

ALLEGHENY COUNTY
STRATEGIC PLAN TO PREVENT
AND END HOMELESSNESS –
BEST PRACTICE
RECOMMENDATIONS

July 2017

HOUSING INNOVATIONS, LLC



Table of Contents

Best Practice Recommendations	2
Coordinated Entry	2
Client Engagement	5
Accessible Emergency Shelter.....	7
Housing-focused Case Management.....	8
Transitional Housing.....	11
Diversion and Prevention.....	12
Coordination with the Educational System	13
Evidence-Based and Promising Practices.....	16

Best Practice Recommendations

Allegheny County has already made considerable progress towards implementing best practices in the delivery of homeless services. This includes adoption of Housing First, implementation of Coordinated Entry, and a recent significant expansion of Rapid Re-housing. The recommendations in this section are intended to build upon an already significant track record of best practice adoption.

Coordinated Entry

Under federal requirements established by *Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program (HEARTH Act)*, communities are required to implement a coordinated entry system.¹ Coordinated entry is designed to ensure that persons experiencing and at-risk of homelessness are matched, as quickly as possible, with the intervention that will most efficiently and effectively prevent or end their homelessness, including emergency accommodations, permanent housing and housing stabilization services. Furthermore, coordinated entry helps to ensure that people who have been homeless the longest and/or are the most vulnerable have priority access to the project model that best suits their needs and that program eligibility and discharge criteria are transparent, widely understood, consistent with the Housing First approach, and do not result in people with the most intensive service needs being screened out.

Allegheny County Link, which is operated by the Allegheny County Department of Human Services (DHS), is the coordinated entry system for persons seeking homeless assistance in Allegheny County. In a very short period, through Allegheny Link, DHS has made tremendous strides in ensuring people who have been homeless the longest and/or are the most vulnerable have priority access to scarce housing resources and that the most vulnerable clients are not inadvertently being screened out due to restrictive admission practices. Furthermore, DHS has demonstrated a willingness and ability to continuously evaluate and refine Allegheny Link to ensure that it is meeting the needs of the community and supporting overall efforts to prevent and end homelessness in Allegheny County. The following recommendations are intended to build upon the already significant progress made by DHS in implementing Coordinated Entry.

- 1. Explore the possibility of adding physical entry points and/or more field workers at Allegheny Link to strengthen ability to prioritize assistance to clients with the most intensive service needs and enable on-site diversion services at shelters.**
- 2. Examine program occupancy patterns, determine if changes to Allegheny Link protocols are necessary to ensure full bed utilization and continue efforts to close any remaining side doors.** Ultimately, access to all beds dedicated to homeless people should be managed through Allegheny Link, and programs should be fully occupied through Allegheny Link referrals. Allegheny Link remains relatively new and, at the early stages of

¹ [24 CFR 578.7(a)(8)]

coordinated entry implementation, it is not uncommon for projects to experience some vacancies and to fill those vacancies through side doors. If referral protocols are working effectively, and programs are not fully occupied, this may indicate a mismatch between inventory and client needs that should be corrected through system right-sizing strategies.

3. **Re-assess current policy of the key homeless prevention program in not providing prevention assistance to those households that cannot demonstrate sufficient resources to continue paying rent after arrearages have been cleared.** There is a strong logic underlying this approach but those denied this assistance may be among those with highest risks of homelessness. Predicting which households at risk will become homeless is extremely challenging. Shinn and Greer determined that a risk assessment model using variables that reflected the factors leading to homelessness in the community can increase the efficiency and effectiveness of homeless prevention services. Instead of basing receipt of prevention assistance based on expected future income, consider using a risk assessment model.
4. **Establish a supported “roommate matching” service for people on the lower end of the priority scoring range for transitional and rapid re-housing and for people who are not prioritized for any homeless designated assistance.** This assists unrelated people who choose to live together for economic and/or social reasons. Because people experiencing homelessness often cannot afford market rate rents, and there are not enough housing subsidies available, sharing housing can help people exit homelessness more quickly and to sustain housing by making it more affordable. Sharing housing would target people who have sufficient income to afford a portion of a unit on the private market, helping to connect them to others with whom they might share housing, and assisting in developing agreements with roommates and landlords. This would be supported by providing housing navigation services to help locate an apartment that can be shared and apply for any mainstream and one-shot assistance and housing subsidies for which participants may be eligible.
5. **Consider options for how to adjust use of Allegheny Link for shelter admissions to ensure only currently literally homeless people are included on Allegheny Link priority lists and that protocols do not inadvertently screen out the most vulnerable clients (e.g., by requiring a daily phone call).** There are many options for this. The county is currently pilot testing a process wherein single adults do not engage with the Allegheny Link call-in but proceed to shelters where they can be assessed for diversion or for referral to permanent supportive housing or rapid rehousing (based on assessed need), and provided a shelter bed, if available. Other strategies for addressing shelter and coordinated entry include:
 - Having Allegheny Link assign a shelter bed that is available to the client until she or he secures permanent housing or otherwise does not show up at shelter. A shelter may offer the bed, for that night only, to someone else if the assigned person does not

show up by a certain time (e.g., 7 p.m.). The person who was temporarily assigned the bed would have to go through Allegheny Link to get a bed assignment the next day. The originally assigned person would be able to get the bed back as long as he or she shows back up at the shelter within a prescribed time (e.g., 3 nights). This would result in most people knowing they have a bed each night making lines at shelter unnecessary.

