BACK @ HOME

NORTH CAROLINA

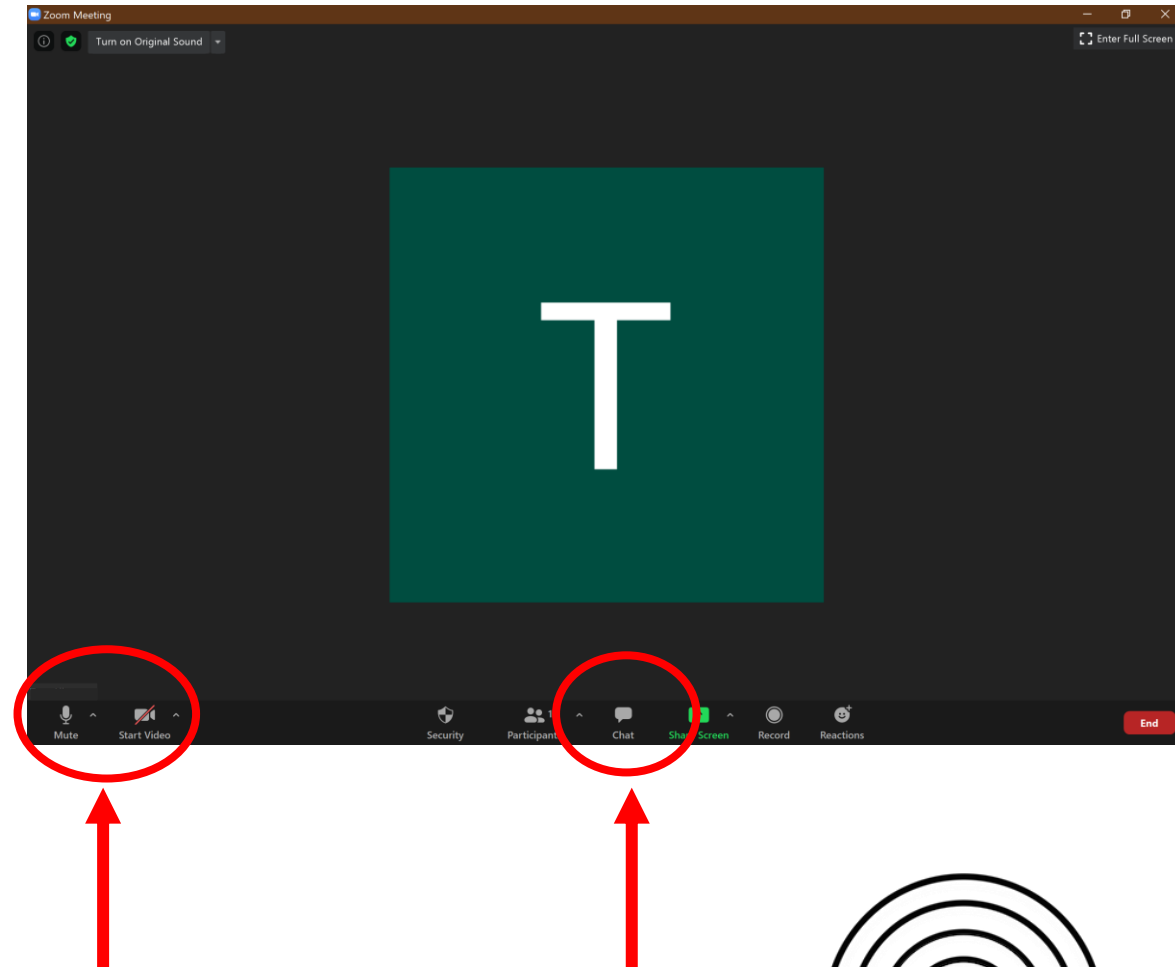# Please be sure to ask questions and use the chat box to participate.

Reminders:

Mute your line while not talking to cut down on noise.

The chat box is available to use anytime.

Please make sure to put the name of your agency in your response so can follow up afterwards if we don't get to your question or suggestion today.

This training will be <u>recorded</u> and posted to Back@Home Resource Portal for future use by current or new Back@Home staff. Turn off video if you do not wish to be recorded.

Welcome!

Back@Home Onboarding Training DAY 1

Emily Carmody, LCSW
Project Director, NCCEH

Tom Albanese, LSW
Consultant

Welcome to the Back@Home team!

We are excited to have you join the Back@Home team to help fellow North Carolinians facing homelessness.

You are an integral part of Back@Home implementation and ongoing feedback.

Our goal is to make sure you have the information you need to be successful and that we have an ongoing feedback loop about what is and isn't working in your Back@Home program.

The goal for Onboarding Training is to provide an overview of key practices and approaches for Back@Home rehousing agency staff.

All new staff should review this training as part of their orientation and initial training.

Onboarding Training provides a high-level overview of:

- ✓ Homeless crisis response systems and the role of targeted homelessness prevention (THP) and rapid rehousing (RRH)

- ✓ Key concepts and best practices central to an effective Back@Home program

- ✓ Core service components of THP and RRH

Back@Home: Field Support

NCCEH will be coordinating field supports:

    Emily Carmody

    Sarah Murray

    Chaney Stokes

    Tom Albanese

Deeper dive trainings on topics to occur throughout Back@Home

Weekly rehousing agency cohort calls

Back@Home-CV Forms and Links

Back@Home Policies and Procedures

PROGRAM POLICIES AND HANDBOOK	ELIGIBLE EXPENSES	NC ESG DESK GUIDE	PROGRAM STANDARDS	COC SPECIFIC REFERRAL INFORMATION
ELIGIBILITY AND PRIORITIZATION	UPDATED COMBINED REHOUSING AGENCY NCCARE360 AND HMIS WORKFLOW	PROGRAM PRACTICE STANDARDS SELF REVIEW TOOL	PROGRAM PRACTICE STANDARDS QUALITY IMPROVEMENT ACTION PLAN TEMPLATE	LAUNCH DASHBOARD

Case Management Documents

Goal of the state's COVID-19 response is to protect highly vulnerable populations and ensure access to healthcare resources.

Homeless crisis response systems are essential in flattening the curve to ensure there are enough ICU beds, ventilators, and other resources to meet the demand.

Targeted Homelessness Prevention and *Rapid Rehousing* help our system flatten the curve:

Allowing people to follow CDC guidelines in housing

Decreasing numbers in congregate shelter setting

Decreasing time spent in congregate shelter setting

Building on a best practice model with Back@Home

Centralizing systems at state level

Supporting with training and creative problem solving

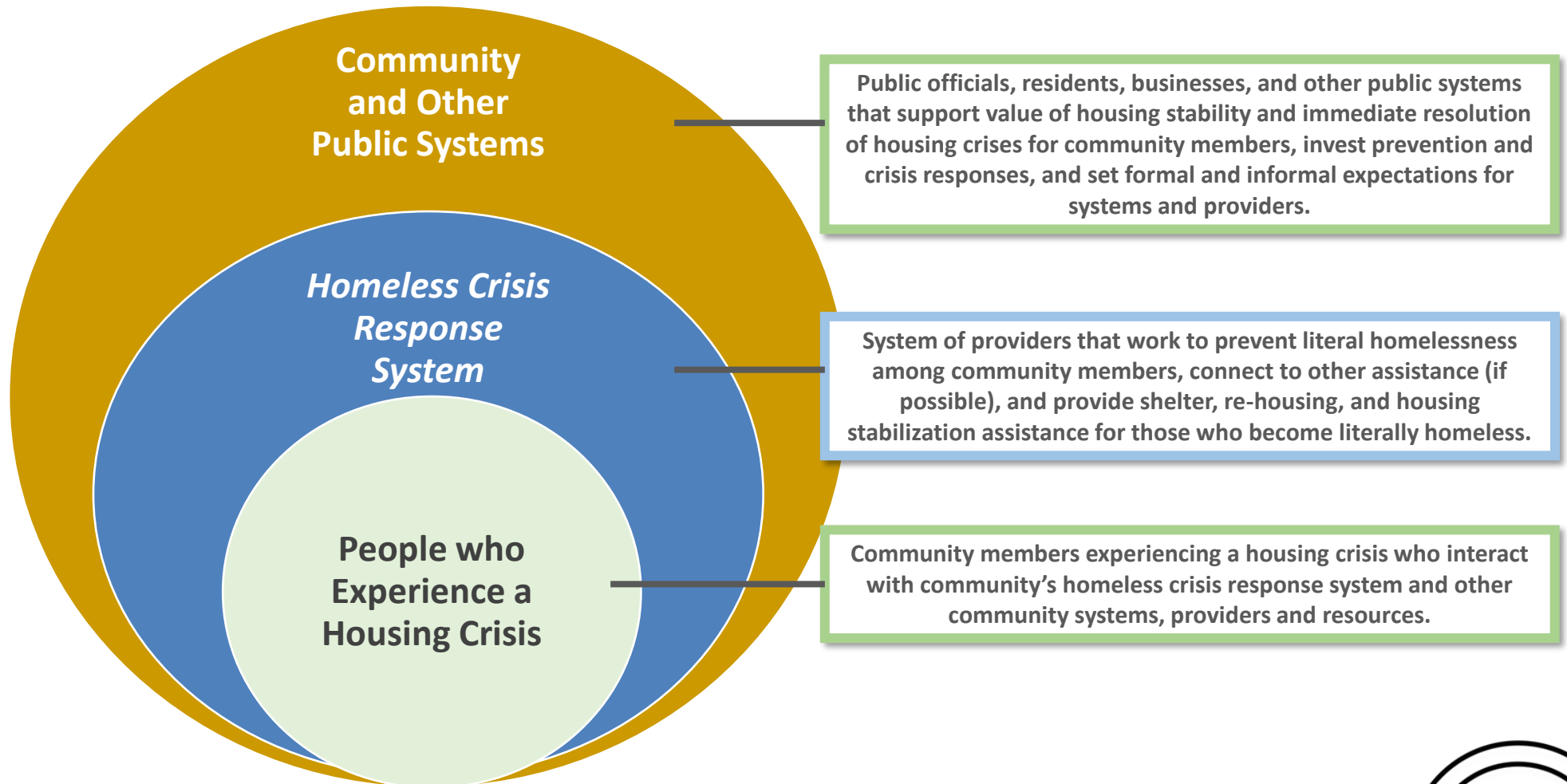Using data and reporting in program decisions

Who's here?

