Closing the Gap - Homelessness to Housing

Coordinating Homeless Services Resources
Michael Thomas: Thank you very much. So thanks everyone for joining us for the second webinar in this five-part series, Closing the Gap, Homelessness to Housing. My name is Michael Thomas. My pronouns are he/him and I am a lead homeless services specialist with ICF. And I will now invite my co-presenter to introduce himself.

Gordon Levine: Thanks, Mike. My name is Gordon Levine. My pronouns are also he/him. I am white Jewish, and I am also a lead homeless services specialist with ICF.

Michael Thomas: All right. Thank you, Gordon. During this series we will provide guidance on best practices and strategies and stakeholder engagement for homeless services systems. And we will cover topics designed to help communities establish equitable effective homeless responses through meaningful collaboration, resource coordination, and efficient delivery. Today's session, Coordinating Homeless Services Resources, will focus on coordination of key resources to equitably provide safe, stable, permanent housing for people experiencing and at risk of homelessness.

Our agenda for today is that first we will talk about coordinating with non-federal resources. Then we'll talk about coordinating with healthcare. Then coordinating with public housing authorities. Then we will talk about landlord recruitment and engagement. Then we'll cover financing, acquisition, and operations support for supportive housing. And we will wrap up with time for Q&A at the end.

So moving into the content. First we will go over coordination with several categories of non-federal resources that can help build housing capacity in homeless services systems. So you can see on your slide there a number of sources. The first thing I want to point out is that there are a variety of non-federal resources out there to support housing and homelessness response. And they're available to varying degrees from community to community.

But what you see there on the screen is some of the main ones to consider. Some entities such as state and local government may have both federal and non-federal resources at their disposal. Our focus here today is on the non-federal portion of that, as a way to fully leverage and expand on what is offered through federal sources that they might have access to.

One resource I want to call out here specifically is housing developers. That encompasses a wide range of entities. But when you think about housing developers and increasing affordable housing stock, some of the main stakeholders to think about there in your system are public housing authorities, community action agencies, nonprofits, and any other agencies you might have locally that can participate in public/private partnerships to develop deeply affordable housing. And this is especially important in rural areas.

All of the other resources you see listed here can also be very valuable assets. And we're going to be touching on some of them more closely as we go through today's presentation.
Each type of non-federal resource brings certain benefits when engaged in your system. And here are some examples. State and local government programs may be able to fund activities that are not funded or covered sufficiently by federal resources. They can also provide access to government officials and decision makers. So you can gain access to people making decisions around benefits for your system by participating in these programs.

Faith-based communities can often provide resources such as volunteers, in-kind donations, financial support, and actual housing. And note that in many rural communities this will be the primary support network.

Foundations most often provide financial resources through grant programs that are mission driven and likely more flexible than government programs.

Local businesses can provide volunteers, in-kind resources, and financial support. And they may also provide participant referrals and physical space for delivering services, and potentially performing coordinated entry activities. In rural areas local businesses can play an important role in coordinated entry access when they provide space for performing those assessments. Because in a lot of rural areas those local businesses might be the primary source of space available for that type of thing.

Civic organizations such as Rotary Club, and Kiwanis, and many others, provide resources similar to local businesses. But they're usually more mission driven. But it's important to note that resource availability through them may differ from place to place. And they may have different levels of engagement depending on their priorities locally.

Behavioral health systems can be able to provide services directly to participants, which can be especially important for permanent supportive housing. They can also provide referrals, space, and access to coordinated entry assessments.

So here are some tips for coordinating with non-federal resources. First of all, remember that non-federal resources are really powerful tools that can help increase capacity for your system. And they can be implemented at the system level and at the individual provider and program level. Be sure to organize your resources strategically to ensure that they complement each other and that they don't cause unnecessary duplication.

So in other words, make sure to fully leverage federal resources and then use more flexible resources to fill in the gaps that those federal ones do not cover. Some of the critical system gaps that can be filled by non-federal resources include human capital in the form of volunteers. It can include donated items that federal dollars can't purchase. One example that comes to mind for me there is furniture for rapid rehousing units. And the potential to create CoC leaders through intentionally created pathways also exists when you're engaging with all of these different resources in your community.

That one is also especially important for rural areas. There may be fewer people, fewer agencies. So when you identify participants and then you create these intentional pathways to leadership, that can be an important thing there.
Unrestricted or minimally restricted funding can be used for more creative purposes that federal dollars won't generally cover, such as things like damage mitigation funds for landlords, expanded housing problem solving activities, and just general flexible spending pools that you can use to pay for one off expenses that program participants might have that will really benefit them in maintaining stable housing, but that you can't cover with more restricted dollars.

And then finally be sure to use data from HMIS and other sources. And when I say other sources, don't forget your financial data. So your budget information. So that you can inform the gaps that exist in your system and then identify where you have gaps that can benefit from non-federal support. And I will now turn the presentation over to Gordon.

Gordon Levine: All right. Thanks very much, Mike. I appreciate that. We're going to talk now about coordinating with healthcare, a topic near and dear to my heart. So healthcare, including substances abuse treatment and behavioral healthcare, and homeless services share common goals and values, including commitments to client centered care and increased equity.

And that's really the foundation of what we're going to be seeing in healthcare here today. Everything else is an extrapolation. Fundamentally there's a lot of overlap between what homeless services and the healthcare systems intend to do, who they serve, and the way in which they go about serving.

Spotlight on emergency department usage. Elevated emergency department usage is used as a marker of systemic problems in the healthcare system, such as poor access to non-emergency care and failure to prevent injury and illness. People experiencing and at risk of homelessness comprise only 0.17 percent of the US population. However, people experiencing and at risk of homelessness are 10.1 percent of emergency department users. So there are people experiencing homelessness and who are at risk of homelessness are overwhelmingly disproportionately likely to be users of emergency departments.

And in terms of emergency department visit frequency, in addition to goals and values, homeless services and healthcare systems, as I said, share clients. Emergency department visits are more than four times more -- emergency department visits, I apologize, are more than four times more frequent in homeless populations than in housed populations. And I want to make sure that I'm clear about what this chart is saying.

In a given population, annually, per 100 people, for all -- for the entire population of people who are not experiencing homelessness, you see 42 visits per 100 people in the all other people population. When you're talking about the people experiencing homelessness population, you see more than 200 visits per 100 people in the population.

Some essential considerations when coordinating with healthcare systems. Homeless services and healthcare systems have significant overlap, as I said. If possible those connections should happen at the systems level. And you need to be cognizant that both systems have well-established processes that they're going to be oriented toward, advocating for continuing or at least integrating in that new partnership.
So homeless services and healthcare systems have really significant incentives to collaborate. Homeless populations experience disproportionately high rates of illness and injury that result in complex housing barriers and an overreliance on emergency health services that are frequently strained and under resourced. And while it doesn't say this on the slide, I do think it's important to emphasize that those conditions have only been exacerbated by the Covid-19 pandemic.

Building system to system connections is often the most efficient and effective strategy. System leaders can help coordinate local implementation and help providers navigate those inter-system relationships. And the other thing to note there is that many things in both systems actually happen at the system level and trickle down to the community level and the provider level.

And so those system to system communications can often be a way of making things happen at those subsidiary levels, more quickly, more effectively, in a more uniform way, than if you were to reach out for example at the provider level to another provider. There's definitely a human touch element there and it's valuable. But those system to system connections are ultimately going to be more efficient if you can successfully pursue them.

As I said, each system has existing processes. And developing a mutual understanding and respect for how those processes can work together with minimal disruption is really critical to creating a new partnership. And that really goes both directions. And what I mean by that really explicitly is that healthcare systems need to get to understand how homeless services work at least a little bit, so that they can speak with knowledge and also understand where their processes overlap.

