



“Housing First” Approach to
Improve Health Outcomes for
People Experiencing
Homelessness



Community Alliance
for the Homeless

What We Know

- 1/3 of all visits to the emergency department (ED) are made by the chronically homeless
- ~5 visits to ED annually
- Mortality is 3.5 times greater in homeless population compared to counterpart



What We Know

- Point-In-Time count of 2020
 - 1/2 million people experience homelessness
- Income and homeless rate
 - In Memphis 32% of families live in poverty
- As of 2016 Housing Gap Analysis
 - Deficit of 32,821 affordable and available units

Housing First: Definition

- Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness **to permanent housing without preconditions and barriers to entry**, such as sobriety, treatment or service participation requirements.

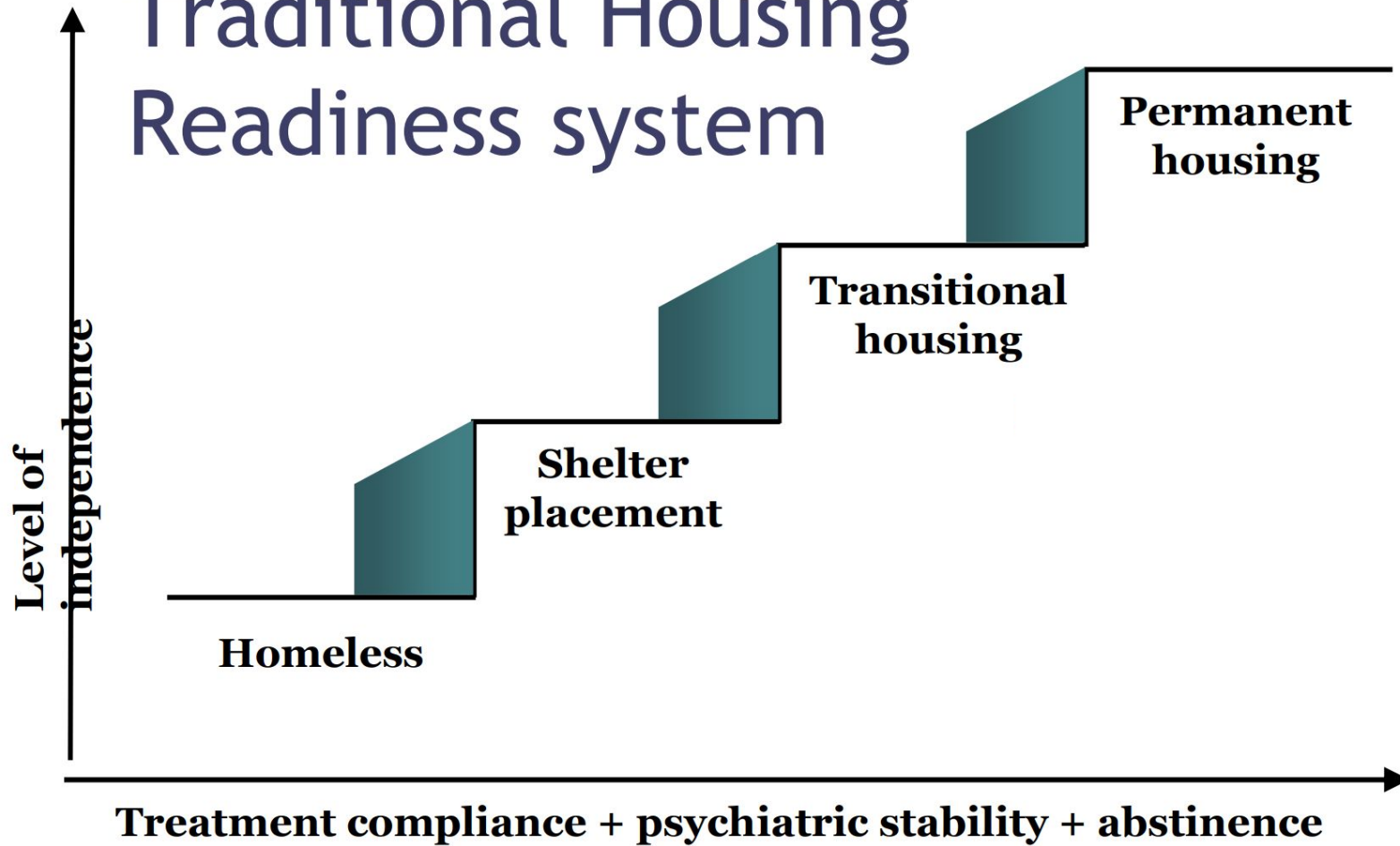


Housing First: Definition

- Supportive services are **offered** to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.



