

Summary for Steering Committee for Concord's Plan to End Homelessness September 19, 2017 Meeting

Examples of Successes in "Built-for-Zero" Campaign to End Chronic Homelessness

Compiled by Ellen Groh, Concord Coalition to End Homelessness

Under the HUD definition of *Chronically Homeless*, a person must

- Have a documented disability
- Be living in a place not meant for human habitation, a safe haven, or in an emergency shelter
- Have been living as described above for at least 12 consecutive months, or for at least 4 separate occasions in the last 3 years, and the combined occasions equal at least 12 months (see full definition on page 4)

"Functional Zero" is reached when the number of people experiencing chronic homelessness within a community is less than the average number of chronically homeless people being connected with permanent housing each month. In achieving this measure, a community has demonstrated the system and capacity to quickly and efficiently connect chronically homeless people with housing.

1. Lancaster City and County, Pennsylvania. (Info based on data submitted to Built for Zero and phone call with Mike Foley)

Population: Approximately 60,000 city; 530,000 county)

Contact: Mike Foley, Lancaster County Coalition to End Homelessness (717) 544-8296

Began BFZ Campaign: Summer 2014

Number of Chronically Homeless when BFZ Campaign began: 83

Number of Chronically Homeless people June 2017: 3

Lancaster has sustained "Functional Zero" for approximately 5 months.

Notes on Their Process:

In summer 2014, they used interns to look at people with Length of Stay (LOS) at shelters or in street outreach over 365 days, and also kept an eye on those with LOS around 300 days who would "age in" to chronicity. They are keeping the list "old school" in excel.

Sources and strategies for funding:

1. Their "Continuum of Care" (COC) prioritized all COC-funded Permanent Supportive Housing (PSH) openings to chronically homeless people. Lancaster's County Dept. of Mental Health has about 50 PSH units (but the criteria for these units is even stricter than the HUD criteria for disabling condition to qualify as "chronic") and there are a couple other non-profits that operate PSH programs for chronically homeless people.

2. The Public Housing Authority (PHA) already had a preference for homeless people for 20% of their Section 8 Tenant Based Rental Assistance vouchers, and in 2014 the Lancaster COC started prioritizing only *Chronically Homeless* people for referrals for the Section 8 homeless preference. The PHA did have some concerns over the high needs of the *chronically* homeless people being referred. The COC team showed the PHA information from national initiatives, emphasizing that this is an evidence-based model. Last year, about 25 Section 8 vouchers were issued to chronically homeless people.
3. Case management is being provided to all 83 chronically homeless people who have been permanently housed since the BFZ initiative began. Agencies have also used COC funding for “supportive services only” so they can provide caseworker support to PHA tenants. Typical caseload can be as many as 30-40 clients.

Does Mike Foley feel Lancaster is “attracting” more homeless people due to their success in housing chronically homeless people: No, he has not seen any direct correlation to this. His community does have abundant access to free meals, a low unemployment rate, so people do come to Lancaster for many reasons.

Description of locality:

Lancaster is major city and the rest of the county is fairly rural, in Amish country. He used google maps to put a pin in the map where clients listed their zip code of last permanent address and found that about 50% came from the city itself and 50% from the outlying county.

Other messages:

It’s been difficult for the larger community to understand the difference between “*Chronically Homeless*” people as distinct from *all* homeless people. They found that when they announced success in ending “Chronic Homelessness” that some agencies saw a drop in their funding (people thought the entire problem was solved.)

2. City of Rockford/ Winnebago and Boone counties, Illinois (Info based on data submitted to Built for Zero and phone call with Angie Walker)

Population: Approximately 150,000 in the city of Rockford, and approximately 340,000 in Winnebago and Boone Counties combined.)

Contact: Angie Walker, Housing Advocate, City of Rockford, Illinois.

