Heartland HOUSED
Homeless Crisis Response System

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Homebase

Introductions

HomeBase has been working to eradicate homelessness by partnering with Continuums of Care and homeless service providers throughout the country for three decades.

We help CoCs design and implement Housing First, Coordinated Entry, and other major system changes.

Why We're Here

Each person and program has a crucial role to play in ending homelessness

This is a community committed to ending homelessness

You are helping people in urgent crisis navigate the housing market

A system is only as strong as each component

How can you help strengthen the system of care?

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Today's Goals

- Define key program types within the Heartland HOUSED system of care.

- Examine how Housing First can be implemented across program types and throughout the entire system of care.

- Identify challenges to Housing First implementation and collaboration needed to serve the most vulnerable in your community.

- Support systemwide alignment and shared policies to improve housing outcomes and promote system effectiveness.

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Program Types in the Heartland HOUSED CoC

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Outreach

- **What is it?**

Outreach seeks to engage those who live unsheltered in the community and facilitate access to voluntary wraparound services needed to stay healthy and safe.

- **Where does it fit in the Heartland HOUSED system of care?**

Outreach is understood to be a critical and necessary service to people experiencing unsheltered homelessness, and an essential component of the system of care for people experiencing homelessness in the community.

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Shelter

- **What is it?**

Shelters ae designed to provide temporary or transitional shelter for people experiencing homeless in general, or for specific populations (i.e. survivors of intimate partner violence)

- **Where does it fit in the Heartland HOUSED system of care?**

Shelter meets the immediate need for safe housing until more permanent solutions can be arranged.

Permanent Supportive Housing (PSH)

- **What is it?**

PSH is an intervention that combines affordable housing assistance with voluntary support services. Services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment and employment services

- **Where does it fit in the Heartland HOUSED system of care?**

When an opportunity becomes available, the next eligible person on the by-name list is offered the assistance.

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Rapid Re-Housing Housing (RRH)

- **What is it?**

RRH is a solution to homelessness designed to help individuals and families to quickly exit homelessness and return to permanent housing.

- **Where does it fit in the Heartland HOUSED system of care?**

When an opportunity becomes available, the next eligible person on the by-name list is offered the assistance. RRH is offered without preconditions (such as employment, income, absence of criminal record, or sobriety) and the resources and services provided are typically tailored to the unique needs of the household.

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HOUSING FIRST

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What is Housing First?

- Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness

- Guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical.

- Enables access to permanent housing without prerequisites or conditions beyond those of a typical renter. Supportive services are offered, but participation is not required.

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Four Overarching Principles:

Homelessness is a housing problem and should be treated as such.

Persons should be stabilized in permanent housing as soon as possible – and then connected to resources to sustain that housing.

Underlying issues that contributed to a person's homelessness are best addressed after that person is in a stable housing environment.

All persons experiencing homelessness are ready for permanent housing.

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Some Definitions Without Jargon

Accept participants regardless of sobriety.

Participants will be supported in ways that meet their individual needs.

Participants will not be evicted for not complying with their service plan.

Participants are not required to take classes before being placed in housing.

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WHY HOUSING FIRST?

Why Housing First?

- **Evidence-based:** Studies throughout the United States and Europe have show that it increases housing stability and is most effective at ending homelessness.

- **Funder/community priority:** Reinforced through program grant competitions/awards (local and state) and grantee performance reports as well as local CoC written standards

- **Helps people:** Communities that implement system-wide housing first practices are more **cost-effective, successful, and better serve people** experiencing homelessness

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Housing First: Ensuring No One is Locked Out of System
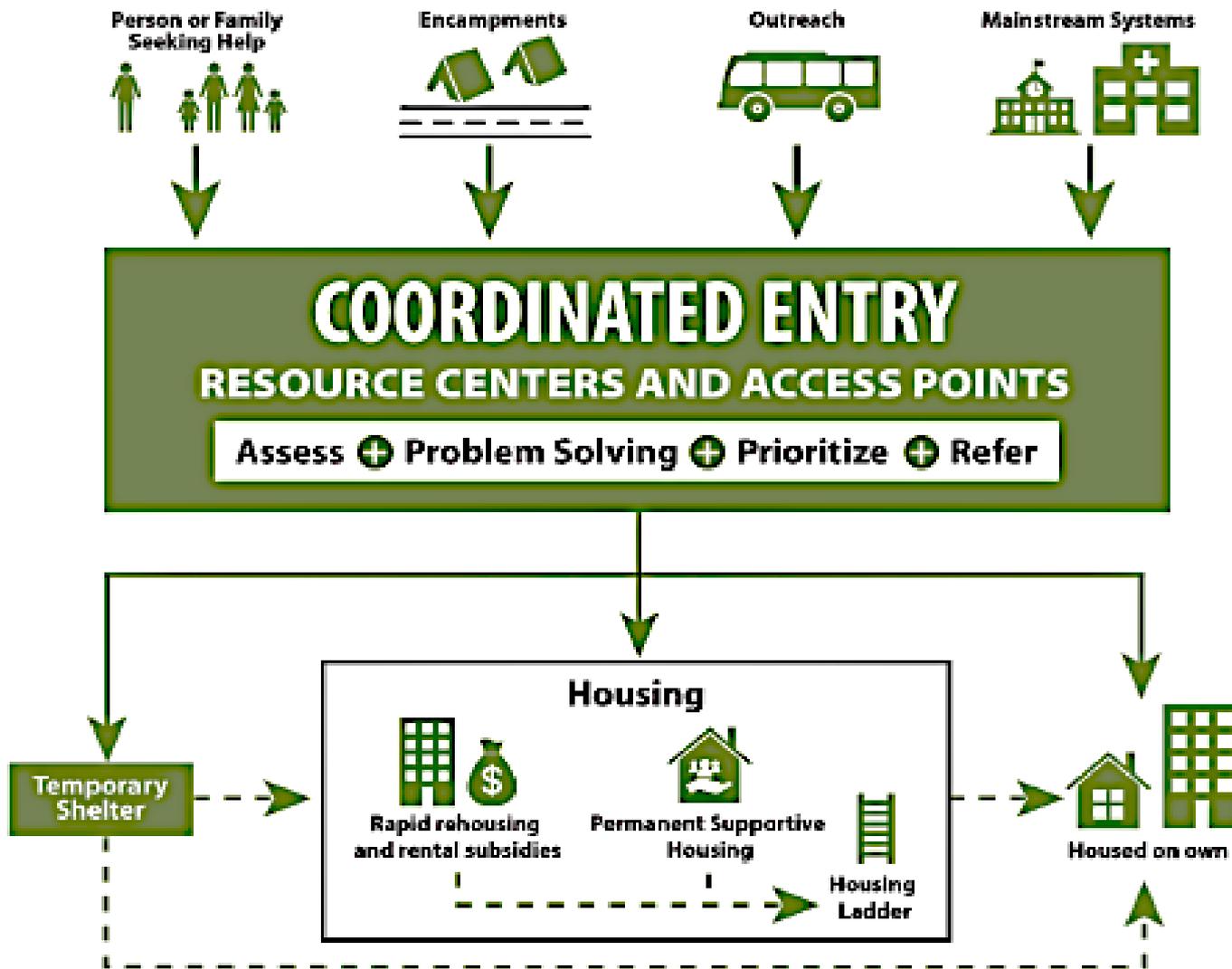
A Housing-First System

