

**Conference Title: Housing – An Update on Pennsylvania’s Five Year Strategy**

**Moderator: Teresa McDonnell**

**Presenters: Ben Laudermitch, Beth Ellis**

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Teresa McDonnell: Good morning, everyone. We are going to go head and get started. My name is Teresa McDonnell. I am the Outreach Operations Manager with the Pennsylvanian Enrollment Assistance Program. Welcome to the Pennsylvania Enrollment Services Webinar series. Today’s webinar is titled Housing: An Update on Pennsylvania’s Five-Year Strategy. Thank you for joining us this morning. Before we begin, please know that the phones have been muted.

If you have any questions, type them directly into the chat box at the bottom of your screen and we’ll answer them at the end of the presentation. This call is being recorded. The slides and other related materials will be posted on [www.enrollnow.net](http://www.enrollnow.net). They will also be available after the webinar for download. Now, let’s get started with the webinar. Our presenters today are Ben Laudermitch and Beth Ellis.

Ben Laudermitch, Executive Housing Director for the Pennsylvania Department of Human Services oversees agency-wide housing activities. With too many Pennsylvanians living in facilities, facing homelessness, or unable to afford their rent, Ben and his team oversee the implementation of the Department’s Five-Year Housing Strategy. Through these efforts, internal and external resources are leveraged at all levels of government to make housing resources more available and accessible with the goal of providing homes to Pennsylvanian’s vulnerable populations.

Prior to his appointment, Ben served as Executive Director of the Cumberland County Housing and Redevelopment Authorities and has more than 20 years of experience with community-based organizations. Much of Ben’s work has centered on local/regional planning initiatives, strategic planning as well as development of low-income housing tax credit projects, and other community and economic development ventures. He also worked on homeless initiatives across the country

to develop housing and other opportunities to foster greater consumer self-sufficiency and economic growth.

Also, joining us is Beth Ellis. Beth Ellis joined the DHS Office of Social Programs in September of 2017 as an Executive Housing Specialist. At DHS, Beth contributes to the implementation of the Department's Five-Year Housing Strategy with the focus on supportive housing education, de-institutionalization, and diversion efforts. Supporting successful implementation of the Section 811 PRA program state-wide is a key aspect of her work.

Prior to her current role, Beth was a Regional Housing Coordinator with the Self-determination Housing Project of PA where she worked in the South Central Region to improve access to affordable, accessible housing for persons with disabilities. Her early professional career focused on accessibility in historic buildings as a Planner for the City of Harrisburg and through graduate work at Goucher College, where she earned a Master's Degree in Historic Preservation. She currently serves on a number of local boards in Dauphin and Cumberland Counties working to increase the availability of affordable, accessible housing in the Capital Region and is a Director on the Camp Hill School District Board.

We are very happy they could join us this morning to educate us and update us on this strategy. I will now turn it over to you, Ben and Beth, to educate us on Pennsylvania's Five-Year Housing Strategy.

Ben Laudermilch: Great, thank you so much, (Teri). I hope you all can hear me. It's so great to join you here today. I don't know some of you may have been there a couple of years ago when I came out to report the original housing strategy in 2016. Last year, 2017, we had regional housing coordinators across the state come out and speak to you so this is a great opportunity to update you. In January of 2018 our new secretary, Teresa Miller, signed off on the 2017/2018 update and we're in the midst of implementing that updated strategy.

You may recall that this housing strategy is largely about connecting Pennsylvanians to accessible, integrated, supportive, and affordable housing opportunities and removing the barriers to how things that exist at the local, state, and federal levels.

So when we think about the housing strategy we think of three core populations: homeless individuals and families who are either homeless now or at risk of becoming homeless, we think of folks who are in institutional settings or at risk of being institutionalized who could be living in the community with the right supports, and finally we think about Pennsylvanians who are rent burdened and you may recall me talking about that.

At this point in time we've got 42-1/2% of all Pennsylvanians -- all Pennsylvanians -- are rent burdened meaning they're paying more than 30% of their income towards rent. So with that business case in mind, it's more affordable to serve people in the community. It's certainly worth collecting data right now and I'll talk about that momentarily.

