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THE STATE OF FAMILY HOMELESSNESS IN CENTRAL FLORIDA

ABSTRACT

A comprehensive overview of research, identification, and piloting of a homeless intervention program.

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GLOSSARY

Case Management A collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality, cost-effective outcomes.

Central Florida Commission on Homelessness (CFCH) The backbone organization for collective impact strategies to make homelessness rare, brief, and one-time. It has now become one with the Continuum of Care.

Children's Health Insurance Program (CHIP) Provides health coverage to eligible children, through both Medicaid and separate CHIP programs. States administer CHIP according to federal requirements. Dollars from states and the federal government jointly fund CHIP.

Coordinated Entry System (CES) A client-centered process that, through data-driven and standardized methods, streamlines access to the most appropriate housing interventions for the most vulnerable homeless people in our community.

Community Resource Network (CRN) Facilitates a coordinated and collaborative network of community organizations, nonprofit providers, agencies, and members of the Central Florida faith communities to support McKinney-Vento program (MVP) families. Prevents family homelessness in our Tri-County area, through sharing resources, services, and support programs for families.

Continuum of Care (CoC) A community with a unified plan to organize and deliver housing and services to meet the specific needs of people experiencing homelessness as they move into stable housing and maximize self-sufficiency. Housing and Urban Development (HUD) funds many homeless programs and Homeless Management Information System (HMIS) implementations through Continuums of Care grants.

Diversion A strategy to prevent homelessness for families seeking shelter by helping them identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help prevent the family from entering the homeless system.

Employment Specialist (ES) An individual who works with clients to determine their level of education, skills, abilities, and any barriers to work. Develops an individual employment program map to assist in identifying and keeping jobs. Helps with resume, training, and interviewing.

Family Homelessness Pilot (FHP) A community pilot to increase income and help families experiencing homelessness stay in housing through employment and financial assistance.

Homeless Services Network (HSN) The lead agency for the Continuum of Care of homeless services in Orange, Osceola, and Seminole Counties, including the cities of Orlando, Kissimmee, and Sanford.

Homeless Management Information System (HMIS) Federally mandated data standard used to develop a database to collect unduplicated information on individuals and families experiencing homelessness within our CoC.

Housing and Urban Development (HUD) The Department of Housing and Urban Development administers programs that provide housing and community development assistance. The Department also works to ensure fair and equal housing opportunities for all.

Housing First An approach that emphasizes stable, permanent housing as a primary strategy for ending homelessness. Focus is on helping individuals and families get into housing first, while providing wrap-around services to help stabalize the individual or family.

GLOSSARY

HUBS Places where families can do the intake process for the Coordinated Entry System. These can include nonprofit partners, pop-up locations, or 2-1-1.

Learning Collaborative (LC) An educational approach that combines individuals into groups of two or more learners to work together to solve problems, complete tasks, or learn new concepts.

McKinney-Vento Homeless Coordinators In-school social workers who specifically work on compliance with the McKinney-Vento Act. The U.S. law was passed in 1987 and provides federal money for homeless programs, including the Emergency Solutions Grant and Continuums of Care. It also protects the rights of children experiencing homelessness in the public school system by granting them protected-class status.

Permanent Supportive Housing (PSH) Decent, safe, affordable, community-based housing that provides disabled tenants with the rights of tenancy and links to voluntary and flexible supports and services for people with disabilities who are experiencing chronic homelessness.

Progressive Engagement The process of increasing the level of engagement with clients as their ability, knowledge, and education dictates.

Public Housing Authority (PHA) Established to provide decent and safe rental housing for eligible low-income families, the elderly, and persons with disabilities.

Rapid Re-Housing (RRH) short and/or medium-term rental assistance to help families living in shelters or other places not meant for human habitation to move as quickly as possible into permanent housing and to achieve stabilization in that housing.

Registry The by-name list of all clients who have been identified as homeless in our community. The list is updated on a weekly basis and is filtered for the various populations that available programs serve (veterans, persons experiencing chronic homelessness, families, etc.)

SOAR (SSI/SSDI Outreach, Access, and Recovery) A program designed to increase access to SSI/SSDI for eligible adults who are experiencing or are at-risk of homelessness and have a mental illness, medical impairment, and/or a co-occurring substance use disorder.

Supplemental Security Income (SSI) Managed by the Social Security Administration to provide monthly benefits to people with limited income and resources who are disabled, blind, or age 65 or older. Blind or disabled children may also receive SSI.

Social Security and Social Security Disability Insurance (SSDI) A program that provides monthly Social Security Disability payments to people under age 65 who have qualifying disabilities and sufficient work credits.

Temporary Assistance for Needy Families (TANF) A time-limited program that assists families with children where the parents or other responsible relatives cannot provide for the family's basic needs.

Veterans Administration (VA) provides healthcare services to eligible military veterans at VA medical centers and outpatient clinics.

FAMILY HOMELESSNESS – IMPACT FAMILIES SYSTEM INITIATIVE

BACKGROUND:

Following the completion of the Family Study, The Current State of Family Homelessness in Central Florida[1], in September of 2015, the Family Committee of the Central Florida Commission on Homelessness (CFCH) went through a series of planning sessions. From the sessions, 10 recommendations were made based on national best practices as outlined by Housing and Urban Development (HUD) and the National Alliance to End Homelessness.

