

From Theory to Practice

Advanced Topics in Homelessness

Who Are We?

- Presented by
 - Training & Development Associates, Inc.
www.tdainc.org
- Sponsored by
 - U.S. Department of Housing and Urban Development
 - Denver, CO Field Office
 - Casper, WY Field Office

Logistics

- Agenda
 - Session 1: Chronic Homelessness
 - Session 2: Housing First & Safe Havens
 - Session 3: Case Management
 - Session 4: Alternative Match Sources
- Manual & handouts
- Questions (the “Bin”)
- Restrooms & telephones

Who Are You?

- Type of organization
 - Lead agency?
 - Sponsor?
 - Service provider?
- Your role
 - Executive director?
 - Financial staff?
 - Case manager?
 - Another position?

Why Are We Here?

- To enable SHP grantees to effectively address advanced issues of homeless programs
- Also to provide latest information & opportunity to discuss new strategies or techniques with experts

Why Are We Here? (cont'd)

- Specific topics selected from menu beforehand
- Order of discussion to be determined by participants

Outcomes

- Gain common understanding of each issue as it relates to SHP
- Relate challenges of each issue to conditions in local community
- Obtain technical guidance about best practices
- Apply new techniques to solve issues

Format of Sessions

- Approach to delivering sessions is not traditional workshop, but facilitated discussion or conversation