Began BFZ Campaign: January 2015

Number of Chronically Homeless persons when BFZ Campaign began:

- They initially believed **about 70** people (based on 2014 PIT Count)
- As they developed the By-Name-List (B-N-L), they realized there were more chronically homeless people than reported in PIT Count. By December 2015, they had developed a more accurate B-N-L.
- They report that **140 chronically homeless persons** have been housed since the start of the initiative.

Number of Chronically Homeless People now: 2

Notes on their process:

Their B-N-L is tied closely to their Coordinated Entry system. Their Coordinated Entry has a single point of entry, within a department within the City of Rockford government. There are about 6 other COC-funded agencies that participate in Coordinated Entry. They have one large shelter; capacity of about 80 men, and 60 women and children, and a DV shelter, and a small youth shelter. (The main shelter is not full to capacity right now- some prefer to be unsheltered.)

Sources of Rental Assistance:

- Their COC funding provides rental assistance for some PSH, but there is very little turnover in these units.
- Mental Health and Substance Use funding provided many units to this effort. (about 50)
- They used Rapid Rehousing (Emergency Solutions Grant) money for some clients. This funding only provides rental assistance for 2 years, plus caseworker support. They immediately sign clients up for Public Housing. The City also provides some rental assistance up to \$275 per month (required by law) so they have placed individual clients together in apartments using City rental assistance, though pairing clients can be challenging. (In Concord, I think it would be very challenging to transition very many clients from a 2 year subsidy to a permanent subsidy without an influx of some kind additional permanent subsidy.)
- CSBG- Community Services Block Grant- Community Action Agencies receive this funding. It is very flexible.

Other Notes:

I asked if this success was actually noticeable in the community: Angie Walker said there were two major places where many chronically homeless individuals used to congregate- near a certain liquor store and at an encampment under a viaduct. Homeless people no longer congregate in these places and this change is visibly noticeable. Angie also reports that without a By-Name-List, this accomplishment would not have been possible; the B-N-L made it “personal and real.”

More work to do: There are about 240 non-chronically homeless people in the community. There are about 20 unsheltered people living on streets (in public stairwells.) These individuals are not yet chronically homeless.

3. Bergen County, NJ (information from website, we were not able to schedule a call)

<https://www.community.solutions/blog/bergen-county-ends-chronic-homelessness-first-usa>

Bergen County Population: Approximately 1 million

Began BFZ Campaign: 2011

Bergen County reports that they have reached Functional Zero for Chronically Homeless people, but I was unable to get the specifics of how many people had been housed and how many chronically homeless people remain unhoused.

Lead agency: Bergen County Housing, Health and Human Services Center (BCHHHS)

They Report that the Key Elements of Their Success Were:

1. Bergen County created a strong Coordinated Entry system, with a “one-stop model” located within the same building as their shelter, and a commitment among agencies to use a common assessment tool and prioritize chronically homeless people. The Public Housing Authority committed 20% of housing vouchers as they became available to people experiencing homelessness.
2. A County-wide commitment to the Housing First as model (that a move to permanent housing is the first step, not the last step, in the housing process.)
3. Use of data to target and prioritize available resources to chronically homeless people.
4. Real-time, person-specific data

Other Relevant Information:

January 2016 Point in Time Counts from HUD Exchange (<https://www.hudexchange.info>)

Region	Total Homeless	Sheltered	Unsheltered	Chronically Homeless
NH Balance of State	670	594	76	56
Manchester NH	400	346	54	56
Nashua NH	296	283	13	12
Lancaster, PA	356	349	7	6
Bergen County, NJ	296	285	11	10
Rockford, Il	255	207	48	47

Housing First Concord participants pay 30% of their income towards housing costs (rent plus utilities)

Monthly income levels of Housing First Concord participants:

- Zero income: 5 clients
- \$603: 1 client
- \$607: 1 client
- \$735: 4 clients
- \$802: 1 client
- \$1,101: 1 client
- \$1,979: 1 client

Range of rents of Housing First Concord participants:

- \$50 minimum at Concord Public Housing;
- Private apartments range from \$625/month to \$825/month

Private apartments in this program cannot exceed fair market rent for the area without getting an exception. The FY 2017 Fair Market Rate for Concord is \$707 for efficiency; \$825 for one bedroom.