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THE RECOMMENDATIONS WERE:

1. Housing First
2. Use of HMIS
3. Agreed upon performance benchmarks
4. Rapid Re-housing for families experiencing homelessness
5. Shared Information
6. Develop a Common Terminology
7. Employment programs should make this population a priority
8. Development of an affordable housing strategy
9. Periodically conduct a system assessment to identify resources, needs, and best practices
10. Each locality will have its own response, but overall recommendations should be universal

At the three-year mark from when the study was conducted and the two-year mark of the planning sessions, the outcomes in each of the areas were identified:

1. **The Housing First Model** has been adopted community-wide as the best practice to address both chronic and family homelessness. While there are still a few agencies who have not fully embraced the model, the majority have. In the case of families, the most difficult part of the equation is the differences in definition between literally homeless and the academic definition of homelessness.

   Through the Community Resource Network (CRN), the faith community has stepped in to help families who do not qualify for Rapid-Rehousing subsidies. CRN is a nonprofit focused on meeting the needs of the families who do not qualify for a subsidy. At the intake HUBS, CRN is often collaborating with the Coordinated Entry System (CES) to assist families who are not subsidy eligible. Federal programs do not have adequate funding to provide Housing First style subsidies to all literally homeless families, making it impossible to link housing subsidies to all of the families that meet the academic definition of homelessness.

2. **Use of the Homeless Management Information System (HMIS)** has increased as more local funders, including Central Florida Foundation, City of Orlando and others, supported the recommendation by updating contacts to include required participation in HMIS. Hospital systems also began using it. Agencies in the Continuum of Care (CoC) also see the benefits to using the shared network.

3. **The seven system benchmarks** required by HUD (Appendix B) are the agreed upon performance metrics for the CoC. Homeless Services Network (HSN) received a grant to develop a shared system with transparent data sharing. The HSN HMIS team has also worked on a local dashboard that allows agencies to see their progress against data standards and offers online tutorials to make corrections.

4. **Rapid Re-housing (RRH)** for families experiencing homelessness is the adopted standard in all three counties (Orange, Seminole, Osceola) for literally homeless families. At the beginning of the pilot, there were 304 families enrolled in RRH. Of those families, 192 were housed and receiving subsidies, while the other 112 families were paired with a Housing Case Manager to search for housing. At the end of the pilot, 229 families were in the CES process and on the By-Name Registry. Of those families, 163 were awaiting Navigation, and the other 66 were paired with Community Navigators to assist the family with eligibility and documents for RRH.

5. **Information is now shared** amongst providers through HMIS and participation in the CoC meetings and committees. Additionally, Case Managers are able to share information through the Learning Collaborative and Coordinated Entry System (CES) Registry.

6. **HSN has developed a common terminology.** The glossary was distributed in the Learning Collaborative and sent to all agencies.

[1]Poppe, Barbara, & Associates, The Current State of Family Homelessness in Central Florida, 2014

7. **Employment programs should make this population a priority.** — The Impact Families System initiative identified the need for employment assistance for families who have challenges in their background creating barriers to employment, including, but not limited to, arrests and convictions, inconsistent employment history, no previous employment, lack of education, lack of transportation, and inadequate childcare. These families were prioritized for 4C childcare subsidies, but only after they became employed. Flex funds administered through Impact Families were able to meet some of these needs. Employment programs should include background checks in order to avoid surprises in the employment process.

8. **Develop an affordable housing strategy.** — This requires dedicated focus and attention. The efforts in Central Florida focus on a lack of housing inventory and the amount of families spending more than 30% of their take home pay on housing. Several initiatives have been implemented since the planning meetings were completed. Former Orange County Mayor, Teresa Jacobs led an Affordable Housing Summit with a series of three regional community workshops following the initial meeting, and an affordable housing task force was created. Orange County Mayor Jerry Demings also launched the Housing for All Task Force to prioritize short and long-term solutions to address the affordable housing crisis in Orange County, Florida. In November 2019, the task force finalized **a 10-year action plan** that was accepted by the Orange County Board of County Commissioners. In partnership with the University of Central Florida and JPMorgan Chase, the Central Florida Foundation has propelled on affordable housing strategies creating housd, the Central Florida Regional Housing Trust.

9. **Periodically do a system assessment to identify resources, needs, and best practices.** Central Florida Commission on Homelessness dedicated a committee to identifying resources. Additionally, the Central Florida Foundation, through the Impact Families Learning Collaborative, assembled resources and training opportunities.

10. **Each locality will have its own response, but overall recommendations should be universal.** This has happened, but it does offer challenges on a regional level such as agreed upon best practices and "fair share" of resources.

FURTHER RECOMMENDATIONS:

The recommendations (4/19/2016) from the Family Homelessness Committee established by CFCH, following the strategy sessions were as follows:

1. Agree on common terminology.

2. Determine a framework for helping the Committee and community understand family homelessness.

3. Select a research team to document current practices for addressing family homelessness in the region.

4. Learn about best practices for combating family homelessness.

5. Gather information recorded by the researchers into a report for the community.

6. Create a set of recommendations based on input from the community and the findings of the research.

See Appendix A for additional details.

BUILDING A SYSTEM TO ACCELERATE SUCCESSFUL RAPID RE-HOUSING IN ORANGE AND OSCEOLA COUNTIES

HOMELESS IMPACT FUND FAMILY HOMELESSNESS PILOT:

The Family Homelessness Pilot (FHP) launched in mid-April of 2017. This pilot focused on achieving the scorecard results established by the Central Florida Commission on Homelessness through the Family Homeless Committee. The pilot served families in Orange and Osceola Counties.

