



# Solving for Homelessness among Older Adults, People with Disabilities, and Other Populations

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**LISA COFFMAN:** My name is Lisa Coffman. I am a Senior Adviser in the Office of the Deputy Assistant Secretary for Special Needs at the U.S. Department of Housing and Urban Development.

I am serving as the facilitator for today's webinar, and it is a privilege to have so many of you here with us. I know how busy folks are during the day, so the fact that you took an hour out of your incredibly busy day to be with us on this webinar, we greatly appreciate it, and hope that we put together informative material for you to take back and replicate in your community. Your active involvement in the webinar is essential for us to have an engaging discussion today.

So, here's our agenda. Today, after our initial opening and poll, we will spend a few minutes on why preventing and addressing homelessness needs all of the sectors here on this webinar to come together. We serve the same people.

You're in for an incredible conversation, a treat today, an inspiring example from San Diego, California. We'll ask you for some takeaways in the chat, and then taking the questions that you submit via the Q&A function, we'll spend about 15 to 20 minutes answering your questions. Finally, we'll share some technical resources and wrap up right on time.

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Let's get into some housekeeping items. This meeting is being recorded. By staying to participate in the webinar you're consenting to the recording. All attendees have been muted for audio quality. Please use the chat, as many of you already are. It's so good to see where everybody is from. Definitely use the chat to make comments, identify yourself, and talk to your fellow attendees. We will also prompt you to answer some questions in the chat later in the webinar.

As for questions, this is really important because we want to take as many questions from you all as we can today, please submit those at any time using the Q&A feature that's in the Zoom dashboard. Due to the size and pace of this webinar, we're not going to be able to respond to raised hands. Instead, we're asking you to please use the Q&A function to ask questions. Only the questions in the Q&A will be able to be flagged for myself and our presenters. So please put your questions in the Q&A box directly.

If you have comments or questions at any time during or after the webinar, you can email us at [HSRC@ACL.HHS.GOV](mailto:HSRC@ACL.HHS.GOV). I'm sure one of my colleagues will be putting that in the chat for you as well. You can also use the chat or that email if you have a technical issue.

Finally, please consider having your phone handy at the end of the webinar when we recommend resources both by QR code and by chat posting. These will also be emailed to you after the webinar. Most of you should have received the slides from today's webinar in advance, so you don't need to ask us that question, "will I get the slides?" because you will be getting the slides if you don't have them already.

Once the webinar is posted online, we will send you all an email letting you know that the webinar materials are available, which includes the slides, the recording, and the transcript.

So, first poll. We'd like to get a sense of who's here today, so could you please respond to the short poll, "Which of the following sectors best fits your organization?" We will give you a minute to vote.

While you're voting, I'm going to share some information about the Housing and Services Resource Center.

The Housing and Services Resource Center, HSRC, stems from a year-old partnership between ACL and other departments of HHS agencies along with the Department of Housing and Urban Development. Launched in partnership between the U.S. Departments of Health and Human Services and Housing and Urban Development, the

Housing and Services Resource Center fosters cross-sector partnerships between the organizations and systems that provide housing resources and homelessness services, health care and mental health services, independent living services, and other supportive services.

The HSRC is part of an interagency initiative to streamline and expand access to affordable, accessible housing and the critical services that make community living possible. After the webinar, I hope you'll take an opportunity to look at the HSRC website, which you can find at [acl.gov/HousingAndServices](https://acl.gov/HousingAndServices).

Okay, so I'm going to ask my colleagues to please close the poll, and while the staff displays the results, I want to remind everyone to please use the chat and Q&A function throughout the webinar, because we really want to hear your comments and questions. Nice cross section here today! We have 29% of the folks are housing or homeless service organizations, 22% of you are from the disability or aging networks, we also have folks from behavioral and mental health, health care, public health, community development organizations, and other advocates and social service organization. This is incredible, because we know that in order to address homelessness, it's not only the responsibility of the housing and homeless sector, it's all of us. It is so encouraging to see you all here today on this webinar to learn more about partnerships.

For those of you who responded that you are actively supporting individuals with transition. Please put into chat your organization's name and identify one key partner and say what you're doing together. We'd like for you to use the chat to tell us about your organization and a partner that you have and a brief overview of your work together because we may lift that up later on in the webinar.

We're here today to talk about solving for homelessness, and we've known for many years that people with disabilities are disproportionately likely to experience homelessness, and in more recent years our homeless population of adults aged 55 and older has been growing. One thing that both of these groups have in common is that for housing stability they need not only housing that is safe and affordable, but also supportive services from the aging and disability networks and the health networks as well.