- **All programs** lower barriers – shelter, services, and housing

- Most vulnerable – **including those with complex service needs, disabilities, mental health and active substance abuse issues** – prioritized for and admitted to shelter and housing programs

- **Housing-focused** services and engagement begin immediately – on the street and in shelters

- Services are **client-focused and voluntary**

- Programs engage in **evidence-based practices**: harm-reduction, trauma-informed care, motivational interviewing, and other evidence-based approaches

- **Client choice and voice** are engaged and respected

Housing First – Allowing Access

- Uncouple service provision from leases or tenancy

- Examine rules – both written and unwritten – across system

- Alcohol or drug use – without other lease violations – is not a basis for exclusion or eviction

- Provide systemwide support for lowering and/or eliminating barriers

- Ensure leadership, managers, and staff understand and have tools to implement principles of housing first

- Institute program and community-wide monitoring

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Housing First - Increase Supportive Services for Success

- Leverage existing community resources and find ways to train across programs; provide support

- Analyze and promote best practices in staffing and staff support

- Systemwide trainings in client-centered practices like harm reduction, housing stability plans, motivational interviewing, trauma-informed care

- Ensure that client choice leads the recommended services

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Housing First – Common Challenges
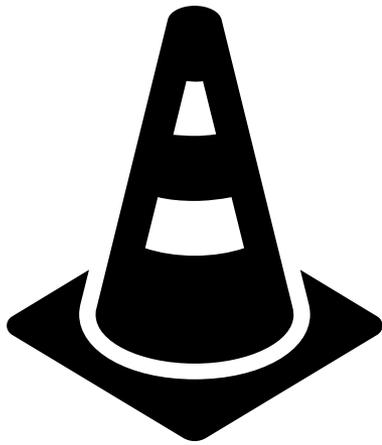
- **Community concerns**
- **Voluntary services**
- **Avoiding landlord crises**
- **Helping people stay housed**
- **Insufficient resources**
- **Geographic boundaries/barriers**
- **Shared housing/communal living**
- **Others?**

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Community Concerns

- *Common Challenge: Community members and landlords request and reinforce non-housing first rules and standards for housing and services that pose barriers.*

- *Reframing the Challenge: Explore alternative options that address the concerns that led to the implementation of the rule/standard, and encourage Housing First as a best practice.*

  - ➤ Clarify with community members that barriers to housing and service programs result in highly vulnerable people having no alternative but to remain unsheltered and in public spaces

  - ➤ Demonstrate to landlords all the ways your program participants are desirable – e.g., guaranteed timely payment of rent and damages and a full support team that responds to immediate needs, etc.

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Voluntary Services

- *Common Challenge: Some individuals won't participate in case management (or other services) if they are voluntary.*

- *Reframing the Challenge: Work with the participant to find their strengths and meet their unique needs.*

  ➢ You own the engagement, they own their lives

  ➢ Work as a team – participants have both professional AND personal support networks; find creative connections to help them engage

  ➢ Effective client engagement builds trust & self-confidence
  - ✓ Strengths-based approaches
  - ✓ Harm reduction
  - ✓ Trauma-informed care
  - ✓ Motivational interviewing

  ➢ Focus materials, conversations, posters, everything around housing

  ➢ Support the client in identifying clear, actionable steps that do not overwhelm
  - ✓ Be explicit about how you will help
  - ✓ Division of responsibilities depends on client's need for support

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ALIGNING POLICIES AND PRACTICES WITH HOUSING FIRST - EXAMPLES FOR **REFRAMING POLICIES**

What Kind of Policies Do You Have?

Rule-based & standardized approach

Flexible & individualized approach

Sound consistent - at least on paper

Will work for <u>more</u> people

Meet your budget

Long-term stability

Will work for <u>some</u> people

Empowered clients

Stronger system

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Treatment Offered, Not Mandated

- AA meetings required

- Mandatory cooperation with treatment plan requirements or face eviction

- Housing-focused case management provided

- Links to other services – health, substance use, benefits, employment, education, other resources - provided

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Rules That Limit Alcohol Use On Premises

- Drug testing at entry and whenever suspected drug or alcohol use

- Random drug testing

- Refusal to take a drug test results in immediate denial of service.

- No alcohol or drug use on property.

- Provide "amnesty bin" at entry to store personal items without repercussions

Low to No Barriers to Entry

Personal cleanliness is required, there will be a lice check upon entry to the program. Any participant presenting with lice upon entering may be denied admittance to premises.