- To prevent unused beds because of no-shows, consider overbooking. If more assigned people show up than beds are available, options shelters could use might include: making arrangements to accommodate overflow, provide beds to the assigned people on a first-come, first-serve basis, and implement a mechanism to easily communicate with other shelters about bed availability (e.g. via posting to the web). A person who was not able to use their assigned bed could go for the night to another shelter but would return as soon as the bed is available to the assigned shelter.
- If possible given resources available, require that people present in person at the main Allegheny Link or a satellite location to request shelter. This requirement helps to ensure that shelter is only provided to people without other options. Physical entry points should provide diversion services to help people problem solve and avoid sheltering people who have other options. People might be required, for example, to show up at Allegheny Link (or a satellite location) during designated hours. Those locations might be co-located with the largest shelters to help ensure that the system is accessible to the most vulnerable people.
- To ensure shelter access to people that experience an unanticipated crisis, also consider enabling people who need a bed after Allegheny Link is closed, to show up at any shelter and access a bed, if one is available, for the night, or until Allegheny Link is open. Clients would be required to go to Allegheny Link on the next business day to get a bed. To prevent people from circumventing Allegheny Link by repeatedly showing up after hours, consider adopting restrictions, such as limiting after hours bed access to no more than 3 nights in any month.
- Until such time as the County has sufficient shelter capacity to offer everyone who is literally homeless a shelter bed, rather than use a first-come, first-serve shelter wait list, consider prioritizing based on the length of literal homelessness and/or VI-SPDAT score with those who have been homeless the longest and who are the most vulnerable receiving priority access to shelter.

6. Implement a Continuous Quality Improvement strategy for the Coordinated Entry System that includes both quantitative and qualitative evaluation of performance. Such evaluation efforts should happen formally at least annually and through a regular schedule of meetings with key stakeholder groups (e.g., bi-monthly meetings with staff at programs referring clients to and programs receiving referrals from Allegheny Link).

- DHS should make periodic adjustments to *the Coordinated Entry System* as determined necessary. Such adjustments should be made at least annually based on findings from evaluation efforts and as needed based on ongoing input from stakeholder meetings and other sources.

- DHS should ensure that evaluation and adjustment processes are informed by a broad and representative group of stakeholders. For example, conduct surveys and/or focus groups with consumers, management and front-line staff at programs referring clients to and programs receiving referrals from Allegheny Link, and with management and front-line Allegheny Link staff.
- Evaluation efforts should be informed by metrics established annually by the *HAB* in collaboration with DHS. These metrics should include indicators such as:
 - Project occupancy rates (by individual program and program type)
 - Average number of days units remain vacant (by individual program and program type)
 - Average number of minutes callers remain on hold (by caller type: consumers and providers)
 - Percentage of people with 0 sheltered days at 6 months and 12 months following initial Allegheny Link contact
 - Percentage of people placed in permanent housing within 30 days, 60 days and 90 days from initial Allegheny Link contact (overall and by vulnerability cohort)
 - Median number of days from initial Allegheny Link contact to referral (overall, by referral type and by vulnerability cohort).
 - Percentage of referrals that result in a project acceptance (overall and by vulnerability cohort)
 - Among declined referrals, percentage declined by reason (e.g., ineligible, no show, client declined, program declined for reason other than eligibility)
 - Among accepted referrals, median number of days between referral and move-in (overall and by vulnerability cohort)
 - Median VI-SPDAT score for participants admitted to a project by component type and by individual project.
 - Average cost per permanent housing (PH) placement (total number of households that move-into PH/total cost of Allegheny Link)

Low-barrier, Year-round Shelter

Client Engagement

The experience of being homeless can make it difficult to trust staff and engage in a productive case management relationship to secure permanent housing. Common experiences of homeless people include: trauma and victimization; loss of power, role and connection; lack of privacy and sleep; fear; and disabilities that impact interpersonal connections.

Consequently, people experiencing homelessness, particularly those who have spent the most time on the streets and/or in shelters, may have little hope for a future that looks different than their current reality. They may also not believe that case management services will help them. Staff face the challenge of creating ways to build trust and hope. Successful strategies incorporate: repeated, predictable patterns of interaction, and helping people address concrete needs.

The following recommendations are intended to ensure that services are designed to engage all homeless people and prioritize people who have been homeless the longest and/or are the most vulnerable.

1. Expand street outreach to cover the entire geographic area. Ideally, street outreach capacity should be sufficient to:

- Canvass all areas known to be frequented by unsheltered adults and youth daily.
- Canvass new areas suspected to be frequented by unsheltered adults and youth at least twice weekly.
- Canvass new areas where unsheltered people are likely to be found (e.g., libraries and other locations that offer free access to restrooms and protection from the elements, transportation terminals, day labor sites, etc.) at least weekly.
- Establish a predictable schedule for locations where outreach workers can be found.
- Coordinate regularly with other service providers (e.g. shelters, day centers, soup kitchens, health/mental health services, immigration/youth/family/LGBT services, etc.), community resources (e.g., law enforcement, transportation providers, schools, libraries, businesses, faith-based organizations, etc.) and homeless and formerly homeless adults, families and youth to identify unsheltered homeless people.
- Engage populations that may be hard to find (e.g., youth, families, rural populations, people living in abandoned buildings).
- Use an effective system to record client locations, consult with community partners when there is difficulty locating a client, and adjust the canvassing strategy as needed.

2. Implement assertive engagement strategies at shelters to support residents in moving from the shelter. Staff can build relationships through regular, scheduled interactions and by assisting in resolving concrete needs. Staff should listen for cues of concrete needs and address basic needs such as safety, food, clothing, pain relief, and companionship. Staff should be patient and persistent and should not give up on any client despite reluctance to engage in services or behavior that is off-putting. This model is likely to require additional staffing resources in shelters (see Year-round, low-barrier Emergency Shelter and Housing-focused Case Management below).

Accessible Emergency Shelter

Accessible emergency shelter is an essential element of the response to homelessness. Ultimately as reductions in homelessness are achieved, Allegheny County will be able to reduce shelter capacity and shift investments toward permanent housing solution.