Traditional Housing Readiness system

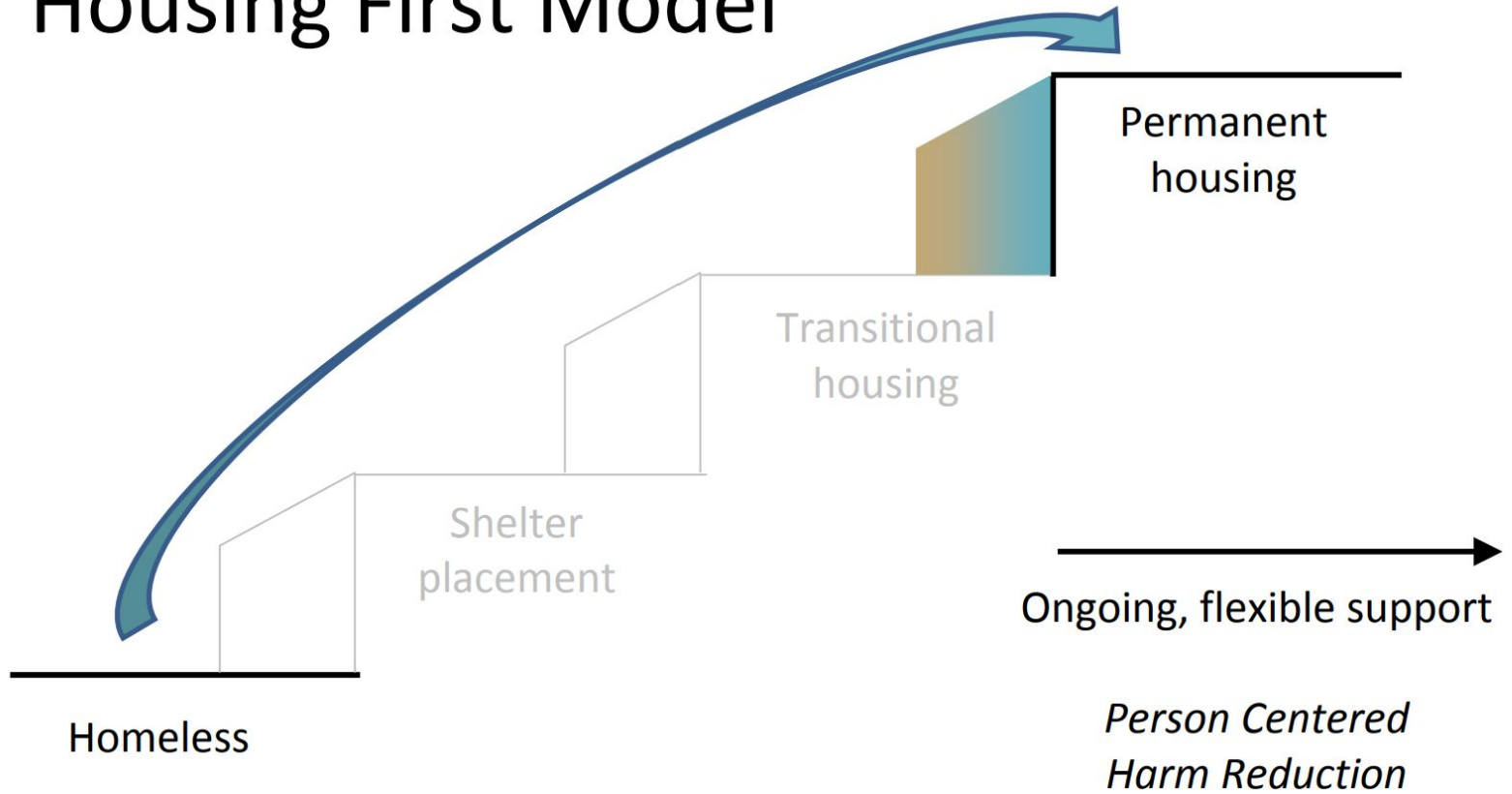


Housing First Importance

- High housing retention rates (Mares & Rosenheck, 2011)
- Fewer hospitalizations (Sadowski et al., 2009)
- Higher perceived choice in services (Greenwood et al., 2005; Tsemberis, Gulcur, & Nakae, 2004)
- Reduced substance use and abuse (Padgett et al., 2011)
