CoC Bi-Monthly Meeting

March 28, 2017 10:00AM to Noon Human
Services Building
One Smithfield Street, Pittsburgh.

Purpose: The Homeless Advisory Board (HAB) is a public/private partnership formed to assist and recommend to Allegheny County, the City of Pittsburgh, the City of McKeesport and the Municipality of Penn Hills on public policy, programs, activities, data and all other efforts that will eliminate homelessness and improve the wellbeing of persons and families who are homeless.

HAB Members*

Frank Aggazio, ACHA
Meg Balsamico, Penn Hills (P)
Caster Binion, HACP (P)
Diana Bucco, Buhl (P)
Jerry Cafardi, DCP (P)
Tom Cummings, URA (P)
Sean DeYoung, PATF
Jane Downing, Pittsburgh Foundation (P)
Marlon Ferguson, Veterans Place
Pete Giacalone, WPIC (P)
Abigail Horn, ACDHS (P)
Linda Kilderry (P)
Joe Lagana, HCEF (P)
John Lovelace, UPMC (P)
Lenny Prewitt, Familylinks
Richard Ranii, All. Co. Economic Development (P)
Chris Roach, OSN (P)
Amy Snider, ACTION Housing (P)
Adrienne Walnoha, CHS (P)
Bethany Wingerson, Center for Victims (P)

Guest Attendees

Seth Abrams, CHS
J. Artuntuaga, AHN
Andrea Bustos, ACDHS
Jeremy Carter, CHS
Nancy Dunkis, ACED
Rob Eamigh, ACDHS
Joe Elliott, ACDHS
Angalo Farrara, Salvation Army
Carol Haley-Smith, POWER
Andy Halfhill, ACDHS
Lindsay Hamm, PATF
Peter Harvey, ACDHS
Kate Holko, ACDHS
Chuck Keenan, ACDHS
Lisa Kessler, ACDHS
Debbi Linhart, Bethlehem Haven
Stephanie Meyer, ACDHS
Melanie Novak, PATF
Pat Perri, AHN
Christine Pietryga, VLP
Mary Frances Pilarski, VA
Darla Poole, Auberle
Emil Pyptyk, ACDHS
Leah Rainey, ACDHS
Richard Rapp
Gretchen Rechtenwald, YWCA
Rachel Rue, ACDHS
Kelly Russell, City of Pgh
Hilary Scherer, ACDHS
Jenni Sestina, ACDHS
Sally Stadelman, Mayor's Office
Lisa Trunick, Bethlehem Haven
Pat Valentine, ACDHS
Adam Zody, ACDHS
Stephanie Villella, Chartiers

* (P) indicates that the HAB member participated in the meeting. Prior to the March 28, 2017 meeting, Anthony Duckett recused himself from the HAB.

Minutes

1. **Welcome & Review of Meeting Minutes—John Lovelace**
    - The January 2017 meeting minutes were approved.
    - HAB members also reviewed their scheduled and confirmed that next meeting would be held on Tuesday, May 30, 2017.

2. **Committee Chairs and Participation—John Lovelace**

    John Lovelace announced the confirmation of Committee Co-Chairs. As a reminder, each Committee has one Co-Chair from the HAB and one Co-Chair from the CoC at large:
    - CoC Analysis and Planning Committee: Amy Snider (HAB), Nancy Dunkis (CoC)
    - Communication and Education Committee: Sean DeYoung (HAB), Chris Berg (CoC)
    - Homeless Outreach Coordinating Committee : Chris Roach (HAB), Fidelia Renne (CoC)

    Mr. Lovelace reminded HAB and CoC members that the Committees are open and participation is encouraged. The HAB wants to hear everyone's voice, and while that does not mean everyone;s voice is agreed with, they need to be heard and discussed. Through Committee participation, perspectives and experiences can be shared and the HAB is interested in all CoC members being heard and engaged.

