To: Governor Jared Polis's Behavioral Health Task Force
From: Housing Subcommittee of the Task Force for the Treatment of Persons with Mental Illness in the Criminal Justice System
Date: July 2020
Re: Recommendations for Housing, Criminal Justice, and Behavioral Health

Executive Summary: Colorado is experiencing a homelessness crisis that directly intersects with consistent criminal justice system involvement and poor wellbeing, specifically behavioral health, across the state. Housing plays a vital role in reducing engagement with the criminal justice system and promoting excellent behavioral health. In order to advance housing solutions across the state and to amplify the impact of these solutions within their respective communities, the State and its partners must broaden the continuum of housing options, provide supportive services, develop cross-systems data and information sharing, and develop measurable outcomes.

Background: Colorado is experiencing a homelessness crisis due to a combination of rising housing costs, increased behavioral health needs, underfunded re-entry programs, and the lack of a robustly funded supportive housing infrastructure statewide. There is a strong correlation between this crisis and justice system involvement and behavioral health issues. There is also strong evidence supporting housing solutions as effective tactic in combating criminal justice involvement and stabilizing behavioral health needs. Taken together, safe and appropriate housing is a vital element to recovery, community safety, and a healthy and thriving Colorado.

Core Recommendations: In order to address the housing element of the intersection of criminal justice, behavioral health, and housing, we recommend that the State and its partners execute the following actions across five core domains:
1. Broaden the continuum of housing options from step down hospital care to bridge housing to family re-integration to rapid rehousing to permanent supportive housing;
2. Provide and improve supportive services along the entire housing continuum;
3. Develop and improve cross-systems data sharing and assessment tools that effectively and holistically identify needs, remove bias and discrimination, and ensure appropriate placement and access to the whole housing continuum;
4. Increase provider capacity for supportive housing and supportive services across the state; and
5. Develop measurable outcomes that are informed by local and national evidence and that help guide resource and funding allocation across the aforementioned recommendations.

Value Statements: Our recommendations were developed based on the following value assumptions and statements:
- Homelessness is intrinsically linked to sustained deterioration of wellbeing, specifically behavioral health.
- The criminal justice system should not be the default system for individuals living with behavioral health issues.
- Housing solutions must be holistic, culturally responsive, and person specific with the elimination of bias and discrimination, must delivered at the right time and the right place, and must foster community strengths.
- Interventions and solutions for with people experiencing crises must occur before they show up at shelter doors or institutions.
- Cross-system data, particularly on the lived experience of different racial groups, is essential to developing and implementing effective and scalable housing solutions.

Population of Focus: While we acknowledge that housing insecurity can and does affect nearly all segments of society, we have focused our recommendations on the lived experience of individuals with mental health or substance use disorders currently at risk of becoming homeless and who are or have been involved with the criminal justice system.

Partners: Effective and scalable housing solutions will require complex collaborations across sectors and actors. No one sector or actor neither can nor should take on solutions alone. It is critical that any solution build upon the unique strengths of the community in which it is situated. To that end, we recommend that the State use the most inclusive definition of partner as possible. A partner includes but is not limited to:

- individuals with lived experience;
- local organizations, such as faith-based and non-profit organizations, that work with individuals with lived experience;
- housing organizations, authorities, and experts, both public and private; individuals and organizations who have working knowledge of the cross section of mental health, criminal justice, and housing systems;
- local law enforcement agencies;
- county jails;
- social service and behavioral health providers; and
- peer State agencies, such as the Division of Housing at the Department of Local Affairs, the Department of Health Care Policy and Financing, the Department of Corrections.

When referencing partners in our recommendations, we are referring to this definition.

Appendices: Appendix 1 provides expanded recommendations with specific tactics that help achieve success in these core five domains. Appendix 2 provides relevant definitions for key terms. Appendix 3 provides supporting evidence for relevant recommendations. Appendix 4 provides the formal white paper produced for our Legislative Oversight Committee that has served as the basis for these recommendations.

Appendix 1. Expanded Recommendations

1. <u>Housing Continuum</u>: We recommend the State and its partners broaden the continuum of housing options from step down hospital care to bridge housing to family re-integration to rapid rehousing to permanent supportive housing by:
   a. Establishing permanent supportive housing as the goal for all individuals;
   b. Creating housing options that include a more comprehensive array of supportive services and supports that allow for movement up and down the housing continuum as determined by the assessed needs of the person;
   c. Developing and implementing assessment tools that account for all needs, including housing, behavioral health, and criminal justice, of an individual and that help guide allocation of housing resources across the housing continuum accordingly;
   d. Increasing the number of State housing vouchers to serve this population who are presently precluded from federal and local housing authority vouchers;
   e. Refining the definition of homeless and housing instability to include bridge housing;
   f. Ensuring that housing options such as bridge housing must be made available for both immediate and short-term housing needs with no time limits and in lieu of lack of availability for permanent supportive housing due to wait lists and must not affect an individual's vulnerability index score and long-term eligibility for permanent supportive housing; and
   g. Identifying and addressing continued barriers and expanding best practices regarding the use of bridge housing.