- Reduced involvement in criminal activity (DeSilva, Manworren, & Targonski, 2011)



Housing First Model



What's changed

THE PAST

Began as reaction against view that people experiencing homelessness must “earn” their way to permanent affordable and supportive housing:

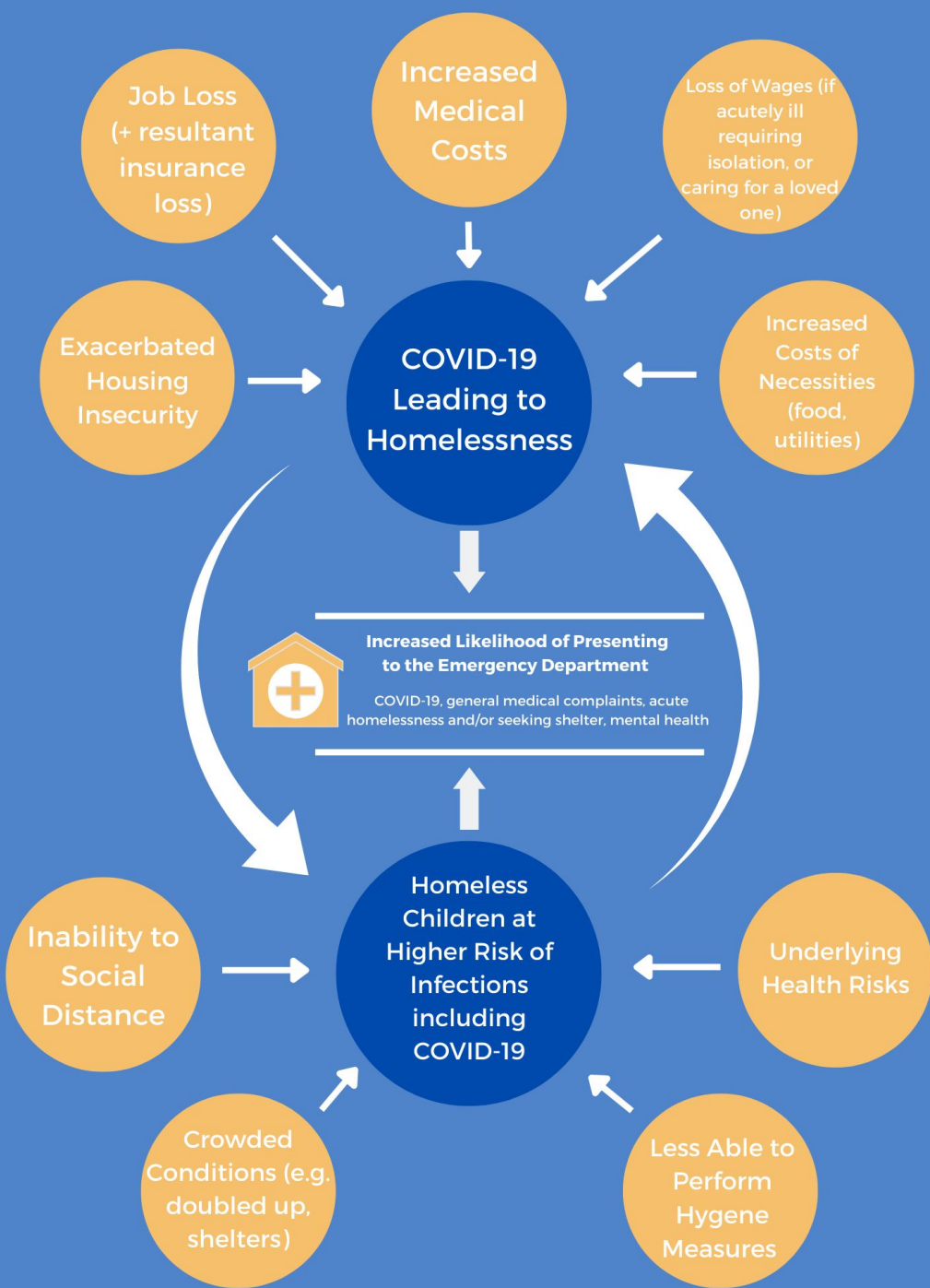
- Provide people experiencing homelessness with housing without treatment prerequisite
- Focus on reducing barriers to entry

