents the transition back to the community.

So to address these challenges, we recognize that we need to form and facilitate greater partnerships across the disability, aging, health and housing sectors at all levels. So the US Department of Health and Human Services, specifically the Assistant Secretary for Planning and Evaluation (ASPE), the Administration for Community Living (ACL), the Centers for Medicare & Medicaid Services (CMS), and Substance Abuse and Mental Health Services Administration (SAMHSA) partnered with the US Department Housing and Urban Development (HUD), to create a Housing and Services Resource Center.

In December 2021, the Housing and Services Resource Center launched with a website that brings together, for the first time, a wide variety of federal resources and guidance on both housing and services that support community living, including Medicaid funding, home and community-based services, behavioral health support, vouchers, and other housing

programs. You can access this information at [ACL.gov/HousingandServices](https://www.acl.gov/HousingandServices). It will take all of us working together so people have access to both affordable, accessible housing and the individualized services and supports needed to live in the community.

Our shared goal is to enable all older adults, people with disabilities, those living in institutions seeking to return to the community and people experiencing or at risk of homelessness, to live stably in their homes and engage in the community.

The Housing and Services Resource Center serves as a hub of our federal partnership and, in collaboration with national state and local partners, we work together to coordinate technical assistance, training and research efforts of each agency to reach a broad audience of aging, disability, housing, health and homeless networks and stakeholders.

We facilitate partnerships between housing and service systems to expand affordable, accessible housing and access to home and community-based services and health.

We recognize and share state and local innovations, and we assist communities in leveraging and aligning new housing and services resources available through the American Rescue Plan.

Please close the poll.

Let's see here. It looks like 42% of those joining us today are from health or human service agencies, followed closely by housing or homelessness services and associated research or advocacy organizations, and it looks like we also have some consumers in the group and a group of others.

We are so delighted to have participation across the full spectrum of housing, disability, aging, home and community services and health. I just want to remind everyone to please use the chat and that Q&A function throughout this webinar. We really want to hear from you and get your comments and questions. Next slide.

Now I'd like to share some information about the Administration for Community Living, or ACL. We strive to make community living a reality for all people regardless of disability or age. And by that we mean living in their own home, in the community of their choice. Community living involves access to community services, healthcare, housing, employment, education, transportation and more.

Community living requires partnership across these sectors. I will share some information about the nationwide disability and aging infrastructure that we support.

The disability and aging networks are available in each of the states and US territories, and communities throughout the nation. Organizations and the networks are staffed by people who live in and know the people, the community, the culture, and the services that are available in the community. They serve a diverse population, and work in partnership with other organizations to support people with disabilities, older adults, and caregivers to access and obtain the care, services and supports, and assistive technology that they need; enroll in publicly funded programs; understand and use their healthcare benefits, their transportation services and benefits; and find and obtain accessible, affordable housing. They are skilled in helping people with disabilities or older adults and caregivers to navigate the array of public programs, private resources and community programs so that people can fully activate the person-centered plan.

Please visit [ACL.gov](https://www.acl.gov) for more information about these organizations. Next slide.

The American Rescue Plan provided ACL with \$1.4 billion in Older Americans Act funding so that states and communities can provide services and supports to older adults to live in the community. The aging and disability networks are using these resources to expand or enhance the delivery of in-home supports, transportation, assistive technology, preventative services, meals, care transitions out of institutions and hospital and programs to address social isolation. Additional American Rescue Plan support for meals, nutrition services, and home and community-based services were dedicated to the Native American aging nutrition and supportive services program.

You can find your local network organizations through the disability information and access line, or dial Elder Care Locator in the AT3 find your state assistive technology program website. I will put those links in the chat. Now is my distinct honor to introduce Michelle Daly, from SAMHSA to tell you more about the opportunities with behavioral health, mental health and health .

**MICHELLE DALY:**

My name is Michelle Daly and I'm with SAMHSA of HHS. I will highlight some programs in which grant funds support housing-related services for those with mental and/or substance use disorders. On behalf of Dr. Delphin-Rittmon, Assistant Secretary for Substance Abuse and Mental Health, and all of SAMSHA, I'm pleased to join my other federal colleagues today.

We collaborate and coordinate to support community living for people with disabilities, older adults, and people experiencing or at risk of homelessness, through accessible, affordable housing and voluntary community services. We view this effort as crucial to the work we do. So much of our respective agency missions are interconnected, and those we serve deserve this type of collaboration and coordination.

For those of you who might be unfamiliar with SAMHSA, our mission is to reduce the impact of substance abuse and mental illness on America's communities. SAMHSA believes that behavioral health is essential to health, prevention works, intervention is critical, treatment is effective and people recover. Our mission is supported through grant funding, public education and training, surveillance, regulation and standard [...] and practice improvement.

Behavioral health is our focus. Our work must acknowledge and align with the social determinants of health. We all know that the environments where people are born, live, learn, work, play, worship and age affect a wide range of our health, functioning and quality of life outcomes and risk. The COVID-19 pandemic has placed additional strains on individuals, families and our systems of care. That has required us to make adjustments to the collective work that we do at the local state, tribal and federal levels.

In fiscal year 2021, SAMHSA distributed approximately \$13.82 billion that included \$4.25 billion of COVID-19 supplemental funding with spending through 2023, and \$3.56 billion of American Rescue Plan Act funds with spending through 2025. These funds were primarily funneled through our block grants that we will talk about in just a little bit.

This slide includes results from our most recent national survey on drug use and health in 2020. Please note that as a household survey, information from those in institutional settings and those experiencing homelessness are underreported. You can see that for those 18 and above, 15.4% had a substance use disorder, 21% had a mental illness (of

which 1 in 4 had a serious mental illness), and 6.7% had both a substance use disorder and a mental illness. If you were to look at HUD's homeless populations and subpopulation's report, specifically 2020 to align with this data, just over 25% are categorized as severely mentally ill and about 20% as having chronic substance abuse. Those experiencing homelessness have higher percentages of mental or substance use disorders than those with housing stability.

I will discuss some of the SAMHSA programs that may be utilized to support housing-related and behavioral health services. I want to emphasize while I discuss a few programs, these are just some of many of the few SAMHSA programs that can support behavioral health services, treatment and recovery support services, and also pre-and post-tenancy services.