And the other way around. It's important for homeless services to genuinely understand how healthcare systems work. And when I say work, what I mean is what they can do, what they can't do, what they're willing to do, and what they might be [inaudible] to do. And those are often where these collaborations run into the rocks, as this process mismatches [ph].

Collaborations finally between health systems and homeless services will ultimately improve the health of people experiencing homelessness while reducing the cost and effort burdens on healthcare, both of which both systems want.

So some advantages in coordinating with healthcare. First of all, it allows each system to lean into its specialty. So if homeless services and healthcare have different focuses and specialties, but they share values. And collaboration allows homeless services to focus on safe, stable, permanent housing, while a strong partner in homeless provides critical health interventions outside that specialty.

It allows you to address unmet needs. Primary and preventative healthcare are two significant unmet needs in most homeless population, especially unsheltered homeless populations. And addressing those needs can eliminate those complex health-based housing barriers.

It allows you to early identify risk. Healthcare providers often have an early lens on the people who are at risk of homelessness, who might not otherwise contact homeless services. With a
partnership in place, healthcare services can connect people experiencing homelessness or at risk of homelessness with homelessness prevention and stabilization services, as well as general services for people experiencing literal homelessness, including domestic violence.

Connections leads to improved outreach. Emergency departments frequently serve people experiencing homelessness who are not in contact with homeless services. And those providers can identify members of a hard to reach outreach population and connect them with essentially services in the homeless services sphere.

This is a big one. Healthcare and homeless services connections, it really dramatically improve [inaudible] rural coverage. Healthcare providers exist in many rural areas that lack homeless services. These providers can be an incubator for homeless services by providing homeless -- first of all by providing homeless services directly and/or by establishing facility space for dedicated providers to set up, operate, and grow.

And I want to linger on this one just a little bit. I've worked in many communities that were rural or primarily rural, that simply did not have any homeless services providers. Or if they did, the homeless services provider was covering a multi-county area, with a lot of rural area, and not a lot of transportation budget. But there were healthcare providers basically everywhere. And they really did have a better reach in many areas than homeless services dedicated providers did.

Any time that our homeless services providers built a collaboration with a healthcare provider that was already rooted in the community, they were very likely to see a lot more success than if they started from scratch with a facility that they needed to lease on their own, or simply by just starting to conduct outreach, or building their own network.

Healthcare providers can really be a bridge to establishing operations both on the human level with other providers and with participants, but also on a facility and operational level. And that's just an incredible value that collaboration can offer to homeless services providers who are trying to operate in areas where there are simply more barriers due to the large [inaudible]

Finally, these collaborations lead to better outcomes for participants. Homeless services and healthcare should collaborate because that collaboration leads to better outcomes. For each systems participants, which incidentally means both systems participants with a significant [inaudible], particularly those that both systems are actively serving, like people who are receiving both active healthcare and who are actively in the process of trying [inaudible].

So this is a list of key partners in coordinating with healthcare. This is organized roughly from the top down, from sort of highest level down to on the ground service provider to service provider connection. So at the top really your statewide healthcare leaders, including your health departments and your Medicaid administrators.

Moving on down into your managed care organizations and your other organizations that finance healthcare at both the state and local levels, which includes insurers who can be really strong partners. And I at least in the communities that I worked in have had a lot of success partnering with those insurance organizations, which have a strong investment in keeping down costs. And
a way to do that is by providing increased services and increased acuity of services to people who are experiencing homelessness.

Below them or rather downstream from them you have general healthcare providers like primary care providers, emergency departments, and healthcare access points like pharmacies. This is one of those areas where we're really talking about two things. We've already talked a lot about coordinating with emergency departments.

But in terms of those primary care providers, this is really where you reach outside your homeless services system and have folks who are interested in providing those primary care and preventative services to people experiencing homelessness in a way that your homeless services system either can't or might not be able to fund.

And so an example of this, I worked in multiple communities that had relationships with healthcare providers, including dentistry providers, including primary care physicians, including behavioral healthcare providers. And the homeless services system reached out to the healthcare provider and said, hey, we have this unmet need, dentistry, primary care, behavioral health. Is there something you can do to help us [inaudible]

And the healthcare provider would consistently come back with like, yeah, we have a physician or a provider who would be willing to donate an afternoon, or an hour, or a few hours, every week, every couple of weeks, every month. You know, if you can set up transportation to our clinic, we'll provide the services for free.

Or in certain cases, and this was really I thought the most incredible model, homeless services providers with a little extra space, and I'm thinking specifically of emergency shelters as a frequent single [inaudible] provider, had space set up that was dedicated to the provision of healthcare. And so they had a relationship whereby a healthcare provider came by once a week and provided healthcare to anyone who was in the shelter or who had been connected to it via street outreach.

It was at no charge to the homeless services provider. It was no charge to the participants. It was an incredible program. And I've seen several of those. And so reaching out -- and this is going to be another theme that we hit on a few times -- just asking gets you a long way.

Downstream from that you're really talking about population specific healthcare providers such as Ryan White HIV/AIDS recipients, VAMCs, that's the Veterans Affairs Medical Centers, and Certified Community Behavioral Health Clinics, or CCBHCs. These are all direct services providers that have a specific chartered interest in serving a specific population. And so there is an obvious overlap between a homeless population that fits that need and healthcare provider that's trying to address health needs in the population.

Finally we have our healthcare providers that are dedicated to underserved populations such as Federally Qualified Health Centers or FQHCs, Rural Health Clinics or RHCs, and your tribally operated Indian health services units and facilities. And again, these are often entities that have specific chartered interest, not just in serving underserved populations, but in serving homeless
populations. FQHCs have always been one that my communities have partnered strongly with. Rural Health Clinics obviously [inaudible] rural areas. And tribally operated Indian health service units and facilities on tribal lands.

So those are really starting points. This is not a comprehensive list of all healthcare providers everywhere. But if your system is not currently working in partnership with healthcare entities, this is a great place to get started. And these folks will, if they're not the right people to connect in your community, redirect you to the folks you should be connecting.

Excuse me. So a note on potential challenges in coordinating with healthcare. First of all, data overprotection. Both homeless services and healthcare systems are protective of their clients' data. And rightly so. But one of the collaborative pillars is data sharing. It's one of the great advantages and it's one of the greatest needs. Both systems have to ultimately agree that the benefits justify the risks of systematic, goal-oriented, consent-based data sharing.

And so the elephant in the room really is HIPAA, which I know is a barrier that I think lives sort of rent free in many of our heads as homeless services provides. I'm going to talk a little bit more about HIPAA later. But what I want to prime you on right now is that that data overprotectiveness, while it's well-motivated, is not necessarily rooted in the letter of the law or the needs of your participants. More on that in a moment.

System unfamiliarity, as we said earlier, you have to learn each other's processes. Staff at all levels frequently have limited insight into their partner system's operations, including operational norms and constraints. And cross-system education is required both to identify and succeed in those collaborations.

Differences in goals. So safe stable permanent housing is a different and in some ways a narrower goal than establishing and maintaining health. And a successful system partnership will reconcile those goals by identifying areas of overlap and areas of disconnect, and then focusing on those areas of overlap, while allowing each system to address its areas of disconnect without trying to force a partnership [inaudible]

There's always a resistance to change. It's a systemic tendency to resist change. It's not specific to healthcare and homelessness. And overcoming that resistance to change is a necessary element of collaboration. Each of the systems in question can help the other by limiting adaptations, as in what each system needs to change, to what is necessary, not what is convenient, but what is necessary. And by empowering their internal champions for change to support the partnership.