3. **VA Grant Per Diem Program—John Lovelace**

    Veteran's Affairs is ending their current Grant Per Diem (GPD) program and refocusing resources to better serve homeless Veterans. Under the new funding availability, providers can apply for service centers, if they are already operating one, and 5 types of housing models: Bridge Housing, Low Demand, Hospital to Housing (Respite Care), Clinical Treatment, and Service-Intensive Transitional Housing (SITH). Two providers in the CoC are applying for these funds—Veterans Place and Shepherd's Heart—and the HAB has put forth a letter of support for these applications.

    Adrienne Walnoha added to this summary update that both of these providers have been effectively providing homeless housing services within the CoC, and the letter of support is in response to that history and expectations.

4. **Allegheny County CoC TA Guidance—Michael Lindsay**

    Michael Lindsay works for ICF International, one of the national providers of HUD technical assistance (TA). In this capacity, Mr. Lindsay provides TA to the CoC and attended the meeting to discuss the upcoming CoC Program Competition and provide some strategies for the CoC to consider in continuously strengthening its position moving forward. Mr. Lindsay shared the following:
    - ***Reallocation:***
        - Allegheny County CoC positioned itself ahead of many CoC's in making its own decision about reallocating away from Transitional Housing with CoC funds. Many CoC's, for example Baltimore, Miami, and Idaho, didn't make the same decision and say HUD reduce their funding. For those communities, it means that the money is no longer there for them, and instead is made available to other CoC's.
        - Moving forward, HUD will be looking beyond reallocating around program type and will be expecting competitive review and ranking processes that assure resources are being allocated to the highest performing. In the context of new projects, this can often feel like a difficult task, but there is still an opportunity to assess based on performance and that opportunity should be taken.

- ***Ranking and Review:***
    - A competitive and meaningful ranking and review process will be expected to facilitate strategic decision making. HUD will be looking at the process on which ranking and reallocation decisions are made, and while they will expect the process to be informed by the larger community, there should be a clear decision making component with a review committee that avoids conflict of interest.
- ***Other System Considerations***
    - HUD is looking for the use of a fully embraced Housing First approach. In communities that have implemented coordinated entry the success of such a system is supported by the utilization of Housing First—assessing to serve the most vulnerable, which requires Housing First. Demonstrating a Housing First approach will become more competitive; as of now programs and systems are just required to check a box, but moving forward there is an expectation that HUD will seek to monitor/evaluate the utilization of Housing First within a CoC and consider how efficient the CoC is in decreasing homelessness
    - System Performance Report will be due for the second time. These reports will play into the NOFA Competition each year, used to evaluate the performance of the CoC—comparing the performance of the CoC from year to year (rather than comparison performance between different CoCs).
    - Unified Funding Agency (UFA) approval is something Allegheny County CoC has been seeking for a couple of years and is making progress towards obtaining. HUD has provided limited information around UFA but two areas in which it is believed CoCs are failing pertain to Governance, particularly the ranking and review process, and financial controls. Financial controls seem to be the marker on which communities fall right below the threshold, and more direction is expected, however it is not anticipated that that guidance will come before this year's registration process.
    - In addition to ranking and review processes, HUD is expected to look at prioritization procedures, intended to ensure service to the most vulnerable first. These procedures are not just limited to the use of the VI-SPDAT or other intake assessment tools for prioritization, but at decision making within the CoC and the process to allocate resources based on needs and prioritization factors.

Adrienne Walnoha asked where the focus for the next tier of prioritization might be focused as communities move towards a functional zero for chronic homelessness. Mr. Lindsay noted that there are communities making significant progress on veteran and chronic homelessness and then turning their attention to the local needs. For some communities, this is youth homelessness, which for many is a population that has been forgotten and can be more invisible.

