

Designing accessible housing resources for vulnerable families

**Building Changes
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Heartland Human Care Services, Inc.®

Goals of Presentation

- Provide an overview of Heartland's signature family supportive housing model, demonstrating the organizational and systems level factors that led to a change in program philosophy and operations
- Discussion of the tools that assisted with the change process and lessons learned from program outcomes

Heartland Alliance for Human Needs & Human Rights

- *Heartland Alliance*, tracing its roots to 1888, provides services in healthcare, legal protections, housing, and economic security.
- *Heartland Alliance* served over 100,000 people last year.

Heartland Human Care Services

- The human services provider of ***Heartland Alliance for Human Needs & Human Rights***.
- Signature programs: Supportive Housing, Transitional Jobs, Outpatient Mental Health and Addictions Treatment, and the Juvenile Detention Alternative Initiative
- The largest agency within ***Heartland Alliance*** serving over 65,000 people each year with a \$40M budget.

Heartland Human Care Services Housing Division

Our Vision

The HHCS Housing Division believes that access to quality housing is a human right and the foundation for healthy individuals, families and communities. Through community-based programs and advocacy, we work to prevent homelessness, secure permanent housing, and provide high quality support services that promote health, safety and housing stability.

Housing Division Portfolio

- Services provided to more than 1,200 units throughout Chicago for families, single adults, seniors and individuals with chronic health conditions
- Full spectrum of housing assistance from homeless prevention through permanent supportive housing
- Case management and housing location teams
- Funded through HUD SHP, HPRP, HOPWA, City of Chicago Department of Public Health/Family & Support Services, State of Illinois, private foundation support

Families Building Community (FBC)

- Families move from homeless shelters to permanent housing through a rental subsidy and intensive case management services.
- FBC supports achievement of self-sufficiency, independence, and family stability over a 12-24 month period.

Families Building Community

- FBC is a model for Heartland's Supportive Housing programs.
- FBC has provided housing for more than 700 homeless families since 1993.

Families Building Community

- Began in 1993 as a result of a research project “Promises Made, Promises Broken” which was completed by Heartland’s Mid America Institute on Policy (now Social IMPACT Research Center)
- Identified the need for a “housing-first” supportive housing model to assist homeless families toward self-sufficiency.

The Original FBC Model

- Housing First
- Intensive Family Case Management Services
- 12 months of housing services & 12 months of follow-up services

Service Goals

1. Increased housing stability.
2. Increased income/skills
3. Increased self-determination
4. Family health and wellness

What Services Does FBC Provide?

- Housing location, inspection and advocacy
- Shelter transition services
- Community resource linkages
- Case management
- Life skills training
- Children's development
- Parenting skills training
- Workforce Development
- Asset Development/Matched Savings

10 and 15 Year Program Data

- In 2003 and 2008, worked with an independent researcher who collects FBC Annual Progress Report Data to analyze the first ten and then 15 years of the program.
- Issued an analysis of APR data and environmental factors in Chicago and federally.

Demographics of Participants (1993-2007)

Race

- 84% African American, 7% White, 8% Hispanic, <1% Other

Household Type

- 91% Single Female Headed, 6% Two Parent, 3% Single Male Headed

Average Number of Children Per Family

- 2.5

Living Arrangements Prior to Program Entry

- 82% Emergency Shelter, 4% Transitional Shelter, 5% Treatment Facility, 3% With Relatives, 4% Rental Housing

Demographics Continued

Primary Reasons for Services

- 40% Domestic Violence, *40% had spent time in jail or prison, 35% Alcohol/Substance Abuse, 22% Insufficient Income

Education Status at Program Entry

- 64% of program entrants achieved either a high school diploma or a GED

FBC Success (1993-2007)

- Housing
 - 80% of program participants who completed program supported themselves in unsubsidized housing after program departure.
- Income
 - FBC participants experience an average monthly increase of 50% from program entry to program departure.
- Housing costs as a percentage of income
 - On average, participants spent 97% of income on housing costs at program entry.
 - On average, participants spent 45% of the income on housing costs at program departure.