The purpose of the FHP was to build-out necessary components of the regional system to accelerate the availability of housing-first options and provide families using Rapid Re-housing (or other subsidies) outcomes consistent with the Central Florida Commission on Homelessness scorecard for quality and success. The scorecard measured success and the grant process monitored capacity measures with the ultimate goal being to scale the plan to the entire Continuum of Care.

Rapid Re-Housing is a Housing First Model intervention that is a national best practice. Families move from homelessness to permanent housing quickly through:

· Housing location and case management

· Short-term rental and move-in subsidy

· Individualized employment assistance

The funding for the pilot was made possible through an investment of $500,000 from the Walt Disney World Corporation to the Family Homeless Impact Fund at Central Florida Foundation.

OVERVIEW:

The following partners were consulted in order to define and develop this pilot:

- CareerSource Central Florida
- Central Florida Commission on Homelessness- Family Committee
- City of Kissimmee
- City of Orlando
- Embrace Families (Formerly Community Based Care of Central Florida)
- Community Hope Center
- Community Vision
- Corporation for Supportive Housing
- Family Promise of Greater Orlando
- Goodwill Industries of Central Florida

- King County, Seattle
- Health Care Center for the Homeless
- Heart of Florida United Way
- Help Now Osceola
- Homeless Services Network
- Orange County Government Osceola County Government
- Osceola Council on Aging
- The Way Home – Houston, Texas
- United Against Poverty
- Westgate Resorts Foundation

During the discovery phase, national and local data and outcome reviews indicated that coordinated employment navigation and placement increased the likelihood of success for families in RRH. Further evidence showed that the ability to help families avoid "the system" by providing flexible funding for specific needs reduced negative outcomes.

IDENTIFY	ASSESS	RESPOND
Schools	Enter into HMIS	Interventions
Nonprofits	Assessments	Referrals to Nonprofit Partners
Outreach	Coordinated Entry	Housing Identification
Jurisdictions	Family Registry Meetings	Placement and Case Management
211		

FOCUS:

The focus of the pilot was to increase income for families through employment and/or eligible benefits. The FHP built the components of an emerging RRH system across Orange and Osceola Counties, while reinforcing strategies to accelerate success.
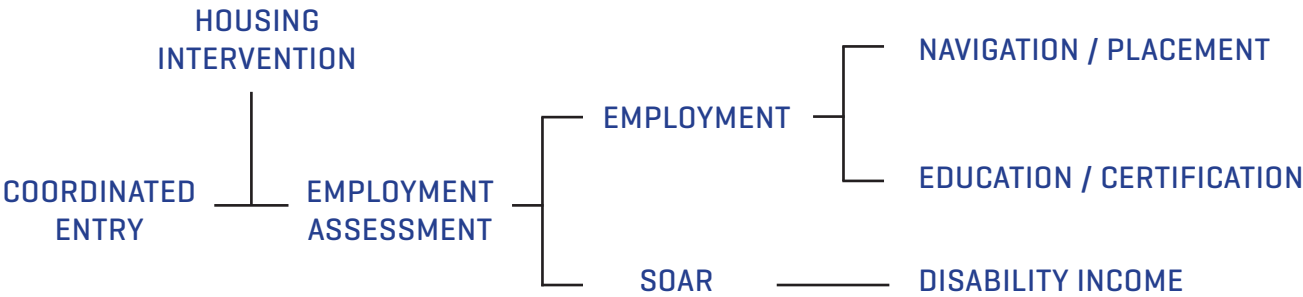
REFERRAL AND ELIGIBILITY:

Eligibility was as follows:

- Families that had been referred to case management and assigned a case manager through the Coordinated Entry System.
- Families provided a subsidy for rental assistance including deposits for move-in or funds to prevent loss of residence.

The Coordinated Employment System at Homeless Services Network was established as part of the pilot program. A goal of the pilot was to enhance existing employment registry development. All families referred received an employment assessment.

LEVELS OF ENGAGEMENT:

There were four levels of engagement for participants:

1. **SOAR only** — Not able to work in traditional employment due to a disability, but could be referred for vocational rehab.

2. **Light Touch** — Unemployed or underemployed but could get a job or a better job with minimal intervention.

3. **Medium Touch** — Unemployed or underemployed with some barriers to work such as challenges with employment history, lack of education, need for job counseling and/or could benefit from a certification program.

4. **High Touch** — Usually unemployed but could be underemployed and have multiple barriers to work as mentioned above and could include justice system interaction.

SERVICES PROVIDED

CASE MANAGEMENT:

Partner agencies connected to Coordinated Entry System provided case management. All data on families was put into the Homeless Management Information System (HMIS). With an exception for families with an active domestic violence case. These families were tracked through alternative methods that met safety guidelines.

HOUSING LOCATION:

Families worked with their case managers and housing locators to identify suitable housing that matched their individual housing preferences. Housing subsidies were not provided through the Housing Impact Fund at CFF but was the result of matching with established Rapid Re-Housing resources.

Housing and Urban Development (HUD), Emergency Solutions Grant (ESG) and general funds from jurisdictions provided Rapid Re-Housing resources.

EMPLOYMENT SEARCH:

Employment Specialists (ES) began working with families within 72 hours of referral completed in HMIS. There was a sense of urgency to work with these families to focus on increasing income. Families might have still been in a shelter when the employment process started. The ES attended Family Registry meetings whenever possible to understand the homeless emergency response system, develop relationships with the case managers, and know which clients were being assigned to them.

Families were assessed for skills, education, and current employment status. Any barriers to employment which could include, but were not limited to, transportation, criminal history, and language barriers, were recorded during the assessment.

For families in need of employment, the team focused on job placement or helping them enroll in a certification program to acquire a technical job skill. Vocational training referrals were made as applicable.