From your registrations and from the poll that we just did, we know that we have an amazing array of organizations from different sectors gathered here today. Each sector has its own focus, funding, and terms yet we're all serving the same people.

In fact, I'd guess that the vast majority of the organizations on this webinar serve people with disabilities, older adults, or both. Yet our sectors tend to operate in silos and separately. When this happens, people who are at risk of or are experiencing homelessness have to navigate each system separately, a task that can be incredibly difficult.

We cannot advance equity without including as priorities these populations, which have encountered many injustices over the decades. Part of our push for equity means making our systems work for people, especially communities that have been marginalized and discriminated against. For older adults and people with disabilities, that means we need to create more cross-sector partnerships. The onus should be on the system to work for people, and be flexible to the needs of people, not the other way around. These partnerships are how we create bridges between our systems for housing and homelessness and the services needed by individuals who have disabilities and/or are aging.

We're going to do some level setting now. We're going to do a little bit of background information about the housing side of the house, and then later, I'll give you some information about the services side of the house.

The Continuum of Care program, which is housed at HUD, at the Department of Housing and Urban Development, is a regional or local planning body that works to coordinate housing and services funding for families and individuals experiencing homelessness. The CoC is designed to promote community-wide planning and a strategic use of resources to address homelessness and to improve the integration in the coordination with mainstream resources and other programs that are targeted to people experiencing homelessness. That's why these partnerships are so important. The Continuum of Care needs to leverage not only the housing and the homeless resources in the community, they need to leverage the mental health, the behavioral health, the aging systems, the mental health systems, because all of these services, and combined with housing, are what people who are experiencing homelessness or housing instability—this is sort of the package that folks will need in order to be able to address their homeless situation. The continuum of care, the housing piece is one part, and we'll talk a little bit about the services part in a minute.

The Continuums of Care are national. They're all over the country. Introduced in 1994, as I said, they are community-driven processes to address the local needs and prioritize projects that apply to HUD for funding locally. This is a map that shows the different types of CoCs, and we have a great example with us today from San Diego, and they'll

talk about their work, but I just wanted to give you all a visual. There are rural CoCs, there are suburban CoCs, there are major city CoCs, and everything in between. Later on in the webinar, we will give you access to a website. If you're not connected to your local Continuum of Care now, we strongly encourage you to do so. It's a great resource. They need you just as much as you need them. If you don't know how to get in touch with your local CoC, we'll tell you how to do that at the end of the webinar.

On the services side, the Disability and Aging Networks make community living a reality for all people, regardless of disability and age, and these networks are made up of local, state, and national organizations and committed advocates working to support older adults and people with disabilities. Some of the organizations focus on a particular type of disability, age group, type of service, whereas others have a more comprehensive mission

Area Agencies on Aging, or AAAs, address the needs of older adults at the regional and local level through services and supports, such as homemaker assistance, home delivered meals—any activity that would support independent living.

The Centers for Independent Living, or CILs, provide tools and resources and support for integrating people with disabilities fully into their communities to promote equal opportunities for them, self-determination, and respect.

Some of the other parts of the networks are on the right part of the slide, which includes Adult Protective Services, Elder Rights and Services, and Councils on Developmental Disabilities. You can learn more about these organizations that are on the slide in the link which I think staff are putting in the chat for you right now.

Continuing to give you some background about the disability and the aging services network, aging and disability organizations, such as the AAAs and the CILs and other community-based organizations are established within their community, and they are well positioned to build partnerships, as you'll hear in a little bit.

They reach into every community across the nation and serve diverse populations. These organizations are also staffed by people who live in, and our experts about, their local community and culture. In addition, they have decades of experience helping people access and receive vital home and community-based services, housing, and housing related services.

Through engaging in partnerships, the disability and aging services networks streamline access to services for the people all of our organizations serve.

We're going to talk a little bit about backbone organizations of these partnerships that we're hoping to lift up. Forming and sustaining partnerships across housing, aging, disability, and health services we know is not an easy task. That's why many community-based organizations serve as or are forming back bone organizations. In addition to leadership commitment, partnering also means ongoing efforts to coordinate. There're operational aspects as well, such as procedures and systems to share data, make referrals, and bring together supports in a cohesive way that fits with an individual's priorities and preference. These backbone organizations may even coordinate funding, undertake compliance or reporting, and train workforces.