2. <u>Supportive Services</u>. We recommend the State and its partners provide and improve supportive services along the entire housing continuum by:
   a. Ensuring adequate access to and inclusion of supportive services in housing solutions;
   b. Re-defining supportive services to include any service found to be essential in keeping a person housed, including services ranging tenancy support services, including but not limited to flex funding, to vocational and life coaching services to case management to high intensity treatment;
   c. Aligning the supportive service continuum with re-entry strategies for individuals re-entering the community from institutions, start with high intensity services then reduce as stability improves and needs decrease;
   d. Developing a cross-system or braided funding approach to delivering supportive services;
   e. Affording the Department of Health Care Policy and Financing the authority to explore strategies to increase federal funding for supportive services, including but not limited to federal waivers;
   f. Using qualitative and quantitative data to assess the delivery models, utilization, and efficacy of supportive services and to guide subsequent policy and resource allocation decisions; and
   g. Providing technical supports, including licensing and billing guidance, to build capacity within community providers to deliver supportive services.

3. <u>Data and Information Sharing</u>. We recommend the State and its partner develop and improve cross-systems data sharing and assessment tools that effectively and holistically identify needs, remove bias and discrimination, and ensure appropriate placement and access to the whole housing continuum by:
   a. Developing and implementing a state-wide information infrastructure that: 1) aggregates cross system data for members that intersect the housing, behavioral health, and justice systems; 2) aggregates qualitative data, both from local initiatives and national evidence, to identify best

practices for interventions; and 3) enhances data sharing across various partners through strategies such as inter-agency data sharing agreements;

    b.   Developing and implementing accessible, user-friendly, public-facing accountability mechanisms allow for data sharing and cross-community learning, such as dashboards, that describe the effectiveness and outcomes of initiatives across the state;

    c.   Developing and implementing a statewide database repository that houses standards and best practices, including what housing options exist in Colorado across the continuum, and that aligns with existing housing resources, such as the Behavioral Health Capacity Tracking System;

    d.   Expanding 211 systems to improve the ability to determine qualifications and availability of appropriate housing continuum services;

    e.   Modifying the VI-SPDAT tool to reflect the definition of homelessness for individuals with behavioral health disorders and with justice system involvement and the inclusion of bridge housing within the housing continuum; and

    f.   Re-redesigning the present "point-in time" process and system, including HMIS, to determine the homeless population and to manage housing resources.

4.   <u>Provider Capacity</u>. We recommend the State and its partners increase provider capacity to build local infrastructure for supportive housing and supportive services across the state by:

    a.   Funding supportive housing pilots across the state to serve as innovation laboratories that develop local solutions for communities that lack the necessary infrastructure for this population;

    b.   Providing hands on, in person technical support to communities to conduct needs assessment to determine their community's capacity to develop housing solutions, to leverage state and federal resources, including funding and best practices, to develop those solutions, and to hire and train local personnel to implement and lead these solutions and to develop local infrastructure;

    c.   Providing funds for housing solutions during their early stage to ensure solutions have adequate support prior to achieving long-term operational and financial stability;

    d.   Providing ongoing education and training, specifically on data systems, landlord recruitment and advocacy, and Medicaid licensing and billing, to recruit, build, and sustain infrastructure within local communities to deliver supportive housing services; and

    e.   Developing a learning network of local-based leaders and practitioners to support the ongoing implementation of existing housing pilots and to advance promising practices to underserved communities across the state.

5.   <u>Outcomes</u>. We recommend that State and its partners develop measurable outcomes that are informed by local and national evidence and that help guide resource and funding allocation across the aforementioned recommendations. Effective and successful outcomes of each recommendation above require:

    a.   that all four areas be enacted and funded in parallel and or in coordinated approaches;

    b.   that design and implementation of all four areas be informed by implementation science and developed with and by representatives of impacted communities including those with lived experience;

    c.   that data is shared, collected, and used to inform both funding and policy decisions;

    d.   that best or promising practices be applied or adapted to the unique strengths of individual communities; and

    e.   that learned lessons and outcomes be gathered in a centralized repository and be made readily available to all Colorado stakeholders.