- What's your role?
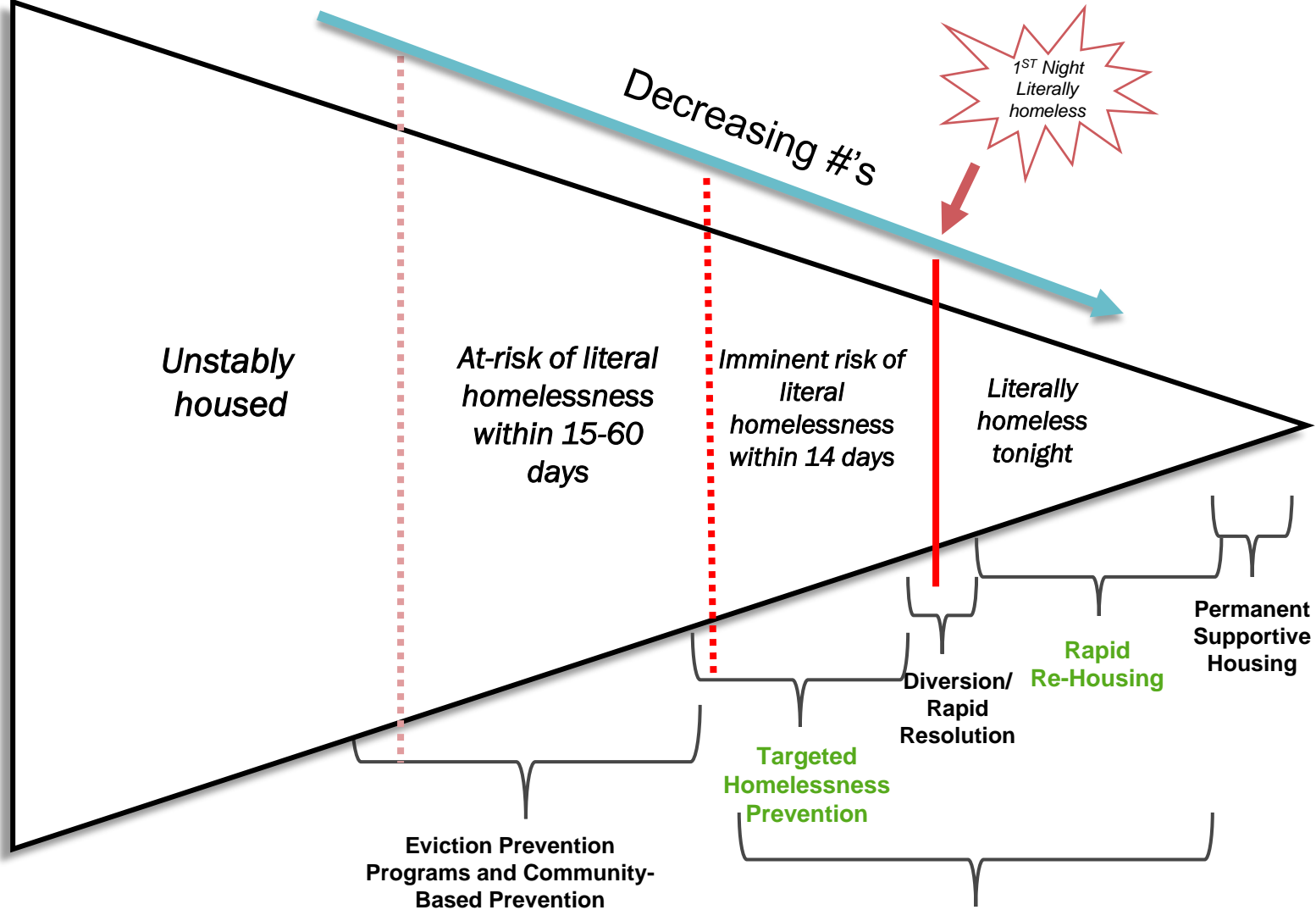- How long have you worked in targeted homelessness prevention and/or rapid rehousing programs?

Homeless Crisis Response Systems: Overview

Social-Ecological Context of Our Work

Community and Other Public Systems

Public officials, residents, businesses, and other public systems that support value of housing stability and immediate resolution of housing crises for community members, invest prevention and crisis responses, and set formal and informal expectations for systems and providers.

Homeless Crisis Response System

System of providers that work to prevent literal homelessness among community members, connect to other assistance (if possible), and provide shelter, re-housing, and housing stabilization assistance for those who become literally homeless.

People who Experience a Housing Crisis

Community members experiencing a housing crisis who interact with community's homeless crisis response system and other community systems, providers and resources.

Housing Crises: Types & Interventions

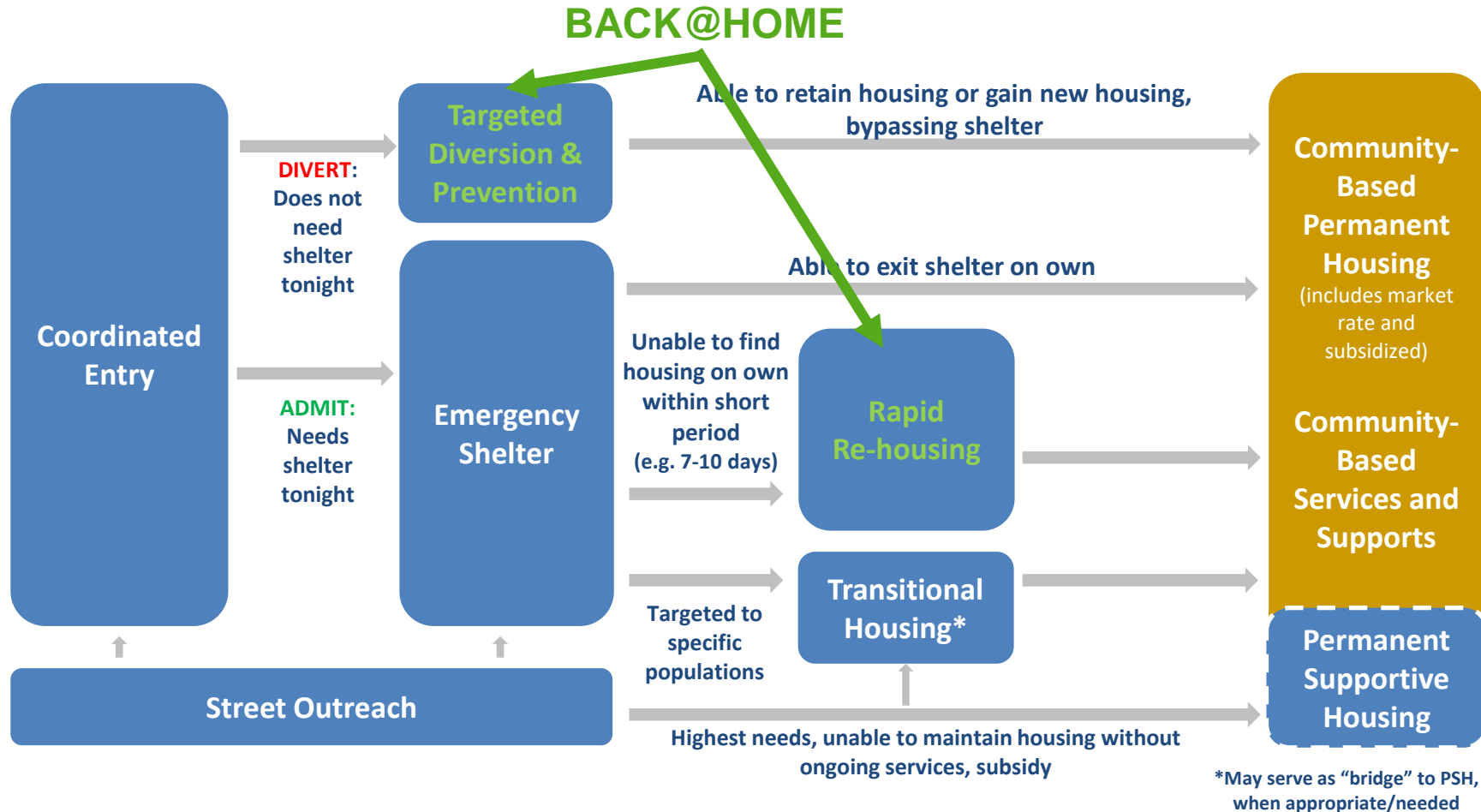# Homeless Crisis Response System: Key Functions
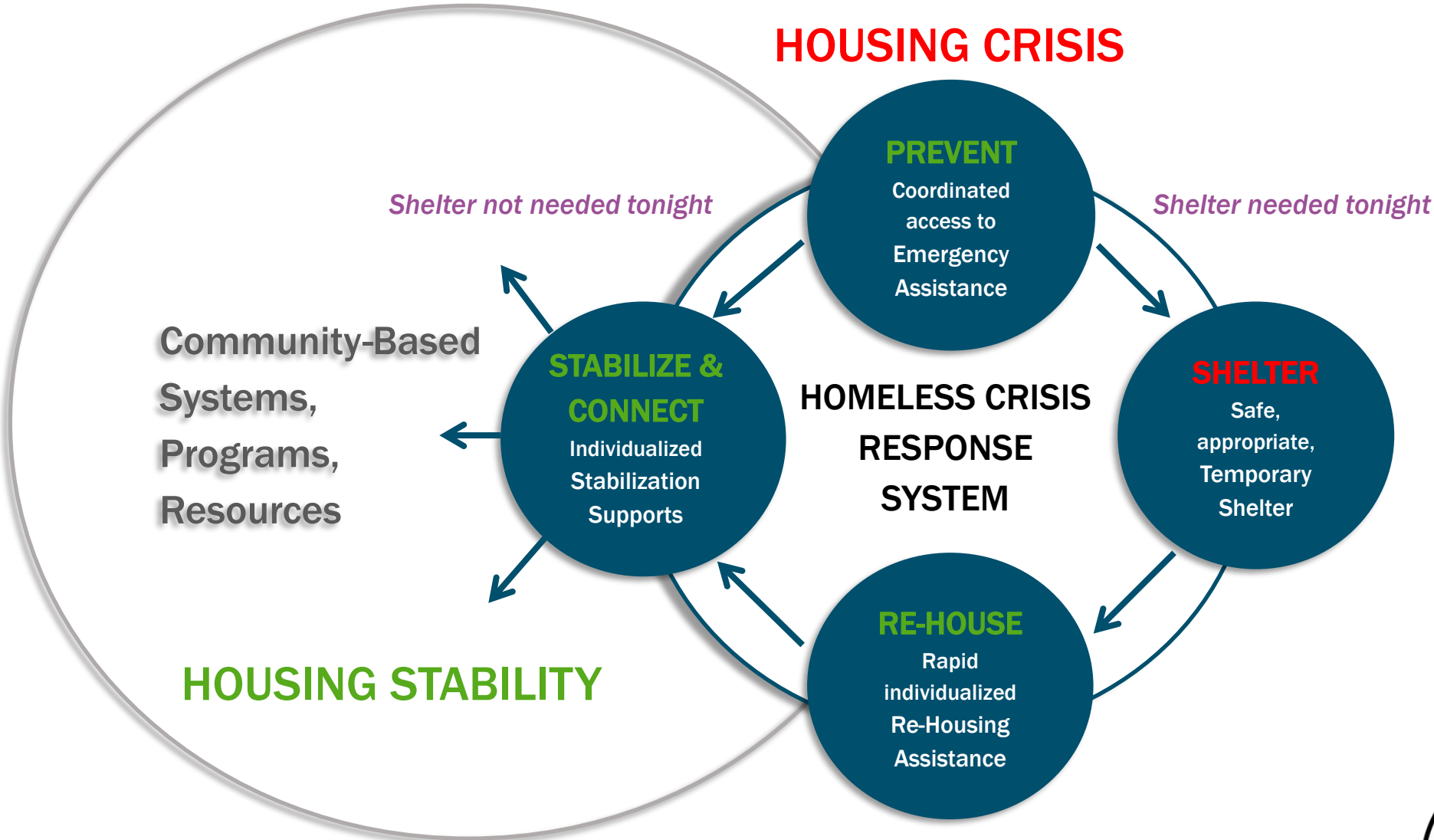
RARE