THE PRESENT

Evolved into a distinct approach for delivering permanent supportive housing

- Services informed by harm reduction and motivational interviewing
- Project-level policies and procedures that prevent lease violations and evictions





Housing and Health in Memphis, TN

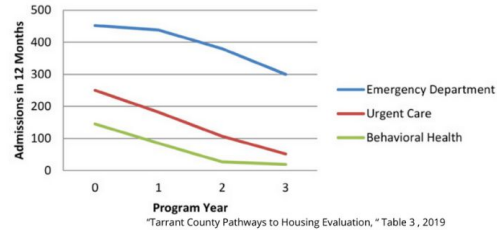
Poor housing conditions including issues such as having mold, safety, crowding, and unaffordability have been associated with a wide range of health conditions among adults:



QUICK STATS

- Point-In-Time count of 2020 where ½ million people experience homelessness during a single night
- In Memphis 32% of families live in poverty
- 2016 Housing Gap Analysis shows a deficit of 32,821 affordable and available units
- 1/3 of all visits to the emergency department (ED) are made by the chronically homeless
- Mortality is 3.5 times greater in homeless population compared to counter part

Effect of Housing on Hospital Admissions

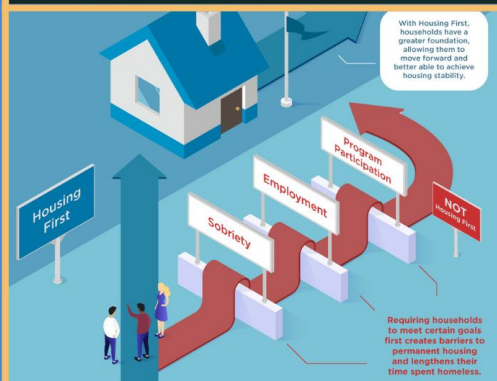


Best Practice → Housing First

Housing First provides a direct pathway into permanent housing, allowing households to achieve stability and a foundation to support sustainability goals.

Housing First removes barriers to permanent housing, such as first obtaining sobriety, employment, program participation, or citizenship.

With Housing First, services are voluntary and not forced: household choice and agency in the housing process is essential to success. Both natural and community supports aid in successful, long-term permanent housing outcome and reduce homelessness.



Focus Group Discussion

- What do you see as the current relationship between healthcare and housing in your program?



Focus Group Discussion

- At what point are persons experiencing homelessness identified in your current healthcare system or practice?



Focus Group Discussion

- In your healthcare system or practice what are the current policies, assessments, or requirements for connecting persons experiencing homelessness to services during their medical visit or at the time of discharge?

Focus Group Discussion

- In your healthcare system or practice what resources are currently available for persons experiencing homelessness, what does your team need more access to, and where do you see current gaps for persons experiencing homelessness in healthcare?

Focus Group Discussion

- In your healthcare system or practice are you serving more women, men, families, youth or other; and where are the disparities most often seen?



Focus Group Discussion

- Does your healthcare system or practice receive any funding to serve persons experiencing homelessness, assist with shelter, housing assistance, or other?



Focus Group Discussion

- If your healthcare system or practice received funding to serve persons experiencing homelessness, what would be an ideal scenario for you to best support your clients?