Appendix 2. Definitions

Recommendation 1. Housing Continuum
1. **Supportive housing**, as a practice, is defined as combining affordable housing with access to supportive services. Through these additional supportive services, and a housing-first approach, participants gain the opportunity to live stable, productive, and fulfilling lives. Permanent supportive housing is an intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment and employment services.
2. **Rapid rehousing** provides short-term rental assistance and services. The goals are to help people obtain housing quickly.
3. **Bridge housing** serves as a short-term stay when an individual or household is either waiting to secure permanent housing or has secured permanent housing that is not immediately available. Bridge housing is generally used interchangeably with transitional or interim housing. Bridge housing is the preferred term in our recommendations.

Recommendation 2. Supportive Services
1. **Flex funding** is a gap funding at the provider level typically used to meet immediate needs that would otherwise place a person at risk of losing housing e.g. payment of rent late fees.
2. **Supportive services** include not only all mental, behavioral, and physical health support but also in-reach, outreach, housing search and counseling, engagement, and ongoing supports. The latter four elements, known collectively as 'Tenancy Support Services', are essential to ensuring supportive housing participants have access to the supports they need to secure and retain stable housing.

Recommendation 3. Data and Information Sharing
1. **Coordinated entry** is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed, referred, and connected to housing and assistance based on their strengths and needs
2. **VI-SPDAT** (Vulnerability Index - Service Prioritization Decision Assistance Tool) is a survey administered both to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.
3. **HMIS** is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

Recommendation 4. Provider Capacity
None.

Recommendation 5. Outcomes
None.

Appendix 3. Supporting Evidence

Recommendation 1. Housing Continuum
1. Permanent supportive housing has the strongest evidence base and is the ultimate goal for this population.
2. Bridge housing is an emerging solution, but a variety of factors have complicated its incorporation within the broader housing continuum and ultimate utilization.
3. Historically, permanent supportive housing has had multiple barriers due to capacity, federal and local requirements regarding access, and long waitlists even in instances where a person qualifies.
    a. For example, the present system, specifically the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), has the unintended consequences of incentivizing individuals to remain homeless on the street in order to access permanent supportive housing. The VI-SPDAT considers a person receiving bridge housing as no longer homeless and no longer in need of permanent supportive housing.
    b. This assessment disincentivizes the uses of bridge housing and consequently pushes the number of individuals living with behavioral health disorders deeper into homelessness.

Recommendation 2. Supportive Services
1. Securing adequate local investment for supportive services in certain communities is currently a significant barrier.
2. There exists limited funding for the critical supportive services needed to ensure that people with complex behavioral health needs can stay housed. This is especially true in non-metro communities where there is a shortage of Medicaid funded behavioral health providers.

Recommendation 3. Data and Information Sharing
1. Presently, there is no centralized place to access housing research, outcomes on housing pilots across the state, and availability of and requirements for services across the housing continuum. As a result, a person living with behavioral health disorders does not nor does his/her chosen family even know where to begin looking for housing resources in their community.
2. Currently, the Department of Health Care Policy and Financing and the Department of Corrections have begun to develop a cross agency performance measurement and dashboard to coordinate efforts on shared members who have a behavioral health condition and who are releasing from a state prison. This dashboard should be used as a model for public transparency tools.
3. The present system and tools, specifically the Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT), has the unintended consequences of incentivizing individuals to remain homeless on the street in order to access permanent supportive housing. The VI-SPDAT considers a person receiving bridge housing as no longer homeless and no longer in need of permanent supportive housing. This assessment disincentivizes the uses of bridge housing and consequently pushes the number of individuals living with behavioral health disorders deeper into homelessness.

Recommendation 4. Provider Capacity
1. Since 2017, the Colorado State Legislature has made significant investments in recognized housing best practices and has begun to develop a funding environment to expand these practices. Unfortunately, not all communities across Colorado are able to take advantage of the significant investments that the Colorado state legislature has made in supportive housing due to multiple barriers and challenges. Many communities across the state do not have the programmatic or personnel capacity to take advantage of state or federal funding sources. As a result of these

barriers, these communities have an unequal access to funds, in comparison to the rest of the state, to provide the critical supportive housing interventions for their local populations in need.

2. In addition, many communities also struggle to find providers equipped or authorized to deliver and receive Medicaid reimbursement for supportive services or services within a housing related environment.

3. Division of Housing's housing tool kit is a good resource for communities who have access to basic housing partners and providers for supportive services. Communities which lack this basic infrastructure needs more hands-on technical community support. However, Division of Housing does not have the capacity to offer that level of in depth, in person technical support across the state to meet the high demand. The recommendations outlined in this section will help address those barriers by strengthening local capacity to develop and manage local solutions.

