

## **Testimony for PA Senate Democratic Policy Committee Hearing on Housing and Homelessness**

**5/14/2021**

Good morning Chairperson Muth, Senator Kearney, Senator Savel, other committee members, guests and staff.

Thank you for this opportunity and the invitation. My name is Cynthia Shields and I am an Assistant Deputy Director of the Allegheny County Department of Human Services, Office of Community Services. My work at Allegheny County is focused on leading housing and homelessness services in the PA-600 Continuum of Care.

### **The Continuum of Care**

Our Continuum of Care (CoC) offers a wide array of supported housing options and services for people at risk of or experiencing homelessness, including shelter, housing and supportive services; outreach, engagement and assessment; and prevention strategies. In 2018, our leadership, practices, and performance earned us Unified Funding Agency status from the U.S. Department of Housing and Urban Development (HUD); we are currently one of only twelve agencies across the country with this designation.

There are 67 housing and shelter programs operated by 28 community partners within the CoC. Combined, these agencies serve over 8,000 individuals annually. Programs serve a broad spectrum of people at risk of or experiencing homelessness, with targeted programs specific to unaccompanied youth, veterans, victims of domestic violence and those experiencing chronic homelessness. The CoC operates as a housing first community committed to enabling access to housing without barriers.

The CoC includes an array of housing programs and supportive services. Homelessness prevention services provides assistance to people who have their own apartment or home, including assistance with past due rent, mortgage payments, or utility bills. Street outreach finds and builds relationships with individuals and families experiencing unsheltered homelessness, connecting them with emergency shelter, housing, or critical services and providing them with urgent, non-facility-based care. Emergency shelter provides care and refuge to people who are in immediate need of housing. Transitional or bridge housing provides short- to longer-term housing which is primarily facility-based. Rapid rehousing provides rental assistance and supportive services for up to 24 months to help homeless individuals or families move as quickly as possible into permanent housing. Permanent supportive housing also combines rental assistance with supportive services for those with one or more chronic

disabling conditions. The CoC includes approximately 210 bridge housing beds, 940 rapid rehousing beds and 1,810 supportive housing beds.

In 2018, DHS established a Housing Navigation Unit with two full-time navigators to help people experiencing homelessness find and maintain safe, affordable housing in the private market. This Unit recruits and supports landlords in the private market who rent to DHS tenants and provides support services to tenants. This public/private partnership aims to speed up access to private rental properties, improve communication and trust, resolve concerns and complaints, and increase accountability among all parties - the landlords, the service providers and the tenants.

The positive impact of the CoC can be seen by the annual Point-in-Time (PIT) homeless count. Each year, the county participates in a national effort required by HUD to count the number of people experiencing homelessness on a single night in January. The PIT count enumerates the sheltered (residing in emergency homeless shelters or transitional housing programs) and unsheltered (residing in places not meant for human habitation) homeless population within the County. The January 2020 PIT count shows that the CoC made significant progress in reducing the number of people who are homeless, from 1,156 in 2016 to 887 in 2020, a reduction of 269 persons over a four-year period. Of the individuals counted, 82% of individuals counted were in emergency shelters, transitional/bridge housing, or a quarantine and isolation facility, and the remaining 18% were experiencing unsheltered homelessness.

In the most recent system performance measures comparing Allegheny County to other CoCs nationwide, Allegheny County performed very well – the CoC has consistently met or exceeded HUD benchmarks. In terms of limiting the length of time people remain in homelessness, the county outperformed other peer CoCs. In terms of homelessness recidivism, Allegheny County significantly reduced the number of persons returning to homelessness in 24 months compared to the percentage returning within 6 months, beating the national average by 7% . Data documenting employment and income growth showed that Allegheny County had a higher percentage of clients that increased total income than CoCs nationwide. In particular, we coordinate closely with Parter4Work, our local public workforce development board. Examples of our partnership and collaboration is how executives of DHS and Partner4Work sit on each other's boards, we share case management information, and share training for workforce and homelessness staff.