The first of which is the Center for Mental Health Services, Community Mental Health Services Block Grant, or an MHPG. This provides funds and technical assistance to all 50 states, District of Columbia, Puerto Rico, US Virgin Islands and six specific jurisdictions to provide comprehensive community-based mental health services to adults with serious mental illnesses, or SMI, and to children with serious emotional disturbances, or SED. And to monitor progress in implementing a comprehensive, community-based mental health system.

The state mental health authorities receive the mental health block grant funds and allocate funds to a variety of different types of subrecipients within their states.

As part of the mental health block grant funding, states must submit a comprehensive community plan that demonstrates a system of integrated social services, educational services, juvenile services, substance abuse services, health and mental health services, including health and mental health services needed for a person to function outside of an institution, or inpatient care. It must describe the state's outreach to and services for individuals experiencing homelessness who have an SMI or SED.

This slide provides some examples on how the mental health block grant funds can be used to maintain housing through delivery inside and outside the home, such as intensive case management, treatment peer support services and state, tribal and local coordination of these services.

This slide includes housing-related activities that are allowable with mental health block grant funds. They are examples from state plans that include pre- and post-tenancy supports, such as housing identification, overall housing support and crisis stabilization. Specifically, coordinating with public housing authorities and other housing providers to support people with SMI and SED, including those transitioning from institutions.

In addition, they provide benefit assistance in developing and maintaining supportive housing. So, many of the examples in the far right column show approvals received for use with either the COVID-19 funds or the ARP funds that I mentioned at the beginning.

Another program of the Center for Substance Abuse Treatment (CSAT) and Center for Substance Abuse Prevention (CSAP) is the Substance Abuse Prevention and Treatment Block Grant (SABG), which provides funds to the same 59 entities as the mental health block grant, plus the Red Lake band of Chippewa Indians of Minnesota, to prevent and treat substance use disorders.

CSAP and CSAT administer the SABG. Not less than 20% of the allotment must be spent on primary prevention strategies that are directed at individuals not identified to be in need of

treatment.

The single state agencies for substance abuse services or SSA's receive the SABG funds and allocate funds to a different variety of sub-recipients in their states.

Here you see, similar with the mental health block grant, some examples that the SABG funds have supported. You will see a number of states actually received approval to do enhanced recovery housing. Recovery housing is actually allowed in the SABG through a revolving loan fund, but for the COVID-19 and ARP funds, states can put in for more direct housing and recovery housing with their plans.

You see that some of the pre-and post-tenancy supports listed are expanding the recovery housing, additional housing stabilization and coordination, and all of these are also coordinated with voluntary treatment and recovery support services.

Another CSAT program is the State Opioid Response program. This program awards states and territories through the SSA, which is similar to the SABG, to treat the opioid crisis by increasing access to medication-assisted treatment, reducing unmet treatment needs and reducing opioid overdose deaths through prevention, treatment and recovery support services for those with opioid use disorders. This program was expanded in FY 22 to support evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including for cocaine and methamphetamines.

Here are a couple of examples from Connecticut and DC that are both coordinated with other housing and services systems. The DC example includes outreach services that integrated connections to coordinated entry if people were not already included.

Another two examples: the Pennsylvania example shows SOR funds being used to increase case management services in a broad framework including housing related employment and education and benefit enrollment assistance and transportation, to name a few. In Ohio, the SOR funds supported services within a faith-based recovery housing program.

The next few programs I will mention are services for people who are experiencing or at risk of experiencing homelessness. The CMHS Projects for Assistance in Transition from Homelessness (PATH) is a formula grant to reduce or eliminate homelessness for individuals with serious mental illness or SMI or co-occurring substance use disorders who are experiencing or at imminent risk of becoming homeless.

PATH funds are distributed to 56 states and territories ranging from half a million dollars to \$8.8 million annually. States use PATH funds to provide a menu of services, and most states used these dollars for outreach and case management. This slide shows some other services.

Here is a list of housing services states can select from for the PATH program. Most states use it for security deposits, the cost associated with matching eligible homeless individuals with their appropriate housing situation, and one-time rental payments to prevent evictions. For more information on the PATH program in your state, I recommend you reach out to the state PATH contact. Each state has local provider agencies that are doing a lot of coordination and collaboration with HUD continuum of care and public housing authorities.

If you are unable to locate your state PATH contact, please visit the SAMHSA website that includes a list of both state PATH contacts along with provider organizations for your state.

Here's an example of an Ohio Columbus house, which has both PATH funds and a program I'll mention shortly, grants to benefit homeless individuals, and they are kind of linking those with other housing opportunities through the COC and public housing authorities. They are also working with, across other benefit areas and doing a number of employment-based services for those enrolled.

Another CMHS program is the treatment for individuals experiencing homelessness, a discretionary program that serves people with SMI, SED, or co-occurring disorders who were experiencing homelessness. Grants are awarded for up to five years to states, territories, or community-based public or nonprofit entities with annual funding of up to \$1 million for a state government and territory, and up to half a million for tribes and community-based organizations.

Grantees that received TIEH funds are expected to do the required services listed here. In addition to strengthening behavioral health treatment, the TIEH program requires enrollment in HUD's coordinated entry system.

Here's an example of a Public Housing Authority that had applied and received TIEH funds. The Grand Forks Housing Authority in North Dakota, and it lists some of the direct services they are doing with these funds and coordinating across different service areas.

The final grant program I will mention is the Center for Substance Abuse Treatment GBHI program, which is the Grants to Benefit Homeless Individuals that focuses specifically on individuals and families experiencing homelessness who have substance use disorder or co-occurring mental and substance use disorder. This five-year program has annual funding of up to \$400,000 a year, and there are 85 current grantees across 33 states to expand community treatment and recovery support services.

This slide shows GBHI required services, and we'll also see that the FY20 cohort that we awarded were also allowed to use grant funds for up to 90 days of rental assistance and other housing initiation costs such as security deposits and utility activation.

Grantees ensure that people are included in coordinated entry, and you can look at GBHI and all their SAMHSA discretionary programs as two-way referrals for HUD housing funds. This point is really important. We've been hearing a lot of states and communities having difficulty with wrapping service dollars around.

So, in addition to what you will hear later from CMS on Medicaid and use of Medicaid funds and their programs, please think about utilizing SAMHSA funds and interacting with multiple systems. Our service dollars are available, and a lot of the coordination and programming goes through your state. But in addition you will find many discretionary programs that are both programs for targeted people experiencing homelessness, and general discretionary programs that might be of benefit to those who have been or are needing to be placed in housing.

