Housing First Training:

Putting Plans Into Practice in California

Agenda

1. Opening Remarks
2. Supporting Evidence
3. What the Data Tells Us
4. CA Definition and Law
5. Supportive Housing

BREAK

1. Putting Plans Into Practice
2. VA & CA Resources
3. Interactive Case Scenarios
4. Closing

Presenters

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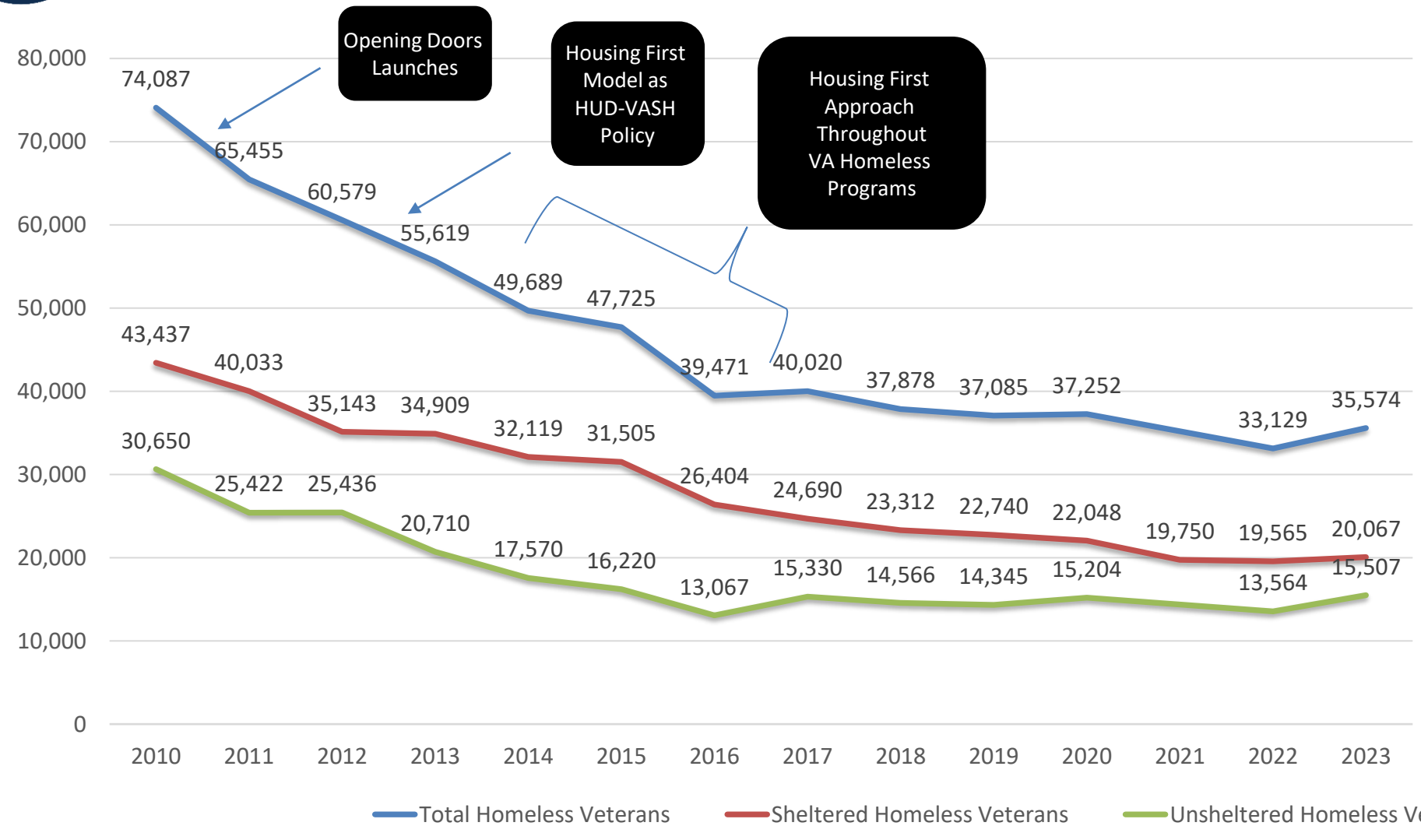
Opening Remarks

