

Houston/Harris County Continuum of Care: Priorities and Program Standards for Emergency Solutions Grant

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Recommendations Made By: HEARTH Implementation Rapid Re-Housing and Targeted Homelessness Prevention Workgroups; *Standards of Care of the Houston/Harris County Continuum of Care* developed by the Homeless Services Coordinating Council

Background

The Homeless Services Coordinating Council developed a *Standards of Care* document outlining minimum standards for the continuum of services for people who are homeless and the homeless residential system. Priorities and strategies for Emergency Shelter and Street Outreach programs were taken from this document.

In addition, in April, 2011 members of the Continuum of Care working in Harris and Fort Bend Counties were convened to develop community-wide goals in order to prepare for implementation of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. Two of the priorities related to developing plans to better target the prevention of homelessness and expand rapid re-housing capacity.

Over the summer, workgroups comprised of a variety of members of the Continuum of Care and staffed by the Coalition for the Homeless met to develop recommendations for 1. What type of clients should be targeted for services, and 2. What program standards should be required of all providers. Focus groups of Homelessness Prevention and Rapid Re-Housing providers (HPRP), and Housing Opportunities for Persons with AIDS (HOPWA) were conducted to identify successful practices and recommendations to improve program performance. Research and data analysis were conducted as part of the Coalition for the Homeless' *Capacity and Gaps in the Homeless Residential and Service System, Harris and Fort Bend Counties* to identify areas where people lived prior to becoming homeless and gaps and barriers in service delivery system. A comparative analysis of the characteristics of literally homeless people and those served in year two of the HPRP homelessness prevention programs was conducted to identify common risk-factors among people who become homeless in order to better target homelessness prevention services. A focus group was held with members of the Coalition for the Homeless' Consumer Advisory Council, which is comprised of people who are currently or formerly homeless, to hear from their experience what services would be most helpful in either preventing experiences of homelessness or assisting people who are literally homeless through rapid re-housing. A site visit to Salt Lake City was made by the Coalition for the Homeless' Systems Project Manager to learn about the restructuring of their rapid re-housing system and coordinated grant process of the state, city, and county. As a result of these efforts, the Houston/Harris County Continuum of Care makes the following recommendations to be implemented locally through the new Emergency Solutions Grant programs.

Street Outreach Program

- A. Activity focus is on developing relationships with homeless singles and families needed to bring the client into a shelter setting and/or supportive services.
- B. Street outreach is comprised of multiple, non-threatening, informal contacts with homeless individuals and families.

- C. An assessment is in place to identify service and housing needs for clients. Assessments collect information pertaining to health/medical needs, mental health, legal issues, substance abuse, financial circumstances, employment and education, family and social supports and past housing situations.
- D. Housing placement or referral is provided to all clients requesting housing.
- E. Records are maintained documenting outreach efforts and client's choice to accept or refuse housing opportunities.

Day Shelter

Serves hard-to-reach homeless persons who are on the street and have been unable or unwilling to participate in available housing or supportive services.

- A. Basic needs are provided including showers, laundry, food, clothing, telephones; provide referral to transportation and medical services.
- B. Client engagement takes place at a pace that is comfortable for the participant.
- C. The facility is set up to be low demand for the clients while making service available.

Emergency Shelter

Any facility, the primary purpose of which is to provide temporary or transitional shelter for the homeless in general or for specific populations of the homeless. Emergency shelters does not charge clients fees. Emergency shelter is defined as:

- A. Each client has their own bed with clean and appropriate linens and bedding.
- B. Clients have access to a safe and secure space that is designated for usage as a place to store their personal belongings.
- C. In facilities that are not single-sex, separate sleeping quarters and hygiene facilities are maintained for single male adults, single female adults, and families.
- D. If clothing is provided, it has been washed and sanitized prior to distribution.
- E. Housing facilities shall remain in compliance with all local and state ordinances, standards and laws regulating residential facilities.
- F. Personal hygiene products are made available to residents as needed.
- G. All facilities should use standard sanitary procedures for cleaning shower areas.
- H. Length of stay is determined in written guidelines by the emergency facility.
- I. Clients may expect a reasonable degree of privacy with regard to information not protected by federal and state laws.