In addition to grant programs and funding, SAMHSA provides many other resources for policymakers, administrators, clinicians and individuals and families. These include our Office of Behavioral Health Equity.

Also, we have a section on practitioner training which has a number of different technical assistance centers, and a couple of them are the SOAR, SSI, SSDI outreach access and recovery which helps get individuals enrolled in SSI or SSDI.

We have our Homeless and Housing Resource Center. We have a variety of centers of excellence, one of which is the E4 Center that addresses behavioral health disparities in aging.

We also have our SMI Adviser program around clinical support systems for serious mental illnesses. And we have a peer run center to help on recovery peer support services, as well as many technology transfer centers or TTCs, which are all in your communities and organized on a regional aspect.

And then in addition I would also just like to make sure that you are aware that SAMHSA has an Evidence-based Practices Resource Center that has many specific evidence-based practices and guidelines to delivering those systems.

Here is my contact information, and I just want to note that the slides that will ultimately be posted are more thorough and contain additional information but feel free to reach out if you do have any questions. And I will turn it right back to Lori.

LORI GERHARD:

Thank you so much Michelle, and before Dr. Richard Cho begins, we would like to learn more about you and your partnerships. Please use the chat to tell us, for your organization, the name of your organization, who is one of your primary partners that is in a different sector than your organization? So a partner that you work with, for example, for my town housing authority, a key partner is our town independence center. If you can put that in the chat, that would be great. We would really like to hear what kind of housing services partnerships already exist across the country.

Now it's my distinct honor to hand the presentation to Dr. Richard Cho from HUD to share housing funding opportunities and highlight great partnership models.

RICHARD S. CHO:

Thank you so much Lori, and it's great to be on here, alongside of you and Michelle and Martha. I am here as Senior Advisor to Secretary Marcia Fudge, HUD, where I advise her on all of the ways that HUD can connect housing with services for populations who need that combination of housing and services to remain successful and stably housed and that includes people experiencing homelessness, but also older adults where provision of long-term services and support coordinated with housing can enable them to stay in place as long as possible and avoid institutional care, as well as people with disabilities who need the combination of housing and services in order to fully participate in community and live in the community.

I want to talk a little bit about HUD's mission and some of our programs, but I really want to send a clear message about the importance of partnerships. You've heard a lot already, and I'm curious to hear about some of the responses in the chat. If we can go to the next slide...

So I just want to make clear our role is to help provide stable housing for all as well as to create strong and inclusive and sustainable communities, and we see home and community-based services as vital to our mission. We have a number of programs that are housing programs that are specifically intended to provide affordable housing or housing assistance to older adults, and people with disabilities and people experiencing homelessness, where we essentially know that the success of that housing can be stronger to the degree to which our residents have access to long-term services and supports, home and community-based



services or other wraparound services that are coordinated with housing that can help people to again maintain long-term tenancy as well as live with dignity and independence. So that is what a lot of this is about.

On the next slide, I'm going to go through some of categories of the housing programs that we administer. And starting with the programs we have specifically for older adults, which at HUD we define as households in which at least one person's age 62 or older. We have a couple of different ways that we provide housing assistance. One and the most commonly known way is through our multifamily programs, in particular the section 202 program, which specifically provides capital funding to help build housing units for people who are older adults, as well as provides some long-term rental assistance. So we essentially pay for the bricks and mortar as well as the rental assistance to keep those units affordable.

Nationally, we have about 6,800 properties that includes about 330,000 units across the country. In addition, through many rental assistance contracts, some of which are no longer new, we have renewed those contracts, which we refer to as project-based rental assistance, there is another say 11,800 properties that have about 1 million units, and what our data shows is that about 50% of those units serve older adults. Those were not units specifically targeted to older adults, they are really based on people who are low income, but we have found that 50% of those project-based rental assistance properties actually are serving households at least in which one member is an older adult.

And then of course we have public housing, which is administered by our public housing authorities, as well as housing choice vouchers, and what we found is that about 150,000 households living in public housing have at least one member that is an older adult, and about 220,000 households who have housing choice vouchers, so these sometimes referred to as Section 8 vouchers but they are essentially vouchers that people can use to rent units on the private market and keep those rents affordable, about 220,000 of those households have an older adult, so quite a few households that HUD serves at least one member that is an older adult. As much as most folks think about section 202 as the place where we provide older unit housing, we provide older adult housing across most of our programs.

We also administer a number of programs that provide housing assistance specifically for people with disabilities, that includes physical disabilities, intellectual and psychiatric disabilities, and that includes our Section 811 program, we have both a capital advance program where we provide a combination of capital funding as well as rental assistance, for about 2,700 properties with 30,000 units nationally, and a newer version of the program is our project rental assistance program where rather than providing bricks and mortar, we enter into rental assistance contracts. The Section 811 project rental assistance program is one where we provide funds not directly to housing owners, but rather to state housing finance agencies where they are required to partner with Medicaid and agencies that serve people with disabilities to really provide a combination of housing and services and so the 811 program is what the places where we have reinforced the need for those state-level partnerships between housing agencies who administer not only the 811 program but also low income housing tax credits as well as the agencies that fund and finance support services.

And then again, many people with disabilities live in our public housing programs in our regular housing choice vouchers, but we also have some special voucher programs that are intended to serve households that have a disability. That includes our mainstream vouchers, about 50,000 vouchers, actually I think is about 60,000 now, that serve a household with at least one member with a disability. And also nonelderly disabled vouchers, which we call

Ned vouchers, about 55,000 vouchers as well. So we have a couple of voucher programs intended to serve people with disabilities. One of the primary intents of that is not only to serve people with disabilities who are transitioning from homelessness or need to avoid homelessness but also people who are currently in institutional settings, where the provision of the voucher plus Money Follows the Person programs and home and community-based services can live in the communities, so there is a particular opportunity there.

