



Mandy Chapman Semple
Special Assistant to the Mayor for Homeless Initiatives

Mandy Chapman Semple was appointed the first Special Assistant to the Mayor for Homeless Initiatives in Houston by Mayor Annise Parker in 2013. Mandy is responsible for designing and supporting the implementation of the region's plan to end homelessness in partnership with the Continuum of Care. She supports the Mayor's Leadership Team to monitor progress on ending chronic homelessness, co-leads the Housing Houston's Heroes initiative to end veteran homelessness, and serves as a liaison to the business community, constituents, City Council, and other systems of care on issues related to homelessness. Mandy also leads interagency collaboration efforts, particularly related to the development of rapid rehousing strategies, supportive housing and alignment of supportive service resources.

Mandy holds a Master of Science degree in Public Health from Tulane School of Public Health and Tropical Medicine and a Bachelor of Science degree in Microbiology from Kansas State University. Prior to her appointment at the City of Houston, Mandy was a Senior Program Manager at CSH in the national Consulting and Training Division providing HUD technical assistance and other consulting services throughout Texas. She moved to Houston in 2010 from Kansas, where she was Executive Director of the Manhattan Emergency Shelter, Inc. During her tenure, she transformed the single shelter system into a comprehensive homeless response system that included diversion, rapid rehousing, and permanent supportive housing as well as served as an active member of the Kansas Balance of State Continuum of Care.

Houston: Connecting Mainstream Systems to a Housing First Homeless Response Strategy

Starting in 2011, Houston underwent a major shift in leadership across multiple entities including City and County Government, Housing Authorities, the Coalition for the Homeless, and the philanthropic community. In addition, Houston was named a Priority Community and designated as one of the first *OneCPD* communities. This convergence helped support innovation and drive transformative initiatives focused on solving the challenging social issue of homelessness.

In 2012, HUD engaged CSH, a partnership that was instrumental in establishing the foundation for transformation. With the infusion of technical experts, community leaders simultaneously focused on Continuum of Care (CoC) strategic planning and governance, developing a coordinated assessment and placement system, completing a “right-sizing” analysis and system flow map, defining the financial model and implementation plan for permanent supportive housing (PSH), completing HMIS data-quality evaluation, and transitional housing conversion analysis. These efforts led to establishing performance measurements and more data-driven decision making.

At the core of Houston’s Continuum of Care is the CoC Steering Committee, a unified funding and decision making body created in 2012 that is ultimately responsible for the implementation of the community’s strategic plan. Additionally, CSH facilitated an in-depth and structured planning process (Charrette). The Charrette included participation from over 400 stakeholders and 36 local and national experts, resulting in enhancements to the local strategic plan. With a renewed community consensus and a new leadership structure in alignment with the federal goals in *Opening Doors*, the CoC defined an initial action plan and set in motion major system changes to support a housing-centric model.

Stable housing is the foundation of Houston’s response. Healthcare, mental health treatment, substance abuse, employment, education and economic growth are rarely optimized without adequate housing. However, responses across these sectors often do not recognize their interdependence. Houston’s success is the result of understanding the connections between these systems and creating a framework to define when systems can operate in parallel and when they must intersect and interweave.

Veterans and CoC – The CoC and VA have learned how to function as a single system over the last two years, connecting more than 2,226 homeless veteran households to stable housing. Achieving our collective goal of ending homelessness among veterans is within reach. We are slated to announce that we have achieved the goal in 2014. This will be a major triumph for our local VA medical center and a shining example of how no single system, even when it has all the resources, can achieve success without intimate partnership. A lingering broad policy question remains:

- *How can this partnership evolve to sustainably prevent veteran homelessness post-2015?*

PSH and Medicaid – Endeavoring to create 2,500 additional units of PSH in just three years has forced Houston to pursue a more permanent and sustainable funding source for supportive services. Through the use of an 1115 Medicaid Waiver, Houston is driving a new integrated care service delivery model. Placing Federally Qualified Health Centers (FQHCs) as the primary provider of supportive services in PSH, Houston is embracing the “housing is healthcare” concept and using medical health homes to maximize use of mainstream resources. This strategy has forged new partnerships with the local hospital district,

public health departments, primary and behavioral health care providers, and homelessness service agencies. Even as Texas refuses to expand Medicaid, this integrated care approach offers a viable model for healthcare expansion for this cohort and begs the question:

- *For states not choosing to expand Medicaid coverage, what Federal funding options are available/possible to pay for supportive housing services?*

PSH and Employment – Houston recently explored connections with employment services and determined that supported employment was the most viable model for meaningful workforce connection for people with significant disabling conditions and long histories of homelessness. The SAMHSA model of Supported Employment works from the same premise as Housing First: individuals are connected to jobs first and supportive services are available to help maintain employment. Unfortunately, no mainstream employment services agencies funded by the Workforce Investment Board (WIB) are offering supported employment programs in Houston, and those that offer the Ticket to Work Program are targeting lower risk clients rather than those experiencing or exiting homelessness. Based on this experience, Houston has generated three policy questions:

- *Can the WIB or a revamped Ticket to Work Program be encouraged to fund supported employment?*
- *Can supported employment be classified as an on-the-job training program?*
- *Are mainstream employment services agencies equipped to offer supported employment or should it be interwoven into the PSH service package? If so, how do we connect WIB funding?*

Expanding Rapid Rehousing (RRH) – Houston has identified nearly \$6 million in public resources to repurpose for expansion of RRH. Another \$5 - \$10 million will be sought from private investors. This will increase substantially the number of homeless families rapidly returning to permanent housing. Unfortunately, this is not enough. Our future success is predicated on access to quality affordable housing, income enhancement programs, and mainstream services like affordable healthcare and education. The CoC is exploring how to achieve broad and meaningful connections to these systems to enhance housing stabilization. These questions arise:

- *How can the CoC and employment services connect individuals to jobs within a RRH timeline?*
- *How can the CoC and HUD promote access to quality affordable 30 percent AMI housing units?*
- *How can the CoC and PHAs work to transform the use of housing choice vouchers as a RRH tool?*
- *How can the CoC and Department of Education work with schools to enhance stabilization services?*

Transitional Housing (TH) and Treatment – The right-sizing analysis revealed nearly 40 percent of Houston's homeless housing stock was TH beds, and only 60 percent of clients were exiting to permanent housing, making it the most costly positive exit in our system. Conversions to either RRH or PSH are slated for 2014 – 2015. This shift has brought to light critical issues. In Houston, substance abuse treatment is only available via these TH programs. The CoC is grappling now with how to retain both substance abuse treatment services independent of CoC funded housing, raising these challenges:

- *Can more substance abuse funding be dedicated for homeless and formerly homeless individuals?*
- *Could HUD reframe eligibility policies and performance metrics for transitional housing to provide flexibility to deliver these services to those in PSH and RRH? If you must experience homelessness to receive substance abuse services, then a Housing First system cannot be achieved.*