Some initial up-front investments in shelter are likely necessary:

- 1. Establish year-round, low-barrier shelter, that is meets the needs of people who have not traditionally used shelters (e.g., people with active Substance Use Disorders (SUD), Lesbian, Gay, Bi-sexual, Transgender, Queer/Questioning (LGBTQ) people, people with pets, couples, and young people).**
 - Explore expanding the use of stabilization beds to provide temporary accommodation for the most vulnerable unsheltered people who remain reluctant to enter traditional shelter. Such beds may be in SRO buildings and or hotels/motels.
 - Seasonal or time-limited shelter stays should be avoided. Churning (i.e. repeated discharge and readmission to shelter) disrupts case management activities that are critical to securing permanent housing. Shelter should be year-round, length of stay should be based upon a target housing date, and clients without other housing options should remain in shelter. Shelter discharge should be limited to threats to the safety of the person seeking shelter or the other people sheltered.
 - Shelter admission screening practices should present as few barriers as possible to promote the safety of vulnerable persons. Blanket exclusionary criteria based on criminal convictions may be inconsistent with Fair Housing². Only admission criteria that are required by funders should be applied as well as additional criteria on a case-by- case basis necessary to ensure the safety of residents and staff.
 - Limit shelter rules to a clear, brief list.³ The list of rules should be short enough that staff and clients can easily memorize it, and limited to behaviors that present

² Office of General Counsel Guidance on Application of Fair Housing Act Standards to the Use of Criminal Records by Providers of Housing and Real Estate-Related Transactions; April 4, 2016.

https://portal.hud.gov/hudportal/documents/huddoc?id=HUD_OGCGuidAppFHASandCR.pdf

³ In 2007 the Missouri Coalition Against Domestic and Sexual Violence (MCADSV) began a statewide project to examine and address the assumption that rules must exist in order to operate a shelter. The project sought to answer the question—“What would happen if there weren’t rules?” and the goal was to find a better way to welcome residents into shelter where they could experience autonomy despite the constraints of a communal living environment. Though intended primarily as a resource for domestic violence shelters, their how-to guide provides relevant resources for other types of shelters, including examples of challenges and successes, suggestions for practical ways to reduce or eliminate rules, a step-by-step approach to start a dialogue about rules within organizations, and a sample resident handbook. The guide is available at:

http://vawnet.org/sites/default/files/materials/files/2016-07/NRCDV_ShelterRules_0.pdf

significant health and safety risks, e.g., weapons possession, violence, drug sales, and other criminal activities.

- 2. Use case conferencing convened by shelter or Bureau of Homeless Services staff to review and determine next steps when a shelter resident refuses to engage in a housing plan or otherwise take steps to resolve his/her homelessness.** The purpose of the case conference would be to discuss interventions used to date, identify and leverage relationships and resources that may be helpful at other programs and resolve barriers to securing permanent housing. Consider requiring such a case conference prior to any decision by the shelter to discharge a client to literal homelessness.
- 3. Explore whether having DHS serve as the administrator for the County Emergency Solutions Grant might increase opportunities to ensure that program is well positioned to implement the changes recommended in this plan and well-integrated into the County's overall approach to preventing and ending homelessness.**

Housing-focused Case Management

People commonly want some basic things from their lives, a safe, affordable place to live, income, friends, romantic relationships, a role in their communities and families, a chance for their children and themselves to get ahead, and services that meet their needs and offer choices. Often, due to negative experiences, including trauma, ruptured relationships, and failed experiences in the social services system, homeless people may not believe that these things are possible or that they can be helped to achieve them. People are more likely to change in the context of a safe, trustworthy relationship in which they can consider their situation and explore possible change steps. The recommendations below are intended to ensure that services provided to people experiencing homelessness are effective in helping them to rapidly secure and sustain permanent housing.

Implementing this practice in shelter will necessitate a change in how many shelters operate and an increase in financial support to provide the necessary supportive services. After ensuring the safety and well-being of residents, the focus of shelter must be to support residents in returning to housing.

- 1. Implement person-centered, housing-focused case management in outreach, shelter projects, and transitional housing projects.**
 - Use a person-centered, low-barrier approach to engaging focusing on strengths, drawing upon successes and using them to guide and build continued progress. (See below for more information about Evidence-based and Promising Practices)

- Help people to recognize their desires and interests, define a vision for what they want out of life and establish hope that those things are possible. Then design services to help the people achieve those things.
- Assist people to increase control over their own lives by developing the relationships, accessing the supports, and building the skills and abilities needed to achieve personal goals.

A housing focused approach to case management services based on a Housing Plan is essential. The housing plan should:

- **Be timed strategically to conserve scarce resources - Staff should, generally, initiate housing-focused case management no sooner than 7 days after entry.** Available HMIS data indicate that 33% of single adults and 16% of families spend one week or less in shelter and 87% of single adults and 56% of families spend less than one month, suggesting that, consistent with national trends, a large portion of homeless people resolve their homelessness without assistance (source: 2015 AHAR). Data also indicate that only 14% of people exiting from all program types return to the homeless system within 2 years. HMIS data should also be used to identify clients with a pattern of cycling in and out of homelessness, for whom housing-focused case management should begin within 2 days of shelter entry.
- **Focus on resolving the most critical barriers as quickly as possible.** Address basic needs of income, identification, and identify barriers that will impede housing placement. Identify temporary (non-shelter) housing where the household can stay while they receive assistance, if necessary, in resolving barriers to long-term stability.
- **Create clear goals and time frames.** The housing plan should establish an individualized target date for achieving the housing goal.
- **Identify needed resources** - for example, first month rent, security deposits and/or roommate matching.
- **Clarify the roles of the client and the case manager** The Housing Plan establishes which tasks will be the responsibility of case manager and of the client. The case manager should aid as needed when clients do not successfully complete tasks independently.
- **Track progress and adjust.** A good Housing Plan is dynamic, and goals should be updated regularly.
- **Include supervisory review.** The case manager's supervisor should review, evaluate and sign-off on each initial Housing Plan and on each 30-day review.
- **Focus on the hardest to place.** Rather than focusing resources on the clients who may be easier to place, the longer a client is sheltered, the more targeted follow up should occur.