BRIEF

ONE-TIME ONLY

Homeless Crisis Response System: Components & Client Flow

A well-functioning, right-sized crisis response system has all of the necessary component types, with the right amount of availability.

Optimization: an act, process, or methodology of making something (as a design, system, or decision) as fully perfect, functional, or effective as possible.

-Merriam-Webster Dictionary

Homeless Crisis Response System: Key Principles

🏠	**Homelessness is a crisis**	Crisis resolution = safe, stable housing
📈	**Equity in *access* and *outcomes***	People and data informed Low barrier Prioritization (when needed)
🧠	**Autonomy & Choice**	Authentic engagement and involvement Self-determination and individual rights
➕	**Housing is healthcare**	Key to COVID-19 prevention
👥	**Community integration**	Supported connections during and after housing crises
👤	**Resource stewardship**	Efficient, effective, accountable

Questions?
Reflections?

Targeted Homelessness Prevention & Rapid Rehousing

Core Program Components
Targeted Homelessness Prevention & Rapid Rehousing

Housing Navigation Assistance

ASSISTANCE TO LOCATE A NEW HOME

Rent and Move-In Assistance (Financial)

SHORT-TERM FINANCIAL ASSISTANCE TO MAINTAIN HOUSING OR MOVE IN TO A NEW HOME

Housing Stabilization Services

ASSISTANCE TO STABILIZE IN HOUSING AND INCREASE HOUSING RESILIENCY

Why are **Targeted Homelessness Prevention** & **Rapid Rehousing** priorities for homeless crisis response systems?

Primary drivers of homeless crisis response system...

- ✓ Responsiveness
- ✓ Effectiveness
- ✓ Efficiency
- ✓ Equity

Effective Targeted Homelessness Prevention & Rapid Rehousing…

- Reduces potential for community transmission of coronavirus and risk of severe illness among people with health vulnerabilities (i.e., large % of those at-risk or who experience literal homelessness)

- Reduces the overall number of people experiencing homelessness ("inflow")

- Increases the number of people communities are able to serve- *Reduced inflow and length of shelter stays frees up crisis beds for others in need*

- Helps people exit homelessness quickly to permanent housing and not return to shelter

- Reduces the negative impacts of long-term homelessness

- Connects people to other community assistance to improve overall well-being and increase self-sufficiency

What is Homelessness Prevention?

Homelessness prevention refers to policies, practices, and interventions that reduce the likelihood that someone will experience homelessness. It also means providing those who have been homeless with the necessary resources and supports to stabilize their housing, enhance integration and social inclusion, and ultimately reduce the risk of the recurrence of homelessness.

Stephen Gaetz & Erin Dej. (2017). A New Direction: A Framework for Homelessness Prevention. Toronto: Canadian Observatory on Homelessness Press.

Types of Homelessness Prevention

PRIMARY: Structural-level initiatives that apply to everyone, in order to reduce the risk of homelessness and build protective factors.

SECONDARY: Intervention strategies aimed at those who are at imminent risk of homelessness (i.e. received an eviction notice) as well as those who have recently become homeless, with the aim of avoiding homelessness or moving out of homelessness as quickly as possible.

TERTIARY: Prevention initiatives that support individuals and families who have previously experienced homelessness to ensure that it doesn't happen again.

Stephen Gaetz & Erin Dej. (2017). A New Direction: A Framework for Homelessness Prevention. Toronto: Canadian Observatory on Homelessness Press.

Targeted Homelessness Prevention

"Poor targeting leads to an inefficient strategy and inefficient strategies are rarely effective."

Efficiency: prevention activities that are *well targeted,* delivering effective activities to people who are *very likely to become homeless unless they receive help*

Effectiveness: prevention activities capable of stopping someone from becoming homeless

Martha Burt, et al (2005): Strategies for Preventing Homelessness. U.S. Department of Housing and Urban Development, Office of Policy Development and Research
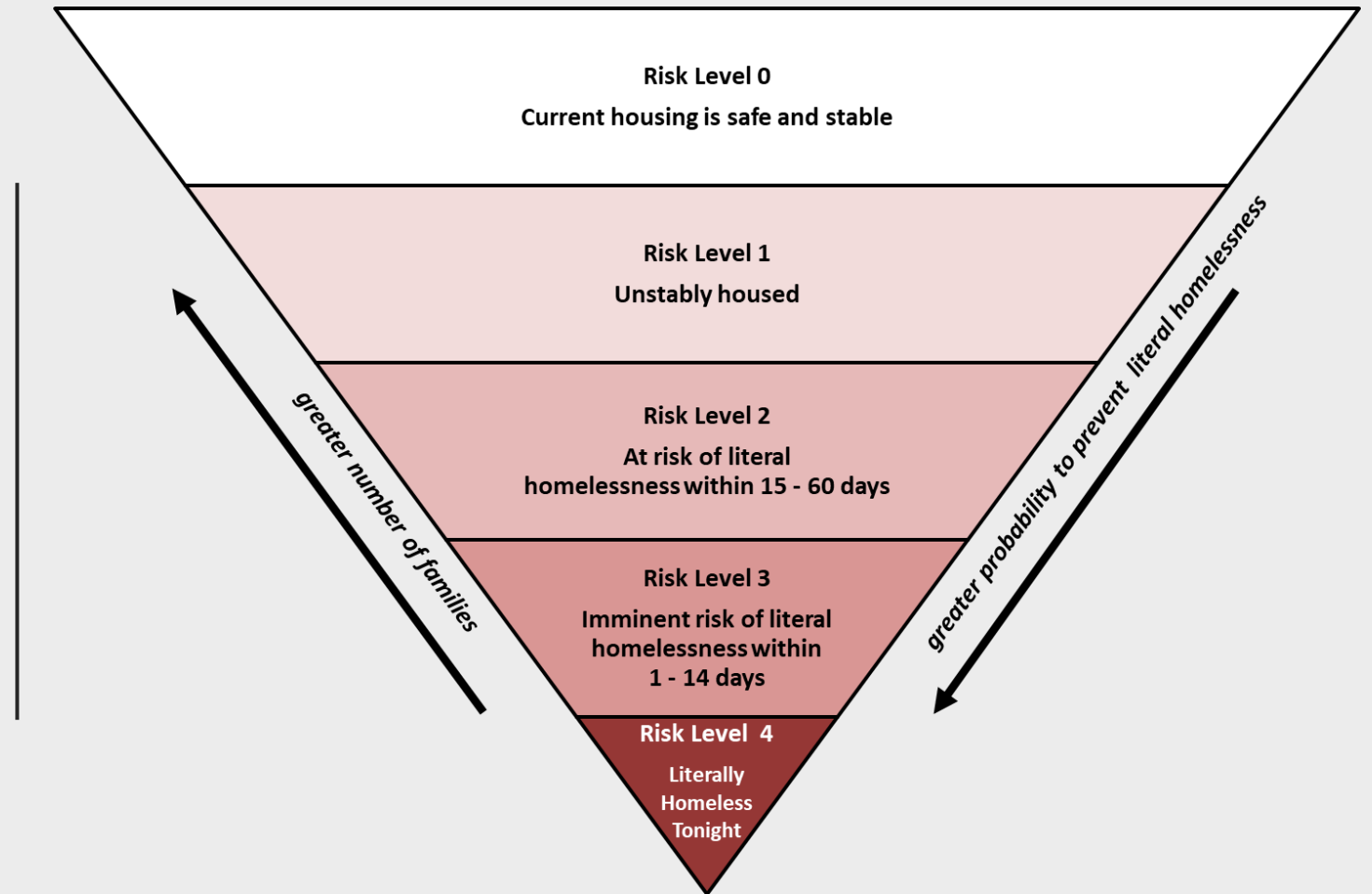
What is *Targeted* Homelessness Prevention?

A form of secondary homelessness prevention that **targets** assistance to households who will become literally homeless within 14 days or less "but for" timely, flexible prevention assistance.

<u>THP helps individuals and families avoid imminent *literal* homelessness</u> by providing timely, flexible assistance to resolve a household's immediate housing crisis and help them stabilize in their current housing or new housing. THP assistance is an integral part of homeless system coordinated entry and diversion efforts.

Typology of Risk for Literal Homelessness: *Example*

Risk Level 0
Current housing is safe and stable

Risk Level 1
Unstably housed

Risk Level 2
At risk of literal homelessness within 15 - 60 days

Risk Level 3
Imminent risk of literal homelessness within 1 - 14 days

Risk Level 4
Literally Homeless Tonight

greater number of families

greater probability to prevent literal homelessness

Targeted Homelessness Prevention *Works*

Columbus/Franklin County THP for families – July 2018 – June 2019:

- 205 families enrolled. All first presented to local homeless hotline and were referred to THP provider upon failure to divert from shelter

- 176 families avoided entering shelter altogether, which **reduced entry to shelter during the report period by 18%**

- Avg length of participation 83 days (median 51)

- 73% in permanent housing at exit (43% in own rental, 31% with family/friends)

  - Among 180 families who exited, 57 needed financial assistance for new or current housing ($1,555 avg/household, $700 min/$3,600 max)

What is Rapid Rehousing?