Recommendation 5. Outcomes

1. Currently, the Department of Health Care Policy and Financing and the Department of Corrections have begun to develop a cross agency performance measurement and dashboard to coordinate efforts on shared members who have a behavioral health condition and who are releasing from a state prison. This dashboard should be used as a model for public transparency tools.

Appendix 4. Legislative Oversight Committee White Paper, August 2019

Recommendation

Develop and fund an "innovation pool" to build community capacity in two distinct areas for supportive housing.

1) State supportive services for local communities by a) education, capacity building, and pre-development in supportive housing; and b) data integration and resource collection.

2) COMMUNITY solicitation grants for a) supportive services (tenancy support) for supportive housing programs; and b) evidence-based innovative homeless prevention programs.

This approach will strengthen communities across the state in accessing supportive housing opportunities and resources. It will significantly increase a community's capacity to innovate within an evidence-based framework and sustain programs over time; ensuring homelessness is both rare and brief. The program ultimately gives communities the tools to minimize the possibility of individuals falling into, or recidivating into, the justice system.

Impact of Bill

The impact of this bill is to foster and fund supportive housing opportunities and build capacity through training and technical assistance, seed money, direct funding for program development and technical assistance during implementation. This will allow communities that previously did not have the ability to enter into the housing arena to both prevent homelessness and address their current homeless population. This effort will bolster data collection, evaluation, and access to resource information and availability of supportive housing programming. This data will allow the state to see the potential impacts on housing to some of the hardest to serve -- "frequent utilizers" of local public services, such as jails and emergency rooms, who are released to the street homeless, continuing the cycle of homelessness and contact with first responders. This bill also allows communities to go further upstream to help individuals who are in danger of becoming homeless to remain stable and housed.

Background Research

A. Summary of national research on homelessness and supportive housing

National data shows that the number of Americans caught in a revolving door between the streets, shelters, and jails may reach the tens of thousands. Roughly 48,000 people entering shelters every year are coming nearly directly from prisons or jails. Of the 11 million people detained or incarcerated in jails every year, as many as 15% report having been homeless. (National Alliance to End Homelessness; Homelessness and Incarceration Are Intimately Linked. Mindy Mitchell, March 29, 2018)

People experiencing homelessness are more likely to report having a criminal record than the general public (Burt et al 1999, Metraux and Culhane 2006). In addition, those who have experienced homelessness are overrepresented among those incarcerated in prisons or jails (Greenberg and Rosenheck 2008). Homelessness can be both a cause and consequence of having a criminal record. Among ex-offenders, those with mental illness have higher than average rates of homelessness and housing insecurity (Aidala et al., 2014; Brown et al., 2013; Council of State Governments, 2006; Fries et al., 2014; Herbert et al., 2015; MacDonald et al., 2015). Homelessness is not just a public safety issue but also a public health issue.

Homelessness is intrinsically linked to sustained deterioration of mental and physical health (Oppenheimer, Nurius & Green, 2016), costs communities roughly $30,000 per person experiencing chronic homelessness per year (Gibbs), and tears away at familial ties and community vitality.

Safe and stable housing is viewed as the foundation for individuals to prepare and proactively engage the process of reentry. Housing is important because it can provide a sense of security that gives social and psychological refuge from external threats and enhance overall well-being (Lee, Tyler, & Wright, 2010; Shaw, 2004). A home provides a place of consistency and control to engage in the day-to-day routines important to building social networks and establishing an identity of personal worth (Shaw, 2004). Residential stability provides a base from which to seek employment, focus on treatment, establish a social network within the community, and to comply with community supervision. (Faith Lutz; Jeffrey Rosky; Zachary Hamilton: Homelessness and re-entry; CRIMINAL JUSTICE AND BEHAVIOR, Vol. 41, No. 4, April, 2014, 471–491).

It is clear that incarceration and homelessness are interrelated (Greenberg & Rosenheck, 2008; Kushel et al., 2005; Metraux & Culhane, 2004, 2006; Tsai & Rosenheck, 2012). Housing programs can reduce the cycling of offenders between prison, jail, homeless shelters, and other public services.

Supportive housing as a practice is defined as combining affordable housing with access to supportive services. Through these additional supportive services, and a housing-first approach, participants gain the opportunity to live stable, productive, and fulfilling lives. There are two primary models, rapid rehousing and permanent support housing.

Specifically, *rapid rehousing* "provides short-term rental assistance and services. The goals are to help people obtain housing quickly, increase self-sufficiency, and stay housed. It is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the needs of the person." (https://endhomelessness.org/ending-homelessness/solutions/rapid-re-housing/). *Permanent supportive housing* is an intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment and employment services. https://endhomelessness.org/ending-homelessness/solutions/permanent-supportive-housing/. Between these two models, the majority of persons experiencing or at-risk of homelessness can be housed and stabilized.