- **Include post placement follow up supports** – for example connections to community-based service providers and a minimum standard for follow up contact by the shelter case manager.
2. **Clearly establish housing planning as the primary responsibility for case managers.** Job descriptions for case management staff should clearly define their primary responsibility as securing an alternative housing option, as rapidly as possible, and securing necessary follow up supports for all clients on their caseload to achieve stable, permanent housing. In addition, both job descriptions and ongoing supervision should emphasize case managers' critical role in helping to ensure that the program meets its monthly housing placement targets (see Continuous Quality Improvement recommendations). Case managers' role in facilitating service linkages should be targeted towards those linkages that are most essential to housing stability.
 3. **Align staff and client schedules to enable completion of housing focused case management tasks. Staffing schedules should include case management services during business hours and some evening and weekend hours.** This will enable staff to work individually with people on critical housing focused case management tasks during business hours, accompany clients to important off-site appointments, and plan on-site programming that builds motivation, develops a housing-focused culture, and teaches critical skills.
 4. **As needed, centralize provision of case management services.** At shelters where the program models described above, including assertive engagement and housing-focused case management are not possible to implement due to inadequate direct service and/or supervisory staff or limitations in staff training/expertise, consider centralizing provision of case management services and having a qualified entity deliver those services. To ensure role clarity and eliminate any duplication, case management services that meet applicable program standards (See Continuous Quality Improvement Recommendations) should be provided in each shelter by either the shelter or another entity not both.
 5. **Continue to explore adopting an open HMIS system.** HMIS is a valuable source of information that can inform assessments and housing plans, and help providers to understand clients' history of program successes and failures and where they are already connected within the system. If feasible, adoption of an open system that enables authorized providers, with appropriate client consent, to see data entered by other programs, would support the housing-focused case management recommendations included in this plan.

Transitional Housing

There is growing body of evidence that transitional housing is costlier and does not achieve better outcomes than other types of interventions. One study showed that, compared to rapid re-housing, transitional housing participants spent more time homeless and showed less improvement on measures of adult well-being despite costs that were on average nearly five times higher.⁴ Local data analyzed by DHS indicate that costs per permanent housing exit are nearly 50% higher for transitional housing than rapid re-housing. The Homeless Advisory Board has reallocated all Continuum of Care transitional housing funds to other program models; however, approximately \$3 million in other types of funding, which represents roughly 9% of the overall investment in homelessness assistance programs in the County, remain invested in transitional housing.

1. **Examine the remaining inventory of transitional housing and determine if projects should be re-tooled or funding reallocated.** Options include:
 - Continuation of some level of bridge housing, short stay (90 days or less) housing while the participants identify and secure permanent housing and secure needed documentation for housing
 - Conversion to Rapid Rehousing, Permanent Supportive Housing, or other Permanent Housing
 - Re-tooling transitional housing programs to shorten length of stay only to the amount of time needed to exit to housing, focus services on increases to participant income and housing placement, and target people in a life stage transition (e.g., youth/young adults aged 18-24 or substance users who want recovery housing⁵) and/or those who have more intensive service needs (e.g. people with repeat episodes of homelessness).
 - The Department of Veterans Affairs is in the process of transforming its transitional housing program, the Grant and Per Diem (GPD) program. All existing GPD grants for transitional housing will terminate on September 30, 2017 and grantees must apply for new funding for specified purposes. All GPD transitional beds will be transformed – some to bridge housing, some for medical respite, and some for intensive treatment. There will be some remaining TH but most of the funding will be significantly transformed. Current GPD providers should coordinate their efforts to change services with the goals of the CoC. This transformation provides an opportunity to adjust an area of homeless services that has long remained unchanged.

⁴ HUD Family Options Study: Short-Term Impacts of Housing and Services Interventions for Homeless Families, July 2015

⁵ <https://www.hudexchange.info/resource/4852/recovery-housing-policy-brief/>

2. **Continue to explore technical assistance resources available to support agencies that are converting transitional housing to other program models and/or re-tooling transitional housing approaches.**

Diversion and Prevention

Homelessness prevention programs that intervene early in a housing crisis typically have lower costs. However, research shows that most people who receive prevention services would not have become homeless even without assistance. The later in a housing crisis prevention services are offered, the more those services cost, and it may be too late to avoid literal homelessness. But at the latest stages of a housing crisis, there is increased certainty that without assistance someone will become literally homeless. DHS has begun to examine the County's largest prevention program, which is largely funded through the State Human Services Block Grant, to identify opportunities to strengthen those services. The recommendations below are intended to help ensure that investments in prevention are effective in reducing literal homelessness.

1. **Ensure that prevention resources are strategically targeted to people most at risk of literal homelessness.** To ensure prevention resources are spent strategically and will reduce literal homelessness, programs should target people who have the highest risk of becoming literally homeless.
 - Use data on characteristics of the local sheltered population as criteria for prevention eligibility and targeting
 - Score applicants to determine similarity to sheltered population, for example based on these characteristics⁶:
 - Household benefits and employment income
 - Household size and ages
 - Disabilities
 - Criminal records
 - Evictions
 - Pregnancy
 - Number and length of previous homeless episodes
 - Living situation at time of request
 - Zip code of last address
2. **Continue efforts to examine additional opportunities to use the State Human Services Block Grant to prevent literal homelessness, including among people being discharged from other systems of care (e.g., child welfare, substance abuse treatment).**
Implement a diversion screening protocol at intake in shelters. Diversion services are used to prevent homelessness for people seeking shelter by helping them identify

⁶ Sample tool available at: http://www.endhomelessness.org/page/-/files/3919_file_hennepin_prevention_screening_tool.pdf

immediate alternate housing arrangements and, if necessary, connecting them with services and/or financial assistance to help them return to permanent housing. The main difference between diversion and prevention is the point at which the intervention occurs. Locating services at the front door of the shelter system, helps to ensure that resources are targeted to people who are most likely to become literally homeless. Diversion services are flexible and include: conflict mediation; utility, and/or rental assistance; short-term case management; connection to mainstream services, such as benefits, and health/behavioral health care; and housing search assistance.

Coordination with the Educational System

During the 2014-2015 school year, Allegheny County schools identified approximately 3,000 children and youth who were experiencing homelessness across the 43 school districts. Data indicate that homelessness can have significant and lasting negative impacts on children academically, socially, and emotionally. Homeless students experience greater school mobility, which can cause educational interruptions and is associated with lower school achievement and increased risk of dropping out. Homeless students are at a greater risk of being chronically absent, and chronic absenteeism is associated with lower academic achievement and higher dropout rates. Finally, homeless students face significant gaps in high school graduation rates compared to their peers.