HUD Definition of Chronically Homeless; 24 CFR Part 578

§ 578.3 Definitions.

Chronically homeless means:

(1) A “homeless individual with a disability,” as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9)), who:

(i) Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

(ii) Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least 12 months or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute as a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility;

or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

* * * * *

(Notes from Concord Housing + Redevelopment for Sept 19, 2017 Steering Committee Meeting)

There are approximately 1,368 "assisted" household in Concord. We manage/own 571.

Section 8

245 vouchers

718 on wait list

5 year wait

Current 54% are classified HOH disabled

56% of wait list is HOH disabled

Ave \$20,375

Public Housing

262 Units

537 on wait list

12 months 1 bedroom, 3+ for 2-4 bedrooms

Current 76% are classified HOH disabled

50% of wait list is HOH disabled

Ave \$14,450 elderly/disabled, \$28,000 family

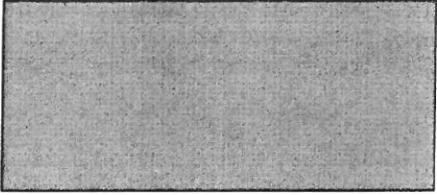
State Survey

Household income to support Rent \$47,000 or \$22.60 per hour

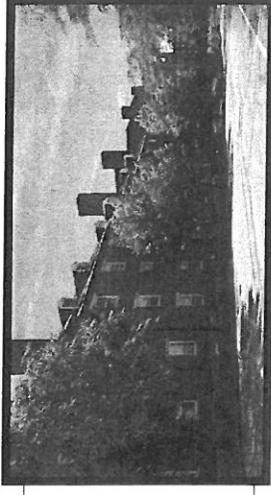
1% vacancy rate

Housing is a Social Determinant of Health

SUPPORTIVE HOUSING & MEDICAID



SUPPORTIVE HOUSING



- Supportive housing is an evidenced-based intervention for individuals who face multiple barriers to housing stability.
- Supportive Housing = Pre-tenancy and Tenancy Support Services

WARNING

Health Care Investments

+

Housing Instability

=

High Costs, Poor Health Outcomes

HOUSING AS A VACCINE



Housing as a Vaccine
Columbus Metropolitan Club
294 views

HOUSING IMPROVES HEALTH OUTCOMES AND DECREASES COSTS

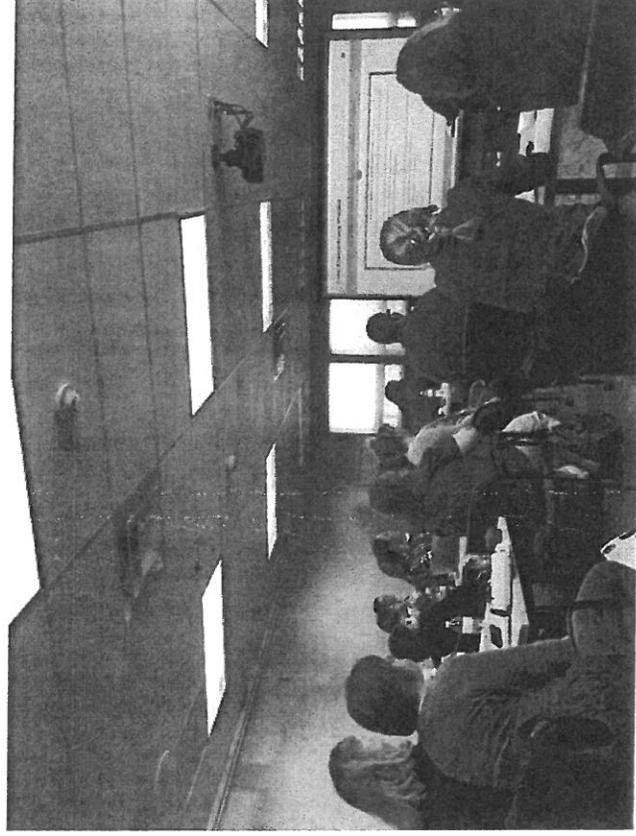
- Supportive housing improves health outcomes and decreases public costs.
- The DSRIP Waiver program focused on **integration, coordination and transformation** offers the IDNs the opportunity to finally address housing stability of some of their most vulnerable patients.
- There are no dedicated local, state or national funding programs for supportive housing services.



