

# The Housing Surge Model: Housing First for Elders Experiencing Chronic Homelessness



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# Housing Surge Principles



- **Every guest who attends leaves with a housing resource**
- One stop for both stabilization services and housing
- Modeled on housing first principles
- Targeted to specific populations
- Only host when there is a bunch of housing
- Positive, energetic experience



# Housing Surge Outcomes

3 housing surges for chronically homeless elders:

- 88 offers of public housing units on the spot
- 16 CoC vouchers issued
- 133 elders enrolled in supportive services

Over 35 agencies participated

## South Boston event offers housing, hope to homeless



PAT GREENHOUSE/GLOBE STAFF

Hope Daniels and HomeStart worker Gabrielle Vacheresse held hands Thursday at the "Housing Surge" event in South Boston. Daniels, who had been homeless, got an apartment through the event.

By [Cristela Guerra](#) | GLOBE STAFF NOVEMBER 18, 2016

# Partners, Roles, and Resources

Partner		Roles	Resources
<b>Continuum of Care (CoC)</b>		Define target population, convene partners, set housing first expectation, sign MOU with PHA	Data, CoC housing vouchers
<b>Public Housing Authority</b>		Commit resources, sign MOU with CoC, screen people in, houser	Public housing units
<b>State Medicaid agency and contractors</b>		Commit resources, convene contractors, pre-screen for eligibility, screen people in, provide ongoing services	Medicaid funded services
<b>Shelter providers, street outreach programs and housing search agencies</b>		Advertise to target population, provide transportation, relationship holders, warm hand off to service provider	Relationships with target population

# Steps to Creating Partnerships

1. CoC approached Public Housing Authority (PHA) for units with “superpriority” for Chronically Homeless Elders
2. With unit commitment, CoC approached Medicaid/state Elder Affairs for supportive services
3. Medicaid approached contractors about feasibility of making their services work in the context of a housing surge
4. CoC and PHA signed MOU

# Leveraging Medicaid for Services

- Engage Medicaid leadership in goal
- Find a champion who knows your state Medicaid programs
- Partner to coordinate Medicaid agencies, shelters and housing authority before, during and after surge
  - Share population list with Medicaid to create invite list
  - Think creatively about modifying enrollment and engagement
- Explore partnering with *Program for All-Inclusive Care for Elders (PACE)* and managed care entities

# Shelter and Street Outreach Prep For Surge

*Two weeks prior to the surge*

- **Shelters and Outreach Teams begin outreach to invited guests**
  - Each agency has a copy of the invite list
  - Assemble vital documentation that is already in clients' files
- **Invitation**
  - What the event offers, time, date, how they guest will be transported, that breakfast and lunch will be served, gifts cards will be provided, etc.
  - Each invitation is personalized with client's name
- **Shelter and Street Outreach staff are outreaching to clients regularly to try to estimate how many will attend**

# Surge Participant Agencies

*Who Shows Up and What They Do*

- **Social Security Administration**
  - Provide proof of birthdate, social security number, and SSI or SSDI income
- **State Welfare Agency**
  - Enroll guests in SNAP
- **State Medicaid Agency**
  - Enroll clients in Medicaid who are deemed eligible but not currently enrolled
  - Upgrade clients for more comprehensive Medicaid coverage
- **Medicaid service providers** (e.g. PACE, managed care programs, etc.)
  - Provide info about services, screen people for eligibility, complete enrollment
- **Public Housing Authority**
  - Screening staff run criminal records, help applicants fill out apps, screen people in, and approve the unit selected by client
- **CoC housing subsidy providers and housing search programs**
- **Shelters and street outreach programs**



# Space for the Surge

*How does it look?*

- **Community Partner with a larger space**
  - Engaged throughout the process - staff on-site to help throughout the day
  - Willing to open at 4 AM to catch clients before they leave for work, start using, etc.
  - We worked with Catholic Charities
- **Central meeting room**
  - Check-in and check-out, food, break area, waiting area
- **Separate, private rooms for each agency/program**
  - Waitlists for each room
- **Quiet rooms for clients experiencing sensory overload**
- **Accessible building**
- **Near shelters**

# Guiding Guests Through The Surge

*Day of the surge*

- **Ambassadors**

- From agencies affiliated with the CoC
- Trained in advance of the surge
- Stay with the guests throughout the event, guide them from one stop to the next

- **Navigators**

- Have specific programmatic and surge process knowledge
- Placed at strategic points around the event to serve as references for any questions ambassadors have
- Have walkie-talkies to page clients in waiting area

- **Passports**

- Outline which programs guests are eligible for
- Detail all stops clients must make during event - services, housing, SSA, etc.

- **Appointment Documents**

- Tracks client's future appointments and contacts for all agencies

Name: \_\_\_\_\_

**Workshop for Chronically Homeless Elderly Individuals** Please take this form to each station that is highlighted below. These resources have been identified as providing you with the best possibilities of finding housing. After you visit a station, your sheet will be stamped. When you have collected all of the stamps you can stop at the exit desk to receive a gift card.



	PACE – Cambridge Health Alliance	
	PACE – Uphams Corner	
	PACE – Harbor Health	
	PACE – East Boston	
	SCO – BMC Healthnet	
	SCO – Commonwealth Care Alliance	
	SCO – Senior Whole Health	

**Name:** \_\_\_\_\_

# Workshop for Homeless Elderly Individuals



This form is provided to you so that you can keep track of your follow-up appointments or things that you will need to accomplish for each of the tables that you visited today. Please keep this with you after the event and if appropriate, share with your housing case manager at your next visit so that they can follow up if necessary.

Agency	Follow-Up Appointments	Next Steps/Needs
East Boston PACE	Date: Time: With: For: Location:	
Cambridge Health Alliance PACE	Date: Time: With: For: Location:	
Harbor Health PACE	Date: Time: With: For: Location:	

# The Boston Client Housing Surge Experience

*Start to Finish*

- **Client checks into the event**
  - Given a folder with passport, appointment document, any vital documents for PHA that have already been collected and are connected with their ambassador
- **Client and ambassador eat breakfast, get to know each other**
- **Client visits SSA if they need verification of any personal information**
- **Client visits State Medicaid Agency if they need to enroll or are eligible for an upgrade**
- **Client visits medicaid service providers for which they are eligible and decides which program is the best fit for them**
  - May involve a medical screening on site
- **Client visits the Public Housing Authority**
  - If they pass screening they choose a unit from the list provided by the PHA
  - If they do not pass screening, they are offered a CoC mobile voucher
- **Client checks out with housing opportunity**
  - Documents in client folder are photocopied, client receives gift card and goodies



# Surge Follow-Up

*Week and Months Following the Surge*

- **Debrief**
  - All service providers, housing authorities, shelters, and street outreach teams
  - Confirm enrollments and housing offers
- **Weekly Chronic Working Group**
  - Confirm move-in dates, furniture bank dates, address communication concerns, etc.
  - Include PHA
  - Several joint meetings with Medicaid providers during hand off
- **Housing Authority Check-ins**
  - Every six months
  - Addresses both client concerns and successes

# Contact Information



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