Federal law ensures educational rights and protections for young people experiencing homelessness. Every school district and public charter school is required to designate a homeless liaison who is responsible for ensuring the identification, school enrollment and stability, attendance and opportunities for academic success of students in homeless situations using a child-centered, best interest framework for decision-making. In October 2016, new federal requirements were established through the Every Student Succeeds Act. However, the resources to implement these federal mandates are often unavailable, and collaboration among the multiple systems serving young people is essential to helping students experiencing homelessness to succeed. The recommendations below are intended to support broad awareness of the educational rights of homeless students established by federal law and to strengthen coordination among systems.

1. Establish a policy that clearly defines the responsibilities of the Allegheny County CoC, Allegheny Link, DHS and projects funded by DHS, the CoC and/or ESG in coordinating with their local school district(s), charter school(s), and the Allegheny County Intermediate Unit, including:

- Helping to identify children and young adults who are eligible for educational services. If a child or young adult does not have a fixed, regular, and adequate place to sleep at night, he or she is eligible. This includes those living in places not meant for human habitation,

emergency shelters, transitional housing, motels/hotels, campgrounds, in doubled-up situations, or in housing that lacks utilities, is infested or has other dangerous conditions.

- Ensuring that the local homeless liaisons are aware of Allegheny Link processes for connecting homeless families and young adults to housing resources and helping to resolve any issues that might arise in linking eligible households to those resources.
- Ensuring that when placing families in emergency, transitional or permanent housing, consideration is given to the educational needs of children, including placing children as close as possible to schools of origin and early childhood education programs and helping parents to assess the educational opportunities available in a community as part of housing navigation/location services.
- Consulting with the Allegheny County Intermediate Unit when making program siting decisions and considering the educational needs of children when making those decisions.
- Ensuring that all families with children and young adults served by projects funded by DHS, the CoC, or ESG are informed about their educational rights and their eligibility for educational services at intake and as necessary thereafter.
- When barriers to exercising these educational rights are encountered, working with the school district and/or Intermediate Unit to problem solve and, when feasible and necessary, providing transportation and other resources to help ensure that homeless students are enrolled in and attending school and participating fully in school activities.
- Advocating on behalf of homeless students as necessary to ensure that they receive the services for which they are eligible and comparable to those provided to other students.
- Developing relationships with colleges to access higher education services specifically for homeless young adults.
- Designating a staff person at each project funded by DHS, the CoC and/or ESG that serves children and young adults 18-24 who is responsible for:
 - Helping participants to understand their educational rights
 - Ensuring that children and young adults are enrolled in school and early childhood education
 - Ensuring that students get access to all services, programs, and extracurricular activities for which they are eligible
 - Ensuring that children and young adults receive the transportation services to which they are entitled.
- Ensuring that the designated staff person is involved in the development of participants' service plans where there are extensive or significant unmet educational needs.
- Ensuring that no policies, procedures, or practices that are inconsistent or interfere with the educational rights established under federal law are adopted.
- Incorporating efforts to monitor compliance with these standards into DHS and CoC

monitoring and auditing protocols.

- Collaborating with the Allegheny County Intermediate Unit to provide and requiring that direct service staff and supervisors, including housing navigators/locators at projects funded by DHS, the CoC and/or ESG participate in training at least annually on the educational rights of students experiencing homelessness and resources available in Allegheny County to help these students succeed.
- Attending relevant meetings and planning events held by the local school district and Intermediate Unit.

2. Continuing to explore opportunities to regionalize transportation services for homeless students and utilize GPS technology to improve route efficiency and more effectively deliver required transportation services.

Rapid Re-Housing

Rapid re-housing is a homeless assistance intervention designed to help families and individuals to quickly return to housing. It has proven effective in increasing a community's ability to decrease homelessness and the amount of time people spend homeless. It has three core components: housing identification, rent and move-in assistance, and rapid re-housing case management and services. In recent years, the federal government has made significant investments in rapid re-housing (RRH) through the Homeless Prevention and Rapid Re-Housing (HPRP), Continuum of Care (CoC), Emergency Solutions Grant (ESG), and Supportive Services for Veteran Families (SSVF) programs. As evidence mounts that RRH is a valuable and cost effective strategy to end homelessness, Allegheny County has made significant shifts of CoC investments from other models into RRH.

As a result, Allegheny County is aggressively ramping up new Rapid Re-housing projects. To ensure these projects are using best practices and leveraging the existing knowledge base built by programs operating around the country about what works, Allegheny County might consider adopting standards for Rapid Re-housing projects. To help rapid re-housing providers to design rapid re-housing programs that are or are likely to be the most successful in ending homelessness, the National Alliance to End Homelessness (NAEH) has developed "Rapid Re-housing Performance Benchmarks and Standards."⁷ The standards are based on what is currently considered promising practice by the NAEH, the U.S. Department of Veteran Affairs (VA), the U.S. Department of Housing and Urban Development (HUD), U.S. Interagency Council on Homelessness (USICH), federal technical assistance providers, and nationally recognized, high-performing rapid re-housing providers. NAEH developed a separate "Performance Evaluation

⁷<http://www.endhomelessness.org/library/entry/rapid-re-housing-performance-benchmarks-and-program-standards>

and Improvement Toolkit” providing details on how to use the benchmarks to evaluate and improve the efficacy of Rapid Re-housing projects. The toolkit can be used understand how effectively individual projects are operating on their own and/or in comparison to others.⁸

Evidence-Based and Promising Practices

Increasingly, competition for resources is becoming more rigorous and communities are being asked to demonstrate that investments in homelessness assistance are resulting in system performance improvements. Communities must ensure that they are investing in programs that achieve results. Evidence-based practices, or EBPs, are replicable models that have been proven through research to achieve positive client outcomes. Promising practices are those that have a solid track record of success but on which there has not yet been sufficient research to meet the evidence-based standard. The community should explore the models described below.

1. Integrate practices described below at programs serving homeless people.

Each of the described practices would require implementation planning by program managers and training for line staff and supervisors. In addition, ongoing supports to help support fidelity to the evidence-based model are necessary.