Different parts of the housing sector, including AAAs, Continuums of Care, and CILs, can provide the essential infrastructure for forming and sustaining cross-sector partnerships. In a few minutes, you'll hear more from one of the CoC's, and one of the many partners that they have in their robust network. Also stay tuned in coming months on HSRC webinars, because you'll hear more about Community Care Hubs, which are a growing infrastructure for coordinating health and social care.

All right, so let's get into what you all came here to listen to today. It's my distinct pleasure to introduce two incredible leaders in their community and two folks that have just leveraged this wonderful partnership in San Diego. Tamera Kohler is the CEO of the San Diego Regional task Force on Homelessness, and Kristen Smith is the Chief of Agency Operations for the County of San Diego Aging and Independent Services Division. We'll hear first from Tamera to describe her organization and CoC. I'll turn it over to Tamera.

**TAMERA KOHLER:** Thank you, Lisa.

As Lisa said I'm Tamera Kohler, the CEO of the Regional Task Force on Homelessness. We are the Continuum of Care lead for the San Diego region, which includes the entire county of San Diego, so fairly large. We also have the city of San Diego as our role in responsibility, and as Lisa said, as a Continuum of Care we are a planning body, but we are a convener, we are a facilitator of conversation, purposeful local approach, using both federal, state, and local funding.

On the slide, you'll see some of the things that we're responsible for, things like point in time count, administering the HMIS system, coordinated entry. We're a collaborative applicant, but we also are a robust community-based nonprofit, which is a little different. Continuums of Care can be in local government, they can be in state government, a county, or a nonprofit like ours. One of the strong organizational strengths of Continuums of Care is that we do a lot of our work based on the data we collect and

what we know of coming out of our HMIS system and committees. A number of years ago we started seeing, as Lisa said, our largest growing population was our aging population, 55 or older, 25% of our unsheltered, and about 25% of our sheltered population, over 50% experiencing homelessness for the first time and over 60% reporting that they had a disability. At that time, we really reached out to our community partners, one of those being Serving Seniors. I know they're on this webinar, and their CEO joined our board and has really led an important panel and committee of where we've really addressed this work. So following data, local needs, and a committee approach is how we began to do this work, and to begin to partner, not only with the county and their work, but also with our community-based organizations and those with lived experience. With that I'm going to turn it over to Kristen.

**KRISTEN SMITH:** Good afternoon, everyone. Aging and Independence Services, or as we call ourselves, AIS, we are the Area Agency on Aging, and in our case, we are part of the county of San Diego, and we serve the entire county. You'll find Area Agencies on Aging across the country in many different forms. Some will be independent nonprofits, some big cities have like five AAAs serving one city, so they take all different shapes and forms. In our case, because we are part of the county, we also have a role as a community convener. We have what we call our aging roadmap, where we work with more than 10 different committees on various community issues that we all want to solve together, and housing is one of those.

As far as our services, we have our AAA functions that are funded by the Older American Act, and some of them are on this slide. And then some of these other services on this slide are funded by state or local dollars. On the independence end of the spectrum, we have health promotion programs, volunteer, and then moving towards a little further towards dependence we have home delivered meals, Serving Seniors is one of our contractors for that, we also have many other contractors.

Senior dining, caregiver support, and adult protective services is one of our very important programs, its state funded. We are that backbone organization with the aging network in San Diego with our many contractors. We also have a call center, and every AAA has a call center to give information and assistance, not just for the services that we offer, but also for other community services.

If somebody needs home care and they're not eligible for one of the programs for low-income people funded by Medicaid, they could get referrals to a private home care company, several of them. That's the type of thing that our call center does. We also do intakes for adult protective services and our other programs.



We have an outreach and education team. It's small but mighty, 3 people, whose job is to go and do presentations on all of these services. With probably 500,000 older adults throughout San Diego, that's quite a challenge. So, when Tamera's group approached us to do a training for the homelessness service providers, we thought this was a really great opportunity to build the partnership. We knew each other already, but we've really started to deepen our relationship.

**LISA COFFMAN:** Can you talk for a little bit about how your two organizations came together?

**TAMERA KOHLER:** Yeah, thank you, Lisa. We work closely with the county in a number of different places and spaces. Intentionally, we worked with our community-based organizations that literally have a shared population. The importance as we brought this committee together is the conversation about folks experiencing homelessness that are 55 or older have different needs: challenges with their ADLs, challenges with the way shelters are put together. Our great partner, Serving Seniors, did phenomenal research and survey in our community, and I want to highlight that. As a continuum of care, we don't have to recreate things. We need to walk alongside our community-based partners in the work that are doing and Serving Seniors was already leaning into a survey. We participated in lifting that up, and some of the things that came out of that were transformational.