Basic health services are offered in conjunction with ABC Clinic. If participants present with a communicable disease, lice or other health issues that could present a danger to the safety and health of other participants, they will be referred to the clinic for care. If care is not immediately available and issue presents an immediate threat, participant may be referred directly to emergency services in order to address the issue prior to program entry.

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Behavior-Based Rules

We reserve the right to randomly test participants at anytime. Failing a drug test or being under the influence of drugs and/or alcohol while on program grounds can result in immediate dismissal and lead to reporting to necessary authorities.

Clients engaging in behavior that is disruptive to other clients or staff will be requested to terminate that behavior or go to another area of facility.

Staff are trained in harm reduction, crisis resolution and to recognize signs of health crisis related to substances.

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Privacy And Access To Possessions

All bags will be randomly searched upon entry to program and beds and possessions are subject to random searches by staff. Drugs or paraphernalia found in any bags will result in immediate dismissal.

In order to ensure health and safety for all, staff may conduct occasional bed or bag checks. Staff may confiscate and/or dispose of items found that pose a safety or health risk to the community, including but not limited to weapons, poisonous and/or illegal materials, items that pose a fire risk, or items interfering with facility operations, such as food that is attracting vermin.

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Allow Access To Essential Activities

All personal technology devices (cell phones, iPads, etc.) must be pre-approved by staff. All cell phones must be turned in to staff by 10:00pm and will be returned the following morning.

Out of respect for others please keep phones on vibrate at all times and do not use electronic devices after lights out.

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Voluntary, Housing-Focused Services

It is your responsibility to schedule meetings with your case manager…you will be required to meet with your case manager 1 to 4 times a month.

Clients are strongly encouraged to participate in case management. Case will assist clients in housing location and to prepare for housing and will connect clients to resources that help them work toward housing-related and other personal goals.

Do Your Policies Focus On Housing?

Mandatory meetings with case managers about treatment As applicable, RESIDENT agrees to cooperate with Program's onsite manager, and onsite service provider staff in participating in and complying with case management and life stabilization services that are part of an individual service plan developed to improve RESIDENT's life skills.

You have been assigned a Housing Navigator who will help you develop an Individual Service Plan and conduct a Housing Assessment to help determine what housing resources you might be eligible for. You are encouraged to meet with your Service Coordinator weekly to discuss your progress as well as attending on site workshops aimed to assist with self-sufficiency and securing housing.

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Use Standard Lease/Occupancy Language

Conduct that is boisterous, obscene, noticeably intoxicated, harassing in nature, or generally disturbing to the other Tenants, Landlord, or residents in the Community is not permitted

Tenants are entitled to quiet enjoyment of the premises. It is expected that tenants and their guests or invitees will not use the premises or adjacent areas in such a way as to: (1) violate any law or ordinance, including laws prohibiting the use, possession, or sale of illegal drugs; (2) commit waste or nuisance; or (3) interfere with the quiet enjoyment and peace and quiet of any other tenant or nearby resident.

Don't Use Rules To Predict Failure

A "zero-tolerance" policy will be enforced for any resident who has had a history of drug or alcohol use.
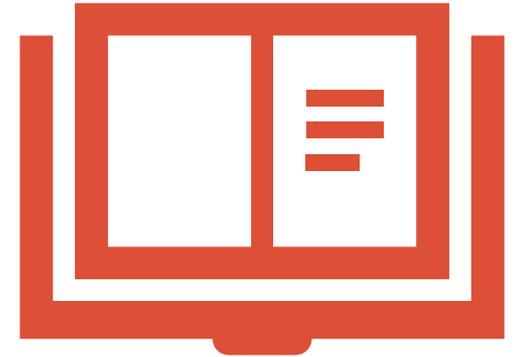
No drug or alcohol use on premises.

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Reviewing Your Rules

Look at both written rules and how things _really_ work

Why do you have these rules?

- What are they supposed to accomplish?
- Who are they helping – and who are they keeping out?

How can you accomplish the underlying goals – for example, safety – most directly, without restricting other behavior?

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Reviewing Your Practices

- Focus on communicating expectations and providing support, *not* rules and punishment

- Do the practices reflect the policies?

- Are your practices and staff housing-focused?

- Are staff trained and supported in harm reduction, and other evidence-based practices such as client-centered motivational interviewing and trauma-informed care?

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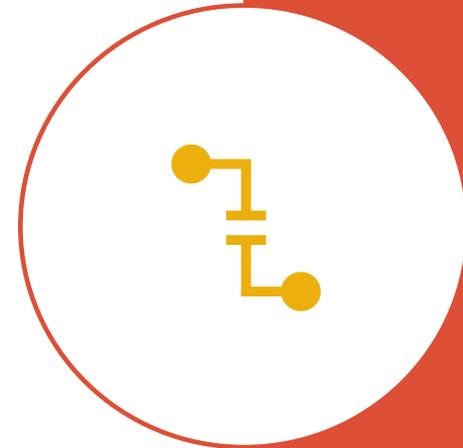
Review With A Client-Centered Approach

- Eliminate unnecessary rules and requirements

- Implement strengths-based approaches to empower clients

- Read between the lines – how will clients perceive the meaning of your policies?

