

EVERY *Voice* COUNTS

COMMUNITY CONVERSATIONS WITH CONTINUUM OF CARE



COMMUNITY RECOMMENDATIONS

June 30, 2016

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In 2015, the City Manager Office charged the CoC with developing a strategic plan to end homelessness in the Springfield/Greene, Christian, Webster Counties Continuum of Care (CoC). The CoC engaged HUD-funded technical assistance through [CSH](#) and completed a series of community sessions on topics critical to ending homelessness, including:

- Alignment with the Federal Plan to End Homelessness
- Addressing Permanent Housing Needs
- Local Response to Unsheltered Population
- Prioritization of Local Funding Resources

CSH was charged with facilitation of four communities conversations and provision of written recommendations based on feedback provided by expert panelists and the 110 stakeholders who attended the sessions. Each session was attended by 52-73 people, including concerned citizens, advocates, people with lived homelessness experience, housing providers, housing developers, public housing authorities, healthcare representatives, service providers, funders, state/local planners, community leaders, landlords and media.

System Level Recommendations

During the community dialogues on June 20-21, 2016, several ideas were raised that apply to the Springfield/Greene, Christian, Webster Counties CoC on a system level. It is clear that the community is ready and willing to make the shift from an uncoordinated homeless delivery mechanism that works in silos without reliable data, to a coordinated system that uses consistent housing and service delivery standards and is data-driven. Planning is underway to take the first step in this process, which is the implementation of a coordinated entry system, which will be led by Community Partnership of the Ozark's One Door team.

Overarching Recommendations:

- Develop integrated coordinated entry system (CES) for families with children, single adults, youth and young adults and survivors of domestic violence. Stakeholders believe that multiple front doors are necessary to meet the need of this geographically diverse CoC (urban, rural and frontier), and this may include the 2-1-1 phone system. This system must be transparent, consistent and easily accessible, and utilize the by-name list (BNL) as the heart of the system. Prioritize the most vulnerable households for permanent housing using a common assessment tool, and adopt the assessment tool that is the best fit for your CoC. The Kitchen and One Door are using the VI-SPDAT assessment tool.

- Develop comprehensive community-wide data that supplements the Point in Time (PIT) Count annual snapshot, through development of a BNL. A BNL is a real-time, up-to-date list of all people experiencing homelessness that allows communities to know every person experiencing homelessness by name and facilitate efficient decisions around how best to refer individuals experiencing homelessness to housing resources. To foster collaboration and reduce miscommunication, all agencies/teams/advocates involved in the process of housing people on a BNL are actively contributing to regular discussions, often referred to as case-conferencing, about the list. The BNL is an operational tool that is necessary to truly understand the local need and end homelessness, as well as a tool that provides critical data that enables communities to effectively tell the story.
- Develop CoC-level cross-systems training curriculum for direct service staff (advocates, case managers, supervisors) as well as shelter and PSH volunteers in the following areas:
 - Housing First
 - Motivational Interviewing
 - Trauma Informed Care
 - Harm Reduction
 - Progressive Engagement
 - Critical Time Intervention
 - Culturally-responsive services and housing
 - Fair Housing
 - Others as identified

The funding source will likely be a combination of community resources, and SSVF is suggested as a project with flexible funding for such training. CSH can assist in identifying low cost/free online trainings if funding sources are not available for specific topics. Due to staff and volunteer turnover, this training cycle must be ongoing and/or available online through recorded trainings.

There is not a centralized calendar for community trainings that are relevant to housing and service providers. It is recommended that the CoC host an up-to-date community training calendar on their website. The calendar should be well known by service and housing providers, and a tool that people can add to when trainings become available and need to be advertised broadly. A simple example from Alameda County's HMIS office can be found at <https://www.acgov.org/cda/hcd/hmis/training-calendar.htm>.

