



THE REGIONAL STEERING COMMITTEE ON HOMELESSNESS AND HOUSING

Together we:

Identify common problems,
Search for useful solutions

Collectively we participate in:

- ◆ Policy development ◆ Training ◆ Information sharing
- ◆ Action strategies ◆ Program design

FEBRUARY 6, 2015 11:00 AM – 2:00 PM

1. **Welcome, introductions, housekeeping**
2. **Preparing for the CoC Interim Rule Public Comment:** HUD has indicated that it intends to re-release the CoC Interim Rule for public comment sometime in the near future. After 2.5 years of implementation, what should HUD know about how the Rule has affected your community? What policies have worked well, and what would you like to see change? This conversation will lead to the development of a comment from the RSC to HUD.
3. **Aligning our CoCs with HUD’s Policy Priorities:** In 2014, HUD’s SNAPS office communicated its key policy priorities through a series of “SNAPS In Focus” messages. How did our CoCs respond to these priorities last year, and what can we do in 2015 to better align ourselves with HUD priorities and prepare ourselves for FY2015?
 - a. **Data:** Use data, including PIT Count data, to engage in strategic thinking about homeless and affordable housing options
 - b. **Youth Homelessness:** Work toward ending family and youth homelessness by 2020, through improved data collection and performance measure strategies
 - c. **Criminalization of Homelessness:** Engage the community in developing constructive alternatives to criminalization
 - d. **Resource Allocation:** Adopt strategic resource allocation strategies, including project reallocations, to support PSH projects for chronically homeless persons using Housing First principles, and RRH projects for families with children
4. **Aligning our CoCs with HUD’s Major Policy Initiatives: Ending Veteran and Chronic Homelessness, and the Housing and Healthcare (H2) Initiative.** For many individuals and families, including veteran and chronically homeless households, success in housing depends on the availability of supportive and healthcare services to help retain housing and use housing as a platform for health, well-being, and recovery. The expansion of Medi-Cal and other healthcare reforms made possible by the Affordable Care Act (ACA) create unprecedented opportunities for California CoCs to end veteran and chronic homelessness by improving coordination and linkages with veteran and mainstream primary/behavioral health care systems. Have your communities been able to take advantage of these opportunities? If not, what kind of barriers are your communities facing, and what kinds of support would help your communities to take full advantage of these opportunities?

ALIGNING OUR CONTINUUMS WITH HUD'S POLICY PRIORITIES

BACKGROUND

In 2014, HUD's SNAPS office communicated its key policy priorities through a series of "SNAPS In Focus" messages, although this year they were "not necessarily ... tied to the NOFA."¹ How did our CoCs respond to these priorities last year, and what can we do this year to better align ourselves with HUD priorities and prepare ourselves for FY2015?

DATA

POINT-IN-TIME COUNT

- Nationally, veteran homelessness ↓ and chronic homelessness ↓
- Apparent confusion about PIT results vs. HUD homeless program eligibility
- Youth-specific outreach for PIT Count encouraged
- Under expanded definition of homelessness, more affordable housing needed

YOUTH HOMELESSNESS

ENDING YOUTH HOMELESSNESS BY 2020

- HUD analyzing different data collection methods for unaccompanied youth
- Looking at outcomes of all homeless youth, not just those served by CoC programs
- Revisiting youth-specific eligibility requirements, including documentation
- *Other Issues:* Homeless LGBT youth; Integrating RHY Program data into HMIS; Collaborating with Local Education Agencies

CRIMINALIZATION OF HOMELESSNESS

INTERSECTION BETWEEN COC AND CRIMINAL JUSTICE SYSTEM

- Criminalization measures – e.g., targeting panhandling, sit-lie, camping
- Discussions with CoC, government officials, police, and other stakeholders
- Alternatives to Panhandling – e.g., contributions through parking meters
- Police-homeless relationship-building – e.g., community liaisons

RESOURCE ALLOCATION

FY2013 COC PROGRAM NOFA

- Continued emphases on reallocation, CH Prioritization & Housing First

¹ Compiled at <https://www.hudexchange.info/homelessness-assistance/snaps-in-focus/>

RAPID RE-HOUSING

- Strong push for RRH expansion through ESG and CoC reallocation
- Tailored Assistance – amount, type and duration can vary based on client needs
- Mainstreaming supportive services – TANF, Child Welfare and Healthcare agencies
- Written standards for administering RRH, with emphasis on Housing First approach