- Eliminate idea of "non-compliant" client

- One size does not fit all

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ACTIVITY - IDENTIFYING **BARRIERS** & BRAINSTORMING **ALTERNATIVES**

Identifying Barriers & Brainstorming Alternatives

- Using discussion guides, we'll discuss in small groups:

  - How our program rules and activities *do/do not* align with Housing First standards, <u>OR</u>

  - Strategies for resolving individual/system crises

- The discussions should reflect all the rules/practices for all projects in the group – being sure to reflect challenges and need for change

- Identify a **group recorder** who will write down key points from your discussion; responses will be used to assist shaping next steps for the community-wide Housing First response
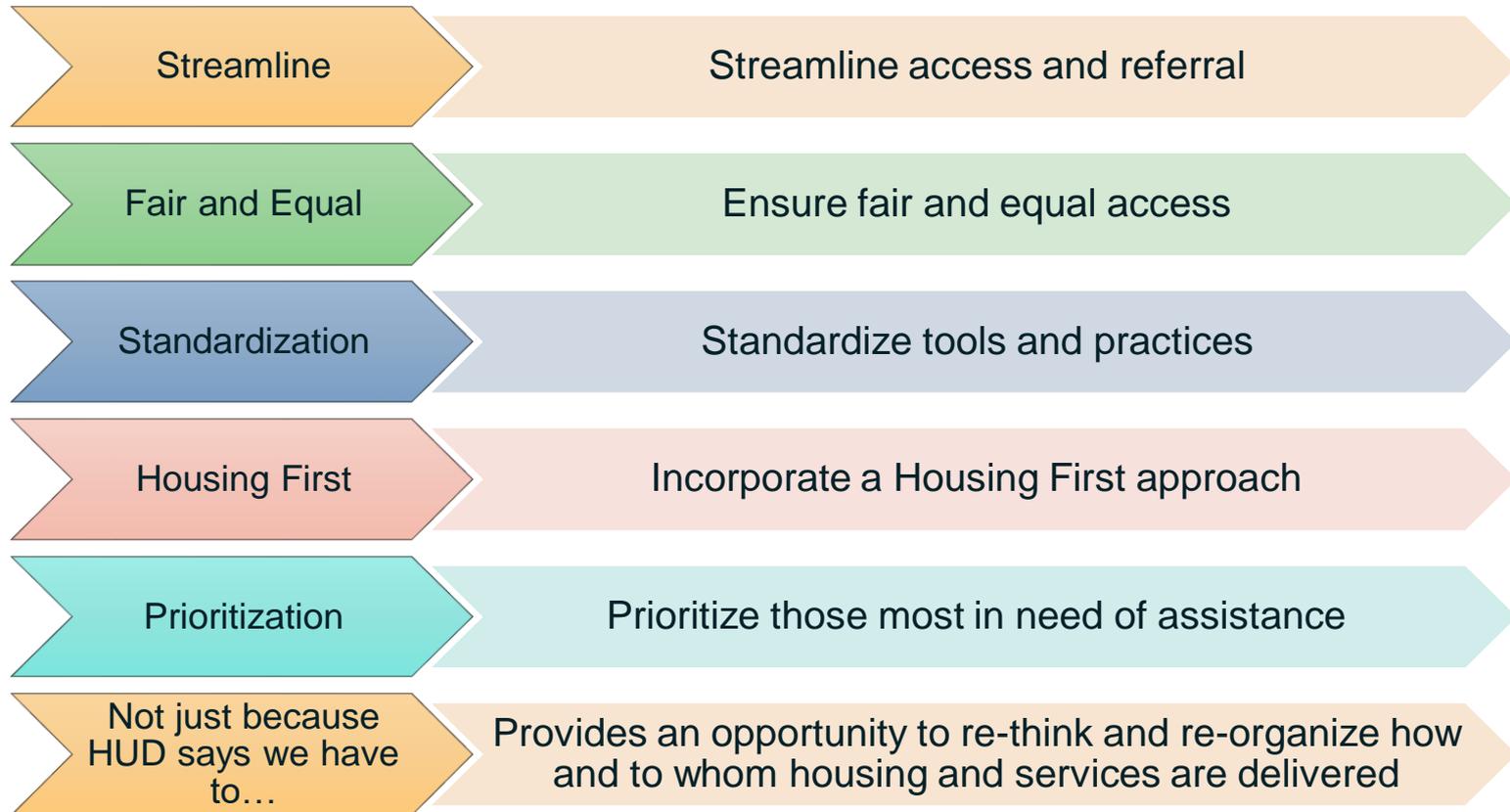
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Permanent Housing/Shelter Providers

TOPIC		RULE / PRACTICE	WHY DOES IT EXIST / WHAT DOES IT ACCOMPLISH	WHO DOES IT BENEFIT / KEEP OUT	ALTERNATIVES
BARRIERS TO ENTRY	Are there rules, policies or procedures that result in participants not being able to access or being barred from the program? For example: • Identification requirements • Sobriety/drug testing requirements • Meeting requirements / time constraints • Prohibition on pets/family members • Other policies that deter people experiencing homelessness				

Next Steps

- What one rule or practice can you change?
- How will you communicate that change to leadership and colleagues?
- How will you support clients and colleagues during the change?
- How will you measure – and celebrate – your success?

What is Coordinated Entry?

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What and Why of Coordinated Entry

Streamline	Streamline access and referral
Fair and Equal	Ensure fair and equal access
Standardization	Standardize tools and practices
Housing First	Incorporate a Housing First approach
Prioritization	Prioritize those most in need of assistance
Not just because HUD says we have to…	Provides an opportunity to re-think and re-organize how and to whom housing and services are delivered

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Then and Now: Coordinated Entry

Multiple programs, ad hoc processes

Dozens of intake, assessment protocols

Different eligibility rules

Duplication of services

Lack of access to programs

Inefficient uses of resources
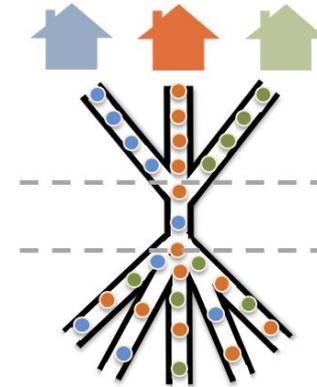
Easier, faster access

