NC Balance of State Continuum of Care

Permanent Supportive Housing Grantees Meeting

July 12, 2016

10 AM – 3 PM

Today's agenda

- Introductions
- The role of the CoC and the responsibilities of the grantee
- HUD and CoC oversight
- Lunch
- Best Practice Program Design
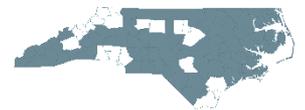- Program and System Performance

Introductions

- Tell us your name, agency, and role

- Let's get a sense of who's in the room

3 goals for today's meeting

- By the end of today, grantees should understand:
  - the role of the CoC
  - HUD and the BoS CoC priorities and how they are connected to one another
  - the tools the CoC will use to measure performance

Role of the CoC and Grantee Responsibilities

The BoS CoC wants to build stronger relationships with its grantees

- Grantees and their programs are the way we end homelessness throughout the Balance of State

- Both the CoC and its grantees have increasing responsibilities that need to be discussed and planned

- The main conduit of information to the Balance of State is through the Steering Committee and Regional Leads
  - Some Regional Leads are grantees and some are not
  - The majority of grantees are not on Steering Committee calls each month

The CoC role is changing

- Traditionally, the CoC:
  - Ran the annual competition
  - Wrote the Exhibit One and gathered the project applications
  - Provided little oversight
  - Concerned with the overall system but mainly focused on working with individual programs

- This all changed with HEARTH regulations passed by Congress in 2009.

CoCs have new responsibilities to ensure programs meet HUD priorities

- CoC responsibilities include:
  - Establish a Governance Charter for the CoC and update annually
  - Develop performance targets, monitor recipients, evaluate outcomes, and take action on poor performers
  - Evaluate outcomes under the Emergency Solutions Grants and CoC grant programs and report to HUD
  - Implement a Coordinated Assessment system across the entire geography of the CoC

CoCs have new responsibilities to ensure programs meet HUD priorities

- Establish and consistently follow Written Standards for ESG- and CoC-funded projects

- Coordinate the implementation of a housing and service system within its geographic area that meets the needs of all homeless individuals and families, taking System Performance Measures into consideration, that includes:

  - Outreach, engagement, and assessment
  - Shelter, housing, and supportive services
  - Prevention strategies

CoC requirements have a direct impact on PSH grantees

- Because we must now evaluate performance, the CoC requires more from grantees:
  - CoC competition scorecard
  - Desk reviews of project documentation
  - Site visits to help improve project design and performance
  - Grantee certification from each agency

The CoC is creating new systems to help with performance improvement

- Written Standards

- Regional Committee Restructuring

- CoC Planning Grant

Written standards for PSH programs will bring clarity.

- Currently revising and creating written standards
  - Guidelines on operating program to end homelessness
  - Creates consistency
  - Protects those seeking assistance and honors choice
 - Provides baseline program standards

PSH Written Standards will give specific guidelines to grantees

- These written standards will address:
  - Personnel
  - Client Intake Process
  - Component Type
  - Case Management
  - Termination
  - Client Files
  - Evaluation and Planning