Supporting Evidence

What the Data Tells Us



52.0%
Decrease in Homeless Veterans Since 2010

53.8%
Decrease in Sheltered Homeless Veterans Since 2010

49.4%
Decrease in Unsheltered Homeless Veterans Since 2010

What the Research Tells Us

- Strong evidence exists that the Housing First model leads to **quicker exits** from homelessness and **greater housing stability** over time compared with treatment as usual.
    - In 2010, one demonstration project in the VA setting, which did not randomly assign Veterans to Housing First versus treatment as usual, found that Veterans who utilized the Housing First model had reduced time to housing placement (**from 223 to 35 days**) and higher housing retention rates than treatment as usual (**98% vs. 86%).**

- Moderate evidence exists that the Housing First model may result in **reduced use of emergency department** services, fewer hospitalizations, and less time hospitalized compared with treatment as usual although the meta-analysis found considerable variability between its examined studies.

- Some evidence exists that the Housing First model **improves health outcomes** associated with mental health, substance abuse or physical health; however, a randomized trial of Housing First found improved health outcomes for people living with human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS).

The_Evidence_Behind_the_Housing_First_Model

What the CA Data Tells Us

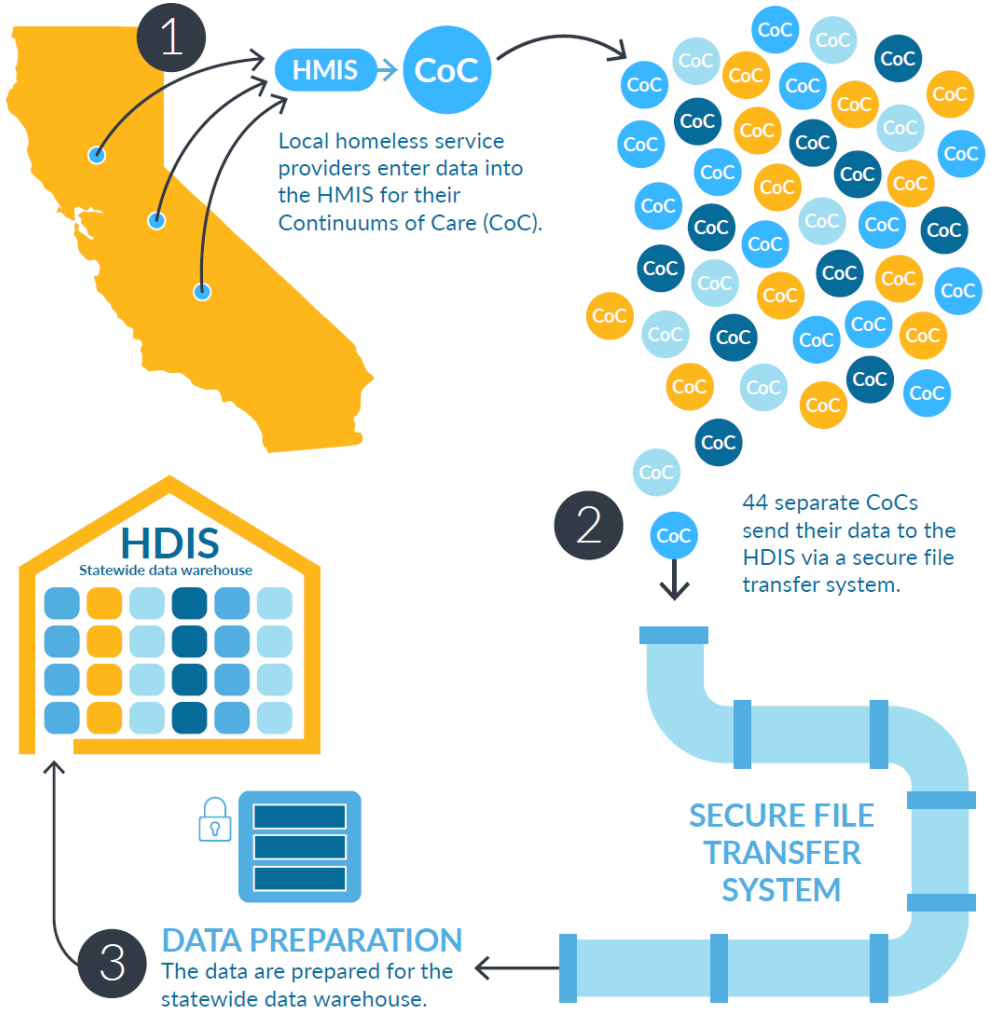
California
Interagency Council
on Homelessness

Homeless Data Integration System (HDIS)

1. Services are entered by the **44 Continuum of Care (CoC)** entities providing prevention, outreach, emergency sheltering, rapid rehousing, other permanent housing, and other services.

