Homeless in Allegheny County: The Client Experience

Findings and Recommendations

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The Allegheny County Department of Human Services (DHS) is dedicated to meeting the human services needs of county residents, particularly the county's most vulnerable populations, through an extensive range of prevention, intervention, crisis management and after-care services.

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ACRONYMS AND DEFINITIONS

Acronyms

Adult ISP	Integrated Service Planning Process for Adults
CoC	Continuum of Care
DHS	[Allegheny County] Department of Human Services
HAB	Homeless Advisory Board
HEARTH	Homeless Emergency Assistance and Rapid Transition to Housing Act
HMIS	Homeless Management Information System
HUD	[U.S. Department of] Housing and Urban Development
LGBTQ	Lesbian, Gay, Bisexual, Transgender and Questioning
PSH	Permanent Supportive Housing
RRH	Rapid Re-Housing
SPDAT	Service Priority and Decision Assistance Tool
WHSD	Woodland Hills School District

INTRODUCTION

The homelessness service system in Allegheny County comprises more than 120 programs operated by nonprofit human services organizations, medical and behavioral health providers, and governmental agencies. Programs are funded through multiple sources and are targeted to a variety of populations; they range from prevention (e.g., short-term financial assistance to prevent the loss of housing) to programs that combine housing and a full-range of support services for individuals and families requiring intervention from multiple human services systems.

While homelessness may be the result of any one or a combination of contributing factors, it is also a contributing factor to a number of negative outcomes for individuals, families and children. Homelessness is associated with hunger and malnutrition, inadequate medical care, social isolation, mental illness, and, for children, school absenteeism and poor academic outcomes that themselves can result in negative life outcomes. For the estimated 5,000[1] individuals and families in the Allegheny County homelessness system, and the many more who are experiencing a housing crisis but have not yet entered the formal system of services, the situation may feel overwhelming. But the Allegheny County Department of Human Services (DHS) and its partners are committed to reducing the number of individuals and families experiencing a housing crisis (i.e., homelessness) and to addressing the causes and consequences of homelessness in order to improve housing stability and quality of life.

[1] This estimate includes individuals and families receiving services ranging from prevention to permanent housing.

Last year, as part of DHS's Block Grant planning process, stakeholders were invited to submit concepts for ways in which funding flexibility might allow for innovation in human services delivery; in response, a number of ideas were submitted that addressed the needs of homeless individuals and families. As a first step in planning for and promoting comprehensive strategies for reducing homelessness that are responsive to stakeholder priorities, policy and practice changes, and, primarily, the needs of vulnerable clients, DHS conducted a review of Allegheny

County's current homelessness service system.

The system review consisted of two components: 1) an overview of the service system and its components, client demographic and service usage, and 2) a qualitative review that focused on the clients' experience, past and present, with accessing services and navigating the homelessness system of services. This report includes the findings from the qualitative research and review, describes current activities that are addressing system change and improvement, and makes recommendations for further action. Data briefs will cover components of the system overview. However, to provide context for this report, a brief description of the system is provided here.

The majority of clients are served through programs that are part of Allegheny County's Continuum of Care (CoC), which is loosely organized under the Homeless Advisory Board (HAB), a formal governance structure tasked with setting policies and long-term goals for the CoC. The majority of funding comes from the U.S. Department of Housing and Urban Development (HUD) through 1) an annual competitive application process and 2) the formula-based Emergency Service grant (ESG) program. There are 36 providers in Allegheny County's homelessness service system; many operate multiple programs. In 2013, 3,056 Allegheny County individuals and 862 families (representing 2,440 individuals) were served.

In general, programs can be categorized within the following program types:

Prevention — Prevention programs include Street Outreach and Rental Assistance.

Emergency Shelter Services (shelter) — Shelters provide temporary housing and support for homeless individuals or families who are in immediate need of a place to stay. Most shelters cap their stays at 60 days. Allegheny County has 18 emergency shelters (including three shelters for victims of intimate partner violence) plus a severe weather emergency shelter that operates between November and March.

Transitional Housing — Transitional Housing provides temporary (maximum of two years) housing combined with supportive services designed to assist the individual/family in gaining self-sufficiency and permanent housing upon program completion. Transitional Housing programs may tailor their supports to specific sub-populations such as recovering addicts or ex-offenders. Allegheny County has 57 transitional housing programs.

- **Permanent Housing** — Permanent Supportive Housing combines housing with more intensive services, for those with chronic disabling conditions, and does not have a limit on length of stay. Some PSH follows the Housing First model in which chronically homeless individuals with a permanent disability can enter the program directly from living on the street, while other PSH programs require that clients meet certain criteria and exhibit a commitment to the program's principles. Fourty three PSH programs are located in Allegheny County.

- **Rapid Re-Housing (RRH)** — An increasingly common model for assisting people in a housing crisis, RRH is an intervention designed to quickly place homeless families and individuals into their own housing by paying rental assistance and offering support services to help maintain that housing once the rental assistance ends. RRH assistance generally is offered without preconditions (such as employment, income, sobriety, absence of criminal record), and the resources and services provided are typically tailored to the unique needs of the household. Individuals and families most often work with RRH programs while staying at emergency shelters. Three RRH programs currently operate in Allegheny County.
- **Safe Haven** — Safe Haven is a housing first model for chronically homeless, single individuals who are unable or unwilling to participate in supportive services.

The system is in a period of significant transition brought about by factors ranging from changes in policy and philosophy at the federal level to needs-based planning and quality improvement activities at the local level. In general, the system is shifting more toward an emphasis on providing safe and stable housing first, and then connecting individuals and families with supportive services to address their other needs.