This seems to indicate it's more affordable to house people than to maintain their homelessness and it's certainly more affordable to address the social determinant of housing as a social determinant of health than it is to not address it. We're seeing a great deal of evidence in support of that idea. So the first strategy is really about connecting people to housing opportunities. We need to -- in order to do that -- we need to build better state and local housing partnerships and we need to provide information technology tools.

We're currently working on a resource guide that should be universal across the Commonwealth so that folks like yourselves can identify resources -- not just housing -- but other resources as well. And we're also looking to expand the Section 11 Project-Based Rental Assistance Program in partnership with the Pennsylvania Housing Finance Agency. The sounds like a lot of technical stuff

on the housing side but the 811 program has really been our test bed for housing persons with disabilities.

It's critically important that we learn lessons from that demonstration. So I wanted to talk to you a little bit about what we're working on right now. If you're not familiar with the HUD Mainstream Vouchers you should become familiar with it and you should get to know your public housing authority. I don't think we have any housing authorities on the call but they are still a huge resource in this day and age for housing.

So HUD announced awards on September 4th of 2018 nationwide 285 entities received awards 11,931 vouchers were awarded to the tune of about 98 -- a little bit more than 98 million -- and approximately 300 million remains for future NOFAs. So that's what I'm talking to you about here today. In Pennsylvania 13 of our 80/85 entities across the commonwealth received awards -- 449 vouchers -- and this is for persons with disabilities.

And 3,669,952 million in funding awarded - we're the seventh - approximately the seventh most populated state in the country and we received the seventh highest award. So we did pretty well but there's still opportunities with 300 more million to be awarded. In the State of Pennsylvania, the ones that are bolded here on your screen are agencies that we engaged prior to the funding awards.

So these authorities reached out to us and got letters of support from the department and within the context of those letters of support we really discussed our agents: managed care organizations, county - single county entities, jointers, different groups at the local level who are actually providing these services. So it's critically important that our partners are engaged in this process.

But also equally important is that the housing authorities in your jurisdiction apply for and receive these vouchers. We are not seeing a whole lot of opportunity for new housing options for persons

with disabilities. And this is one that's new. So if you'd like to talk to me a little bit more about mainstream website is listed here. I believe that Teri will make these slides available after the fact.

The NOFA FAQ for the last round is still listed but it's important to take a look at it so that you understand what the expectations were for the NOFA. And then our technical assistance collaborative did a lot of work on this. They actually list all mainstream NOFA awardees on their website so take a look at that. And again, it's really important that you understand this as a resource book today and in the future with 300 more million coming online. I'm going to turn it over to Beth to discuss our Section 11 Program.

Beth Ellis: Thank you, Ben. Yes, as Ben mentioned in the strategy expanding Section 811 across the state is a significant goal we have and speaking with you today is part of that challenge to grow awareness and ultimately participation in the program. You may have heard of 811 in the past that it was formerly a bricks and mortar development program through HUD where entire buildings were built and dedicated using 811 funding.

And now it has evolved into Project Rental Assistance Program where we're partnering with PHFA and housing providers across the state to really better integrate the 811 housing opportunities into a variety of communities and types of housing settings. We also work with the housing authorities who are our significant partners in this program as well to provide vouchers through the program.

So on this slide (slide 6) you'll see that funding has been secured through HUD for 400 units state-wide and we have leveraged an additional 300 vouchers with those housing authorities so it's a significant amount of housing and we're currently really in the throes of learning lessons and implementing the program state-wide. For you to connect to 811 on the bottom of the slide (slide 6) we've listed two resources.

The first link is to the list of local lead agencies and they are a key partner as we implement the program and that they are our lead agency in every county who is well-versed and a leader in that county on connecting folks to 811 and other similar affordable housing opportunities. And the second link is to the Regional Housing Coordinators, the RHCs. They work very closely with the local lead agencies to create the local referral network -- that is the structured partnerships if you will -- to make 811 happen.

And so if you are not already connected to your LLA or your RHC I would encourage you to click on the links and reach out to those persons and start a relationship because they really are key people when it comes to affordable, accessible, and integrated housing in their counties. On this slide (slide 7) you'll see the counties where we have currently located 811 units. You'll see we've reached 24 counties and this is continually expanding.

And so in this next round of low-income housing tax credit applications we anticipate a significant number of applications coming in with 811 as part of their project plan and so we expect this number to grow well over 30 counties when we've fully flushed out the full 400 units. You'll see from this slide that the units committed currently is only 267. So we have 133 left to go and I think we will be seeing that achieved in the next year or so.