HOUSING FIRST

- Best practice for PSH projects serving people experiencing chronic homelessness
- FY2013 CoC Program recipients who indicated adoption of Housing First expected to continue for at least FY2013 and FY2014
- Assessment of PSH programs' tenant selection, admission, and termination policies
- Staff training on Motivational Interviewing and Harm Reduction

*For more information please contact Ashley Hart McIntyre, Staff Lawyer, at
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ALIGNING OUR CONTINUUMS WITH HUD'S MAJOR POLICY INITIATIVES

BACKGROUND

For many individuals and families, including veteran and chronically homeless households, success in housing depends on the availability of supportive and healthcare services to help retain housing and use housing as a platform for health, well-being, and recovery. The expansion of Medi-Cal and other healthcare reforms made possible by the Affordable Care Act (ACA) present unprecedented opportunities for California CoCs to end veteran and chronic homelessness by improving coordination and linkages with veteran and mainstream primary/behavioral health care systems.

VETERAN HOMELESSNESS

RAPID RESULTS BOOTCAMP & 25 CITIES

- Over the last two years, the VA invited many of the larger CoCs in the country to participate in Rapid Results Housing Boot Camps, working with the 100,000 Homes Campaign to rapidly reduce the amount of time it takes for chronically homeless veterans to be housed.
- In 2014, HUD, USICH and the VA launched a similar initiative titled 25 Cities to help end veteran homelessness by December 2015 in the 25 U.S. cities with the highest populations of homeless veterans.
- Have your communities been able to take advantage of these opportunities? If so, what were the outcomes? What have been some key barriers in implementing these initiatives and/or achieving their objectives?

CHRONIC HOMELESSNESS

ZERO 2016

- Last year, HUD and Community Solutions followed up on the 100,000 Homes Campaign with Zero 2016, an initiative to end veteran *and* chronic homelessness in 71 participating communities in the next two years, by closing the research-to-practice gap, real-time data and performance management, local systems redesign and local leadership development.

CHRONIC HOMELESSNESS POLICY ACADEMY & THE H2 INITIATIVE

- With sponsorship from HUD and SAMHSA, California's Chronic Homelessness Policy Academy was launched in 2013 to help State and local policymakers end chronic homelessness in California. Recognizing that no single agency or system has the capacity to solve the complex problems underlying chronic homelessness, the Policy

Academy team (led by Cindy Cavanaugh of HCD), brought together policymakers from the federal, state, and local levels to effect true systems change.

- HUD is currently sponsoring another national TA initiative called H2 (Healthcare and Housing), to help statewide and local CoCs integrate healthcare, behavioral health, and homelessness systems in order to improve both the health and housing outcomes of homeless households. As healthcare integration is one of the key issues the Policy Academy is addressing—HUD requested that in California, the H2 Initiative TA requests submitted by California CoCs be handled separately by and through the Policy Academy.
- The passage of the ACA, with its expansion of eligibility to include most people who are homeless, has changed the landscape within which CoCs are operating. With access to preventative, acute and chronic care as well as to mental health and substance abuse services, more people will be able to achieve housing stability and ongoing wellness. With more of their clients receiving Medicaid, PSH and other homeless programs may be able to claim Medicaid reimbursements for services they provide, thus offering access to a new source of badly needed funding.
- The possibility of greater integration between the homeless and healthcare systems also raises potential opportunities for data sharing regarding client eligibility, service utilization and costs, and outcomes achieved. This information has the potential to inform and improve existing practices. Service delivery will also likely evolve due to a stronger focus on outcomes rather than volume.

HEALTHCARE STRATEGIES FOR COCS TO CONSIDER

1. Enrollment in Medicaid
2. Facilitating Access to Care
3. Integrating Housing, Health and Other Services
4. Data-Driven Service Interventions
5. Resources to Finance Homeless Housing and Services

Have your CoCs had any discussions about how to take advantage of healthcare-related opportunities presented by the ACA and other reforms? What kind of barriers are you facing in trying to have these discussions? Are your CoCs noticing any gaps in knowledge or decision-making authority that are preventing you from moving forward with healthcare-related planning?

Have you been able to identify the right partners to engage in discussion about these topics? In order to move your community towards planning and action on these issues, what kinds of information and/or support would you need?

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