Increased exits to permanent housing

System outflow, reducing waiting lists

No wrong door to access
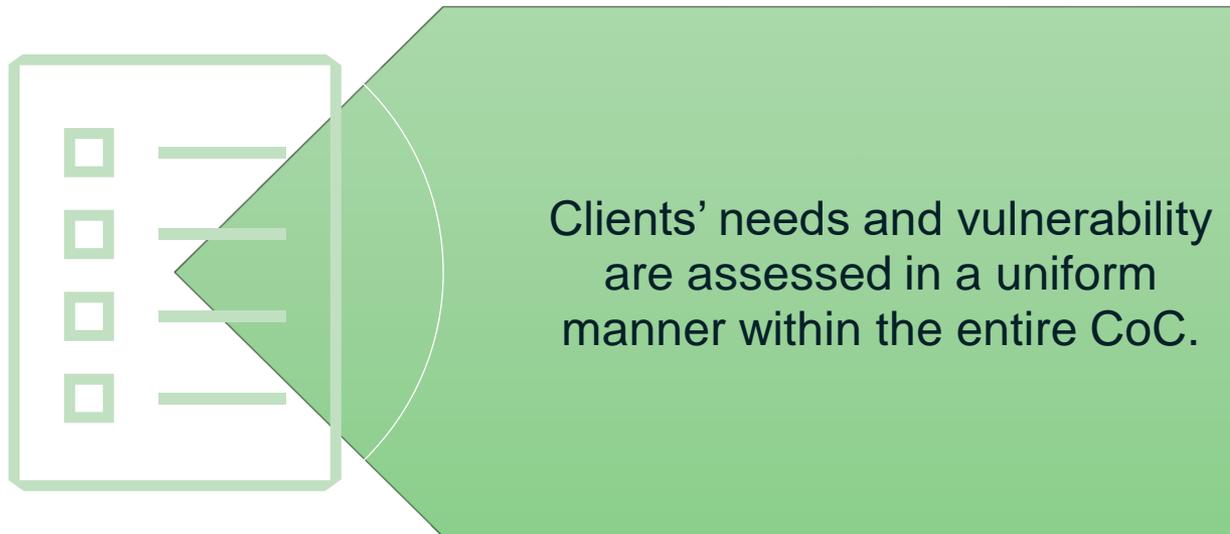
Match highest needs clients to services

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Key Components
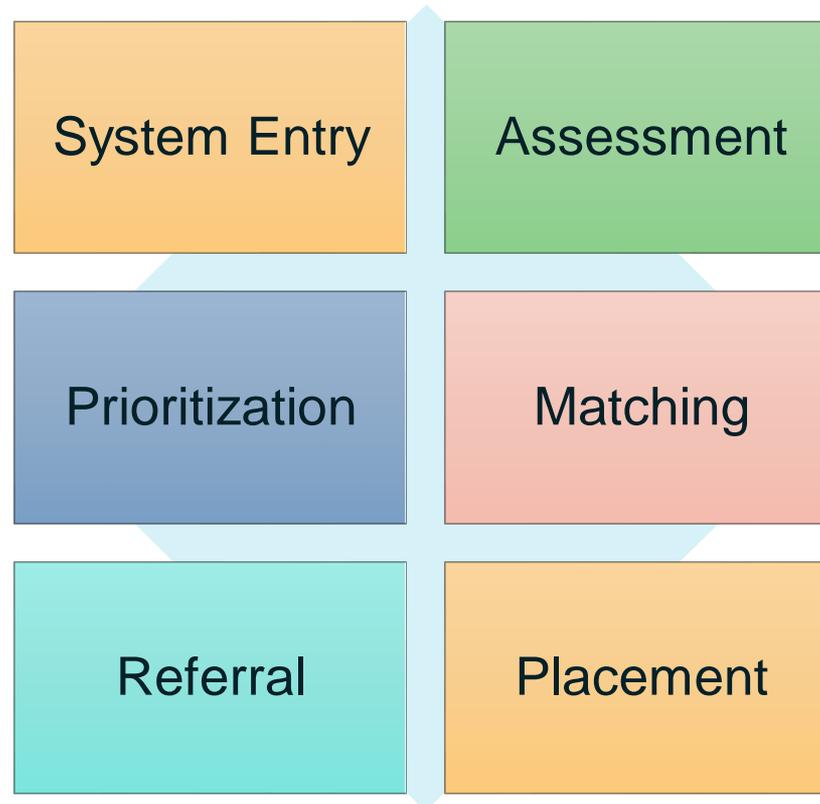
System Entry
Assessment
Prioritization
Matching
Referral
Placement

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System Entry

Clients seeking housing or services first make contact with the CoC's homeless response system, such as interacting with an outreach worker, calling a hotline, or showing up at a service provider site.

Assessment

Clients' needs and vulnerability are assessed in a uniform manner within the entire CoC.

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Prioritization

Clients are prioritized for housing/services within the CoC, based on factors agreed upon by the community, ensuring that a community's limited resources are used in the most effective manner and that households that are most in need of assistance are prioritized for housing and services.

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Matching

Clients at the top of the community's priority list are given a choice of housing, as it becomes available, for which they are eligible, and which appear to meet their needs.

Referral

Clients matched with an appropriate program are referred to that program, requiring communication between the entity in charge of matching, the client, and the program providing the housing/services.

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Placement

Clients are placed into the program (which can entail ensuring that the client is "document-ready" and has necessary transportation).