DHS serves as the backbone infrastructure organization for the CoC's Homeless Advisory Board (HAB). Utilizing the expertise of its members, the HAB is responsible for planning, coordinating and operating a system within the county that meets the needs of individuals and families experiencing homelessness. Members of the HAB represent individuals who are homeless / formerly homeless, service agencies, planning and advocacy bodies, and funders. For over 20 years, DHS has fulfilled the day-to-day and operational duties of the CoC, a community-led homeless assistance program planning network. The agency is well-positioned to play this role and has demonstrated consistent and successful stewardship of, and access to, county-wide

funding for many of the services that support federal homelessness from the U.S. Department Housing and Urban Development (HUD).

The CoC has been agile and responsive during the pandemic, while maintaining high quality service delivery. The CoC has filled a critical need, specifically, increasing the percentage of households served from 2019 to 2020 who increased health Insurance coverage (73% to 77%), income (55% to 62%), and non-cash benefits (56% to 60%).

### **The Allegheny Housing Assessment and Coordinated Entry**

In 2020, DHS inaugurated an innovative assessment and prioritization tool at the CoC entry point called the Allegheny Housing Assessment (AHA). The tool utilizes administrative data from DHS' Data Warehouse to predict the likelihood of adverse events occurring in a person's life if they remain unhoused. These events serve as indicators of harm and are a high priority for prevention services. AHA assigns a risk score that is used as part of the housing prioritization process. In addition to prioritizing scarce housing resources, AHA helps the CoC document unmet housing needs created by the gap between limited housing resources and the number of high-risk eligible people who would benefit from housing resources.

The county's nationally acclaimed Data Warehouse, equipped to support daily operations, system level analytics and research to inform the field, is comprised of client and service data from a wide variety of sources both internal and external to DHS. The comprehensive data allow cross-system analysis of the individuals and families accessing DHS services, and directly contributes to the success of many CoC initiatives.

In terms of our coordinated entry, DHS manages the Allegheny Link, a person centered resource that serves as the entry to housing and homeless services for our CoC. Individuals/families experiencing homelessness in Allegheny County are directed to Allegheny Link to be assessed and prioritized for long-term housing services. The Link also provides information about and assistance connecting to non-housing resources; diversion and coordination services; eligibility screening for a variety of human service programs; person centered counseling for people over the age of 60 or living with a disability; and housing application assistance.

### **Ending Homelessness Among Veterans**

In addition to reducing homelessness over the past five years and realizing positive performance, the county effectively ended homelessness for veterans. In 2017, HUD recognized this achievement that was driven by a countywide collaboration made up of DHS, various providers and veteran advocacy groups. The collaboration created the Pittsburgh Rapid Results Homeless Veterans' Boot Camp which over the course of three years found permanent housing for nearly 600 homeless veterans.

## **Coordinating Housing and Behavioral Health Supports**

In 2016, DHS launched Healthy Housing Outreach (H2O), a major care management initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) at the U.S. Department of Health and Human Services (HHS). H2O was designed to enhance and expand the infrastructure for and services within the mental health and substance use treatment system for individuals experiencing homelessness in need of behavioral health supports. By addressing the major social determinants of health, H2O services resulted in improved outcomes and cost savings in the behavioral health and physical health care systems and the criminal justice system through decreased use of emergent, crisis health services, decreased recidivism and greater social connectedness. The program successfully achieved its four objectives: 1) to engage and assess chronically homeless individuals and vets and connect them to housing resources; 2) to provide direct behavioral health assessment and treatment; 3) to provide in-home behavioral health supports to individuals permanently housed so that they remain housed; and, 4) to enroll individuals in Medicaid and other entitlement programs.

Over a four year period of operation, H2O achieved a range of positive outcomes, including:

- Increased access to stable and permanent housing by 200%
- Increased access to benefits by over 60%
- Decreased inpatient psychiatric services by 75%
- Decreased behavioral health crisis services by 26%
- Decreased ER visits by 62%
- Decreased jail bookings by 22%
- Increased participation in employment/education by 62%
- Increased abstinence from alcohol and illegal drug use by 52%

At the beginning of the COVID crisis, with the demands of social distancing and isolation, DHS worked with Federally Qualified Health Centers (FQHCs) and homeless shelters to support the expansion of telehealth services in shelters. There are now state-of-the-art telehealth stations in each of the county's 17 shelters. Not only will access to telehealth address the safety concerns with in-person medical appointments, the technology increases access to healthcare for those unstably housed who often have difficulty connecting with healthcare providers, making and keeping appointments and maintaining follow-up care.