One of the more enduring paths to ending homelessness–is to address the systemic problems that cause it. Failures of the social safety net is one of the major causes of homelessness. Research shows that it is critical intervene with people experiencing crises before they show up at the shelter door. Studies indicate that prevention is most effective when given to people at highest risk of becoming homeless. People often become homeless after they exit systems that have provided them with a place to stay, including foster care, prisons, hospitals, or military active duty. The key first step to preventing homelessness is to strengthening the social safety net. One such approach is to ensure that supportive services intended to help people maintain stable housing are easily accessible and targeted to address the specific needs of people in the community.http://www.evidenceonhomelessness.com/topic/homelessness-prevention/

Another are that research shows is critical in addressing homelessness is to address the data silos that prevent delivery of coordinated care. Silos make it nearly impossible for providers, pharmacies, and other stakeholders to work together for truly coordinated care. Siloed systems prevent all players from accessing and interpreting important data sets, instead, encouraging each group to make decisions based upon a part of the information rather than the whole. This results in short-term fixes that don't actually do anything to improve the sustainability of operations, or to resolve the root problem. For patients this is really bad news, as it results in delays in diagnosis and delays in access to treatments and appropriate care.

https://healthitanalytics.com/news/healthcare-big-data-silos-prevent-delivery-of-coordinated-care

B. Colorado-specific statistics

Colorado is experiencing a homelessness crisis due to a combination of rising housing costs, increased behavioral health needs, underfunded re-entry programs, and the lack of a robustly funded, statewide supportive housing infrastructure. Currently there over 10,000 persons experiencing homelessness in Colorado (https://endhomelessness.org/homelessness-in-america/homelessness-statistics/state-of-homelessness-report/colorado/?emailsignup&gclid=CjwKCAjwqNnqBRATEiwAkHm2BNgePP0WZKU7u8YaT97LK73vZ48YjZmCIJ0xtW40tLBS4yPYRxkSfxoCOZ0QAvD_BwE). Even more Colorado residents are unstably housed and on the verge of homelessness. Many of these individuals have mental illness, substance abuse challenges, or other disabilities that make it extremely difficult to house them without a coordinated approach that links them to both housing and robust supportive services.

A study of homelessness in seven Colorado jails by Jack Reed, Division of Criminal Justice; Department of Public Safety, 2018: https://cdpsdocs.state.co.us/ors/docs/reports/2018_Jail_Homelessness_Study.pdf found that nearly 40% (39.7%) of 491 inmates across facilities reported that they will be homeless after release from jail. Over 60% of homeless respondents reported needing mental health treatment compared to approximately 45% of non-homeless respondents. Across all facilities, non-homeless respondents were statistically significantly more likely to be charged a violent crime. In contrast, across all facilities, homeless inmates were significantly more likely to be charged with a drug crime and/or trespassing. A larger proportion of inmates reported needing mental health treatment upon release from jail than drug treatment, and the difference in this reported need was significantly greater for homeless than non-homeless respondents. Over 60% of homeless respondents reported needing mental health treatment compared to approximately 45% of non-homeless respondents.

The recently released Colorado Department of Corrections (DOC) Annual Statistical Report for FY2017 (https://drive.google.com/file/d/1opCqREUJL0YboXoJrqZtHkQnV5n9a85k/view) reported the mental health needs of DOC inmates on a scale of 1 to 5. Mental health needs in 2017 for Levels 3 to 5 (moderate to severe) showed 78.7% for the female population has moderate to severe mental health needs; 43.7% of the male inmate population had moderate to severe mental health needs. (pages17&32). The 2017 Report states that mental health needs for both genders have steadily increased over time. The average daily DOC cost per inmate per day is $104.51. The cost of San Carlos mental health facility for men is $265.53 per day. (page 8). Colorado Department of Adult Parole reports, from a point in time review on 7/31/19, that the DOC population paroling to "unsheltered homelessness" is 218 people, and those releasing to "short term, temporary housing" is 903 people, for a total of 1,121 out of the 7,885 people on adult parole.

The Colorado State Legislature has made significant investments in nationally recognized best practices in homeless service provision known as supportive housing. Supportive housing reduces emergency system utilization while increasing health outcomes for participants and is an effective tool in disrupting the cycle of incarceration, hospitalization, and institutionalization that often accompanies homelessness. Supportive housing is one critical element within the continuum of affordable housing options necessary to ensure everyone has a safe place to call home allowing early intervention for homeless prevention and preventing individuals from falling into the justice system.

