

Housing Stabilization Program (HSP) Quarterly CAA/District Meeting



Oregon Housing and Community Services and Oregon Department of Human Services

Presented by Sheila Parkins (OHCS) and Misty Schoene (DHS)

May 7, 2020

9:00 a.m. to 12:00 p.m.



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Welcome, everyone! Thank you for joining us! You should be here for the Housing Stabilization Program Quarterly CAA/District Meeting, so welcome. As we all know COVID-19 has certainly changed the way we have been doing business, so I just wanted to state that I appreciate your flexibility and your willingness to continue our meeting in an alternative platform. We hope that this will be a robust meeting full of useful information and as much peer networking as is possible in a webinar. I'm Sheila Parkins and I am the HSP Program Analyst for Oregon Housing and Community Services. We also have Misty Schoene with us from the Salem DHS office.

So, just a little housekeeping before we get started. We are in a webinar format, with folks muted at this point; however, if you would like to speak, you should be able to unmute your phone or computer or feel free to type questions or comments in the comment box. We will be recording this webinar for later playback as well, so please be sure that if you are not speaking, that your phones are muted so that we don't get a lot of background noise. You should be able to find the agenda in the handouts section of the toolbar as well.

So first, we will go into a couple of frequently asked questions that we have had around priority, case management and specific program restrictions, and we will spend a few minutes on the COVID-19 guidance that has been put out, but the rest of time will be for some peer discussion around the meat and potatoes of the program which is funding,

referrals and collaboration.

We have the webinar scheduled for the full 3 hours when we thought we were having an in-person meeting, but I recognize that this format is not as conducive to easy conversation, so we may not take the full 3 hours.

So, let's get started!

Priority

- Who?
- Priority Population means persons that are determined as having the greatest need and will receive services first.
- HSP dollars are TANF Funds – TANF clients must be prioritized.



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First up is priority. Please note that priority of these funds have not changed; however, we understand that you may be providing additional priority to TANF recipients who have been impacted by COVID-19. As I move forward with our discussion, I'm going to focus on the requirements of the program and not necessarily addressing COVID-19; however, if you have any questions as we move along about HSP and our response to COVID-19, please feel free to share.

HSP requires that priority will be given first to those receiving TANF and then those that are TANF eligible, meeting HSP eligibility. OHCS defines priority as meaning persons determined as having the greatest need and will receive services first. HSP dollars are federal TANF funds and must be spent on TANF clients and then can be used for TANF-eligible clients. Those clients receiving TANF are the highest priority for HSP services. You must serve TANF recipients first. This doesn't mean that you can't serve TANF eligible, it just means that those receiving TANF must be served first and only after you have exhausted your supply of TANF recipients would you move onto TANF-eligible clients.

Priority

Assessment occurs on 10 clients:

Doe, J	8
Smith, C	3
Robinson, J	10
Jones, K	10
Anderson, B	2
Peterson, A	6
Thompson, D	3
Weasley, R	2
Granger, H	4
Potter, H	1

By-name list created by need:

Robinson, J	10
Jones, K	10
Doe, J	8
Peterson, A	6
Granger, H	4
Smith, C	3
Thompson, D	3
Anderson, B	2
Weasley, R	2
Potter, H	1



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Some CAAs use a coordinated entry assessment that provides a numerical result to determine need. To get an idea of how this works with HSP, we will use this example. You have performed an assessment on 10 clients. On the left you can see that each client is provided a score based on the results of a VI-SPDAT for Families. The VI-SPDAT is a Vulnerability Index and Service Prioritization Decision Assistance Tool widely used by CAAs.

On the right, you have prioritized these same 10 households by need based on the VI-SPDAT assessment, so those with the highest number are at the top of your list and those with the lowest number are at the bottom of your list. Those with the highest number gets served first, those with the lowest number have the least need. This is just a very simplified version of a prioritization schema, but works for our example.

Priority

Use the By-name list to find neediest TANF families:

Robinson, J	10
Jones, K	10
Doe, J	8
Peterson, A	6
Granger, H	4
Smith, C	3
Thompson, D	3
Anderson, B	2
Weasley, R	2
Potter, H	1

Robinson, Doe, Peterson, Thompson and Weasley are not TANF recipients, so we do not serve them with HSP dollars, but serve the Jones household first as they are the highest need TANF family.