5. **Infrastructure Organization Report—Abby Horn**

Abby Horn provided the following updated from the Infrastructure Organization:

- The Point-in-Time (PIT) and Housing Inventory Chart (HIT) were submitted to HUD, based on the annual data from January. The PIT provides a count of households, whereas the HIC reports the number of beds. Results will be available online, but as a brief overing the overall homeless population has remained steady from last year (down by 11 to 1,145), with the following additional observations:
    - Unsheltered number increased by 5 to 53; but 0 unsheltered families
    - Chronic homelessness has decreased from 139 in 2016 to 101 in 2017
- The monitoring tool for homeless housing services has been updated and a training is

scheduled for March 29, 2017. The updated tool combines HUD and HAP monitoring, utilizing the strengths from each to be a rigorous, consistent and complete tool. In addition to government regulations, the tool puts emphasis on quality, performance and data, as well as incorporating Housing First oversight.

- Ms. Horn and Joe Elliott attended the NAEH Family and Youth Conference and shared feedback from HUD staff that expressed confidence in CoC funding due to the emphasis that has been based on performance outcomes and decision making over the recent years. However, cuts are proposed for other sources that will impact the homeless system.
- As referenced by Mr. Lindsay, UFA status is continuing to be sought by the CoC. Receiving UFA would be helpful, in part due to underspending. Every year the CoC underspends about $500,000; these funds are spread across many programs in much smaller amounts (e.g., $500-$3,000). With this consistently happening, conversations and analysis are occurring around reallocating funds for programs that have underspent for 2 or more consecutive years, as a way of helping that money get spent within the NOFA Competition cycles. If UFA were award, the CoC would be able to make such financial adjustments between Competitions.
- Finally, Ms. Horn reported that a 3-month pilot regarding referrals for single shelters has begun. In response to findings around the waitlist for singles access to shelters and the existence of shelter vacancies, and in the spirit of continuous quality improvement, the pilot changes the single shelter process in that people can go directly to the shelters and not contact the Allegheny Link for the single shelter referrals and holds. Every morning shelters report to DHS on who appeared, how many they can serve, and if they still have any vacancies. The pilot process will be evaluated carefully, both in terms of utilization rates and in client experience and satisfaction. This evaluation will therefore not only assess how the system performs in terms of data, but also capture the experience of clients and the impact of not having one point of contact to resources.

6. Ad Hoc Committee Reports

Community Strategic Plan

Jane Downing informed meeting participants that the draft Allegheny County Strategic Plan to Prevent and End Homelessness would soon be finished and made available for comment. The intent will be to share the draft broadly and collect feedback from Committees, Affiliate Groups, CoC members, and community members. At the May 30 bi-monthly meeting, the draft and feedback received will be discussing by the HAB, and then revisions will be integrated into the plan and the final version will be positioned for adoption by the HAB at the July 25th bi-monthly meeting.

Ms. Downing noted that the draft plan is comprised of five signature initiatives, organized around prevention, crisis response, maintaining housing stability, increasing supply and access to affordable housing, and strengthening system integration. Within each initiative are several strategies, which include but are not limited to: strategically targeting resources to those most likely at risk of homelessness; increase diversion; coordination across systems, including education, public housing, healthcare; establishing year-round, low barrier shelter; and expanding navigation support.

Provider Committee

Linda Kilderry updated the HAB on the Ad Hoc Provider Committee, noting the group had met three times and that Mr. Lovelace attended the last meeting to hear from the participating providers on their recommendations and rationale. She reiterated the Committee's three

recommendations, which were shared with meeting participants in advance of the meeting: (1) become a Standing Committee of the HAB; (2) Elect their own Chairs; and (3) elect a provider representative to serve on the HAB each year. Ms. Kilderry explained that these recommendations were based on ensuring the provider community has a place at the table to be active in planning and decision making, as well as incorporate the provider perspective when there are changes in direction or regulation.

Mr. Lovelace accepted the recommendations on behalf of the HAB and said they should be taken under consideration along with recommendations put forth through the Strategic Planning process and the annual Governance Charter review process.