Allegheny County has been and continues to be engaged in this transition. However, progress is uneven and complicated by philosophical differences; funding limitations and restrictions; lack of available housing; programmatic challenges related to inadequate funding for staff, training and supportive services; and adjustment to changing program models and regulations.

The system that is emerging represents a departure from the ways in which individuals and families used to enter and progress through the system. While these system-level changes are underway, it is important to pay attention to their impact on the people who utilize the various services within the system. They can provide important insights into the challenges and gaps within existing services and ways in which they can and should be improved.

THE CLIENT EXPERIENCE

Methodology

A variety of methods were employed to gather information about the client perspective, including focus groups, information-gathering consultation with local and national experts, meeting and conference attendance, and a literature review. The specifics are provided below.

Focus Groups

Five focus groups were held during January and February of 2014 to examine the experiences of clients who were at the time residing in a shelter, transitional housing and/or a permanent housing facility within our regional homelessness system of services. A total of 58 clients participated: 38 women and 20 men, ranging in age from 26 to 55. Focus group participants received gift cards as an incentive for sharing their expertise, experience and time.

Data were collected according to traditional qualitative research guidelines (Bernard, 2000). The objective was to learn from clients about their past experiences within the homelessness system and to learn about ways in which they could be more effectively supported. Two DHS staff members were present for each focus group. Notes were taken at each focus group regarding the discussion and reflections about the discussions; these notes were reviewed by the staff present for accuracy and detail. Qualitative data were reviewed and coded by each of the two DHS lead researchers according to thematic labels categorized according to participants' comments. A review of the coding found that the labeling applied by the two lead researchers was highly consistent; discrepancies were resolved through review and discussion.

Clients also provided insight into their experiences in other ways, including interviews conducted with participants of Family Support Centers and public school youth involved in the Woodland Hills School District Academic and Housing Partnership.

Information-Gathering and Consultation with Local and National Experts

The following experts provided information and insight about local and/or national trends and reforms:

- Michael Lindsey — ICF International Technical Specialist
- Kathy McCauley — Consultant and author of "I'll Never Get Used to It: Young People Living on the Street," a DHS-published report about homeless youth in Allegheny County
- DHS housing staff, including Chuck Keenan, Joe Elliott and Peter Harvey, and Housing Resource Specialists Kristen Armstrong, Barbara Britt and Sandra Duceour
- Samantha Murphy — DHS Education Liaison
- Leadership from the local Housing Advisory Board (HAB)
- Ray Firth from the University of Pittsburgh Office of Child Development
- Members of the Woodland Hills School District Academic and Housing Partnership

Additional insight was provided by staff and leadership at a number of local agencies including Community Human Services Corp., the Allegheny Intermediate Unit, Homeless Children's Education Fund, Braddock Youth Project, the Allegheny County Family Support Center network, Light of Light Rescue Mission, Womanspace East, and Women's Center & Shelter of Greater Pittsburgh. However, a limitation of the data collection process was that it did not include direct on-site evaluation and staff interviews.

Meeting and Conference Attendance

Allies to End Homelessness Advisory Board site visit to Montgomery County, Pa.

National Conference on Ending Family and Youth Homelessness, February 18–19, 2014

Literature Review

Literature reviews were conducted on the causes and effects of homelessness, on best practices for addressing homelessness, and on Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH) regulations. Sources include:

- The Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services (http://homeless.samhsa.gov/channel/best-practices-for-providers-17.aspx) for information related to Housing First models, Trauma Informed Care, Motivational Interviewing, models and practices for effective outreach, and the topic of cultural competence
- Ontario's municipal homelessness reduction strategies (http://www.stmichaelshospital.com/crich/wp-content/uploads/buildingonevidence10222013.pdf)
- National Alliance to End Homelessness (http://www.endhomelessness.org/pages/solutions, http://www.endhomelessness.org/pages/ten-essentials, and http://www.endhomelessness.org/library/type/best-practice)

FINDINGS

A number of common themes and issues were identified from the above-described activities. Clients were grateful for many of the services they received and provided a number of examples of ways in which providers and individual staff were supportive and helped them to resolve their housing crisis. However, because the purpose of the system evaluation was to identify ways in which the system could be improved, clients, professionals and experts were asked to focus on service inadequacies and barriers. This report's emphasis on those challenges should be considered in that context, and not interpreted to be a blanket indictment of the system or individual providers.

The following section addresses the challenges that were identified most frequently and consistently. These findings can be divided into client-level findings, drawn primarily from the focus groups, interviews and observations, and system-level findings, which emerged from the other data-gathering activities.

Client-Level Findings

Client-level findings reflected individual experiences and emerged with enough regularity to warrant attention. Participants were asked to share their expertise and reflections on their range of experiences within the homelessness system of services, and not necessarily on their current provider site. Many of these findings were confirmed by local experts and homelessness-related organizations in Allegheny County. However, it is important to bear in mind that the findings presented in this qualitative report should not be considered as reflective of the entire homelessness system of services.

1. The system can be difficult to navigate and understand

Clients discussed the challenge of accessing services, identifying and understanding the services available to them, and addressing complex needs that span program areas (e.g., drug and alcohol, mental health, intellectual disability, subsidized housing, employment and child welfare). The staff at homeless facilities were not always aware of the full range of service options; some clients felt that they were not informed of the full range of the options available to them. Experiences included receiving different information from that provided to another individual in the same circumstances, receiving incorrect information, and being given a list of resource phone numbers to call without assistance or further guidance from staff. One client described never being told that there was an organization across the street from the shelter that offered the type of services she was seeking. Some providers have gotten to know their counterpart agencies over the years and send each other strong referrals, but there has been no mechanism in place for this to occur in a coordinated fashion.