And so even if you aren't listed here, please stay tuned because your county may become an 811 county and it's a state-wide program. And so county residency is not required to access 811 if a person is interested in living in one of the counties where it is located. You'll see too that we've achieved 90 move-ins to date and 127 housing choice voucher move-ins. So we're pleased with the number of households we've been able to bring into this affordable housing resource.

But a long way to go because a lot of the units that come into the program are currently leased and so we're waiting for turnover in order to access the program for our participants. So who does 811 serve? This slide (slide 8) you'll see the basics of the population. Persons 18 to 61 who continue -

who seek to live in the community are our primary targets so it's persons who have a disability as listed here.

It's important to note that this is a cross disability program and we really want to see persons from all of these groups benefiting from the affordable housing we have. They do also have to be enrolled or eligible for enrollment in Medicaid and so beginning a COMPASS application would be part of the process. They also have to be extremely low income with the growth income at or below 30% of the area median income. And this calculation includes an entire household's gross income.

So you don't have to live alone to live in an 811 unit but the household does have to be as a whole under 30% AMI. And of course, the property manager -- through the application process -- that is where income verification takes place. It's important to note, too, that even though the age is restricted to 61, people can continue to reside in 811 supportive housing after they turn 62 but they just have to be 61 or younger at the time of their initial lease signing.

This is the final piece of eligibility. This is the eligibility for long-term services and support. So with 811 tenancy is not contingent upon receipt of services meaning that they can choose not to receive the services that support their disabilities in the community to be eligible but the service agencies that provide those services are the key referral source through the program and so they are an important connection.

You'll see listed here (slide 8) the eligible community-based long-term care services and I've also at the very bottom included Community HealthChoices (CHC). As many waivers as we roll out Community HealthChoices across the state; many waivers are rolled up into CHC and so its persons too would be eligible. The final slide I have for you (slide 10) is the slide that outlines our waiting list. And we do sort the waiting list by current housing situation.

You'll see that the priority one group are persons who are living in an institution but able to live in the community in permanent supportive housing. Institutions include -- but are not limited to -- private and public mental health hospitals, nursing facilities, and facilities for those with intellectual disabilities. Our second priority are persons who are at risk of institutionalization if they had no permanent supportive housing.

This includes people who are living with caregivers in unstable situations, experiencing homelessness, people aging out of early and periodic screening diagnosis and treatment programs with no family supports and young adults who are aging out of foster care who have a qualifying disability. The final population that we've prioritized are those living in congregate care settings but also that would desire to live in the community.

These are typically community residential rehabilitation facilities, long-term structured residents, personal care homes, and domiciliary care settings. And so that concludes my slides on 811.

Ben Laudermitch: Thank you, Beth. Beth does a really nice job of explaining the 811 program. It's a little bit complicated but as I mentioned before it really does demonstrate our ability to connect people to housing opportunities which, of course, is a huge part of Strategy 1. You may recall that we had multiple strategies. Strategy number two is really about strengthening services and supports that address housing needs.

Again, we could connect people to housing but if we don't have those pre-tenancy, you know, finding the unit supports and services and then the tenancy sustaining supports and services we know that we aren't going to get anywhere in the long-term and helping people maintain their housing. Rule Number 1 is a big one to maximize Medicaid funding for housing-related services and supports.

Some of you may have heard that the HHS secretary actually is indicating that housing's critically important under the Medicaid model so we don't know yet what that means but look for more emphasis on housing as a social determinant of health in the future. We're going to talk a little bit less about Rule Number 2 which is increasing housing opportunities and services for individuals in the criminal justice system with Mental Illness and Substance Use Disorder. Please note that that is right now a primary goal.

A secondary goal that's not really drafted in the housing strategy are persons with physical disabilities. So while we prioritize Mental Health because of the local and state emphasis on mental health- persons with Behavioral Health disabilities we are focused on the broad population of persons with disabilities. That being said, I want to talk to you a moment about an opportunity here a little bit outside of the context of our conversation.

The Office of Developmental Programs Housing Transition and Tenancy Sustaining Services - we had a win last summer in getting approval from the Centers for Medicaid and Medicare Services to do these housing services and supports. If you've been involved in "Everyday Lives" you may recall that in 2016, the Everyday Lives publication including 13 recommendations for supporting people with developmental disabilities to live those everyday lives.