Housing Ready vs. Housing First

- Income requirement
- Responsible for security deposit
- Work ready or assessed as having the ability to become self-sufficient within one year
- Sobriety requirements
- If survivor of violence, no contact with abusive partner
- Citizenship status sometimes an issue if applicant could not work

Standard service requirements

- Required groups and case management sessions
 - I.e. must attend a parenting group series within the first month of program and non-engagement could result in termination from program
- Maintaining lease compliance
 - If family had lease violations, the program could pursue termination from program

Chicago System Changes

- Chicago's evaluation tool for the NOFA process began prioritizing eligibility criteria, flexible service delivery and harm reduction.
- Tool reviewed number of departures for non-compliance with rules on APRs
- RFPs for bonus projects began focusing on harm reduction and approaches that facilitated access to housing.

PRIORITY #5: Housing First and Flexible Service Delivery: 7 points

- Please provide a letter signed by the Executive Director outlining the intake and program retention criteria for the project.** The letter must directly address the intake and program retention criteria questions (below in questions 2 and 3) for all questions where a response below is "yes". Please note, if reviewers find policies inserted for other sections of the Evaluation Instrument, that are contradictory to what is stated in Priority 4's submission, projects will not receive points.
- Intake criteria: Please respond yes or no to the questions below:**

Intake Criteria Questions (1 point per question, 6 points possible)

	Question	Response
a	Project accepts all clients regardless of length of sobriety and history of substance use. Project does not have a policy stating required treatment and/or days of sobriety to enter project.	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	Project accepts all clients regardless of mental illness. Project does not have a policy stating medication and/or treatment compliance is required to enter project.	<input type="checkbox"/> Yes <input type="checkbox"/> No
c	Project accepts all clients regardless of criminal history or background. Exceptions for sex offenders, if dictated by law.	<input type="checkbox"/> Yes <input type="checkbox"/> No
d	Project accepts all clients regardless of poor rental history or past evictions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
e	Project accepts all clients without regard to lack of financial resources.	<input type="checkbox"/> Yes <input type="checkbox"/> No
f	Project accepts all clients with past non-violent rule infractions (does not bar clients).	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Program retention: Please respond yes or no to the question below:**

Program Retention Question (1 point possible)

	Question	Response
a	Upon entry into the project, the project agrees to keep clients in the project despite any of the following (less than 30 days): <ul style="list-style-type: none"> substance use or mental health relapse/treatment intervention, brief hospitalization, and/or brief incarceration. 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Heartland Alliance Changes

- Development of a Philosophy of Care
 - Human rights
 - Strength-based assessment and intervention
 - Trauma-informed care organization
 - Harm reduction
 - Embracing differences

Heartland Alliance Changes

- Investment in Philosophy of Care “in action”
 - Practice Institute
 - Training tool-kits
 - Consultation groups

Philosophy of Care Fidelity Scale

Families Building Community program staff and management committed to evaluating the program's fidelity to the POC Core values.

- policies and procedures
- participant forms – rights and participation agreements
- language

New FBC Model

- No additional eligibility criteria beyond HUD requirements
- Flexible service delivery
- Harm reduction, strength-based, trauma informed approach embedded into program expectations, policies & procedures
- Individualized services based on family need/interest

Changes in Program Operations

- Assessment for service needs, not program acceptance
- Services are individualized and based on family goals, not on a program-required timeline
- Adjustment in length of time in program – rather than an automatic 12 months, frequent evaluation of progress and continued need.
 - May be less than 12 months or up to 24 months
- Increased focus on outreach & engagement by staff
- If families struggle in housing, we move them to new units

Challenges of Change Process

- Staff reaction to change
- Managing anxiety around meeting outcomes and maintaining service flexibility/serving families with multiple barriers

Challenges of change process

- Enhancing skills and knowledge around “new” areas of services – criminal justice/corrections, young adults, serious mental illness, active substance use
- Balancing services and resources with varying levels of participant need

Service improvements

- Organizational capacity to engage families who have historically been “hard to house” with multiple barriers
 - Individuals with criminal justice backgrounds, serious mental illness, active substance use, chronic health conditions, young mothers with foster care experience.
- Improved cultural competency
 - Intentional increase in bilingual and bicultural staff to reflect families served and use of interpreting services when appropriate

Service improvements

- Focused training and professional development around issue areas such as harm reduction, mental health conditions, trauma, motivational interviewing and abuse and neglect prevention improved the skill sets of program staff
- Result is confidence in adjusting services to the needs of any family and intentional targeting of the most vulnerable