2. **Cal ICH** collects data on a quarterly basis by working with the 44 CoCs.

3. Once ingested into HDIS, data is standardized, cleansed, de-duplicated, and matched, which makes the data much more **accurate** when looking at statewide figures.



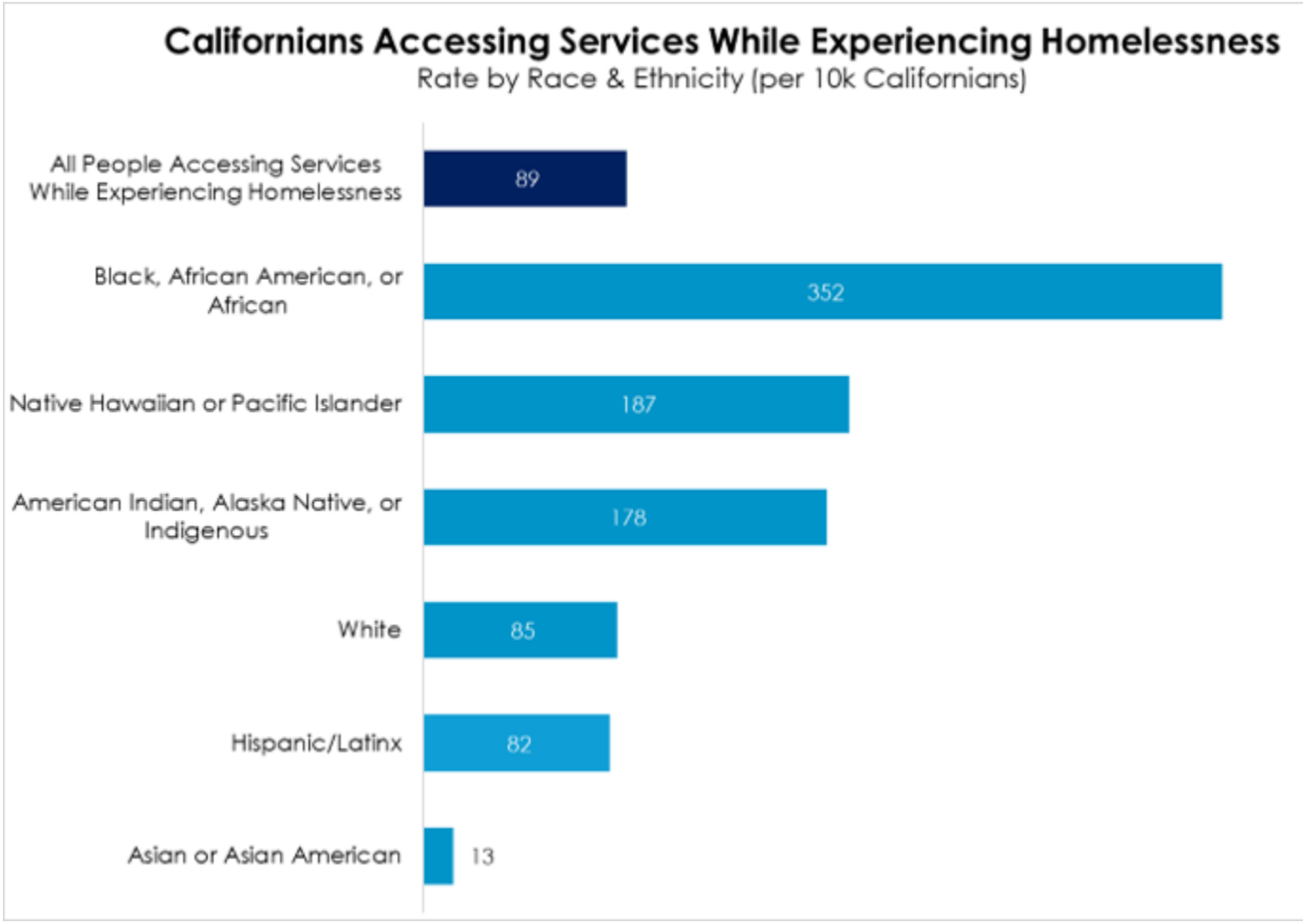
HDIS Data: Service Access at the CoCs (FY 22-23)

- **326,377** people accessed the homelessness response system
  - **Single Adults**: **66%** were adults living alone or in the company of other adults, referred to as "adults only household" (221,441 of 338,055 people)
  - **Families With Children: 32%** were in families with children (115,867 of 338,055 people)
  - **Older Adults: 20%** were 55 years or older (66,096 of 338,055 people)
    - Adults aged 50 and older who are experiencing homelessness have disabilities and health conditions similar to adults 20–30 years older in the general population, and they frequently die at younger ages.
  - **Veterans: 7%** of adults identified as a Veteran (17,224 of 257,312 adults)
    - Veterans served by homelessness programs were more likely to identify as male, be older, and be served as individuals compared with non-veteran adults.