Rapid re-housing is a solution to homelessness designed to help individuals and families to quickly exit homelessness and return to permanent housing. It 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.

National Alliance to End Homelessness

Rapid Re-Housing (RRH) ends homelessness for families and individuals.

RRH HELPS

FIND HOUSING
Help people quickly find housing within one month or less.

PAY FOR HOUSING
Help people pay for housing short term; longer-term help an option.

STAY IN HOUSING
Help access services so people can stay in housing.

The **Core Components** of Rapid Re-Housing help people **find** housing fast, **pay** for housing, and **stay** in housing.

National Alliance to End Homelessness

ENDHOMELESSNESS.ORG

Rapid Rehousing Targeting

People who become homeless each year…..
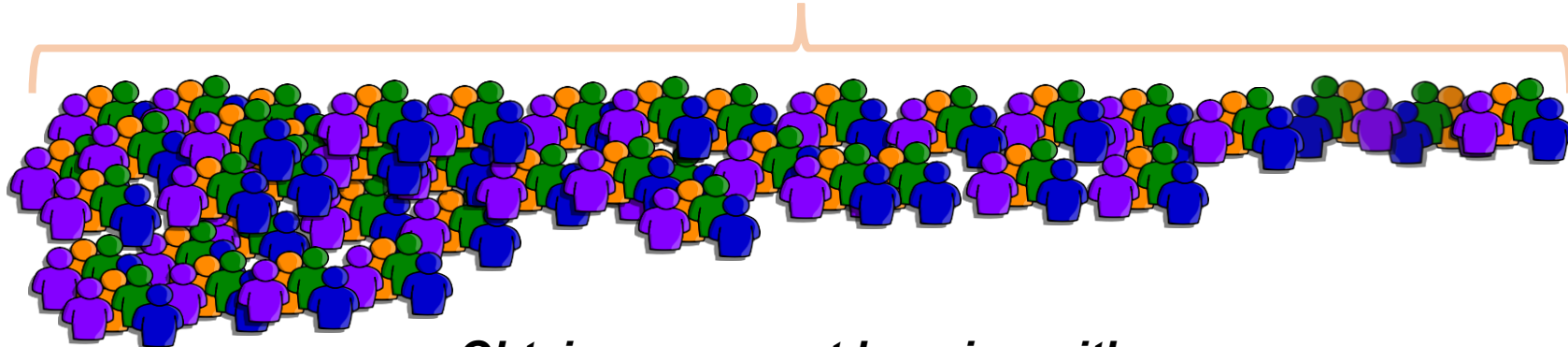
Obtain permanent housing with…

No help/on own

Rapid Re-Housing

Combination

TH, PSH
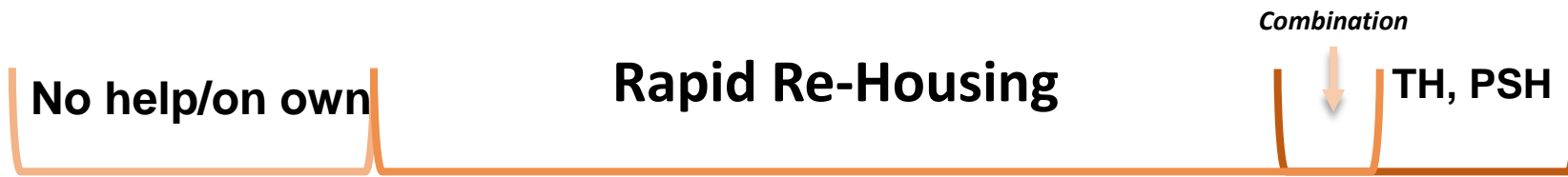
To ensure all exit within _XX days_, per CoC goal

Rapid Re-Housing *Works*

Supportive Services for Veteran Families (SSVF) National Data (SSVF FY2018 Annual Report):

- 502,191 Veterans assisted FY2012-FY2018: 68% RRH, 33% THP (1% both)
  - RRH: 75% exit to permanent housing after participating for average of 117 days
    - 4 out of 5 moved into permanent housing in 90 days or less
  - THP: 88% exit to permanent housing after participating for average 98 days

FY2018:

- 63% reported having 1 or more severe and persistent disabling conditions
  - 59% of Veterans in shelters are disabled
- Estimated 51% of all homeless sheltered Veterans nationwide received SSVF RRH help to exit homelessness
- 49% of all SSVF RRH participants were unsheltered
- 76% earned less than 30% Area Median Income at entry
  - 75% of program participants with zero income at entry achieved permanent housing
  - 78% of program participants with $1-$500 monthly income at entry achieved permanent housing

Columbus/Franklin County RRH – July-December 2019:

- 261 families, 688 single adults served (prioritize high barrier, long-term homelessness)
- Avg length of participation about 101 days
- 76% of families and 57% of single adults exit to permanent housing (single adults is highly targeted)
- Avg monthly household income = $747 for families, $615 for singles
  - 38% of family head of household and 25% of single adults employed at entry

Rapid Re-Housing *Works*

- **Back@Home (Florence)**
  - 84% exited to permanent housing (82% of PH exits were to PH without subsidy)

- State of CT RRH Evaluation
  - 11% Recidivism Rate after 2 years in RRH

- Phoenix- 250 RRH Initiative (includes chronic and long-term stayers)
  - 27% Recidivism Rate after 1-2 years in RRH

- Seattle/King County RRH- Real Time Dashboards
  - Average of 10% Recidivism rate after 1-2 years in RRH

- Los Angeles RRH - 2018 Dashboard
  - 61% families exited to permanent housing

Back@Home: Primary Goals

1

THP: Reduce the number of people who become literally homeless

RRH: Reduce the length of time people experience literal homelessness, when prevention fails

2

Exit households to permanent housing

3

Limit returns to imminent risk and literal homelessness

4

Prevent & mitigate coronavirus transmission

Successful Housing Outcomes for both THP & RRH include...

Shared housing with friends or family

Return to or secure their own housing

Relocate permanently to safe place out of town

Some stay temporarily with family or friends while working to secure longer-term housing.

Remember community & system goals...
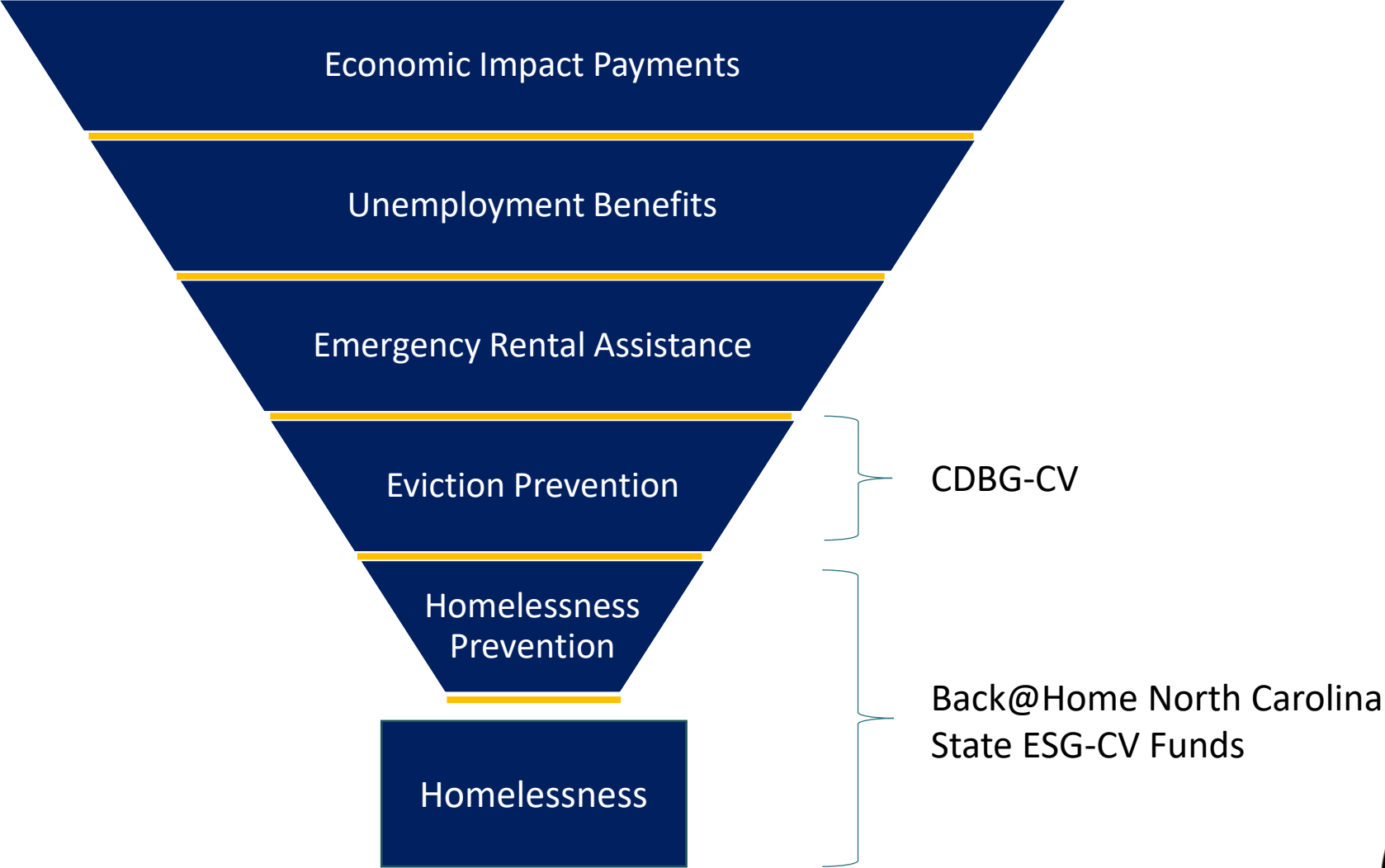
RARE

BRIEF

ONE-TIME ONLY

What Back@Home Doesn't Do...

