THE NORTH CAROLINA 2017 INTERIM PERMANENT SUPPORTIVE HOUSING ACTION PLAN



2017 North Carolina Permanent Supportive Housing Action Plan

The 2017 Interim Permanent Supportive Housing Action Plan is a collaboration between the North Carolina Department of Health and Human Services and the North Carolina Housing Finance Agency. This Action Plan serves as a working plan and is a shared effort between the following entities:

- North Carolina Department of Health and Human Services (NC DHHS)
- North Carolina Housing Finance Agency (NCHFA)
- Statewide Housing Advocates: NC Justice Center, The ARC of NC, Disability Rights NC, National Alliance on Mental Illness NC, NC Coalition to End Homelessness, NC Housing Coalition.
- The state's network of seven Local Management Entities/Managed Care Organizations (LME/MCOs): Alliance Behavioral Health, Eastpointe, Cardinal Innovations Healthcare Solutions, Partners Behavioral Health, Sandhills Center, Trillium Health Resources, and VayaHealth.

Vision: The shared vision for permanent supportive housing in North Carolina connects people to affordable, integrated, and supportive housing by leveraging resources and collaborating with all levels of government and private agencies.

Permanent Supportive Housing is defined as a housing model where individuals choose where they live; housing is decent, safe, accessible, and affordable to their income; the individual has the rights and responsibilities of tenancy; and there are voluntary, flexible supportive services available from a qualified service provider (http://www.samhsa.gov/homelessness-housing/povery-housing).

Purpose: Improve opportunities and outcomes for persons with disabilities by strengthening systems, increasing housing options and access, and delivering quality supportive services.

NC DHHS and NCHFA contracted with the Technical Assistance Collaborative (TAC) to create the *North Carolina Permanent Supportive Housing Assessment with Recommendations to Comply with the Olmstead Settlement http://www.nchfa.com/sites/default/files/page_attachments/TACReport.pdf.* Many of the strategies in this plan are based on those recommendations. TAC recommended overall to concentrate work in 'high value' counties; counties where people have a high desire to live and where rental markets are more competitive, thus making it that much harder to find quality affordable housing. At least one "high value" county has been identified per LME/MCO catchment area. The high value counties are Buncombe, Durham, Forsyth, Guilford, Iredell, Mecklenburg, New Hanover, Wake, and Wayne.

Initially, much of the effort will focus on meeting the State's goals under the 2012 *Olmstead* Settlement Agreement. However, the State is cognizant of balancing the housing and services needs of all populations as development and implementation of PSH resources are considered. To that end, the goals below are meant to support all people with PSH needs.

For calendar year 2017, six main goals have been identified:

- 1. Maximize existing PSH opportunities with a focus on improving access.
- 2. Develop, strengthen, and monitor provider capacity to deliver quality person-centered services.
- 3. Increase the pipeline of PSH units.
- 4. Further develop Medicaid services for the provision of tenancy supports.
- 5. Enhance a collaborative approach to PSH policy across state, regional and local levels.
- 6. Invest in robust automated systems to simplify processes, evaluate programs, and monitor outcomes.

This PSH Action Plan is an iterative and collaborative endeavor, with a public feedback process and periodic revisions. We anticipate producing an Annual PSH Action Plan, based on the calendar year, and sharing quarterly progress updates.

Action Plan Timeline:

January – April 2017	Planning, Priority Setting, Stakeholder Meetings
April 17, 2017	First Draft of 2017 Interim PSH Action Plan & Comment Period Begins
May 19, 2017	Comment Period Ends
June 22, 2017	Second Draft & Discussion with Stakeholders
July – August 1, 2017	Final 2017 PSH Action Plan Published
July – October 2017	LME/MCOs Revise Regional Housing Plans to Complement the State's Goals
August – October 2017	Planning, Priority Setting, Visioning, Stakeholder Meetings for 2018 Action Plan
November 2017	First Draft of 2018 PSH Action Plan & Comment Period Begins
December 2017	Comment Period Ends
January 2018	Second Draft & Discussion with Stakeholders
February 2018	Final 2018 PSH Action Plan Published

Thank you to all who put time and energy into this 2017 Interim PSH Action Plan. This Statewide plan will help guide and complement regional and local PSH plans and bring a common definition, approach, and understanding of PSH throughout North Carolina.

