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Continuum of Care, Best Practices

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Polk County Housing Trust Fund

Combating Homelessness: Continuum of Care, Best Practices

A Study of Continuums of Care and Practical Applications to Polk County

Prepared by
The Polk County Housing Trust Fund

What is a Continuum of Care?

In 1987, Congress passed the McKinney-Vento Homeless Assistance Act, which provided funding for various homeless housing programs.¹ There were three major homeless assistance programs included as part of the McKinney-Vento Act: Supportive Housing, Shelter Plus Care, and Section 8 Moderate Rehabilitation Program for Single Room Occupancy Dwellings.² Originally, “HUD did not impose any requirements for systemic planning at the local level” for federal funds provided by the McKinney-Vento Act.³ However, in 1995 HUD began to require local communities to submit a single application for McKinney-Vento funds in order to facilitate coordination amongst local providers and promote the development of Continuums of Care.⁴ In 2009, the McKinney-Vento Act was reauthorized and updated by the HEARTH Act.⁵ One of the purposes of the HEARTH Act was to codify the Continuum of Care planning process as a requirement to receive HUD homeless assistance money.⁶

¹ HUD, *Continuum of Care 101*, <http://www.hudhre.info/documents/CoC101.pdf> 1, 84 (June 2009).

² Technical Assistance Collaborative, Inc., *How to be a “Player” in the Continuum of Care*, <http://www.tacinc.org/downloads/ContinuumofCareGuide.pdf> 6, 55 (Jan. 2001).

³ HUD, *supra* n. 1.

⁴ National Alliance to End Homelessness, *Fact Sheet: Questions and Answers on Homelessness Policy and Research*, <http://www.endhomelessness.org/content/article/detail/1744> 1, 2 (Jan. 2010).

⁵ See National Alliance to End Homelessness, *Summary of the HEARTH Act*, <http://www.endhomelessness.org/content/general/detail/2098> (June 2009).

⁶ Pub. L. No. 111-22, 123 Stat. 1632 (2009).

A Continuum of Care (CoC) is both an organization and an idea.⁷ As an organization, a CoC “is a regional or local planning body that coordinates housing and services for homeless families and individuals.”⁸ A CoC also establishes the strategic community homelessness plan or idea.⁹ HUD identifies four essential elements of a CoC: (1) intake and assessment of homeless persons, (2) emergency shelters, (3) transitional housing plus services, and finally, (4) permanent housing and permanent supportive housing.¹⁰ There are several other tasks that CoCs typically handle as well, such as conducting annual homeless population counts.¹¹

A CoC is a connection of public, private, and nonprofit entities that have an interest in solving the homelessness problem within the community.¹² Every year these CoCs compete for HUD funding. There are over 460 CoCs competing for the same funding across the nation each year.¹³ In order to receive this funding each year, the CoC must submit an annual plan that establishes their goals, as well as outcome measures in order to determine if the goals are being met.¹⁴ There are a vast number of CoCs competing for limited HUD money; therefore, to be a success, the newly formed Polk County CoC must look to the best practices regarding CoCs from around the country.

⁷ See National Alliance to End Homelessness, *supra* n. 4.

⁸ *Id.*

⁹ *Id.*

¹⁰ *Id.*

¹¹ *Id.*

¹² See HUD, *supra* n. 1 at 4.

¹³ *Id.* at 6.

¹⁴ See *id.* at 4.

Best Practice – Centralized Intake

Many CoCs across the nation use a centralized intake system in order to more efficiently provide resources to homeless individuals and families.¹⁵ National research has shown centralized intake is one of the most important factors in a successful homelessness program.¹⁶ Centralized intake is a “single place or process for people to access the prevention, housing, and/or other services they need.”¹⁷ Although centralized intake models vary depending on the CoC, typical elements include: information about programs or agencies that provide housing or services, a place to request assistance, and screening and assessment tools.¹⁸ Some CoCs centralized intake points are more comprehensive than others, but all CoCs aim to make the process of intake more efficient not only for the homeless persons, but also the providers as well.¹⁹

The newly formed Polk County CoC will need to determine what type of centralized intake model fits the community the best: single location, multiple locations, a phone hotline, or a mixed model of centralized intake.²⁰ All models have their benefits and limitations; it is up to the CoC to determine which model best fits the community. Several other design factors for the program must be determined as well, such as, what are the specific goals desired from the centralized intake model, which homeless populations will be served, who will be the lead agency, what services will be provided,

¹⁵ HUD, *Centralized Intake for Helping People Experiencing Homelessness*, http://hudhre.info/documents/HPRP_CentralizedIntake.pdf 1, 26 (accessed July 9, 2012).