HDIS Data: Racial and Ethnic Disparities (FY 22-23)

This chart shows the number of people in each group who are **accessing services** while experiencing homelessness, relative to their share of California's overall population.

- Out of every **10,000 people** in California, **89** accessed services while experiencing homelessness during FY 22-23.
- Out of every **10,000 Black, African American, or African people** in California, **352** accessed services while experiencing homelessness
- That means **3.52% of all Black, African American, or African people** experienced homelessness that year.



HDIS Data: Veterans Accessing Services (FY 22-23)

Measure	All People Accessing Services	Veterans Accessing Services
# of People Accessing Services While Experiencing Homelessness	326,377	17,224
% of People Over 50 Years Old	27%	63%
% of People With a Disabling Condition	48%	77%
# of People Exiting to Permanent Housing	72,298	5,913

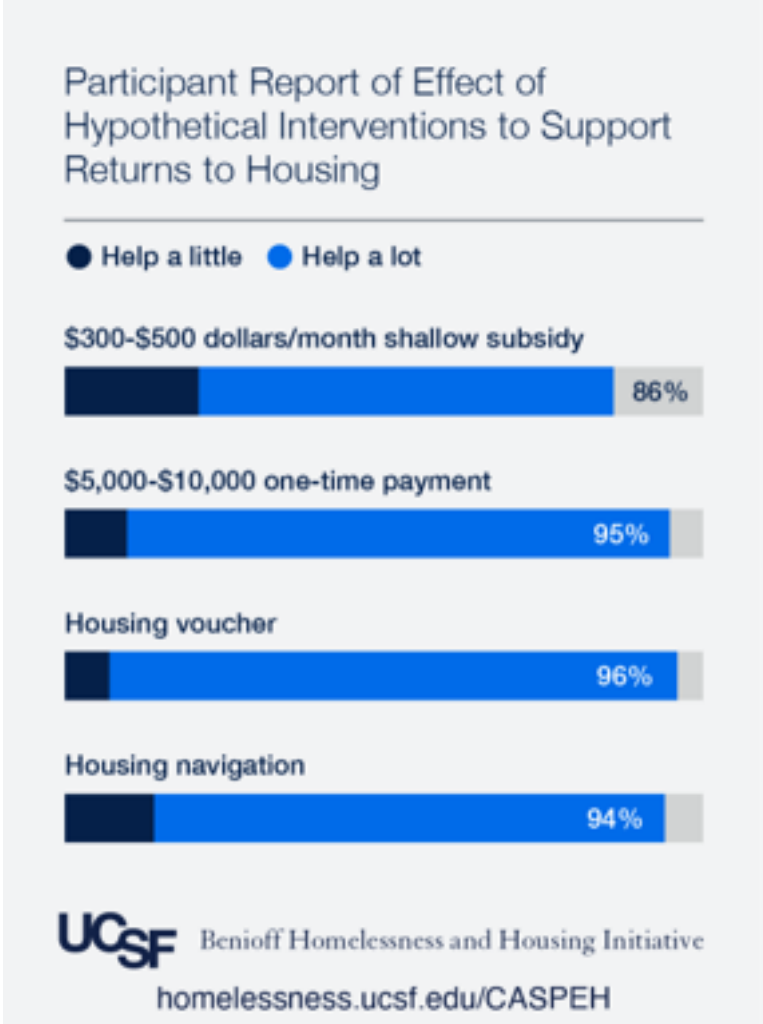
Barriers to Returns to Housing (CASPEH)

Nearly all **(89%) identified high housing costs** as barrier to housing

Other reported barriers:

- Lack of housing-relevant documents: 53%
- Waitlists too long: 52%
- Unable to live with family/friends: 51%
- Credit history or past evictions: 49%
- Discrimination: 43%
- Carceral record: 36%
- Mental health and/or substance use: 29%
- Physical disability: 24%

Participants believed financial interventions or housing navigators would meaningfully impact their return to housing.