"You need to know there are resources and ask for them. Otherwise no one will offer them. If you don't ask, you don't get."
— Shelter Resident

Focus group participants discussed how confusing and challenging it can be to understand different program options and what the eligibility standards are for each program type and provider. For example, clients with children described being referred to certain facilities only to discover that the facilities only accepted adults (and vice versa). Left to their own devices, clients frequently turned to other residents for information. Unfortunately, this led, at times, to sharing of inaccurate information. Clients also expressed frustration about applying for numerous programs, not receiving a response, and having to make multiple calls in order to get information and/or services. Finding an appropriate and available program was often based upon luck and timing.

2. Regulatory and program criteria can create barriers to service

Client eligibility for homelessness services in Allegheny County varies by provider and by program type. While emergency shelters typically have the lowest eligibility criteria within the homelessness system, there is a large degree of variance by provider.

Significant progress has been made in addressing the issue of eligibility criteria, primarily through the new coordinated intake system. However, at the time of the focus groups, the following barriers were identified:

"I was about to lose my housing but no shelter would take me because I had a 16-year-old son."
— Transitional Housing Resident

- Some family shelters refuse boys over age 14, forcing families to split up.
- It can be difficult for a large family to find a program that can accommodate the entire family.
- Some facilities have strict "clean-time" or clean criminal background requirements that make it difficult for ex-offenders or those struggling with addiction to find a program. Prior to a recent mandate by DHS requiring that housing programs admit clients involved in methadone maintenance programs, some were hesitant to mix clients in recovery with those in methadone maintenance.

- Some transitional and permanent housing programs require clients to pass a background check and complete an interview process with provider staff prior to program enrollment. Because there is no standardized assessment/interview process, the potential exists for selection to be made based upon subjective criteria or staff bias.
- Some programs require clients to be working or enrolled in a training program or school in order to be eligible for admission.
- Programs that require compliance to arbitrary rules (e.g., mandatory attendance at house meetings or children needing to attend rigidly-scheduled group activities) may penalize residents who require flexibility in order to seek housing, employment, medical care or other services that don't necessarily operate on a program's time schedule.

"We have been in three shelters during this school year. Transportation is hard."
— Homeless Student

Some clients mentioned having to "shelter hop" — if they reach the maximum days allowed in one shelter (generally 30 to 60 days), regulations require that they look for a spot in another shelter. This can prove to be disruptive to any progress they may be making.

While not directly identified by clients, regulatory requirements have clear implications for client service. One example involves the administrative and contractual requirements of regulatory and funding entities, which can be time-consuming and burdensome; accommodating these requirements uses resources that would otherwise be available for clients. Another implication of funding and regulatory restrictions is that they provide a disincentive for serving clients with complex and/or multi-system needs. Providers whose admission criteria screen out these clients appear to achieve better outcomes with fewer dollars, yet it is the larger system (and the individuals) who suffer.

3. Regulatory and program criteria can create barriers to success

Examples were raised of ways in which program structure or gaps in service provision directly affect clients' ability to successfully address the issues causing the housing crisis. Men's emergency shelters that require residents to line up at 3 p.m. to secure a bed for that evening prohibit these individuals from holding down a job or setting up appointments to seek employment or housing. Similarly, families without childcare find it difficult to go out on job interviews, pursue further education, or explore alternate housing options. Inadequate access to transportation was identified across all of the focus groups as a significant barrier to transitioning from the homelessness system to independence. Specifically, lack of transportation led to difficulty exploring and securing employment, accessing job training resources, obtaining medical care for themselves or their children, house hunting and attending school consistently.

"We need to take our kids with us everywhere to look for houses or jobs. On the bus, on interviews... with landlords..."
— Transitional Housing Resident

Federal and state regulatory restrictions on length of stay prevent many individuals from accomplishing necessary objectives — including finding permanent housing — before they

are required to leave the program. In Pennsylvania, emergency shelters currently are limited to 60-day stays, which can force individuals and families to "shelter hop" if they have not secured a more permanent housing arrangement during that period of time.

4. Many clients do not feel respected or well-supported

While many experiences with staff were positive, clients shared stories of disrespectful or rude behavior and examples of staff who were unapproachable or difficult to engage. At times, staff were unavailable because of the demands of an excessive workload or competing responsibilities (e.g., appearing at court hearings for other clients). In addition, some staff reportedly used judgmental and demeaning language or seemed to believe in a "tough love" approach that clients felt was unsupportive.

Many clients have been traumatized by events in their lives, prior to or related to their homelessness. Rather than judgment or blame, understanding and support are required to help clients rebuild their lives and reclaim a sense of control and empowerment. While focus group participants did not articulate their experiences in these terms, they did report experiences in which staff seemed unwilling to provide even minimal assistance, conveying instead their unwillingness to "enable" clients. Some clients felt that they were discouraged from developing relationships with other residents, even though those relationships could become a valuable source of support.

"Some programs treat me like they think I am milking the system and looking for handouts. Not true. We all want independence."
— Shelter Resident

Clients also described occasions in which they were expected to understand and comply with regulations that were not transparent, clear or reasonable.