Things like the shallow subsidies, looking at flexible funding. This importance of creating these age-friendly shelters was part of the conversation. We had shelter providers, some of them who are on the webinar, who, you know, want to meet that need, but didn't have specific training. Our team reached out to Kristen's team and said we have the shared population, and the shared need is one of the largest growing populations, and we're concerned about the welfare, the safety, of our aging population. Where can we come together? You do great trainings. How can we teach and train in our kind of industry the great work that you have, and the resources? It was also the importance of connecting resources. We already had a relationship with the county, a number of their leadership is on our Continuum of Care board. It was sort of a natural connection. But this was very intentional with Kristen's team for their expertise.

**LISA COFFMAN:** That's so good. And what advice, Tamera, would you give to organizations about how to approach the CoC? That's one of the things that I often hear from folks who are not in the housing sector, and Kristen, I also would love to hear your viewpoint. Many of them are just concerned about, you know, I'm not a housing provider, right? I'm not interested, or I don't have the capacity to do housing, but I do



provide services. What would you say to those types of organizations about the best way to approach the CoC and say, “hey, I’m here, I’d love to connect with you and be a part of addressing homelessness in our community.”

**TAMERA KOHLER:** That’s a great question, Lisa. Continuums of Care are a membership organization, a general membership. If you want to be in this work, and you know you have a population, we’re talking about the aging population specifically, but Continuums of Care need everybody in that mix. That’s those that are at risk of homelessness, that is DV populations, youth populations, veterans. Aging is one of those. So, reach out to your continuum of care. You don’t have to be providing housing. If you’re providing services to a vulnerable population, you’re part of your Continuum of Care, and you just don’t know it. Reach out to their leadership. Like me, we’re listed on HUD’s website. Call them, email them. Let them know that you want to be a part of the support, the solutions, and really those wrap around services that are so critical. Your Continuum of Care will be an expert in your local infrastructure. Who’s there in that space? They’ll bring you in. I guarantee that every Continuum of Care just adds more seats to the table. We need everybody really invested in it, and the importance of sharing the understanding that these are our clients, all of our clients, and role in responsibility is powerful. There are over 400 Continuums of Care across the nation. If you don’t know how to find it locally, HUD has the resources and the contacts of how to get ahold of someone like me in your community, and I guarantee if they didn’t already know where you were at, they will appreciate you reaching out and saying you want to be a part of the solution.

**LISA COFFMAN:** Thank you so much. Kristen, for your perspective, as being housed in Aging and Independence Services, housing sometimes can feel so overwhelming, right? What advice would you give to folks from your sector about thinking about housing and reaching out to their local CoC?

**KRISTEN SMITH:** In our case, we had as part of our work towards building age-friendly communities, we had started reaching out to various organizations in the county like Serving Seniors and some other organizations, and they had joined our, we call it our Age Well housing team.

That group was looking at some similar issues, it goes beyond homelessness and works on a lot of upstream issues like zoning and educating people about accessory dwelling units and that kind of thing. I think it’s almost like starting anywhere. Wherever you do have a connection, start talking and building that relationship and find out who they know and what they can tell you. And of course, you know, as we’re learning here,

go to the websites to find out, who is your official Continuum of Care? I think we learned it sort of organically from our relationships with the different agencies involved with the Continuum of Care. But if you don't know, obviously you can go to those websites to find out who the people are in your area, and then just have a focused meeting on the subject and figure out what you might want to do. In our case, the Age Well housing team was saying, oh, we want more age-friendly homelessness services. And then, when Serving Seniors contacted us to say, hey, we're following up on this ad hoc committee recommendations, would you spearhead the development of a training, we said, yes.

**LISA COFFMAN:** Could you talk a little bit more about this training? How did this come to be?

**KRISTEN SMITH:** They contacted us, and we got together a committee of a couple folks from Aging and Independence Services and a person representing the Regional Task Force on Homelessness, which is the coordinating body for the Continuum of Care, and also a representative from Serving Seniors, that key organization that serves a very low-income population and seniors experiencing homelessness.

Our three agencies got together and looked at the results from the needs assessment that had been done by Serving Seniors and looked at what they already knew that homeless service providers wanted to know.

We put together what we were pretty sure they wanted to learn, which took a couple of months, and then we put together a pilot training that had a group of about 14. San Diego County is very large, so a group of 14 service providers was small. We did the training for them, and there's Matthew in the little screenshot of that training, and then we gathered feedback from them about what we should do more of what we should do less of.