And then of course we have our targeted housing assistance programs for people experiencing homelessness. Our primary vehicle is through the Continuum of Care program, where we provide grants on a competitive basis annually to communities across the country who have to apply as part of the continuum of care. A number of homeless service organizations that receive HUD grants, they apply as part of a sort of collaborative at the local level, and that collaborative is known as a continuum of care and sets local priorities for how HUD dollars will be used and then serve as the umbrella for how a number of homelessness grants are used. So in the continuum of care program, HUD funds both in permanent supportive housing, which is intended to provide long-term rental assistance along with wraparound services, or the services are leveraged through partnerships, we have about 3,700 permanent support housing projects throughout the country, as well as rapid rehousing programs where people experiencing homelessness are provided with time-limited rental assistance typically up to 2 years, but sometimes less, as well as case management assistance that is primarily about finding housing as well as helping people stabilize in that housing. So those are the 2 ways that we fund target housing systems for people experiencing homelessness.

The message I really want to send today, and you have heard this from Michelle and you will hear this from Martha, is that there are so many opportunities. I continually hear from many communities that they struggle and they may have HUD resources, but they are struggling to figure out how to find funding or resources to provide wraparound supports that enable them, whether an older adult or person with a disability or person experiencing homelessness, to be able to use that housing effectively and also stay in the housing. And the message that I want to send is that we actually have these tools. We need more resources on the housing side and we could use a lot more resources on the supportive services side, we essentially have the tools that enable us to kind of put these puzzle pieces together so we can better coordinate housing assistance with long-term services and supports for home and community-based services.

First and foremost, I think Medicaid is probably the most effective way to cover a range of home and community-based services and long-term services and support to help support people's ability to obtain housing, as well as retain housing, as well as support their community living and their ability to live with independence in the housing.

A number of HUD programs could coordinate with those services to provide rental assistance or affordable housing, including for people that are transitioning from institutions or homelessness. The key is really to break down the silos, so I'm really curious what many of you have commented in terms of who your most important partners are, but really how to build that bridge across sectors working between housing and the health and service sectors, and not only just building that bridge, but really to engage in what we hope to see as high level planning at the state level where you can take a birds-eye view and say, how can we look at the entirety of housing that is available for older adults, people with disabilities and/or homeless programs to really design a package of supportive services that can be coordinated with those existing housing programs as well as to design ways that streamline assistance so that when people apply for homelessness assistance or housing, they can also figure out how to obtain access to those supportive services so they can

obtain that as a sort of a coordinated package.

On the next slide, for those of you who work in the health and supportive services and human services arena, I know that it can be a dizzying thing to sort of navigate the housing system landscape, so here's an attempt, to try to give an oversimplified view of how the housing system looks.

Certainly you have HUD, and we fund housing for state agencies, and some of them go to directly to municipal or local housing agencies as well as funding programs where we fund public housing authorities, and we also provide funds through continuum of care to homeless service organizations. In some cases, a public housing authority provides direct assistance to, say, an individual, either through public housing or through vouchers. In some cases they actually are providing rental assistance contracts within a privately owned housing development which is owned by housing for owner or provider who might also be obtaining capital funds, or tax credits from state housing agencies or municipal housing agents.

I think the key message here is that we need to really understand what housing landscape looks like in your own state, and identify who those partners are, and see if you can kind of bring as many of them together to the table, to say that we have an opportunity to provide supportive services, for many of the people that provide services to need better access to housing, or we need to figure out how to coordinate this. This is the kind of mapping exercise that I'm hoping many of you who work in the services base can engage in to identify who the partners are that we need to meet with.

Similarly on housing side, understand who is your Medicaid agency, who provides Money Follows the Person services and currently provides home and community-based services and what services are covered for what populations, how does your state behavioral health agency fit into the mix and your Area Agencies on Aging, Centers for Independent Living and other agencies that serve people with disabilities.

There's a mapping exercise that needs to happen at the state level so we can engage in a birds-eye view of comprehensive planning to get full advantage of these resources to create housing services opportunities for populations we're speaking about.

I want to give 2 examples here of states that have engaged in this. One of them is in Vermont, and where back in 2011, Vermont engaged in a multi-pair of advanced primary care practice demonstrations, where they took their Medicare payers and Medicaid managed care organizations are brought them to the table and said how can we improve access to care in the delivery of care and health outcomes for older adults, also look at ways that we can integrate our efficiency, and they engaged a process where they said let's map where all of the older adult housing is, whether it is Section 202 housing and public housing and other low-income housing and figure out if there's a better way to ensure that older adults in the housing can have access to the services that can be tailored to their needs as well their needs go up or down, as their health needs may increase as they in, and they need more services, how can we provide a way to deliver services to as many older adults and low income housing as possible, and where we are not doing it on a sort of person by person basis, we don't actually know who the service providers are, but in a sort of statewide context.

So they engaged in this proactive collaborative redesigned way that they are providing long-term services and supports to older adults, and they sort of organized service delivery into 55 regions and appointed a service coordinator and wellness nurse to coordinate the care of

all the residents of multiple HUD assisted housing in their area or region. And then also to serve people who may not be living in HUD housing but are living in surrounding communities.

Those coordinators and wellness nurses are the glue that are brokering connections to a broader array of services and supports. That's the kind of model I think that may be unique to Vermont but a similar approach can be taken if states engage in a proactive birds-eye view to design coordination of housing services at the state level.

Another example is in Louisiana. Back in the aftermath of Hurricanes Katrina and Rita where the state of Louisiana was facing significant disasters, many people experiencing homelessness were displaced, they actually received an allocation of 3,000 special vouchers to house people experiencing homelessness who were affected by those hurricanes and disasters and place them into permanent housing. Recognizing that they were getting a windfall of housing resources, Louisiana decided they had an opportunity to figure out how can they pair and coordinate wraparound services for people who are going to receive those vouchers, people experiencing homelessness, as well as people in institutional settings with disabilities, and what they decided to do was engage in a partnership with a Medicaid agency, Louisiana Department of Health, to work with Louisiana Housing Corporation and housing authorities across the state to design a new approach to providing wraparound services.

Through a variety of Medicaid authorities and state plan amendments and waivers, which I won't get into, they essentially designed a way to ensure as many people as possible who were experiencing homelessness, who have disabilities, could receive wraparound services and came up with a way for people to apply for both vouchers as well as Medicaid-funded services in a coordinated fashion.

So, that was Louisiana, and they had this opportunity to partner because of those special resources. I think in many ways, nationally speaking, we have our own Hurricane Katrina and Rita moment which is that COVID-19 has exacerbated and laid bare the degree to which we are dealing with a housing crisis and homelessness crisis in our country. According to the American Rescue Plan, there has been a windfall of resources provided to communities in the form of new housing resources to address homelessness. \$5 billion in new emergency housing vouchers; there are now 70,000 emergency housing vouchers that are intended to serve people experiencing or at risk of homelessness that have been awarded across the country.