5. While clients expressed fear about their safety in shelters, many actually faced greater safety concerns by doubling-up (couch-surfing) in an attempt to avoid shelter

Focus group participants were hesitant to enter a shelter where they would live in close proximity to a large number of strangers without a place to keep their possessions secure. Yet those fears were often of less concern than the danger of remaining in their current situation. According to comments made by several clients, doubling-up and other unstable housing situations may present potentially serious risks to physical and emotional safety. Women who have experienced intimate partner violence are at particular risk because staying with friends or family makes it easier for their abuser to locate them. Living in a crowded and stressful doubled-up situation may put children at greater risk of abuse.

"I was living and using with a 65-year-old crackhead. He was pretty erratic and kicked me out from time to time, but I preferred that to going to shelter. Shelter seemed scarier." *— Transitional Housing Resident*

However, under certain HUD guidelines, individuals who are in a housing crisis but not yet homeless (e.g., doubled-up, couch-surfing, eviction scheduled more than 14 days in the future, unable to pay rent, living in an unsafe home that is not yet condemned) are not eligible to be served in the formal system; as a result, providers are forced to counsel them to remain in those precarious living situations.

6. Clients face numerous barriers to finding appropriate, affordable housing

One shelter housing specialist shared a long list of barriers that clients face when seeking housing: bad credit and unpaid utility/housing bills; the cost of applications and credit checks; unavailability of affordable units; restrictive program criteria and lengthy waits for rental assistance; difficulty in getting the necessary documents; bias by some landlords against unemployed renters or those with Section 8 vouchers or rental assistance; and criminal backgrounds. Clients reiterated all of these points in their comments during focus groups.

"I have been looking for housing since I arrived in shelter... nothing has come through. I have decided to leave to go live with my son, which I know is a bad situation, but I see no other choice." — *Shelter Resident*

In addition, even if a client is eligible to receive temporary rental assistance through federal funding, he or she must locate a housing unit that can pass a required inspection. Many affordable apartments cannot pass this inspection and, all too often, landlords are unwilling to make the required repairs or improvements. And finally, affordable units are often in neighborhoods that are unsafe, undesirable, or inaccessible to public transportation, services and employment.

System-Level Findings

Based on interviews, literature reviews, and participation in meetings and conferences, a number of issues were identified that are broader than those impacting individual clients and that require a more systemic approach to resolve. Those findings are described below.

1. Plans for a coordinated intake system fall short of real system transformation

The HEARTH Act governs most of the federal assistance that communities receive to address homelessness. When the HEARTH Act was signed in 2009,[2] it included a provision that communities would be required to develop and implement a coordinated access and assessment system for shelter, rapid re-housing, prevention, transitional housing and permanent supportive housing.[3] In Allegheny County, the coordinated intake system was designed to centralize the intake and referral process within another DHS service, the Allegheny County Link to Aging and Disability Resources (the Link) call center, in order to take advantage of existing staff knowledge and capacity to serve callers in a comprehensive and caring manner within a hotline model. This model also allows the cross-trained staff to access caller information that may already exist within the DHS database, thus reducing the need for time-consuming data entry and enhancing staff's ability to make appropriate referrals. Planned for launch in December 2014, the new system will simplify the process by which clients can quickly identify resources — from prevention services to emergency shelter beds to permanent supportive housing — and be connected with available options that most closely meet their needs.

The design, however, doesn't go far enough to address client needs nor does it follow U.S. Department of Housing and Urban Development (HUD) guiding principles for coordinated assessment[4] of a caller's needs in order to identify the most appropriate placement. Rather, it is primarily a first-come, first-served model.

[2] While the HEARTH Act was passed in 2009, the coordinated intake requirement did not take effect until July 2012.

[3] http://www.csh.org/toolkit/supportive-housing-quality-toolkit/community/coordinated-access/#sthash.vqQIhY9p.dpuf

[4] As presented: "Coordinated Assessment" PowerPoint presentation to Allegheny County HAB by Mike Lindsay, Senior Technical Specialist, ICF International, July 22, 2014.

2. Children face unique challenges during homelessness

Families with children require special supports while homeless, including connections to other systems such as school, childcare and early childhood intervention. Currently, while some programs commit significant resources to assessing and serving children in their programs,[5] traditional services for homeless families are focused on the needs of the parents/guardians — finding a job and a home — while children's needs are considered secondary to the more immediate crisis. Some shelter staff question the value of assessing children for developmental and learning delays while in temporary shelter. Yet national research shows that young children who experience homelessness are four times more likely to have developmental delays, three times more likely to have behavioral problems, and two times more likely to have learning disabilities. In addition, the potential for exposure to violence or criminal activity while in shelter is of concern, as shelter facilities are rarely designed with children's needs in mind.

[5] HUD funding is not available for these services; providers must raise private funds to offer them.

3. The lack of affordable, quality housing is both a cause of homelessness and a barrier to moving clients out of the system

A Ten Year Strategy: Building a Better System for Housing At-Risk Populations and Fostering Neighborhood Development, a 2013 publication by Action Housing, clearly documents the lack of quality affordable housing within Allegheny County. Subsidized (Section 8) housing within the city and county is 95 percent occupied, and the waiting lists are habitually closed. Community development corporations (CDCs) are starting to create some below-market-rate units as part of mixed-income developments, but the numbers don't come close to meeting demand.

In addition, the purpose of permanent supportive housing means that there will be limited movement out of the program and therefore limited access for new clients appropriate for that level of service. Anticipated expansion of this program does not come close to meeting demand.