X   Cure poverty

X   Assure people will have *affordable* housing; i.e. eliminate rent burden

X   Protect people from the impact of the housing market, job market, bad choices or bad judgment

X   Eliminate housing mobility

Where does Back@Home fit relative to other assistance?

Economic Impact Payments

Unemployment Benefits

Emergency Rental Assistance

Eviction Prevention

Homelessness Prevention

Homelessness

CDBG-CV

Back@Home North Carolina
State ESG-CV Funds

Core Program Components
Targeted Homelessness Prevention & Rapid Rehousing

Housing Navigation Assistance

ASSISTANCE TO LOCATE A NEW HOME

Rent and Move-In Assistance (Financial)

SHORT-TERM FINANCIAL ASSISTANCE TO MAINTAIN HOUSING OR MOVE IN TO A NEW HOME

Housing Stabilization Services

ASSISTANCE TO STABILIZE IN HOUSING AND INCREASE HOUSING RESILIENCY

Activity	Eviction Prevention	Back@Home Targeted Homelessness Prevention	Back@Home Rapid Rehousing
Housing Navigation			
Housing Search		✓	✓
Liaison/negation with rental properties		✓	✓
Flexible Financial Assistance			
Rental Assistance	✓	✓	✓
Utility Assistance	✓	✓	✓
Rental + Utility Arrears	✓	✓	✓
Deposits (Rent, Utility, Pet)		✓	✓
Barrier Busters*		✓	✓
Moving Costs		✓	✓
Move-In Fees*		✓	✓
Upfit + Repairs*		✓	✓
Household Goods*		✓	✓
Housing Stabilization Services			
Housing Stabilization Case Management		✓	✓
Legal Services	refer	refer	refer

Back@Home Eligibility

Back@Home-CV Eligibility Requirements	Targeted Homelessness Prevention (Back@Home)	Rapid Rehousing (Back@Home)
Income	<30% AMI **AND**	None (<30% AMI at recertification)
Eligible Living situation(s)	Forced to leave current housing in 14 days **AND one of below living situations**	Emergency shelter/transitional housing **OR**
	In hotel/motel (not paid for by non-profit/government) **OR**	Streets/place not meant for human habitation **OR**
	Living in campsite/trailer **OR**	Fleeing DV **OR**
	Living in the home of another because of economic hardship **OR**	Institution for less than 90 days, literally homeless before institutionalization
	Unaccompanied youth (under 25) who cannot stay with family members with no stable place to live **OR**	
	In housing that is leased **OR**	
	Exiting institution **AND**	
Other Resources/Housing Options	Have no other safe, appropriate residence (whether temporary or permanent) **AND** Not have sufficient resources or support networks immediately available to prevent them from becoming literally homeless	**AND** household does not have sufficient resources or support networks immediately available to exit literal homelessness independently

Questions?
Reflections?

5 Minute Intermission

Now let's talk about *STRESS*

Impact of Stress Overload

Activity: Stress Overload

Think about a time in your life when:

You faced a very difficult situation
It was a very important situation
You didn't feel you had much (or any) control
The problem(s) continued for more than a month

Try to remember how you felt and acted.

Activity: Stress Overload

SIGNS AND SYMPTOMS OF POSSIBLE STRESS OVERLOAD
(Mayo Clinic)

Thoughts and Feelings	Behaviors
- Anger - Irritability - Anxiety - Lack of direction - Apathy - Mood swings - Cynicism (pessimism, doubt) - Nightmares - Defensiveness - Panic - Depression - Feeling of impending danger or doom - Restlessness - Feeling of insecurity - Sadness - Helplessness - Suspiciousness - Hopelessness - Worthlessness	- Angry outbursts - Increased complaining - Avoiding social activities - Increased crying - Being late - Increased smoking - Increased use of alcohol or drugs - Change in religious practices - Change in sleep patterns - Increased use of sick time - Decreased interest in sex - Difficulty concentrating - Neglecting responsibility - Excessive worrying - Nervous twitch or habit - Forgetfulness - Overeating - Impatience - Poor job performance - Increased arguing - Poor personal hygiene - Increase in accidents or injuries - Procrastination - Inability to enjoy activities you used to like

What do these words have in common?

Signs and symptoms of possible stress overload

Among people experiencing homelessness, **these signs and symptoms will generally self-resolve-- partially or completely, slowly or quickly– once they are safely housed**

Stress overload can change your brain.

Acute, Uncontrollable Stress Exposure

Impairs executive functions by overriding signals of the prefrontal cortex.
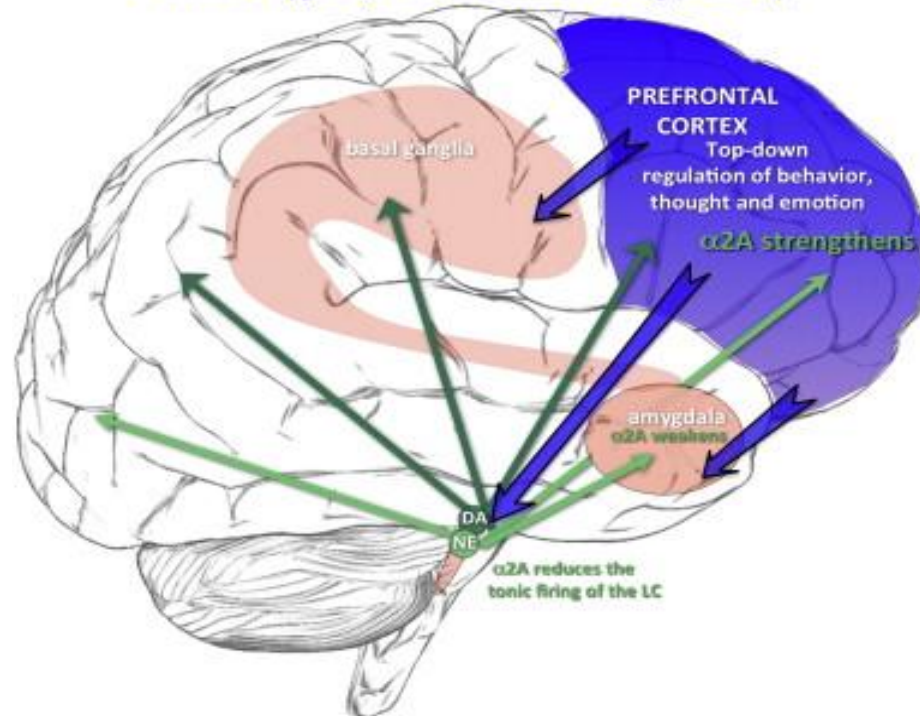
Acute, Sustained Exposure

Changes the architecture of the brain. Seriously weakens prefrontal cortex control and reducing executive functioning.
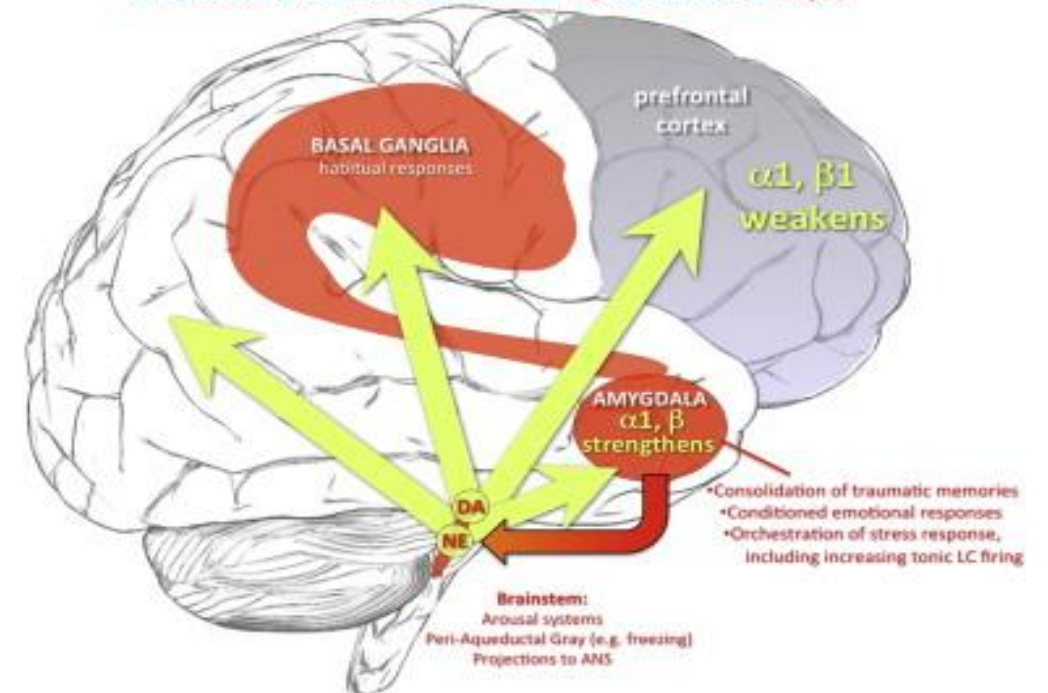
This is Your Brain!

Your Brain, Feeling Good

ALERT, SAFE, INTERESTED
Moderate levels of catecholamine release strengthen dlPFC,
weaken amygdala, and reduce tonic LC firing (NE: α2A)

Your Brain on Stress

STRESS
High levels of catecholamine release weaken dlPFC, strengthen amygdala
and striatum, and increase the tonic firing of the LC (NE: α1, β1)

Arnsten, A., Raskind, M., Taylor, F., Connor, D. (2015). The Effect of Stress Exposure on Prefrontal Cortex: Translating basic research successful treatments for post-traumatic stress disorder. *Neurobiology of Stress* 2015. Jan 1; 1:89-99.

Executive functions help with solving problems.

Executive function includes neurocognitive processes that enable us to:

- Solve novel problems
- Modify behavior in response to new information
- Generate strategies for complex actions
- Follow through with plans
- Over-ride behavioral and emotional responses to engage in goal-directed behavior

Individuals differ in executive functioning.