HUD has also awarded \$5 billion in grants through our Home Investment Partnerships Program that enables communities to build more permanent supportive housing, other affordable housing including where they're purchasing and converting hotels and dormitories really quickly into affordable housing, as well as provide short-term rental assistance and supportive services. There's been funds at the Treasury to provide emergency rental assistance for people falling behind in rent or facing evictions, and another \$350 billion in Treasury, state and local fiscal recovery funds, and many communities are looking at how they can use those to support housing and homelessness activities. There's more resources than perhaps I've seen in certainly my long career in this field, but perhaps really in our lifetime in this particular moment to address homelessness.

And so this is the moment when I'm hoping to see many more housing and services partnerships and collaborations at the state level to figure out how we capitalize in this moment where we have significant housing resources to figure out how we also finance wraparound services so that people can have that package together.

And then finally on the last slide one of the other opportunities is that HUD has launched a national initiative. Secretary Fudge has invited mayors, governors and county leaders into a partnership called House America, where is asking them to pledge to HUD how many people who are experiencing homelessness will be re-housed, how many additional units of supportive housing will be created. I think this is another opportunity through House America to identify which leaders to partner with at the state and local levels. I'll place the House America information in the chat. I'll turn it over to you, Lori.

LORI GERHARD:

Thank you for that and for sharing House America resources. We really want to encourage communities to join. The chat has been busy, and people like the flowchart idea. I'd like to take a moment and thank all of you for sharing your partnership information with us. We are seeing lots of different types of partnerships in the chat, and I will just mention some of the types of organizations. Housing, Area Agencies on Aging, community action centers, senior centers, Centers for Independent Living, State Councils on Independent Living, Los Angeles homeless services authorities, CSH, Mayor's Council on Disabilities, organizations supporting people who are leaving jails, housing authorities, Federally Qualified Health Centers, State Housing Finance Agencies and many more.

Many thanks for sharing those ideas. We would like you to now also share with us in the chat a note about how you are working with partners to use American Rescue Plan Act for other funding to address local housing challenges. While you are providing us with your best examples of how you are using these funding opportunities, I'd like to turn it over to our distinguished colleague, Martha Egan from CMS, who will highlight opportunities with Medicaid and Medicare. Martha, the floor is yours.

MARTHA EGAN:

Thank you, Lori. I want to start out by saying CMS is excited to be part of this federal partnership panel helping people to obtain or maintain stable housing and access to home and community-based services. We want to start off by saying CMS really does recognize that access to affordable and accessible housing opportunities and high-quality HCBS is really dependent on strong partnership and resources at the local, state and federal level. Really no one agency, organization, program or provider can do the work of increasing affordable and accessible housing opportunities in a silo or on their own, so these partnerships are key.

Additionally, I think we also want to point out that CMS really recognizes that strong partnerships, at any one of these levels can lead to approaches that put individuals at the center of their care. This helps to meet people where they are and coordinate care seamlessly across settings. This is whether individuals are transitioning from institutional settings to the community, from congregate settings to integrated community-based housing, from the street or shelter to a home or gaining more independence and safety in the home of one's own.

I'm going to start with a very brief discussion of home and community-based services and its relationship to helping Medicaid beneficiaries to maintain affordable, accessible housing, and I'm going to talk about two current and very exciting HCBS initiatives under the Medicaid program that can provide opportunities to state Medicaid agencies to collaborate and partner with state and local housing agencies and organizations and all housing resources that are now out there to help individuals transition into affordable and accessible housing.

So, home and community-based services under the Medicaid program. As a very quick reminder, HCBS, these are optional Medicaid services. One reason we want to point this out is to remind folks that the state HCBS programs are very unique. One HCBS program is going to look very different from another program, so the packages and benefits, and the delivery of these services are going to look very unique and different from state to state.

HCBS services can include services and supports such as, but not limited to, things like case management, homemaker services, home health aides, personal care services, adult day health services, rehabilitation and respite programs. HCBS services support a wide diversity of individuals, and key to today's conversation, HCBS can provide services to help individuals to access affordable and accessible housing, and to achieve housing stability in community living.

Generally, under the Medicaid program, and under certain Medicaid authority, housing-related support may include things like one-time moving costs, such as the security deposit or a setup fee for utilities.

Housing-related supports can also include pre-tenancy reports which can include activities such as insisting an individual with a housing search. It can include tenancy supports, which can help an individual to maintain their tenancy once the home has been secured or established in the community. It can include home accessibility supports, which can include things like installing wheelchair accessible ramps or grab bars in the bathroom.

Medicaid can be an integral part of collaboration with community-based programs, including state and local housing agencies, but as a reminder, Medicaid does not cover room and board except in certain medical institutions. I want to encourage you if you want more information on housing-related supports under the Medicaid program, to take a look at the CMS state health official letter on the social determinants of health, which we issued back in January 2021. So, about a year ago. There is a link provided to this particular letter on my last slide.

HCBS can cover housing-related supports under certain Medicaid authority, and these are the kinds of supports that can help older adults or individuals with disabilities to attain and maintain housing. HCBS really is a space or arena where states can employ very innovative strategies around helping individuals to access and maintain affordable, accessible housing and also to build these key partnerships between state Medicaid agencies, and state and local housing agencies.

For the next two slides we're going to talk about the two new opportunities. The first one is Section 9817 of the American Rescue Plan Act. These are HCBS initiatives under the Medicaid program. Again, they can provide incredible opportunities to increase access to affordable and accessible housing, and opportunities for states to advance health and housing partnerships.

Under the American Rescue Plan, under Section 9817 of the American Rescue Plan, states were provided an estimated \$12.7 billion to HCBS systems through a 10 percentage point increase in the federal medical assistance percentage, or FMAP, that states can receive for certain Medicaid HCBS expenditures. This increase is available for one year period from April 1, 2021, to March 31, 2022, and states have an additional two years through the end of March 2024 to spend basically what is the amount equivalent to the amount of this additional funding that increased 10 percentage point increase that they receive on activities to enhance, expand or strengthen HCBS.