7. CoC Analysis and Planning Committee—Amy Snider

Amy Snider provided an update on the CoC Analysis and Planning Committee's discussions regarding the 2017 review, ranking and reallocation process for the HUD CoC Competition. The HAB approved the Renewal Project Performance Outcome tool to be used, however how the outcomes of that tool are to be used still needs to be determined. The Committee's considerations are in-line with much of the guidance provided by Mr. Lindsay, with the Committee seeking to put forth a recommended process that is data informed and outcome driven. HAB and CoC members received a summary of the Committee's current considerations regarding review, ranking and reallocation, which spoke to using the evaluation tool for all programs that operated in 2016, ranking those projects by their score, and capturing funds to reallocate from identifying funds underspent by projects for two or more consecutive years, funds from projects not seeking renewal, and funds from the lowest performing projects. Overall, the Committee has discussed reallocating between three and five percent of applicable funding for this year's competition.

Reviewers for the Evaluation Committee are still being sought, with the expectation that this year's review should be less time intensive due to the process being heavily data driven. Each project will have received their completed 2017 Renewal Project Performance Outcome Worksheet and will have an opportunity to provide explanation for any metrics that are underperforming. The Evaluation Committee will assess the rationales provided and determine and score adjustments, leading to a recommendation for ranking and reallocation being put forth to the HAB.

The following questions were raised by HAB members:

- Ms. Walnoha asked how delays and vacancies created by Coordinated Entry will be translated into ranking. Similarly, there have been issues with chronic homelessness documentation and barriers that occur in a client appearing with prioritization because of chronic homelessness status but not having the necessary documentation.
    - Any systematic issues would be expected to impact programs across the CoC, however these explanations can be provided by projects into the comment portion of the tool.
- Ms. Kilderry asked how feedback from the Infrastructure Organization can be integrated into the review, with recognition that the IO has knowledge of project processes and performance through monitoring and coordination.
    - Nancy Dunkis, Co-Chair of the CoC Analysis and Planning Committee noted that IO staff members have previously been available to respond to questions from the Evaluation Committee.
- Richard Ranii asked about the notice providers would have regarding their data status to ensure the data pulled is accurate.

- Timely and accurate data entry into HMIS is a HUD requirement and an expectation of providers. Providers are aware that the HMIS data will be used to complete the Renewal Project Performance Outcome Tool. Providers also have access to their annual monitoring, and their real-time data.

In summary, Mr. Lovelace expressed three concluding points:

- If projects have not been monitoring their data, they should be doing that
- If discrepancies are identified they should be brought to light
- The task of the HAB is not to reduce funding, but to keep allocating funds to the projects that will help the most people in the most effective and efficient way.

8. Health and Housing (H^2) Panel

Peter Harvey introduced the Health and Housing (H^2) initiative, which was initiated through a DHS application for HUD technical assistance with the purpose of identifying system wide improvements for housing and health options and seeking to better integrate those silos. A stakeholder meeting was convened in 2015, from which an action plan was developed, including the formation of Workgroups. From the efforts and discussions, one of the community needs identified was the lack of community medical respite, so the H^2 initiative began collaborating with a group of stakeholders already working on this topic.

The panel presenting at the meeting was organized to provide information on community medical respite and next steps. Included on the panel were:

- Sharon Mackall, Director Care Management, UPMC Mercy
- David Gloss, Street Care Manager, Operation Safety Net
- Alicia Kirley, Director of Integrated Care, Pittsburgh Merch Health System
- Dr. Patrick Perri, Medical Director, AHN Center for Inclusion
- Deborah Linhart, CEO, Bethlehem Haven
- Matthew Cotter, Community Care Manager, Pittsburgh Mercy Family Health Center
- Sara Leiber, Director, Care Management, CCB, HPCCB-PHBH

What medical respite is and how it serves consumers:

Dr. Perri explained that community medical respite is an intermediate care model designed and implemented for people experiencing homelessness who are not quite sick enough to need hospital care, but are still a bit too unwell to reside in unsafe of unstable housing. Across the country there are about 85 medical respites, and until last year none of these were in the tri-state area. The model is flexible, not needing to be geared towards the traditional homeless, but rather for those that have acute recuperative needs and who need a safe place to receive health services. Medical respite provides a place to receive health services in a safe and stable setting, while also serving as a launching pad for social service engagement. As such, while clients are healing they can also be actively engaged in getting support services.