4. Providers may be resistant to changing to accommodate new concepts of best practice

As more research becomes available about the relative effectiveness of different approaches to prevention and intervention, greater emphasis is being placed on models that prioritize placing individuals/families in housing as quickly as possible and then working with them to identify and provide the most appropriate supports to address the causes of and solutions to their housing crisis. In the past two years, progress has been made in movement to this housing first philosophy; however, not all providers have embraced this shift. Reasons include disagreement with the housing first philosophy; commitment to the established model of criteria-based progression through a pre-determined set of housing options (i.e., shelter to transitional housing to permanent supportive housing); and the fact that this shift has very real financial implications and would require wholesale redesign of many programs, particularly facility-based transitional housing programs.

RECOMMENDATIONS

While Allegheny County has a relatively well-developed system, with many effective elements, changes in national policy as well as evolving understanding of best practice translate into the need for a number of system and program changes. The following recommendations are based upon these changes, as well as the findings described in this report. The recommendations address both system and standards of care findings.

Given the size and variation within the system, regulatory changes, funding priorities, evolving concepts of best practice, and ongoing activity within the system, the success of these recommendations is dependent upon a high level of collaboration and cooperation among the system's many stakeholders. As a first step in the creation of a comprehensive and concrete implementation plan to prevent and reduce homelessness in Allegheny County, DHS began a strategic planning process in June 2014 designed to integrate housing resources within DHS. This process is being facilitated by an external consultant, and includes representatives from DHS's program, support and executive offices. Informed by qualitative work completed over the past year, this planning committee has made initial recommendations for ways in which DHS can creatively address current homelessness and housing issues in an integrated and coordinated manner.

Over the past year, momentum has been growing on a number of fronts — from policy changes to the creation of new pilot projects — that together are laying the groundwork for transformation of the homelessness system in Allegheny County. Many of these activities relate to the findings discussed in this report. The following recommendations build upon these activities and address the need to strengthen the design and coordination of services for those experiencing a housing crisis.

SYSTEM IN TRANSITION: STRENGTHENING THE HOMELESS ADVISORY BOARD (HAB)

The HAB is a public/private partnership that functions as Allegheny County's community-based homeless assistance planning network responsible for the outcomes of the system (per federal HEARTH regulations and known as a CoC). In Fiscal Year 13/14, local foundations provided funding to the Pennsylvania Housing Alliance to work with the HAB to strengthen its organization and planning capacity; the Housing Alliance is now staffing the HAB and providing training and technical assistance.

In June 2014, the Housing Alliance arranged for HAB leadership (including providers and DHS staff) to visit CoCs in eastern Pennsylvania (Chester, Montgomery and Philadelphia counties) that had successfully transformed their homelessness systems by developing a shared vision, rethinking their services, attracting new sources of funding, and better addressing the needs of their populations. The leadership group returned to Allegheny County invigorated, eager to share what they learned with the rest of the HAB and ready to embark upon a strategic planning process to improve our local system.

The local system includes a range of housing and support options for different populations and needs. However, until recently, not all providers saw themselves as part of a collaborative network, working within a coordinated system of care. Some structured and managed their programs in isolation, although if a client didn't meet their criteria, they made referrals to other programs. Within the day-to-day work of serving individuals and families in crisis, considering how the continuum as a whole is serving the larger homeless population has not been a priority. These system reform recommendations attempt to address the need for an integrated and collaborative network of providers that draws upon a common framework for intake, assessment and support services.

1. Add a Standardized Risk Assessment to the Coordinated Intake Process

Allegheny County's new coordinated intake process doesn't go far enough to ensure that those in greatest need receive the most appropriate services. It is a first-come, first-served model in which the two main determinants of a successful referral are bed vacancy and selection criteria. In addition, under the current design, a family may progress from emergency shelter to a two-year transitional housing program simply because they are cooperative and the provider believes they will succeed rather than because they are the family most appropriate for the intensive support services available in transitional housing. Other jurisdictions have implemented intake systems that incorporate a standardized risk assessment used to screen clients to ensure that they receive the appropriate level of care. For example, they identify those most in need of permanent supportive housing (e.g., those with a serious, chronic physical or mental health disability) and prioritize them for placement. Similarly, those who are experiencing a temporary housing crisis are provided immediate support services (e.g., emergency shelter if needed plus services such as employment counseling, financial management or subsidized childcare) and are moved into their own housing as quickly as possible (generally, using the RRH model).

SYSTEM IN TRANSITION: COORDINATED INTAKE SPURS POLICY CHANGES

DHS is launching its new coordinated intake system in December 2014. While designing the new system, the HAB's coordinated intake committee identified the need for concurrent policy changes.

Over the years, each provider had developed its own admission criteria, resulting in a confusing and inconsistent array of program options with unnecessary barriers to admission, some of which directly contradicted HUD policy. Policy changes, a direct result of the committee's recommendations, mandate that providers: 1) may not deny admission to any male child of a household or to a household with a male under age 18 (if they provide family services); 2) cannot discriminate against clients who are undergoing methadone treatment; and 3) cannot refuse to serve those with significant mental illness. Additional systemwide guidelines concerning clean-time requirements, criminal history background and work requirements are being developed.

The new Housing Management Information System (HMIS) modules for coordinated intake will help enforce these policy changes by establishing a waiting list process for program acceptance and denial; requiring justification for admission denials; and requiring DHS to review and approve denials. The new HMIS system also addresses current practice that forces clients to line up each day at an emergency shelter to be guaranteed a bed, by creating an electronic "standby" list so clients can reserve a bed for the next day and someone else can "fly standby" if they don't show up.