All participants in the pilot received basic financial management counseling.

Continuous research and development took place to identify programs that bring the latest trends and ideas for employability and job placement.

PARTNERS FOR RAPID REHOUSING AND EMPLOYMENT NAVIGATION/PLACEMENT:

RAPID RE-HOUSING/ PREVENTION	EMPLOYMENT	OTHER
Community Hope Center – Osceola*	Goodwill Industries of Central Florida*	Valencia College
Osceola County Human Services*	CareerSource Central Florida	Mid Florida Tech
Embrace Families Regional	Community Vision (Osceola)	Faith Organizations
Family Promise of Greater Orlando – Orange	Second Harvest Food Bank of Central Florida Training Program	Businesses
Homeless Services Network*	United Against Poverty	
Central Florida Commission on Homelessness		

* Agencies that received grants for the pilot

SOAR:

Individuals who were not able to work due to mental illness, medical impairment, and/or a co-occurring substance use disorder would be referred to a SOAR (SSI/SSDI Outreach, Access, and Recovery) specialist to assist with the application for disability benefits if the individual did not already have this benefit. This referral took place at the assessment stage through the coordinated entry employment registry.

PROCESS FOR INCREASING INCOME:

Referral:

Families were identified through the Coordinated Entry System, and referred to the Employment Registry. Individuals who qualified for SOAR services were referred to the SOAR specialist. Families who needed employment were referred to the employment specialist for their county.

Employment Registry:

As an additional module to the Coordinated Entry System, an employment registry was created in partnership with HSN to assign families that received a RRH subsidy, deposit assistance, or rental assistance to a navigator.

FLEXIBLE FUNDS- CREATIVELY FIXING A WEAK LINK:

A five-year pilot program funded by the Bill and Melinda Gates Foundation[2] determined the access to flexible funds by case managers could improve the outcomes of families who were experiencing domestic violence and homelessness. This has become an evidence-based best practice for RRH. The pilot included flexible funds allocated for transportation, removing barriers to housing and employment, and as incentives for families to follow-up with the placement coordinator.

NAVIGATION:

The employment specialist met with the client(s) to determine their current employment status, take inventory of skills and education and look at potential barriers to employment. An **individual employment plan** was created, with input from the client, which outlined steps to be taken to obtain employment or higher wage opportunities. The navigator formed partnerships with certification programs and education programs. When needed the navigator referred clients when appropriate to job skill and/or life skill training and financial wellness programs.

FINANCIAL LITERACY AND WELLNESS:

Families were assigned to an employment specialist and participated in a financial literacy course offered by Goodwill Industries of Central Florida. The course covered money management and the emotional attachment to money. Families were encouraged to open a bank account if they did not already have one, and there was a focus on understanding and increasing credit scores.

ASSESSMENTS AND SOLUTIONS:

SOAR	· Assistance with applying for benefits · Disabled with no regular source of income · Unable to work
SUPPORTED EMPLOYMENT	· Has a disability, but able to work · Vocational rehabilitation · Needs intensive workforce supports
TRADITIONAL EMPLOYMENT	· No disability · Looking for a job or a better job · Can build skills and capacity through on the job training, certification programs, and/or traditional supports

² Washington Coalition Against Domestic Violence (n.d.). Financial Assistance and Grants by NonProfits to Individuals. At: https://wscadv.org/wp-content/uploads/2017/08/Financial-Assistance-and-Grants-by-Non-Profits-to-IndividualsFINAL.pdf

PLACEMENT:

The placement specialist worked with employment certification programs and with employers to develop relationships to match clients to job opportunities. The placement specialist worked to find low-barrier employment as needed for individuals who have convictions on their record or less than desirable work history. The placement specialist was responsible for tracking placement and employment retention.

CASE MANAGEMENT	NAVIGATION	PLACEMENT
Housing Match Housing Supports	Employability Assessment Individual Employment Plan Community partnerships Program Identification Employment Supports	Develops Business Relationships Insures entry into EmployFlorida Works with Certification Programs Negotiates Job Opportunities Tracks Success

COMMITMENT TO COLLABORATION:

For the pilot program to be successful, there had to be a commitment to collaboration. As part of the grant agreements, grantees met on a regular basis to discuss the progress of the grant and worked through any challenges. Additional stakeholders such as the Central Florida Commission on Homelessness, representing jurisdictions and other partners participated in these meetings.

TECHNICAL ASSISTANCE:

Technical assistance and training were provided to agencies in the pilot, agencies who served clients in the pilot, and any interested board members to help shift the community culture towards the Housing First model and best practices for case management. Case management training included trauma informed care and motivational interviewing.

MEASURING OUTCOMES:

Tracked measurements targeting 75 families included:

- # People assessed for employment
- # Referred to SOAR
- # Households (HH) whose gross income increased
- # Households whose income from employment increased
- # Households where head of HH was not working and became employed
- # Households where head of HH obtained a better paying job
- Avg. # of months HH maintains employment
- Job placement, retention, and wages
- Certification or education programs completed
- Housing stability at one year

Additional measures included records of all clients served, employment status at intake, interventions made, completion of training, financial wellness classes, job placement and quarterly retention numbers.

SCORECARD: This scorecard established the baseline as we extrapolated out to the larger system.