## **The Safe Haven Hotel**

Utilizing both county and philanthropic funds, DHS created a pandemic refuge for persons in need of isolation or quarantine due to COVID-19 that had no other space to do so. Dubbed the "Safe Haven Hotel," the hotel facility has been used to prevent people that are highly vulnerable to negative outcomes from COVID-19 due to age or existing medical conditions from contracting the illness in congregate settings such as shelters and group homes. In addition, the Safe Haven was able to provide shelter and care to individuals that had been exposed to or contracted COVID-19 that lacked a safe space to quarantine. This facility was able to prevent

people sick with COVID-19 from spreading the virus throughout the community and also provided safe housing and support to exposed front-line workers who were unable to safely quarantine at home. COVID-19–positive guests live on one floor, while those exposed to the virus and awaiting test results are cared for on another, and a third floor is reserved for guests whose age or chronic conditions heighten their risk of death if they contract the disease. At the height of occupancy this year, there were 108 guests, and the monthly average is now 84. The hotel is for individuals and couples without children, as other temporary facilities have been set up for youth and families.

### **Housing and Homelessness Supports for Youth**

DHS offers a variety of youth-centered resources including an emergency shelter, dedicated Rapid Re-housing (RRH) and Permanent Supportive Housing (PSH) units, the 412 Youth Zone drop-in center, and housing voucher programs designed to prevent homelessness in youth with child welfare involvement. Young adults between the ages of 18 and 24 years may also access CoC programs designed for the general adult population, as well as privately funded housing resources in the community.

Additionally, in 2019, DHS received a \$3.49 million provisional competitive grant from HUD to deliver new and innovative programs aimed at dramatically reducing youth homelessness in Allegheny County. This program is in response to supply and configuration of homeless services in Allegheny County that is unable to meet local demand. Moreover, research shows that the longer a young person is without safe and stable housing, the greater the risk that they will experience injury, exploitation or other traumatic events associated with homelessness.

Between December 1, 2018 and November 30, 2019, Allegheny County identified 343 youth ages 18 to 24 years who were living on the streets, in a shelter or in a place not meant for human habitation. During the same time period, another 573 youth were identified as being at imminent risk of homelessness. A significant number were pregnant or parenting, including 23% of youth experiencing homelessness and 46% of youth identified as being at risk of homelessness. More than 400 unaccompanied homeless youth were identified by Allegheny County Local Education Agencies during the 2017-18 school year, and 12% of Pittsburgh-area college students surveyed in 2018 reported experiencing housing instability during their post-secondary experience.

YHDP enabled an intensive, youth-led planning process in collaboration with many local stakeholders. Through that process, DHS identified a variety of new projects, initiatives and system-change work designed to achieve progress on community-identified goals. These new elements will work congruently with existing service components to create a complete homelessness response system centered around young people.

## **Rental Assistance**

Allegheny County has been actively working to distribute federal funding targeted for emergency rental and utility assistance funding from the Consolidated Appropriations Act, 2021 and the American Rescue Plan, and provided from Act 1 of 2021. This funding has significantly augmented our resources available to meet community need. Allegheny processed over 7,500 lessee applications and almost 4,000 landlord applications, enabling over 3,600 payments to households, through the CARES Rental Relief Program (CRRP). In planning for implementation of the Emergency Rental Assistance Program (ERAP), we reviewed consumer and provider feedback and performance data from CRRP to identify opportunities for improvement and apply lessons learned.

The County applied lessons learned from providing rental assistance through CRRP to implement ERAP to ensure that those eligible renters who need assistance can successfully apply and receive it in a timely manner and through an efficient process. As of the beginning of this week, after less than two months of operations, we had received over 7,000 applications through ERAP (we began accepting applications on March 15, 2021). The County developed a user-friendly website that allows residents to apply, upload documents, check application status, and communicate with program staff to ensure a timely and successful application. Based on the federal program design and Act 1, the County is able to provide assistance even if a landlord refuses to participate.

