Modernizing Transitional Housing

Homes within Reach Conference
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Agenda

- Introductions
- Context: Crisis Response **System**, Housing First
- Why modernize
- What are the options
- Tips on the change process
- Q&A
Introductions
Homeless Crisis Response System

An effective Crisis Response System provides immediate and easy access to safe and decent shelter to anyone that needs it and aims to re-house people as quickly as possible.

“Rare, brief and non-recurring”

National Alliance to End Homelessness
Diagram of Coordinated Crisis Response System
Features of a good Crisis Response System

- Homelessness is “rare, brief, and non-recurring”.
- All interventions quickly end the episode of homelessness and move people to permanent housing.
- Efforts at diversion should be the first intervention and ongoing intervention.
- Begin conversations about re-housing as soon as a household becomes homeless.
- It is easily understood and navigated by persons experiencing homelessness.
Features of a good Crisis Response System - 2

- Use practices informed by data and research
  - Evidence-Based Practices (EBPs).
- Target services effectively to those with highest barriers, use progressive engagement.
- Right mix of interventions to match needs – system is “right sized”
  - Allocate resources to most effective and cost-efficient strategies.
  - Transform or reallocate programs that are not effective and/or efficient.
<table>
<thead>
<tr>
<th>HUD CoC Performance Measures</th>
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<tr>
<td>Reduce length of time people are homeless (average and median length of stay (LOS))</td>
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<td>Reduce returns to homelessness</td>
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<td>Reduce the number of homeless persons (Point in Time (PIT) and Annual Counts)</td>
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<td>Increase jobs and income for homeless persons</td>
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<td>Reduce # of people who become homeless for the first time</td>
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<td>Increase the # of exits to permanent housing (PH) &amp; PH retention</td>
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Housing First (HF)

HF is a paradigm shift from the traditional housing ready approach. It follows a basic philosophy—that everyone is ready for housing, regardless of the complexity or severity of their needs. It is a program model of Permanent Supportive Housing (PSH) AND a system-wide orientation and response. All programs serving homeless people can implement HF practices.
Housing First Core Practices

Quick access to housing while providing needed services: clear path and includes choice

Low barrier; high expectations. Continued stay contingent on meeting lease & behavioral expectations. Use Harm Reduction

Staff use assertive engagement strategies to make services attractive & engage clients in services

Staff teach tenancy skills, prevent eviction and connect to landlords & needed community resources
Reasons to Modernize

❖ To meet HEARTH/HUD CoC Goals and Performance Measures

❖ Improve outcomes and experience for clients

❖ Make better use of resources
  ❖ Serve more people
  ❖ Reduce costs per person/outcome

❖ Move people more rapidly to permanent housing and out of homeless crisis

❖ Evidence-based practices uncovered since original TH models developed
Reasons to Modernize—2

- Rapid rehousing effective for large percentage of families and many single adults
  - Low cost per outcome
  - High rates of exits to permanent housing (90+%)
  - Low rates of returns to homelessness (5 – 10%)

- Substantial Expansion of Housing First Permanent Housing (PH) Options
  - Many TH programs designed to get disabled people “housing ready”
  - With HF PH, this activity no longer needed
More Reasons to Modernize

  - [http://huduser.org/portal/publications/LifeAfterTransition.pdf](http://huduser.org/portal/publications/LifeAfterTransition.pdf)

- Findings – high and low barrier families did equally well for the most part

- More or less rules did not make a difference in outcomes

- What did make a difference was time spent homeless
  - Longer time homeless, less likely to have own housing at exit
  - More homeless episodes increased odds of not working and having lower wages

- Bottom line – end people’s homelessness rapidly
Reasons not to Modernize

- Program is working, achieving good outcomes and is cost effective
- Mission conflicts
- Capacity gaps
- Committed to the current model
Discussion

Has anyone modernized/converted?
  ◦ How did it go?

Anyone thinking about it?
  ◦ What are concerns?
What are communities doing?