For questions or comments related to the PSH Action Plan, please contact Jessa Johnson with NC DHHS at <u>Jessa.Johnson@dhhs.nc.gov</u> or Jennifer Olson with NCHFA at <u>jlolson@nchfa.com</u>.

Legend:	
Status Options:	In Progress, Complete, or Not Started
Expected Outcomes:	A √ means the expected outcome has been accomplished.

Goal 1: Maxii	mize existing PSH opportunities with a focus on improving access.
Strategy 1:	Transition the Transition to Community Living Voucher (TCLV) Subsidy Administration from NC Quadel to LME/MCOs to give more control and transparency while simplifying the process by reducing the number of handoffs, and time from in-reach to moving into housing.
Expected Outcome:	 All new TCLV tenancies completed by LME/MCOs by May 1, 2017. All active legacy TCLV tenancies 'claimed' by LME/MCOs by July 31, 2017. All inactive legacy TCLV tenancies 'claimed' by LME/MCOs by July 31, 2017. All active legacy non-TCLV tenancies 'claimed' by December 31, 2017. All inactive legacy non-TCLV tenancies 'claimed' by December 31, 2017. Reduce number of days from in-reach to move-in by 25% over the 2016 baseline.
Timeframe:	Throughout 2017
Responsible Partners:	NCHFA, LME/MCOs, DHHS
Status:	
Strategy 2:	Transition the Transitions to Community Living Initiative (TCLI) Housing Administration from NC Quadel to NCHFA to better align state partners and knowledge base.
Expected Outcome:	 Support all LME/MCOs through subsidy administration transition from NC Quadel. Contract with NC Quadel to continue subsidy administration duties until June 30th to allow for smooth transition process. Create onboarding process and ensure all data and records transfer from NC Quadel to LME/MCOs. Create automated system of record for both NC DHHS and LME/MCOs. Create automated system to reimburse LME/MCOs for housing related expenses for TCLI participants. Create reports to help both NC DHHS and LME/MCOs manage the program and fulfill external informational requests.
Timeframe:	Throughout 2017
Responsible Partners:	NCHFA, LME/MCOs, DHHS
Status:	
Strategy 3:	Explore enhancements to statewide housing subsidies: Key Rental Assistance & Transitions to Community Living Voucher (TCLV).
Expected Outcome:	 Complete research on additional risk mitigation tools. Complete research on rent limits above FMR in high value counties, especially if Public Housing Authorities (PHAs) have such an allowance.
Timeframe:	Fall 2017
Responsible Partners:	NCHFA
Status:	

Strategy 4:	Ensure Key Rental Assistance Program is sustained
Expected Outcome:	 Advocate to increase Key Rental Assistance state funding. Adopt referral policies to ensure Key Rental Assistance funding is sustainable. Refine protocols and procedures to ensure priority population referrals. Analyze current funding methodologies to determine best use of funding.
Timeframe:	Throughout 2017
Responsible Partners:	DHHS, NCHFA
Status:	
Strategy 5:	Expand Targeted Units (TUs) by recruiting properties in nine high value counties (Buncombe, Durham, Forsyth, Guilford, Iredell, Mecklenburg, New Hanover, Wake, and Wayne).
Expected Outcome:	 Increase number of TUs in nine high value counties by 5% over 2016 baseline of 1,554. Increase number of TUs filled in nine high value counties by 10% over 2016 baseline of 890. Formalize a process for TU expansion and recruitment efforts.
Timeframe:	Throughout 2017
Responsible Partners:	NCHFA, DHHS
Status:	
Strategy 6:	Improve reporting of vacancies from properties under Targeting Agreements. (See Goal 6, Strategy 2 for more detail on automated process.)
Expected Outcome:	 Increase number of TCLI individuals utilizing TUs by 200 (roughly a 66% increase) over the 2016 baseline of 304 (as of 12/31/16).
Timeframe:	December 31, 2017
Responsible Partners:	NCHFA, DHHS
Status:	
Strategy 7:	Improve Targeting Unit referral process to properties by DHHS Regional Housing Coordinators (RHCs). (See Goal 6, Strategy 2 for more detail on automated process.)
Expected Outcome:	 Increase number of TCLI individuals utilizing TUs by 200 (roughly a 66% increase) over the 2016 baseline of 304 (as of 12/31/16). Create baseline to then measure ability to reduce days between vacancy notification and referral for vacancy. Create baseline to then measure ability to improve the ratio of referrals to move ins.
Timeframe:	December 31, 2017
Responsible Partners:	DHHS, LME/MCOs, NCHFA
Status:	