The person's current episode of homelessness is likely NOT the only factor affecting their executive functioning:

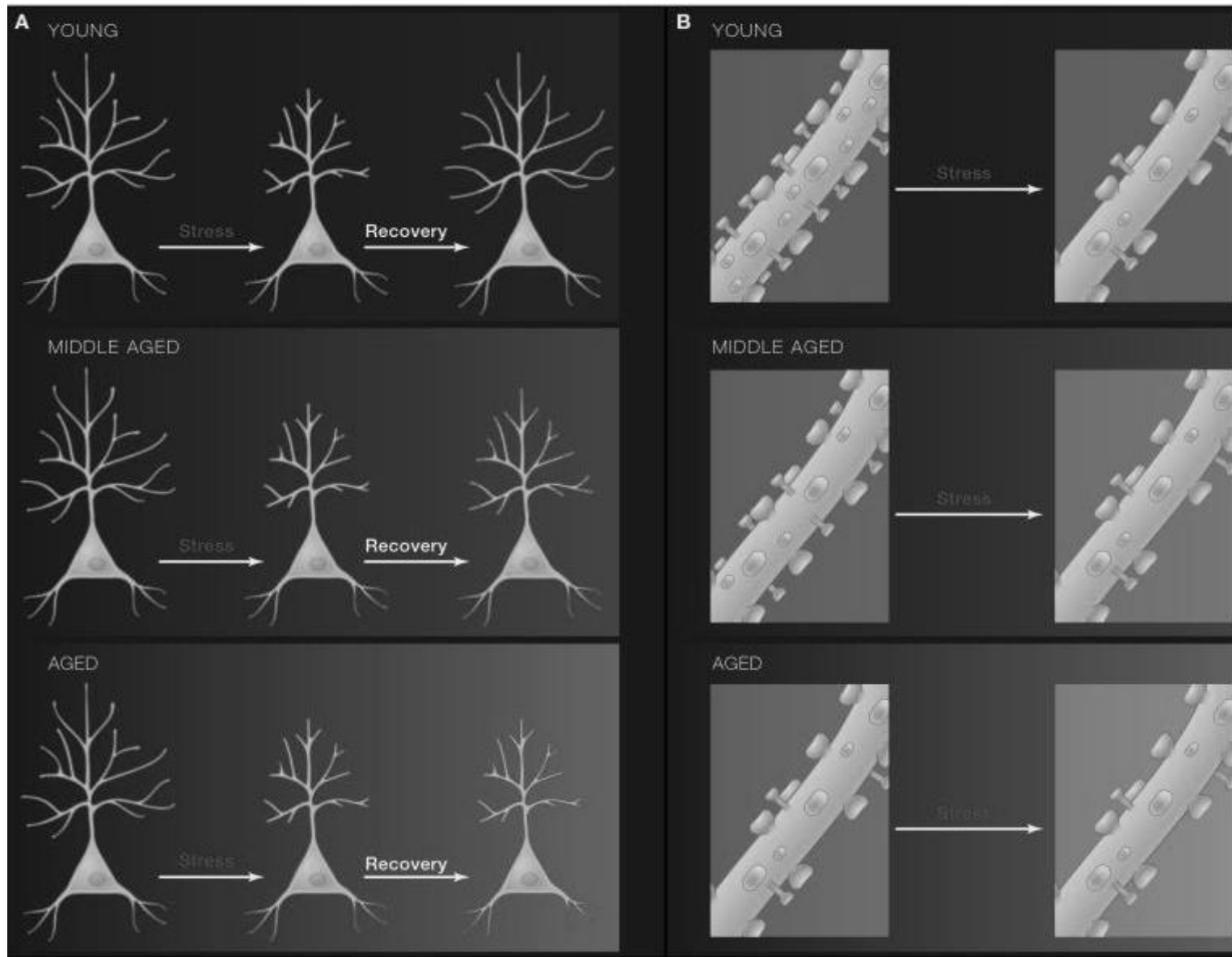| Genetics	Poverty	Parenting Style
Pre-natal Stress of Mother	Abuse and/or neglect	Stressful Life Experiences
Typical Aging Process	Alcohol, Drugs, Mental Illness	Physical Health, Inflammation, Medications

The brain is able to recover from the impact of stress.

McEwen, B., Morrison, J. (2013). Brain on Stress: Vulnerability and plasticity of the prefrontal cortex over the life course. *Neuron.* 2013 July 10: 79 (1): 16-29.

BREAKOUT:
What examples of chronic stress have you witnessed with clients?

We can help minimize the damage of stress.

- ✓ Remove the stressor
- ✓ Avoid additional stresses (relax, recuperate)
- ✓ *Reduce* the perceived *importance* of the situation
- ✓ *Increase* perceived *control* over the situation
- ✓ Prioritize, plan and pace yourself; make lists, take notes
- ✓ Improve diet, exercise, sleep, breathing, relaxation, music, do something that makes you happy; be careful of overuse of alcohol, drugs

Housing First removes the stressor.

Assist persons experiencing homelessness to move into permanent housing as quickly as possible.

Remove preconditions and keep services voluntary to increase control and reduce stress.

Allow for recovery time in housing before extensive planning.

Client choice reduces the impact of stress.

Participant choice is respected and guides re-housing assistance.

While income and program restraints may reduce choices, participants can choose:
- Who they want to live with
- Where they want to live
- The housing unit

Other goals are set by the client as they determine priority.

Activity: List of Insights or Notes to Self

Considering the philosophies and the reality of people's responses to stress, jot down a list of advice to yourself before we meet again tomorrow about :

- Things **you can do** to help people identify and/or recover from the stress of homelessness.

- Things **you should avoid doing**, to prevent or minimize additional stress for people who are showing signs and symptoms of stress overload.

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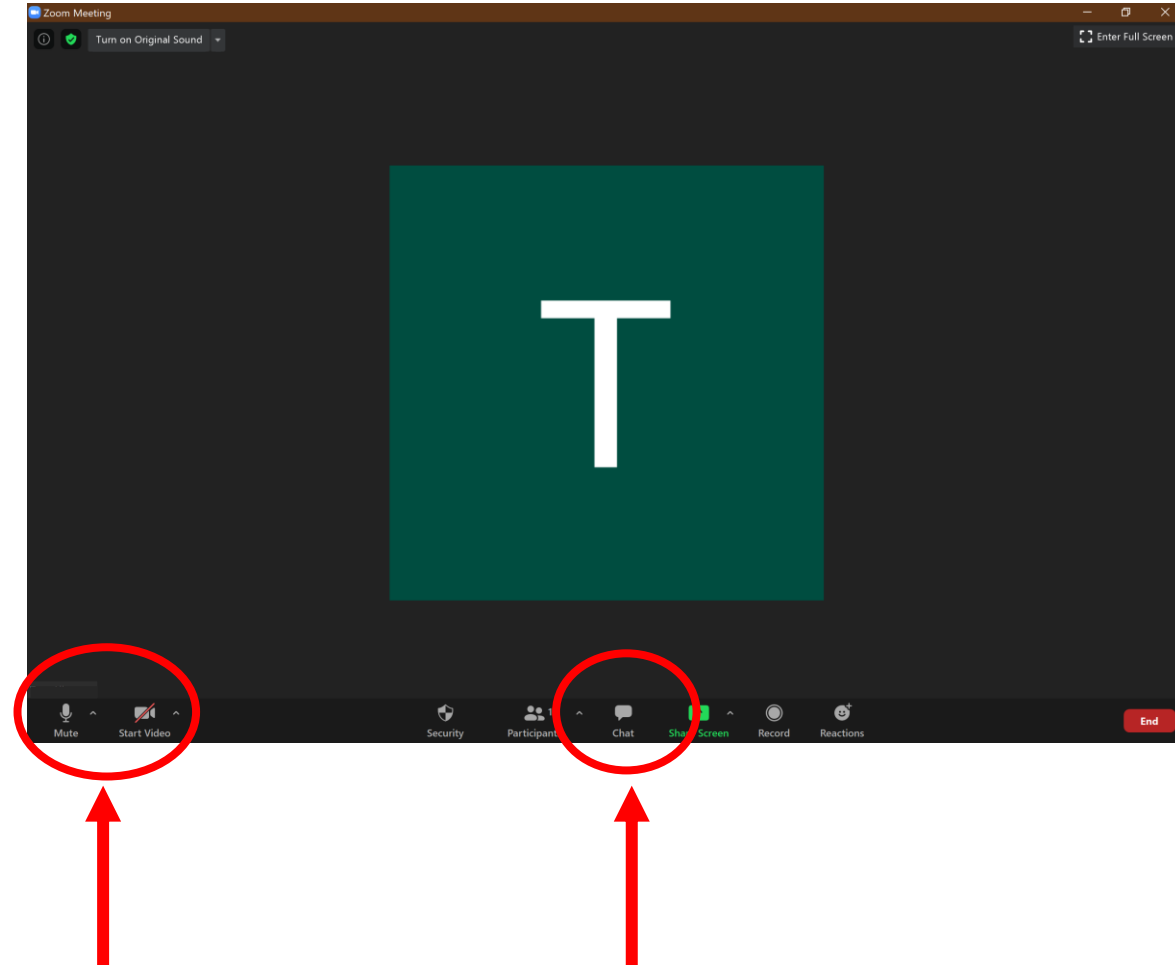
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Welcome Back!

Back@Home
Onboarding Training
DAY 2

Activity from Day 1: List of Insights or Notes to Self

Considering the philosophies and the reality of people's responses to stress, what are:

- Things **you can do** to help people identify and/or recover from the stress of homelessness.

- Things **you should avoid doing**, to prevent or minimize additional stress for people who are showing signs and symptoms of stress overload.

What did you jot down or reflect on?

THP & RRH:
Key Features and Practices

Key Features and Practices

- Crisis Orientation, Trauma-Informed Care, and Authentic Engagement
- Housing First – Housing Focused Services
- Progressive Engagement & Assistance
- System & Community Partnerships

Crisis Orientation & Readiness

Crisis intervention refers to urgent, emergency care that is aimed at assisting persons facing a crisis situation. Crisis intervention assistance seeks to end the crisis situation and restore balance to biological, psychological, and social functioning, while also minimizing the potential for additional psychological trauma to the person in crisis.

People in crisis experience high levels of stress and specific physiological responses to stress that negatively affect their ability to reason and solve problems. While these reactions can be reversed, prolonged crisis and stress may have long term effects.

People in or facing the risk of homelessness are in crisis, and staff assisting them should be ready and able to respond accordingly.

Trauma-Informed Care

Services and supports designed to respond to the prevalent trauma among people who experience homelessness, and the ongoing trauma that people experiencing or at-risk of homelessness face daily.

Trauma-informed care (TIC) provides a framework for organizational and individual service delivery that honors and responds to that trauma.

It's critical to also embed TIC in staff training and support.