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When using the coordinated entry assessment as a tool for prioritization, you can then take your newly created by-name list and start with the most needy and identify the specific priority population you are looking for. So in this case, The Robinson household does not receive TANF, so even though they are first on the list, they do not meet the funding requirements, so we move to the Jones household. They are receiving TANF, so you assist them first with HSP dollars. The next two families do not receive TANF, so you skip them and move to the Granger and Smith households that do receive TANF and you assist them. Keep going on your list until you exhaust the supply of TANF households. This process works for any priority population.

Again, you can still assist TANF eligible clients, but only once you have exhausted the priority population of those clients receiving TANF. This process is also useful if you have more TANF clients to serve than you have funding as it allows for the most needy of your TANF population to be served first.

Priority	
Robinson, J	10
Jones, K	10
Doe, J	8
Peterson, A	6
Granger, H	4
Smith, C	3
Thompson, D	3
Anderson, B	2
Weasley, R	2
Potter, H	1
Jackson	5

To go a little further in this example, say you have your by-name list already created from your coordinated entry assessment and you receive a referral from the DHS office for the Jackson household. You provide them an assessment and determine that they have scored a 5 for need – they are inserted into your by-name list. You will still assist the Jones household first because they are a more vulnerable household, but then you would assist the Jackson household as they have more of a need than the Granger household.

Remember the by-name list created by your coordinated entry assessment isn't about first come-first serve – it is a way of prioritizing the most needy, so while the Granger, Smith, Anderson and Potter households may have been on the list for a longer period of time, the Jackson household is served first because they are most needy.

This example helps to highlight how the coordinated entry process operates and helps to demonstrate why a referral may not be assisted immediately if other TANF households have come in through the CAA's door. The community action agency is still using HSP funds for TANF clients, but they are prioritizing those clients, not based on their referral status, but based on their need status. Are there any questions?

Case Management

- Designed to remove obstacles to family stability/engagement
- Provides an individualized housing and/or service plan
- Monitors family's progress
- Increases family's access to other services/benefits
- Provides placement services



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So let's switch to Case Management. Case management is an important part of HSP and is an expectation for the use of the funds. Case management is an allowable use of funds; however, many CAAs use EHA or another funding source to help fund case management which also allows them to meet their MOE obligation.

By performing case management families are assisted in removing obstacles to stability and engagement. By developing an individualized housing and/or service plan the family becomes engaged in their own process. Monitoring the family's progress helps identify creative and immediate housing solutions for issues that may come up. Case management also helps families increase their access to income supports, disability benefits, address or connect to other needs such as mental health or addiction services. Placement services as part of case management are designed to assist households in locating, obtaining, and retaining suitable housing, tenant counseling, assists households in understanding leases, inspections, securing utilities, and making moving arrangements. You can see why case management is an important element to stabilized housing.

Case management can also be coordinated with the district offices. Some of these

activities may be something that family coaches can assist with. The idea is that CAAs and family coaches work together to provide services that families need to become stabilized and that families are receiving wrap-around services. It is an expectation that HSP clients will receive case management services in cooperation with local DHS branches.

Case Management by CAAs

- Intake and assessment
- Developing individualized housing and service plan
- Providing Housing Navigation Services
- Monitoring and evaluating household progress
- Identifying creative and immediate housing solutions
- Ensuring that the households' right are protected
- Connect to or provide services that increase access to the income supports such as SOAR or similar style services
- Providing Tenant Education services
- Mediation with landlords
- Outreach services
- Connecting clients to other needed resources
- General liability insurance and automobile insurance prorated on program use for meeting with clients in their home or offering transportation to and from meeting
- Staff training specific to assisting the program population, such as trauma informed care, harm reduction or supporting victims of DV
- Salary, benefits of staff performing case management services.



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I wanted to provide a list of the type of services that may be performed by the community action agency as well as by family coaches so we can share what may be available from each party.

You can connect with each other to develop your client's housing plans with a shared understanding of what everyone may be able to provide. This powerpoint will be available after the webinar, so I encourage everyone to bring this slide and the next one to your next meeting with one another to help strategize how your partnership may be able to change to better assist clients moving forward. This slide identifies what may be available from community action agencies.