Some of the things that were very important in our community among the homelessness service providers were, well as you see on the screen, one subject that has been very awkward, I think, for people to address is incontinence.

We gave some questions, you know just the literal questions to ask, to inquire about incontinence, and we talked about what resources they might use to address those needs. Some shelters have, from donations, they have adult diapers. We talked about, in the training, how Medical can pay for some incontinent supplies. If their client is already covered by Medical, Medicaid in the rest of the country, they could get these. That was one of the subjects that we covered.

Another topic that was really important was learning about the different types of senior housing. This probably varies some from state to state as far as the licensing. Across the country we have skilled nursing facilities, and we have assisted living, two different sets of licensing criteria and types of service that are offered in those facilities. And then we have what in the aging space we usually call independent living, but it can mean so many different things. It might be just your own house, or it might be a big group of apartments that actually offers a cafeteria and meals. There's quite a range. The subject of the types of senior housing takes up several slides in our training that we developed. The training was about 90 minutes long and included those types of topics, including some of the funding, also an overview of our services and the services that exist from our partners in the community.

The training is now on a website. You can download the slides, you can download the handouts, we have handouts on how to assess for activities of daily living and needs around that which is a big challenge that we're learning more about, and now working together to try to solve some of those challenges. This project, we had the pilot, we took the feedback, we did a bigger training. That was last October. We had nearly 200 people, local providers, on that webinar, the 90-minute webinar.

Then we did a shorter version at our local conference that Tamera's group organized. It's been very popular. The project really got us thinking about the bigger picture issues together and deepened our relationships with each other, too, to continue.

**LISA COFFMAN:** Kristen, that was very, very informative. I was thinking about one of the questions that came into the Q&A about how did you deliver services for people who were unhoused? And you talked about some of the ways that you all address shelters and provided other resources. I don't know if either one of you wants to say a little bit more about that or expand upon the services that are provided to people who are either homeless or experiencing unsheltered homeless.

**KRISTEN SMITH:** I can say a little bit, and then I think Tamera will have a lot more to say on that. At Aging and Independence Services, we recently, through state funding and as part of our Adult Protective Services program. We got some state funding for a program called Home Safe, which is specifically for older adults at risk of homelessness or already experiencing homelessness. We're working with contractors, contracted providers, to conduct that program. That's our first major foray into housing navigation. Most of the housing navigation that happens in San Diego County is done by the other service providers in the Continuum of Care. It's a matter of "how can we make those services as age friendly as possible?" Tamera, do you want to add?

**TAMERA KOHLER:** Thank you, Kristen. I'll just step back in and say this training that we did had over 200 participants, and probably close to 100 at our conference, were a number of providers at different levels within the Continuum of Care from street outreach to our housing programs. What we found is they really needed to understand where these other services were to connect to them. One of the best connections that has come is, you know it's funny that with the incontinence, that is a big conversation in shelters. People are actually denied access to shelters or kicked out of shelters because of those challenges. This education, and getting the right level of care and service, so that our frontline workers knew how to address it and have the conversation and provide the needed adult diapers, being able to put someone close to the bathroom. A lot of the time our aging population isn't going to ask for what they need. They're a little embarrassed to say I need to get up in the middle of the night, I need to be close to a bathroom. Changing our shelters, understanding that bathrooms need to be accessible 24/7. All of those things change the way the system works and delivers services, and for our unsheltered population, really prioritizing shelter for our aging population. They are high risk on the streets. They have reduced mobility a lot of times, many times having challenges with hearing or seeing, or those kinds of things. So, one of the priorities that came out of our committee was having shelters that are dedicated for this aging population and making a priority population to be referred into shelter of our aging population, and then, having the shelters meet that.

We have a large unsheltered population in San Diego. About half of our homeless population is sheltered, the other half is unsheltered. It's also having all of our outreach teams understanding how to connect an aging population to the needs that they have, including elder abuse that happens on the streets as well. There's this important training, and then bringing those services to them. When we have teams that are bringing out, you know, outreach material socks and those kinds of things, especially our mobile medical teams, they can bring out other things for an aging population which is really important. It is hard with the unsheltered population that is aging, but we have made a commitment to prioritize that population, for not only housing but shelter that is organized in a way to meet their needs is really intentional, and we prioritize that population in our regional plan. We organize all of our effort and work around that.

**LISA COFFMAN:** Thank you. Another question that came in from the Q&A. Kristen, you talked about being able to leverage Medicaid to pay for some supplies. We got a question about what federal sources of funding do you all put together, braid together, to be able to provide rental assistance to folks as a homeless prevention strategy specifically for older adults and people with disabilities? Do you want to talk about some of the efforts that you are working on locally?