- **Modernizing Transitional Housing (TH)**
  - Re-evaluating purpose and goals of TH in the system
  - All referrals to TH through Coordinated Entry System
  - Tuning up and evolving the TH program model – adopting evidence-based practices
  - Hiring Housing Navigators/Locators to secure units
  - Reducing intake requirements – employed, drug testing
  - Targeting to people in “Life Stage” transitions –
    - Nature of transitions
    - Examples: youth/young adults, DV survivors, people leaving institutions, people who want recovery from substance use, families with children under 5
What are communities doing? - More

- Modernizing Transitional Housing (TH)
  - For congregate facilities, have converted entire building to other models – PSH, PH, Shelter, Interim
  - For scatter site TH, the housing subsidy and services transition out, not the person/family. Household remains in the unit which is turned over to the client. Services are provided thru a housing-based case management approach – sometimes called Transition in Place (really is similar to RRH).
  - Look at costs per outcome. Invest in most effective and efficient approaches.
  - Beware of just converting too much TH to PSH for families. The number of families in need of PSH is a small % of total.
  - Look at HUD’s HF Standards which include standards for TH programs

[Image: HUD HF Standards Assessment]
## Options for Modernizing TH: Program Development

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<tr>
<th>Option</th>
<th>Description</th>
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<tr>
<td>Shorten length of stay and assist to access housing and increase income</td>
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<tr>
<td>Remove unnecessary pre-requisites for entry and serve people who are higher barrier – e.g., repeat homeless episodes, actively using</td>
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<tr>
<td>Target people in life stage transitions: youth, substance users who want services, dv, institution/prison re-entry</td>
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<tr>
<td>Length of stay not pre-determined, based on time needed to exit to housing and participant needs</td>
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## Options for Modernizing: Program Development - 2

<table>
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<tr>
<th>Feature</th>
<th>Description</th>
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<tr>
<td>Quick access and low barrier on entry</td>
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<tr>
<td>Separation of housing and support services functions</td>
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<tr>
<td>Teach tenancy skills, crisis and eviction prevention</td>
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<tr>
<td>Program lease/rules mirror standard lease; behavioral approach to substance use</td>
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<tr>
<td>Support choice, connect to community resources and supports</td>
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Options for Program Models

- Interim Housing
- Rapid Rehousing/Transition in Place
- TH-RRH
- Service Enriched Housing
- PSH Scatter Site
- PSH Single Site
Interim Housing

Variation/combination of shelter and TH

LOS targeted to 90-120 days or less

Provides sleeping accommodations, meals and other basic needs

Focus is on rapid housing access and exit from homelessness

Agencies provide services including crisis intervention & linkages to: employment, mental health, medical, and entitlement services.

Focus is to locate housing – agencies assist clients access housing relocation resources/supports
Rapid Rehousing/Transition in Place (TIP)

Service providers have close ties to network of landlords and rapidly place households.

Clients are assisted with finding housing, moving costs, security deposits and rent;

Length of time and amount of assistance is based on household’s economic situation and ranges from 3 months to 18 months.

Services provided to ensure housing stability – up to 18 months

Services and subsidy transition out, not the HH
Rapid Rehousing versus Transition in Place (TIP)

What are the distinctions? No “official definitions” – general practices

- Both provide time limited assistance and supports
- RRH less intensive case management
- RRH private landlords
- TIP may be master leased by agency
- TIP rent is often subsidized for up to 2 years
- RRH rent is subsidized for 3 months, then re-evaluated regularly
TH-RRH

New HUD model

- All TH eligible activities are eligible
- TH phase should be short term and focused on permanent housing placement
- RRH through Tenant Base Rental Assistance (TBRA) only
- Supportive services allowable for both phases
- Recipient or Sub-recipient must be able to provide both components (TH and RRH) to all participants
  - Participant may only engage in one component but both must be made available
- Expectation is that the people will remain in the TH component for a short period of time as possible – only to secure housing, necessary documentation, or other time limited needs.
Service-Enriched Housing

Affordable rental housing

On-site services coordinator helps access community services, provide crisis intervention, eviction prevention and support

Issues to address:

- Appropriate target population
- Funding for services provision

Example:

- Famicos/Beechbrook Park Village and Historic Newton
Scatter Site PSH

Provides housing at multiple locations in community, usually by leasing (by sponsor or tenant) of housing in community

Permanent subsidy with ongoing supports

Targeted to Households with Disabilities

- Not just diagnosis
- Utilization of services – inpatient psychiatry, detox, child welfare involvement – removal of children
Single Site PSH Housing

Description

◦ Provides affordable housing and onsite services in single or multiple structures
◦ Provide comprehensive case management with 1:25 recommended maximum case load
◦ Permanent rent subsidy and ongoing supports

Issues to address

◦ Target population and population mix
◦ On site services – services funding method
◦ Moving on from PSH
Evaluate Outcomes