A variety of risk assessment instruments are available. The most commonly used tool is the validated Service Priority and Decision Assistance Tool (SPDAT). An abbreviated version can be used to complete a quick screening during the initial intake call — in order to triage the most vulnerable clients — and then the full assessment can be completed in person by a provider as the first step in development of a service plan. At the time of publication, only one local provider agency had adopted this tool. OrgCode Consulting, Inc., the developer of the SPDAT, could be invited to speak to the HAB to demonstrate the assessment tool and describe how it is being used more widely in other counties.

2. Implement Best Practices Systemwide

The term *housing first* has come to be used generically as the principle of placing people into housing without any program compliance requirements and then offering voluntary supports to bolster their success. This concept, which is considered best practice nationally, holds that people should not have to prove that they are "housing ready" or "graduate" from the homelessess system in order to move into their own home. Actually, for many individuals and families, it is the lack of stable, permanent housing that keeps them from moving forward in other areas of their lives (e.g., education, employment, drug and alcohol treatment). In traditional program models, clients are expected to make progress in these other domains before moving out of the homelessness system. Most of the clients in this study preferred — and research shows it is more effective — to move into their own housing as quickly as possible.

The original use of the term *Housing First* referred to a specific model of permanent supportive housing, developed by Pathways to Housing in New York City, that has been replicated nationally and locally. It targets individuals with long histories of chronic mental illness, substance abuse, institutionalization or life on the streets. The homeless person is given the opportunity to move directly from the street into a private apartment or shared living arrangement within the community. Once housing is in place, a case management team is deployed to offer a full array of support services. Unlike traditional permanent supportive housing, however, participation in or compliance with services is not a requirement; individuals may refuse all services without risking the loss of stable housing.

The Rapid Re-Housing (RRH) model also falls into the housing first category. It is designed to quickly place homeless families and individuals into permanent housing without preconditions (such as employment, income or absence of criminal record), and the resources and services provided are typically tailored to the unique needs of the household. Generally a RRH program will help a family that is experiencing a housing crisis to identify affordable housing options, provide financial assistance for move-in and rental expenses, and offer case management and supports. RRH is time-limited and not meant for those individuals or families with serious disabilities who would be better served in permanent supportive housing.

SYSTEM IN TRANSITION: HAB RAPID RE-HOUSING TASK FORCE

As part of the HAB strengthening process, new working groups have been created to address timely issues. The Rapid Re-Housing Task Force was started in June 2014 to design a plan to effectively implement and expand RRH, programmatically and as a guiding principle across the system. The primary goal is to improve outcomes for individuals and families by reducing the overall length of time of engagement with the homelessness system, reducing rates of recidivism for individuals and families experiencing homelessness, and stretching dollars further to serve more people. Equally important, the plan will position Allegheny County to meet requirements as outlined under the HEARTH Act so as to be highly competitive for HUD resources and private funds.

3. Establish Consistent and Measurable Standards of Care

Allegheny County's homelessness system comprises a diverse array of service providers, ranging from faith-based organizations to large medical and behavioral health providers. This diversity allows for tailored services for unique and highly specific populations; however, it creates challenges when establishing standards of care. The quality of service and degree of support provided to a homeless client should not be dependent upon where a program vacancy exists at his or her time of need, or on the luck of connecting with the right person at the right time. Strengthening standards of care within Allegheny County's homelessness system is necessary in order to create uniformity and ensure a level of quality. Incorporating these standards into provider contracts provides the best mechanism for monitoring quality and compliance.

- **Standardized and less-restrictive eligibility and termination criteria**
  Criteria for accessing services should be standardized in such a way as to remove barriers to admission and make the process easily understandable and maneuverable by clients. A written protocol for reviewing providers' denials of entry and terminations is a component of the soon-to-be-implemented coordinated intake process. Eventually, as more system providers incorporate the housing first philosophy, this will be less of an issue.

- **Trauma-informed care**
  Client perceptions of unsafe and/or disrespectful environments may indicate a need for expanded staff training about the effects of trauma on individuals and families and how the facility environment can either mitigate or exacerbate those effects. Given in particular the traumatic histories of the population served (not the least of which is the loss of one's home), trauma-informed principles should be at the core of program design and implementation. Particular emphasis should be placed on staff training and development, as they are the key to establishing a culture of support and mutual respect. When possible, providers should make every effort to hire management and frontline staff who share the backgrounds and experiences of clients.

  One trauma-informed model that has been successfully used in domestic violence shelters is the Sanctuary Model, an evidence-supported approach to organizational culture change. It provides a structured methodology to facilitate the development of processes and

behaviors on the part of staff and clients in order to best counteract the effects suffered by the victims of traumatic experiences. While it takes several years and multiple training sessions for an organization to become fully Sanctuary "certified," many shelters in Pennsylvania, including the local Women's Center and Shelter, have incorporated one of the model's core components — SELF — into their guiding principles. SELF stands for four aspects of recovery: Safety, Emotional Intelligence, Loss and Future. The training educates people about the impact of overwhelming life experiences and provides a shared framework that does not stigmatize but instead allows an empathic understanding between clients and caregivers. The SELF framework also guides relationships between staff and clients, among staff members, and between staff and administration. An introduction to the curriculum is available for free on the Sanctuary website, and consultants are available for group training. The City of Philadelphia recently provided (and required) SELF training to staff at all of the city's homeless shelters and believes that it was extremely helpful in creating a common language and understanding of trauma across the entire continuum.