Strategy 8:	Engage with Public Housing Authorities and/or HUD to support an <i>Olmstead</i> -related preference.
Expected Outcome:	 Create a stronger relationship between NCHFA, HUD Greensboro, and PHAs throughout the state, focusing on the nine high value counties. Receive assistance from HUD Greensboro to engage with PHAs. Meet with five PHAs to educate them on adopting a local <i>Olmstead</i>-related preference and list on NCHousingSearch.com. Research alignment of TCLV & PHA subsidy limits.
Timeframe:	Throughout 2017
Responsible Partners:	NCHFA, LME/MCOs
Status:	
Strategy 9:	Support NCHousingSearch.com as the primary statewide housing locator service.
Expected Outcome:	 Increase utilization by LME/MCOs and other housing partners using the case manager portal and saved search feature in NCHousingSearch.com by 40%. Refresh the look of NCHousingSearch.com and add functionality. Execute communication campaign upon deployment of new NCHousingSearch.com site. Create new marketing material for NCHousingSearch.org (rack cards, posters, banners, tableware, etc.). Create new marketing material for TCLV (banners, tableware, etc.) Increase number of listings as accepting TCLV by 5%. Increase the recruitment of private landlords to list on NCHousingSearch.com.
Timeline:	Throughout 2017
Responsible Partners:	NCHFA, LME/MCOs, Socialserve.com
Status:	
Strategy 10:	Increase Fair Housing knowledge across the state.
Expected Outcome:	 Legal Aid of NC/Fair Housing Project provide trainings on basic fair housing and reasonable accommodations to both housing and service providers and will have an attendance of at least 90% capacity. Legal Aid of NC/Fair Housing Project create training on advanced fair housing and reasonable accommodations to individuals who have completed the basic fair housing training. Create baseline to then measure a decrease in denials of housing applications due to better written reasonable accommodations.
Timeline:	Throughout 2017
Responsible Partners:	NCHFA, Legal Aid of NC, LME/MCOs
Status:	

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Strategy 11:	Update and provide guidance to all NCHFA owners and property managers on Tenant Selection Plan (TSP) criteria.
Expected Outcome:	 Update and provide TSP criteria guidance to all NCHFA owners and property managers. Review submitted TSPs, asking for appropriate revisions. Investigate complaints regardless of origination and enforce the current TSP.
Timeline:	Throughout 2017
Responsible Partners:	NCHFA, NC Justice Center
Status:	