BoS is restructuring Regional Committees

- As of January 1, 2017, the number of Regional Committees will decrease from 26 to 13.
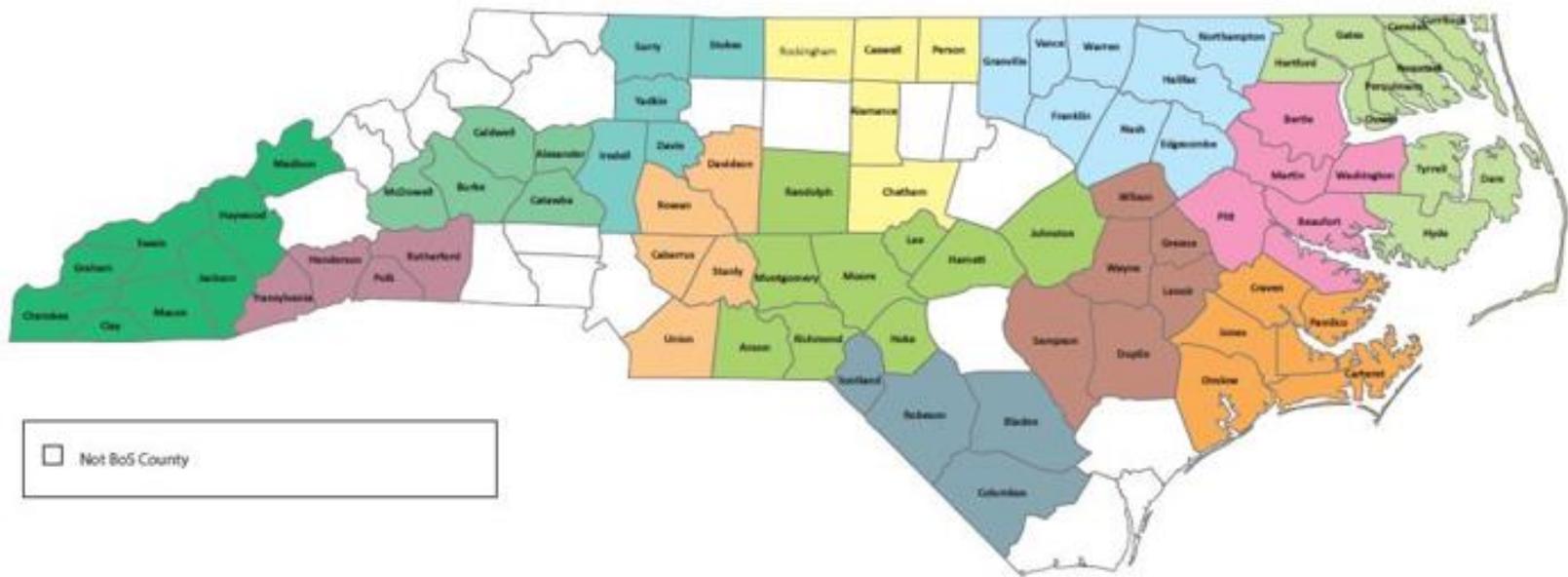
Restructuring will help the BoS CoC meet HUD standards

BoS staff time can be reinvested:

- Move away from administrative tasks to more impactful work to support Regional Committees

- Can focus on issues that affect BoS CoC's competitiveness for funding

BoS accesses planning money from HUD to increase capacity

- NCCEH became the collaborative applicant for the HUD CoC competition in 2015.

- As the collaborative applicant, NCCEH applied for and received a planning grant for the CoC that will allow us to:
  - Provide for more trainings to grantees
  - Increase support CoC and ESG grantees and Regional Committees

Action Steps

- Ensure that all program and grant management staff understand these changes to the CoC role and the BoS CoC

- Develop an internal communication process so all key program staff (ED, program director, case managers, and financial staff) get all information about program administration and operations

- Create/revise program policies and procedures to meet BoS CoC written standards

HUD and CoC Grantee Oversight

Who provides oversight?

HUD

Monitors grantees and sub-grantees

CoC

Provides oversight to grantees and sub-grantees

Grantees/Sub-grantees

Monitor selves

Grantees monitor sub-grantees

Why provide oversight?

- Integral to good grant management

- Ongoing assessment helps to evaluate how grantees are performing over time

- Provides information about the people whom the program serves, which is critical to making improvements to the effectiveness and efficiency of the program

- Identifies any waste, fraud, or abuse by the grantee

People entering the program need to be eligible for the program.

- Making sure the people in your program are actually eligible for your program
  - Per HUD rules (homeless + disability)
  - Per the grant application
- Documenting homeless status
- Documenting disabling conditions
- Documenting chronic homeless status
  - New definition in effect January 15

Grantees need to be collecting, entering and reviewing data.