Family Coaching by DHS

- Strengths-based family assessment
- Create family service plan with individualized services based on family's goals
- Support services to support case plan, as needed/approved
 - Transportation
 - Child Care
 - Short-Term Housing Assistance
- Home visits and other face-to-face contacts
- Referrals to parenting supports (Family Support and Connections)
- Partner with DV advocacy and assistance with/development of DV safety plans
- Connection to child support services
- Education/job training
- Interpretation/translation
- Referrals to substance abuse and mental health treatment programs
- Connections to other DHS benefits and community resources
 - WIC
 - Food Banks
 - TANF
- Transitions to Employment-Related Day Care (ERDC) when TANF closes due to employment
- Temporary Assistance to Domestic Violence Survivors (TADVS)
- Cash and medical assistance to refugees
- Referrals to State Family Pre-SSI program (SFPSS), as appropriate.



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This is a list of what family coaching may look like from the DHS side. HSP activities can be coordinated so that some are performed by the CAA and others are addressed by the family coaches. You may also want to review your collaboration plans to ensure that what each side provides is not duplicating any efforts. The idea is that CAAs and family coaches are working together to provide services that families need to become stabilized and to ensure that families are receiving wrap-around services. Again, it is an expectation that HSP clients will receive case management services in cooperation with local DHS branches. Now, having said all that, I wanted to take a brief moment to cover some changes that have occurred due to the COVID-19 pandemic as they specifically impact this case planning function.

COVID-19

- Alternative methods for documentation

- Email
- Fax
- Text
- Print/File

- Verbal referrals
- One-time assistance
- Spending funds
- ROI

OHCS

<https://www.oregon.gov/ohcs/Pages/agency-covid19-resources.aspx>

DHS

<https://govstatus.egov.com/or-dhs-covid-19>



Just in case folks have not been able to keep up with the onslaught of COVID-19 information that is coming from the federal government, the state government, local governments, us and many, many organizations you all work with in a day-to-day basis, I wanted to take just a couple of minutes to go over some of the guidance we have distributed in the past couple of months.

Due to the pandemic, we have been looking at ways to provide simplification in serving clients and provide guidance on alternative methods of documentation. While we still need to maintain documentation of eligibility in a client's files, electronic means such as email or fax could also be used or you could even accept a phone photo of the documentation by the client and have it texted to the CAA either via email or through text. The CAA could then print the picture for the file. Printing of documentation to include in the file could also happen at a later date as long as it is included in the file after the COVID-19 restrictions have been lifted.

We understand that many agencies are implementing some measures to limit in-person contacts. If you are using an alternative method for service delivery and since referrals remain the best way to use HSP dollars, we are recommending that

referrals take place through phone conferencing. We recommend that the CAAs and Districts set up a regular time each day to connect with one another on verbal referrals. To complete the documentation requirement for a verbal referral, the CAA will need to ensure that every field of the referral form is completed and that instead of the DHS contact's signature, the CAA can write "verified by phone by [name of DHS contact] on [date] and [time]". CAAs will still need to communicate their portion of the form via telephone as well, such as confirming what payments have been made and for what purpose.

If you amend your collaboration plan to include alternative methods for communication or your referral process, you do not need to receive approval from OHCS to do so, you may go ahead and implement those processes. If you have a unique situation that you would like to discuss, please let me know.

Due to an unexpected job loss and other factors, a large number of TANF and TANF-eligible clients are beginning to reach out for services and may only need one-time assistance. Current guidelines state that development of a housing stability plan is required for all HSP clients, identifying how HSP funds/services provided will address barriers to housing stability. OHCS and DHS are waiving the requirement for a housing stability plan until August 30, 2020. This will ease the burden of case managing clients that may only need prevention assistance during this COVID-19 crisis.

Also, as we get closer to the end of the fiscal year, spending down our funds is crucially important so that clients are served with all available dollars. Many agencies are still quite a bit underspent. We understand that while the limitation of office hours or in-person contacts further slows the expenditure of funds, most likely agencies are probably seeing an influx of people in need for the very same reasons. Please be as flexible as possible with assistance limits, if you have them, during this period of time and ensure that clients are getting the maximum amount of funds they need to stabilize their housing situation. Please also be sure to submit request for funds as quickly as possible as the length of time of time for disbursement of funds may see a bit of a delay because of limited staff and we want to ensure that agency have enough funds to meet their obligations.