Colorado's recent legislative investments have increased the number of supportive housing opportunities available to Coloradans experiencing homelessness across the state. The Homeless Solutions Program (HSP) was created through an appropriation of Colorado's Marijuana Tax Cash Fund and the Housing Assistance for Persons Transitioning from the Criminal or Juvenile Justice System Cash Fund. In 2017, the general assembly, based on the support and introduction by this task force's Legislative Oversight Committee sponsorship, enacted a SB17-21 provision requiring that, at the end of the 2016-17 fiscal year, the state treasurer transfer unexpended and unencumbered money appropriated for community corrections programs to a new fund; this fund is dedicated to assisting persons transitioning from the criminal or juvenile justice systems. SB18-016 ensured that the transfer occurs at the end of each state fiscal year. The work by this task force, and its legislative oversight committee, on SB17-21 and SB18-16 lead to the creation and passage of HB19- 1009, which broadens SB17-21 to include housing for people recovering from substance use disorders.

Unfortunately, many communities still struggle to access these funds and replicate housing solutions at the scale needed to make homelessness rare and brief. This bill addresses many of the barriers that communities across the state have in accessing these housing opportunities.

Subcommittee Process

To research the issue of why certain communities did not, or could not, access existing housing opportunities, our MHDCJS Housing Subcommittee convened innumerable meetings over the past year. Members of MHDCJS' housing sub-committee represent the Division of Criminal Justice (DCJ), Health Care Policy and Finance (HCPF), Volunteers of America (VOA), Colorado Coalition for the Homeless (CCH), Equitas, Family member with mental heath issues in the justice system, Metro-Denver Housing Initiative (MDHI- continuum of care/HUD), Latino Coalition, Community Behavioral Health Centers (CBHC), Colorado Dept. of Human Services, Department of Local Affairs (DOLA) Division of Housing (DOH), and attorneys practicing in mental health and justice arena. Other expert stakeholders were brought in where gaps existed and specific topic expertise was needed. Specifically, several subcommittee members attended DOLA/DOH's stakeholder meetings across the state to listen to direct providers, non-profit agency heads, shelters, and multiple housing project directors. The subcommittee is facilitated by DCJ-EPIC (Evidence-Based Practices Implementation Specialists). Part of our subcommittee's process was to list the gaps in housing and a list of actions /solutions to address the gaps from each of our respective positions. These actions/solutions were then rated in terms of level of need and level of impact. As a group, we then rated and prioritized the actions/solutions the committee should address. During this process, we also looked at the priorities that were compiled in the statewide housing stakeholder meetings. It should be noted that our subcommittee's priorities were consistent with the state stakeholder meetings' priorities.

The sub-committee determined that many communities across the state did not have the ability, manpower, or skill set to meet the requirements of the majority of current housing solicitations. Applicants that applied for the housing solicitations were most frequently communities which included large non-profits with housing experience, extensive knowledge and experience in housing voucher management, the Homeless Management Information System (HMIS) re-entry systems, Medicaid billing, supportive services, and staff to carry out the project. Communities without these resources found it an overwhelming task to even begin to learn all these skill sets, let alone address their limited critical resources and staff to coordinate and implement the project.

To allow all communities across the state to make use of the work that Colorado has recently done in the housing arena, it is essential to provide funding for mentorship and technical assistance to increase capacity in the areas of housing navigation, landlord tenant advocacy and recruitment, evidence based supportive services, Medicaid billing, and housing voucher administration. This assistance and increased funding will aid communities in preventing homelessness and decreasing the risk of those individuals falling into the juvenile and criminal justice systems.

Legislative Recommendation

To implement this recommendation, it is recommended that legislation in Title 24 of the Colorado Revised Statutes place the responsibility with the Department of Local Affairs, Division of Housing (DOLA/DOH) to organize collaboration, solicit grants, and to sub-contract as necessary to carry out the "innovation pool" in all four domains, in order to address Colorado communities' barriers in accessing housing grants and funding sources. In addition, the Department of Health Care Policy and Financing may seek any state plan amendments, federal waivers, waiver amendments, or other actions within its authority that may be necessary to implement this bill. Tenancy support services will be defined by DOLA DOH, allowing DOLA DOH to expand providers able to seek re-imbursements, i.e. social workers, case managers, housing counselors/navigators, etc. to carry out the intent of the bill. These professional will aid those individuals who are most needy and at risk of becoming homeless, or are homeless and at risk of falling into the criminal or juvenile justice system or recidivating into it.

Declaration

Therefore, the legislature declares that it is in Colorado's best interest to create assistance and opportunities for communities across the state who are struggling to access federal and state housing and supportive services funds through training and technical assistance, seed money, direct funding for programmatic support, supportive services, housing consulting services for program development, data collection, access to and evaluation of supportive housing programming and its potential impacts on housing some of the hardest to serve; and to provide state level collaboration and funding to interface between data systems, including but not limited to HB19-1287 data system, HMIS, and LINC (linked information network of Colorado).