¹⁶ *Id.*

¹⁷ *Id.*

¹⁸ *Id.*

¹⁹ *See id.*

²⁰ *See id.* at 5.

how to inform clients, how will data be managed, and what level of authority the centralized intake point will have over program admissions.²¹

“Uncoordinated intake systems [on the other hand] cause problems for providers and consumers.”²² Typically uncoordinated systems are much more scattered and difficult to navigate.²³ A homeless person or family may go from agency to agency, none of which may be able to help them, and each agency quite possibly has multiple intake forms.²⁴ This costs the community time, money, and staff as the provider’s attention is diverted from housing issues.²⁵ Thus, the important take away is that a centralized model is much more efficient for everyone involved, from the providers to the homeless persons.²⁶

Connecting Point in San Francisco is a good example of a mixed centralized intake system.²⁷ Connecting Point is a centralized intake system that focuses on families, and replaced the fragmented services that were previously offered.²⁸ Connecting Point has complete authority when deciding into which shelters homeless families are admitted.²⁹ According to Connecting Point, thorough intake and assessment are the keys to an efficient and positive intake outcome.³⁰ Connecting Point is a two step intake process: step one, the homeless family calls the Connecting Point crisis hotline for a phone intake where a counselor gathers information and

²¹ *Id.* at 8-10.

²² National Alliance to End Homelessness, *One Way In: the Advantages of Introducing System-Wide Coordinated Entry for Homeless Families*, <http://www.endhomelessness.org/content/article/detail/3974/> (May 25, 2011).

²³ *See id.*

²⁴ *Id.*

²⁵ *Id.*

²⁶ HUD, *supra*. n. 15.

²⁷ *See id.* at 13.

²⁸ *Id.*

²⁹ *Id.* at 14.

³⁰ *Id.*

schedules an appointment.³¹ Step two is attending an in-person appointment where more in-depth information is gathered and the family is then served.

Another type of centralized intake model is utilized in Hennepin County, Minnesota.³² The Hennepin County model is a single location centralized intake model.³³ There is only one location, or entry point for homeless families in Hennepin – the Hennepin County Social Services Building.³⁴ This model of centralized intake is different compared to the San Francisco model, as there is no telephone hot line number; it simply is a single location model. Homeless families meet with the shelter workers to determine their best housing options.³⁵ The staff interviews the family to gather information, such as, “where they last stayed, the benefits they currently receive, and their financial resources.”³⁶ In Hennepin County, shelter stays are viewed as a last resort option, therefore the shelter staff attempts to place the family in other living arrangements, such as supportive housing.³⁷ This type of “physically centralized intake model is typically most appropriate for those areas that are small and/or have a reliable and comprehensive mass transit system.”³⁸

An additional form of centralized intake is the multiple location intake model.³⁹ Although decentralized intake or multiple location intake offers several places from which a homeless family can access services and housing, it is still considered a form of centralized intake because each location: “uses the same set of agreed-upon

³¹ *Id.*

³² National Alliance to End Homelessness, *supra* n. 22.

³³ *Id.*

³⁴ *Id.*

³⁵ *Id.*

³⁶ *Id.*

³⁷ *Id.*

³⁸ *Id.*

³⁹ *Id.*

assessment and targeting tools, makes referrals using the same criteria, and has access to the same set of resources.”⁴⁰ Large communities or communities with a poor public transit system would probably use this model as it would be easier for the clients to access the resources.⁴¹ The drawback to the multiple location model however is that it increases the likelihood for discrepancies in how referrals to providers are handled.⁴²

Alameda County, California is an example of the multiple location model.⁴³ There are eight Housing Resource Centers distributed around the county to access intake.⁴⁴ Each of the eight locations uses the same method of assessment, data collection, and targeting strategies.⁴⁵ Although the multiple locations model makes it more difficult to stay coordinated, the Alameda County centralized intake model attempts to alleviate the problem by conducting group meetings.⁴⁶ The staff at each of the eight locations meet together monthly to communicate and stay on the same page.⁴⁷