Under Section 9817, states are currently planning, and in some cases states are already implementing, activities and programs that are designed to enhance, expand and strengthen HCBS. While states cannot use the funds to pay for room and board, we are encouraging states to use the funds to build Medicaid housing partnerships to provide housing-related supports and services, or to implement other allowable activities that can help to address the housing needs of people receiving HCBS.

For instance, some states are using the funds to expand or enhance housing-related supports for individuals transitioning from institutional settings, and individuals experiencing or at risk of experiencing homelessness by providing, for example, intensive case management and outreach services and increasing support for community transition services.

Some states are looking to enhance and expand home accessibility options, by providing flexible funding, for home modifications, for home repair, assistive technology and equipment to better support people to remain in their homes. The one thing that we are especially excited to see, is some states are proposing to use the funds for capital investments, including to expand access to affordable and accessible housing and to non-disability specific settings as part of a state's HCBS options. In fact, we strongly encourage and want to work with states to use the ARP funding to make investments in their system that will lead to structural or systemic changes and improvements. Now for example, grants or loans to explore, encourage or build affordable senior housing and capital or financing for affordable housing developments are permissible if the funding is to support the expansion or establishment of settings that comply with the HCBS regulations.

These expenditures are not room and board costs but are capital investments to increase the capacity of settings that further community living and community integration. One important caveat to put it there is that the approval of the capital assessment activity under Section 9817 of the ARP, it does not authorize such activity for federal financial participation or FFP. So that is 9817 in a nutshell, and let's move on to the next slide and talk about another opportunity out there.

So, as many of you probably do know, the Money Follows the Person or the MFP program, this is a long-standing grant-funded demonstration that has helped states to rebalance their LTSS, or long-term services and support systems, and to support people who are in institutional settings like nursing homes to move back to the community. Due to the success of the program, I think more than well over 100,000 people with disabilities and older adults have transitioned to the community under this program. In the last couple years the MFP demonstration has been operating under a couple of short-term funding extensions. However the program was provided additional funding for 3 years, under the Consolidated Appropriations Act of 2021, and this is really really very welcome news by many stakeholders, and really importantly, under this new legislation, under the CAA, a couple of additional MFP changes were enacted.

One, the CAA did expand participant eligibility for the MFP demonstration, and we do see minimum lengths of time that an individual needs to be in an inpatient facility before qualifying for MFP from 90 days down to 60 days. It also allows people to receive skilled nursing services or skilled rehabilitative services in a certified skilled nursing facility to be counted toward the length of stay requirements.

What's exciting about these changes is it allows more people to qualify for these programs and allow people to qualify earlier in their institutional stay, which should make it easier for some people to return to the community.

Second, the funding extension allows CMS to provide opportunities for more states to participate in this program, and currently 35 states, including DC, are participating. However, additional states have not had this opportunity to join the demonstration in a number of years. So CMS we are expecting to release a notice of funding opportunity in the very near future, which will provide additional states the opportunity to participate in the program. And additionally, under the MFP program, states currently MFP participants and grantees were offered \$5 million supplemental opportunity for what we are calling HBCS capacity building, and one area that the funding can support is developing and strengthening Medicaid and housing partnerships, and I will say that several of the MFP programs have, or are using the supplemental funding to strengthen their Medicaid and housing partnerships.

And I just want to point out under MFP why MFP is so important for this intersection of health and housing, is because under the MFP demonstrations, they can really cover a number of housing-related services and supports. Including one-time community transition costs. They can also employ housing specialists and housing coordinators, and these are staff who can either help with system-level partnership building to increase affordable and accessible housing opportunities for people transitioning out of inpatient facilities, and it can also include housing coordinators which work more at an individual level and work with individuals to identify and secure affordable and accessible housing in the community.

The MFP demonstration can also fund housing infrastructure activities, such as the development and maintenance of statewide housing registries. So there's lots of opportunities under the Medicaid program to really strengthen housing and health partnerships. So we are really looking forward to working with any current or new MFP grantees to advance the innovative strategies to provide housing-related supports to individuals who are transitioning from institutional settings or to address any gaps in housing services and support the states can cover under the MFP program and to build stronger and more-effective housing partnerships.

So again, some very exciting opportunities. Let's go to the next slide.

With this I will be very brief. This is a list of some resources from CMS and Medicaid that are available on Medicaid.gov. These may be helpful to you when working on your health and housing partnerships. We just want to make sure that you have these available. If you have any questions on any of these resources, feel free to reach out. So Lori, I'm going to turn it back over to you.

LORI GERHARD:

Well thank you so much Martha, that was exciting information, and thanks too to Richard and Michelle. You have shared incredible resources, opportunities and partnership examples that are already underway to support our collective work to build and strengthen our partnerships throughout the country.

Before we moved to the question and answer part of the session, we would like to do a quick lightning round with all of the speakers to share strategies to advance equity.

So in each of our focus areas—housing, home and community-based services, and health—there are marked disparities and historically underserved communities. Each of our agencies is committed to advancing equity. How can states and community partners advance equity?

One way is to involve people who live in the community and are representative of the



community served in the design and delivery and systems changes of the programs. We are now going to do a quick lightning round with each of my federal colleagues having 2 minutes to share one or 2 practices that state and community partnerships can use to advance equity. Martha let us start with you.

MARTHA EGAN:

So how prospective partnerships can advance equity. And I just want to start off by saying that Medicaid really is a key driver of health equity and that health equity really is at the forefront of Medicaid policy. But you know, CMS does fully recognize that prospective health and housing partnerships can really work in order to address health disparities and advance health equity and really, in a number of ways.

One, strong partnerships can really integrate a diversity of community perspectives. Secondly, health and housing partnerships can harness the collective capabilities of local, state, and federal governments, and community organizations and provider networks. Health and housing partnerships can help to break down silos that sometimes can actually isolate or even perpetuate disparities and sometimes create barriers to health and housing stability. And finally, cross-sector collaborations can really work to advance and accelerate systems and transformation.

Over the past several years, CMS has really been committed to supporting states in numerous ways around building housing and health partnerships. For example, CMS launched the Medicaid Accelerator Program, and this particular program offered opportunities for state Medicaid agencies to develop partnerships with housing agencies and work on detailed action plans to meet the needs of diverse Medicaid-eligible populations, individuals transitioning from institutional settings, individuals experiencing or at risk of homelessness, individuals at risk of institutional placement, among others. More recently, CMS convened a state learning collaborative to build state health and housing partnerships to focus on the needs of individuals experiencing homelessness and substance use disorders under the SUPPORT Act.