- Coordinate supportive service standardization with the work group formed by The Poverty Commission. Permanent housing supportive services should be strengths-based and non-judgmental, and best practices include harm reduction, motivational interviewing, trauma-informed care and critical time intervention. Services should be voluntary and housing-focused within every program, with the goal of obtaining and

maintaining permanent housing. Goals and plans are participant-driven with the ultimate goal of obtaining safe and stable housing. These may be oriented around:

- Employment
 - Transportation
 - Application Assistance
 - Linkage to mainstream services and eligible benefits (Medicaid, SSI/SSDI, TANF)
 - Substance abuse services
 - Mental health services
 - Primary health care
 - Daily living skills
- Tell your story effectively through use of reliable data (BNL). Collection of community success stories is highly supported, and the larger community may respond to a cost-effectiveness argument, especially with regard to the cost savings of permanently housing a person experiencing chronic homelessness. “Without connections to the right types of housing options and services, they cycle in and out of hospital emergency rooms and inpatient beds, detox programs, jails, prisons, and psychiatric institutions – all at high public expense. **Some studies have found that each individual experiencing chronic homelessness costs taxpayers as much as \$30,000 to \$50,000 per year¹.**” The Kitchen permanently houses people experiencing chronic homelessness for \$17,000-\$18,000 annually, which is a cost savings of \$12,000-\$33,000 annually.
 - Develop a public education campaign to increase awareness of homelessness in and around Springfield. Utilize success stories and data to effectively tell the story, and educate community members about the causes of homelessness and common barriers experienced by people experiencing homelessness. Create momentum around ending homelessness in the Springfield CoC, identify key champions, and create urgency around this issue. Use data to set goals and publicly report on progress through a CoC website. Utilize media coverage to build momentum and gain community attention, in addition to the public educational campaign.
 - Identify funding sources to expand supportive services within CoC funded housing programs, non-publicly funded programs, and public housing units. This gap is currently being filled by volunteers within the shelter system, and the shelter system is unable to focus their supportive services on permanent housing due to this gap. This is a critical component in reaching an end to homelessness - emergency shelter services must focus on permanent housing from day one.

¹ Source: USICH, https://www.usich.gov/resources/uploads/asset_library/Ending_Homelessness_for_People_Complex_Needs_FactSheet2016.pdf

- Open data sharing is a critical component of an effective CES and there is broad community support for data sharing with client safeguards in place. Health care representatives are interested in working together to achieve this cross system goal, and the police department is involved in a case conferencing process that identifies high utilizers of systems and ensures they are receiving the care they need. These cross-system examples should be built upon to create a data sharing environment.
- Through CES, develop common intake and assessment form/processes to streamline the current process requiring multiple, duplicative application forms for CoC-funded housing as well as public housing units. Ultimately, the burden to navigate the housing and service system should be greatly reduced for people experiencing homelessness.
- Homeless advocates are currently working independently to engage people living on the streets, and they are willing and interested in collaborating with the CoC to deliver services through a more coordinated approach. Within CES planning and implementation, include homeless advocates, especially with outreach, navigation and case conferencing processes.
- Diversion is a critical component of the homeless system that is currently operating through One Door, and should be expanded to operate at all front doors of CES and emergency shelter, to ensure resources are dedicated to households who need shelter *tonight* and those who can be diverted have support in making necessary connections to safe, alternative housing situations.
- Create a coordinated, system-wide landlord engagement approach that incorporates the best practices of local efforts as well as other communities. Flexible funding to cover additional deposits, back debt and utility debt will greatly assist in reducing barriers and assuring landlords that there is support available when they reduce screening criteria and house people with subsidies/vouchers. Ensure support staff is available to respond to landlord calls/concerns within the same day, at a minimum.
- Activities of the CoC are largely unknown to the community, including housing providers. Through the CoC Board Strategic Planning process, develop a communication plan that ensures regular and transparent reporting of CoC activities through monthly community meetings, at a minimum. Stakeholders want to know what the CoC does, it's role in the community, and an increased engagement with the community on a holistic level - not only focused on federally funded programs or federal goals.
- Within the CoC's Strategic Plan, incorporate ambitious housing goals for addressing youth and young adult homelessness, with a goal specific to housing LGBTQ youth, as well as a goal to increase resources for the underserved single adult population.
- Commit to learning about the Moving On Initiative and discussion opportunities to increase PSH availability through creative approaches at the CoC Board level. Include HAS, PSH providers, and developers in this conversation. CSH is available to provide resources and facilitate conversations via phone/webinars.