Critical Time Intervention (CTI) assists homeless persons with severe mental illness, debilitating conditions, and diminished social and economic opportunities in their transition from the streets, homeless shelters, hospitals, the criminal justice system or other institutional settings into the community. CTI is designed to prevent recurrent homelessness and other adverse outcomes. The intervention lasts roughly 9 months following institutional discharge and involves two components: (1) strengthening the individual's long-term ties to services, family, and friends; and (2) providing emotional and practical support during the transition. The intervention is delivered in three main phases: (1) transition to the community, which focuses on providing intensive support and assessing the resources that exist for the transition of care to community providers; (2) tryout, which involves testing and adjusting the systems of support that were developed in the first phase; and (3) transfer of care, which completes the transfer of care to community resources that will provide long-term support. CTI would be best used post housing placement as a follow up to shelter based housing-focused case management services.

Housing First is an evidence-based practice initially developed to serve people who are both homeless and have severe mental illness. It maintains that even people with multiple, ongoing difficulties can successfully sustain housing and achieve their goals. The model provides permanent housing first and then provides services, as needed and

⁸ <http://www.endhomelessness.org/page/-/files/06-02-16%20RRH%20Eval%20and%20Imp%20Toolkit.pdf>

requested. It approaches housing as an essential first step rather than a reward for recovery and has been demonstrated to lead to significant improvements for individuals who are chronically homeless, including higher retention in housing^{9,10} and improved physical and mental health and reduced substance use.^{11,12} While Housing First is a specific, evidence-based model of permanent supportive housing, the concept is also used more broadly to describe policies across the continuum of homeless services that remove barriers to housing entry and retention.

Harm Reduction originally referred to policies and interventions aimed primarily at reducing the negative consequences of drug use and is now applied to a variety of risky behaviors. It is built on respect for the rights and dignity of people who engage in risky behavior and incorporates a range of strategies that meet people “where they are” using a practical, problem-solving approach to mitigate harmful consequences. Harm reduction includes a spectrum of strategies from safer use to abstinence and has been applied to medication non-compliance, behaviors associated with psychiatric symptoms, and non-payment of rent. Harm reduction strategies are a key element of the Housing First model.

Motivational Interviewing: Motivational Interviewing (MI) is a clinical technique that helps people to identify their problems, resolve ambivalence and build motivation regarding change. The MI counseling style generally includes the following elements: establishing rapport with the client and listening reflectively; asking open-ended questions to explore the client's own motivations for change; affirming the client's change-related statements and efforts; eliciting recognition of the gap between current behavior and desired life goals, asking permission before providing information or advice; responding to resistance without direct confrontation; encouraging the client's self-efficacy for change; and developing an action plan to which the client is willing to commit.

Interactive Journaling is a goal-directed, client-centered model that aims to reduce substance use and substance-related behaviors by guiding participants through a process

⁹ Tsemberis, S. (1999). From streets to homes: An innovative approach to supported housing for homeless adults with psychiatric disabilities. *J Community Psychol*, 27, 225–241. doi: 10.1002/(SICI)1520-6629(199903)27:2<225::AID-JCOP9>3.0.CO;2-Y.

¹⁰ Collins, S. E., Malone D. K., & Clifasefi, S. L. (2013). Housing retention in single-site Housing First for chronically homeless individuals with severe alcohol problems. *Am J Public Health*, 103, S269–S274. doi: 10.2105/AJPH.2013.301312.

¹¹ Tsemberis S., & Eisenberg R. F. (2000). Pathways to Housing: Supported housing for street-dwelling homeless individuals with psychiatric disabilities. *Psychiatr Serv*. 51, 487–493. doi: 10.1176/appi.ps.51.4.487.

¹² Padgett, D. K., Gulcur, L., & Tsemberis, S. (2006). Housing First services for people who are homeless with co-occurring serious mental illness and substance abuse. *Res Soc Wor Prac*. 16, 74–83. doi: 10.1177/1049731505282593.

of written self-reflection. The model is based on principles of motivational interviewing, cognitive-behavioral interventions, and the **Stages of Change** model of behavior change. The approach helps participants modify their behavior as they progress through: (1) precontemplation (not intending to begin the change in behavior in the next 6 months), (2) contemplation (intending to begin the change in behavior in the next 6 months), (3) preparation (intending to begin the change in behavior in the next 30 days), (4) action (practicing the behavior for less than 6 months), and (5) maintenance (practicing the behavior for at least 6 months).

Supported Employment (SE): Supported Employment (SE) helps people with mental illness and other disabling conditions to find and retain competitive employment at prevailing wages. Supported Employment provides services, such as, job coaching, job placement, and assistance in interacting with employers. SE services are driven by client preferences and strengths. Rather than trying to sculpt participants into becoming “better workers” through extensive prevocational services, SE offers rapid help finding and keeping jobs that capitalize on personal strengths and motivation.

Trauma-Informed Care is an approach to social services that focuses on the impact that trauma and violence have on a people. The approach helps program staff to cultivate a basic understanding of how trauma impacts the clients they serve, including how clients might react to triggering situations. It also helps staff to develop more effective responses to those reactions. For information about specific evidence-based models that use a trauma-informed approach see the SAMHSA’s National Registry of Evidence-based Programs and Practices.¹³

Positive Youth Development is a nationally recognized approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive. It recognizes, utilizes, and enhances youths' strengths and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership skills. The model engages youth in activities they find personally meaningful and relevant and supports them to actively design, implement and evaluate the services they receive. It also provides ongoing and intentional opportunities for young people to develop competence, confidence, connection, character, and compassion and establishes high expectations for what young people can achieve. For information about specific evidence-

¹³ <http://nrepp.samhsa.gov/AdvancedSearch.aspx>

based models that use a Positive Youth Development approach see the SAMHSA's National Registry of Evidence-based Programs and Practices.¹⁴

Performance-based contracting

Though the concept of defining specific, measurable performance expectations has existed since the inception of government contracts with human service providers, increasingly funders are moving away from process indicators, such as the number of people served and towards outcome indicators, such as the number of people who secure permanent housing. Outcome based contracting is a strategy being used increasingly by government and private funders to ensure that projects are achieving measurable client results, that resources are allocated to the most effective and cost-efficient strategies and that programs that are not effective or efficient at preventing and ending homelessness are transformed or reallocated. The recommendations below are intended to support adoption of effective performance-based contracting strategies in Allegheny County.