Housing First as Defined by CA Statute

Statute Timeline

2016: Senate Bill 1380 (Mitchell)

- Defines Housing First and its requirements, including 11 core components

2021: Assembly Bill 1220 (Rivas)

- Expands Housing First implementation to state programs funding interim settings

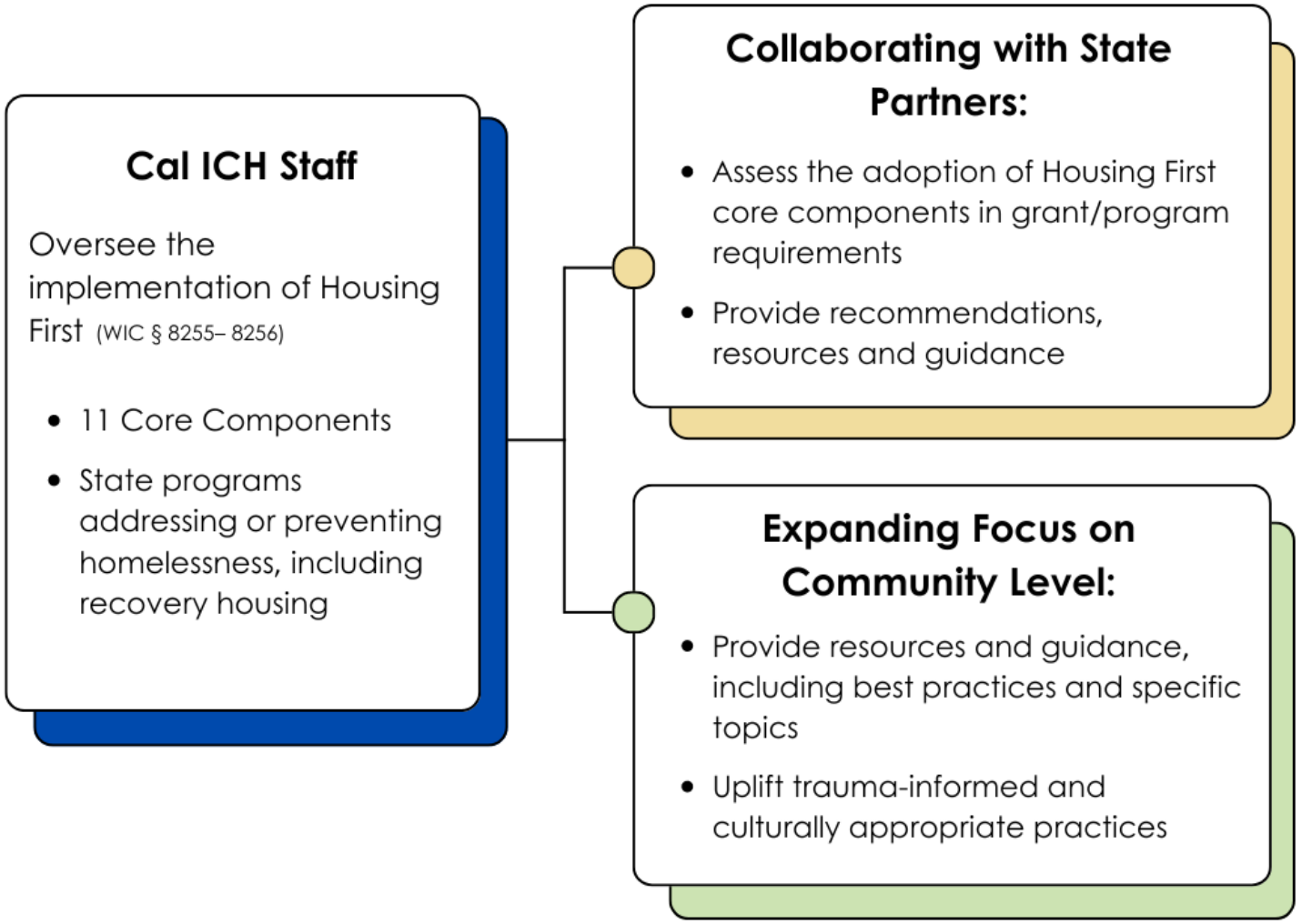
2021: Senate Bill 197 (Committee on Budget)

- Provides requirements for specific programs funding recovery housing.