- Participate in Peer Learning calls to get examples from other communities regarding specific topic areas that include funding collaboratives, common funding and housing applications, system level landlord coordination, creative ways to fund supportive services, etc.
- Continue to discuss and educate the community regarding system-level issues that impact homelessness in the CoC, including under-employment, low wages, and a high poverty rate of 26%.
- Identify community leaders/champions who are willing to drive difficult decision-making processes, and ensure they are on (preferably leading) the CoC Board. It is a critical time for CoCs in which HUD is expecting CoCs to really transform the way they do business, and it isn't possible without leaders who are willing to make difficult decisions that promote progress toward the end goal of ending homelessness for all people.
- Fund a three-year full time position that acts as the “Homeless Czar” within the CoC. This position should be located within an office with high level leadership and decision-making authority, like the Mayor’s Office or City. The current staffing structure of 1 FTE is not adequate to ensure completion CoC requirements to remain within funding compliance, let alone take on additional work as recommended within this document. An additional position is necessary to focus on these recommendations, plan and implement critical new strategies, create political will, develop cross system relationships and lead the community to a system that can end homelessness and sustain that end long-term. Without additional high-level staffing capacity to execute the Strategic Plan, it is unlikely the community will experience rapid and meaningful process in the shift from a siloed system to a truly coordinated and efficient system.

Implementation Recommendations

What Needs to Happen Now (July 1 - December 31, 2016)

- **Fund and hire “Homeless Czar”** position to carry recommendations forward; many of these recommendations will not be feasible in the short-term without additional staff support.
- Development of **Coordinated Entry System (CES)** that includes creation of a by-name list (BNL). Get your data in a good place (improve quality), and share it as needed while maintaining safeguards and privacy.
- Develop CoC-level cross-systems **training curriculum** for direct service staff (advocates, case managers, supervisors) as well as shelter and PSH volunteers.
- Standardization of Supportive Services across CoC to be **housing focused, with a strong emphasis on mental and behavioral health.**

- Establish a **funding collaborative specific to ending homelessness**; begin to make the case to focus on the extreme end of poverty, which is homelessness
- Attend **Peer Learning calls** with other communities to learn about funding collaboratives, common funding and housing applications, system level landlord coordination, creative ways to fund supportive services, etc.
- Develop **communication plan** so stakeholders know what's happening within the CoC.
- Set measureable goals around **populations that aren't currently at the forefront of conversations** or housing opportunities, including YYA, LGBTQ YYA, single adults, and families (not requiring separation).
- **Moving On Initiative** learning – join peer calls to find out what's happening nationally and what might work in Springfield.

What Needs to Happen 6 Months from Now (January 1 - June 30, 2017)

- Your **CES** has launched. You have a **BNL!** You have data and case notes that are **shared** across the system. You have data to **tell your story!** Celebrate these successes very intentionally; these are major accomplishments.
- **Make the business case** – tell your story using the data you've collected through BNL development and coordinated entry.
- Increase **public education and awareness** of local homelessness issues using data, and making the case around cost-effectiveness.
- Expand **diversion** to operate at all CES front doors and in emergency shelter. This requires training of direct service staff and supervisors, and flexible funds.
- Coordinate **systemic landlord efforts**.
- Have concrete **plan to increase supportive services** throughout homeless housing continuum, including public housing.

Community Conversation: Alignment with the Federal Plan to End Homelessness

Description:

Opening Doors is the nation's first comprehensive federal strategy to prevent and end homelessness. It was presented to the Office of the President and Congress in 2010, and updated and amended in 2015 to reflect what we have learned over the past five years. The vision: *No one should experience homelessness—no one should be without a safe, stable place to call home.*

Opening Doors changes the way work is done, turning status quo on its head, breaking down silos and fostering partnerships that were once considered impossible. Opening Doors encourages CoCs to take risks, test strategies, and change courses when something is not having the impact expected.

Opening Doors sets measurable goals to end homelessness among all populations:

- Prevent and end homelessness among Veterans in 2015
- Finish the job of ending chronic homelessness in 2017
- Prevent and end homelessness for families with children and youth in 2020
- Set a path to ending all types of homelessness

Overarching Community Themes:

- Springfield/Greene, Christian, Webster Counties CoC stakeholders expressed alignment with the Opening Doors overarching goals with some reservation about how realistic the timeframes are given limited local resources. No alternative timeframes were suggested, though need to be discussed by the CoC Board before goals are adopted.
- With regarding to ending homelessness, neither the expert panel nor community felt strongly about prioritization of specific populations (as delineated by Opening Doors). Community members want to see more local attention paid to the youth and young adult (YYA) population, and called out the lack of resources for single adult males. A disparity exists between the rate of lesbian, gay, bisexual, transgender, queer/questioning (LGBTQ) youth who are homeless compared to how many are housed through current system, requiring further attention and understanding, and possible adjustment of the housing and service delivery system.
- Lack of awareness of the larger community is a major concern, requiring community education regarding homelessness in Springfield/Greene, Webster and Christian Counties. It is thought that the business case will make an impact, especially with regard

to the cost of housing people experiencing chronic homelessness compared to remaining unsheltered.