There have also been discussions about the Release of Information and alternative ways that we can look at that. Misty is going to jump in and tell us where we are with that.

If you have any questions, please feel free to reach out to Misty or myself. For more information about OHCS' and DHS' response to COVID-19, along with a central location for pertinent information, please go to our website located on this screen.

CAA Restrictions

- Prevention only
- No placement services
- Encourage Housing Navigation
- Encourage Capacity



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We have seen and heard about some programs that are being restricted so that families can only receive assistance if they find housing first or only assisting families if they need prevention and not those that are literally homeless. We want to encourage you to continually retool your program design to accommodate the pandemic environment as well as being flexible to best assist families in need.

Funds are available to provide placement services and housing navigation services. So examine your staffing capacity and if you need a housing navigator or someone in that type of role, there are funds to provide that. Helping a family find housing in this tight rental market is a necessary component for effective stabilization of families, not just in HSP, but in all our programs, so we don't want to skip that important function.

Remember, capacity is a part of our EPIC Outcomes Tool and a new program operational standard and it includes landlord engagement initiatives, tenant readiness education, use of housing navigators and outreach to housing developers. This is a perfect opportunity to redesign your program to fit these outcomes.

CAA Restrictions

- Assistance Caps
- What's Allowable



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As a reminder, OHCS caps the 4-months of assistance for HSP households to \$8,000. Some agencies have also restricted the amount of assistance a family can receive due to limited funding and in an effort to assist as many households as they can. However, we want to encourage folks to use what is necessary for the family. Some families may require more funds to cover their immediate crisis needs and giving these families the funds they need rather than reducing what they can receive may keep them from coming back through your doors again. Remember, this is not about the number of people you serve, but that you are serving them sufficiently to meet their needs and helping to stabilize their situation. OHCS encourages agencies to remove funding caps that are less than the program cap of \$8,000 per household.

Funding Partnerships



GUEST
SPEAKER

- Pat Rogers, CAO



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We do recognize that the 4-month limitation is restrictive and not sufficient for many families to attain housing stability, especially if they are literally homeless. They may have quite a few barriers to overcome before they even find housing. Agencies are encouraged to continue serving clients with other funds after the 4 month period if they need additional assistance. We implemented the Simplified Documentation Option that allows a client to carry their homeless and income status with them into other OHCS state funds, particularly EHA work well.

Pat Rogers with Community Action Organization is going to tell us a little about his experience with providing some longer-term assistance for client that received HSP funds.

Referral Process Round Table



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I would like to take some time now for folks to think about some specific questions we pose about referrals. We wanted to give you an opportunity to share your experiences regarding the referral process and how it is working for you so that others who may need some creative ideas about their own processes can learn from their peers.

Referral Process Round Table

- 1) How are referrals transmitted – in person, email, by phone
- 2) Are referrals both ways – from CAAs to DHS and from DHS to CAAs – if not, why not?
- 3) Is there a process to confirm if referrals were received?
- 4) What is the process to alert the other party the action taken on the referral?
- 5) What is the timeline to respond to referrals?



Think about the following questions and identify some key take-away points you could make with the group:

- 1) How are referrals transmitted – in person, email, by phone
- 2) Are referrals both ways – from CAAs to the family coach and from the family coach to CAAs – if not, why not?
- 3) Is there a process to confirm if referrals were received?
- 4) What is the process to alert the other party about the action taken on the referral?
- 5) What is the timeline to respond to referrals?

Please feel free to begin sharing your thoughts on these questions when you are ready.