To accomplish this, there will be developed and funded an "innovation pool" of resources in two distinct areas for supportive housing:

1) State supportive services for local communities by a) education, capacity building, and pre-development in supportive housing; and b) data integration, coordinated entry system, and resource collection.

AND

2) Community solicitation grants for a) Supportive services for supportive housing programs; and b) evidence-based innovative homeless prevention programs.

This effort will strengthen communities across the state in accessing supportive housing opportunities and resources, while significantly increasing capacity to innovate within an evidence-based framework and sustain programs over-time, making homelessness rare and brief, thereby minimizing the possibility of individuals falling into, or recidivating into, the justice system.

Specifically, these areas break down into four domains where communities can apply for assistance and /or funding in any of the four domains:

1). Funding for education, capacity building, and pre-development in supportive housing. This funding would pay for a statewide technical assistance program, modeled after the currently successful Pathways Home Supportive Housing Toolkit launched in 2014, to provide homeless service providers, law enforcement agencies, re-entry programs, municipal court programs, and other grass roots housing entities the ability to increase understanding of supportive housing interventions in their region, better leverage existing state and federal funding sources, and develop and implement a robust, innovative continuum of supportive housing interventions applicable to their community. It is anticipated that a minimum of the equivalent of two full-time positions skilled, and experienced in the below areas to teach and give specific technical support. Cost estimated to be approximately $175,000

    a. Tool Kit Training and Technical Assistance: DOLA DOH will ensure qualified and expert technical assistance and training is dedicated to a Toolkit-like training and individualized technical assistance, to engage with community partners through regularly occurring outreach events, trainings, and intensive technical assistance focused on established best practices in homeless service provision. The training and technical assistance will focus on competency in the implementation and utilization of the below areas, but not limited to:

        i. Supportive housing; including but not limited to rapid rehousing, Housing first, harm reduction, and trauma-informed care.

        ii. Coordinated entry.

        iii. Landlord engagement and recruitment.

        iv. Input and management of HMIS data.

        v. Medicaid system utilization, management, and billing.

        vi. Supportive housing program services, implementation and evaluation.

        vii. Help to communities to explore feasibility and design programming and services options in an evidence-based, innovative manner fitting the communities' needs.

    b. Pre-development: Grants and loans available to support communities as they work to develop supportive housing interventions. This funding source would be used to cover the costs associated with planning and developing supportive housing interventions and programs. A grant fund

solicitation to expand best practices to up to six new projects to be funded with direct technical assistance from supportive housing consultants and approximately $30,000 for the equivalent of halftime position annually to support program coordination at the local community level.

> **i.** All pre-development grant recipients will meet as a group at least one time per year to share their ideas, successes, and barriers with other grant recipients.

> ii. All pre-development grant recipients will be required to learn and use HMIS, coordinated entry and Medicaid billing, follow appropriate evidence-based practices, and collect all data as requested by the department.

2). Funding for supportive services (tenancy supportive services) in supportive housing. Presently there exists limited funding for the critical supportive services needed to ensure that people with complex mental and/or behavioral health needs can stay housed. This is especially true in non-metro communities where there is a shortage of Medicaid funded behavioral health services. A recent study conducted for the City of Denver by the Corporation for Supportive Housing, a national expert in the supportive housing field, verified that it costs at minimum $7,200 a year for supportive services funding per supportive housing unit in Colorado. In addition, rural areas also struggle finding providers equipped or authorized to receive Medicaid reimbursement, or who receive adequate Medicaid reimbursement for services provided specifically in a housing related environment. Supportive services include, in-reach/outreach, housing search and counseling, engagement, and ongoing supports. These four elements, known collectively as 'Tenancy Support Services', are essential to ensuring supportive housing participants have access to the supports they need to secure and retain stable housing. Securing adequate local investment for supportive services in non-metro communities is currently a significant barrier in program replication. This bill would authorize the Department of Health Care Policy and Financing to seek any state plan amendments, federal waivers, waiver amendments, or other actions within its authority that may be necessary to implement any part of this bill. Tenancy support services will be defined by DOLA DOH allowing additional providers to be able to seek re-imbursements i.e. social workers, case managers, housing counselors/navigators, etc. to foster tenancy support services to the most needy individuals, at risk of becoming homeless, or are homeless and at risk of falling into the criminal or juvenile justice system, or recidivating into it. This bill would allow for 3 to 6 new projects totaling 1million for each project annually.

> i. All grant recipients will meet as a group at least one time per year to share their ideas, successes, and barriers with other grant recipients and to learn from each other.