RAPID REHOUSING-SCORECARD

80%	of households that exit a rapid re-housing program exit to permanent housing
75%	of households that exit a rapid re-housing program to permanent housing should not become homeless again within a year.
100%	of families will be in HMIS
90%	of families identified as HUD 1 will go through the Coordinated Entry System – the goal would be 100% by 2019
100%	of clients assessed for employment needs
65%	of clients will increase income (earned and unearned) with the goal of 75% by 2019
10%	of the families increasing income will increase above the poverty level

IMPACT FAMILIES SYSTEM INITIATIVE GRANT:

The Family Homelessness Committee hosted several strategy sessions to determine the best approach for the Family Homelessness report recommendations. After the strategy sessions were completed, a system initiative was designed as one approach to help clients maintain housing with the goal of increasing income for families who were literally homeless, had been through Coordinated Assessment and Entry, and were (or would be) attached to a housing subsidy. Families who entered Rapid Re-housing with little or no income are more likely to fail if they do not have the resources to maintain their housing.

The Impact Families System Initiative was formulated using a $500,000 investment from Walt Disney World Resort to the Homeless Impact Fund at Central Florida Foundation. This initiative was based on research and evaluation of several programs nationally: King County in Seattle, Washington; The Road Home in Houston, Texas; Heartland in Chicago; and Secure Jobs Initiative in Massachusetts. Additionally, feedback from local jurisdictions, non-profits, and client surveys and evaluations were considered in the design.

Several focused tactics were key in this program, especially using employment specialists alongside the case managers to develop an Individual Employment Plan (IEP) with the client to guide them from job to career. Initially, it was posed that the clients would be identified into three levels based upon their skills and experience. However, once the system initiative started, this approach was re-evaluated. This will be discussed further in the Lessons Learned section of this report.

It was determined that case managers and community resources needed a way to connect, network, and learn on a regular basis. The Learning Collaboratives were developed with the attendees to meet their needs. After the initial meeting, surveys were conducted to identify the topics that would be most relevant to the group.

The system initiative design involved staffing for a program manager and four employment and job coordination positions over Osceola and Orange counties. The grantee, Goodwill Industries of Central Florida received flex-funds to help alleviate barriers clients might have that would prevent them from obtaining or keeping employment.

A case manager was placed at the Community Hope Center to help access more funds for housing and combine SHIP and HUD resources for housing.

Osceola County Human Services added a SOAR Coordinator on staff to assist eligible clients in applying for benefits.

Training and technical assistance was provided through a grant to Corporation for Supportive Housing (CSH). Trainings included Trauma Informed Care, Motivational Interviewing, and a Client First Approach. CSH worked closely with the CES team to create standard operating procedures for working with the employment coordinators and SOAR.

HSN received a grant to add the employment module to the HMIS system to track referrals and their status.

The Impact Families program began receiving referrals in August 2017 and continued through August 2018.

LESSONS LEARNED FROM THE PILOT:

- Individuals who have not been employed for long periods of time are able to secure employment. **This is positive!**

- **The level of need was more intense than anticipated**. The population was not as racially diverse as expected and included many single parent households with multiple children. Barriers often included prior incarceration, evictions, poor or lack of credit, lack of education, lack of transportation, and domestic violence.

- The Learning Collaborative (LC) was more impactful than anticipated. Housing Stability Case Managers often found the LC to be a place where they could gather, learn, and debrief on challenging families in RRH. This cohort also helped on a system level to better understand what Housing Stability Case Managers needed to be more effective at their work. The LC was open to all providers in the community working with families experiencing homeless and created meaningful partnerships and a better understanding of the existing resources within the community.

- The start-up time took longer than expected. It took longer to hire the employment specialists and job developers. The initial program manager was tasked with running two programs until replaced by an internal candidate who was on another project.

- The length of time to move clients into housing took longer on average than expected because of the shortage of affordable housing in Central Florida.

- Individual Employment Specialists helped to speed up the employment process. Their community connections and ability to promote the pilot quickly matched families to job opportunities. This was critical to the success of the pilot — many clients needed an advocate to help secure the initial job placement.

- Introduce the Employment Specialist to the client as early as possible in the RRH program. Clients need adequate time to pursue certifications and skill building opportunities that will lead to higher wage jobs.

- It is difficult for many clients to embrace employment/job search/career development before they are adequately settled in housing.

- Flex-funds were mostly used for transportation issues (bus passes, car repairs, DMV Fines, initial insurance payments).

- Clients with little to no work experience need assisted/supported employment. This helps a client gain confidence and start to build a resume.

- Case Managers and Employment Specialists need access to on-going person-centric trauma informed training.

- The Learning Collaborative was more significant for the community of case managers than originally anticipated.

- The Learning Collaborative provided valuable information and built relationship networks. Approximately 45 case managers and resources attended each month.

- **Case managers need self-care.**

- Clients come with typical mental health challenges that are exacerbated by the trauma of homelessness.

CHALLENGES:

- One of the first challenges was finding the right time to match clients with the employment specialists. When clients were matched too early, they were still in crisis mode and focused on stabilizing rather than employment.

- Family coordination with Case Manager and Employment Specialists took longer than anticipated. There were challenges in communication and a more structured communication process was needed to avoid multiple calls and emails for the same process. HMIS was encouraged as a tool for providers to communicate.

- The Case Manager and Employment Specialist need to have open, structured communication before the "warm hand-off"* to have a move-forward plan with the client. If the Employment Specialist learns new information the Case Manager does not know, this information needs to be shared so the appropriate person can take action if needed.

- Employment Specialists need a true understanding of the population they will work with. Many clients had multiple barriers and past traumas that presented challenges in finding and sustaining employment. In some cases, ES had not worked with families experiencing homelessness, which required more training on the front-end to provide the ES with the tools and understanding to better assist the clients.