- The Governor's Committee in the State of Missouri is an example of strong community collaboration that includes the CoC, Veteran's Administration and Department of Justice. There is interest in replicating this model in Springfield.
- People with felony records experience difficulty getting housed; landlord education is necessary. Landlords with larger units are also needed to house families with multiple (4+) children .
- The State of Missouri (Balance of State Continuum) is interested in being more involved in local efforts. Springfield CoC stakeholders share this interest.
- The Springfield CoC is comprised of urban, rural and frontier areas and the responses within these areas must look different.
- The community is committed to avoid institutionalization of people experiencing homelessness and is looking at alternative housing options that do not include single-site property development. Stakeholders are interested in incentivizing developers to built a standard percentage of affordable units within new developments.
- The YYA population is invisible and needs local focus and increased understanding of best practices.

Community Conversation: Addressing Permanent Housing Needs

Description:

To effectively end homelessness, a CoC must have adequate permanent housing options that are paired with supportive services. This may include market rate housing, public housing vouchers/subsidies through Public Housing Authorities, and HUD-funded Permanent Housing (PH) programs that are non-time limited housing options with supportive services. Participants choose whether to participate in services that are offered, and service providers are trained to deliver high quality, services that are of interest to residents.

Permanent Supportive Housing (PSH) is permanent housing with supportive services to assist persons experiencing homelessness who have a disability to live independently. Supportive services are designed to meet the needs of participants and must be offered for the entire duration of program participation. PSH may be single site, scattered site or clustered, and can be integrated with affordable or market-rate units. Housing assistance can be project-based (tied to a unit) or tenant-based (tenant must secure a unit in the market).

Rapid Re-Housing (RRH) is designed to help currently homeless households achieve and maintain permanent housing stability as quickly as possible. RRH offers flexible funding, rental assistance and supportive services, and ranges from one-time financial assistance through a maximum of 24 months of rental assistance and/or supportive services. RRH programs often utilize a Progressive Engagement approach, in which households receive the minimum assistance necessary to gain housing stability and frequent reassessment determines additional need.

Overarching Community Themes:

- Prioritizing permanent housing is the right thing to do; the CoC does not currently have a formal prioritization policy and there is broad support for CoC-level development of a policy that is clearly communicated to stakeholders.
- Data sharing between organizations and systems (ex: healthcare) is critical to increasing efficiency and providing streamlined services to people experiencing homelessness.
- Housing Authority of Springfield (HAS) is interested in housing people who are highly vulnerable and feels a gap without supportive services being available to assist the households as needed, particularly with the application process.
- Housing First is the philosophy embraced by The Kitchen, the primary PSH provider.
- There is a strong landlord provider partnership model between Northern Aire and The Kitchen demonstrating landlord engagement/recruitment/relationships. HAS is another

example, as HAS has 500+ Section 8 landlords who have been with them for years. These examples are important to build upon when coordinating landlord efforts.

- When engaging landlords, it's important to note the consistent monthly check, but also provide education to generate personal investment/interest in ending homelessness, and ensuring supportive services that respond rapidly when an issue arises. Landlords in particular feel that personal interest (heart) is necessary to the success of housing people experiencing homelessness, especially people with high housing barriers.
- HAS currently has openings, and HUD restrictions were cited as the reason. They are currently experiencing a 96% occupancy rate with the goal of 98%.
- There is broad community support for onsite supportive services that fall within the concept of wrap around services.
- Local experts believe mixed population developments (not single-site facilities) are a best practice to avoid institutionalization of people experiencing homelessness.
- Prevention and diversion are community priorities that require additional flexible funds.
- Community education is needed regarding the importance of investing in PSH for people experiencing chronic homelessness, and the long-term cost savings associated with high utilizers of systems.
- Faith community involvement in permanent housing programs is critical; volunteers have been mentors for people who just moved into housing, cleaned turnover units, and fill the current case management gaps.
- Supportive services are not provided at the level necessary, or with expertise/specialization in critical areas.
- People experiencing homelessness with pets need to have the option of obtaining permanent housing with their pet.
- Stakeholders missing at the CoC table including the business community, faith community and elected officials.
- Flexible, unrestricted dollars are needed to cover supportive services, landlord engagement, prevention and diversion.
- People identifying as LGBTQ, especially youth, are underrepresented in housing and not part of the CoC decision-making process. Additionally, people identifying as transgender are facing discrimination in obtaining and maintaining housing.
- Current programs should meet Standards of Quality of Supportive Housing and staff should ensure people know their options and make informed decisions.
- More information is needed regarding the Moving On Initiative, and should include PSH providers, HAS, housing developers and property managers. Tax credit units are a good example of a flexible option because affordable units remain available after the intensive service need is no longer present.