MEDICAID INSTITUTE

Purpose: Educate Supportive Housing agencies about Medicaid and the DSRIP

- Provided comprehensive knowledge on Medicaid
- Assessed organizational capacity
- Encouraged engagement in the DSRIP



MEDICAID CROSSWALK

Purpose: Assess and compare NH's supportive housing services with the state's current Medicaid plan

- Analyzed key aspects of the state's Medicaid program and existing reimbursable housing services.
- Presented recommendations that could allow the state to realize improved health outcomes and potential cost savings resulting from Medicaid beneficiaries having access to supportive housing.



MEDICAID BUSINESS CASE

Purpose: Quantify the **public cost savings** resulting from supportive housing

- HMIS/MMIS Data Match



KEY FINDINGS: PUBLIC COST SAVINGS

- Individuals in the top decile of the chronically homeless averaged \$31,840 in annual Medicaid claims.
- Individuals in the top decile who experienced short-term homelessness averaged \$24,016 in annual Medicaid claims.
- Creating a **Supportive Housing Services Benefit** in NH for Medicaid beneficiaries who are experiencing homelessness (chronic and short-term) and in the top decile could result in a total of \$287,798 net annual Medicaid savings, **after** reimbursing supportive housing providers for supportive housing services.

NH CASE STUDIES

Mark – 39 year old who became homeless in Manchester in November of 2015. The expenses below were incurred between November 2015 – May 2016.

Emergency Room Usage: \$1,884.00
Ambulance Ride: \$3,558.00
Criminal Justice System: \$93.57
Health Services: \$750.00
Emergency Shelter: \$7,070.00
Mental Health Services: \$504.00
Total: \$13,859.57

NH CASE STUDIES

Liam has been known to the Manchester emergency shelter system since October 2011. Despite a struggle with alcohol addiction, Liam was able to obtain housing in November 2012. Liam re-entered the homeless services system in August 2014, and during that time, he incurred the following costs:

Emergency Room Usage: \$17,898.00
Ambulance Ride: \$33,801.00
Criminal Justice System: 280.71
Emergency Shelter: \$3,255.00
Mental Health Services: \$504.00
Inpatient Rehabilitation Stay: \$9,000.00
Total: \$64,783.71

NH CASE STUDIES

Derek has been homeless in Manchester off and on since 2005. Numerous incident reports indicate that he is frequently highly intoxicated, verbally aggressive and physically violent. Police have had to escort him from homeless shelters more than once. Between January – July 2016, it is believed that Derek visited the Emergency Room 128 times.

Emergency Room Usage: \$120,576.00

Ambulance Ride: \$113,856.00

Emergency Shelter: \$525.00

Mental Health Services: \$504.00

Total: \$235,461.00

NEW OPPORTUNITIES

- Care Transitions, Enhanced Care Coordination, Expanded SUD Treatment, Re-Entry and Integrated Treatment for Co-Occurring Disorders projects within IDNs
- MCO pilot projects
- Technical Assistance
- Legislation

MODEL PROPOSAL FOR 1 FTE HOUSING SPECIALIST

- 1 FTE @ \$60,000/year
- Serving 1 or multiple projects
- Network of landlords, housing, knowledge of rental subsidies and other housing programs

CHALLENGES

- Getting Housing Agencies Back to the Table
- IDN Project Budgets
- Time-frame
- Political landscape