- Many of the clients did not have the education, experience, or backgrounds for higher paying jobs. So expected employment income needs to be realistic. Oftentimes, the income needed to sustain housing does not match with the jobs clients are able to secure.

- Training for clients with no High School Diploma or GED was extremely difficult. If they did not finish high school or complete their GED, they are usually not interested in any type of continuing education, nor have the necessary longer-term supports to do so. In most cases RRH is a short-term program and does not provide the longer-term assistance for a client to complete a training, education certificate, or other longer term programs.

- Housing is less available in Osceola County, particularly in the limits of the City of Kissimmee.

- Proper and appropriate referrals to the system initiative.

- The nature of the work resulted in staff turnover. While vacancies were filled quickly, each new staff member needed to be trained which delayed services to clients.

- Clients migrated to Orange County for housing. Employment and Case Management professionals traveled from Osceola to Orange to follow the client.

- Average client incomes were lower than anticipated, making it more difficult for them to transition to sustainable income levels before their housing ended.

- Having Department of Family and Child Services social workers be more active participants with the mutual clients of RRH case managers was a challenge but essential.

- Transportation and child care for clients once they secure a job or while trying to secure a job. Clients were assigned an initial Employment Specialist based on intake/referral location. Once client is placed into housing, possibly in another county, that Employment Specialist remains with the client. This stretches the capacity of the Employment Specialist causing time management issues; however, it was the most person-centered practice to provide continuity of care.

- Sometimes Employment Specialists would take on responsibilities of Case Managers and vice versa. Going forward these role definitions need to be clearly defined so both can operate effectively as a team and provide the most effective care.

- A strong program/project manager who understands reporting, case management and employment is required in order to coordinate over multiple agencies and show pilot outcomes. When the program manager left and was not replaced, there was a loss of the multi-agency coordination.

- The system initiative length is not long enough for longitudinal evaluation.

*A "warm hand-off" is the process by which a client is introduced formally to someone else in the system who will be working on their progress towards self-sufficiency.

OUTCOMES:

78 clients received assistance from Employment Specialists to assist them in increasing income. 54 jobs were secured. 21 people worked with SOAR specialist to obtain benefits.

THE GOALS OF THE PROGRAM:

1. Assist clients to find employment to sustain housing and prevent them from entering the homeless system again.

2. Provide assistance for case management to help devote attention to other housing needs.

3. Work with clients to overcome barriers.

Work is still in progress with just over 1/3 of the clients placed into employment. The housing sustainability number is currently at 97% for the entire Housing First system including the Impact Families clients in housing. There is a difference of 13% (higher) for families in the program versus the overall system for wages increased above the poverty level.

The Employment Specialists dedicated to the employment piece allowed Case Managers to focus on housing and other needs for clients.

Barriers to housing and employment remain an issue with many clients, but the flex-funds were extremely helpful in eliminating some challenges including access to transportation and short-term child care.

NEXT STEPS:

- Work with the HSN coordinated entry team to determine the best usage of the employment module in referring clients to employment specialists at a variety of nonprofits to continue to work with the clients enrolled in the system and establish a protocol for ongoing referrals.

- Discuss funds for a system program manager or family employment to coordinate a multi-agency focus. There will definitely need to be a dedicated program manager (Family Coordinator) who can spend at least 15-20 hours a week, monitoring the families' connections to employment, wages, enrollment in certification programs, etc. and working with HSN's CES, HMIS and Family Registry Teams.

- Case Managers can be trained to make appropriate connections to employment/training opportunities as part of the scope of work but won't be able to take on the detailed monitoring and follow-up to track the outcomes.

- Continue to use Goodwill Industries of Central Florida as a partner but need to identify other partners in the community with the expertise (or are willing to build the expertise) to work with the more challenging family cases.

- The Employment Partners need to provide a dedicated point person to work with the Family Coordinator and be willing to share data.

- Flex-funding will remain an on-going need. This requires a partner like Lynx, church vans, etc. to help with transportation costs.

SUMMARY:

From the time of the original study until now, how the community works with families experiencing homelessness has changed. Additional money was awarded to the community through the Day One Foundation (Jeff Bezos) and Orange County has continued to support families through Rapid-Rehousing funding with an emphasis on diversion. HSN administers these dollars.

While the pilot had many challenges along the way, there were many lessons were learned and the system was defined and refined. Employment is still a focus for families experiencing homelessness and the jobs must be over minimum wage to afford the family the ability to live with any degree of stability and self-sufficiency.

How the Family System operates has changed due to the outcomes of this pilot:

The main goal was to house people while honoring their choices and provide the wrap around services to ensure housing stability. However, we learned that Housing Stability Case Managers often do not have enough time to assist the families in RRH with in-depth services around employment. Employment services are a key component to sustain housing. The Employment Specialist was critical to supporting the Housing Stability Case Managers.

· The Family System has collaborated with Center for Independent Living and CareerSource of Central Florida as a result of the pilot findings. The Center for Independent Living and Career Source have a partnership to serve youth and youth families experiencing homelessness. Many of the work flows from the pilot have been replicated in this new relationship.

· The Family System has depended an existing partnership with Embrace Families (formerly known as Community Based Care of Central Florida) to work with their internal Department of Children and Families team. CES now has a dedicated Housing Stability Case Manager who takes families with open DCF cases. This partnership has helped target more vulnerable families and provided them with additional resources.

· As a Continuum of Care, assisting families and individuals experiencing homelessness, partners must prioritize their services for the most vulnerable people. This is a substantial culture shift, especially for the employment sector. HSN continues efforts to collaborate with employment organizations to ensure people with homeless experience can effectively navigate the employment system.

