Homeless Continuum of Care Partnerships with Local Hospitals

SC Healthy Outcomes Plan (HOP) Governance Meeting

February 22, 2018

South Carolina Interagency Council on Homelessness

Overview of the Continuum of Care

- Congress passed the first federal law specifically addressing homelessness in late 1980's.

- Since 1995, HUD has required communities to submit a single funding application through a locally established Continuum of Care (CoC) instead of allowing providers to submit individual applications.

- HEARTH (Homeless Emergency Assistance and Rapid Transition to Housing) ACT of 2009 combined three separate homeless assistance programs into a single grant program called the Continuum of Care (CoC) Program.

- CoC Program interim rule expands and codifies into law the existing CoC program.
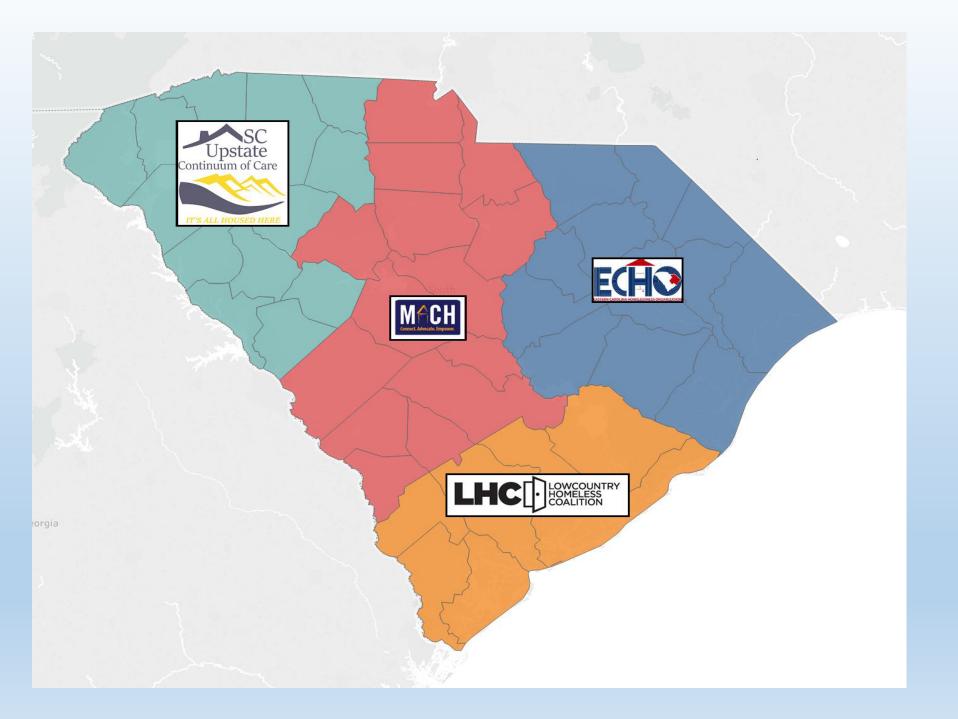
Purpose of the Continuum of Care

- Promote community-wide commitment to the goal of ending homelessness

- Provide funding for efforts by nonprofit providers, State and local governments to quickly re-house homeless individuals and families

- Promote access to and effective use of mainstream programs by homeless individuals and families

- Optimize self-sufficiency among individuals and families experiencing homelessness

Continuum of Care Responsibilities

- Operating the CoC, which includes conducting regular membership meetings, developing a governance charter, establishing and evaluating provider and system performance targets, and establishing a coordinated entry system

- Designating and operating a Homeless Management Information System (HMIS)

- CoC planning, which includes developing and implementing a housing and service system, coordinating an annual Point-in-Time count, and conducting an annual gaps analysis

- Preparing the annual funding application to HUD

Overview of the Continuum of Care Program in South Carolina

- Four CoCs in SC

  - ECHO/Eastern Carolina Homelessness Organization - 12 counties (Pee Dee/Myrtle Beach)

  - Lowcountry Homeless Coalition – 7 counties (Charleston area)

  - MACH/Midlands Area Consortium for the Homeless – 14 counties (Midlands/York/Aiken)

  - Upstate CoC– 13 counties (Greenville/Spartanburg area)

- SC Interagency Council on Homelessness

Eastern Carolina Homelessness Organization (ECHO)