Recommendation Number 10 was to expand options for community living, expand the range of housing options in the community so that all people can live where and with whom they want to live. Listening to people with disabilities and their families and providers and support coordinators will help people to locate affordable and accessible housing, finding housemates, and identifying housing resources and supports and other governmental benefits that when blended with natural supports will promote an everyday life.

So again, that was the broad vision and we right now have an announcement that was published some months ago - our ODP Communication Number 8318. The reason that's so critically

important is it was really the first out of the gate and so we have a lot of lessons learned from that. All right, you may have been following this - I'm not sure. But this Housing Transition and Tenancy Sustaining Services - the provider qualifications are really about the knowledge of the programs.

So this is where we're getting hung up for the time being. There are many providers who understand human services. There are many housing providers who understand housing. But there are very few people at this point in time that understand the connection between the two and even fewer who really understand all the different programs that are available.

So when you take a look at this list - and in fact I just highlighted some: housing choice voucher programs, Beth just talked about 811, I just talked to you about mainstream, non-elderly disabled vouchers. Those are critically important. Tenant-based rental assistance an underutilized program in our Office of Long Term Living which really aids in nursing home transition and something that a huge, huge innovation in the loan from housing tax credits sphere that makes units available to persons at roughly 20% of AMI.

It's roughly an FSI payment. These deeply affordable units in the history of the program have been underutilized by persons with disabilities. Today our numbers are looking a lot better. But again, that's another resource. Other things that we talk about are fair housing, reasonable accommodations, home ownership programs, USDA, rural development programs, local and regional housing opportunities, that sort of thing. So needless to say, it's been hard to identify providers in that area.

We focus then on having transition and tenancy sustaining services and I wanted to point some of these out to you - access to identifying preferences in barriers. One of the biggest problems is that people don't even know what's available to them so folks who are in a workshop or in some sort of congregate care setting may not even understand that they could be living in the community with the right supports.

We need a provider can develop that individualized housing support plan, assist with housing search process which is we found through our 811 process not easy. It takes some time. It takes one day to get into a skilled nursing facility. It can take as long as 150 days to get out. Applying for housing programs which if you do anything with housing you know it's splintered. It's very local. Even within an un-organization there may be separate process for applying for one housing project and another housing project.

When you have a provider who can identify resources such as security deposit, moving costs, furnishings, adaptive aids, environmental modifications, and other expenses. We need to ensure that the housing is safe and ready to move in. Really on the HUD side that is housing quality standards inspection so that needs to be done and we need to support the details of the move. So often our folks want to move out but they don't even know where to begin.

And then, of course, there's the crisis planning when, you know, the huge expenses that were unintended - that sort of thing. I included this additional list not to bore you with the details but if you look at bullet number two it says the financial education and planning for housing - financial education's absolutely crucial for all the social determinants of health. If you think about this it's a core foundational element and many of the folks that we deal with do not have a lot of background in financial education.

And this is everything from planning a budget to understanding what kind of work you can do and not lose benefits - that sort of thing. So really understanding your financial education and we have a number of different opportunities to receive that training. Collaboration with other service providers, remediation especially with landlords; understanding that, the landlord and tenant roles.

Ben Laudermitch: Okay, so I was on the Housing Transition and Tenancy Sustaining slide. If you move to the next slide I had the financial education. We get into Strategy Number 3 which is Slide 16.

I just wanted to say about the Strategy Number 2 the Housing Services - we're also working with the Community HealthChoices (CHC) managed care organizations and the physical health managed care organizations to develop strategies around housing services and supports in the CHC realm and the long-term living realm that means actually connecting people to housing.

In the physical health realm we're full quart pressed to educate care managers, case managers, and the like. Managed care organizations, our Independent Enrollment Broker on housing and so we intend to go out every year and really talk about housing initiatives and making those connections. So if you're on that slide for Strategy Number 3 (slide 16) expanding funding opportunities for housing we really want to develop public and private partnerships.

Target existing DHS resources for housing programs, I'm going to talk about that momentarily, and redirect existing homeless and housing service resources towards housing. In order to do that, we need to partner with our Department of Community and Economic Development, Pennsylvania Housing Finance Agency, and the Homeless Continuum of Care is critically important to understand this but, very good news here related to both housing services and generating new housing opportunities.