Service improvements

- Streamlined and improved landlord relationships and housing location services
- Improved capacity to move families to new units and negotiate out of leases when needed
- Led to a dedicated housing location team with our Homeless Prevention & Rapid Re-housing program

Service improvements

- Mainstream benefit screenings – staff SOAR-trained to assist with SSI/SSDI application process
- Addition of clinical staff as case managers for adults and children
- New focus on child development to improve child outcomes and family well-being
- Employment services that incorporate harm reduction and strength-based components
- Increased participant choice

Program level resources & tools

- Focused staff development
- Supervision form includes review of Philosophy of Care values
- Tools to assess service intensity of families and adequately balance caseloads
- Participant-based service planning questionnaire

Heartland Alliance resources & tools

- Practice Institute
 - Interview tools with vignettes to assess fit with Philosophy of Care values
 - Philosophy of Care In Action consultation groups
 - Training toolkits on each core value
 - CEUs offered for consultation groups and trainings

The Heartland Alliance Way

accountable contact, care, coordination, and contribution



Phase 1 contact

Relentless outreach and follow-up

Relationships developed based on Heartland Alliance's Philosophy of Care

- Human rights
- Strength-based approach
- Harm reduction
- Trauma informed
- Embracing differences

Crisis prevention and response services

Heartland Alliance assertively identifies those most marginalized or vulnerable—and brings them into the Heartland Alliance way.

Phase 2 care

Person-centered engagement

Immediately address critical survival needs (protection, housing, health, and income needs)

Comprehensive Care Assessment based on needs of the whole person

- Protection
- Housing stability
- Health concerns
- Family or self well-being
- Education and life skills
- Income or job skills
- Community involvement

Heartland Alliance builds relationships.

Phase 3 coordination

Accountable Care Coordination (ACC) Plan based on primary and secondary needs

- Legal protections
- Safe housing / residential care / resettlement
- Supportive and affordable housing
- Health
- Employment

Direct services, with accountabilities for Heartland Alliance staff and program participants based on ACC plan

Ongoing monitoring and evaluation to ensure quality and effectiveness

Heartland Alliance provides ongoing supports to people as they move to social and economic success.

Phase 4 contribution

Give-back plans

- Engagement in advocacy
- Participation in a community group
- Contribution to others in need (food pantry, emergency fund)
- Joining a green team
- Joining a Heartland Alliance give-back group
- Mentoring and leadership

Heartland Alliance facilitates participants' move from being helped to helping others.

Family Outcomes

- 15 year data comparison
 - Changes in income from entry to exit are on average static
 - Increase in doubled up families as prior residence
 - Increased length of time in program from 12 months to regular evaluation of need and progress up to 24 months
 - Increase in families exiting to other subsidized housing or permanent supportive housing

Program Outcomes: FBC today

- Portfolio of 140 units
 - Added Permanent Supportive Housing, Shelter Plus Care and Chicago Low Income Housing Trust Fund Units
- Second Chance Program
 - Women leaving the sex-trade with criminal justice involvement
 - FBC Model with survivor mentoring component

Program Outcomes: FBC today

- Family Assertive Community Treatment Collaboration
 - Young mothers with children under the age of 5; prioritizing moms with mental health diagnosis, foster care history
 - HHCS is the housing partner and staffs a housing locator and case manager on the team.
 - Heartland Health Outreach Systems Integration to address systems barriers of young, homeless families

System improvements and Outcomes

- Funder support and advocacy
- Permanent Housing with Short-term Supports
Centralized Waiting List Pilot
 - Common application without program specific eligibility criteria

System improvements and Outcomes

- Permanent Housing with Short-term Supports as a bridge to permanent supportive housing or long-term subsidies
 - Working with City of Chicago and Chicago Housing Authority to identify vouchers for families only needing subsidy and minimal services and move them off PHwSS programs faster
 - Increased local discussions around targeting resources to prepare for HEARTH system outcomes

System improvements and Outcomes

- 100,000 Homes Campaign -- Families
 - Heartland Alliance is a lead consultant in revising the Vulnerability Index for families based on experience serving vulnerable households
- Development and implementation of WINGS Court
 - Specialty court serving women with multiple prostitution convictions in Cook County Jail
 - Community based sentencing options include residential treatment, trauma counseling, employment and housing
 - FBC-Second Chance program is a housing partner

For more Information

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