And I'm going to linger for a moment on internal champions for change. There's a sense, and it's potentially a sense that you may have got from what we're saying about making system to system connections, there's a sense that this is what's -- this is something that happens at the leadership level. And it isn't always. And your champions for change, in my experience, are just as frequently line staff or project managers, as they are your CEOs, your executive directors, your C suite folks.
And recognizing those champions for change who want to do what they're doing, but also want to see some level of improvement. And uplifting their voices can be an incredible way to ensure that that system change happens. Finding the people who are passionate about that and then letting them run is a great way to make a lot of change very quickly.

At the same time trust requires time. The system partnerships exist because systems are only experts in their area of specialty. Both homeless services and healthcare systems have to learn to trust their partner's expertise and decision making, especially within their own areas of expertise, which requires time, patience, but also curiosity and openness to the partner's way of doing things.

Finally, exhaustion. And this again is a Covid-19 thing. It's also just a staff turnover, and sort of secondary trauma, and the challenge of the work [inaudible]. At every level both systems are suffering from exhaustion that is caused or exacerbated by the Covid-19 pandemic. The first hurdle and the final hurdle to collaboration is finding and sustaining motivation on both sides that goes beyond the exhaustion that staff at all levels will feel, and recognizes that collaboration is a way of finding new energy and overcoming those feelings.

So data sharing. Special note on this. One of the most compelling reasons to collaborate with healthcare is data sharing. And I'm talking specifically about data sharing between healthcare service systems data which lives primarily in HMIS, and healthcare data which lives in the many systems that healthcare systems at the state and local levels use.

Matched data sets can have powerful impacts, including helping identify people experiencing homelessness, connecting people with essential healthcare services in a way that is either automated or much easier than it would be if it was based on self-reports or diligent case management, and creating a critical lens on the need and vulnerability for housing services and triage purposes.

So I think we as homeless services providers nationally are in the middle of really taking a close look at how we prioritize and triage people. And one of the questions that we are always asking is what does need and vulnerability look like, particularly in the medical context. This is a way of answering that question.

If you hear nothing else from this healthcare piece, I want you to hear this. Instead of seeing HIPAA, HMIS, and other data privacy protections as barriers to data sharing, look at them instead as a way to create a framework for safe and effective data collaboration. And I'm going to say that again. Instead of looking at HIPAA, and HMIS, and all of the many data protections as a barrier, look at them as a framework for how you can move forward.

There's a great homelessness and healthcare data sharing tool kit on the HUD Exchange. It's linked on this slide. When these materials become available, I encourage you to follow the link. If not, you could Google it. It's right there. And it's got a lot of information about how to do this. And I want to share an anecdote on this subject that's relevant I think in a lot of different ways.
During the first year of the Covid-19 pandemic, I worked at the state level. And one of the things that we tried to get a handle on was the level of Covid-19 vaccination in the homeless community. And initially we collected Covid-19 data both on infections and vaccinations in HMIS. But that data was pretty spotty. It was based on self-reports and its accuracy really declined outside single site settings like emergency shelters.

So in the state I was working in, the statewide health department is, was, incredible. It's well-resources. Its staff were dedicated. And top to bottom it has a genuine [inaudible] improving the health and the lives of its citizens. So what we eventually ended up saying was, well, you know, we need this data, and the data that we're producing internally isn't really cutting it. So why not just reach out to them and ask if we could put together a data matching plan between HMIS, to identify people experiencing homelessness, and our health department's data on Covid-19 vaccinations.

My thing was, I was really worried they were going to slam the door in our face. Everybody was. Because HIPAA, right? We're trained and prepped as homeless services providers to see HIPAA as a barrier. But we connected quickly and easily with their leadership layer. And their leadership was receptive to and almost immediately on board with what we were proposing.

And it turned out that in the end the real hurdle we had to clear wasn't convincing the partner to say yes. It was getting our own HMIS ducks in a row, to provide automated data in a way that our health department could use. All of which is to say, if you start from a position of seeing your health partners as partners, you might easily be surprised at how far you can get. And frankly it can help if you get your HMIS ducks in a row first.

There's a question popping off in the chat. A couple of people are saying we can't click the links on the slide. Is there a way to put the links in the chat. Our very kind host is putting some of those materials in there now. I'd also like to remind everyone that these materials will be available after this presentation and distributed through normal channels. So please do look out for that.

Special note, critical points of coordination. Case conferencing, meaning regular meetings with stakeholders from each system to identify highly vulnerable people and high healthcare resource users, and connecting them to a partner system to reduce vulnerability and resource use, is really sort of at the heart of what we're talking about outside of the data matching. It's identifying folks in need and making sure that they're paired up with the right resources.

Discharge planning is another great one. Discharge planning from hospitals, behavioral health institutions, and jails and prisons, should begin at admission. And incorporate housing and homeless services for all people at risk of or experiencing homelessness.

And I will say, a community that I worked with had a little success when they funded a coordinated entry staff person who was full time working with the local hospital system, and specifically its emergency departments, to do that kind of case planning. And also to do some level of education of hospital staff, etc. So there are ways of approaching that from the homeless services side, as well as simply putting that burden on your healthcare systems to improve.
Service deduplication. Homeless systems should identify services that can be funded with Medicaid and work with healthcare systems to create opportunities for and connections to those services, rather than paying for them with I should say other federal dollars. And what I'm really talking about is identify opportunities for Medicaid and other alternative funding sources to pick up the tab on healthcare services, rather than looking to our core homeless services, federal resources like the [inaudible] program and ESG. Look there last rather than first.

These really aren't the only critical points of collaboration. We've already discussed some of the others like data collection and sharing, while others are really beyond the scope of this presentation. We really encourage you all to connect with the National Health Care for the Homeless Council for more information about best practices and technical assistance. And here again at the bottom is a link to the toolkit on the HUD Exchange that contains the resources that we're talking about and informed a lot of these slides.

I hit on this at the beginning. I'm going to say it again. Homeless services and healthcare have a great deal to gain from coordinating, including benefits for both systems, all of their providers, and most importantly for the participants that they share.

So let's talk about coordinating with public housing authorities. Public housing authorities are the largest suppliers of housing subsidies in the country. And it's not even close. This one was -- in doing research for this presentation, I knew that this was true. I did not recognize the scale of this. In other sort of more intimate settings, I would be inclined to ask you all how much larger do you think the public housing authority supply of housing is than that provided by the core homeless services resources. And I would expect the answer would be an undershot because mine certainly was.

Public housing authority funding. Between public housing and the Housing Choice Voucher program, the so-called Section 8, public housing authorities are responsible for operating and funding somewhere in the neighborhood of 3.3 million annual units of permanent housing. By comparison, the CoC program funds permanent housing for fewer than 400,000 households, which is not to underplay the importance or downplay the importance of the CoC program. It's critically important. A lot of those permanent housing units are PSH. They're incredibly valuable and necessary.

It's not to downplay them. But you all are the audience that understands the value of the CoC program. This is instead to up play the incredible collaborative benefits of working with your public housing authorities because they have so much housing available.

So in terms of the housing choice vouchers, the housing choice voucher program, again we're talking about Section 8, is divided between general vouchers and special purpose vouchers. But regardless whether a voucher is general or special purpose, it's pretty likely that it can serve at least one subpopulation of people experiencing homelessness.

HCV constitutes more than 2.3 million vouchers -- sorry, general housing choice vouchers constitute more than 2.3 million vouchers, which represents approximately 70 percent of the
housing choice voucher program. And those general vouchers can serve people experiencing homelessness.