- Usage of HMIS and consistent review of data quality

- Performing the annual assessments

- Completing the Annual Performance Report within 90 days of the end of the grant operating year
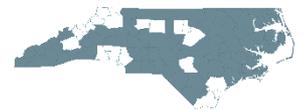
Grantees need to evaluate and address project outcomes.

- Bed utilization rate

- Housing retention

- Housing exits

- Increasing cash and non-cash income

Grantees need to manage funds so they are not recaptured by HUD.

- Spend down of grant funds
  - Grantees should draw funds at least quarterly
  - Grantees should draw, at a minimum, 90% of funds during the operating year
- Extensions of grants past original operating year
- Expenses match application budget items and are eligible
- Document you're receiving 25% match

HUD monitors regulation compliance

HUD monitors grantees to do the following:

- Ensure that programs and technical areas are carried out efficiently, effectively, and in compliance with applicable laws and regulations (e.g. statutes, 24 CFR 578, NOFA)

- Assist grantees with improving their management and technical skills

- Ensure that grantees meet application outputs and outcomes

HUD does not monitor best practices

- Just because your program passes HUD monitoring with flying colors does not mean your program meets the standards of the CoC

CoC must check for regulation compliance and program performance

- HUD requires that the CoC provide oversight for compliance

- HUD also requires that the CoC operate the most effective programs at ending homelessness
  - Housing First
  - Chronic Homelessness Prioritization
  - Outcomes that affect System Performance Standards
  - Coordinated assessment compliance
  - Targeting high-needs populations

Grantees who follow CoC priorities have the best chance for future funds

- CoC funding has become more competitive in recent years and there is the potential of grants not receiving funding

- BoS staff want to help programs evaluate themselves and make the necessary changes to ensure the most effective projects
  - That's why we are here today!

Action Steps

- Set your programs up for success by:
  - Schedule a regular check-in meeting between program staff, grant management, and finance personnel
  - Set standards for client files and paperwork and do regular desk reviews
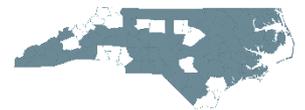 - Set standards for HMIS data and run and evaluate reports

Lunch Time!

Take some time to talk with your peers about their programs. What can you learn from one another?

Best Practice Program Design

Best practices are prioritized by BoS CoC.

- Through the CoC competition process, the BoS emphasizes:

  - SAMHSA's Key Elements of Supportive Housing

  - Housing First

BoS CoC uses PSH Key Elements to define best practice with PSH.

- Evidence-based practice toolkit published by SAMHSA: http://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4510

- BoS CoC added these to the renewal and new CoC competition scorecards 3 years ago

- Included as part of the revised written standards

PSH Key elements address elements of program design.

- Leases or rental agreements do not have any provisions that would not be found in leases held by someone who does not have a disability.

- Participation in services is voluntary and tenants cannot be evicted for rejecting services

- House rules, if any, are similar to those found in housing for people who do not have disabilities and do not restrict visitors or otherwise interfere with a life in the community.

PSH Key elements address elements of program design.

- Housing is not time limited, and the lease is renewable at tenants' and owners' option.

- Tenants have choices in the support services that they receive. They are asked about their choices and can choose from a range of services, and different tenants receive different types of services based on their needs and preferences.

- As needs change over time, tenants can receive more intensive or less intensive support services without losing their homes.

BoS PSH Grantees most frequently missed the Key Elements about services.

Key Element: Participation in services is voluntary and tenants cannot be evicted for rejecting services

- While people in PSH programs need services, accepting services is not a condition of keeping housing.

- Clients who choose when and what services they need will make more substantive change.

BoS PSH Grantees most frequently missed the Key Elements about services.

Key Element: As needs change over time, tenants can receive more intensive or less intensive support services without losing their homes.