Trauma-Informed Care

Assumes that everyone coming through our door (or phone) has experienced trauma

Switches question from "what's wrong with you?" to "what's happened to you?"

Trauma-Informed Care in Practice

- Staff training
- Establishing trust and safety
- Peer support
- Collaboration and mutuality
- Empowerment, voice and choice
- Anti-racist, equity orientation
- Taking care of staff and addressing secondary/vicarious trauma
- *Authentically engaging* clients to promote autonomy

Authentic Engagement: Promoting Autonomy & Choice

Supporting client autonomy requires trust, safety and engagement and recognizes that people have the right to decide whom they will live with and what services they want/need to achieve their goals.

Engagement means establishing a relationship and building upon it.

The Core of Engagement: Relationship

Trust

Safety

Respect

Boundaries

Power

Cultural Humility

Trauma Informed Care & Authentic Engagement in Practice

TRUST
- Gained through genuineness, consistency, dependability, and transparency
- Involves understanding personality characteristics, past experiences, cultural expectations, and the current situation and environment.

SAFETY
- A central component of trust. When people feel safe they are more willing to trust.
- "Does your client feel safe?" "They should, I'm not going to harm them" - common misconception.

RESPECT
- Central to engagement. Respecting the whole person is conveying to the client through words and behaviors the message: I see you. I hear you. And I care.

Trauma Informed Care & Authentic Engagement in Practice

BOUNDARIES

- When a client is being respected, their boundaries are also being respected.
- Offer opportunities for open discussions about boundary issues; include aspects of personal histories, relationships and behaviors clients may not wish to discuss if and until relationships evolve.
- Providers should model appropriate boundary setting around their work.

POWER

- To achieve a strong relationship, providers and agencies should work to remedy the inherent imbalance of power that exists in helping relationships with clients.

CULTURAL HUMILITY

- A relationship characterized by *trust, safety and respect* is built upon **cultural humility.**
- Culture can be defined as the set of beliefs, experiences, and expectations within which an individual exists, and the set of choices that that context provides for the individual.
- Responsibility of individual staff, as well as the organization on a programmatic level.

Trauma Informed Care & Authentic Engagement in Practice

- Explain why you are asking questions or need to complete certain paperwork
- Ask about negative experiences with former providers and what you can do to help them feel safe
- Allow clients to take breaks or complete tasks over multiple sessions
- Display empathy and patience
- Be curious about behaviors you do not understand, assume there is a context you do not understand in which client behaviors make sense
- Respect client self-determination
- Get your own support through supervision
- Pay attention for signs of compassion fatigue and address them

BREAKOUT: *What does "authentic engagement" look like in your work?*

5 Minute Intermission

Housing First

Housing First is a proven approach in which all people experiencing homelessness are believed to be housing ready and are provided with permanent housing immediately and with few to no preconditions, behavioral contingencies, or barriers.

Rehousing agencies will serve households without additional requirements like income and sobriety.

Housing First doesn't mean Housing Only

Housing is the best medicine

"It wasn't until I had just a couple of patients housed," said Gaeta, "that I saw this turnaround in their health. Basically I was seeing that if I could write a prescription for keys to an apartment that that was going to do more to improve the health of the patient sitting in front me than the prescription I can write for anything else."

-Dr. Jessie Gaeta, Boston Health Care for the Homeless Program on CBS News

Housing First: What matters…

Adopting a Housing First approach helps better ensure systems, and programs that serve different functions within systems, are…

- **Person-centered**: address what people need *and* want relative to their housing crisis

- **Mission-driven**: Able to establish practices, processes, and performance measures that support efficient and effective resolution of housing crises
  - Focus on practices/programs that best address and resolve housing crises and move away from unsupported practices

- **Collaborative**: operate collaboratively and interdependently to ensure housing needs of each person are met and system performs as intended *for the community and community members*

Coaching to achieve housing goals.

Housing First in Practice

Designed for and flexible enough to serve anyone not able to exit homelessness on their own

- Programs **don't screen out** households based on a score on an assessment tool or criteria that are assumed, but not shown, to predict successful outcomes, such as a minimum income threshold, employment, absence of a criminal history, evidence of "motivation," etc.

Help clients **quickly identify and resolve barriers to obtaining and maintaining housing**

- **Housing-focused assessment** addresses *tenant screening barriers* and *housing retention barriers*

Housing plans and assistance **immediately stabilize *or* re-house and stabilize –** *regardless* **of income, other barriers or personal issues**

- **Wide array of housing options/partners** to ensure options for people with different barriers, facilitate client choice, shorten time homeless
- When in permanent housing, participants have **all the rights and responsibilities of typical tenants** and should sign a standard lease agreement.

Understanding Housing Barriers

Housing barriers prevent someone from obtaining or keeping housing.

Tenant Screening Barriers

Housing Retention Barriers
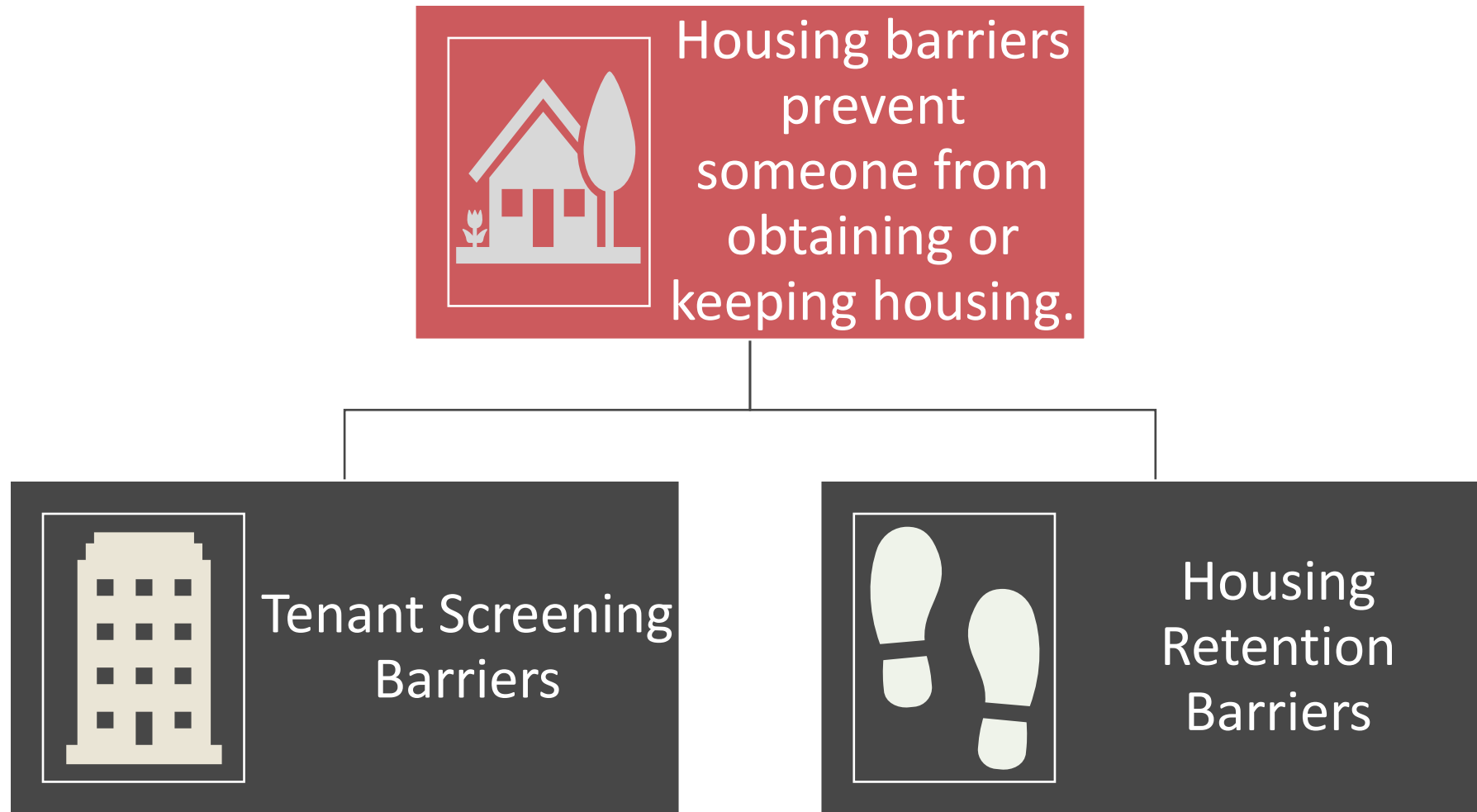
Barriers to Housing at the Household Level

Barriers to GETTING Housing	Barriers to KEEPING Housing

Criminal History
Credit History
Housing History
Financial Resources
	Financial Barriers
	   income & budgeting
	Behavioral Barriers
	   mental health
	   substance use
	   tenancy skills

Progressive Engagement & Assistance

Progressive engagement and assistance is an approach to helping households end their homelessness as rapidly as possible, despite barriers, with minimal financial and support resources. More supports are offered to those households who struggle to stabilize and cannot maintain their housing without assistance.