CMS continues to provide technical assistance to states around leveraging the flexibility under the Medicaid program to enable Medicaid beneficiaries to achieve community living goals, and to achieve and maintain housing stability. And providing services often requires sharing data across sectors and building relationships among community and state partners to inform not only decision-making but to improve community living and health for diversity of Medicaid populations. So CMS really wants to encourage states and communities to participate in these types of learning and engagement opportunities to fully leverage the opportunities that were presented under Section 9817. And under the MFP program and really participation, these types of programs can lead to strong partnerships that can collectively and continually address equity.

LORI GERHARD:

Michelle, we'll turn to you next.

MICHELLE DALY:

SAMHSA promotes equity across all efforts through our Office of Behavioral Health Equity, utilizing the following key strategies: data, policy, quality practice and workforce development and communication. So you keep hearing us reinforcing partnerships and collaboration. This is really critical when it comes to looking at equity. Data, just to mention, just a lot of the data to look at outcomes and access don't come from one system. So, really looking hard across multiple systems to access data that can tell you a more complete picture of those you are serving, and/or how to set up your policies.

Through the work around health equity that we are doing, we are striving to eliminate structural and racial barriers to health and well-being for vulnerable and marginalized populations. One collaborative effort that I'd encourage you to take a look at, that SAMHSA is involved with, and also with the National Institutes of Health, with the National Institute of Minority and Health Disparities and the Annie Casey Foundation, which funds the National Network to Eliminate Disparities in Behavioral Health, or NNED, that coordinates the NNED shared collaborative space, in which partners can share with others. So we'll put some links for those in the chat, and I encourage you to take a look at that. Thank you Lori.

LORI GERHARD:

And Richard we will turn to next.

RICHARD S. CHO:

I think in many ways, Martha touched on this, these housing and services partnerships that we are talking about, is a strategy to advance equity because we know that people who have housing but lack supportive services, or vice versa, the lack of having the combination can further increase disparities, particularly for people with disabilities, but also based on race.

If you look at who lives in assisted housing who winds up in institutional care, the data will likely show that it is older adults of color who have a greater risk of entering institutional care. Similarly, people with disabilities, there is data that demonstrates that when people with disabilities who lack access to housing services have a higher risk of entering institutional settings, and certainly the data we have on homelessness shows that there are significant racial disparities in homelessness. Where for example, whereas Black Americans represent 13% of the general population, they represent 40%, sometimes higher, of the homeless population.

And we had communities that have not really sort of been intentional about addressing equity and where they may have actually been successful in reducing rates of homelessness overall, but without having that kind of attention on equity, what they have done is actually exacerbated racial disparities where essentially, white people experiencing homelessness have been getting access to housing assistance.

Many of the tools that are used to prioritize access to housing assistance, as well to determine who is eligible for services, often have racial biases built into them, so I think it is really important to look at those tools.

Then I will just echo what both Martha and Michelle said: Data is really key. As I noted, those disparities I mentioned come from data analysis that many communities have done where they look at the demographics of who experiences homelessness, or who gets housing and services coordination in their communities, and lastly to look at who is getting access to those services and are we being equitable in respect to who is in need of those housing and services. So that is definitely key.

But I think a key part of this is to center these efforts around equity, to keep that front of mind, and to keep on my soapbox, these housing and services partnerships, that is a key strategy of the definition of equity is the recognition that people need different levels of assistance to be able to achieve equitable outcomes. Not everybody needs the same thing, we cannot assume that if we have systems and approaches that intend to serve all that everyone is going to have equal access. We need to provide higher touch for certain communities and populations and do the special things, and that is what equity is all about.

To me that coordination of housing and services is key to advancing equity.

LORI GERHARD:

I have to say, we've generated lots of questions and we have probably eight minutes or so we can spend on Q&A. We will get started. Please note, if you asked a question that hasn't been responded to we will add it to frequently asked questions document and respond to it. Those will be posted with the slides. Our first question is for Martha.

It would be helpful to hear how Medicaid can be used to support housing needs and the specific allowability, including through waivers. Thank you.

MARTHA EGAN:

We would need multiple webinars on that, but I want to say obviously there are multiple pathways under the Medicaid program to provide housing-related support to individuals. Whether it's done under an HCBS waiver program, or as I mentioned earlier in my presentation, under some of the HCBS state plan services, there are multiple pathways.

CMS offers all kinds of technical assistance to help states. The Medicaid program is in partnership with states, between CMS and states, so we can really work with states to figure out what these pathways are and what will work best for states. In terms of informing yourself around what the services and supports are and how they can be implemented under different Medicaid authorities, again I encourage you to take a look at that social determinants of health letter that we issued back in January 2021, and it really does kind of outline and explain all of the different types of Medicaid authority and how you can deliver or address social determinants of health, including housing, under the Medicaid program. And start there.

LORI GERHARD:

Thank you, Martha. Our next question is for Richard. Richard, how is HUD incorporating the planning of housing placement in relation to mobility transportation community. It is important that they are able to get to work, jobs, school, health care and complete daily tasks that require transportation, as most do not own a car. You want to take a stab at that?

RICHARD S CHO:

We certainly don't have it all figured out at this point, but we are looking at a couple of things. First is with respect to vouchers. People can take rental assistance and find housing in the private market. There's a lot of compelling research that shows the importance of certainly voucher policies and payment standards and opening up access to a lot more parts where housing exists, but also the role of mobility counseling and helping people to find communities of opportunity as well as communities where there is higher chances of having proximity to jobs as well as transportation and other amenities.

With respect to siting housing, I think we are doing things on a number of fronts, including looking at how we can help support more equitable siting of housing, looking at how communities' zoning and other practices are creating barriers to providing housing, and communities where there may have a greater chance of access to transportation. Those are a couple of things we are looking at across different programs, but frankly we have a lot more work we can be doing in that space.

LORI GERHARD:

Thanks, Richard. I will add to your response that HHS and HUD are part of the Coordinating Council on Access and Mobility that's led through the Department of Transportation, we

were looking at how to increase access to transportation. There's a website we will put in the chat on the CCAM. There are some resources on how to bring together some of the federal funding to really help increase access to transportation in communities. There are several resources available, but Richard is saying we are working on this together and we still have some work to do in this area.