**KRISTEN SMITH:** Sure. There's some funding, and clearly we're not meeting the entire need yet. In San Diego County, we have some local funds from our counties, general purpose revenue which is being used for the shallow rental subsidy program, and that's a very small pilot. It's going to serve about 200 and something seniors who are at risk of homelessness by putting, I think it's about 500 a month directly to their landlord. That's one program.

With Home Safe, that is California State dollars. I'm not sure of all the intricacies of that. For Medicaid dollars, for older adults, if they're 65 and they have Medicare, Medicaid is going to fill in some of those gaps. In California, we call Medicaid Medi-Cal, and in California we have a large reform effort that's in place right now, and kind of ramping up, called Cal AIM. Medi-Cal has always paid for some incontinent supplies, some durable medical equipment, as well as the co-pays and the cost sharing for Medicare for older adults. Sometimes it's just a matter of making sure that the health plan in San Diego, almost all of Medi-Cal is through managed care, so we have 6 different managed care companies that offer Medi-Cal to our residents, almost a 1 million, actually. Sometimes, it's just a matter of making sure that the health plan knows that this is an issue.

We have some social work case management programs. One in California is called Multi-Purpose Senior Service Program, where a social worker, that's their job to do that care coordination and make sure that the older adult is getting all of the benefits that they're entitled to, and making sure that they do have any supplies and all the Medi-Cal benefits that they could have.

Then through Cal AIM, there are new supports that are being offered for older adults, and for others as well, not just older adults. Homelessness is one of the populations of focus in Cal AIM. They're beginning to spend Medicaid dollars on things like housing deposits, security deposits, and help in that coordination and move from one place to another. And my understanding is that through the different Medicaid waivers that happen all over the country, different states are finding different ways to use the Medicare waiver process to come up with creative ways to start to address more of the social determinants of health.

**LISA COFFMAN:** Tamera, you were really intentional about saying in the beginning that these are all of our clients, right, like people may come in one door, they may come in through the homeless system, but they also can tap into the services from a AAA or a CIL. Kristen, they may come in through a CIL or behavioral health or mental health

organization, but if they have a housing or housing instability issue, they could be folded into the CoC.

Thinking about that in the different sectors and in silos we talked about, there's also this data piece, right? I know compliance and reporting is big for organizations that receive federal funding. Can you talk about data? How do you manage data on folks that are being served in multiple places in the system? That was one of the questions that came into the Q&A, so really curious to hear your approach to that because that sometimes can be a barrier for partnerships. Organizations feel like, you know, we don't want to duplicate services so really interested to hear how you all navigated that.

**TAMERA KOHLER:** Well, thank you. You know I mentioned it in the beginning. Data really informs our work. Leaning into this population, it also means that we need to know sort of the rules of engagement with data, how to protect personal protected information, but how to partner with not only your providers, but some of your larger counties are those. At different times we have done data matching with the county to look at populations that we had that are similar. Also, I think it's important, as we have these strong partnerships, and we may be doing the housing, say, with rapid rehousing or shallow subsidies that that client based many times through the community-based organizations, that they're able to connect to other services, because we know that it's not enough just to get people into housing. They need to stabilize, which means that's that community support. That's why all of these services, whether it's prevention, literally experiencing homelessness, or being housed and needing to stabilize that we need these partnerships, and anywhere where we can share data for care coordination. We have a 2-1-1 that has a community information exchange that we have a shared disclosure that allows us to share some of our HMIS data with it.

I think we need to just know how to use the data in a care coordinated way. We're doing that now with the health plans. I think we went from very siloed approaches to data to really looking at, you know, that is not the most trauma-informed way to do this work, and we can't do it alone, nor should we.

The importance of understanding that they are shared clients, and any way that we can partner, moving forward, especially not only from the emergency response, but from the housing stability side. A lot of our rapid rehousing shallow subsidies, if we're starting at 55, how important is to have those county connections, the Cal AIM, but also to get them through the next like 10 years to apply for SSI. That can really help with their housing to stabilize.



We need long-term planning with really important intentional approaches and steps along the way. That does mean sharing data. It depends on your environment. It depends on what that looks like, but we share it through a couple of different intentional ways while protecting the clients' information, and it is only if it is a part of your work that people are accessing it. It shouldn't be sort of a place we don't want to navigate to, it should be a place we're understanding how best to do it, because any time a client doesn't have to continue to share their story, and we can coordinate care we are reducing trauma, reducing harm, and we're actually getting them to the end result quicker.