"Housing First" means the evidence-based model that uses housing as a tool, rather than a reward, for recovery and that centers on **providing or connecting [people experiencing homelessness] to permanent housing as quickly as possible.** Housing First providers offer services as needed and requested voluntarily and does not make housing contingent on participation in services.

(Welfare and Institutions (WIC) Section 8255(d)(1))

Cal ICH Role in Housing First



Core Components of CA Law

WIC Section 8255(b)

1. **Tenant screening and selection practices** that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services.
2. **Applicants are not rejected** on the basis of poor credit or financial history, poor or lack of rental history, criminal convictions unrelated to tenancy, or behaviors that indicate a lack of "housing readiness."
3. **Acceptance of referrals** directly from shelters, street outreach, drop-in centers, and other parts of crisis response systems frequented by vulnerable people experiencing homelessness.
4. **Supportive services that emphasize engagement and problem solving** over therapeutic goals and service plans that are highly tenant-driven without predetermined goals.
5. Participation in services or program compliance is **not a condition of permanent housing tenancy**.
6. Tenants have a lease and all **the rights and responsibilities of tenancy**, as outlined in California's Civil, Health and Safety, and Government codes.
7. The **use of alcohol or drugs in and of itself**, without other lease violations**, is not a reason for eviction**.
8. In communities with coordinated assessment and entry systems**, incentives for funding promote tenant selection plans for supportive housing** that prioritize eligible tenants based on criteria other than "first-come-first-serve," including, but not limited to, the duration or chronicity of homelessness, vulnerability to early mortality, or high utilization of crisis services. Prioritization may include triage tools, developed through local data, to identify high-cost, high-need homeless residents.
9. Case managers and service coordinators who are trained in and **actively employ evidence-based practices** for client engagement, including, but not limited to, motivational interviewing and client-centered counseling.
10. Services are **informed by a harm-reduction philosophy** that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses.
11. The project and specific apartment may include special **physical features that accommodate** disabilities, reduce harm, and promote health and community and independence among tenants.

	Core Components Summarized	Context
1	**No requirements** for sobriety, treatment, service participation to enter program	Prevent exclusions, especially the most vulnerable
2	**No rejections** for financial or rental history, some criminal convictions, or "lack of housing readiness"	Provide opportunity for people to become stable and build credit and income
3	**Accept referrals** from parts of the crisis response system frequented by vulnerable people experiencing homelessness	Connect anyone to services or housing though the pathways they have access to
4	**Participant-driven** service plans and supportive services	Tailoring services to participants is crucial for successful participation in services
5	**No conditions to participate** in services to receive or retain housing	Services are voluntary, people are more likely to participate in services when not required
6	**Leases provided** in permanent housing	Same rights as those in traditional housing
7	**No evictions** solely for being under the influence of drugs or alcohol, must include other violations	Participants are treated like those in traditional housing and are approached with harm reduction techniques.
8	**Use coordinated entry** system and vulnerability criteria to prioritize people	Prioritize the most vulnerable. Assess if overrepresented are appropriately served.
9	Providers are trained in and use **evidenced-based practices**	Voluntary participation relies on engaging clients to design and participate in their plans
10	Services **use harm-reduction philosophy** to engage with participants	Reduce harm using methods participants choose, sobriety cannot be required
11	Make **physical changes** for accommodate disabilities and promote health	Allow participants to have their needs met, especially those with significant disabilities

Supportive Housing

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Housing First Practices in Supportive Housing Programs

What is supportive housing?

- "Housing with no limit on length of stay, that is occupied by the target population, and that is linked to onsite or offsite services that assist the supportive housing resident in retaining the housing, improving their health status, and maximizing their ability to live and, when possible, work in the community" (California Health and Safety Code Section 50675.2(h))

Supportive Service Plan (SSP) and Property Management Plan (PMP)

- Plans utilizing best practices include services and support to address trauma, demographic disparities and continually integrate the voice of residents with lived experience to inform program services and procedures.
- Collaboration and coordination are required between the development, supportive services, property management teams, local jurisdiction, and community-based organizations, all contributing to the residents' success.

Supportive Housing: Supportive Service Plan (SSP)

Types of Services:

- Medical and behavioral health care, substance use and addiction treatment, employment and education services, benefits advocacy, and life skills support

- Interim housing supportive service plans should have an increased focus on housing navigation to help participants secure permanent housing

- SSPs should include a process for assisting residents with property management-related issues (e.g., lease violations including missed rent payments, reasonable accommodation requests, off-site service connection)

Supportive Housing: Supportive Service Plan (SSP)

Coordination Between Supportive Services Staff and Property Management Staff

- Communication practices between teams to address any issues with residents that might put them at risk of a lease violation or eviction, or issues that are impeding a resident's ability to thrive

Notice of Funding Availability/Program Regulations Compliance

- HCD program guidelines identify the required components of supportive services at a housing development. HCD reviews applications to determine if plans meet program requirements.