Why a Special NOFO?

- This NOFO is a *DRIVER* to develop a comprehensive, coordinated plan to **reduce unsheltered and rural homelessness**.
- HUD is looking for system-wide impact and a response system that is effective, efficient, equitable.
- This NOFO will assist CoCs in reducing homelessness among people with severe service needs, especially people with histories of unsheltered homelessness. This includes improving service engagement, health outcomes, and housing stability among *highly vulnerable* unsheltered individuals and families. The CoC's comprehensive approach should include partnerships with *health and housing agencies to leverage mainstream housing & healthcare resources*.



How Much Funding is Available?

- The FY2022 Preliminary Pro Rata Need (PPRN) is a formula HUD uses to determine a CoC's initial need & maximum award amount per geographic area.
- Memphis & Shelby County's combined PPRN for FY2022 is **\$5.5 million which will be granted over three years (\$1.8 per year)**.
- Roughly 125 awards are expected to be granted nationwide.
- It will be highly competitive, but they are encouraging any CoC that had a rise in unsheltered homelessness since the 2019 PIT count to apply for these funds.



HUD's Six Policy Priorities

- 1) Reducing Unsheltered Homelessness
- 2) Reducing Unsheltered Homelessness and Serving Individuals and Families Experiencing Homelessness with Severe Service Needs
- 3) Providing Assistance on Tribal Lands
- 4) Involving a Broad Array of Stakeholders in the CoC's Efforts to Reduce Homelessness
- 5) Advancing Equity
- 6) Using a Housing First Approach



Types of Projects Funded

- **Permanent Housing**
 - Permanent Supportive Housing (PH-PSH)
 - Permanent Housing- Rapid Re-housing (PH-RRH)
- **Joint TH and PH-RRH**
- **Supportive Service Only**
 - Coordinated Entry (SSO-CE)
 - Street Outreach (SSO-SO)
 - Standalone SSO
- **HMIS**
- **CoC Planning (for Unsheltered Set Aside Only)**
- **UFA Costs (for Unsheltered Set Aside Only)**



Eligible Activities

Unsheltered Homelessness Set Aside

- 24 CFR 578.37 through 578.63 identify the eligible costs
- Projects applying for funds under the Unsheltered Homelessness Set Aside may **NOT** request funds for:
 - ⊘ acquisition (24 CFR 578.43)
 - ⊘ rehabilitation (24 CFR 578.45)
 - ⊘ new construction (24 CFR 578.47)
- HUD will reject any requests for ineligible costs and HUD will reject any projects that request funds for acquisition, new construction, or rehabilitation.



Focus Groups

CAFTH will engage with special focus groups to determine how we can help people facing the greatest need in Memphis & Shelby County.

1) Healthcare Focus

Free clinics, Charitable Clinics, FQHCs, Hospitals

2) Affordable Housing Focus

Landlord engagement, CDCs, Housing Authorities

3) Special populations and Lived Experience Focus

Centering Equity: The special NOFO awards points for activities like inclusion, the diversity of stakeholders, the engagement of organizations that serve culturally specific communities experiencing homelessness.



Partnership Commitments

- We must develop a coherent approach to reducing unsheltered homelessness is a goal and a strategy owned by the entire community, not just the local Continuum of Care programs.
- Leaders of the entire community will need to be involved in order to bring this kind of consensus. Partnerships between these leaders and the homelessness system may be the most important results of this NOFO.
- ***HUD is looking for written agreements with these groups:***

Landlords & Affordable Housing Partners

Healthcare Organizations

New partnerships that fill a service gap in the community

Lived Experience partners

Public Housing Authorities

Important Dates*



August 8: CAFTH will post Advance Public Notice of Competition

August 8-26: CAFTH will hold focus groups & stakeholder meetings

Sept 16: Project applications must be submitted to the CoC

September 19-30: Rank & Review Process

October 5: Notify Applicants

October 6-18:

- Appeals
- Post all parts of the consolidated application online
- Public Comment

October 20: Final submission to HUD

** Timelines and dates are subject to change*

QUESTIONS?