Session 1

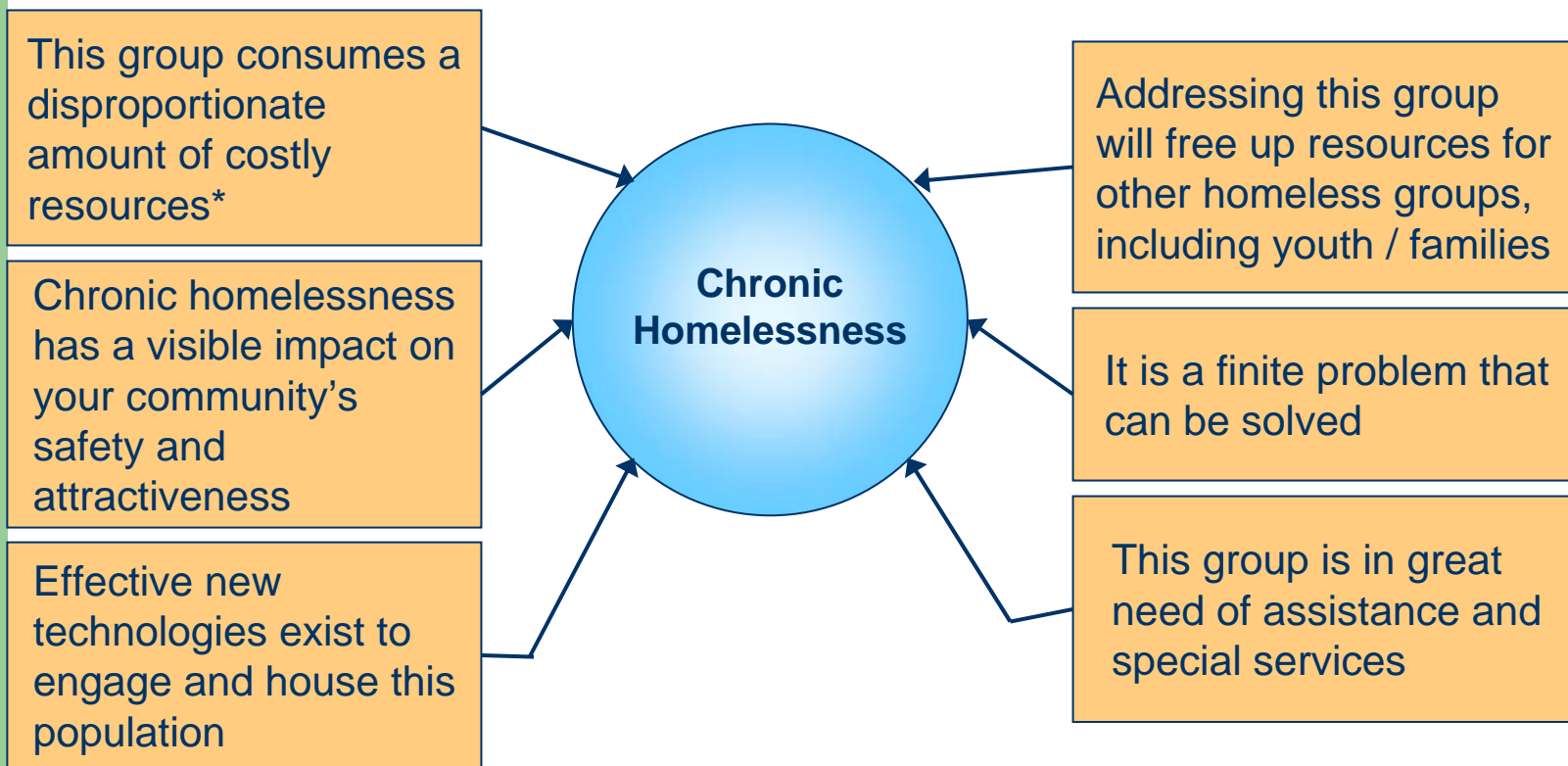
Chronic Homelessness



This Session Covers

- Why planning important approach
- Definition of chronic homelessness
- How mainstream resources align with treatment & service
- Ten-year plan

Why Planning Important



* See later slide

Training and Development
Associates, Inc.

Definition of Chronic Homelessness

- Unaccompanied individuals
- Homeless for a year or more or multiple times over a several year period
- Disabled by addiction, mental illness, chronic physical illness or disability, or developmental disability
- Frequent histories of hospitalization, unstable employment, and incarceration

Table Talk: Planning

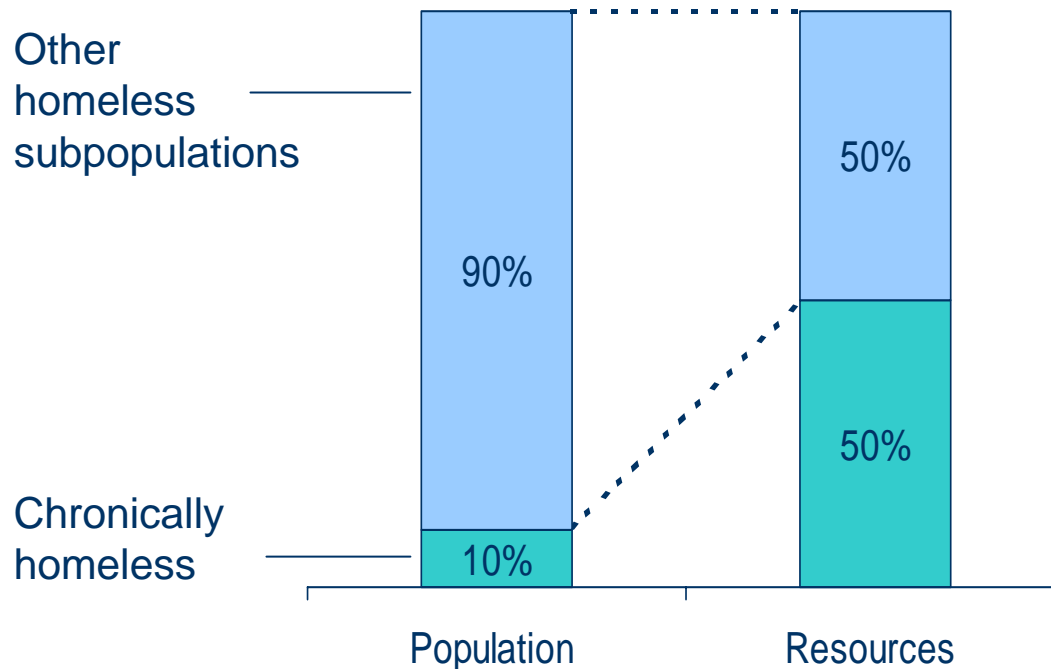
- Each workshop participant consider why local community would focus on chronic homelessness
- Discuss what reasons that come to mind

How Mainstream Resources Align

- Individuals experiencing chronic homelessness create heavy demands for treatment & services
- Examples
 - Emergency medical services
 - Psychiatric treatment
 - Detox facilities
 - Shelters
 - Law enforcement / corrections

Disproportionate Resources

- Ten per cent of homeless population consumes over 50% of resources



Ten Year Plan

- The 10-Year Planning Process to End Chronic Homeless in Your Community
 - A Step by Step Guide