Supportive Housing: Property Management Plan (PMP)

Focus Areas for Housing First Compliance:

- Reasonable accommodation requests
- Health and safety within units and at the housing development site
- Process mitigate issues with rent payment or other lease violations
- Behavioral issues that might put a resident at risk of eviction or other lease violations
- General management practices, such as tenant selection process, expectation of resident sobriety, service participation, or other relevant issues that conflict with Housing First's core components

Supportive Housing: Common Issues With SSP & PMP

- Supportive Services Availability, Staffing, and Providers
- Tenant Selection
- Reasons for Eviction
- Property Management and Supportive Service Coordination

5-Minute Break

Putting Plans Into Practice

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Housing First Roles & Responsibilities

- Recognition and acceptance of two strong industrial interests coming together:
  - **Property Management:** Owner/investors' interest in maintaining property
  - **Service Provision:** Individual tenants' interest in housing stability and pathway to thriving

- Successful Housing First implementation requires property management and a services team
  - Property management performs tenant screening and selection
  - Service provider advocacy and accommodation activities at application

- Significant **overlap of responsibilities** requires clear identification of roles and **balance among interests**

Tenant Screening & Selection Activities

- Screening and selection are **not interchangeable** terms.
  - **Tenant Screening**: Methods for discovering attributes of the potential tenant
  - **Tenant Selection:** Using criteria for eligibility and screening results to make lease decision

- **Power differential** between tenant selector and potential tenant
  - Possible unclear application timelines, information symmetry with respect to eligibility criteria
  - Unclear informing of potential tenants about conditions within the property
  - No data to understand if potential tenants are informed about available units in the same way regardless of their level of services needs

- **Service provider in position to bridge interests** of ownership and that of individual tenants
  - Advocate for potential tenants through the application process
  - Liaise between potential tenant and property management

Shared Understanding

A plan is not enough. Housing First roles, responsibilities, and commitments must be clarified in a formal agreement that:

- Can be completed by anyone—or just one person
- Provides clarity and specificity around how screening strategies will or will not result in tenancy denial
- Provides clarity and specificity around the responsibilities of screening and selection
  - Clear identification of orgs with a role in screening and determining eligibility of potential tenant
  - Clear identification of the sequence of screening and selection activities
  - Triangulate specific responsibilities with supporting documentation like job duty statements
- Outlines commitments, in active voice, to make service providers available to help in application process
  - Consistency in making potential applicants aware of assistance available through service provider
  - Strong coordination among property management and service provider

Guidance for Helping Hard-to-Serve Populations

- Service **funding may not always match** the higher degree of difficulty.
- Serving tenants with mental health and/or substance use disorders is most effective with **peer support** and attentive **comprehensive case management** and case conferencing.
- Understand the **unique needs and culture** of the populations being served to provide competent and holistic care.
- **Relatability** is key for trust-building.
- Service delivery must be **trauma-informed** and time-sensitive.

VA & CA Resources

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VA Resources

VA Resources

Homelessness Prevention Services

- Supportive Services for Veteran Families (SSVF)

Outreach, Engagement, Assessment, and Referral Services

- Health Care for Homeless Veterans (HCHV) Outreach
- Community Resource and Referral Center (CRRC)
- National Call Center for Homeless Veterans (NCCHV)

Justice-Involved Veterans

- Veterans Justice Outreach (VJO)
- Health Care for Re-Entry Veterans (HCRV)

Residential Services

- HCHV Contract Residential Services (CRS)
- HCHV Low Demand Safe Haven (LDSH)
- Grant and Per-Diem (GPD) Transitional Housing

Permanent Housing Services

- Housing and Urban Development-VA Supportive Housing (HUD-VASH)
- Supportive Services for Veteran Families (SSVF)

Specialty Services

- Homeless Veteran Community Employment Services (HVCES)
- Homeless Patient Aligned Care Teams (HPACT)
- Legal Services for Veterans (LSV)

CalVet Resources

Veteran Services Coordination and Outreach

- Local Interagency Network Coordinators (LINCs)
- California Transition Assistance Program (CalTAP)