A quick spotlight on some special purpose housing choice vouchers. These are not the only special purpose housing choice vouchers operated by PHAs, public housing authorities. This is just a selection that we think might be most relevant to you. 30 percent of the HCV program's vouchers fall within one of the several special purpose sub-programs, which includes more than 100,000 HUD-VASH vouchers that are dedicated to serving veterans experiencing homelessness.

And 70,000 are emergency housing vouchers that are dedicated to people experiencing homelessness under an array of definitions which includes literal homelessness, at risk of homelessness, fleeing domestic violence, and a category that's specific to emergency housing vouchers which is people who were recently served by -- I'm trying to make sure that I get this right -- recently being served by a program for people experiencing homelessness, who are at risk of housing instability or returning to homelessness, and for whom an emergency housing voucher could prevent that risk of homelessness.

There are other vouchers listed out here, non-elderly disabled vouchers, family unification program vouchers, we've also heard [inaudible] vouchers, mainstream vouchers. There are a lot of other programs out there. Your best option is to connect with your public housing authority and see what they have available.

And I do want to linger for just a moment on the emergency housing vouchers. They're new on the scene, relatively, new-ish, and still in play in terms of both lease up and re-lease. If you've not connected with the public housing authorities operating in your area around your emergency housing voucher options, I strongly encourage you to do so, both because there are requirements for CoC [inaudible] coordination built into the emergency housing voucher program, but also because they are an incredible resource.

General characteristics of public housing. And this again, I'm going to say just up front, these are general characteristics. There are more characteristics not listed here. And public housing authorities have some discretion in setting additional characteristics that are specific and local to them. So take this as not the last word, but the first word.

Subpopulation requirements are households whose head of household, spouse, or sole member is aged 62 plus, or living with a disability. Public housing authorities, as I said, have significant discretion in defining additional qualifying households that have two or more members. And which could include, for example, households experiencing homelessness.

Income limits, households are limited to 80 percent or 50 percent the area median income. Those income limits can differ by public housing authority and by unit depending on lease up rates and local policies. And what that really means is that public housing authorities are limited to the number of units that they can supply at the 80 percent level, but not at the 50 percent level, to the best of my understanding.
Finally, rent and occupancy charges is really the greater of 30 percent the adjusted monthly income, 10 percent of income, or the welfare rent [inaudible], which is a calculation I think many of you are probably familiar with.

Public housing represents more than a million units nationally. And while HUD has certain requirements related to household eligibility and public housing authorities have significant discretion in further structuring their eligibility criteria, many households experiencing homelessness should, probably are, eligible for most public housing units.

Even if a formal collaboration with the public housing authority does not exist, people experiencing homelessness should as a best practice at the system level and the provider level be referred to public housing, as it represents an important opportunity to achieve safe and stable permanent housing via rental subsidies.

So general characteristics of housing vouchers. Subpopulation requirements. General vouchers have no subpopulation requirements. Love it. Special purpose vouchers such as HUD-VASH are restricted to special populations. Though some of them, as I said, HUD-VASH and emergency housing vouchers, their subpopulations are explicitly people experiencing homelessness, in addition to for example HUD-VASH [inaudible].

Income limits. The majority are restricted to 30 percent AMI. Some are available up to 50 percent AMI. Again this is about latitude for the number of vouchers that can go up to the 50 percent level. Special purpose vouchers may have slightly different rules. And public housing authorities have discretion to limit higher income limit vouchers.

Finally, rent and occupancy charges. At intake it cannot -- rent or occupancy charges cannot exceed 40 percent of the participant's monthly adjusted income. Public housing authorities do however have significant discretion in setting lower rent and occupancy charge requirements, and frankly they frequently settle on 30 percent rather than 40 percent.

Housing choice vouchers, as we've said, are the single largest source of federally funded rental assistance in the country. Almost all households experiencing homelessness should be eligible for at least one kind of housing choice voucher, including the HUD-VASH program which serves vets experiencing homelessness, and the emergency housing voucher program which can serve an array of people experiencing homelessness under an array of definitions which are listed in front of you.

Connecting people experiencing homelessness to housing choice vouchers should be a priority, especially the special vouchers that are dedicated to people experiencing homelessness, as they represent an important opportunity to serve people experiencing homelessness.

Quick shout out to the move on strategies with public housing authorities. So public housing authorities are a critical partner in any system's move on strategies. Public housing and housing choice voucher units could be a powerful tool to generate system movement, by creating housing opportunities for permanent supportive housing or PSH participants who can live independently without the acute services that PSH provides.
There's a great primer on moving on strategies on the HUD Exchange. Again, links on the slide. I'm hoping someone will drop it in the chat for you all. But it will become available. You can also just Google it. It's right there. A side note that the CoC program does fund more than 230,000 units of PSH. And at any given time many people who are living in PSH could transition to safe, stable, and self-sufficient housing in public housing or a housing choice voucher unit.

I'm going to linger on this one again for a moment. Move on is an incredibly powerful tool for creating system movement. And system movement really means right sizing your housing vouchers to ensure that a participant is receiving exactly the level of services that they need to be safe, stable, and self-sufficient, but not more than they need.

And so when we talk about that, particularly in context of CoC program funded PSH, and public housing authority housing choice vouchers for public housing, what we're really talking about is the difference between a household who initially needed the acute services available in PSH, which is not just housing, but also case management, and supportive services, and behavioral health linkages, and so on, versus someone who's been in PSH and addressed many of those barriers, and could be self-sufficient, stable, and equally as well housed, without all of the important and necessary bells and whistles that PSH has.

And so looking to your public housing authorities as a primary provider of housing subsidies that provide the housing element, but not the everything else, not the wraparound services, is a great way of freeing up those critical PSH beds. Because we all know that there isn't enough PSH to go around. And every PSH bed you fill up is almost certainly a person or household with a very high need in your community, that can move from homelessness into housing. And when put that way, my experience has been the public housing authorities are open to that explanation, that pitch, and that connection.

Some similarities and differences between healthcare systems and public housing authorities. Because really what we're talking about is coordinating with systems that are outside our immediate catchment, but that have an interest in working with us, or should have an interest in working with us.

Metric-driven programming. So both systems are metric-driven. For public housing authorities the primary metrics are spend down and units leased, often with specific income brackets or subpopulations.

Participant overlap. There is significant participant overlap between homeless services and public housing authorities. As with healthcare systems, the difference is that public housing authorities are not exclusively focused on homelessness. They are focused on housing. And so when approaching public housing authorities, the pitch is again what are our commonalities, can we focus on those. What are our differences, let's try not to focus on those.

Finally, there's a shared housing focus. Unlike healthcare systems, both homeless services systems and public housing authorities are ultimately about housing. This can be the foundation
of an intuitive and mutually beneficial partnership if you can move past what we described during the healthcare section, which was making sure that your processes play well together. And making sure that they can mesh with each other with a minimum of adaptation to make it work.

Homeless services systems share many things in common with public housing authorities. In addition to common values and goals, they have overlapping knowledge and specialties, and they frequently engage with their shared participant populations in similar ways. From a homeless services perspective, one of the most important differences is that healthcare systems provide complementary services, which are a critical component in achieving safe and stable permanent housing, while public housing authorities provide foundational services. Both directly and indirectly, public housing authorities are permanent housing providers.

Public housing authorities and homeless services providers each directly provide something that the other needs to meet its underlying goals. I'm going to say this again because the foundational object for building a collaboration, starting, building, and maintaining a collaboration between homeless services and public housing authorities. Both systems directly provide something that the other system needs.

Essential considerations in coordinating with public housing authorities. As I said, each entity can fulfill a core need for their partner. And the collaborations must move beyond existing processes to find success. Homeless services systems and public housing authorities each meet one of the other's needs. Public housing authorities offer both affordable housing and housing subsidies, while homeless services providers -- I'm sorry, homeless services system participants are usually eligible to lease units and use vouchers from public housing authorities.

Which means homeless services systems that need housing can go to housing authorities and get that housing. While housing authorities that need to meet lease up and spend down goals have a ready participant population that is eager to say yes, and that has built in case management in many cases to make a rapid connection from the homeless services side.

One of the main challenges to collaboration is reconciling each entity's processes. And you know, this is just real talk, public housing authority prioritization is frequently first come, first served. While homeless services prioritization is frequently more flexible and needs-based. And neither system really likes or understands in many cases the way the other partner does prioritization.

And that's a function of historic -- that's historical, it's a function of inertia, it's a function of believing that one way is better than the other, it's a believing that our way is better than the other, and it's about resource limitation, it's about all of those things. And it's about recognizing and fundamentally reconciling to working outside those processes, to meet each other's needs. Even if it's not a full scale revitalization.

And I will share, from my experience, that I really went into my first engagement with a PHA saying, like, you know, this first come, first served thing, it's not helping people in the way that I would like to see people helped. And could you change the way that you are managing your
entire waiting list process? And I got nowhere with that. Because it was a huge ask. Adapt your entire process because I think my process is better, so that we can do something for a specific subpopulation. It's a totally unreasonable ask that got nowhere.

What was successful is saying, look, this is how you handle 100 percent of your cases currently. Could you instead create a carve out, or a pilot, or a demonstration, to handle a subsection of people. For example, people who are exiting permanent supportive housing. Just for that. And you know, keep your waiting list. And don't change your entire system. Just think about it a little differently for this subsection.

And we found success ultimately in advancing that argument. And it can be as simple as like when we have a move on participant, I can give you a call, and if you happen to have a unit that's coming up available in the next month that would be appropriate for that participant, jump our person to the top of the line. They're already on your prioritization. They're already in your consolidated plan. Just jump them to the top of the list.

And that's a really lightweight ask that fills units quickly for the housing authority and doesn't disrupt their process. That's one of many different ways that it can be approached. But it was successful in at least one of the communities that I worked with. And you might try it on your own.

There is another link at the bottom of this slide to a resource on the HUD Exchange PHA 101, that has a lot of great advice about connecting with PHAs. Again, these materials will be available later. And I can see that my co-presenter has dropped a link to that in the chat. Thanks very much, Mike. I encourage you to review it. It's got a lot of great information.

So finally some steps toward success for coordinating with public housing authorities. First focus on meeting needs. To avoid getting bogged down on processes like the thing that I just talked about, that I did, that nobody else should ever do, focus on the key overlap. Homeless services need housing and public housing authorities need eligible participants. And each can fulfill for the other.

Next you're going to start small. Instead of trying to convince a public housing authority to accept all referrals through coordinated entry, or create an absolute preference for homelessness, instead as I said, try a pilot, 5 or 10 referrals between the systems to identify what works and what needs work.

Leverage those past successes. Many public housing authorities at this point have experience administering EHV's and HUD-VASH, emergency housing vouchers and HUD-VASH vouchers. Those positive experiences can be used as a model. And negative experiences on the same token can be used as a foundation for building a better collaboration. Ultimately that experience can be leveraged into a way to build a way forward.

Identify your priorities. Homeless services systems can help grow that partnership by identifying and triaging their priorities. For example, using public housing authorities units as move on options for CoC program funded PSH as a common and easy to engage priority. I know that I'm
harping on it, but it is an incredibly valuable first step, both because it is relatively lightweight and because it provides such a disproportionately large advantage.

Measure your outcomes. Part of collaboration is demonstrating success. At some point somebody is going to say, is this actually working? And you need to prove that this is working if we're going to take the next step or even if we're going to continue doing what we're doing. By measuring your outcomes, homeless services systems can demonstrate whenever possible that serving people experiencing homelessness offers concrete benefits for the public housing authorities' outcome metrics.

We've sold your units for you. We helped you with your spending. It happens quickly and easily. And we are always there when you pick up the phone. Those are the metrics. And human [inaudible] that public housing authorities from a systems perspective and an operational perspective will often care about most.

Finally there are advanced models for this. Housing choice vouchers can be braided with homeless services funding to take advantage of each partner's strengths. This is really a once trust is established thing, but those advanced models can have significant benefits for both partners. And one of the things that I'm thinking of or what I want to put in front of you is that you can make a PSH [inaudible] with CoC program dollars and permanent housing, housing choice -- or permanent housing authority, housing choice vouchers.

Sometimes this is called braiding. Sometimes this is called layering. But ultimately what we're talking about is using CoC program dollars to provide the supportive services and the wraparound services. And using PHA commitments for a certain number of units, either single site or scattered site, to provide the housing.

And what you've arrived at is a PSH program. But you're funding the housing one way and the supportive services in a different way. It helps conserve CoC program dollars and it builds a partnership that's difficult to undo with PHAs. So it ensures that those units are available for people experiencing chronic homelessness when and as needed. Which I believe takes us to landlord recruitment and engagement. Back over to Mike.

Michael Thomas: Thank you, Gordon. I do want to note that there are a lot of great questions coming in. And if I have deferred your question, it is because I think it is more conducive to the Q&A session than through a written response. So just be aware that I'm going to try to get us through to the end so we can discuss some of those. But there are good questions coming in. So thanks for those.

So moving into landlord recruitment and engagement. So we might not often think of landlords as traditional resources in the system. But landlords are in fact critical resources. And they must be engaged effectively in homeless services systems.

So strong landlord recruitment and engagement practices are essential to increased housing access for people experiencing homelessness. For rental assistance programs, which are the basis
of permanent housing for so many of our program participants, landlords are the gatekeepers, they're the de facto gatekeepers to affordable housing stock.

So in homeless services, dedicated landlord recruitment efforts are not often seen as particularly appealing. Because there's an impression that doing that type of activity takes away from the more social work oriented helping aspect of what we do. However, since rental housing is where the vast majority of participants will live, with or without a subsidy, a concerted and deliberate landlord recruitment strategy is absolutely essential.

So as with all of our efforts, we want to lead with equity here. Solicit feedback from people with lived experience and expertise of homelessness. Consider the feedback when recruiting landlords and employ tools such as translation services and things of that nature as part of your process. Use the data you have to identify gaps. Consider things such as current landlord engagements, unit inventories, relationships with property managers, developers, and financiers.

Use public data from things like consolidated plans to prioritize your strategy, to address gaps in unit size, unit type, unit location, and any site specific needs that you might have. This will help identify high value landlords that you can prioritize to approach as part of your engagement efforts.

So the main point is that landlord engagement is a strategic process. You have to understand what assets exist, where they are based on your data, and then use that knowledge to build out a strategic plan for landlord engagement.

Here are some tips to consider when designing your strategy and approaching landlords. First, and this is an important one, I know it's easier said than done, but hire dedicated landlord engagement staff. The structure for this looks different based on the size of the CoC and the type of geography. But in any case, dedicated staff will be able to pursue the landlord engagement strategy as their primary responsibility.

Make sure to build peace of mind with landlords. They should have contact information for a go to person that can help them resolve challenges or conflicts that they might have. You might also consider offering tenancy readiness training to prospective tenants. That can also help with this aspect of engagement. It's important to note here that this is something you want to offer. Not every participant will choose to participate. But it is not unreasonable to communicate that when you participate in this type of tenancy readiness training, it often opens the door to more landlords who would be willing to accept that placement.