- 1. Incorporate performance targets into performance-based program contracts. Targets might include for example:**
 - Total number of people/families housed in PH monthly/annually
 - Average cost per permanent housing exit (number of placements to PH/Total Project Cost)
 - Average cost per household served (number of households served/Total Project Cost)
 - Increases to employment and other income

- 2. Ensure that performance-based contracting processes are informed by lessons learned in other communities.** This includes ensuring that:
 - Payment structures are weighted towards measurable client outcomes (e.g. housing targets) rather than process indicators (e.g. timeliness of assessments).
 - The strategy is developed through a collaborative process, including a pilot to resolve design issues and implement changes prior to impact on program budgets.
 - Performance targets are reasonable given resources available.
 - Performance metrics, reports, and payment structure methodologies are simple enough to be readily understood.
 - The methodology and formulas used to measure performance are clear and transparent.
 - The data used to measure performance are accurate, and the process includes a way for providers to periodically review and reconcile data.

¹⁴ Ibid

- Systems for tracking and reporting data are automated and streamlined to avoid diverting program resources from service delivery.
- Rewards follow the associated performance as closely as possible.

System Right-Sizing

To effectively prevent and end homelessness in Allegheny County, the existing system for responding to housing crises will benefit from “right-sizing” to provide the mix of interventions necessary to match the needs of people experiencing and at-risk of homelessness. This includes steps to ensure that resources are allocated to the most effective and cost-efficient strategies and that programs that are not effective or efficient at preventing and ending homelessness are transformed or reallocated. Below is a brief description of tools currently publicly available to support efforts to “right-size” the system.

1. **Supportive Housing Opportunities Planner (SHOP)**¹⁵ SHOP is a tool available from USICH to help communities to determine what changes are necessary to end chronic homelessness among single individuals. The tool links directly to 2015 PIT and HIC data already provided to HUD or users can override those data with more current or accurate information (e.g., total permanent supportive housing inventory for single adults and percentage of beds dedicated to people experiencing chronic homelessness). The tool uses a default values that communities can also override to provide more accurate local data (e.g. estimate of the number of new people experiencing chronic homelessness entering the system, the annual unit turnover rate, and % of units prioritized for people experiencing chronic homelessness). Using these inputs, the tool projects the number of people experiencing chronic homelessness and the number that will remain un-housed through 2017 given the assumptions pre-populated or entered. Though the tool was originally built to use 2015 PIT data and make projections through 2017, presumably communities could use the tool to calculate estimates for any three-year period. The tool assumes that 100% of people experiencing chronic homelessness will need and want permanent supportive housing. Though the developers of the tool have not provided estimates for the number of staff hours required, the tool is relatively simple and requires minimal entry of data that should be readily available.
2. **System-wide Analytics and Projection (SWAP)**¹⁶ SWAP is a set of tools available from NAEH and Focus Strategies. The tools are intended to help communities to plan and prioritize system changes that will reduce homelessness. Currently only the Base Year

¹⁵ <https://www.usich.gov/tools-for-action/supportive-housing-opportunities-planner-shop-tool>

¹⁶ <http://focusstrategies.net/swap/>

Calculator (BYC) tool is available. That tool uses Point in Time Count (PIT), Housing Inventory Chart (HIC), Homeless Management Information System (HMIS) data and project budget data to help communities to understand baseline performance for all HMIS participating projects on measures such as cost per household exit, cost per household exit to permanent housing, percent of exits to permanent housing, returns to homelessness, utilization rate, and average length of stay. Sample performance reports are available on the Focus Strategies website.

The tool enables import to the BYC of a customized report of HIC data exported from the HUD Homeless Data Exchange (HDX). The tool also requires that communities collect, review and compile budget data from each individual project. A template for collecting this information is provided, and communities that choose to use this template can upload budget data into the BYC to avoid data entry. Using the BYC also requires developing a crosswalk of HIC and HMIS programs. This step is necessary to determine how programs will be configured in the BYC because, in most communities, the HIC does not perfectly match the HMIS program list. Extraction of HMIS data into an Excel file is also required. Review and cleaning of HMIS data is also likely to be necessary prior to upload into the BYC. In addition, users will need to recode 3 HMIS variables for all projects being analyzed. Detailed instructions for doing that are provided. Once these steps are completed the tool produces tables that show HMIS Data Quality, Annual Households Served, and Project Performance Results. Users must carefully review these preliminary results to identify and correct data quality issues prior to using reports to inform system-right-sizing decisions.

The sponsors of the SWAP tools are currently developing the System Performance Predictor (SPP), which will be a web-based tool that uses BYC results to model how changes will impact overall performance of the system, the size of the total homeless population, and of selected subpopulations over a five-year period. The tool will model the impact, for example, of these types of changes: shifting investments to more cost-effective solutions or different target populations, increasing utilization rates, reducing lengths of stay, increasing exits to permanent housing, and reducing returns to homelessness.

When the full set of SWAP tools become available they will add in several features that are not available in the Performance Improvement Calculator, System Evaluator, and Spending Plan tools which are described below. For example, the SWAP will analyze performance at a project-by-project level and allow communities to model the results of changes to individual projects or groups of projects. The SWAP will also model the impact of creating new projects and programs through new investments, whereas the performance improvement calculator models only shifts of existing resources from one

type of program to another. In addition, SWAP will estimate how the size of a community's homeless population will change over a five-year period as a result of the programmatic and investment changes being modeled.