· Families who have less employment barriers can be referred directly to employment partners for help with job preparedness and placement.

· There were many benefits to having the employment partner, Goodwill, using HMIS. This eliminated duplication of clients served and delivered more effective care.

· Florida's minimum wage cannot sustain housing. Other strategies like shared housing and increasing the minimum wage need to be explored.

· Even though the flex-funds helped with items like insurance payments, past parking\toll\minor violations, repairs, and bus passes, transportation remains a barrier. Many clients do not have transportation, and without a robust public transportation system it can take hours to travel from point A to point B. Reliable transportation to and from work and childcare facilities remains an enormous need.

In summary, the pilot resulted in significant outcomes for families experiencing homelessness in Central Florida. It proves an approach that works with just over 1/3 of the clients placed into employment. The housing sustainability number is currently at 97% for the system including the Impact Families clients in housing. There is a difference of 13% (higher) for families in the program versus the overall system for wages increased above the poverty level. Between the lessons learned, results achieved during the pilot, and integration of the process into the current HSN programing, the pilot proves to have a long-term return on investment. The fight against homelessness and poverty is not over. With new challenges for families as a result of the COVID-19 pandemic, the homeless system will be challenged again.

HOW WE AS A COMMUNITY RESPOND, IS WHAT MATTERS MOST.

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APPENDIX A

RECOMMENDATIONS FROM THE FAMILY STUDY (P.51-62) WERE AS FOLLOWS:

There is broad support, collaboration, and investment in the plan to end family
homelessness in Central Florida:

- All jurisdictions, the CFCH, the CoC, and the Public Housing Authorities in partnership with the business, philanthropic and faith communities actively participate in planning, invest resources, and contribute to the leadership of the plan.
- All of the above actively participate in the plan.
- A definitive plan must be established that better defines outcomes and measures.
- Educate on effects; set timelines and hold the responsible party accountable.
- HSN should be the lead to integrate the assessment, referrals, and placements into the CES.
- CFCH should advocate support and raise funds with their powerful community board.
- Provide more education and dispersing of community-wide information and opportunities to engage with the effort.

DATA DRIVEN DECISION-MAKING IS EMBEDDED IN THE PLAN:

- HMIS is the recognized data collection system.
- Need to ensure the use of high quality data to measure program and system outcomes.
- Use performance data at program and system levels to make investment decisions.
- All public and private investors use data on needs and performance to inform funding decisions.
- The system needs to be structured.
- Increase resources to add HMIS licenses, provide HMIS training, and to encourage usage and data integrity.
- Data has to be accurately analyzed through the lens of the community and HUD goals.

ATTAINMENT OF SYSTEM PERFORMANCE MEASURES (HUD REQUIREMENTS AND HMIS QUALITY REQUIREMENTS):

- Ensure HMIS is functional and conforms to HUD requirements
- All outreach and residential homeless assistance providers participate in HMIS. Incentives may be given to providers who are not receiving CoC funding to participate.

- The CoC calculates and uses system-level HUD performance measures as the established selection criteria for awarding CoC Program projects and to evaluate system performance. This should be coupled with community policies and a high level of transparency before the Notice of Funding Availability (NOFA) comes out.
- The HSN HMIS team should participate in HUD HMIS training and conferences to build their capacity to develop and manage the system and to train end users.
- Have an engaged advisory committee; intentional communication with Executive Directors
- Expand HMIS to everyone

THE COC COLLABORATES WITH JURISDICTIONS ON PLANNING FOR HOMELESS SERVICES DELIVERY AND FUNDING:

- The CoC collaborates with jurisdictions on Emergency Solutions Grant (ESG)
- The CoC and ESG recipients have adopted written standards for all eligible activities
- The CoC follows standards for conflict of interest
- The CoC benefits from a wide range of stakeholders
- More coordination with ESG recipients is mandated through HUD and should be ongoing
- Merge policies and procedures

OTHER AREAS ADDRESSED BY THE STUDY AND RECOMMENDATIONS:

HOMELESS ASSISTANCE SYSTEM:

- More direct more service-intensive housing
- More funding for effective case management- based on need
- Providers agree on non-voluntary training needs
- HSN is key to determining training needed
- Build capacity- training, skills development
- Build relationships with landlords
- Determine how Coordinated Assessment can begin identifying high-need households
- Develop criteria for prioritization

COORDINATED ENTRY SYSTEM (CES)

· The CoC in partnership with providers and funders develops criteria and tools for CES assessment

· All providers participate in CES

· CES assesses needs and connects families to targeted prevention assistance when possible and temporary shelter as needed as a bridge to permanent housing interventions.

· CES collects only information to make referral decisions and does not unnecessarily burden clients, but will conduct a more thorough assessment to find out the service needs. This can be a progressive assessment.

· Providers accept information from CES as a basis for intake minimizing the client's need to repeat the story at each program.

· Need coordinated platform, training, and multiple access points of entry and referral

· Educate providers to choose one model of agreed upon intake.

· Agree on a "no wrong door" approach (same intake methods into HMIS)

TARGETED PREVENTION OF HOMELESSNESS

· Combination of financial assistance, mediation, housing location, and other supports

· Intervention is helps families stay in current housing (safety is a primary consideration) or move to housing if this is not possible without requiring a shelter stay first.

· Prioritize is for families most likely to be admitted into a shelter

· Need a regional approach due to transient nature of the issue

· Expanded resources, including better use of 211

· Align community resources to best practices; train on building relationships and brokering for keeping families in housing; assess and place families based on need.