Access & System Entry

The First Steps to Housing Placement

Background: Access & System Entry

Purpose

For any coordinated entry system to function, the community must successfully connect clients to the system. The system must successfully **identify, conduct outreach to, and engage** both those persons currently experiencing homelessness and those at imminent risk of homelessness

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Access and System Entry Elements

Key Components:

Communication and Marketing

System Entry Points

Ensure Access to Emergency Services
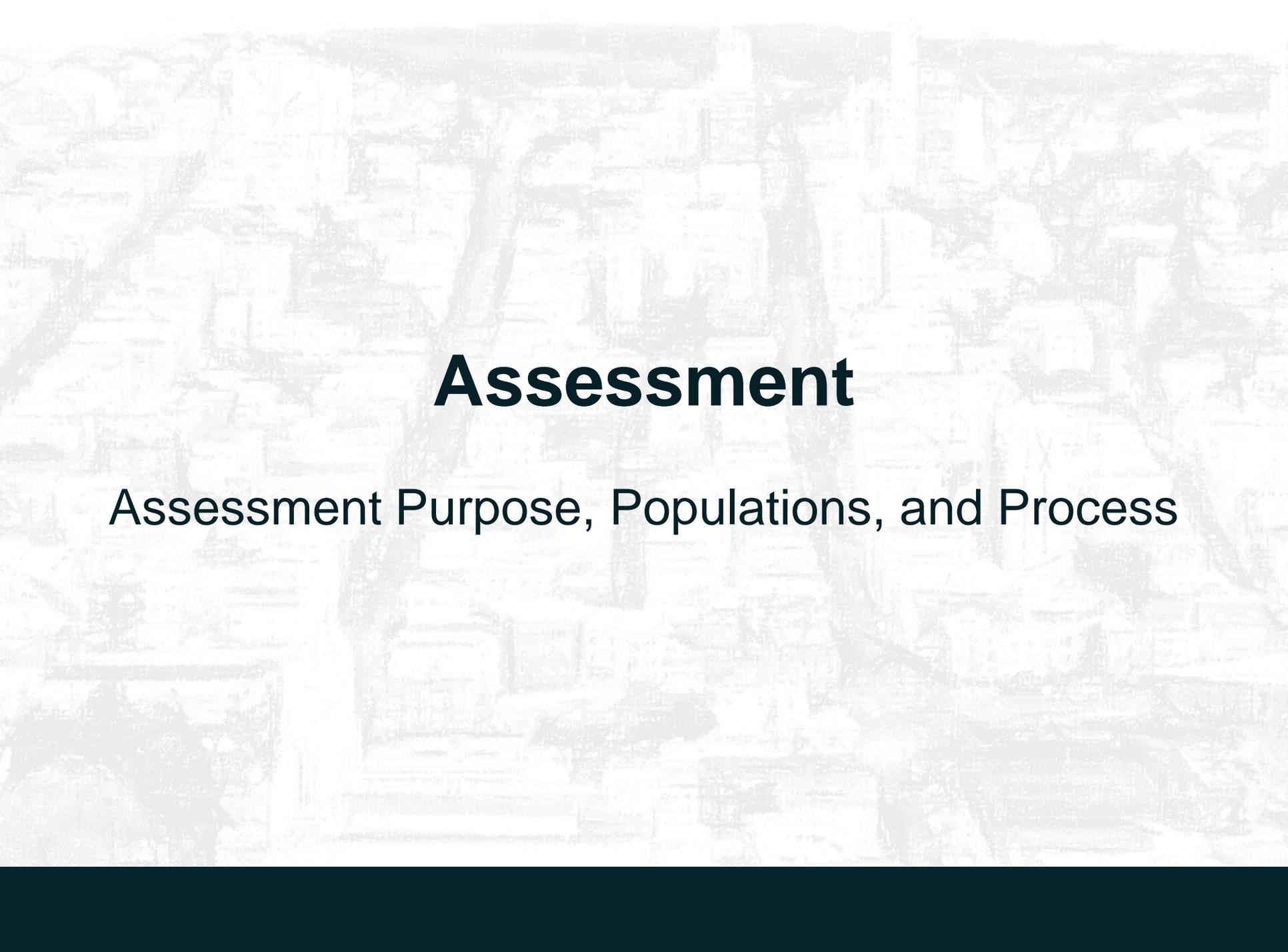
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Assessment

Assessment Purpose, Populations, and Process

Assessment Purpose

Purpose: Standardize information gathering on service needs, housing barriers, and vulnerabilities. People presenting at a particular location should not be steered toward any particular program or provider simply because they presented at that location.

Components: Assessment should include:

- Uniform **decision-making processes**

- Common **assessment tools** used within those processes

Assessment Populations

At a minimum, your coordinated entry system should be built to handle the following populations, either through a single structure/access point/assessment or multiple structures/access points/assessments:

Adults Without Children

Families with Children

Unaccompanied Youth

Survivors of Domestic Violence

Survivors of Domestic Violence

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Assessment Populations (continued)

At a minimum, your community's assessment process should determine:

1 The length and duration of past and current episodes of homelessness (to determine chronicity);

2 The client's risk of illness, death, and/or victimization; and,

3 The relative severity of the client's need, including system utilization, access to shelter, and physical or mental health impairments

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What Should Be Assessed?

The focus of assessment is not to obtain all possible information needed to serve a client, but only targeted information needed to make appropriate referrals. The following have been identified as important areas to address during assessment:

- **Risk of Becoming Homeless**
- **Length of Time Homeless** [Incl. Prior Episodes]
- **Vulnerability**
- **Severity of Need**
- **Available Community Resources**

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Prioritization

Connecting Clients to Housing and Services

Background: Prioritization

Federal Goal: Ensure that individuals with the highest needs are prioritized for the most intensive resources demonstrated to end their homelessness.

Limited Resources: Don't allow people who are more vulnerable or who have more severe needs to remain sheltered because more intensive assistance is not available.

Coordinated entry should ensure that people with the most severe service needs and highest levels of vulnerability are prioritized for housing and homeless assistance, including any type available in the CoC (e.g., PSH, RRH, and other interventions).

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Prioritization in Heartland HOUSED

- First Priority – Literally Homeless Individuals and Families with the Longest History of Homelessness and with the Most Risks and Barriers to Housing, as Documented in the Coordinated Entry Assessment.

- Second Priority–Literally Homeless Individuals and Families with the Most Risks and Barriers to Housing, as Documented in the Coordinated Entry Assessment.

- Third Priority–Literally Homeless Individuals and Families with the Longest History of Homelessness.

- In the event a further point of prioritization is needed, the next available resource should go to the household with the earliest date of Coordinated Entry assessment.