The time required to use the SWAP tools will depend on a number of factors, including the number of programs to be analyzed, the extent of alignment between how projects are configured in HMIS versus how they are listed on the HIC, HMIS data quality, and the extent to which a single staff person with a high degree of familiarity with all of the data sets being used can be assigned to lead the effort. The creators of the SWAP prepared an analysis of the tasks related to HIC and budget data and time estimates for staff completing those tasks. They estimate between 35 and 120 staff hours are necessary and that for larger urban areas with more than 50 HMIS programs the high side of that estimate would apply. That estimate does not include the tasks that the HMIS staff will need to undertake or estimates of the associated time required. That estimate is currently under development. In addition, there is no currently available estimate for the time it would take to use the SPP. It is reasonable to assume that those additional tasks would entail a significant investment of staff time.

3. **Homeless System Evaluator**¹⁷ – This tool currently available from NAEH can help track how effectively funds are currently being spent and help to determine whether investments are achieving desired outcomes. To use the tool, communities must enter 2014-2016 PIT data and AHAR data, HMIS data for a single year on exit destinations, length of stay, and bed capacity, and annual budget data. The tool then produces a series of graphs showing aggregated outcome data (e.g. PIT, Annual Count and Length of Stay trends and costs per exit, exit outcomes, and rates of return by program type).

4. **Performance Improvement Calculator**¹⁸ This tool, which is currently available from Focus Strategies and NAEH, can help communities to understand how changes in investments (e.g., reallocating funds from transitional housing to rapid re-housing) and performance (e.g. improving the permanent housing placement rate for a program) will impact the number of households that your system can house with existing resources. The tool enables users to enter baseline data and planned changes (e.g., current and new PH exit rates for shelter, transitional housing, and rapid re-housing serving single adults) and shows the cumulative impact of all changes on system outcomes (e.g., current versus new

¹⁷ <http://www.endhomelessness.org/library/entry/homeless-system-evaluator-tool>

¹⁸ <http://www.endhomelessness.org/library/entry/performance-improvement-calculator>

average cost per permanent housing exit for shelter, transitional housing, and rapid re-housing serving single adults). It is an Excel tool that uses HMIS data and budget information gathered from providers. Users enter baseline data on available beds/slots, annual exit rates, exits to permanent housing, returns to homelessness and budget information aggregated for programs that serve single adults and families. Communities that already completed the Homeless System Evaluator tool can use data from that tool to populate the calculator.

5. **Spending Plan**¹⁹ – This tool currently available from NAEH can help track how funds are currently being spent and plans for funding allocation 12 months and five years out. The tool requires users to enter each type of homeless assistance activity (e.g. prevention, outreach, shelter, rapid re-housing) funded in the community through any source, the sources of funding used, and the organizations that receive each source. Users also enter the amount of funds each organization receives from each source and planned changes, including new funds, reallocated funds, and reduced funds planned for each type of intervention over the next 12 months and 5 years. The tool produces a table and charts that overview total investments by source for each intervention type. It also produces a table showing investments by funding source for each organization.

Considerations regarding use of these tools

Though the SWAP is not yet fully built out, it seems the intent of the developers is that it will encompass the primary functions of each the Performance Improvement Calculator, System Evaluator, and Spending Plan tools described above, and, once fully available, the SWAP will offer significantly more functionality than what the other tools combine to offer. The developers have not provided estimates for the number of staff hours required to use the System Evaluator, Performance Improvement Calculator, or Spending Plan tools, and, as noted above, nor have the developers released a complete estimate of the time necessary to use the SWAP. However, the data requirements for the three predecessor tools are significantly less onerous than those of the SWAP, and it is reasonable to assume use of each of these tools would combined require less staff time than use of the SWAP. They would also provide less functionality.

Though these tools can provide valuable insight into how the homeless service system in Allegheny County is currently functioning and about the impact of changes to investments and/or performance, none of these tools will provide direct answers to the most pressing questions about how Allegheny County can best provide the mix of interventions necessary to match the needs of people experiencing and at-risk of homelessness. Each tool requires that, once it has

¹⁹ <http://www.endhomelessness.org/library/entry/the-continuum-of-care-spending-plan-template>

been populated with data, staff with strong analytical skills who are highly knowledgeable about Allegheny County's projects, and have a strong familiarity with emerging strategies to prevent and end homelessness analyze and interpret the results. These staff will need to delve into the results and help decision-makers to understand what they mean and the implications for what is working and what should be done differently.

These tools also do not consider all data that may be available in Allegheny County to help understand the needs and preferences of people experiencing homelessness. For example, none of the tools described above uses Coordinated Entry System data to understand the types of interventions preferred by people experiencing homelessness or needed to prevent and end homelessness. Some communities have themselves performed or contracted with a consulting group to perform systems gaps analyses to help determine how much of each type of intervention is needed, but Housing Innovations is not aware of any specific tool that is user friendly, publicly available and broadly applicable so that other communities could readily adopt it.

Finally, these types of tools do not provide significant insight into local provider capacity to implement new program models and continuously update practices to align with new evidence about what works. Such capacity will be vital to the success of system right-sizing efforts.

Given these considerations and the fact that Allegheny County is already looking at Coordinated Entry System data and project and systems-level performance data to help inform system right-sizing decisions, Housing Innovations recommends that Allegheny County:

- 1. Await the release of the SWAP SPP tool** and determine, at that time, whether the tool would provide critical missing data to inform system right- sizing decision and whether sufficient technical and analytic backbone support exists to effectively use the tool combined with other types of locally available data.
- 2. Consider whether the SHOP tool could be useful in efforts to end chronic homelessness and/or serve as the basis for developing other similar and relatively simple tools** for projecting need for other types of interventions besides permanent supportive housing.
- 3. Consider conducting a simplified gaps analysis using existing data and projecting need for interventions for each homeless sub-population** based on a comparison of annual demand and existing inventory of each component type (e.g., PSH, RRH, Move on Vouchers, etc.).
- 4. Consider opportunities to support organizational and/or program mergers to achieve economies of scale and ensure sufficient provider capacity to implement new program models and continuously update practices to align with new evidence about what works.** An analysis of the 2016 Housing Inventory Chart reveals 132 projects sponsored

by 36 organizations with a median of 18 total year-round beds dedicated to homeless people.

- 5. As necessary, cultivate interest among existing/new provider organizations to work outside of their usual geographic area to ensure capacity across the County and avoid losing critical services in certain areas.**