Veterans Affordable/Supportive Housing

- Veterans Housing and Homelessness Prevention (VHHP) Program

Veterans Claims and Support Services

- County Veterans Service Offices (CVSO) Claims Representative Accreditation
- Claims Representation and Advocacy

Interactive Case Scenarios

Joe is a 75-year-old Vietnam War Army Veteran who receives $3,000 a month in retirement income from Social Security. Joe walks slowly and has high blood pressure, but he is in relatively good health. His daughter lives on the East Coast, but Joe prefers to stay in Los Angeles where it is warm, and he can walk to nearby farmers markets and record stores. He is just getting back on his feet financially after falling victim to a crypto Ponzi scheme. As a result, Joe was evicted from his longtime apartment, his credit score significantly plummeted, and he relapsed on alcohol after almost 20 years of sobriety. In addition to everything, Joe has been experiencing depression after his girlfriend of six years left him, and he decided to let her keep their dog. Joe, however, has been feeling hopeful. He is staying in transitional housing and working with his VA social worker on applying for a unit where he can use his HUD-VASH voucher. Joe's preference is to live in a new apartment complex where other Veterans live too.

Concerns regarding this case? Recommendations or requests?

Suggested supports from the audience (if Joe is amenable): Suicide Risk Assessment, Alcoholics Anonymous, legal services/report fraud, financial education, Geriatric-VASH services, emotional support animal services, therapy and/or support group for loss of girlfriend and dog, look into applying for Service Connection, referral to Supportive Services for Veterans Families (SSVF) for deposit and other supports, and medical attention from VA

Interactive Case Scenarios

Monique is a 43-year-old male-to-female transgender Veteran who served in Operation Iraqi Freedom. She has an honorable discharge but has only recently registered with the VA for healthcare. Monique was previously renting an apartment with a roommate, but both were evicted due to their inability to pay rent on time, especially after a recent rent increase. Since her eviction, Monique has been sleeping on the streets where she has been attacked and sustained numerous injuries. Monique was presented with the option of entering interim housing, but she declined because she felt unsafe sharing a room with men. In addition, Monique was fired from her job as a certified nursing assistant because her lack of sleep and trauma symptoms interfered with conducting her job duties. Monique's desire is to live in her own apartment by herself, go back to school to become a registered nurse, and obtain treatment for the liver disease she was recently diagnosed with. Currently, she is living on General Relief and Cal Fresh (food stamps).

Concerns regarding this case? Recommendations or requests?

Suggested supports from the audience (if Monique is amenable): Suicide Risk Assessment, VA Patient Aligned Care Team (PACT) / Homeless Patient Aligned Care Team (HPACT) for medical attention, LGBTQ Coordinator, Gender Affirming Care, Homeless Veteran Supported Employment Program (HVSEP), GI Bill for education, domestic violence shelter, Community United Against Violence (CUAV) for trans-supportive resources, therapy for trauma, apply for Violence Against Women Act (VAWA), legal services through National Services for Lesbian Rights

Interactive Case Scenarios

Zach is a 32-year-old Marine Corps Veteran who served in Operation Enduring Freedom. He is considered "Other than Honorable," so he is ineligible for VA health care but eligible for a HUD-VASH voucher. Recently, Zach received Penal Code 290 Registration Relief, which means that he no longer has to register as a sex offender. Zach, however, remains homeless. He had previously attempted to stay in interim housing but screams from his combat-related night terrors would wake up his roommates. Since then, Zach left interim housing. He has been staying on the streets where he developed a dependency on methamphetamines to stay alert. When approached by a VA outreach worker, Zach expressed a desire to have his own apartment that he does not have to share with anyone. And as much as he does not want to go to therapy, Zach admitted to needing professional help for his combat-related trauma.

Concerns about this request? Recommendations or requests?

Suggested supports from the audience (if Zach is amenable): Suicide Risk Assessment, Vet Center for trauma therapy, Veteran Service Office to apply for possible Service Connection, COMPACT Act, Outpatient Addiction and Recovery Treatment Services (ARTS) at VA, Medicaid ("Medi-Cal" in California), CalFresh (food stamps), General Relief, CalAIM for Community Supports or Enhanced Care Management, and permanent supportive housing units that are funded by California's Veterans Housing and Homelessness Prevention Program (VHHP) have a requirement to prioritize 10% of VHHP units for Veterans who are ineligible for HUD-VASH and/or VA healthcare.

usich.gov/all-inside

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