Establishing a risk mitigation fund can help assuage landlord fears related to property damage. These funds usually cover damages that go beyond what the security deposit would cover. But they can also cover things like eviction fees and loss rent due to eviction. The reality is that these funding pools are usually not very big. And they're not very heavily utilized. But they are a great safety net for tenants and landlords alike. And it's beneficial to have one because then you can use it as a marketing tool to landlords as well.
Create a landlord registry that will allow landlords to list units. And then staff and participants can find those units. And there's a number of technical solutions out there for this. But just be aware there are a lot of options on how you can make that happen. And it is a good tool.

And then finally on this slide, recruit continuously. Landlord engagement is never done. It's not something that you do like a project and then finish. It's an ongoing process and involves both recruitment and retention of partner landlords.

Some areas have historically had more difficulty engaging landlords for their systems. So here are some tips for those areas. This is a really big one. Employ housing staff with a deep real estate expertise. So we talked on the last slide about having dedicated landlord engagement staff. In areas where this is a more difficult process, it helps if those staff have really deep knowledge of the real estate and rental markets.

And you may even consider either hiring or using services from agents and brokers if they have a significant role in the rental market in your community. That looks different from place to place. But they can be really valuable assets. Dedicate resources to marketing. Your message should focus on landlord benefits. And it should be provided in a way that will effectively reach landlords.

Be a reliable partner to retain existing landlords. And really importantly here, do not let your organization's financial practices get in the way of making timely rent payments. I have seen that before. And that's a big deal. So if it's a cumbersome process for your organization to cut checks, and that results in rent payments being late often, you will likely not retain that landlord as a partner. So it's something to consider. And then always be responsive to landlord needs and requests.

If you do have a risk or damage mitigation fund, definitely use that as a marketing tool. You know, when you are recruiting landlords and you tell them, hey, we have some flexible funding that can help cover these expenses, should you have them? That goes a long way in a lot of cases. And also consider along those lines using landlord incentives if you have funding for that available.

And enlist partners such as elected officials, community leaders, civic organizations, and faith based partners. There will be overlap there with landlords. All of those categories I just mentioned, there will probably be people in there who either are landlords or have really direct connections to landlords. So engaging with them can also go a long way.

So tips for working with landlords. And I apologize if I'm looking to the side here. I'm using my slide for this one. So establish a landlord advisory group. So a formal landlord advisory group is an excellent way to become familiar with landlords and introduce them to your program. And it's a good venue to discuss their concerns, take feedback, and get them involved.

Attend meetings of your local landlord organization. Not every community will have this, but many will. So if your community has a landlord or property management association, inquire about their meetings. And then ask if you can go and do a very brief presentation about your
program. Let them know what you're doing, what your needs are. And that can get them engaged.

Target medium sized landlords. So we're talking here about landlords with few units. And that's typically you want to be around the neighborhood of one to four units. They may be more risk averse than landlords with more units. So we're thinking here about like your mom and pop landlords, as opposed to units that are managed by large property management companies. They will probably have more flexibility. And they'll be able to help you address turnover more effectively than a large property management company might.

Divide and conquer. So if you're in a large geographic area, thinking about the balance of state CoCs here that I have so many thoughts for. Divide up the geography. And have one staff member working on landlord engagement. Consider assigning staff to specific geographies to create consistent relationships.

Prepare your clients appropriately. So this means ensuring that clients are property prepared to work with case management staff to address their barriers to housing and then to maintain housing. And this can include things like life skills and rent readiness preparation training, as we discussed a little earlier.

Think like a sales person. Emphasize the benefits landlords receive from partnering with your program. And discuss how your program mitigates risks with a tenant. And appeal to their human emotional side. Those are all really important parts of the sales process, if you will, as you're recruiting landlords.

When we say talk about benefits, another really big one to discuss with landlords is the fact that you are getting this funding to put people in housing and pay that rental assistance. So it is kind of a guaranteed payment from you on behalf of the participant. So it can be a stable funding stream for them.

Be honest. Be clear about whom you are housing. But emphasize that your clients are working really hard to change their situations. And that your program supports that growth and development. And then encourage clients to demonstrate their progress by being a responsible tenant. So you're creating that positive relationship there between your participant and the landlord as well. So it's not just about your relationship with the landlord. It's about building that with your participant who's in that unit.

Be strategic about your placements. Consider placing higher risk clients with landlords who have fewer units. Because that mitigates the risk of losing access to large numbers of units if problems arise. You can also consider strategic use of mission driven landlords and unit conferencing strategies.

So if you have smaller landlords that are providing you units, and you know that the landlord is mission driven, like they're part of a civic organization or part of a faith community and that's their driver for doing this, they'll be more likely to work with you on higher risk tenants than a larger property management company might be. And then when we talk about unit
conferencing, bringing landlords and bringing your stakeholders together in determining the best placement for higher risk clients, with the understanding that client choice also has to play a really important role in that process.

Remain neutral. So if problems arise between your client and the landlord, you want to remain neutral and work to resolve the problem efficiently and effectively, in a way that is best for both. Because if you don't remain neutral, you have to understand the risk that you're running with the relationship, either with your client or with the landlord, depending on what happens in that situation.

And finally, practice patience. Relationships take time. And they have to be nurtured. Even if the landlord is initially interested in -- if the landlord is not initially interested in partnering -- I apologize, my slide has an error there. So if the landlord isn't initially interested, you can keep asking. You can keep talking to them. You can keep trying to build that relationship. You can use other landlords as references. And continue to interact and consider the current housing market. So as housing market changes occur, that might drive landlords who didn't initially want to participate to be more willing to participate. So market conditions play a role there as well.

So here are some considerations for rural areas and for tribal nations. For rural areas, strategies for rural areas are likely to look really similar to the ones that we discussed earlier, especially the ones we talked about for low landlord recruitment areas. But in rural areas those strategies will need to be adjusted for limited housing stock and fewer local resources.

Coordination with local stakeholders that have housing market knowledge is critical to identifying potential landlords in rural areas where you're likely to have fewer landlords in the market.

Low vacancy rates, so when there are low vacancy rates in the market, that means that maintaining landlord relationships, even when they don't have open units, is very important. This is that ongoing landlord recruitment and engagement. So if you maintain that relationship when there are no vacancies, then when a unit becomes vacant, that landlord should think of you and consider you for that vacancy.

Public housing authorities, and especially your statewide public housing authorities, local newspapers, and online ads, can be resources to identify landlords in rural areas. Really the key thing here is that in rural areas landlords might advertise their vacancies through lower key methods than in urban areas. So it can be some of the things I just said. It can also just be networking through the various different communities we talked about.

Considerations for tribal nations. Tribal nations are likely to face similar issues as rural areas because there is a lot of intersection between tribal nation geography and rural areas. Projects working with tribal nations must ensure that all activities are viewed through a lens of cultural awareness. And this also applies to landlord engagement activities. Employ members of the tribal nation as landlord engagement staff. And then consult with tribally designated housing entities to help identify landlords when working with tribal nations.
Okay. So now we're going to shift over to talk about how to support activities for supportive housing. Because we know that can be a resource intensive housing solution. Resources for financing, acquiring, and operating supportive housing are necessary to increase housing presence and access for the most vulnerable.

So first it's important to understand the three main types of supportive housing models, as they each can have different resource needs. We'll identify some of those needs on this slide. But don't worry if you're unfamiliar with some of the terminology that I'm about to use. Because we will define those resource types in a couple of slides.

So single site projects are usually a building with the majority of units dedicated to supportive housing. They usually have services delivered on site. And these types of projects require capital, operating, and services funding. And again, I'm going to define those three terms in a couple of slides. So don't worry if you don't know the terminology immediately.

Integrated projects are mixed income, mixed tenancy models, that join supportive housing with affordable units in a single property. Services are usually delivered on site, but sometimes they might be off set as well depending on the services. These projects require capital, operating, and services funding as well.

And then scattered site projects are usually comprised of units rented in the private market and at the market rate. And the rent is usually paid via a rental support funding source such as vouchers. Services are delivered both in unit and off site in community based settings. And for these projects, resources required include operating and services funding, but not capital funding, because you're utilizing existing housing stock.

Key sources of funding for supportive housing projects are typically going to be government funding, private corporations and financial institutions, so we're thinking loans and things like that, and then philanthropy. And when I say philanthropy here, that's a broad umbrella that covers a number of stakeholders that we've talked about, such as civic organizations, foundations, faith communities, etc.

Okay. So let's define what each -- or define each resource type that we've discussed and some sources. Capital costs are those to acquire, build, or rehabilitate units. And they include building and acquisition costs, architectural fees, financing fees, and project management costs. And the sources for those you see listed here. There's quite a few.

So the Low Income Housing Tax Credit program; National, State, and Local Housing Trust Funds; the Home Investment Partnership Program; CDBG, Community Development Block Grant; Pay for Success and Social Impact Bonds; Section 811 Supportive Housing for Persons with Disabilities; Federal Home Loan; Financial Institutions; Hospital and Health System Investment; and New Market Tax Credit; are all things that can be considered for capital costs.

Operating costs include those associated with general operations of a property. Those include things such as property management, staffing, utilities, maintenance, insurance, and taxes. Some sources for those are federal rental assistance vouchers; general federal resources like the CoC
program, although that's not terribly frequent in this case; USDA multi-family housing rental assistance; the HOPWA, Housing Opportunities for Persons with AIDS program; the HOME-ARP program, so that's the HOME program but specifically through the American Rescue Plan funding stream.

So the HOME program specifically through the American Rescue Plan will fund operating expenses. The regular HOME program only does so in very, very limited circumstances and for specific types of organizations. So we didn't list it here. Section 8(bb) transfers, state housing vouchers, flexible housing pools, and capitalized operating reserves, are all potential ways to pay operating costs.

And then services. So those costs are the ones for direct services such as behavioral healthcare and case management, as well as those associated with tenancy support, life skills training, and job training. And some sources to consider for those are Medicaid; general federal resources like the Continuum of Care and Emergency Solutions Grants programs.

There are also a number of subpopulation specific federal resources like Supportive Services for Veteran Families; Runaway and Homeless Youth program; the PATH program; the HOPWA program that we just discussed; Ryan White program; and VAWA funded programs, so Violence Against Women Act. The Department of Health and Human Services has a number of programs that you can investigate for these; Department of Justice programs; and then state and local services programs. So those might be general or subpopulation specific, depending on how the state or local government has set it up.

These sources are not all inclusive. There are certainly many more available that are going to be more specific locally. So research is the key, just finding out what is available locally and how to access it. And then subpopulation specific funds, we talked about some of them here. They typically will serve subpopulations like veterans, youth, people fleeing domestic violence, people living with HIV/AIDS, people with disabilities, and potentially others as well.

So here are some special considerations when considering funding for supportive housing projects. There is no single source for funding these projects. Most programs rely on funding from multiple sources. And weaving multiple funding streams together to meet overall program needs is known as parading funding. Or as Gordon mentioned earlier, sometimes it's called layering funding.

When doing this, it is important to track operating procedures and other requirements set by all of the funding sources to make sure that you're meeting all of those requirements. And that's why it's a complex strategy. When you braid funding, you have to make sure you're meeting the requirements of every funding source involved.

Supporting housing requires multiple partners, including developers, service providers, and property managers. And coordination between all stakeholders is a key element to success. When they coordinate, they can define shared goals, create action plans, coordinate procedures, and hold each other accountable.
When you're engaging stakeholders to resource supportive housing, be sure to confront community opposition early by directly addressing common concerns, including the not in my backyard mentality, which is not uncommon when developing supportive housing. Engaging community stakeholders should include people with lived experience and expertise of homelessness. This process should begin early and be undertaken through formal methods like listening sessions, town halls, etc. And it can be informal methods as well, so private meetings and networking.

So let's wrap up with some strategic considerations around acquiring units for supportive housing projects. Be creative with unit development. Hotel, motel conversion is a useful strategy that a lot of communities are using more often now. But many communities have moved beyond that with other innovative partnerships that preserve existing housing stock or develop new housing stock to increase unit availability. So know what funding you have for that sort of thing and be creative.

Maximize federal resources. So use one time resources such as CARES Act funding, things like the HOME-ARP program, to create a springboard to longer term affordable housing development pipelines. Maximize local resources such as local government funding, foundation funding, and private funding. Use these resources to fill gaps and consider how to pair them strategically with federal resources.

Lead with equity. Uplift the voices of persons with lived experience and expertise. And meaningfully include them in all aspects of project planning, project design, and implementation. Among other benefits this will ensure that unit locations and configurations effectively meet the needs of the local population experiencing homelessness.

Collaborate by combining cross-sector planning and public-private partnerships with equitable and inclusive practices. And focus on community specific data to drive decisions and communicate priorities. And that concludes our content. So I am going to wrap up the content. And we will move over to the Q&A session.

Gordon Levine: All right. Welcome to Q&A. Mike, I know that you were looking through the Q&A and ID'd some things that you wanted to uplift for discussion. Do you want to pull one of those out? And while I say that, I would also note, it's not too late to get your Q&As in. So if you've got something, please do drop it in there.

Michael Thomas: Yeah. I want to go back to the top and just start going down the list. I know I deferred a couple for the end. So I did not have an example for this, but I wanted to see if you do, Gordon. So a question we got early on was, do you have any good examples of flood related response for people experiencing homelessness. So like natural disasters, specifically floods. Do you have any good examples on coordinating resources around that?

Gordon Levine: Yeah. Unfortunately I do. Those of you -- some of you know me, others don't. I lived in and have worked in the state of Louisiana for several years. And of course we have an unfortunately large amount of experience with hurricanes. And one of the primary damage [inaudible] hurricanes is flooding.
You know, for what we're talking -- for when we're talking about sort of large scale disasters, putting to the side for the moment like getting FEMA involved and talking about is FEMA resources available for temporary permanent housing, and putting aside like emergency sheltering options through Red Cross and other sort of immediate on the ground responders.

Putting all of that to the side, you know, in terms of flood related unhoused response, I think what I'll say is that the best technique that we've got in Louisiana or that I've seen most frequently deployed is early detection and early moving people into space that is designated for disaster sheltering. And maintaining people in that space as long as is needed, but not longer than is necessary.

So for example, there's a facility called the Mega Shelter in Louisiana, which is kind of centrally located. It's outside a flood zone. It can shelter thousands of people. And it and several other shelters frequently become points of sheltering for people experiencing unsheltered homelessness immediately before and during hurricanes and the flooding that comes afterward.

And so allowing those spaces on a systems level to be a place for people experiencing unsheltered homelessness can come. And then not kicking them out right away. But holding folks there for a period of time that balances the need to depopulate the shelter, which is strong, with the need to depopulate to a situation that is better than get out the door and we're not sure where you're going, is really the key to that.

The other thing that I would say is that if you're in a community [inaudible] escalatingly [ph] experiencing flood events or events where you need to bring people in from outside due to extreme adverse weather conditions, having shelters that have emergency space built out to flex up temporarily, even if they're not the best accommodations. Even if you're talking about just like cots on the floor, right.

If you can navigate that while also navigating Covid-19 and infectious disease transmission, having that flex up capacity can make it very easy for your shelter which is already well-equipped to providing homeless services, to scale up temporarily, shelter folks for the duration of the immediate life threatening event, and then scale back down to normal [inaudible]. Mike, anything you want to add on that?

