Thank you for joining today’s webinar. We will begin promptly at 1:00 pm Central.

Historic Funding Opportunity to Address Unsheltered Homelessness as a Social Determinant of Health in Rural Communities

Your **First STOP** for **Rural Health INFORMATION**

Historic Funding Opportunity to Address Unsheltered Homelessness as a Social Determinant of Health in Rural Communities
Housekeeping

- Slides are available at www.ruralhealthinfo.org/webinars/hud-funding-opportunity

- Technical difficulties please visit the Zoom Help Center at support.zoom.us

If you have questions…
Featured Speakers

**Jana Reese**, Funding Resources Specialist, Rural Health Information Hub

**J Helms**, Director of Training & Advocacy, Pathways Vermont

**Norman Suchar**, Director of the Office of Special Needs Assistance Programs, U.S. Department of Housing and Urban Development

Why talk about housing?
**Data source:** County Health Rankings: Relationships Between Determinant Factors and Health Outcomes, *American Journal of Preventive Medicine, 50*(2), 129-35

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### Defining the Social Determinants of Health

Health and well-being is influenced by many factors outside of the medical care we receive, including the places where we grow up and the places where we work. These factors, the social determinants of health (SDOH), can impact the health and well-being of entire communities. Organizations and agencies use different definitions of SDOH. This highlights the complex nature of the multiple environments, systems, and policies that affect health.

**Healthy People 2020** defines SDOH as:

> "Conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks."

The **World Health Organization** describes SDOH as:

> "Conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, and political systems."

The **Robert Wood Johnson Foundation** states:

> "Good health begins in the places where we live, learn, work, and play. Although medical care is critically important, things like the quality of our schools, affordability and stability of our housing, access to good jobs with fair pay, and the safety of our neighborhoods can keep us healthy in the first place."

[https://www.ruralhealthinfo.org/toolkits/sdoh/1/definition](https://www.ruralhealthinfo.org/toolkits/sdoh/1/definition)
Housing and Health

Healthy People is an initiative of the U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion that sets national objectives each decade to help monitor and improve the health of the U.S. The initiative aims to identify key areas important for improving health, and to develop objectives that communities can use to measure progress towards achieving health goals.

https://health.gov/healthypeople

Housing and Health

• People who are homeless have higher rates of illness and die on average 12 years sooner than the general U.S. population.
• Poor health is a major cause of homelessness.
• Homelessness creates new health problems and exacerbates existing ones
• Recovery and healing are more difficult without housing

National Health Care for the Homeless Council
www.nhchc.org
Homelessness & Health: What’s the Connection?
February 2019
Children who have unstable housing are more likely to experience:

- Emotional and behavioral problems
- Negative impacts on their physical, emotional, and cognitive development
- Hunger
- Missed educational opportunities and poorer academic performance
- Acute and chronic health problems
- Exposure to violence

When the Bough Breaks: The Effects of Homelessness on Young Children
Child Trends, 2012
Housing and Health

CDC Social Vulnerability Index (CDC SVI)
A tool to identify socially vulnerable communities

CDC Social Vulnerability Index

What is social vulnerability?
Every community must prepare for and respond to hazardous events, whether a natural disaster like a tornado or disease outbreak, or a human-made event such as a harmful chemical spill. A number of factors, including poverty, lack of access to transportation, and crowded housing may weaken a community’s ability to prevent human suffering and financial loss in a disaster. These factors are known as social vulnerability.

What is CDC Social Vulnerability Index?
ATSDR’s Geospatial Research, Analysis & Services Program (GRASP) created databases to help emergency response planners and public health officials identify and map communities that will most likely need support before, during, and after a hazardous event.

Housing, Health, and Rural America

Rural homeless people are more likely to live in substandard housing, in vehicles, or doubled up with family or friends, rather than on the street.