✓ Avoids false assumptions

✓ Individualized

✓ Efficient – conserves limited resources to assist more people

✓ Effective – reduces how many experience homeless, how quickly people end their homelessness, and how many avoid homelessness again

Back@Home utilizes a *progressive assistance* model

Number of People Served
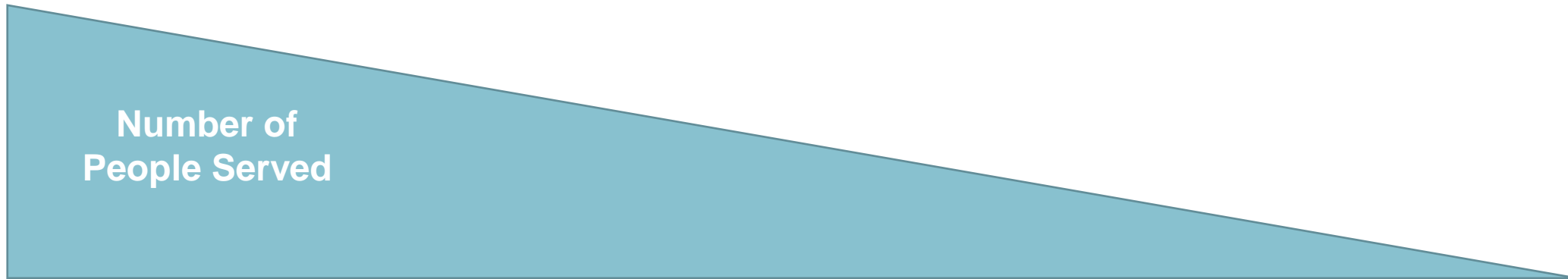
Navigation & Services

Short Term Rental Assistance & Services

Rental Assistance and Service Extensions

Connection to PSH/Ongoing Subsidy

Level of Investment (amount/duration) in Outcome

Housing-Focused Progressive Assistance in Practice

Removal or mitigation of **housing barriers as central focus**
- Other needs assessed if critical and urgent to address

Expect that every household can be successful with **individualized, flexible assistance**
- Start with minimum needed ("*just enough*") <u>and</u> be prepared to offer more or less to achieve stability
- Have plan B and plan C options ready for when Back@Home assistance alone is not enough

Case managers work closely with participating households to **regularly re-assess housing stability and type/amount/duration of help needed** *and* **desired**
- Use *Back@Home Case Review & Closure Checklist – we are bad predictors of stability!*
- Use **case conferencing** for more difficult or complex situations and needs – *we are smarter together!*

Ensure **program policies, procedures, & quality improvement embody and support progressive approach**
- Use active case reports to **monitor indicators and current status** relative to finding, stabilizing in housing

System & Community Partnerships

THP and RRH programs must be fully integrated with other homelessness prevention, homeless crisis response, and community resources and services to ensure coordinated, person-centered services and to effectively meet both the immediate and long-term needs and preferences of those assisted.

System & Community Partnerships in Practice

Establish **broad array of housing and service partnerships** to meet diverse needs, maximize autonomy and choice, and reduce reliance on homeless crisis response system

Invest staff time and program resources to **effectively recruit, retain and manage landlord partners**

Partnerships can range from **informal to formal arrangements** in each of the following areas to maximize client choice, increase access, and coordinate services.

- Community-based prevention resources and providers
- Homeless system coordinated entry, diversion, outreach, shelter, transitional housing, and permanent supportive housing programs
- Housing partners (e.g., private landlords, Housing Authority(ies), federally subsidized properties, etc.)
- Healthcare partners (e.g., Federally Qualified Health Centers/Healthcare for the Homeless, local health systems, behavioral health providers, pre/post-natal services, VA medical centers, etc.)
- Income and employment resources
- Basic needs resources for furniture/household items, food, etc.
- Partnerships to meet the needs of unique subpopulations…

NCCARE360 platform should be used as a tool to facilitate referrals.

Program Readiness

Programs must be able to competently and effectively serve a wide variety of people:

- People with significant chronic and acute health conditions
- Youth
- Domestic violence survivors
- Families with children, single adults

Critical to have…

✓Training, supervision

✓Partnerships

✓And always – ***Authentic Engagement***

BREAKOUT:

Case Scenario
Shondra

Case Scenario:

Shondra is 31 and, with her two children (1 and 3 years old), entered emergency shelter two months ago after Shondra's mom asked them to leave her home following a heated argument. Shondra and her children had been staying with Shondra's mom for the prior 3 months after Shondra lost her job at a local grocery store and was evicted for non-payment of rent. She now has two prior evictions, is unemployed and has only sporadically worked over the past 3 years. She periodically binge drinks, but not daily. Shondra says she is more depressed than ever.

Shondra has a case plan she created with her shelter case worker when she first entered shelter that includes going to counseling and engaging with an employment program as first step toward housing, but she hasn't followed-through on counseling and has struggled to engage in employment assistance due to childcare issues and lack of a car. **She's now been referred to a Back@Home rehousing program and you are her Back@Home case manager.**

Breakout Discussion:

- *What barriers does Shondra face and which are key to her finding a willing landlord and suitable apartment?*
- *What other issues does Shondra face that could be addressed once she secures housing?*
- *What supports do you need to be ready to provide to ensure Shondra succeeds in quickly securing and then stabilizing in housing?*

Putting it all Together: Principles in Practice

Core Program Components
Targeted Homelessness Prevention & Rapid Rehousing

Housing Navigation Assistance

ASSISTANCE TO LOCATE A NEW HOME

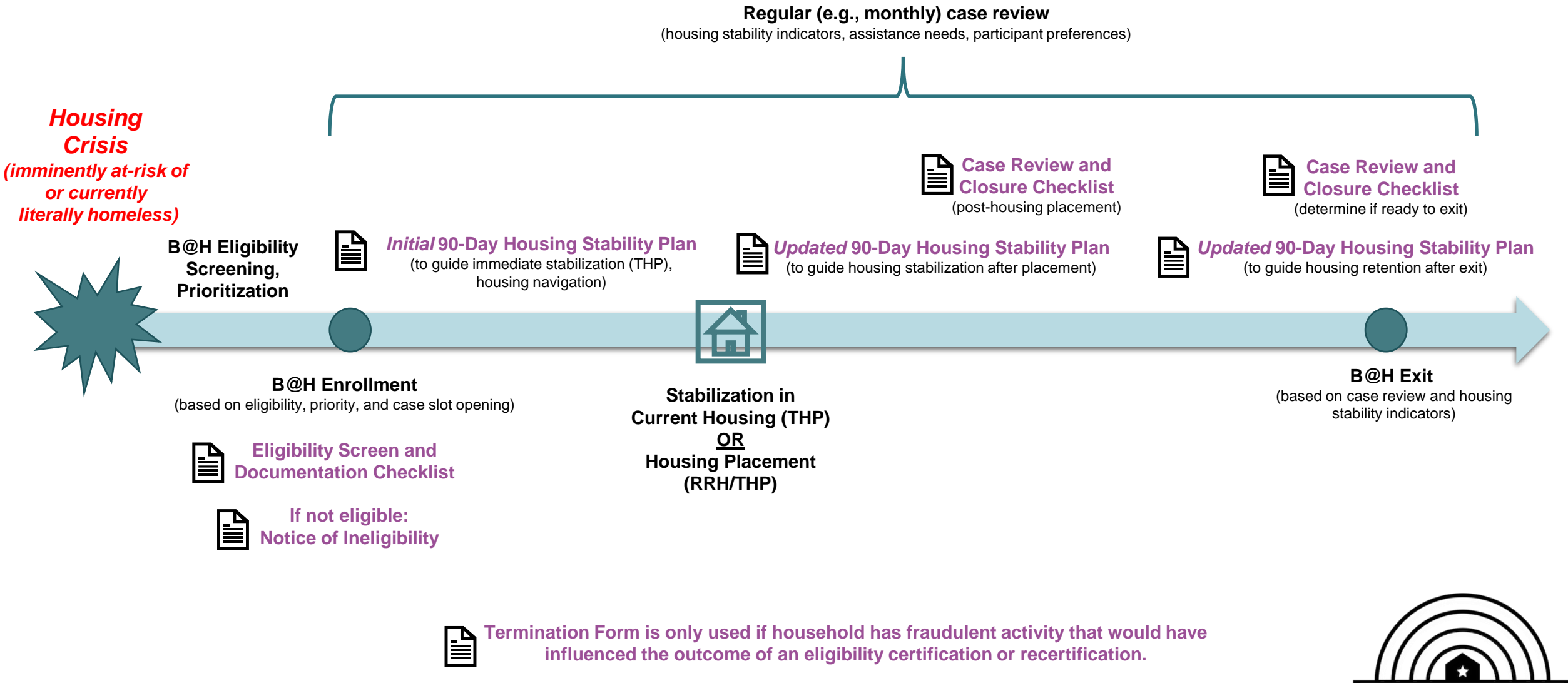**Rent and Move-In Assistance (Financial)**

SHORT-TERM FINANCIAL ASSISTANCE TO MAINTAIN HOUSING OR MOVE IN TO A NEW HOME

Housing Stabilization Services

ASSISTANCE TO STABILIZE IN HOUSING AND INCREASE HOUSING RESILIENCY

Back@Home Process Flow

Regular (e.g., monthly) case review
(housing stability indicators, assistance needs, participant preferences)

Housing Crisis
(imminently at-risk of or currently literally homeless)

Case Review and Closure Checklist
(post-housing placement)

Case Review and Closure Checklist
(determine if ready to exit)

B@H Eligibility Screening, Prioritization

Initial 90-Day Housing Stability Plan
(to guide immediate stabilization (THP), housing navigation)

Updated 90-Day Housing Stability Plan
(to guide housing stabilization after placement)

Updated 90-Day Housing Stability Plan
(to guide housing retention after exit)

B@H Enrollment
(based on eligibility, priority, and case slot opening)

Stabilization in Current Housing (THP)
OR
Housing Placement (RRH/THP)

B@H Exit
(based on case review and housing stability indicators)

Eligibility Screen and Documentation Checklist

If not eligible:
Notice of Ineligibility

Termination Form is only used if household has fraudulent activity that would have influenced the outcome of an eligibility certification or recertification.

Group Reflection:

What key practices do you currently struggle the most with? What solutions have you put in place or are working on?

Wrap Up

Before you go…

What do feel will be your biggest challenge in implementing effective THP and RRH?

❑Challenging housing market

❑Providing progressive, flexible assistance

❑Serving high acuity, high need households

❑Connecting households to services (e.g., job training, mental health)

❑Helping households to increase their income

❑ Other

Deeper Dive Sessions

Scaling Up Housing Partnerships **– September 2020 (Date TBD)**

Other Possible Topics – Identify your top 3!

- ❑ Operationalizing Equity
- ❑ Progressive Engagement and Assistance Strategies
- ❑ RRH/THP for subpopulations
- ❑ Diversion & Housing Problem-Solving
- ❑ Housing-Focused Case Management
- ❑ SOAR
- ❑ Fair Housing
- ❑ RRH and Dynamic System Management
- ❑ Operationalizing Targeted Homelessness Prevention
- ❑ Effective Program Oversight
- ❑ Staff Onboarding, Development and Support
- ❑ Financial Assistance Administration

Onboarding new staff

- Use Back@Home resource portal to access training resources

- Submit contacts for program leadership and case managers to access resource portal and be added to contact lists:
  - Agency Leadership:
    https://app.smartsheet.com/b/form/7c1803ed826141a4b0641a75e3bf3e5c
  - Case Managers:
    https://app.smartsheet.com/b/form/54ad8c848e914826b6e3679c28c3595a

- Back@Home Staff Onboarding Guides

Questions?
Reflections?

Please help us learn by completing a brief training survey

THANK YOU!