Guide

- Step 1: Commit to Developing a 10-Year Plan
- Step 2: Identify Stakeholders
- Step 3: Convene a Working Group
- Step 4: Gather Research and Data on Homelessness
- Step 5: Define Your Community's Homeless Problem
- Step 6: Develop Strategies to Address these Problems
- Step 7: Solicit Stakeholder Feedback and Finalize Strategic Plan
- Step 8: Create an Action Plan to Implement Strategies
- Step 9: Announce and Publicize the Plan
- Step 10: Implement the Plan

STEP 1: Commit to Developing Plan

- Strong commitment from chief executive is critical although many parties can initiate
 - Long-term commitment from planning to implementation
 - Staff time & energy
 - Willingness to engage diverse stakeholders
 - Ability to think creatively about old problems & existing resources

STEP 2: Identify Stakeholders

- Successful efforts have broad involvement from public, private, & non-profit sectors
 - Agency/Department Heads
 - Business and Civic Leaders
 - Law Enforcement Officials
 - Housing Developers and Service Providers
 - Individuals Experiencing Chronic Homelessness
 - Nonprofits and Foundations
 - Faith-Based Organizations
 - General Public

STEP 3: Convene Working Group

- Working group coordinates planning process & includes representation from different stakeholders
 - Body creates forum to facilitate broader community participation
 - Membership
 - Has authority to make funding & resource decisions
 - Has relevant expertise or experience
 - Is committed to the planning process
 - Is well-respected by stakeholders & larger community
 - Leadership reports directly & regularly to Chief Executive

STEP 4: Gather Data on Homelessness

- Accurate, timely data & research creates solid foundation for community's plan
 - Existing research on homelessness (local/national)
 - Local homeless counts
 - Service & housing capacity
 - 10-Year Plans from other communities
 - Availability of funding resources

STEP 5: Define Homeless Problem

- Identify & assess root causes of chronic homelessness in community
 - Difficulties in engaging this population
 - Inadequate service capacity
 - Lack of appropriate supported, permanent housing
 - Poor discharge planning from public systems
 - Inaccessibility of mainstream resources
 - Fragmented systems of care
 - Historical leadership vacuum on issue
 - Investment in stop-gap measures rather than permanent solutions

STEP 6: Develop Strategies

- Strategies to end chronic homelessness fall into two major categories

PREVENTION

“Close the Front Door”

Reduce the number of people who become chronically homeless

INTERVENTION

“Open the Back Door”

Increase placement into supported housing of people who are currently experiencing homelessness

STEP 7: Solicit Feedback & Finalize Plan

- Input from stakeholders at this point is critical to ensure support for & consensus on final plan

STEP 8: Create Action Plan

- Translate high-level strategies & goals into concrete, actionable steps
 - Specific activities & person(s) responsible for execution
 - Costs & funding sources
 - Timelines
 - Performance benchmarks

STEP 9: Announce & Publicize Plan

- Plans can be publicly endorsed & announced by chief executive to ensure maximum visibility
 - Hold press conference where Chief Executive announces plan
 - Leverage print, TV, & radio media to maximize press coverage.
 - Encourage participating stakeholders & organizations to actively promote plan.
 - Enlist support of community leaders & local celebrities to spread the word

STEP 10: Implement Plan

- Final step begins ending chronic homelessness in community
 - Use plan to guide activities, but recognize it is living document to be updated as situations change
 - Regularly track community's progress using identified benchmarks
 - Continue to innovate & stay informed of activities elsewhere
 - Encourage ongoing stakeholder & community involvement
 - Continue to build new partnerships

Keys to Successful 10-Year Plan?

- Disciplined people
- Disciplined thought
- Disciplined action

* Per Philip Mangano, Executive Director, Interagency Council on Homelessness

Table Talk: Action

- Each workshop participant consider what plan actions a grantee might discuss with CoC
- Discuss what steps to take

What Results Can Community Expect?

- Significant savings from reduced use of public services
- Cleaner, safer streets
- Supported housing retention rates of 80% or greater
- More resources to address other homeless subpopulations, including youth & families
- Inspiration & energy from working together to help your neediest neighbors

Implications for SHP Grantees

- Immediately count chronically homeless in the Annual Progress Report
- Change emphasis as possible
 - “Good Samaritan” initiative
 - Special needs populations TA
 - CHDO reallocations to house homeless
 - Proposed “consolidation” of homeless programs

Exercise #1

- Each participant read the case and its question(s) then prepare to discuss your response

Session 2

Housing First & Safe Havens

This Session Covers

- Program characteristics & differences
- Interface of housing & treatment
- Principles of choice, integration & access
- Operational issues

Program Characteristics

- Safe Haven & Housing First programs based on common premise
 - Provide housing to significantly impaired, seriously disenfranchised people
 - Ensure they have “safe, decent, sanitary housing” before treating them with supportive services

Program Characteristics (cont'd)

- Safe Haven

Form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who are on street & unable or unwilling to participate in supportive services

Program Characteristics (cont'd)

- Safe Haven
 - 24 hour residence for eligible persons, unspecified duration
 - Private or semi-private accommodations
 - Small, highly supportive environment – “feel safe” & be subject to few rules
 - Occupancy limited to no more than 25
 - Non-intrusive, low demand environment
 - Permanent or transitional housing

Program Characteristics (cont'd)

- Housing First

Form of permanent housing for persons with significant functional impairments that provides high degree of choice, integration, & community inclusion

Program Characteristics (cont'd)

- Housing First
 - Longer term residence for individuals/families with any disability
 - Apartments or rental houses
 - Independent living environment subject to few rules
 - Services in home
 - Permanent housing

Program Differences

Safe Haven

- Transitional or permanent housing
- Shared/common facility
- No limit on length of stay
- Disabling mental illness
- Services in facility
- Individuals
- Limited to 25 consumers

Housing First

- Permanent housing
- Scattered site, rental housing
- Long-term leases
- Any disabling condition
- Services in home
- Individuals/families
- No limit

Interface of Housing & Treatment

- Housing as basic right for all people
- Intensive “street” outreach & treatment teams
- Respect for homeless person’s self-determination
- Full community integration
- Tool to end chronic homelessness

Why “Housing First”?

- Not all homeless are good candidates for SHP programs
- Nor do SHP programs serve all homeless people well
- Chronically homeless may not be candidates for permanent housing with supportive services

Why “Housing First”? (cont’d)

- Housing problems of people with mental illnesses are more about POVERTY than about mental illness
- People receiving minimum federal payment of SSI can’t afford housing

Why “Housing First”? (cont’d)

State	Fair Market Rent -- 1 BR	SSI Income -- one person
Colorado	\$663	\$579
Montana	\$420	\$579
North Dakota	\$451	\$579
South Dakota	\$431	\$579
Utah	\$569	\$579
Wyoming	\$449	\$579
<u>Source:</u>	“Out of Reach: 2005”	National Low Income Housing Coalition

Principles

- Choice
- Integration
- Access

Principles (cont'd)

- Choice
 - Does not require participation in treatment or sobriety as condition for housing
 - Gives participants wide choice of housing options

Principles (cont'd)

- Integration
 - Diverse populations in housing
- Access
 - Immediate access to housing as engagement tool
 - Access to housing not dependant on traditional predictors of readiness

Principles (cont'd)

- Basis for principles?
 - Olmstead Supreme Court decision of 1999 interpreted ADA to strongly support community integration of people with disabilities
 - ADA prohibits unjustified segregation of qualified individuals through institutionalization

Table Talk: Choice

- Each participant consider effect of consumer's choice not to receive treatment?
- How do you balance need for housing with need for treatment?

Operational Issues

- What does it take to operate either program?
 - Assessment of population underserved by current offerings
 - Management & leadership buy-in
 - Facility or rental assistance
 - Targeting of hard to reach customers
 - Intensive services & supports with risks
 - Staff training & support

Operational Issues (cont'd)

- Staff functions
 - Establish & maintain trust
 - Conduct process to identify needs
 - Help person know what services are available
 - If desired, help person develop plan to transition to permanent housing
 - Do case management

Operational Issues (cont'd)

- Program rules
 - Reward positive behavior
 - Have consequences of violations explained & enforced
 - Relate to living situations
 - Provide opportunity for engagement
 - Establish safety net for residents

Operational Issues (cont'd)

- Self-determination, means affirming rights of consumer to
 - Participate in goal setting, treatment planning, monitoring & discharge planning
 - Voice concerns
 - Share in decisions regarding medications
 - Refuse medications & therapeutic activities
 - Choose health care providers
 - Receive dignity & respect

Operational Issues (cont'd)

- Also regard as tenant
 - Keys to residence
 - Lease
 - Written agreement about behavior, treatment planning, etc.