- PSH programs should be matching services to the needs of its clients. One size does not fit all.

- In PSH, residential security is the main goal, not recovery.
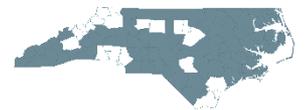
Housing First ends homelessness

- **Housing First** is a national best practice model that quickly and successfully connects individuals and families experiencing homelessness to permanent housing without preconditions such as sobriety, treatment compliance, and service and/or income requirements. Programs offer supportive services to maximize housing stability to prevent returns to homelessness rather than meeting arbitrary benchmarks prior to permanent housing entry.

Evidence shows that Housing First works!

In Housing First programs, program participants:

- Access permanent housing faster
- Are more likely to remain stably housed
- Believe they have more autonomy, choice, and control
- Access supportive services more readily, leading to housing stability

Evidence shows that Housing First works!

PSH clients are more likely to attain the following in Housing First programs than in traditional homeless service models.

- Attend job training programs
- Attend school
- Discontinue substance use
- Have fewer incidences of domestic violence
- Have fewer hospitalizations

Evidence shows that Housing First is also cost effective.

- Housing First programs save communities because PSH clients are less likely to use:
  - Hospitals
  - Jails
  - Detox/substance abuse treatment centers
  - Emergency mental health state-operated hospitals
  - Emergency shelters

Evidence shows that Housing First is also cost effective.

- A national study found that PSH clients saved an average of $31,545 in emergency services over a two-year period.

- Other national studies show that PSH can save approximately $23,000 per client rather than emergency shelter.

NC Housing First efforts prove effective

- Study of Moore Place in Charlotte, NC
  - Moore Place opened in January 2012, moving in 85 chronically homeless individuals
  - Moore Place is a permanent supportive housing program following the Housing First model
  - Two-year study led by Dr. Lori Thomas from the School of Social Work at the College of Health and Human Services at the UNC-Charlotte
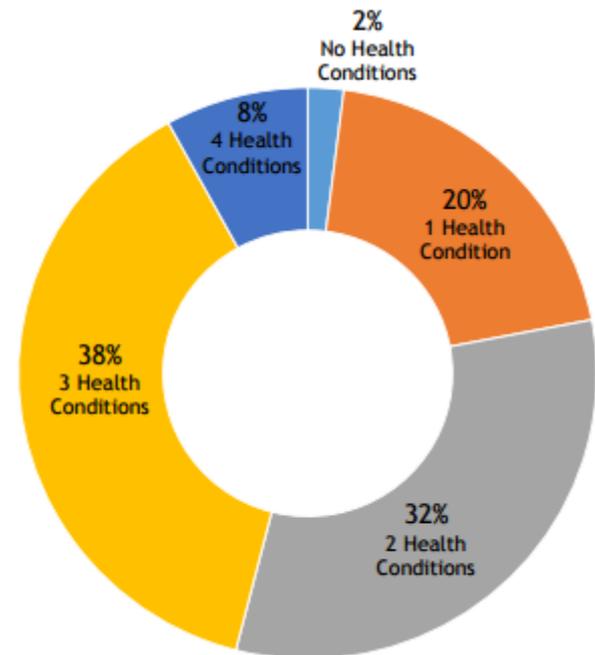
Moore Place study participants

- 73 individuals participated in the study. These individuals:
  - Averaged 7 years of homelessness prior to entering Moore Place
  - Longest term of homelessness was 25 years
  - The youngest participant was 36 years old but over 50% of clients were over age 50

Moore Place study participants

- Almost 79% of clients had 2 or more disabling conditions:
  - Serious mental illness
  - Substance abuse
  - Chronic physical health issue