Matching

Connecting Clients to Housing and Services

Matching

Purpose: Connect individuals to appropriate and available housing and service interventions.
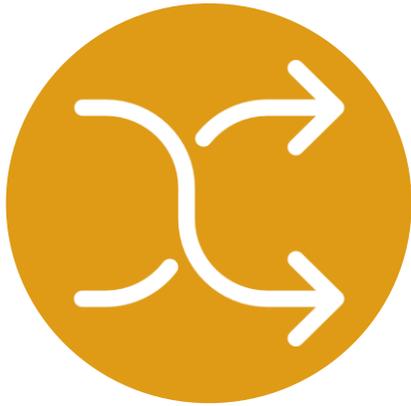
Consumer Choice and Prioritization:

- The highest priority clients (those with the longest length of time homeless and most severe service needs) should be given a choice of available housing options for which they are eligible, appear to meet their needs, and complies with evidence-based practices – to the extent that they are available.

- Choice can include: location, type of housing, level of services, etc.
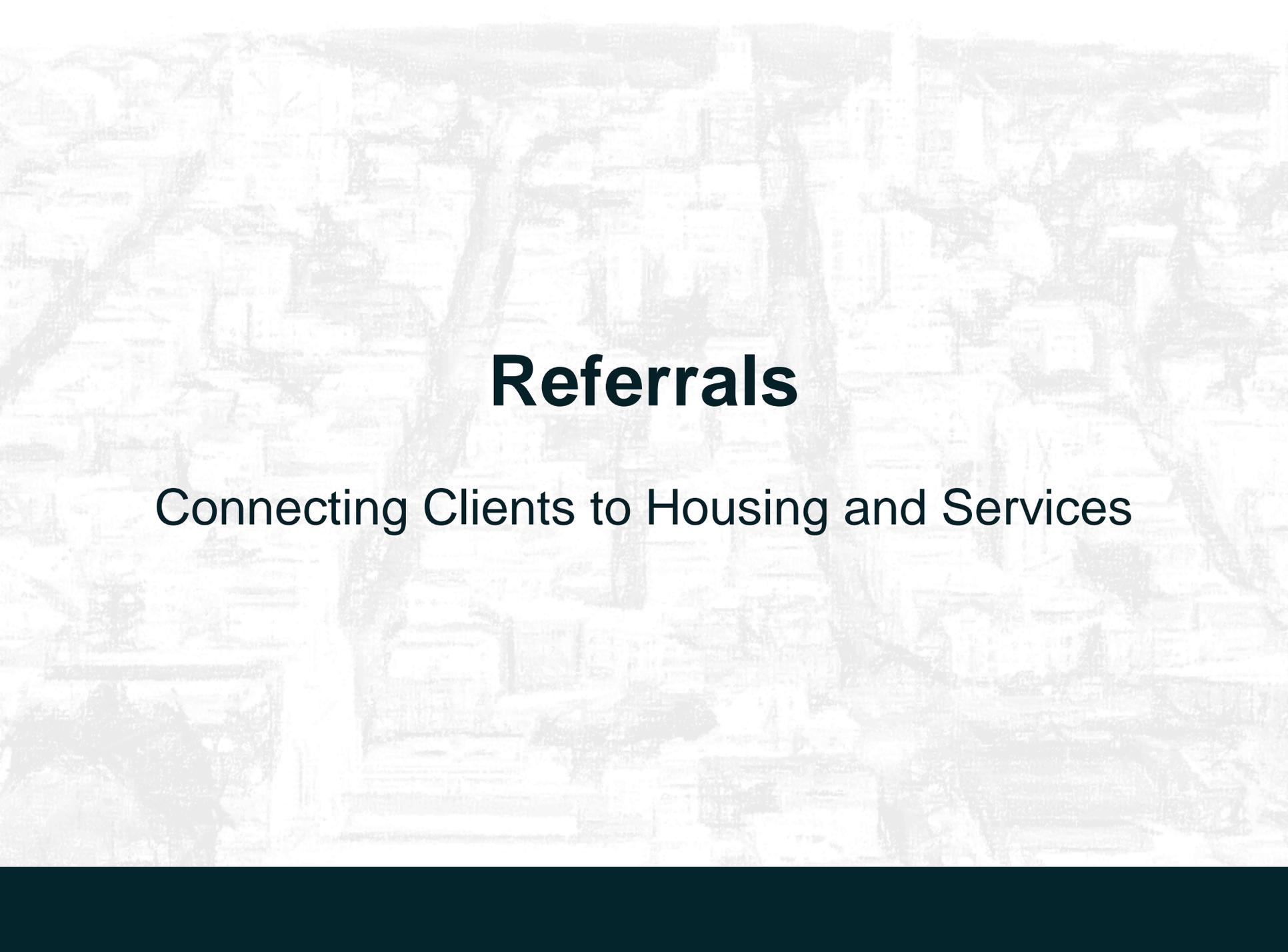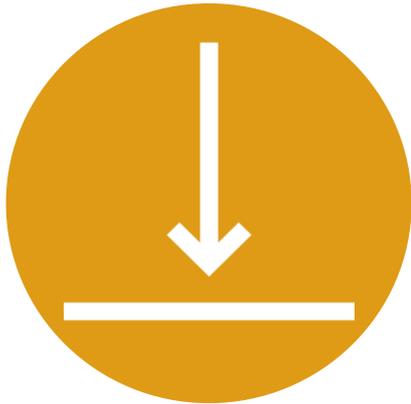
Referrals

Connecting Clients to Housing and Services

Making Referrals

Focus: Making effective referrals for clients (e.g., looking for all the openings that may fit the next family on the list or the family with the greatest needs).

Eligibility: Effective coordinated entry systems have the ability to identify prioritized individuals (e.g., chronic homeless, long history of homelessness, most in need based on assessment results) who also meet the eligibility criteria for housing programs.

Multiple Options: Target matching high-priority persons to more than one offer of housing.