If you advance to the next slide (slide 17) some of you may be aware of our state opioid response support services navigation housing services for individuals with Opioid Use Disorder. So this is a huge opportunity.

Ben Laudermitch: Yes, so again this was identified to address the opioid crisis by increasing access to FDA-approved medication-assisted treatment. So we're looking for housing opportunities that include mat. Some of you may have heard recent NPR or WITS stories about recovery homes and

the fact that they don't allow the MAT (Medication Assisted Treatment) and that's an issue for our target population so we're looking at a new evolution in that response. We're hoping to reduce unmet treatment needs.

The Philadelphia example that I've heard recently at the Homes Within Reach conference is we worked with homeless individuals struggling with Opioid Use Disorder and we could never get the folks who were on the streets into treatment. The moment we got them to housing it was like a great green light went on and they went into treatment.

So again, there's a connection that we've historically not made between Substance Use Disorder and housing and if you get somebody into safe, decent, affordable housing they don't have to worry about that. They can address some of their other needs. We want to reduce related deaths through prevention, treatment, recovery activities including housing and related supports and services.

So if you want to take a look - today would have been the deadline but I think we've moved it out to December 4th you can get a request for applications and other materials can be viewed at our marketplace. It's due now December 4th at 2:00 pm. The resulting grant agreements will be for one year with the possibility of extending to two. And DDAP was awarded the 2018 State Opioid Response grant - we anticipate a second year of funding there. Again, you know, I feel wonderful about this.

Historically, the 21st Century Cures Act in Housing did not intermingle. They were wholly separate. Today, we're making some strides in increasing funding for housing. The next slide (slide 18) shows you eligible applicants for funding. So I'd like to be able to tell you that all 67 counties can apply. But what we did is we identified rural and urban counties through a metric -- a number of calculations -- and identified these 15 counties rural and 15 counties urban where the need is greatest.

We intend to award funds to eight or more applicants. The approximate maximum award is 1.7 million although no requirement - there's no requirement to meet that maximum. Applicants will provide services solely or in collaboration and use evidence-based approaches available in the SAMHSA Website. And then here to all applicable federal, state, and local laws, regulations, directives, reviews, and policies- policy statements promulgated both by SAMHSA and by DHS.

And the type of agencies - a very broad agency application profile non-profit organizations are community-based organizations. Public housing authorities are non-profit housing providers, community action agencies, CAP agencies, public health programs, community, family, or women's health departments of local hospitals, eligible residential programs for individuals with OUD and single family authorities.

So I can't seem to get back on but I think we're in good shape here. So these are the 30 counties that are eligible to apply. If you advance to the next slide (slide 19) some of the required services that we're looking at here are the support of the services around intensive case management, recovery services, basic needs, and self-sufficiency supports.

The area of interest for me is the housing and housing services, housing education supports, rental assistance - we're actually doing housing rental assistance -- housing rental assistance through this funding source. That's the good news. The bad news is we aren't going to be able to provide capital investment in housing or ongoing beyond the grant period.

So this would be one or two years of rapid rehousing-style services. And of course, we'll do the outcomes measurement and data collection. If you advance to the next slide (slide 20), the project timeline has been updated. So again most of this is behind us but I do encourage you if you're interested in this or know somebody who's applying you may want to take a look at the answers to potential applicant's questions posted on our website effective November 6.

And then, of course, the due date is December 4th so we hope to have awards moving out in early January. So that gives you an idea of what we're doing with the Opioid Use Disorder and new funding related to housing which is really great news. The fourth metric is measuring communicating our progress. That's partially what we're doing here today.

We're also tracking metrics and measuring outcomes, continually improving DHS programs, and that's one I'm going to talk to you about momentarily and we're communicating the progress of DHS housing strategy to stakeholders and advocates. So in the arena of Goal Number 2, continually improving DHS programs, we engaged the University of Pittsburgh Medicare, Medicaid Resource Center.

They are measuring Medicaid and Medicare and counter data against homeless management information system data in the balance of state homeless continuance of care the more suburban and rural areas as well as Allegheny County. That's where we're able to get data use agreements at this point in time. We hope to expand the study area to include major areas such as Philadelphia, Montgomery County, Dauphin County, York, Lancaster, that sort of thing.