2%
No Health Conditions

8%
4 Health Conditions

20%
1 Health Condition

38%
3 Health Conditions

32%
2 Health Conditions
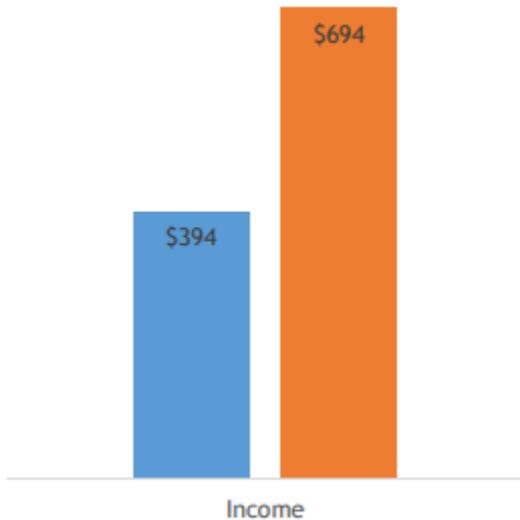
Moore Place improves tenant housing stability

After two years, the study showed improved housing stability for the residents in Moore Place. 81% of participants in the study remained in Moore Place or moved into other permanent housing.

81%
Housing stability rate

Moore Place sees tenant incomes increase

Increase in income from 2012 to 2014

Tenant income increased by 76% by the end of year two in the program from $394 to $694. The majority of the cash income increases were from awards of Supplemental Security Income (SSI).

The number of clients receiving Medicaid increased from 36% to 72% by the end of year two, providing a much-needed connection to health care.

Moore Place tenants decrease use of the hospital for primary care

16.1 3.1   9.4 3.6
ER Visits   Inpatient Hospitalization
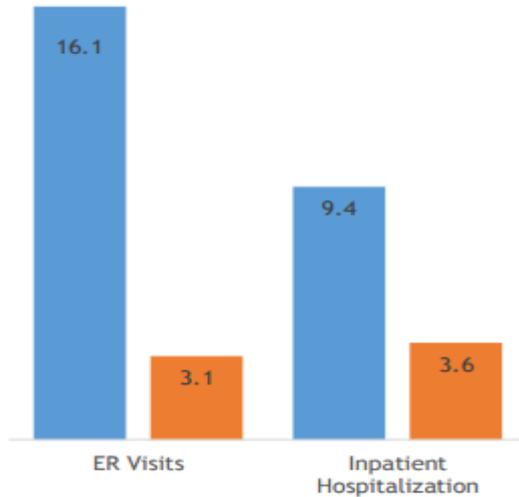
In the two years after moving into Moore Place, tenants visited the ER 648 fewer times (81% reduction) and hospitalized 292 fewer days (62% reduction) than during the two years prior to move in.

The amount billed was $2.4 million less in the two years tenants moved to Moore Place than the two years before (68% reduction). The average bill per tenant decreased from $71,040 to $22,530.

$71,040 $22,530
Bill Amount

Housing First in reality

- Client engagement and intake
  - Need multiple opportunities to engage
    - Build a trusting relationship
    - Ask them what kind of housing they want
  - Intake might not be easy
    - All the information given may not be true
    - Clients might miss multiple appointments
    - Might need to take client to gather documents
    - Set expectations but don't oversell it

Housing First in reality

- Case management
  - Help client to develop a plan of action of how to keep housing
  - Show up consistently, but if client doesn't want to see you, then walk away
  - Just because a client in PSH doesn't want services doesn't mean you can't offer them every week
  - Client gets to choose the services they want
  - Case managers should be meeting with people in their homes

Housing First in reality

- The first 90 days will be the roughest. Staff will likely see:
  - Relapse and extreme intoxication
  - Trouble with neighbors
  - Trouble with landlords
  - Physical and mental health deterioration
  - Difficulty with daily tasks

- How would a Housing First program react to these things?