Homelessness in Rural America
2014 Policy brief
National Advisory Committee on Rural Health and Human Services (NACRHHS)
Housing, Health, and Rural America

The barriers to addressing rural homelessness include:

- Difficulty finding transportation to reach services
- A sense of isolation
- Lack of homeless-specific services in their community
- Funding programs that lack the flexibility to meet the unique needs of rural areas

Homelessness in Rural America
2014 Policy brief
National Advisory Committee on Rural Health and Human Services (NACRHHS)
Related RHInet Resources

• Social Determinants of Health in Rural Communities Toolkit
• Social Determinants of Health for Rural People Topic Guide
• Housing and Homelessness Topic Search

Resource & Referral Service

Need help finding information? Our information specialists can provide free assistance customized to your needs.

1-800-270-1898
info@ruralhealthinfo.org
Pathways Vermont’s Rural Implementation of Housing First: An Overview

Hello!

J Helms (they/them)
Director of Training & Advocacy
Pathways Vermont Training Institute
Where is Vermont?

Total Area: 24,901 square kilometers

Population: 648,560

Population Density: 26 people per square kilometer
HOMELESSNESS IN VERMONT

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2021</th>
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</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>643,077</td>
<td>648,560</td>
</tr>
<tr>
<td>Total Homeless Individuals</td>
<td>1,110</td>
<td>2,591</td>
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<tr>
<td>Chronically Homeless</td>
<td>184</td>
<td>483</td>
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<tr>
<td>Psychiatric Disability/SMI</td>
<td>373</td>
<td>768</td>
</tr>
<tr>
<td>Substance Use</td>
<td>238</td>
<td>351</td>
</tr>
</tbody>
</table>

COVID-19 Pandemic:
- 2,700 households accessing motels
- $41 million dollar FY22 request
*Data from 2020 & 2021 Vermont Point-In-Time Count of Homelessness

Pathways Vermont’s mission is to end homelessness and offer innovative mental health alternatives
Ending Homelessness

▷ 86% Housing Retention
▷ 1,297 Vermonters Housed
▷ Permanent Supportive Housing and Rapid ReHousing

HOUSING FIRST

Housing First provides immediate access to permanent housing and support services for people who are experiencing chronic homelessness and have serious mental health challenges.
VERMONT HOUSING FIRST HISTORY

› Dr. Sam Tsemberis & VT Department of Mental Health awarded SAMHSA grant in 2009; Hilary Melton founding & current Executive Director
› First program participants served in 2010
› Pathways designated as Specialized Services Agency in 2014; part of mental health system of care

VERMONT HOUSING FIRST IMPACT

› Permanent Supportive Housing:
  ➢ 300+ households chronic homelessness
  ➢ 200+ individuals institutional settings
  ➢ 86% housing retention rate
› Population served:
  ➢ 100% mental health diagnosis
  ➢ 68% substance use
  ➢ 90% + experienced trauma
VERMONT HOUSING FIRST IMPACT

- Community Orientation to Housing First
- Progressive Engagement
- 350+ housed through Rapid ReHousing
  - SSVF
  - HUD
  - CARES

VERMONT HOUSING FIRST IMPACT

- Ability to bill Medicaid for services, provide long-term support
- Largest VT Housing Authority Sponsor
- First Rural Demonstration of EBP Housing First
- First Department of Corrections partnership for Housing First
- As of July 2021, Housing First services in 9 of 14 counties
FUNDING PARTNERS

- Department of Mental Health
- Department of Corrections
- Agency of Human Services
- Veterans Administration
- HUD Continuum of Care
- United Way
- University of Vermont Medical Center
- Private Donors

HOUSING FUNDING

- HUD Shelter Plus Care
- DMH Subsidy Plus Care
- Local Choice Vouchers (Section 8)
- DOC Funded housing (Pathways Administered)
- Self-pay
- Others
OUTCOMES

➜ Housing Retention Rate 86%
➜ 93% of time spent in community vs. institutions
➜ 97% of Department of Corrections participants not charged with a new crime
➜ 75% current participants housed for longer than 1 year

Nightly Cost Comparison

$1,500
$692
$135
$62
$42

Psychiatric Hospital
Emergency Room
Correctional Facility
Motel Stay
Housing First Program
6 Months Before Housing First:

- Psychiatric Hospitalization: $1,038,000
- Correctional Facility: $726,652
- Motels: $151,094

6 Months After Housing First:

- Psychiatric Hospitalization: $1,500
- Correctional Facility: $218,619
- Motels: $47,244

RURAL LESSONS

- 1 cow per 3.8 Vermonters
- No billboards
- As long to drive down as across

→ Local Champion
→ Accessible Legislature
→ Technology
→ Small Town, Big Impact
→ Car Time
→ Local Folks
→ Flexibility
→ Lived Experience is an Asset
**SERVICE ARRAY**

- Multidisciplinary, community-based support
- Team approach to services
- Local connections
  - Pharmacy
  - Primary Care
  - Therapist
  - Voc Rehab
  - COSA groups
  - Faith-based groups
  - Emergency services

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**Technology**

- Virtual Meetings
- Shared Resources
  - Calendars
  - Contacts
  - Google Apps
- Paperless ACT meetings
- Statewide Online Communications
  - Email
  - Fax
  - Phone
Lived experience of mental health challenges 78%
Lived experience of substance use challenges 43%
Lived experience of trauma 60%
Lived experience of homelessness 43%
Lived experience of hearing voices 17 individuals
Attempted to take own life 21 individuals

Values-Based Service Philosophy

- Individual choice & self-determination
- Trauma-informed services, spaces, and relationships
- Harm reduction
- Peer support
- Community integration
What is peer support?

An approach to relationships that recognizes each person as the expert of their own experience, fosters connection through shared/similar experiences, centers mutuality and mutual support, preserves autonomy, and creates opportunities for making meaning and exploring possibilities.

Thank you!

Any questions?

Contact us:

j@pathwaysvermont.org
training@pathwaysvermont.org
Rural Focus: Special NOFO to Address Unsheltered and Rural Homelessness

HUD's Office of Special Needs Assistance Programs

Unsheltered and Rural Homelessness NOFO

- Approximately $322 million is available through this Special NOFO, divided as follows:
  - $54,500,000 for the Rural Set Aside
  - $267,500,000 for the Unsheltered Homelessness Set Aside
- CoCs that registered in the FY 2022 CoC Program Competition Registration are eligible to apply
- Project applications must be submitted to the CoC to be included on the CoC Priority Listing. All projects must be rated and ranked on the appropriate project listing, including CoC Planning and UFA Costs.
- Grant terms will be 3-years.
- The deadline is October 20, 2022
Set Asides within the Competition

- **Rural Set Aside**
  - CoCs may apply for projects in an amount up to 150% of the PPRN of the rural areas in their geographic area.
  - Projects may only serve geographic areas within their CoC that meet the definition of “rural area.”
  - HUD will select projects for funding based on a formula comprised of the following factors: CoC score, CoC ranking of the project on the priority listing, and serving structurally disadvantaged areas.

Selection Criteria – Overview

- The Consolidated Application is made up of 4 scoring sections with several sub-questions:
  1. Project Capacity, Review, and Ranking (4 points) – statutory selection criteria
  2. System Performance (18 points) – statutory selection criteria
  3. CoC Coordinated and Engagement (8 points) – statutory selection criteria
  4. CoC Plan for Serving Individuals and Families Experiencing Homelessness with Severe Service Needs (59 points for Rural Set Aside) - attached narrative
Eligible Project Types

- **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 Homelessness Set Aside Only)
- **UFA Costs** (for Unsheltered Homelessness Set Aside Only)

Resources

- **CoC Special NOFO Webpage:**
  [https://www.hud.gov/program_offices/comm_planning/coc/specialCoCNOFO](https://www.hud.gov/program_offices/comm_planning/coc/specialCoCNOFO)
- **Questions:** SpecialCoCNOFO@hud.gov
Questions?

Thank you!

- Contact us at ruralhealthinfo.org with any questions
- Please complete webinar survey
- Recording and transcript will be available on RHIIhub website