But at this point in time, we have a pretty good number of individuals and cohort in this. But what the early indications are in that study it seems to show that highly expensive acute care emergency room visits - these numbers go down and the costs associated with them go down when people get into permanent supportive housing.

We do see a bump in adherence to medication so you see an expense there, you see people going to their primary care physician more often, to their dentist. But these costs tend to be dwarfed by the much more expensive acute care and emergency room visits. So again, it's seeming to be at this point in time that permanent supportive housing even when you factor in the cost of the housing is a far more cost-effective solution than what we're currently doing with homeless individuals and families.

So again, look for a report out hopefully in the next year or so - our final findings on that. But the early indications are that's really moving in the right direction. If you'd like to read a little bit more about our Housing Strategy, the DHS Five Year Strategy, the original strategy that was published in May of 2016 and the update that was published in January of 2018 they're both available at our DHS Website along with a link for housing resources. Folks who use that housing resource link it's just six links.

So if you dive into that it really gives you a good starting point for identifying resources if you're working with an individual or service provider and need some housing resources. So we've heard good things about that. And again, we couldn't do it without you. We need the support of everybody: our regional housing coordinators, our managed care partners, our service provider partners, and our housing provider partners because right now it's me and Beth.

We're running the housing strategy for the Department of Human Services and so it isn't going to be run out of the department. Most human services are done at the local level. Most housing's done at the local level so - but seriously, call me, call Beth any time. We love talking about this. If you have any questions -- basic or complex -- we look forward to talking to you. And I believe we've reached the end of our presentation.

Teresa McDonnell: Okay. Let's open it up for any questions. Remember, if you have any questions just type them in the chat bar below at the bottom of your screen.

Ben Laudermitch: I saw a question about the slides being available. We'll shoot you a PDF of our slides that's clean that doesn't have all of our scribbles and notes on it. Does that make sense?

Teresa McDonnell: I actually already took care of it.

Ben Laudermilch: Oh, excellent. Thank you, thank you.

Teresa McDonnell: Yes, and what'll happen is after this webinar everyone will receive a link for the survey and I've attached the PDF to it.

Ben Laudermilch: Cool, you're 20 steps ahead of me.

Teresa McDonnell: While we're waiting for questions to come in one question Ben as, you know, you had made a point earlier to talk about, community-based organizations. A lot of times they're good at what they know and what they do with services. Then you have housing entities that provide housing but it can be challenging to put the two together. If there's providers attending who would be interested in looking into and exploring being able to better support their individuals with housing what would be some good first steps for them to take?

Beth Ellis: I think that the best first step is actually going back to that slide that had the link to the Regional Housing Coordinator Program. The Regional Housing Coordinators (RHCs) are a team of experts on housing who really exist to make that connection that you describe; that connection between the social services agencies and the housing providers that they need.

And so finding the RHC that serves in the county where you're working and connecting with that person and letting them know the kind of housing resources that you're looking for, the kind of connections that you're looking to make, they really are a great first step in moving forward on those goals.

Teri McDonnell: Okay.

Ben Laudermilch: They're also a recent asset across the department so historically they've been a long-term living asset working almost exclusively on nursing home transitions. That being said, if you

ever need to reach out to Beth or to myself as, you know, we're available to talk this through and our website really helps you drill down and make those connections. The network is 14 RHCs across the state. That's not a whole lot of people but if you get to know your RHC I think they can benefit you in that business-to-business interaction and not really working directly with consumers.

Teresa McDonnell: Okay, great, thank you. We do have a question. Who would a homeless individual contact to assess assistance?

Ben Laudermitch: This is the disjointed nature of housing and homeless services. So in the State of Pennsylvania, the good news is January 1st we needed to implement for homeless system which is called Coordinated Assessment and that's a fancy word for wait list. So the good news is we now have wait list systems. The bad news is it's called Coordinated Assessment. We have 16 of them across the Commonwealth and that's the antithesis of coordinated. I'm not dissing the groups.

This is a 30-year program, homeless Continuum of Care and its grassroots. So it's not really driven by the state at all so we kind of understand why it's grown up this way. You must identify your Coordinated Assessment process for a given area and I think we may have links on our website for that and if we don't we probably should do that - update that.