Local Response to Unsheltered Population

Description:

According to the 2016 Point in Time (PIT) Count conducted in January 2016 in the Springfield/Greene, Christian, Webster Counties CoC, the following people were identified:

- 7 unsheltered families with children (24 people)
- 2 unsheltered youth under the age of 18
- 156 unsheltered single adult households (186 people)
- **Total unsheltered: 165 households (212 people)**
- 131 households in emergency shelter (201 people)
- 37 households in transitional (time-limited) housing (83 people)
- **Total in in time-limited housing: 168 households (284 people)**

The PIT Count is the best data the CoC has available at this time to identify the number of people experiencing homelessness locally. The CoC is working to develop a by-name list (BNL) of people experiencing homelessness, which supplements the PIT data by providing a real time, up to date list of people, by name, who are experiencing homelessness in Springfield/Greene, Christian, Webster Counties CoC. Communities often find that the BNL identifies more people experiencing than the PIT Count, suggesting the PIT Count may be an underrepresentation of the actual need.

Overarching Community Themes:

- There are not enough shelter beds in the community to meet the needs of the majority of populations, especially families with children, youth and young adults, and single men. Single men were called out as a population of people for whom there is a real lack of emergency shelter and housing resources.
- Some emergency shelters do not have adequate staffing capacity to provide housing-focused services; there is not currently an emphasis on permanent housing within Safe to Sleep due to staff/volunteer capacity. However, The Kitchen's shelter has a Housing Stability Plan that is completed between residents and staff that focuses on permanent housing.
- Volunteer staff and mentorships are critical components of the current crisis response system and fill a gap that is not covered by funding sources.
- One Door is serving as the crisis response front door for The Kitchen, Safe to Sleep, and Gathering Friends for the Homeless. This is a great example of a coordinated crisis response system and should serve as a model as the CoC builds out CES.

- Diversion has been implemented through One Door and focuses on households with lower vulnerability scores (1-5). This helps to ensure shelter beds are available to households who truly need it tonight, and don't have other safe housing options.
- Housing First is acknowledged as a best practice by some providers, though the range of alignment with Housing First varies between providers. For example, if a person drank during the same day they try to access Safe to Sleep shelter, they will not be admitted, while at The Kitchen, they use the Harm Reduction approach and do not demand sobriety.
- Partnerships with mainstream systems are occurring between the Springfield Police Department and local health care providers. The Springfield Police Department is part of two processes in which they are identifying high utilizers of systems and prioritizing them for services and/or local court programs. They are engaged in a "case conferencing" process in which they meet weekly to discuss individual needs and make connections to resources to prevent recidivism.
- The community is torn regarding where to most effectively invest resources: permanent housing with services, or shelter, or a combination of the two options. It is critical to have permanent housing resources to ensure flow of your system, so when people experiencing homelessness, they spend no or very little time in shelter and are rapidly placed in permanent housing. Focusing resources solely on emergency shelter will not result in an end to homelessness; permanent housing is necessary to truly end homelessness. This must be balanced with the need to provide shelter for people who are on the streets, in unsafe situations (ex: extreme weather, heightened vulnerability). Emergency shelter is necessary for basic safety and to ensure that providers are able to rapidly locate people when a housing resource becomes available (people don't fall through the cracks and miss housing opportunities).

Prioritization of Local Funding Resources

Description:

When it comes to ending homelessness, it is critical that major stakeholders have clear roles and a collective vision. The City, Counties, private foundations and federal government are just a few examples of entities that commonly fund homeless housing and services, with the goal of establishing a homeless system that responds rapidly when a household experiences homelessness and ensures people have access to permanent housing within 30 days.