> ii. all grant recipients will be required to learn and use HMIS, coordinated entry, Medicaid, housing voucher administration if appropriate, follow appropriate evidence-based practices, and collect all data as requested by the department.

> iii. Supportive services reimbursed under this grant section will focus on non-clinical case management tenancy support services, including but not limited to tenancy supportive services, vocational/occupational training, clinical services, reasonable indirect costs, and daily living activities:(basic personal *everyday activities* including, but not limited to, tasks such as eating, toileting, grooming, dressing, bathing, and transferring).

> iv. DOLA DOH will collaborate with HCPF to explore the possibility of expansion of new Medicaid providers/contracts and waivers based on the barriers faced by these new projects.

3) Homeless prevention. (3 projects of $500,000 annually each for a total of $1.5 million per year and 4.5million in a total for three years) These dollars will fund expansion of innovative evidence housing projects such as "transformational" housing, focusing on homeless prevention. Limited funding currently exists to support families and other caregivers as they work to keep vulnerable individuals in their homes. Preventing these individuals from entering the homeless system through more intensive interventions would generate cost savings as well as improved health outcomes and housing stability. Potential projects can be rapid rehousing programs and the creation of pilot programs for rural communities. Many communities do not need large supportive housing developments and would like to experiment with innovative models like co-housing; or much smaller apartment complexes, family reunification models, Host Homes, Safe at Home, Circles of Support, co-housing, or other innovative approaches, implemented through evidence-based practices.

Funding in this category would provide for three community-driven new evidence-based programs to analyze and develop smaller scale supportive housing models and interventions. The Department of Health Care Policy and Financing may seek any state plan amendments or federal waivers or waiver amendments that may be necessary to implement this bill and that tenancy support services" will be defined by DOLA/DOH, allowing DOLA/DOH to expand providers able to seek re-imbursements i.e. social workers, case managers, housing counselors/navigators, etc. to carry out the intent of the bill to foster tenancy support services to the individuals most at risk of becoming homeless, or are homeless and at risk of falling into the criminal, or juvenile justice system, or recidivating into it.

> i. All grant recipients will meet as a group at least one time per year to share their ideas, successes, and barriers with other grant recipients and to learn from each other.

> ii. All grant recipients will be required to learn and use HMIS, coordinated entry, Medicaid, housing voucher administration if appropriate, follow appropriate evidence-based practices, and collect all data as requested by the department.

4) Contract for the design and implementation for data Integration and resource collection. This funding would be used to increase participation in regional homeless data systems, supporting accurate reporting, program evaluation, and needs analysis. This funding would also further the creation of an interface of data systems related to supportive housing best practices, trainings, and resources that could be accessed statewide.

Bill would enable expert individuals to be contracted or hired to assess how Colorado communities can increase the usage of the newly created statewide HMIS and coordinated entry system, to better track populations in need, and those that would be served by this more robust supportive housing programmatic framework. After the initial HMIS assessment the communities receiving technical assistance support would also receive an additional funding to increase their capacity for data collection with the goal of creating a robust program evaluation that can show effectiveness and cost savings for local communities that are using supportive housing with high utilizer populations. This funding would also further the creation of a resource library related to supportive housing best practices, trainings, and resources that could be accessed statewide. Consultant would also work with HMIS administrative teams within the state's Continuum of Care (CoC) regions to determine sufficient funding to augment the new HMIS system to increase HMIS usage and support across the state.

a. Data Integration. Available to support communities working to integrate data systems for those experiencing homelessness with other community resources.

i. Connecting housing resources with Behavioral Health Capacity Tracking System Created by House Bill 19-1287 to help families, law enforcement agencies, counties, court personnel, and emergency room personnel to locate appropriate treatment options for individuals experiencing behavioral health crises.

ii. HMIS is a local information technology system used to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness.

a. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.

b. Coordinated entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed, referred, and connected to housing and assistance based on their strengths and needs.

c. HUD encourages (but does not require) CoCs to use their HMIS as part of their coordinated entry process.

iii. 211 - A simple and easy-to-remember number and web site that people can access when they need help or want to give help.

Database holds information about more than 8,000 services supported by more than 2,800 agencies across the state of Colorado.

Callers can speak live with referral specialists and receive comprehensive community information by dialing the three-digit number 2-1-1, or they may access health and human services online.

Accessible in nearly 100 percent of land-lined home phones and is a free, confidential call.

b. Resource Collection. Establish a resource bank on best practices in homeless service provision, which will be accessible to all statewide community partners. This will be based on existing systems, such as 211 and coordinated with other appropriate systems including but not limited to the data system authorized by HB19-1287.

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