Prior to the federal COVID-19 response and recovery actions, the County only had access to relatively small amounts of rental assistance through state Homeless Assistance Program funds. Additionally, individuals have access to Emergency Shelter Allowance through the Temporary Assistance to Needy Families (TANF) program providing a maximum of \$400 annually to help prevent evictions or foreclosures, obtain permanent housing and obtain temporary shelter.<sup>1</sup>

## **Opportunities to Improve Housing & Homelessness System**

In addition to the many successes of our system, we do see opportunities for state policy to further support our efforts and mitigate current barriers to ensure all Pennsylvanians have stable housing.

### *Better integration between permanent housing and behavioral health services*

We are seeing significant numbers of individuals receiving housing supports and services who have serious mental illness or behavioral health needs. Because funding for supportive services is limited, we braid funding sources to maximize the number of people we can serve. In this vein, a challenge we face is integrating HUD housing programs with housing supports in the behavioral health system. We find that many clients in the homeless system are in need of

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<sup>1</sup> Pennsylvania Cash Assistance Handbook, [http://services.dpw.state.pa.us/oimpolicymanuals/cash/138\\_Allowances\\_and\\_Benefits/138\\_8\\_Emergency\\_Shelter\\_Allowances\\_Income\\_and\\_Resource\\_Eligi.htm](http://services.dpw.state.pa.us/oimpolicymanuals/cash/138_Allowances_and_Benefits/138_8_Emergency_Shelter_Allowances_Income_and_Resource_Eligi.htm)

services best delivered through the behavioral health housing system, and there are clients in behavioral health housing programs who could be just as well served through HUD's housing programs.

Given Medicaid eligibility for behavioral health needs of many individuals who reach our housing system, the ability to better integrate Medicaid funding with associated permanent housing supports would make our system more effective. Of note, Virginia has received federal approval to offer housing and employment support services for Medicaid members who have significant behavioral and physical health needs.<sup>2</sup> Virginia will be able to use Medicaid funding to offer housing and employment services through its managed care program to individuals who meet criteria based on health needs and risk factors, including diagnosis of a developmental disability, serious mental illness or substance use disorder; chronic homelessness; a history of institutional admissions; and frequent emergency department visits.

#### *Increasing supply and quality of units accepting housing vouchers*

There is an inadequate supply of affordable housing, which is the fundamental solution to homelessness. Allegheny County residents who are eligible for housing vouchers often face barriers to securing a unit, especially in high-opportunity neighborhoods. Additionally, we find that landlords often lack adequate incentives to engage with the public system or accept Housing Choice Vouchers (HCV), especially if their unit needs repairs to meet quality housing standards; the success of HCV depends on the participation of private-market landlords. HUD has identified<sup>3</sup> how other states and jurisdictions have incentivized landlords to participate in HCV through targeted tax incentives, payment guarantee programs, and other incentive programs. Our residents would benefit from a strong supply of quality affordable housing to both aid in the prevention of homelessness as well as help individuals and families experiencing a housing crisis.

#### *Re-entry housing*

Individuals who return to Allegheny County from state correctional facilities face unique barriers to stable housing based on program limitations to house formerly incarcerated individuals. These individuals do not meet the HUD definition of being homeless upon release that would qualify them for key HUD programs. We would support a centralized, coordinated system to ensure individuals leaving a state correctional facility have the information and support to land in stable housing. This system could help people leaving a state correctional facility understand their housing options before release, identify pathways to both short-term and permanent housing, and connect individuals to financial supports, such as housing vouchers. We are interested in the evaluation findings of Permanent Supportive Housing

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<sup>2</sup> <https://www.dmas.virginia.gov/media/1079/virginia-medicaid-approved-for-housing-and-employment-supports.pdf>

<sup>3</sup> <https://www.huduser.gov/portal/periodicals/em/winter19/highlight1.html>

Demonstration grants that HUD and the U.S. Department of Justice established in 2016<sup>4</sup> that is assessing whether providing PSH within a pay-for-success framework is a successful and cost-effective way to provide housing stability and reduce social service use and recidivism.

I want to thank this committee for giving me the opportunity to discuss this issue and appreciate you holding this discussion on creating a true continuum of care.

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<sup>4</sup> <https://www.huduser.gov/portal/PFS-PSH-study.html>