In determining the collective vision, communities must decide what housing strategies/interventions should be prioritized for funding, including prevention, diversion, emergency shelter, transitional housing, rapid re-housing, permanent supportive housing and general services. It is also critical to understand the priorities of individual funding entities in order to identify what funding gaps are most likely and plan how to fill such gaps.

Recommendations:

- Establish a funder's group dedicated to ending homelessness, with a first task of developing a common application for all homeless funds, and secondarily to begin shifting the community mindset from the broader poverty initiative to ending the extreme version of poverty, which is homelessness
- Coordination of the faith community is a critical component of the Springfield CoC, and a strategy to begin aligning resources from the faith community to utilize as a system, instead of in silos that make it impossible to demonstrate impact in a meaningful, systematic way.
- Address the lack of understanding among funders when it comes to the need for mental health and behavioral health services.
- Identify sources of funding that can be used to address homelessness, including a Housing Trust Fund, TANF and HOME resources, and develop a strategy to target elected officials and decision makers and make the ask to dedicate those resources to homeless efforts.

Opportunities

- Developer is interested in housing formerly incarcerated population and possibly looking for a partner to provide services.
- Healthcare data is available through Heather Parker (864-1432) to help tell the story of homelessness and multiple system involvement in Springfield and the surrounding area.
- Homeless advocates are available to coordinate with CES, specifically with case conferencing process.
- One Door is the “best kept secret;” there is opportunity to get the word out more broadly, and this must be balanced with One Door’s capacity to serve drop-ins.
- The Poverty Commission recently convened two work groups: The Case Management Standard group, and Data/Reporting group. Coordination between CoC efforts, CES planning and The Poverty commission is critical.
- SSFV is a program with flexible funding to potentially cover a portion of CoC-level advocate training costs.
- The Governor’s Committee in the State of Missouri is an example of strong community collaboration that includes the CoC, Veteran’s Administration and Department of Justice. There is interest in replicating this model in Springfield.

Definitions

By-Name List is a real-time, up-to-date list of all people experiencing homelessness that includes categories such as Veteran status, chronic status, active/inactive status, homeless/housed status, and more. By-Name Lists allow communities to know every person experiencing homelessness by name and facilitate efficient decisions around how best to refer individuals experiencing homelessness to housing resources.

Coordinated Entry System (CES) is a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated entry process:

- Covers the geographic area,
- Is easily accessed by individuals and families seeking housing or services,
- Is well advertised, and
- Includes a comprehensive and standardized assessment tool²

² Source: CoC Program Interim Rule: 24 CFR 578.7(a)(8)

Culturally-responsive services are respectful of, and relevant to, the beliefs, practices, culture and linguistic needs of diverse consumer/client populations and communities. That is, communities whose members identify as having particular cultural or linguistic affiliations by virtue of their place of birth, ancestry or ethnic origin, religion, preferred language or language spoken at home. Cultural responsiveness describes the capacity to respond to the issues of diverse communities. It thus requires knowledge and capacity at different levels of intervention: systemic, organizational, professional and individual. (Center to Advance Racial Equity, Portland State University, 2014)

Family includes, but is not limited to, regardless of marital status, actual or perceived sexual orientation, or gender identity, the following:

1. A single person, who may be an elderly person, displaced person, disabled person, near-elderly person, or any other single person; or,
2. A group of persons residing together, and such group includes, but is not limited to: a family with or without children; an elderly family; a near-elderly family; a disabled family; a displaced family; and, the remaining member of a tenant family.

More information can be found here:

<https://www.hudexchange.info/faqs/1529/how-is-the-definition-of-family-that-was-included/>

Harm Reduction is a strategy aimed at reducing negative consequences associated with high risk behaviors to improve quality of life while respecting the rights of the person.

Housing First is an approach that centers on providing homeless people with housing quickly and then providing services as needed. Housing assistance is not time-limited, and a variety of services are offered to promote housing stability and individual well-being. Services are voluntary and based on tenants' individual needs.

Motivational Interviewing is a goal-oriented, client-centered service approach for eliciting behavior change by helping people to explore and resolve ambivalence.

Progressive Engagement model in which households receive the minimum assistance necessary to gain housing stability and frequent reassessment occurs to determine additional need.

Trauma Informed Care is a treatment framework that involves understanding, recognizing, and responding to all types of trauma.