But each county in the more urban areas and then within the suburban rural areas the state, the Department of Community and Economic Development, would have access to your Coordinated Assessment and that's CCED is the primary in that. So again, I would be happy to assist with an individual case. We often field these calls through the Governor's office but the goal is to have everybody working through their Coordinated Assessment process and unfortunately at this point in time there are 16 different flavors.

Teresa McDonnell: Okay.

Beth Ellis: An RHC would also know in their counties what the front door is, what agency is the front door.

Ben Laudermilch: That's a great point, yes.

Beth Ellis: Because they're a more coordinated entry.

Teri McDonnell: Okay, thank you. Next question, is there anything available for emergency homelessness shelter supports?

Ben Laudermilch: It depends on what you're talking about. So if you're talking about ongoing operations the Pennsylvania Department of Community and Economic Development still provides funding through the Emergency Solutions Grant. It used to be called the Emergency Shelter Grant years ago. So you can still facilitate some amount of operating funding but they've really pushed, the name says it all - they've really pushed towards a Housing First approach.

So I think Pennsylvania's in the throes of this evolution, moving away from the shelter more towards the rapid rehousing, and Housing First. There are people who really believe in it. You're hearing from one person who really believes in Housing First and there are many other reasonable people who feel that we've continued to need an emergency shelter and I would argue that we do in the current environment need emergency shelter.

The bad news is there's not a whole lot of new funding to establish new shelters or to provide ongoing operations as robustly from state or federal resources. So homeless shelters are really left to operate through the philanthropic or through churches, that sort of thing. Unfortunately, it's a faith-based consideration at this point in time largely. But we still, at the state, support homeless shelters especially in the context of planning for a Housing First strategy in the future.

Teresa McDonnell: Is there anything available to set up a new shelter to replace a recently closed shelter?

Ben Laudermilch: I think it's worth talking with your Regional Housing Coordinator (RHC) and getting connected to your Homeless Continuum of Care. So for instance, if you're in Dauphin County that's CACEH...

Beth Ellis: CACEH – the Capital Area Coalition to End Homelessness.

Ben Laudermilch: Right, so that's the group in Dauphin County. You move right across the river in Cumberland County it's the state, it's the Suburban Rural Consideration DCED so you really need to be connecting to both depending on where you are; both with the emergency solutions grant provider which in urban areas is the county and rural areas it's DCED.

But you also need to be talking to that Homeless Continuum of Care. If you're not actively engaging your regional or local process you don't know what the priorities are or what they're talking about. So the short answer is there is not a whole lot of resource to establish new shelters and to replace old shelters. One potential funding opportunity is through the Pennsylvania Housing Affordability Rehabilitation Enhancement, PHARE. It's our state-wide affordable housing trust fund. It's incredibly flexible. It's also fairly limited at 25 million, applications were due I think they already went in so I think some providers have gone to the Pennsylvania Housing Finance Agency, PHFA process and applied for funding. Again, PHFA is looking for innovations in that area. So maybe looking at different ways of doing this rather than the old approach to funding traditional shelter.

Teresa McDonnell: Thank you. Are there any other questions for Ben or Beth? Okay. Well, thank you. If you have any questions that you did not get answered or have, anything additional please email us. You can email me at [teresasmcdonnell@maximus.com](mailto:teresasmcdonnell@maximus.com) and I will be sure to get your questions out to Ben and Beth. Please take some time to give us your feedback by completing the webinar survey at the end of this call. The email with the survey link will include a copy of the presentation today in PDF format.

It can be found on the right hand side of the email under the heading Downloadable File. Please download the file prior to taking the survey. This concludes our webinar series in 2018. Please stay tuned and look for our 2019 webinar series. Topics will be posted on our website [www.enrollnow.net](http://www.enrollnow.net) in the New Year and you will also receive a news blast in regards to the topics.

For more information about upcoming webinars, again please visit [www.enrollnow.net](http://www.enrollnow.net) under Meetings and News. Thank you again to everybody, thank you Ben and Beth.

Ben Laudermitch: Thank you.

Teresa McDonnell: Thank you for this wonderful webinar. We greatly appreciate it and everybody have a great day and a happy holiday.

Ben Laudermitch: Take care, thank you.

Beth Ellis: Thank you.