GOAL 2: Develop, strengthen, and monitor provider capacity to deliver quality personcentered services.	
Strategy 1:	Adopt the SAMHSA Permanent Supportive Housing evidence based practice as the standard of service delivery, expected outcomes, and monitoring for entities delivering supportive housing services and supports.
Expected Outcome:	 Identify 1-2 people at Division of Mental Health (DMH) to serve as Subject Matter Expert (SME) on the SAMHSA Housing First/PSH model and ensure these SMEs have access to training and resources on the model. Coordinate with DMH Quality Insurance (QI) Section on appropriate PSH measures to track and determine service effectiveness. Coordinate with LME/MCOs on how to obtain PSH outcomes, including data collection schedule, explore pay for performance models with incentives and penalties. Develop and facilitate a statewide PSH learning collaborative to focus on implementation and adoption of evidence-based PSH practices in services. Research baseline metrics, desired outcomes and goals utilized in other states to measure success, with a focus on desired outcomes for the State. Develop and facilitate provider training on PSH, with focus on desired outcomes and achieving model fidelity.
Timeline:	Ongoing
Responsible Partners:	DHHS
Status:	
Strategy 2:	Improve access and quality of Assertive Community Treatment (ACT) services.
Expected Outcome:	 Identify and develop ACT service quality and outcome measures. Identify points of contact at each LME/MCO that are involved in the monitoring of ACT quality and capacity. Develop by DMH web based coaching and a collaborative group that will focus on promoting high quality ACT in network and how LME/MCOs can effectively monitor practice to the model. Assess quarterly by DMH, statewide capacity and utilization, and determine what percent of individuals receiving ACT align with the intended target population. Increase monitoring of ACT availability and quality through development of an annual progress report and associated plan of correction for the State ACT network.
Timeline:	Ongoing
Responsible Partners:	DHHS
Status:	

Strategy 3:	Increase the utilization of Supported Employment (SE) in the TCLI population.
Expected Outcome:	 Incorporate IPS-SE, recovery, and employment into In-reach training. Develop a mechanism to track individuals engaged in In-reach who are also referred to IPS-SE and add this tracking to the dashboard. Create a baseline to then measure a reasonable expectation for percent of people to be referred, with a focus on individuals in housing attaining employment.
Timeline:	December 2017
Responsible Partners:	DHHS
Status:	
Strategy 4:	Represent consumer needs related to DHHS PSH policies and the service delivery system.
Expected Outcome:	 Continue inclusion of community stakeholders in behavioral health steering committees and advisory boards. Incorporate feedback received during statewide behavioral health listening sessions into pertinent aspects of service delivery and policy development. Include consumers and/or peer representation as fully as possible throughout the action planning process.
Timeline:	Ongoing
Responsible Partners:	DHHS, LME/MCOs, Stakeholders
Status:	

00AL 2: Inc	reces mineling of DCII units
GOAL 3: Inc	rease pipeline of PSH units.
Strategy 1:	Explore a Funding Collaborative, or other collaboratively structured stakeholder group, with LME/MCOs, NC DHHS, and NCHFA for development of PSH units in high value counties and as otherwise identified by LME/MCOs.
Expected Outcome:	LME/MCOs continue to explore available funding and/or partnership opportunities for direct investment into PSH.
	LME/MCOs build relationships with local housing development partners to leverage expertise and resources.
	Establish best practices and innovative partnerships that can be used as a model for future development.
	 Explore the creation of a supportive housing development program to create additional access to PSH units through new construction or rehabilitation.
Timeline:	Throughout 2017
Responsible Partners:	LME/MCOs, DHHS, NCHFA
Status:	
Strategy 2:	Create a flexible supportive housing development program to create additional access to PSH units, through new construction or rehabilitation, focusing on high value counties.
Expected Outcome:	 Complete research and discussions for such a program by LME/MCOs, NC DHHS and NCHFA. Design a program and draft program guidelines. Publish a Notice of Funding Availability (NOFA). Finance 30 units under such a program.
Timeline:	Ongoing
Responsible Partners:	NCHFA, DHHS, LME/MCOs
Status:	
Strategy 3:	Explore program to recruit tax-exempt bond projects into the Targeting Program, focusing in high value counties.
Expected Outcome:	 Complete research and discussions for such a program with LME/MCOs and NC DHHS. Determine process/language when approaching (or re-approaching) bond projects and ensure that all interested parties are updated. Provide a list of 27 tax-exempt bond projects to LME/MCOs for consideration.
Timeline	Spring/Summer 2017
Responsible Partners:	NCHFA, LME/MCOs, DHHS
Status:	

