



Housing 101 Housing First

Triggers of Homelessness



- 35% – Loss of Job
- 15% – Bills Higher Than Earnings
- 13% – Evicted by Family Members
- 11% – Abuse at Home
- 11% – Incarcerated
- 10% – Sick/Disabled/Mental Issue
- 10% – Change in Family Status
- 9% – Drugs/Alcohol

What is Housing First

- Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities, like food and a place to live before attending to anything less critical, such as getting a job, budgeting properly, or attending to substance use issues.
- Additionally, **Housing First is based on the theory that client choice is valuable in housing selection and supportive service participation, and that exercising that choice is likely to make a client more successful in remaining housed and improving their life.**
- [Endhomelessness.org/resource/housing-first/](https://endhomelessness.org/resource/housing-first/)
- [Usich.gov/goals/chronic](https://www.usich.gov/goals/chronic)

How is Housing First different from other approaches?

- Housing First **does not** require people experiencing homelessness to address their problems, including behavioral health problems, or to graduate through a series of programs before they can access housing. **Housing First does not mandate participation in services either before obtaining housing or in order to retain housing.**
- The **Housing First** approach views housing as the foundation for life improvement and **enables access to permanent housing without prerequisites or conditions beyond those of a typical renter.** **Supportive services are offered** to support people with housing stability and individual well-being, **but participation is not required** as services have been found to be more effective when a person chooses to engage. Other approaches do make such requirements in order for a person to obtain and retain housing.

Who can be helped by Housing first?

- A **Housing First approach can benefit both homeless families and individuals with any degree of service needs.** The flexible and responsive nature of a Housing First approach allows it to be tailored to help anyone. As such, a Housing First approach can be applied to help end homelessness for a household who became homeless due to a temporary personal or financial crisis and has limited service needs, only needing help accessing and securing permanent housing. At the same time, Housing First has been found to be a particularly effective approach to end homelessness for high-need populations, such as chronically homeless individuals.
- **Two common program models follow the Housing First approach** but differ in implementation. **Permanent supportive housing (PSH)** is targeted to individuals and families with chronic illnesses, disabilities, mental health issues, or substance use disorders who have experienced long-term or repeated homelessness. It provides long-term rental assistance and supportive services.
- A second program model, **rapid re-housing**, is employed for a wide variety of individuals and families. It provides short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self-sufficiency, and remain housed. The core components of rapid re-housing—housing identification, rent and move-in assistance, and case management and services—operationalize Housing First principals.

Benefits of Housing and Health

Health Conditions Among the Homeless Population in Comparison to the General US Population



HOMELESS

HOUSED

← VERSUS →



18%

Diabetes

9%

50%

Hypertension

29%

35%

Heart Attack

17%

20%

HIV

1%

36%

Hepatitis C

1%

49%

Depression

8%

58%

Substance Use Disorders

16%



HUD's definition of homelessness

Has continuously met the homeless definition for **1 year or more, or has had four or more episodes of homelessness in the past three years which equal 1 full year** (detailed documentation including dates of the episodes must be included for the applicant to be considered chronically homeless)

The person in the household experiencing said homelessness has a diagnosis:

Substance Use Disorder	Serious Mental Illness
Developmental Disability	Post Traumatic Stress Disorder
Brain Injury Cognitive Impairments	Chronic Physical Disability

*Including the co-occurrence of two or more of these conditions

Has a primary night time residence that is a public or private place **not meant** for human habitation; or living in a **publicly or privately operated shelter**

Every person identifying as homeless will need to register with Coordinated Entry System.

Coordinated Entry System

- A process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs. Resources are prioritized based on need and vulnerability by completing an assessment. (VI-SPDAT)

By-Name List (BNL)

- Once a person has registered with Coordinated Entry and identified as homeless, the individual is entered on community prioritized housing list called the By-Name List. The list is produced weekly by HMIS and is used to access and refer individuals for navigation and housing services.
 - (Hudexchange.info/grantees/contacts)

- The Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT) is an assessment that enables the network of service providers understand the needs, program eligibility, and assist in matching them to the best resources available.

Type	Score Range
General Assistance/ Shelter	0-3
Rapid Re-housing	4-7
Permanent Supportive Housing	8+

- Permanent Supportive Housing
- Rapid Re-Housing
- Section 8 Housing
- Transitional Housing/Sober Living
- Income Based Rental



Referrals Sent to Housing Specialist

- Members referred directly by using housing referral request.
- Reporting currently homeless:
 - Veteran
 - Any single adult
 - Pregnant member
 - Adult with children



Community Connections Resource Request Form

Date of Request: ___/___/___ Gender: _____ Age: _____
Member Name: _____ Date of birth: _____
Address: _____ City, Zip code: _____
County: _____ AHCCCS ID: _____ Household size: _____
Resource(s) requested _____
Member contact information: _____

Please answer the following questions to assist the search:

- 1) Special status? (Veteran, DDD, Disabled, ALTCS, DV, Single Parent with children, etc.)

- 2) Where is member currently living and needing services?

For Housing Referrals ONLY:

If member is homeless, how long has he/she been reporting homeless? _____
Does member have a history of substance abuse? _____
Has member registered with any coordinated points of entry? YES/NO
If YES, what is members' Vi-SPDAT score? _____
what is members' income? _____ Income Source: _____
Is member able/willing to work? _____
Does member have a history of criminal charges? YES/NO (if YES explain) _____
Does member have a valid state issued ID or driver's license? YES/NO (if NO, please refer to Homeless ID Project @ 602-223-3427)

Additional comments/information:

- Once a housing referral request is emailed to Housing Specialist, the Housing Specialist will contact the member directly to begin the navigation process, according to member's individual needs.
- Members needing **Income-Based** housing may also be referred to a Housing Specialist. Please make sure to ask for income amount and source of income.
- Housing Specialist and Care1st Care Coordinator/Manager continue communications and providing updates on member referred.

Provider Engagement

- Human Services Campus Outreach
- Contracted Housing Support Providers
- Contracted Clinical Providers
- Participate in weekly members' case conference meetings

Provider Education

- Outreach to contracted clinical providers
- Housing Screening Process
- Housing Referral Process
- Monthly Data Report

Collaborations

- AHCCCS Quarterly Housing Meetings
- Northern Arizona Council of Governments (NACOG)
- Maricopa Association of Governments (MAG)
- Maricopa County Continuum of Care (CoC)
- Balance of State Continuum of Care (CoC)
- Crisis Response Network (CRN)
- Youth Action Board Housing
- Veterans Housing Initiatives
- H2 Housing Pilot
- Coordinated Entry Central Region
- Front Door North Region
- Homeless ID Project
- St. Joseph the Worker
- Arizona Housing Coalition
- Arizona Department of Housing
- Human Services Campus

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Thank You

Sources:

1. National Health Care for the Homeless Council (2016). *Social Determinants of Health: Predictors of Health among People without Homes (Slide 2)*
2. National Health Care for the Homeless Council (2019). *Homelessness & Health: What's the Connection? (Slide 3)*