- Rates of exit to permanent housing
- Rates of return to homelessness
- Cost per person
- Cost per permanent housing exit
Average Rate of Exits to Permanent Housing - Families

Source: Data from 7 Continuums in 4 states prepared for NAEH Performance Improvement Clinics
Average Cost Per Exit and Per PH Exit

Source: Data from 7 Continuums in 4 states prepared for NAEH Performance Improvement Clinics
How to Evaluate Costs Per Outcome

Total annual budget ÷ number of Permanent Housing exits in 1 year = Cost Per Permanent Housing Exit

Example – $100,000 budget

- 10 exits = $10,000 per PH exit
- 8 exits to permanent housing = $12,500/PH exit
Tips for Making Change

Look at budget and funding sources
- Understand what can be changed and what cannot be changed
- Restrictions and covenants
- Lots of flexibility with HUD Options
  - Convert all or part of a program to thru annual RFP process
  - Repurpose through grant amendment
- How to best use federal, state and private resources

Talk with the community/CoC
- Understand need and gaps in the system
- Most communities have biggest gap in Rapid Rehousing
- Another big gap – options for non-disabled single men
Tips for Making Change - 2

Articulate your Case and Design Program
- Expected outcomes and benefits for consumers
- Importance to the System

Educate Board, Funders, Consumers
- New evidence-based practices
- HEARTH Goals

Modify Contracts/Funding Agreements
Communication Plan
Re-train Staff as Needed
Revise Policies and Procedures
Make a change and see what happens

HUD Powerpoint on Reallocation versus Repurposing Grant
- http://b.3cdn.net/naeh/6677d16ea8449db816_25m6i2xeq.pdf
Discussion/Q&A
Community Retooling Strategies

Cleveland
- Voluntary provider conversions

New York
- Street Outreach contracts ended
- RFP for services – re-bid entire system
- New outcomes and performance based contracting

Chicago
- Used Ten Year Plan Goals and Program Models
- Re-bid the system to request only these models
- Agencies required to select new model from options
Typical “Housing Readiness”

Housing First

LIFE STABILITY
Housing Stabilization Services

Strategy to assist each person to maintain housing and establish a base in the community

- Priorities:
  - Tenancy and meeting lease obligations
  - Income
  - Services and community supports
  - Achieving self-defined goals
Understand Housing and Homeless History

Housing History –
◦ Places lived, with whom (last 5 years)
◦ Experience as a leaseholder
◦ Roles and responsibilities
◦ What worked
◦ What didn’t

Homelessness History -
◦ Cause of initial episode
◦ Length of time homeless
◦ Places stayed
◦ Routine
◦ Supports
Hand Off to Housing
Each person will know their rights and responsibilities for Housing
Each will know the expectations of each service and workers role

• What can each person expect from the first worker – how will follow up be handled?
• Most teams set up at least weekly meetings to discuss new people and people transferring between programs.
• Ensuring all information is communicated
• Being available to meet with the person and the new worker
• Agreeing to a series of visits
• Agreeing to consult when needed
Focused Service/Housing Stabilization Plans

- Limit the areas of intervention
- Focus on the most pressing needs that impact stability
- Relate all interventions to long term goals
- Usually not a linear process
- Help people move away from crisis-driven lives
<table>
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<th>Staff Knowledge and Skills</th>
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<tbody>
<tr>
<td>Basics of local landlord tenant law</td>
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<td>Application and certification processes</td>
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<td>Apartment standards and requirements</td>
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<tr>
<td>Coordinated Entry rules &amp; processes</td>
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<td>Negotiation skills</td>
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What will it take?
What are the options?
What are the requirements?
What are the rights?
What are the responsibilities?
How does it connect to what people want?
Working with Community Resources

- Core to the practice
- Part of worker’s job is to ensure resources are working for consumers, frequent check-ins with the service.
- Staff new to community services will need training on community resource options, application and enrollment processes.
- Staff should visit community programs to get a feel for them.
- Sometimes meetings with senior staff to negotiate roles and responsibilities and an MOU (Memorandum of Understanding)
Working with Housing Providers

- Clarify expectation about roles
- Education of staff on:
  - Using the Coordinated Entry system to identify options and manage the applications
  - Working with community landlords, family and significant others
  - Role and transition process when people move into supported housing or other options that provide ongoing support
  - Tenants rights, housing subsidy process and rules, reasonable accommodations, fair housing, eviction process