⁴⁰ *Id.*

⁴¹ *Id.*

⁴² *See id.*

⁴³ *Id.*

⁴⁴ *Id.*

⁴⁵ *Id.*

⁴⁶ *Id.*

⁴⁷ *See id.*

Best Practice – Outcome Measures

“The HEARTH Act requires communities to implement strategies to prevent the loss of housing, help people quickly move out of homelessness and into housing, and ensure housing stability.”⁴⁸ Thus, it is imperative that the Polk County CoC establish quantifiable outcome measures in order to ensure the HUD requirements are satisfied.⁴⁹ Outcome measures are also important as they can inform the CoC what programs, if any, should have their funding altered or cut, based on the effectiveness of the program. There are various types of outcome measures that should be considered, based on the type of program and segment of homeless population being targeted. For example, if the CoC were to implement a Housing First policy,⁵⁰ outcome measures such as length of stay in shelters, housing placement, housing stability, recidivism rates, housing outcomes, residence health, and increase in economic well-being are all important measurements to consider in the success of the Housing First program.⁵¹

There are various HUD measures stated in the HEARTH Act, for example: recidivism rates, job growth for homeless individuals, and the overall reduction in the number of homeless persons.⁵² When implementing a housing program using HUD funding (such as Supportive Housing or Shelter Plus Care), the CoC must ensure that

⁴⁸ National Alliance to End Homelessness, *Becoming a Data Driven System: Columbus, Ohio*, <http://www.endhomelessness.org/content/article/detail/3463> (accessed July 10, 2012).

⁴⁹ HUD, *Homeless Management Information System*, <http://www.hudhre.info/index.cfm?do=viewHMISHome> (accessed July 11) (HMIS is the information system designated by the Continuum of Care to comply with HUD’s data collection... and reporting standards.”).

⁵⁰ National Alliance to End Homelessness, *What is Housing First?*, <http://www.endhomelessness.org/content/article/detail/1425/> (Nov. 9, 2006) (“Housing First is an approach that centers on providing homeless people with housing quickly and then providing services as needed.”).

⁵¹ *Id.*

⁵² Pub. L. No. 111-22, *supra* n. 6.

the funds are being used in compliance with the required HUD standards.⁵³

Additionally, many CoCs establish their own local quantifiable outcome measures on top of the HUD standards.

One of the best examples of outcome measures is the Columbus model, where the Community Shelter Board⁵⁴ created several local outcome measures in order to evaluate the success of their homeless programs, from average length of stay to the number of detoxification related program exits.⁵⁵ “Columbus has consistently performed well on outcomes in the HEARTH Act.”⁵⁶ For example, Columbus was able to reduce family homelessness from a local high of over 1,200 families in 1997 to only 746 in 2009.⁵⁷ Furthermore, only one percent of single adults served in the Columbus model returned to homelessness, while in 2009, no families who were served returned to homelessness.⁵⁸ These examples of success are due in large part to the outcomes based funding model upon which Columbus operates.⁵⁹ The outcomes based funding approach allows Columbus to monitor and evaluate the housing and service providers to determine whether the providers are meeting the overall community goal.⁶⁰ Every

⁵³ *See id.*

⁵⁴ Community Shelter Board, *Together, CSB is Ending Homelessness*, <http://www.csb.org/?id=how.what> (accessed July 10, 2012) (The Community Shelter Board is the lead agency in Columbus fighting to end homelessness. The CSB controls the majority of the funding to fight homelessness in Franklin County).

⁵⁵ Community Shelter Board, *FY2013 Program Performance Standards*, <http://www.csb.org/files/docs/Resources/money/CSB%20Gateway/Applying%20for%20Funds/2012/FY13%20Program%20Performance%20Standards.pdf> (accessed July 10, 2012) (This is a list of all of the outcome measures that the CSB uses to determine the success of their program).

⁵⁶ National Alliance to End Homelessness, *supra* n. 48.