Mr. Cotter added that what's been learned is that sometimes people need 1 or 5 or 10 more days of care that can really be helpful. In these scenarios, the hospital is not the right setting, but having a few additional days of care and support can be a stabilizing factor.

How respite is different from other shelter or home settings:

Ms. Linhart provided an overview of the services provided through Bethlehem Haven, which is one of the two partners coordinating with AHN around respite (the other being Community Human Services). She explained the services at Bethlehem Haven are like restorative housing; the

program meets clients where they are and provides them the home setting. Stabilized in that safe setting, the clients receive medical care through the AHN medical team and home care supports, and support services are additionally wrapped around, including identifying housing next steps, support with income, drug and alcohol services, and connections to ongoing medical care, such as identifying a primary care physician.

Cost Effectiveness and Sustainability:
Dr. Perri explained that across the country there are various models used to support the costs of medical respite. In California, a Medicaid waiver program is used, identifying respite as a unique level of care and bundling payment to respite. Other programs operate with an investment model, usually involving a partnership with hospital/healthcare system and focusing on opportunity to cost. In this model, used here, a portion of the cost that would be used for operating an inpatient bed (15-25%) is used to underwrite a bed in a facility of a community partner with a strong track record of successfully serving the homeless population. As such, the community partner operates that bed and provides their services, while the medical team partners to provide the health services. While final numbers were not publishable yet, Dr. Perri noted that the return on investment for AHN for year 1 was significant and met the anticipated projections.

Ms. Mackall expressed to meeting participants that in order to have a robust medical respite model available in Pittsburgh and Allegheny County, the system cannot be a single provider/payer/service. Rather, resources need to be pulled and provided across the community.

Questions and Responses

- What is the current capacity compared to the expected need?
    - Dr. Perri estimated that overall there is probably a need for about 3-times the capacity that is available now. That said, he and other panelist spoke to the need to expand the level of care available through medical respite, as well as the coordination points. For example, being able to identify the level of need not just coming from acute care, but from emergency departments, shelters, and detox facilities.

- Has there been a reduction in emergency department visits because of program?
    - Analysis from the first year are still being conducted, but they are seeing a reduction in reduced care services relative to a comparative time period. The real benefit, and one that has been shown in the longer serving program and research in Boston, is that for those who were in respite, a year later their utilization of care was significantly down compared to the prior year. This indicates that there is something about the 2-4 week time period this is critical as a stabilizing point.

- Profile of who you see most?
    - Ms. Mackall noted a review of a year and a half of data from Mercy that identified a common client as being about 40-55 years old and male. Additionally, seeing many patients with diagnosed behavioral health need, history or active addiction, and 1-3 medical co-morbidities, such as hypertension and diabetes.
    - Dr. Perri also explained the respite models ability to meet the needs of injection drug users who are in the hospital for deep tissue infections and require antibiotics for 4-6 weeks—ordinarily patients would be discharged home, but with this population there is not that safe and stable option and skilled nursing settings in the are will not consider that population due to their high risk levels. With respite, care can be providing within a harm reduction model (receiving

treatment is not incompatible with continued drug use). So for this population, without respite they would be most often discharged earlier than ready and otherwise be heavily stigmatized and unable to receive other medical care support.

9. Public Comment/Announcements

- Mary Frances Pilarski thanks the HAB for their support of Veterans Place and Shepherd's Heart within the VA Grant Per Diem NOFA Application.
- Christine Pietryga reported that the Veteran's Boot Camp submitted the application to the U.S. Interagency Council on Homelessness regarding achieving the goals and benchmarks of ending veteran homelessness. She noted there has been some question and response correspondence since submitting, but the group is now waiting for a determination.

Next CoC Meeting

Tuesday, May 30, 2017—10:00 AM to 12:00 PM
Human Services Building
One Smithfield Street, Pittsburgh