- **Address Needs of Specialized Populations**
  While consistency across the system is a theme throughout these recommendations, providers also need to be prepared to serve populations with specialized needs. Among these specialized populations, who have historically found it difficult to access appropriate care, are:
  - homeless youth
  - families with a large number of children
  - individuals recently released from jail or a hospital stay
  - single men with children
  - individuals who are lesbian, gay, bisexual, transgender and/or questioning (LGBTQ) community

  In addition, consistent standards of care — addressing developmental, educational, social and emotional needs — should be developed for children within the homelessness system so that providers that serve children can consider how their programming and services, as well as the physical environment, can be designed to meet their needs.

- **Improve Facility Standards, Resources and Conditions**
  Residential facilities should comply with consistent standards regarding physical structure and space. Issues to be considered include: minimum amount of space allocated for each client; privacy and safety; appropriate sleeping arrangements; adequate and private shower and hygiene facilities; and sensitivity to the needs of LGBTQ clients.

  New HUD requirements regarding families with older boys and couples with children are driving the development of some of these facility standards.

- **Create Opportunities for Peer Support and Sharing**
  Rather than discouraging the development of relationships among clients, clients should be encouraged to share their stories and to learn from each other's experiences. Often one participant was aware of a resource that others could find useful, and sharing this information could benefit both clients and providers. In addition to the practical aspects of sharing information, there is value in the emotional support that this type of sharing can provide.

4. Strengthen Supportive Services Tied to Housing

The provision of supportive services should be based upon minimum and consistent standards across all providers, so that clients can depend upon receiving the same level of service regardless of provider. Currently, Allegheny County's homelessness system does not specify a minimum level of supportive services that are to be provided to clients. As system planning moves forward, consideration of this issue should be on the agenda.

Current funding limitations impact programs' ability to hire, train and retain well-qualified staff. Yet funding continues to be reduced for both program staff and supportive services. This has and will continue to increase the need for providers to either identify alternate funding sources or form partnerships with organizations that provide supportive services to the general population. Provider organizations will require support and technical assistance to face these challenges. Organizations such as DHS, the HAB and local foundations are well-positioned to provide this assistance.

SYSTEM IN TRANSITION: CASE MANAGERS IN FAMILY SHELTERS

Increasing case management support for families with children in emergency shelters was one of the critical needs identified through DHS's FY13/14 Block Grant process. In response, a program was designed in which DHS case managers would be placed in family shelters. This approach allows case managers to have easy access to all DHS program offices and client information in order to be able to provide the most integrated service possible; it also means that families can continue to work with the case manager even after they find permanent housing. The case managers have been trained in positive engagement techniques and in the use of common assessments; they will also become proficient in DHS's new practice model, Conferencing and Teaming, in the coming months. In order to maximize impact, the two largest family emergency shelters were selected for the initial program. Plans call for the hiring of a fourth case manager and expansion of services to those families that are placed in motels on an emergency basis.

The case management staff has been successful in creating and maintaining connections to community services with the families they serve. For example, the staff has assisted families in maintaining mainstream benefits (e.g., Medical Assistance, Temporary Assistance for Needy Families, Supplemental Nutrition Assistance Program) through assistance with renewals, updating of housing status, and troubleshooting with the assistance of the County Assistance Office's ombudsman. They have successfully assisted families with applications for housing programs, market rate rental properties and Supplemental Security Income. Additionally, the staff has connected families that have young children to developmental supports such as Head Start and the Alliance for Infants and Toddlers.

5. Strengthen Program Monitoring

DHS, as part of its contract monitoring, is responsible for data collection and reporting to HUD. Program monitoring in its current form, however, is mostly regulatory and does not address program quality and standards of care. System improvement depends upon the use of outcome-based measurements, and monitoring that also evaluates program quality and fidelity. As standards are defined more consistently and reflected in provider contracts, contract monitoring capacity will also have to be addressed. Provider and client engagement should be an integral component of monitoring and quality improvement activities.

6. Coordinate All Housing Services and Supports Available Through DHS

In addition to the homelessness services managed by the DHS Office of Community Services, several other DHS offices contract for or otherwise facilitate access to housing and residential programs for the clients they serve. These offices include child welfare (e.g., rental assistance), behavioral health (e.g., residential drug and alcohol programs; in-patient mental health facilities), intellectual disability (e.g., Lifesharing program) and independent living (e.g., emergency shelter and scattered site transitional housing for former foster care youth). Since those individuals and families who experience a housing crisis frequently have a history of involvement in other DHS services or could benefit from these services, it might make sense to include many of these residential options within the coordinated intake system. For example, if a caller to the homelessness system is struggling with addiction and would like assistance, a referral to a drug and alcohol residential program may be more appropriate than a referral to an emergency shelter where those supports are not available. The caveat here is that many of these other — more appropriate — residential services have long waiting lists. The homelessness system ends up serving as a last-resort safety net for many individuals who could be better served by another program.

SYSTEM IN TRANSITION: INTEGRATED SERVICE PLANNING PROCESS

A new DHS initiative that could be well-positioned to assist some individuals in the homelessness system is the Integrated Service Planning Process (Adult ISP). Based on a similar process used in the child-serving system, Adult ISP brings together designated DHS program office administrators and any other applicable entities (e.g., justice-related services, housing, managed care, service coordination or natural supports) to forge integrated solutions.

Chronically homeless individuals frequently have a long and complex history of mental and physical health concerns, in and may also have criminal backgrounds. They are extremely expensive to serve in an ongoing crisis mode, cycling through emergency rooms, homeless shelters, street outreach and jail. Adult ISP could determine the best way to address clients' long-term needs and break this cycle.

7. Improve Case Management Practice, Transition Planning and Use of Natural Supports

Standardizing case management practice across programs is a necessary element of system improvement, as it will allow for clients to easily and seamlessly enter, navigate and exit the system. It is particularly important that this practice utilize a strengths-based approach toward self-sufficiency. DHS's practice model of Conferencing and Teaming addresses these needs and also is an effective mechanism for helping clients (re)establish natural supports and community networks that can assist them in moving toward a permanent home and the achievement of identified goals. Using the Conferencing and Teaming model to develop a transition plan as soon as possible upon system entry will not only ensure that all parties are working toward the same goals, but will also encourage a relentless focus on permanency.

Locating DHS case managers in family shelters is a positive first step toward implementation of Conferencing and Teaming in the homelessness system. These case managers are going to be trained in Conferencing and Teaming in the coming months. If effective, this model should be considered as a template for expansion of Conferencing and Teaming to the entire homelessness system.

8. Address Inadequate Supply of Affordable Housing

Moving people quickly out of the homelessness system and into permanent housing, as well as helping people transition out of permanent supportive housing when they no longer need that level of service, will require an adequate supply of affordable, quality housing and willing landlords. Unfortunately, as described above, assuring housing availability is going to require a concerted and coordinated effort that includes elements of education, awareness and, potentially, creative funding strategies. A collaborative approach to designing and executing the possible strategy should include DHS, the city and county Housing Authorities, the Urban Redevelopment Authority, community development corporations, developers and others. In the short-term, DHS and providers can continue to reach out to landlords to encourage renting to this population (emphasizing the ongoing supports provided to the clients to maintain their independence and ensure that they are responsible tenants).

SYSTEM IN TRANSITION: RENT SUBSIDIES

In FY14/15, DHS will design and launch a rent subsidy program using flexible Block Grant funding. This program is designed to address the reality that clients often stay in service-heavy, high-cost residential programs, even though they no longer need that level of care, because they lack the financial resources to leave. The bottleneck that occurs is not due to lack of capacity within the system but to the unavailability of affordable rental housing stock in the county.

The target population for this new program, which will serve an estimated 20–40 individuals/families during the first year, will include clients who are willing and able to leave to live on their own, but lack the funds to pay for their own apartment. In addition to a monthly subsidy of approximately $200, DHS will also provide the first month's rent and security deposit.

Progress on this front has occurred through a cooperative agreement between DHS and the city and county Housing Authorities, in which 250 Section 8 housing vouchers have been designated for people leaving the homelessness system. Priority will be given to clients ready to leave PSH, thus opening up slots for other clients in need of those more intensive services. Referrals are sent to DHS by the program provider; DHS then submits appropriate requests to the Housing Authority.

SYSTEM IN TRANSITION: COMMUNITY RESOURCE SPECIALISTS

DHS hired a Community Resource Specialist to work with all providers of homelessness services to address common barriers within the system. Work groups have been formed around landlord engagement, childcare for homeless working families, and healthcare access for people who are homeless. Landlord engagement is a particularly sensitive issue as HUD's priorities have shifted from transitional housing to a Rapid Re-Housing (RRH) model. The Community Resource Specialist has worked with others in the community to begin the planning and implementation of a pilot tenant-training module that will educate clients on becoming ready to rent and how to be a good tenant. Transportation and employment are additional barriers to success for people experiencing homelessness; these issues will be worked on moving forward.

9. Focus on Prevention

Funding is extremely limited for prevention activities. Unfortunately, although HUD encourages programs to prevent precariously-housed individuals from entering the homelessness system, it does not provide resources for these prevention efforts. DHS has proactively addressed the issue in the child welfare system by using child welfare funds to help families facing possible homelessness with rental assistance and other moving expenses. More such efforts are needed. DHS's increasing focus on predictive analytics may provide a good starting point for these efforts. Understanding the risk factors that lead to homelessness, identifying those individuals and families early, and creating interventions to avoid homelessness would put Allegheny County at the forefront of this work nationally.

SYSTEM IN TRANSITION: HOUSING & EDUCATION ALLIANCE FOR YOUTH IN CRISIS

The Woodland Hills School District (WHSD), Community Human Services Corporation, the Allegheny Intermediate Unit (Education for Children and Youth Experiencing Homelessness Program) and DHS have established a multi-system partnership to identify, support and engage children and families at the early stages of a housing crisis in order to demonstrate how early provision of human services and housing supports can be most effective in resolving the current crisis and preventing poor school outcomes and further crisis. The partnership's goal is to support families living in a housing crisis but not yet in the homelessness system by developing a series of system reform recommendations leading to a redesign of the existing education and human services framework for outreach, communication, training and intervention. Where at all possible, Community Human Services and DHS will intervene with families or provide assistance to the school.

The target population for this pilot is families with students in the WHSD who are in a housing crisis but not yet homeless (thus not eligible for HUD funding).

Early intervention and engagement are critical components of an effective strategy to avoid homelessness and promote child well-being, school attendance, academic performance and successful family transition to independence, but a number of barriers exist. These barriers include: the lack of affordable housing; a misunderstanding and lack of knowledge of existing homelessness human services by families, school staff and community; fear and stigma associated with experiencing a housing crisis; and under-recognition of the impact of living in a housing crisis on youth and families.