Housing First in reality

- Eviction and termination
  - The majority of your clients can succeed in permanent housing, but it might not be in their first unit
  - Work to avoid a legal eviction
    - Negotiate with the landlord
    - Ask the client to leave the unit
  - Clients should not necessarily be terminated because they have been evicted
    - Programs should have specific policies about termination of clients

Action Steps

- Read and understand SAMHSA's Key Elements of PSH document. Ask questions!
  - http://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-06-BuildingYourProgram-PSH.pdf

- Review your program policies and identify where they conflict with Housing First

- Begin conversations at your agency to make changes to your program

Program and System Performance

HEARTH requires CoCs to report on System Performance Measures

- 2016: First year for reporting system performance measures.
  - Due August 1st via HDX submission
- Goals for first year:
  - Ensure accurate reports
    - Data quality
    - Generating and testing reports
  - Reviewing & Understanding

- 10 points of 200 NOFA points for submitting
- First time for HUD too! Starting to establish baselines.

System-wide measures not just program-level

- Focus on measuring cumulative and collective impact of programs, not just their individual impact

- Gauge for measuring the goal of ending and preventing homelessness across the country

- Fosters accountability to the community for how the entire system prevents and ends homelessness for community members

BoS CoC will also measure at a Regional Level.

- Sys PM reports will also be broken down to 13 regional committees

- Provides better picture of how regional systems are performing

- Assists in identifying where barriers and gaps are affecting Sys PMs

Homelessness should be:

Rare

- Prevent or divert new episodes of homelessness
- Access resources without a shelter stay

Brief

- Reduce length of time while homeless
- Reduce program length of stays
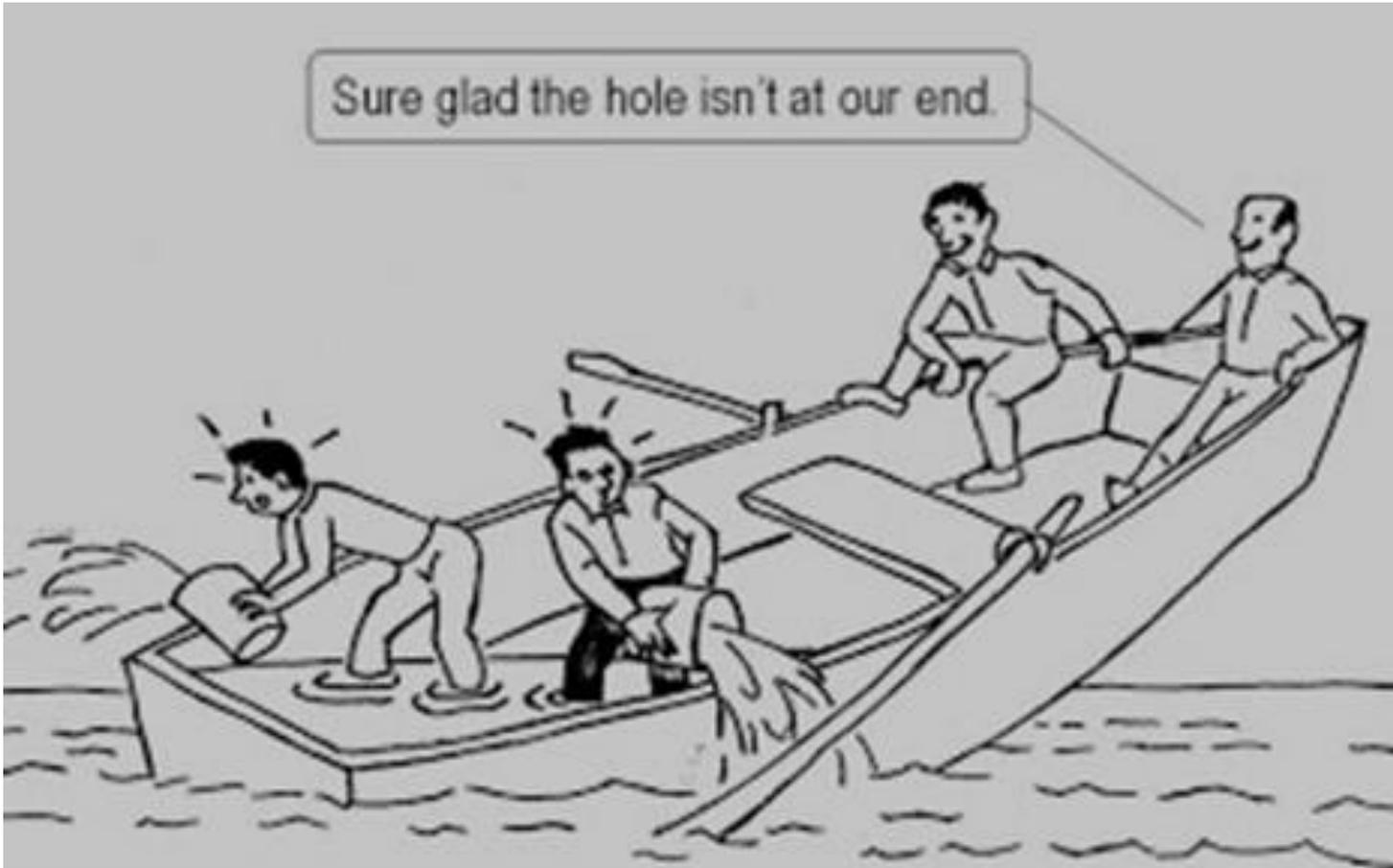- Increase exits to permanent housing