Operational Issues (cont'd)

- Sex & drugs
 - Most Safe Havens prohibit sexual activity
 - Most accept active substance abusers
 - All Safe Havens prohibit use of illegal drugs on property
 - Most Safe Havens prohibit consumption of alcohol on premises

Operational Issues (cont'd)

- Activities
 - Safe Havens offer
 - Behavioral health services
 - Speakers/experts in areas of interest
 - General interest activities (sports night)
 - Opportunities to participate in program governance
 - Mentoring from program vets
 - Vocational training (usually off-site)
 - Housing First provides
 - Range of services in home
 - Case management approach

Operational Issues (cont'd)

- Crisis management – five basic principles
 - Prevention is key
 - Interventions are always client centered
 - Interventions balance consistency with flexibility
 - Safe Havens are committed to people long term
 - Staff need to be supported in getting outside help when needed

“In from the Cold”, page 48

Table Talk: Crisis Management

- Each participant discuss when threatening behavior may require flexibility in program rules?
- How do you de-escalate threatening behavior?

Exercise #3

- Each participant read the case and its question(s) then prepare to discuss your response

Session 3

Case Management



This Session Covers

- Engagement & outreach
- Individual goal setting & service planning
- Building motivation for change
- Maintaining case records

Case Management – Overview

- Before addressing issues, will provide overview
 - Define term
 - Explain types of management

Definition

- Case management is tool that entails:
 - Assessment
 - Development of individualized treatment plan
 - Provision of crisis intervention services
 - Provision of supportive services

Types of Case Management

- Intensive case management
 - Small caseload (usually 20 people or less)
 - May use team approach
 - 24 hour support
 - Not limited to defined service package
 - Wide range of services

Types of Case Management (cont'd)

- Assertive Community Treatment (ACT)
 - Services provided by interdisciplinary team of professionals, including a psychiatrist, a nurse, case managers, & other specialists
 - Large caseload (60 people)

Types of Case Management (cont'd)

- Strengths-based case management
 - Services provide specific tools (i.e., strengths assessment, personal plan, & group supervision) designed to enhance recovery
 - Applied to serving adults with major mental illness

Types of Case Management (cont'd)

- “Whatever it takes” approach
 - Instead of requiring person to cook, link them to Meals on Wheels
 - Instead of requiring person to keep apartment clean, find housekeeping service
 - Instead of requiring a person to be sober, work to reduce consequences of use of alcohol/drugs

Engagement & Outreach

- Role of case manager
 - Helps consumer achieve their goals through provision of or linkage with variety of services
 - Assists people with special needs to maintain housing
 - Arranges comprehensive & individual services
 - Documents services

Engagement & Outreach (cont'd)

- Process
 - Introduce consumer to relationship, explain our role & try to find common ground
 - Vary approach from consumer to consumer

Engagement & Outreach (cont'd)

- Interactive techniques
 - All consumers must feel worker is interested in them & they have reason to work together
 - With mentally ill, effectiveness better when:
 - Worker develops shared reality
 - Interaction is consistent
 - Worker allows consumer to exercise control
 - Worker communicates role clearly
- Reflective listening
 - Statements aid in finding common ground

Table Talk: Effective Engagement

- Each workshop participant consider what questions you ask & what reflective listening statements you use
- Discuss those methods of effective engagement

Individual Goal Setting/Service Planning

- Why identify objectives when working with consumers?
 - Achieving small steps can be recognized as progress
 - Steps can be celebrated as successes independent of long-term goals
 - Obstacles can assist in rethinking steps toward achieving long-term goals

Goal Setting/Service Planning (cont'd)

- Service Plan
 - Mutual task between consumer & worker
 - Identifies needs or basis of goals/objectives
 - Focuses on positives
 - Requires listening skills
 - Ongoing process throughout consumer's stay in program
 - Succeeds better when goals are SMART

Goal Setting/Service Planning (cont'd)

- Plan goal/objectives are
 - **S**pecific
 - **M**easurable
 - **A**chievable
 - **R**ealistic
 - **T**ime-bound