Michael Thomas: I would just say on a more general sense, like the community planning level, if FEMA gets involved this will definitely happen. But even if they don't, you can implement the disaster response center strategy for providing immediate assistance to people who are unhoused. So that means if that is being set up in your community as a response to a disaster, then having people from the homeless services system, so your continuum of care, representatives of the emergency solutions grant program, etc., having them involved in that disaster response center process is really important.

Gordon Levine: [inaudible] what else [inaudible]
Michael Thomas: This might be a quick one. Do you have any recommendations on how to connect to the local Medicaid administrator?

Gordon Levine: Yeah. That is a quick one. Call them, is the short answer. Just cold call them. You would be shocked at the power of cold calling someone and saying, I represent X organization or I represent X coalition, and we are interested in serving people in a specific way. Your local Medicaid administrator increasingly is increasingly likely to have a requirement or something that they agreed to, to improve services for people experiencing homelessness. And they would be overjoyed to discharge that responsibility. Give them a call.

Michael Thomas: And we had a question about -- well the question was, how can HUD help with when healthcare systems are exhibiting data overprotectiveness. I will apologize. I put a disclaimer answer there saying that we cannot speak to any action HUD might take. But I know we went over that whole section and provided a link to some resources about how to deal with that. So I think we covered the answer. Is there anything you want to add there, Gordon?

Gordon Levine: There is, as a matter of fact. I was so glad that we got this question. So the answer is HUD has helped you already. And we have resources for that. So we linked to a resource toolkit about data sharing between HMIS and healthcare systems. That toolkit's great. It's a great place to start. But I want to also drop another link in the chat. I'll try and make sure this actually goes in to everybody, all attendees.

There's a Covid-19 HMIS resources page that really is about Covid-19 data sharing practices. There are several links on this page that are useful. But the one that I want to uplift, there is a link toward the bottom called HMIS privacy and security standards, emergency data sharing for public health and disaster purposes. And it's focused obviously on Covid-19 response and disaster response. But it really granularly addresses how the heck do we get over the various barriers that we perceive and bring to the HMIS and HIPAA disconnects between data privacy.

I would start there and with the toolkit we've already posted. And you're going to be well on your way to making that bridge [inaudible] healthcare system. The other thing that I would say is you do not need to get HUD involved. HUD has made it very clear through the tools that we've linked that you can make those data connections. And it's up to you to connect with your relevant healthcare provider, or better yet your relevant healthcare system and saying, hey, we want to do this, we're open to doing this, how can we make this happen. Mike, anything you want to add there?

Michael Thomas: I think that is perfect. Let's see. We have -- so this one was deferred. I'm going to read this one. So there may be a large amount of housing vouchers. The problem is that there are not enough available units. If a unit cannot be found in a certain allotted time, your voucher will expire. I will say that the voucher expiration thing is real. Some of it is driven by the regulation around the vouchers and some of it is driven by the admin plan for the local housing authority.

But in either case they are rules that have to be followed. But this is an issue that I have seen in communities that I work with all across the country. I've got communities as disparate from each
other as the northeastern part of the country, all the way over to Alaska. And it's an issue that we're seeing in a lot of places.

So I don't know that I have a good answer for that, other than saying it is a common issue, and it is difficult to deal with, and the solutions are usually hyper localized. Do you have any more practical advice than that, Gordon?

Gordon Levine: Yeah. Just a little bit though. You can't fix a lack of affordable housing with more affordable housing. And that's the bottom line. In terms of process issues, what I said earlier about starting small and carving out spaces that are process specific to people experiencing homelessness could help address that. Those HCV voucher timeouts are based on PHA policies.

And your best route, instead of trying to change their entire system, might be to just say, look, we want you to set aside five or ten vouchers to see how it feels around people experiencing homelessness. And one of the issues that we experience in this voucher timeout thing. We need that to be longer. We need it to go away for these vouchers and to find out what works for that. That would be my advice.

Michael Thomas: Thank you, sir. I might grab this one. So we have a question, tips on talking to landlords when they have stereotypes of people experiencing homelessness. That is not an uncommon issue. And I think it's really an educational issue. And it's education about your program and the population that you serve. Because you're correct, there are often stereotypes about people experiencing homelessness. And I'm going to venture a guess, I'm going to say that the stereotype you're thinking of might involve substance abuse, or mental illness, and this person is likely to trash my unit, and that sort of thing.

And I think the point you can get to with the landlord is, do people who have issues along those lines exist in the homeless population. They do. But they exist in the general population as well. And so the other part of that is there are many people, if not most, experiencing homelessness in some areas at least, where you know, the provision of the short term rental assistance, or the medium term rental assistance, and some financial assistance, and getting them back on their feet, is what they really need. And they don't have all these other barriers that the landlord is perceiving simply because they are experiencing homelessness.

So I think it's that type of education with the landlord, just this is the reality of the population that we serve, and countering that stereotype with that reality. And this is a great thing to do in those group settings. Like I had mentioned earlier, if you have like a property management association meeting in your community or something like that, that's a really good place to present information like that because you can inform multiple landlords all at once. And then you can take individual conversations to them as you need to.

That's where I go with that one first. Anything to add, Gordon?

Gordon Levine: Yeah. And this actually touches on almost every question left in the Q&A, so I'm going to linger on it a little bit. My response is actually exactly the opposite of Mike's, which
is not to say that mine is right and Mike's is wrong, but that it is a totally different approach. It has been my experience that people who have preconceptions about what homelessness is will not reverse those preconceptions based on me trying to sell them on a different idea.

So I don't even bother. Never bothered when I was in the field. Stopped bothering when I was a little higher up in the field. And I don't advise bothering at this point. The most persuasive thing in changing people's perspective about homelessness is having people engage with people who are experiencing homelessness, and seeing that people experiencing homelessness are people. And that homelessness is a condition that is remedied by housing. And a landlord can remedy that with housing.

So what I advise instead is exactly what I dropped in the Q&A in response to I think there was at least one question [inaudible]. My advise is simple. Don't even bother to try and address the prejudices. We disagree with them. We know that they're wrong. But fighting about it won't get you anywhere or is unlikely to get you anywhere in my experience. Instead linger on the advantages.

Fundamentally subsidized housing offers two advantages to landlords that they don't get anywhere else. Advantage number one is that the voucher always pays its rent on time. Or basically always pays its rent on time. And you can certainly commit that the voucher will pay its rent on time, which not every tenant can say, number one. And number two, if there is a problem with the unit, the landlord always has a third party that they can contact to help address whatever the problem is, which they definitely cannot say about any other unit.

And so those -- address those prejudicial and incorrect concerns, right, those worries or those fears that are not based on reality, while ultimately pitching the landlord on what you are getting with this voucher might be a lower amount per month, but you're getting it stably every single month in a way that relieves a problem you otherwise might experience. And that's a sales pitch instead of an apology, and instead of a mechanism of persuasion. And ultimately as landlords are business folks, I find the sales pitch works more often. That's my take on that. Which I think takes us to time, if I am not mistaken.

So I want to thank everyone for sticking with us, especially given that we've had -- I know we had at least one other webinar competing for folks' attention today. So we appreciate your time. We want to turn it on over to another couple slides just to highlight that there are resources on the back end.

We had several questions about data sources and about further information. These links will take you there. We've got a couple of pages of that. I know that this information will become available to anyone who attended and through our regular channels. So please be on the lookout for that. Other than that, we appreciate your time and attention. We wish you safety and health. And we hope to see you again next week for the third webinar in this Closing the Gap series. Have a great afternoon, everybody.

(END)