Referral Tracking

HSP MONTHLY EXPENDITURE LOG
MATCH - EMERGENCY HOUSING ASSISTANCE

PY 19-20

Starting Balance: _____

MONTH: _____

OFFICE: _____

WORKER: _____

Date	Client Name	Last 4 digits SS#	# of mos. to be served	# in House	# Shelter nights	Single Parent HH	Two Parent HH	# of Children in HH	TANF Recipient	Teen Parent	Refuge Family	\$ of Client Assist.	Balance
													\$0
													\$0
													\$0
													\$0
													\$0
													\$0
													\$0
													\$0
													\$0
													\$0
													\$0
Totals			0	0	0	0	0	0	0	0	0	\$0	\$0



ODHS
Oregon Department
of Human Services

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In addition to the actual referrals themselves, some agencies have created ways of tracking the referrals that I will make available to everyone after the webinar as well.

Tracking your referrals, even if you are out of funds, can help you determine additional need. If we request additional funds, it would be helpful to know how many referrals we were unable to assist with due to lack of funding. There are numerous ways you can track information – most folks are using an Excel spreadsheet, but information can vary quite a bit. As you think of your referral process, you may want to institute a tracking mechanism to better assist in the communication process if you don't already have one or modify the one that you do have.

Collaboration



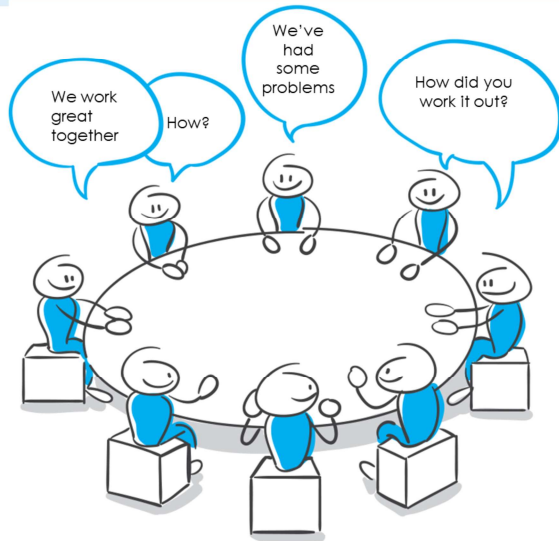
- What's working
- What isn't working
- Best Practices



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Collaboration is tricky and it doesn't always work how we think it will work. Some of us are successful from the beginning and some of us have had some bumps in the road. Successful collaboration starts with a shared vision, which we can all agree is assisting TANF households with obtaining and retaining permanent housing. The guiding principles that you outline in your collaboration plan serve as a touchstone for the collaborative partners to define the way you will work together. Effective collaboration advances the mission of each partner – sharing in a goal that you may not be able to accomplish alone but is within reach when you work together. Relationships are at the heart of collaboration. When you encourage communication and have roles and responsibilities clearly defined so that expectations are understood on both sides, collaboration becomes successful and families benefit.

Collaboration Panel



Panel Member	Agency
Dina Eldridge	CSC
Nadja McConnville	D9
Pat Rogers	CAO
Molly Heiss	NIMPACT
Vicki Partridge-Hiland	D11
Jessica Machen	D8



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I've asked a few folks to talk about their collaboration experience, so if I can bring them up one at a time they will be able to share some thoughts they have had about their own collaboration experience.

Dina Eldridge from Community Services Consortium

Nadja McConnville from District 9

Pat Rogers from Community Action Organization

Molly Heiss from NeighborImpact

Vicki Partridge-Hiland from District 11

Jessica Machen from District 8

Does anyone have any additional comments or thoughts regarding collaboration? I want to thank all of our panelists for their willingness to share their experience and help to inspire our peers in ways that they can modify or improve their programs. Clearly we have heard that there is no one, single model that works for everyone, but communication is a key and crucial element to successful collaboration. Misty, do you have anything you would like to add at this time?

Contact

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Schedule: 7:00 a.m. – 1:30 p.m., M-F

Misty Schoene

DHS

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Schedule: 7:00 a.m. – 3:30 p.m., M-F

THANK YOU!!



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That brings us to their end of our webinar. Thank you for being patience during our change in format for this meeting and for being here today. We really appreciate this opportunity to get together and talk to one another about our important work. Thank you for coming. Feel free to contact either Misty or me at any time.

Our next meeting will be in August and we looking forward to hearing from folks at that time. I will be sure to share the replay of this webinar, along with the powerpoint slide and my script as soon as I have them uploaded to our website. Thanks again and Have a great rest of your day.