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Strategy 4:	Provide a strong preference under NCHFA's Supportive Housing Development Program (SHDP) for projects which contribute to meeting the State's goals under the <i>Olmstead</i> Settlement Agreement.
Expected Outcome:	 Create a minimum of 30 units specifically for individuals covered under the Olmstead Settlement Agreement.
Timeline:	Spring 2017
Responsible Partners:	NCHFA
Status:	
Strategy 5:	Review and consider all PSH development/expansion opportunities that are made available to the State.
Expected Outcome:	 Analyze and collaboratively discuss opportunities that arise, (e.g. HUD 811 project funding, HUD and/or SAMHSA initiatives related to housing, services, technical assistance, etc.)
Timeline:	Ongoing
Responsible Partners:	NCHFA, DHHS, other partners as defined by potential collaborations
Status:	

Goal 4: Further develop Medicaid services for the provision of housing supports by enhancing the existing Community Support Team to support these services.	
Strategy 1:	Establish and evaluate a Medicaid crosswalk.
Expected Outcome:	 Identify opportunities for increased housing support in Medicaid service array. Establish current services provided throughout the system related to housing supportive services. Determine past crosswalk activities that have been performed and analyze for potential inclusion. Identify potential technical assistance that could be provided to assist in development. Determine how potential crosswalk interfaces with the SAMHSA PSH model.
Timeline:	Ongoing
Responsible Partners:	DHHS
Status:	
Strategy 2:	Submit revised and fully vetted Community Support Team definition to Centers for Medicaid and Medicare (CMS).
Expected Outcome:	Approve definition of Community Support Team by CMS.
Timeline:	Ongoing
Responsible Partners:	DHHS
Status:	

GOAL 5: Enhance collaborative approach to PSH policy across state, regional and local levels.	
Strategy 1:	Create state level PSH planning process.
Expected Outcome:	 Outline PSH planning process and discuss with PSH state level stakeholders. Advance the PSH planning process throughout 2017. Production of CY 2017 Interim PSH Action Plan.
Timeline:	Spring/Summer/Fall 2017
Responsible Partners:	DHHS, NCHFA, LME/MCOs, State Level Stakeholders
Status:	
Strategy 2:	Create CY 2017 Interim PSH Action Plan.
Expected Outcome:	 Produce 2017 Interim PSH Action Plan. Establish a process to ensure ongoing activities. Determine standard template for subsequent PSH Action Plans.
Timeline:	Summer 2017
Responsible Partners:	DHHS, NCHFA, LME/MCOs, State Level Advocate Stakeholders
Status:	
Strategy 3:	Create a PSH planning process for LME/MCOs.
Expected Outcome:	 Visit LME/MCOs to facilitate planning discussions related to PSH Regional Housing Plans and provide technical assistance. Create a LME/MCO PSH Regional Housing Plan template. Ensure the LME/MCOs' Regional Housing Plans complement the state's 2017 Interim PSH Action Plan.
Timeline:	Fall 2017
Responsible Partners:	DHHS, NCHFA, LME/MCOs
Status:	Hold a DCH visioning appoint to identify how stakeholders at state, we signal and level to the
Strategy 4:	Hold a PSH visioning session to identify key stakeholders at state, regional, and local levels to potentially create a PSH leadership committee to hold a unified PSH vision for NC.
Expected Outcome:	 Convene PSH statewide partners to gather information on potential key stakeholders to serve on a state-level PSH leadership committee. Discuss a vision for PSH in NC with statewide partners.
Timeline:	October 2017
Responsible Partners:	DHHS, NCHFA, LME/MCOs, Housing Stakeholders at state, regional and local levels
Status:	