Richard, have another question here. This one is, our local housing authorities do Section 8 housing choice vouchers. How would one find out about other vouchers available in our community?

RICHARD S CHO:

A really good useful resource, I believe it's on the Housing and Services Resource Center webpage, is our housing choice voucher dashboard. We have publicly available information on which housing authorities have which type of vouchers, so regular housing choice vouchers, but there are also what we call special-purpose vouchers, and that includes the two I mentioned already: Mainstream vouchers and Non-elderly Disabled Vouchers. Also HUD/VASH Programs and Family Unification Program vouchers. I'll make sure the link is in the chat, but our housing voucher dashboard provides information. You can go to the individual state or housing authority level to see how many vouchers they have in each category and how many they have leased up, which if you subtract leased from that total, that gives you the number of available vouchers that are in the dashboard. I believe page 7 of the housing choice voucher dashboard shows where the special purpose vouchers are such as vouchers for people with disabilities or veterans.

LORI GERHARD:

Take you for sharing that. We had another question about CAPABLE, and whether there are any grants for home modifications. I will just share that we are aware that John Hopkins School of Nursing does have an RFP on this, I think it closes on March 16, looking to establish a national center for promoting CAPABLE.

If you are interested in learning more about that opportunity, please email us at [hsrc@acl.gov](mailto:hsrc@acl.gov), and we will be happy to respond to you.

We got another question here.

MARTHA EGAN:

I just wanted to add really quickly, there are a number of states that are using the Section 9817 funds under the American Rescue Plan Act to fund CAPABLE programs or CAPABLE models, I can work to identify those and let you know what states are actually working on CAPABLE programs under 9817.

LORI GERHARD:

That's great, thank you, Martha. Does anybody else want to add anything on home modifications or CAPABLE?

Our next question is, my office has a program to make housing both owned and rental more physically accessible if the person with a disability is a Medicaid recipient, and/or veteran and residing in (unknown term) or Columbia County. I'm not sure who to partner with to inform them so we could be more helpful to residents. I am new to working with programs as my second job from my office. Thanks for anyone who has time to make suggestions.

Organizations that people can partner with if they help make homes more accessible. I will start. I know that the state unit on aging, State Independent Living Council, Centers for

Independent Living and Area Agencies on Aging, and Aging and Disability Resource Centers would all be interested in learning about your organization and the work that you do. They often times come in contact with people who are looking to make homes more accessible, and could help get you connected to people that would be looking for your knowledge and expertise.

We have another question around what is HUD doing to address the fact that many landlords won't accept housing choice vouchers and that rents are skyrocketing with inflation?

RICHARD S CHO:

I can take that one. We know that there are challenges right now. Some of the data that we have shows that rents are spiking all over the country. Some of that is related to the effects of the pandemic. And that many communities have voiced to us there are challenges with finding available units to lease with vouchers, so we are aware this is universal.

What seems to be effective at the community level is where housing authorities and other service partners are taking advantage of some of the waiver authorities that HUD has provided to them, particularly through these new emergency housing vouchers were we were able to provide, thanks to the American Rescue Plan, additional admin and service fees that come with the vouchers. Many housing authorities are using those to do everything from paying for additional housing navigation services so that someone who has been issued a voucher can actually find housing, or actually creating landlord incentive programs and providing either signing bonuses, I know some communities are creating landlord incentive programs where if a landlord has an apartment but knows it won't pass housing quality inspections they can provide them with a one-time grant to make repairs and bring the apartment back up to meet inspections. It's a creative use to get more units available.

Where you have instances where landlords are saying, I refuse to lease to a voucher holder, that is something that in many states is actually, states have passed laws that provide source of income protections for people so that a landlord cannot discriminate against somebody who has a voucher. There is currently not a federal protection for that, but in many cases when those kind of instances happen when they refuse to take a voucher holder, there may also be things happening that require looking at whether potential fair housing violations have also existed, and certainly if that ends up being a de facto denial of somebody who is a protected class, whether that's based on race or disability status or familial status, that is something that certainly should be looked at.

What we are finding effective is where housing authorities are partnering with service organizations. taking advantage of some of the additional funds that are available, and communities are doing interesting and creative things with creating incentives for landlords, as well as kind of landlord risk mitigation funds to create an insurance program in case anything goes wrong. Lots of creative things happening. I think the best thing I've seen to be effective is when you find people who can actually go out and know how to engage landlords, explain to them how vouchers work, and also in a recent visit I took, one community said that when they have Medicaid finance wraparound services, it provides an insurance to the landlord that if anything happens there's a number they can call and there will be a service provider who can come and help resolve the situation.

LORI GERHARD:

Thank you, Richard. Take you, Richard, Michelle and Martha. I think Richard had mentioned earlier about the Housing and Services Resource Center website. You can find other federally supported resources on that website along with information about funding

opportunities that were mentioned today, and also models and partnerships that were mentioned.

You can go to [ACL.gov/HousingAndServices/Models](https://acl.gov/HousingAndServices/Models).

We really want to hear your impressions of today so we can improve our webinar. We have a short feedback form in the chat and we will put the link for the form, if you can take a few minutes and fill it out, that would help us continue to make enhancements to make our webinars most effective to the audiences that we are providing them for. It will also help us understand what your thoughts and ideas are about topics that would be helpful to learn more about.

Next week on 15th of March we hope that each of you will return for the next event on state community level partnerships to bring together housing and services partnership. We will be featuring Washington state and Massachusetts, so please join us. Can you go to the next slide.

Hopefully you've heard some opportunities that you can act on in the coming weeks. Before we close, I want to remind everyone that in the coming days, we will post the recording of this webinar. Thank you so much for your participation today, and in the meantime, please use the links that staff are putting in the chat to register for the next webinar.

Visit the HSRC models and partnership page, complete the webinar feedback form, watch for our emails when the webinar recording and slides are available. Please email us with any questions or additional information that you would like to share at [HSRC@ACL.HHS.GOV](mailto:HSRC@ACL.HHS.GOV).

And we go to the next slide. We would like to thank Mission Analytics, USAging and the interpreters and our captioners for helping with their roles in this webinar, and we are especially grateful for all of you who joined us today and for our federal colleagues and speakers. Thank you, and have a good afternoon. This concludes today's webinar.

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