**LISA COFFMAN:** Thank you. How would you all describe how the voices of people with lived experience have influenced this partnership and this work? Can you talk a little bit about the role that people with lived experience plays in informing and just lifting up all that that you all are doing together?

**KRISTEN SMITH:** I could probably take that and then pass to Tamera for this one. In our work with as a AAA, and also as the county and our role as convener for the public to work on different issues, we make a point of reaching out to our own clients in our various programs, making a note of, you know, what kind of calls are we getting in the call center? For instance, with this subject, we have noticed over the last few years a great increase in the number of calls from older adults who are about to lose their housing for one reason or another. So that's one is just listening to our own clients.

On things like our Age Well Housing Committee, when we were first developing our goals, we had the input of people who actually joined our committee who were housing insecure and letting us know about what some of these major needs are. That helped inform what our goals are and what we were going to work on. And then, as we for us, we're going into a new cycle of developing—every AAA does an area plan every four years – so we'll be doing a series of listening sessions this coming fall, and those listening sessions will include housing as a major topic. That will be directly with older adults.

**TAMERA KOHLER:** We thrive on having the voice of lived experience at the table, centering it in our work. As our continuum, we have a 31-member board, and nearly a third have lived experience. Not only do we have them from a number of different areas, but really representing a number of the needs and populations. They are on all of our panels, all of our committees.

It's important that they lead those discussions in a lot of ways, and then having the community-based organizations who are also hearing from their clients, and have that



lived experience. Not only do we want folks with the current lived experience. A lot of the needs assessment that was done is for folks who are currently experiencing homelessness. You need to continue to get feedback continuously through this work. You'll have your experts with lived experience who are, you know, comfortable being on committees and can dedicate time. I will also say that we compensate those with lived experience, whether it's stipends, whether it's gift cards some. We've worked with them so much that they are now consultants, and we work through how to make sure that doesn't affect their benefits in a lot of ways. But we are committed to the changes in our system that are needed to fully address homelessness, including the racial disparities that we see. They are profound, and you cannot do this work about people without people leading it who really had the experience. We learn so much every day from them, and folks who experienced homelessness in our system five years ago who are housed, didn't have the same experiences people are today, so it's important to always have new, fresh, and important voices but honor all of those in our work, and we are very intentional to center it in our work as well.

**LISA COFFMAN:** Partnerships take time, and this is hard work. Someone put in the chat about the number of committees that you all mentioned, and just wondered if that was an effective way, or if you find it an effective way to do work. I've got a couple of questions from that.

How do you find the time in your busy day to do and nurture and establish these types of partnerships that we see in your case can be very instrumental and beneficial for addressing homelessness for older adults and people with disabilities?

These partnerships are hard, right, and it's on top of the other work that you have to do. Number one, how do you find the time? And then number two, how do you pay for it? How do you pay for the additional meetings and the additional hours of staff time, and the consultants that you're bringing to the conversation. We'd love to hear you all talk about how you to sustain the work that way.

**TAMERA KOHLER:** Because we are not in government, we are truly a nonprofit, we do have a planning grant through our HUD funding. I'll just say a planning grant is not enough to get this work done, but we also have funding for our HMIS and our coordinated entry. We have a small but mighty team of about 30 people. But if you think it's a 3.2 million people population, that's not a very big team for the work we do, and so we cultivate relationships that help us do this work. Not only how do we pay for our own staff, but all of our committees are very intentionally organized around, now, our regional plan. There are a lot of areas and directions you can go. We're intentional

about what committees, we have work plans for those committees, we have committee chairs who also sit on our board. There's this shared commitment and prioritization of others' time. Our organization's role is to singularly do this. Host those, convene those, build the relationships, fund programs, oversee the data. It really means we prioritize it well. We staff these committees with admin support and direct staff from the continuums. I think people feel like with everything else I'm doing, it's a lot of work to do committees.

I believe that if you have strong work plans that tie back to your plans and goals, it comes together in a really intentional way that isn't just conversation, it's driven to action and outcomes and people stay engaged when you're doing that. I know it's a lot of work. It's a lot of relationship building. It's a lot of messaging. It's a lot of keeping people engaged, but our committees in San Diego are robust, they're well attended, and they actually provide actionable recommendations to the Continuum of Care Board that we put in action, and you're hearing about one today, so important to do it.

**KRISTEN SMITH:** At the county, in Aging and Independent Services, we use a mix of funding for that type of committee work for our outreach and education efforts. We have some funding from some of the major programs that we're doing outreach on.