- J. Shelter staff and volunteers are trained and competent in confidentiality laws regulated by state and federal guidelines with regard to AIDS/HIV, referrals, medical, substance abuse or mental health history and treatment.
- K. Efforts are made to locate longer-term housing and supportive services for clients.
- L. Emergency preparedness policies are adopted with attention being given to the elderly and disabled.

General Recommendations related to new Emergency Solutions Grant Programs

Like HUD and national homelessness advocacy and research groups, the Continuum of Care recommends an expanded emphasis on rapid re-housing efforts in comparison to the emphasis that was placed on rapid re-housing through the Homelessness Prevention and Rapid Re-Housing (HPRP) programs in our area. In addition, the Continuum of Care recommends funding Homelessness Prevention and Rapid Re-Housing as two distinct programs, rather than expecting subrecipients to have expertise in implementing both programs.

Coordination with Mainstream and other Homeless Services

Because ESG funds are only able to cover housing-related expenses, it is critical to achieving successful outcomes that mainstream and other supportive services be part of the rapid re-housing and homelessness prevention system. For this reason, agreements with supportive service providers who offer intensive vocational assistance for people with barriers to employment, counseling, and SSI/SSDI legal assistance and SOAR application submission have been secured for all providers to link eligible clients to.

Coordination Among the Homelessness Prevention and Rapid Re-Housing ESG System

All ESG subrecipients within the Harris/Fort Bend County Continuum of Care service area are expected to work collaboratively to coordinate funding that addresses the needs of the entire continuum. To achieve these goals, the Continuum of Care requires that all subrecipient service providers will:

- A. Participate in a coordinated assessment system, where client entry into homelessness prevention or rapid re-housing programs can begin at any point within the system. Service providers will use a common assessment tool that will allow providers to enter data on a client and provide transfer information when a client fits the services of another provider, without having to engage in another assessment. Reasons for client transfer can include better fit in a specialized program, the correct geographic service area, and available resources within the community.
- B. Establish a staff member as a point of contact for other case managers and members of the service provider continuum of care. The contact should be a position that sees little turnover and is familiar with organizational resources and is up to date on current organizational capacity to accept and serve clients, such as a supervisor or manager. This contact should be able to provide information for other housing case managers on what current programs and resources are available to clients entering into the provider system through their organization. This contact will reduce or eliminate the need for clients to seek out additional assistance based on referrals from any ESG recipient agency.

- C. Attend all coordinated training for case managers within the homelessness prevention and rapid re-housing provider system. Each subrecipient is expected to send at least one staff member and share all lessons learned with all housing case management staff. The Coalition for the Homeless Houston/Harris County, the City of Houston, Harris County, Fort Bend County, and the City of Pasadena, will coordinate training for ESG staff so that case clients within the region are receiving the same quality of service across providers. Subrecipients will also participate in regular meetings of program staff to share best practices and engage in collective problem solving as the community works toward an integrated system for clients. Meetings will be facilitated by Coalition for the Homeless of Houston/Harris County staff.

Participant Share of Rent

The system will not have a minimum amount or percentage that will be applied to client contributions across all service providers. In addition, recipients will not allow providers to create a minimum participation amount for clients upon entry into any homelessness prevention or rapid re-housing program. Clients will be required to contribute a portion of their income in addition to their assistance once the client income has increased during program participation.

Once clients have an increase in income (access to additional resources, new or higher paying job within the household, etc.), subrecipients must allow a client to receive three months of the increased income before requiring client contributions, as long as the period of service fits within the 24 month cap for assistance. Once clients have earned three months of additional income, on the fourth month the client is expected to contribute five percent of the cost of living expenses (rent and utilities, if both are being covered) for which they are receiving assistance. Clients may request a hardship waiver, through their case manager, to forgo the contribution that month. All hardship waivers must be reviewed and approved by a case management supervisor. If a client receives a hardship waiver, each month their situation will be reevaluated to determine when to begin requiring contributions at five percent. Contributions will continue to increase by five percent each month but cannot exceed 30 percent of the client's adjusted monthly income. Clients may request a hardship waiver at any time, and will be asked to contribute at the amount for which the waiver was originally requested.