Accepting Referrals
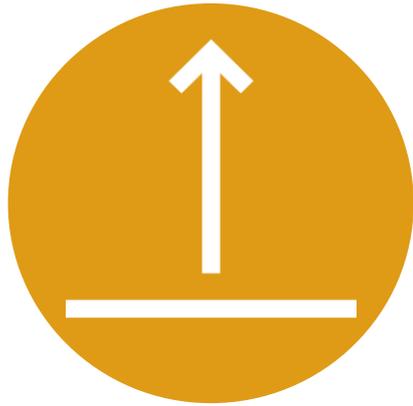
Acceptance: Participating programs should accept all eligible referrals, unless the community has a documented protocol for rejecting referrals.

Rejections: Referral rejections should be justified and rare.

Alternatives: The system should have procedures in place to ensure participants whose referrals have been rejected are able to identify and access another suitable program.
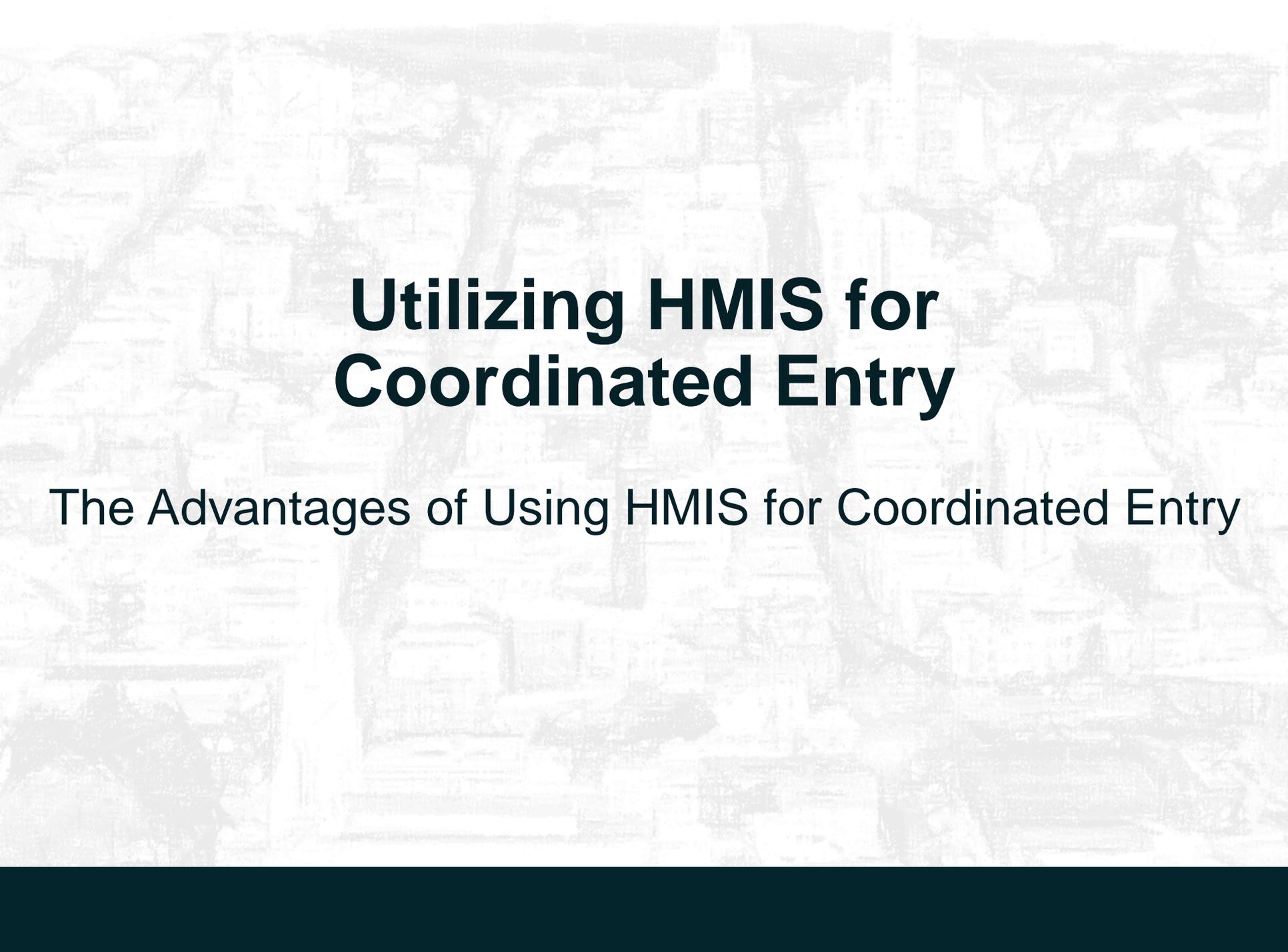
Utilizing HMIS for Coordinated Entry

The Advantages of Using HMIS for Coordinated Entry

What are the Benefits?

Simplified, updated data collection that meets HUD requirements

Immediate access to current data, including service history, intake, assessment, and referral information

Secure data sharing that protects consumer privacy

Advanced reporting on performance and outcomes

Why Use HMIS?

Data is necessary to accurately measure outcomes and determine client need:

- Coordinate housing services

- Improve available programs and services

- Improve access to services

- Reduce inefficiencies and duplication of services

- Ensure consumers receive the amount and type of services that meet their needs and preferences

- Advocate for policies and legislation

- Understand the nature of homelessness in the community

- Evaluate performance

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Domestic Violence

Permissible:

Victim service providers are prohibited from entering personally identifiable information into HMIS.

HUD encourages CoCs to work with their victim services providers to establish either a process for their participation in the CoC's coordinated entry system or establish their own coordinated entry system outside of HMIS.

Universal Access:

Coordinated entry should provide access to all available housing and services, regardless of whether the individual or family presents for intake at a victim-specific access point or a mainstream homeless service access point.

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Questions?

Thank You!