⁵⁷ *Id.*

⁵⁸ *Id.*

⁵⁹ *Id.*

⁶⁰ *Id.*

provider that makes up the Columbus CoC takes part in the data tracking measurements.⁶¹

Columbus created a “program outcomes plan,” which established the required level of program performance in regards to the CSB funded projects.⁶² The Columbus CoC charts more than 30 client/program level outcome measures.⁶³ Every year the programs are monitored to determine whether they are meeting their goals.⁶⁴ All programs funded by the Community Shelter Board and HUD must comply with the local outcome measures, in addition to the CoC standards established by HUD.⁶⁵ All programs monitored by the Columbus CoC are contractually obligated to data quality and performance standards, established by HUD and local guidelines.⁶⁶

Columbus added many local outcome measures depending on the type of program.⁶⁷ For example, in the Homelessness Prevention program, Columbus added the outcome measurement of “Successful Housing Outcomes.”⁶⁸ This measurement is calculated annually, with a goal that at least 90% of people served will maintain or obtain housing.⁶⁹ While in the Supportive Housing program, Columbus created the “Employment Status at Exit” measurement.⁷⁰ This is also measured annually, with the

⁶¹ *Id.*

⁶² Community Shelter Board, *Program Outcomes Plan (POP) Overview*, <http://www.csb.org/files/docs/Resources/money/CSB%20Gateway/Applying%20for%20Funds/2012/FY13%20POP%20Overview.pdf> (accessed July 10, 2012).

⁶³ National Alliance to End Homelessness, *supra* n. 48.

⁶⁴ *Id.*

⁶⁵ Community Shelter Board, *supra* n. 54.

⁶⁶ National Alliance to End Homelessness, *supra* n. 48.

⁶⁷ *See* Community Shelter Board, *supra* n. 54.

⁶⁸ *See id.*

⁶⁹ *Id.*

⁷⁰ *Id.*

goal that “at least 20% of households exiting [supportive housing] will have employment.”⁷¹

The Community Shelter Board in Columbus has created many more local outcome measurements besides these two examples, but the take away here is that establishing goals and monitoring their outcomes is important to a CoC. In the Columbus model, “significant failure to meet program outcomes may result in contract enforcement related to reduction of funding or termination.”⁷² The Columbus CoC reviews the performance standards of each program every year.⁷³ The CoC considers the HUD standards as well as the locally set standards to determine the level of success of a provider program.⁷⁴

If a program repeatedly does not meet its specific goals or overall performance target, it is then considered a “program of concern.”⁷⁵ Programs that are “of concern” must participate in a Quality Improvement Intervention Program (QII).⁷⁶ This is one of the best features of the Columbus outcome measures model.⁷⁷ This feature of the Columbus model not only keeps the providers accountable, it also attempts to help the providers avoid failure. The QII program covers four main areas: (1) problem identification, (2) collaborative goal setting and improvement planning (between the provider and the CSB/the CoC), (3) responsibility assignment, and (4) progress updates.⁷⁸ The QII program can last anywhere from a month to two years, and if the

⁷¹ *Id.*

⁷² Community Shelter Board, *supra* n. 61.

⁷³ National Alliance to End Homelessness, *supra* n. 48.

⁷⁴ *Id.*

⁷⁵ *Id.*

⁷⁶ *Id.*

⁷⁷ National Alliance to End Homelessness, *The Columbus Model: Quality Improvement* <http://www.endhomelessness.org/content/article/detail/3508/> (Nov 5, 2010).

⁷⁸ *Id.*

program does not meet the required performance outcomes, it is then defunded.⁷⁹

However, the QII program has been extremely successful; there has been a 100% success rate for providers that have been involved with the QII program.⁸⁰

The same type of quantifiable outcome measurement model should be implemented in Polk County. The local CoC must follow the CoC guidelines established by HUD, but that is just the bare minimum. Many of the outcome measurements in Columbus are at the community's discretion rather than HUD's.⁸¹ If the Polk County CoC wants to make a strong impact in the community, it must go above and beyond what is required and establish local outcome measurements much like Columbus. This is one of the best ways to make sure the funding is spent wisely and efficiently to combat homelessness.

Conclusion

To make a strong, positive impact in the community and to become a successful Continuum of Care, the Polk County CoC should look to implement these best practices from around the nation. Both centralized intake and quantifiable outcome measures are policies that will help the Polk County CoC achieve its goals. Centralized intake will make allocating housing resources much more efficient and favorable to the community. Implementing quantifiable outcome measures, similar to Columbus, will allow the Polk County CoC to track its progress in achieving its goal of ending homelessness. These are two helpful methods, with proven results, which the Polk County CoC can use to become a success.

⁷⁹ *Id.*

⁸⁰ *Id.*

⁸¹ See Community Shelter Board, *supra* n. 54.