Non-recurring

- Reduce returns to homelessness
- Focus on housing stability
- Create access to resources without another shelter stay

System Performance Measures

- Measure 1: Length of Time Persons Remain Homeless

- Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness

- Measure 3: Number of Homeless Persons

- Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects

- Measure 5: Number of Persons who Become Homeless for the First Time

- Measure 6: Homeless Prevention and Housing Placement of Persons defined by category 3 of HUD's Homeless Definition in CoC Program-funded Projects

- Measure 7: Successful Placement from Street Outreach and Successful Placement in or Retention of Permanent Housing

PSH program outcomes impact Sys PMs.

- PSH grantees measured on exits to PH

- PSH grantees measured on length of time in program for housing retention

- PSH grantees are measured on access to income (employment and benefits)

Annual assessments must be entered in HMIS at the correct time

- Measure 4: Income improvement for CoC-funded projects

- "The annual assessment is to be recorded no more than 30 days before or after the anniversary of the client's Project Entry Date, regardless of the date of the most recent 'update'".

- Increases in income are not included in report unless assessment is completed during the appropriate 30 +/- days from anniversary.

Program policy and design also impacts Sys PMs.

Average Length of Time Homeless

- Prioritization
    - PSH programs need to prioritize based on chronicity, length of time homeless and severe service needs
    - Notice CPD-14-012: http://portal.hud.gov/hudportal/documents/huddoc?id=14-12cpdn.pdf

- Creating appropriate turnover to be able to serve more people
    - Many PSH programs do not exit individuals that are ready for exit
    - What clients are ready? How do you work to exit those individuals and families?

Sys PMs will require the CoC and grantees to further analyze programs.

- Programs need to continually evaluate to see where they can improve
  - Need to regularly pull HMIS data reports to look at these measures on a micro-level

  - NCCEH staff will assist in understanding Sys PMs and your project's performance

Action Steps

- Watch HUD's System Performance Measures videos:
  - https://www.hudexchange.info/training-events/system-performance-measures/
- Clean up your data - if it isn't in HMIS, it didn't happen.
- The HMIS Data Center staff is working on Sys PMs now. Respond to the Data Center, stay in touch, follow the schedule they have emailed to your agency.
- Review your Coordinated Assessment system and make sure your prioritization is working.

Wrap Up

- Keep in touch
  - bos@ncceh.org
  - (919) 755-4393