HUD Goals & Logic Model

- National targets
 - At least 71% of formerly homeless individuals will remain in permanent housing for at least 6 months
 - At least 61% of homeless persons housed in transitional housing will move into permanent housing
 - Employment rate of persons exiting homeless assistance projects will be at least 11 percentage points higher than employment rate of those entering

HUD Goals & Logic Model (cont'd)

- Coordination with logic model outputs
 - Alcohol or drug abuse services
 - Case management
 - Child care
 - Education
 - Employment assistance
 - Health care
 - Housing placement
 - Legal
 - Life skills
 - Mental health services
 - Outreach
 - Transportation

HUD Goals & Logic Model (cont'd)

- Logic model outcomes relate to HUD goals
 - Permanent housing
 - Employment
 - Housing stability

Planning Resources

- Access to mainstream resources
 - Multiple doors (one for mental health, one for family services, one for substance abuse, one for physical health, one for entitlements, etc.)
 - Multiple requirements for documents & information.
- First Step

Building Motivation for Change

- Case managers can lay groundwork through
 - Hope*
 - Self-determination*
 - Taking it easy*

Building Motivation for Change

Hope

Everything we do and say should be infused with the hope & belief that people's lives change, people get better, & recovery is possible!

Building Motivation for Change (cont'd)

Self-determination

People make choices about treatment programs which look like non-compliance.

Using self-determination as a principle of case management means recognizing this fact & using it to create “buy-in” for service plan.

Building Motivation for Change (cont'd)

Taking it easy

People who are surviving on streets and in shelters are just that – survivors! You don't have to meet every need immediately, and they can't or won't work on recovery full time.

Table Talk: Motivation for Change

- Each workshop participant consider how do you motivate consumers who have substance abuse issues?
- Discuss building this motivation for change

Maintaining Case Records

- Why is documentation important?
 - Quick access to salient information in case of crisis
 - Continuity of support services between all staff to allow each to have current record for optimal interventions
 - Official record of progress toward goals/objectives
 - Compliance with guidelines or requirements
 - Audit standards
 - Annual Progress Report
 - Consent forms

Maintaining Case Records (cont'd)

- What's new?
 - HMIS allows communities to take look at how people move through system
 - This permits assessment of how well system is working
 - Number of drop-outs
 - Number of recidivists at entry points
 - Number of successful housing and job placements, etc.
 - Potential exists for referrals system & integrated services

Exercise #3

- Each participant read the case and its question(s) then prepare to discuss your response

Session 4

Alternative Match Sources



This Session Covers

- Match requirements
- Types of grantee match
- Federal & non-federal sources
- Fundraising strategies

Match Requirements

- Grantees must match SHP funds provided for certain activities with amounts of cash from other sources

What Activities Require Match?

- Of eight eligible SHP activities, **six** require cash match:
 - Acquisition
 - Rehab
 - New construction
 - Supportive services
 - Operations
 - HMIS

What Activities? (cont'd)

- No cash match is required for **two** activities
 - Leasing
 - Administration

Proportions?

- What are grant/match proportions for development related activities?
 - Acquisition
 - Rehab
 - New construction
- What are grant/match proportions for other activities?
 - Supportive services
 - Operations
 - HMIS

Proportions?

- What are grant/match proportions for development related activities?
 - Acquisition (50/50)
 - Rehab (50/50)
 - New construction (50/50)
- What are grant/match proportions for other activities?
 - Supportive services (80/20)
 - Operations (75/25)
 - HMIS (80/20)

Types of Grantee Match

- Only cash is match, only cash is match, only cash is match

Types of Grantee Match (cont'd)

- To qualify as match, cash must be spent
 - On eligible SHP funded activity
 - In amount that is allowable *
 - As sum which is allocable to budget *

* Per OMB Management Circulars

Table Talk: Proposing Match

- Each participant consider when a grantee proposes to HUD how it will match grant
- Discuss what is proposed at that time

Proposing Match

- What did you say in technical submission?
 - What are your eligible activities?
 - How did you propose to raise cash match?
 - Did you say you would collect rent?
- Are you doing all of these things?

Proposing Match

- What is outlined in approved budget (supported by commitment letters) and how did you say match would be used?
- Are all matching funds committed and used as promised?