Duration and amount of assistance

The Continuum of Care's recommendation is that no provider may create limits for the amount of assistance that will be provided to clients. All subrecipients are expected to provide support to clients for the full time necessary to stabilize that client and provide for the likelihood of positive housing outcomes after assistance. The COC recommends that subrecipients not be allowed to set their own maximum caps of length for assistance, recognizing that the amount of assistance and duration of assistance can vary substantially among clients, but instead have case managers consistently reevaluate the need for assistance.

Homelessness Prevention clients must have reassessments at a minimum every 3 months. To continue to receive assistance, clients must be at or below 30 % AFI.

Rapid Re-Housing clients must have reassessments at least annually, though case managers will be required to have regular home and office visits with clients, as described in the duration and amounts section.

A client is eligible to receive assistance up to the full 24 months in a 3 year period as determined by the certification process required for all ESG clients. The Continuum of Care anticipates very few clients will need or be eligible to receive this level of assistance. It is the case manager's responsibility to document client need and ensure that ESG is the most appropriate assistance for this client.

The Continuum of Care intends to update and refine the process once HMIS has more robust data specifically for ESG clients.

Duration and amount of Housing Stabilization and/or Relocation Services

Based on experience with HPRP, the Continuum of Care recommends that ESG funds not be used for credit repair and legal services to be eligible activities due to limited use of this resource by clients and providers and will instead encourage the use mainstream service providers and establish them as part of the system of providers with formal relationship.

The COC recommends that any subrecipient of ESG assistance must provide housing location assistance for clients as a part of its full housing relocation and stabilization services to ESG clients. Subrecipients are expected to have at least one staff member dedicated to finding appropriate housing and developing relationships with affordable housing providers so that ESG clients have access to housing choice through the subrecipient, rather than the expectation that clients must navigate the system on their own.

As part of the requirement for comprehensive case management for housing stability, it is recommended that all case managers are expected to complete, at a minimum, an in-person follow up with clients 30 days after exiting the program. In addition, it is expected that case managers maintain a reasonable case load to be able to provide quality housing case management to each of her or his clients. Housing case managers for rapid re-housing and homelessness prevention clients should carry a maximum case load of 20 – 25 clients. If a case manager is focused solely on very high barrier or chronically homeless clients, the case load should not exceed 15 clients. These ratios ensure that case managers are able to give quality housing case management to address the needs of their clients and provide the level of service expected of ESG funded housing case managers.

For programs providing rapid re-housing assistance to clients with high barriers and mental illness and/or substance abuse, the COC recommends that case managers must conduct home visits at least bi-weekly for the first three months receiving assistance. Homelessness prevention clients must have an initial home visit when first approved for assistance and subsequent house visits with each recertification every three months. It is expected that case managers will conduct office visits with homelessness prevention clients between home visits, at least once per month. Case managers and program managers are encouraged to provide more than the minimum required services through case management.

The Continuum of Care recognizes that high deposits for rental application and initial utility services is often an incentive to landlords and Residential Electric Providers for providing services or housing to clients with high barriers to housing or who may be seen as a risk. It is recommended that subrecipients be allowed to include rental and utility deposits as part of the housing relocation and stabilization services. It is recommended that security deposits be for up to two months of rent for the client. Deposits may remain with the client if they are stably housed once the subrecipient has completed providing assistance. If a client leaves a program before completing assistance or leaves their housing prior to completing case management, the subrecipient must track and return the deposit.

The Continuum of Care recommends that all case managers and housing specialists work closely with housing providers and establish trusting relationships among landlords in a way that will encourage property owners and managers to wave application fees for rental properties. Recognizing that this will not always be possible, it is recommended that application fees be included as a housing relocation cost, so long as the client is only completing one application at a time.

Targeted Prevention

Populations to Target

In addition to the HUD rules that dictate client eligibility, an assessment tool used to prioritize people most at-risk of becoming literally homeless using common characteristics of people who are literally homeless and common barriers to housing will be used across the system of ESG prevention services within the Continuum of Care area.

Rapid Re-Housing

Populations to Target

In addition to the HUD rules that dictate client eligibility based on the definition of homelessness, clients with one or a combination of the following characteristics have been prioritized for Rapid Re-Housing assistance:

- A. People who are in need of SSI/SSDI benefits in order to be able to pay for long-term housing;
- B. People who are victims of domestic violence;
- C. People who have recently been incarcerated.