Then community engagement is an official key value, core value, of the county of San Diego in our framework for the future, so spending our local general-purpose revenue dollars on some of that work, because it's an investment where you're hearing from the community and working alongside the community and a towards goals. We're going to have better outcomes if we do it that way. We're able to use some local funding for that kind of community work.

**TAMERA KOHLER:** I just wanted to, because I know we have a lot of continuums of care, they come in all sizes. For some, you know, for us to say we have a staff of 30, they'll tell you they have three or four. I think it's the importance of finding the partnerships in their community. I recognize that we're a larger Continuum of Care, but also as a nonprofit we've been able to bring in additional funding, because we can fundraise to have a robust team. I would say to all of your partners of those Continuums of Care, any way you can help support them, provide staffing, or even funding so that they can facilitate this work is critical because it is HUD's intent that we're doing this as a community, so that is not fully funded by HUD to really do the robust level of work. It means asking your community to not only provide, you know, great people on your board, but potential funding to do the work as well.

**LISA COFFMAN:** Thank you. Such good information. We've had so many good questions; we would be here for another hour at least to get through the questions.

Tamera and Kristen, thank you so much for that wonderful overview of how you all came together in San Diego and developed this partnership. You all are focused on people over 55 who are experiencing homelessness, but a lot of the principles that you lifted it up could be applied to other populations, including survivors of domestic violence and human trafficking, veterans, families with kids, and you know, all of the populations. So really appreciate your expertise and definitely want to continue to lift up your work and wish you all great success.

We hope that you all gained an initial understanding of how this partnership was formed in San Diego, and it sort of sparked a way for you to replicate in your locality to serve people experiencing homelessness and to make sure that you leverage the resources in your community. Particularly for populations that need a combination of housing and services from the aging and disability networks, so that people have access to health and housing stability.

So, I'd like to challenge each of you to take one small step today to create a new or expand an existing cross-sector partnership. We're going to look at some tools that we have available to help you apply what you learned today, and there are some QR codes that will pop on the screen if you want to have your phone handy.

Here are the QR codes for the HSRC Roadmap. That was the previous slide, but you can find more information around directories for your local partners, and then you can also find out some of the acronyms that we mentioned today. Each sector comes with a different philosophy, data, and reporting and we also come with different languages and acronyms. It's really important to level set and make sure we're speaking the same language, so we're providing you that resource as well.

And as I mentioned in the beginning of the webinar, if you are wanting to find out who your local CoC is, you can reach out to the HUD Exchange websites and click on your states and community and find your local CoC. If you're having problems finding that, you can email us at HUD. One of the ways that you can reach us is [snapsinfo@hud.gov](mailto:snapsinfo@hud.gov). Also, there is an ask a question help desk link that I think is on the next slide.

You can go to [HUDEXchange.info/grantees](https://HUDEXchange.info/grantees) to find local grantees or submit a question to the ask the question link that you have there. You could just say, "hey, I'm in

Indianapolis. I need to know who my local CoC is. I work with a AAA, I work with the Center for Independent Living, and I need to know who I should reach out to.”

Thank you all for today. We're getting so many good recommendations to you all for additional trainings and resources that you'd like to see. So please continue to send those to us via the HSRC website. Also, please help us improve by completing the short feedback form so that we know how to make these webinars more valuable to you and most importantly practical. There are so many demands on our time, we wanted to make sure that we were giving you relative, relevant information that you could take back and replicate in your communities.

Like I said, we want to hear from you. So please email us at [HSRC@ACL.HHS.GOV](mailto:HSRC@ACL.HHS.GOV).

Before we close, I want to remind everyone that in the coming days we will post the recording of this webinar and the slides on the HSRC website. In the meantime, keep using the website. It is your resource center, and definitely continue to email us about your technical assistance needs.

If you heard something today that you wanted to learn more about, please reach out to us with those TA requests, website suggestions, and lift up your work, your own cross-sector partnership. We'd love to hear from you, maybe love to feature you in a future webinar.

Finally, I definitely want to thank you all for your time today. I want to thank Mission Analytics, USAging, Katherine our lovely ASL interpreter, and Hedy our CART specialist for their roles in producing today's webinar. I want to thank my colleagues at HUD and HHS who are in the background answering questions and responding to your messages in the chat.

It's 4 o'clock. We are very respectful of your time and don't want to keep you over. Thank you all so much, and I hope that you found this information helpful. This isn't the end. We can continue to have these conversations, so please keep the feedback and questions coming. Thank you so much and thank you all for the work that you do every day.