100% Must Equal 100%

- Match must correspond to funds in fund accounting so that 100% = 100%
- Goal is matching “sources and uses” whether HUD or match is source

In Addition to Eligible Use

- Allowable?
 - Reasonable
 - Consistent
 - Determined per generally accepted accounting principles (GAAP)
 - Documented
- Allocable?
 - Can be charged to award
 - Proportionate to benefit or gain
 - Necessary
 - Associated with this grant!

For More Information ...

- Consult manual -- excerpts from expanded version of SHP Desk Guide

Federal & Non-Federal Sources

- Agencies occasionally use cash from general operations
- Too often, answer is more grants which are restrictive
- Most SHP grantees need to select less restrictive funds so that the organization has flexibility

Match Sources

Unrestricted	Restricted	Alternative Sources
Equity (Cash)	Government grants	Mortgages
Donors	Debt	Loans
Fundraisers	Foundations	Corporate donations
Charitable gifts & donations	Rent (if...)	???????

Federal Match Sources

- HOME for certain housing related activities
- CDBG, ESG, & HOPWA for operations & services
- Other federal sources for services
 - HHS*
 - Good Samaritan Initiative*

* New SuperNOFA guidance may restrict these sources

Using HOME

- HUD Notice CPD 03-08 (6/30/03)
 - Explains use of HOME as financing for
 - Transitional housing
 - Permanent housing
 - Encourages relationships with local/state government & ConPlan
 - Notes that HOME minimizes development cost leaving funds to cover other SHP eligible activities

Using HOME (cont'd)

- HOME has three eligible activities which correspond to SHP
 - Acquisition
 - Rehab
 - New construction
 - Same as SHP
 - Same as SHP
 - Same as SHP

Other Federal Match Sources

- For reference, consult manual -- Federal Programs Guide
 - Pages 31 – 33: Community Building
 - Pages 46 – 53: Education
 - Pages 59 – 64: Health
 - Pages 65 – 67: Housing/Homeless
 - Pages 68 – 72: Human & Family Services
 - Pages 89 – 94: Welfare to Work Workforce Development

Rent as Match

- Tenant rent can be used for match if :
 - Properly calculated
 - Properly documented
 - Properly used

Table Talk: Finding Match

- Each participant, consider what tools grantees use to identify non-federal match
- Discuss tools used in local communities

Non-Federal Sources

- Foundations fund supportive services
 - Analysis reveals what, how & where
 - SHP grantees can “follow the money”
 - Example is Schwab Foundation Report (next slide)
- Mortgages & other loans provide debt financing
- Access to alternative sources depends on local or state conditions

Schwab Foundation Report

- Schwab Foundation is national foundation
 - Formed Advisory Group for Ending Homelessness
 - Published report:
“Ending Homelessness: The Philanthropic Role”
- For reference, consult manual

Schwab Report (cont'd)

- Areas analyzed:
 - Building Political Will
 - Community Planning
 - Prevention
 - Expanding Housing
 - Supportive Services

Schwab Report (cont'd)

Political Will	Public Welfare Foundation of DC	\$50,000 operating grant to Chicago Coalition for the Homeless for Jobs and Living Wage Campaign
Community Planning	Fannie Mae Foundation	Launched <i>Knowledgeplex</i> as free interactive resource
Prevention	Horowitz Family Foundation in Kansas City	Grant to Operation Breakthrough for basic needs of children
Expanding Housing	Melvin Charitable Trust of Connecticut	\$6 million in grants and PRI's nation-wide
Supportive Services	Schwab Foundation, California	"Housing First" Campaign

Fund Raising Strategies

- Grantees can select sources on basis of eligible activities by source of match

Fund Raising Strategies (cont'd)

Eligible Activities	Acquisition Rehab New Construction	Supportive Services Only	Operations
Federal or Other Government	HOME ESG Transit. LIHTC State /Local Govt.	CDBG HHS DoL VA State/Local Govt.	CDBG HHS State/local govt.
Non-Government	Foundations Corporations Homebuilders Fundraisers CSH (Equity)	Foundations Corporations Fundraisers United Way	Foundations Corporations Fundraisers United Way Rent

Exercise #4

- Each participant read the case and its question(s) then prepare to discuss your response

Wrap Up

- Cleaning out the bin
- Evaluations
- Climate check
- Who you gonna' call?
 - Another Lead Agency
 - HUD
 - TDA
- Have a safe journey!

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