- Geographic Area – 12 Counties: Horry, Georgetown, Williamsburg, Florence, Marion, Darlington, Chesterfield, Marlboro, Dillon, Sumter, Clarendon, and Lee

- www.echomeless.org

- Joey Smoak, Executive Director/President jsmoak@echomeless.org

ECHO – Successes/Opportunities with Local Hospitals

Successes

- Good interactions with Grand Strand Medical social workers that resulted in ECHO quickly housing several patients who were homeless veterans

Opportunities

- Discharge Protocols

- Plan to address needs of homeless individuals with acute medical needs and substance use

- Hospitals as access points to engage and treat people experiencing homelessness

Lowcountry Homeless Coalition

- Geographic Area - 7 Counties: Charleston, Dorchester, Berkeley, Beaufort, Jasper, Colleton, and Hampton

- www.lowcountryhomelesscoalition.org

- Heather Carver, Coordinated Entry Manager hcarver@lhc-sc.org

Lowcountry Homeless Coalition – Successes/Opportunities with Local Hospitals

Successes

- Good communication with social workers through Housing Crisis Line
- Hospital representation on LHC Board

Opportunities

- Discharge protocols
- Participation in coordinated entry system
- Confidentiality agreements

Midlands Area Consortium for the Homeless (MACH)

- Geographic Area – 14 Counties: Richland, Lexington, Newberry, Fairfield, Kershaw, Orangeburg, Calhoun, Bamberg, Allendale, Aiken, Barnwell, York, Chester, Lancaster

- www.midlandshomeless.com

- Karina Henry, Homeless Services Coordinator khenry@uway.org

MACH – Successes/Opportunities with Local Hospitals

Successes
- Two hospital representatives on MACH Board
- Palmetto Health contract with MIRCI to house homeless patients
- Palmetto Health ACT Team

Opportunities
- Better understanding of discharge planning protocols for individuals experiencing homelessness
- Relationships with rural hospitals
- Coordination with Annual PIT Count
- Data sharing with local hospitals, including use of ICD-10 code (Z59.0) to identify homeless individuals presenting in ED's

Upstate Continuum of Care

- Geographic Area – 13 Counties: Greenville, Spartanburg, Cherokee, Union, Greenwood, Laurens, Abbeville, Saluda, Edgefield, McCormick, Anderson, Oconee, and Pickens

- www.upstatecoc.org

- Diane Cilento, Advisory Council Chair dcilento@uhcsc.org

Upstate Continuum of Care– Successes/Opportunities with Local Hospitals

Successes

- Strong relationships with HOP and community health programs
- Bon Secours St. Francis has agreed to use HMIS
- Hospital representation on CoC Advisory Council

Opportunities

- Improve methods of identifying homelessness and victims of domestic violence
- Expand resources for individuals and families that are not assisted by HUD funding
- Coordination with Annual PIT Count
- Investment of housing to improve healthcare outcomes

SC Interagency Council on Homelessness

- Re-established as SC Coalition for the Homeless in 2010 and became SC Interagency Council on Homelessness in 2016
- Board represents the four CoCs, eight state agencies, and at-large members
- Key interests/activities: research, advocacy, state and federal homelessness policy, and collaboration in the field and across the four CoCs.
- www.schomeless.org

SC Interagency Council on Homelessness (SCICH)

- Formal partnership with SCDMH to expand infrastructure funded by SAMHSA CABHI Grant
  - Trainings on Best Practices
  - HMIS/EMR Data Integration Project
  - SCICH Support

- Five Year Strategic Plan adopted in 2015

SCICH Five Year Strategic Plan

- Goal One - Strengthen state infrastructure and engage state leadership in the development and implementation of strategies and allocation of resources.

- Goal Two - Continue to improve South Carolina's homeless service system by using state HMIS data to achieve data-driven decision making and ongoing evaluation of services.

SCICH Five Year Strategic Plan

- Goal Three - Increase SCICH's recognition as a thought leader in homelessness and strengthen capacity to communicate to stakeholders throughout the state.

- Goal Four - Promote evidenced-based best practices in homeless service delivery by sponsoring trainings for service providers, state departments, and other stakeholders.

Next Steps?

- Training for Hospital ED Staff
  - State-wide Webinar

- CoC Focused Trainings

- SCHA representative on SCICH Board