Strategy 5:	Create a 2018 PSH Action Plan
Expected Outcome:	 Hold meetings with Housing Stakeholders to determine the priorities. Draft a 2018 PSH Action Plan
Timeline	Winter 2017
Responsible Partners:	DHHS, NCHFA, Housing Stakeholders, LME/MCOs
Status:	
Strategy 6:	Clarify the roles and responsibilities of statewide housing partners.
Expected Outcome:	 Define, graphically depict, and publish PSH roles across all LME/MCOs, DHHS divisions, and NCHFA related to PSH housing and TCLI.
Timeline:	November 2017
Responsible Partners:	DHHS, NCHFA
Status:	
Strategy 7:	Consolidate and maintain dedicated PSH resources at the state level.
Expected Outcome:	 Recruit and hire a DHHS PSH Executive Position. Create a new Community Living Team at NCHFA to assist with implementing Transitions to Community Living Voucher (TCLV) program. Explore the consolidation of DHHS housing infrastructure and programs. Maintain DHHS Regional Housing Coordinators staff to match increased activity of Targeting Program and monitor for additional staffing needs.
Timeline:	Throughout 2017
Responsible Partners:	DHHS, NCHFA
Status:	
Strategy 8:	Identify and disseminate housing promising practices.
Expected Outcome:	 Create a process by which LME/MCOs and other stakeholders can share promising practices related to PSH. Identify subject matter experts at DHHS on Housing First/SAMHSA PSH model. Participate in learning forums/webinars/symposiums/conferences to expand knowledge of PSH housing activities on a statewide, national, and worldwide level. Incorporate promising practices in LME/MCO regional housing plans.
Timeline:	Throughout 2017
Responsible Partners:	DHHS, LME/MCOs
Status:	

GOAL 6: Invest in robust automated systems to simplify processes, evaluate programs, and report outcomes.		
Strategy 1:	Develop Community Living Integration Verification system (CLIVe). (See Goal 1, Strategy 2)	
Expected Outcome:	 Deploy CLIVe system. Reimburse LME/MCOs for housing related expenses in timely manner. Support transition activities from NC Quadel to LME/MCOs. Support monthly reporting to NC DHHS. Create Dashboard for housing status. 	
Timeline:	Throughout 2017	
Responsible Partners:	NCHFA, LME/MCOs, DHHS	
Status:		
Strategy 2:	Enhance online portal for property managers with a vacancy and referral (V&R) module. (See Goal 1, Strategies 6 and 7)	
Expected Outcome:	 Automate a fully functional V&R system. Deploy V&R enhancement to properties and RHC's. Create meaningful reports from V&R system. 	
Timeline:	Throughout 2017	
Responsible Partners:	NCHFA, DHHS RHCs and Properties w/Targeted Units	
Status:		
Strategy 3:	Create a Targeting Program denial tracking system to increase access to Targeted Units by identifying and addressing barriers.	
Expected Outcome:	 Create baseline to then measure the reduced percentage of applicants who are denied housing through tracking of the use of Reasonable Accommodations. Create quarterly report identifying denial reasons to identify most significant housing barriers. Increase ability to monitor management company compliance with new NCHFA Tenant Selection Plan policy guidance. Create baseline to then measure the increased percentage of denied applicants who requested reasonable accommodations. Create baseline to then measure the increased percentage of applicants with approved reasonable accommodation requests. 	
Timeframe:	2017	
Responsible Partners:	NCHFA, DHHS	
Status:		

Strategy 4:	Replace Transitions database system with Transitions to Community Living Database (TCLD) workflow system.
Expected Outcome:	 Effectively roll out TCLD system wide. Increase data integrity by comparing previous data base with TCLD and establishing baseline metrics. Provide status based on data collected vs. human input, including alerts when pertinent data is missing, and establish a baseline error tracking measure. Create workflow to better support TCLI processes. Create dashboard reporting to allow all parties to know where TCLI individuals are in the transition process. Facilitate onsite personalized training session with LME/MCOs. Improve program reporting and evaluation.
Timeline:	Summer 2017
Responsible Partners:	NCHFA, DHHS
Status:	

Thank you to all who put time and energy into this 2017 Interim PSH Action Plan. This Statewide plan will help guide and complement regional and local PSH plans and bring a common definition, approach, and understanding of PSH throughout North Carolina.

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