TEMPORARY OR EMERGENCY SHELTER

· Provides 24/7 safe shelter with stabilization services

· Housing placement is the primary objective

· Minimal entry and compliance requirements such as allowing people in without breathalyzer testing.

· No family with children is unsheltered due to lack of shelter capacity. Keep families intact, including 2-parent households, female head of households with sons over 13, households with a high number of children, etc.

· Make Rapid Re-Housing a priority

· Systemic change is needed including the culture of nonprofits

· Shelters to be on board with RRH best practices

RAPID RE-HOUSING

· Families in shelter that are not able to rehouse themselves (self-resolve) quickly are offered Rapid Re-housing assistance

· Providers should all be trained in Progressive Engagement.

· Tailor assistance to meet needs and to provide only what is needed to ensure transition to housing with the likelihood of remaining housed

· Community needs more available housing inventory

· Need policy changes, including a structure for tax credits

· Need infrastructure, capacity development, and skill development

· Set policy for agencies around RRH priorities: housing, job training, educational plans

TRANSITIONAL HOUSING

· Offered to specific target populations

· Offered, although not a requirement

· Permanent Housing placement is the primary objective

· Need more case managers with the ability to meet the g the needs of different kinds of family configurations and needs

PERMANENT SUPPORTIVE HOUSING

· Reserved for highest need families

· Services are voluntary and designed to support tenancy

· Move-on opportunities are offered

· Leverage chronic model and modify for family support

· Work with the Public Housing Authority (PHA) to set aside vouchers for these high need families.

· Utilize CES

PARTNERSHIP WITH LANDLORDS TO PROVIDE ACCESS TO AFFORDABLE RENTAL HOUSING

· Screen in rather than out

· Utilize existing relationships

· Make resources available to cultivate relationships with landlords

· Housing locators that work together

· Develop a master list of property managers

· Provide ongoing training to landlords and tenants on fair housing, conflict resolution, and other topics.

SAFETY FOR DOMESTIC VIOLENCE SURVIVORS

· Immediate access to crisis assistance

· Confidentiality is maintained

· Sensitivity to trauma and family violence

· Landlord education

· Develop policies for creating safety plans and working with survivors

ENGAGE RESOURCES TO SUPPORT FAMILIES EXPERIENCING HOMELESSNESS WITH CHILDREN:

EMPLOYMENT

· Create effective partnerships with CareerSource Central Florida and other employment partners

· Meet HUD performance criteria around gaining employment income

· Address transportation issues

· Case management to include employment

EDUCATION

· Ensure all children have access to school and after school programs

· Continue to work with McKinney Vento Coordinators in the schools

· Identify adult education avenues

CHILDCARE

· Need access to subsidized childcare for families in the homeless system

· Prioritize families with children experiencing homelessness

· Involve the faith community

· Explore private funding

BENEFITS - TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF), SOCIAL SECURITY INSURANCE (SSI), VETERANS ADMINISTRATION (VA)

· Assist families interacting with the homeless system to gain benefits that they qualify for

· Meet HUD performance criteria around gaining non-employment income

· More community education and SOAR training

COMMUNITY AND SUPPORTIVE SERVICES

· Links between homeless and mainstream services

· Where possible, connect to services in the communities they live in

· Need more wrap-around support agencies

· Stabilize families quickly and increase data sharing

EVIDENCE BASED PRACTICES:

HOUSING FIRST

· All programs operate using these practices and staff are trained

· Need education, training, and policy development

TRAUMA-INFORMED SERVICES

· Training for supervisors and staff

· All programs use these practices

MENTAL HEALTH/SUBSTANCE ABUSE

· Use critical time intervention (CTI)

· All providers educated on and understand CTI

· RRH and PSH use CTI when serving parents with mental health issues

· Need systemic change for addressing mental health and providing more education

EARLY CHILDHOOD HOME VISITS AND EDUCATION

· Services need to be mapped out first with eligibility criteria to understand what services are available to the families and what services are still needed.

· All case managers need to be trained on accessing these community-based services

· Needs to be sufficient community-based programs to serve families

APPENDIX B

SYSTEM PERFORMANCE MEASURES FROM HOUSING AND URBAN DEVELOPMENT FOR THE COC

Measure 1: Length of Time Persons Remain Homeless Desired Outcome: Reduction in the average and median length of time persons remain homeless

Measure 2: The Extent to which Persons who Exit Homelessness to Permanent Housing Destinations Return to Homelessness within 6, 12, and 24 Months Desired Outcome: Reduction in the percent of persons who return to homelessness

Measure 3: Number of Homeless Persons Desired Outcome: Reduction in the number of persons who are homeless

Measure 4: Employment and Income Growth for Homeless Persons in CoC Program-funded Projects Desired Outcomes: Increase in the percentage of adults who gain or increase income

Measure 5: Number of Persons who Become Homeless for the First Time Desired Outcome: Reduction in the number of persons who become homeless for the first time

Measure 6: Homelessness Prevention and Housing Placement of Persons Defined by Category 3 of HUD's Homeless Definition in CoC Program-funded Projects Desired Outcome: Reduction in the percentage of Category 3 people who return to homelessness

Measure 7a: Successful Placement from Street Outreach Desired Outcome: Increase in percentage of people who exit SO to permanent housing, temporary destinations (except street), and some institutional destinations

Measure 7b: Successful Placement in or Retention of Permanent Housing Desired Outcome: Increase in percentage of people who exit to or retain permanent housing

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ACKNOWLEDGMENTS: