



# Homeless System of Care Resources

- Decision Package – Strategic Plan linkage
  - 2.2 Be a facilitator, convener, and purchaser of services for those in need
  - 2.4 Support programs that seek to prevent and remedy homelessness
- Budgetary Impact
  - Requested: \$2,075,817
  - Recommended: \$1,558,816 in FY2017 budget based upon 8 month Rapid Re-housing operation with competitive procurement and hiring timeframes.
  - Review of performance and revised service level estimates anticipated for FY2018.
- Details
  - Supportive Housing services (\$227,816)
    - 4 FTE at Boley and Catholic Charities.
  - Rapid Re-housing and case management (\$1,035,000)
    - 9.75 FTE for case management, housing placement, financial and administrative assistance budgeted at 8 months.
    - Anticipated as competitive procurement to ensure system alignment and unified approach with services beginning January 1, 2017.
  - Case Management for Homeless Street Outreach (\$176,000)
    - 4 FTE for case management aligned with homeless outreach teams.
    - Provide follow-up to help maintain placement and stabilization.
  - HMIS Reporting and Quality Enhancement (\$120,000)
    - 1 FTE HMIS Specialist and 1 contract position to write custom reports and perform quality checks.

# Homeless System of Care Resources

## Human Services

### 1. Explain how the request ties to the Strategic Plan and how you will measure success.

Reducing homelessness in Pinellas County is a top priority for our community. The total number of homeless individuals reported to HUD from the 2015 Point-in-Time Count was 3,387. Including other categories of youth and individuals outside of the HUD definition, the number climbs to 6,853 individuals in need of assistance.

Addressing these needs require a collaborative approach to improving system resources and access to housing. **This decision package requests funding to 1) enhance supportive housing services, 2) develop rapid re-housing assistance with case management, 3) add case management to homeless street outreach, and 4) provide for local Homeless Management Information System (HMIS) data and reporting quality.** This request ties to the following County Strategic Plan areas:

#### Ensure Public Health, Safety, and Welfare

- 2.1: Provide planning, coordination, prevention, and protective services to ensure a safe and secure community
- 2.2: Be a facilitator, convener, and purchaser of services for those in need
- 2.3: Provide comprehensive services to connect our veterans and dependents to the benefits they have earned
- 2.4: Support programs that seek to prevent and remedy the causes of homelessness and move individuals and families from homelessness to permanent housing

#### Deliver First Class Services to the Public and our Customers

- 5.2: Be responsible stewards of public resources

#### **Services and Outcomes:**

#### **Supportive Housing Services and Outcomes:**

Site specific Supportive Housing Services will be provided for individuals families based on the Substance Abuse & Mental Health Services Administration's (SAMHSA) Best Practice Model. Each resident will work with the Supported Housing staff to identify their goals, identify barriers to reaching their goals and obtain the supports, services and treatment they need to maintain their stability. These supportive services will largely focus on two (2) key locations Boley Centers and Catholic Charities Diocese of St. Petersburg (CCDOSP):

#### Boley Centers:

Boley currently has 15 new units for homeless Veteran Families which are ready for occupancy. Outreach efforts have begun. An additional 50 units of housing for homeless individuals and families are under development. Supportive Housing staff will support residents of these units.

#### Target population:

- The targeted population is homeless families and chronically homeless individuals affected by mental health and co-occurring substance abuse issues in need of supports, treatment and services to exit homelessness and begin recovery. Boley currently serves 320 homeless households at any given time and approximately 400 households per year.

#### Sample Measurable Outcomes:

- 80% of residents will maintain permanent housing or move to an equally independent/stable housing environment.
- 60% of residents will maintain or increase their income.
- 80% of residents will be involved in meaningful daily activity such as treatment, employment, volunteerism or school.

#### CCDOSP:

CCDOSP will be adding 76 new units for homeless individuals which are ready for occupancy anticipated May 2016. There are 8 designated units already for homeless veterans. Outreach efforts have begun and will be ongoing until we are at 100% occupancy rate. Supportive Housing staff will support the residents of these units.

*Target population:*

- The targeted population is chronically homeless individuals affected by mental health and co-occurring substance abuse issues in need of supports, treatment and services to exit homelessness and begin recovery. CCDOSP currently serves up to 350 homeless individuals at any given time and approximately 1600 individuals per year.

*Sample Measurable Outcomes:*

- 80% of residents will maintain permanent housing or move to an equally independent/stable housing environment.
- 60% of residents will maintain or increase their income.
- 80% of residents will be involved in meaningful daily activity such as treatment, employment, volunteerism or school.

### **Rapid Re-housing and Case Management Services and Outcomes:**

Rapid re-housing is an effective tool to reduce homelessness and enhance stability for receiving supportive services. Critical activities required for best practice delivery of rapid re-housing include 1) landlord outreach and engagement, 2) financial assistance for temporary rent, utilities, and other needs from 2 month to 12 months with share of cost, 3) case management for connection to critical services and benefits, and 4) assessment of housing barriers to address immediate practical barriers to housing. Locally, rapid re-housing processes will align with the implementation of Coordinated Intake and Assessment with the use of evidence based assessment tools (VI-SPDAT) approved and required by HUD. The program will also align with other assistance programs to maximize efficiencies and outcomes.

Proposed project will provide rapid re-housing for an estimated 110 homeless families and 210 homeless and chronically homeless men and women experiencing homelessness over the one-year term. (based on an average of 4.5 to 6 months of assistance required and typical program attrition) The service population often has experienced financial crisis leading to homelessness, legal issues, poor rental history, disabilities and other health concerns, history of family violence, and little to no current income.

*Sample Measurable Outcomes:*

- Reduce the time households are homeless – 30% of the households will access permanent housing within 30 days
- 60% of participants will increase their income through education, entitlements and/or employment;
- Increase exits to permanent housing – 80% of assisted households will exit to permanent housing
- 80% of participants placed in permanent housing will maintain housing six (6) after exit from program
- 70% of participants placed in permanent housing will maintain housing one year after exit from program

### **Case Management for Homeless Street Outreach:**

Pinellas County currently invests in four (4) homeless street outreach teams that work to engage and place individuals and families in temporary shelter to be off the street while awaiting services. The teams provide incredible services, however, following the initial engagement and placement, the team is unable to provide critical case management services. Historically, the timing it takes to move into a more permanent setting and associated services often provides a gap in addressing the needs of homeless individuals and families. This decision package proposes to add case management services to homeless street outreach to ensure ongoing engagement and progress. Human Services has found that effective case management in coordination with

outreach and engagement is needed to help with more permanent placement and to reduce movement back to street homelessness.

### **HMIS Data and Reporting and Quality Enhancement:**

The Homeless Leadership Board (HLB) proposes to coordinate critical enhancements to the local HMIS to improve information for the local Continuum of Care (CoC) through the use of a new HMIS Specialist position and contractual services.

#### The HMIS Specialist will:

- Serve as principal technical and functional liaison between the CoC lead (HLB) and the HMIS lead agency (211) to ensure maximum compliance with HUD HMIS standards and procedures.
- Provide data analysis of specific system-wide performance measures to identify progress in meeting HUD performance standards.
- Provide data analysis and regular monitoring of data quality of HMIS to identify and work with CoC lead and HMIS lead agencies to correct problems with data integrity, consistency, accuracy and completeness.
- Communicate significant HMIS application issues and/or make system enhancement improvements to the CoC lead and HMIS lead agencies.
- Be a support liaison for homeless provider agencies using Homeless Management Information System (HMIS).
- Assist in membership outreach and relationship building with agencies, businesses, and individuals to expand the use and effectiveness of HMIS
- Analyze reports in order to trace performance issues.
- Ensure that the HMIS operates smoothly and that data input and retrieval meet HUD's requirements.

#### The contractual position will:

- Build custom reports to meet the needs of the HLB, Funders, Policy Makers, Provider Council, and Elected Officials.
- Conduct regular HMIS data quality checks as defined by HMIS policies and procedures and.
- Troubleshoot reports in order to trace performance issues to fix the root cause.

**2. Demonstrate the need for the new expenditure. Includes defining the customer benefit.**

The total number of homeless individuals reported to HUD from the 2015 Point-in-Time Count was **3,387**. This number was almost identical to the **3,391** that were reported to HUD in 2014. There were an additional **388** individuals in the street survey, **408** in the jail data, and **2,670** in the school data that did not meet HUD criteria and were not reported. Taken together these populations make up **6,853** individuals in need of assistance. This overall number can vary from year to year based upon which datasets are included and contains **2,196** children who report sharing the housing of other persons in the school dataset.

**3. If needed to meet a regulatory requirement, provide statutory support.**

N/A

**4. Is the request going to change the service level of a program? If so, define the current service level and the new service level, measuring the change.**

This request will provide a significant capacity increase for the homeless system of care to allow for collaboration around housing support services for stabilization, rapid re-housing, case management, and enhancements around data and reporting. Anticipated service levels and outcomes have been included (**Question 1**).

**5. If this can't be accomplished with current County resources or with a partner, show determination of this fact.**

The number of individuals counted in the 2015 homeless Point in Time count mirror the numbers from 2014. Existing system capacity lacks dedicated housing supports for individuals to quickly obtain housing and remain stable in housing.

**6. Include facts and figures to support all requests. (data, statistics, financial analysis)**

The total budget request for this decision package is **\$2,075,817**

- Supportive Housing Services: \$227,816
- Rapid Re-housing and Case Management: \$1,552,001
- Case Management for Homeless Street Outreach: \$176,000
- HMIS Data and Reporting Enhancements: \$120,000

**Service Level Budget Request by Program:**

**Supportive Housing Services:**

*Boley Centers Supportive Housing Specialists:*

<b>Total Budget Request: \$120,489</b>	
2 FTE Supported Housing Specialist: (Salary/Benefits)	\$92,720
Operating/Mileage:	\$13,908
Administration: (13%)	\$13,861

*CCDOSP Supportive Housing Specialists:*

<b>Total Budget Request: \$107,327</b>	
2 FTE Supported Housing Specialist: (Salary/Benefits)	\$81,920
Operating/Mileage:	\$13,908
Administration: (12%)	\$11,499

**Rapid Re-housing and Case Management Services:**

<b>Total County Budget Request: \$1,552,001</b>	
6 FTE Case Managers: 1.5 FTE Housing Specialists 1 FTE Administrative Assistant 1 Assistance/Financial Specialist 0.25 FTE Program Manager (Salary/Benefits)	\$392,433
Operating:	\$236,798
Financial Assistance:	\$922,770

**Case Management for Homeless Street Outreach:**

<b>Total Budget Request: \$176,000</b>	
4 FTE Case Manager:	\$158,400
Administration	\$17,600

**HMIS Data and Reporting and Quality Enhancement:**

Total Budget Request: <b>\$120,000</b>	
1 FTE HMIS Specialist: (Salary/Benefits)	\$75,000
Operating:	\$5,000
Contractual Position:	\$40,000

7. **If claiming an operational efficiency, show the financial impact and timing (ROI).**  
N/A
8. **All requests must reference the major programs impacted.**  
Funding would provide enhanced capacity for Homeless Programs. The funding would reside in Human Services budget for administration.
9. **Be able to demonstrate financial sustainability.**  
Funding request is reoccurring.
10. **If it includes computer software or hardware:**
  - a. **Has BTS been consulted?**  
N/A
  - b. **Can it be done with any current products the county already owns?**  
N/A
  - c. **Is it consistent with current county architecture?**  
N/A
  - d. **Can BTS support it?**  
N/A
11. **In addition, if the request is for a new position, also include:**
  - a. **The firmly defined role for the new position. Include justification for why this role can't be filled by existing resources or existing partners.**  
N/A
  - b. **If the request relates to EAM backfill, must be part of the EAM project budget in BTS.**  
N/A