2016

Housing Resource & Policy Manual: Provider Handbook

Broward Behavioral HEALTH COALITION

Broward Housing Initiative

11/1/2016

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ABOUT BROWARD BEHAVIORAL HEALTH COALITION

Broward Behavioral Health Coalition, Inc. (BBHC) was created in 2011 and was selected by the Florida Department of Children and Families (DCF) as Broward County's (Circuit 17) managing entity for mental health and substance abuse services. Its purpose is to coordinate and fund services, for and on behalf of adults and children in our community.

The Substance Abuse and Mental Health (SAMH) Program Office of the Department of Children and Families contracts with BBHC to manage the state funded Substance Abuse and Mental Health system of care in Broward County.

BBHC ensures quality and best practices are provided to consumers and families seeking services in Broward County.

MISSION STATEMENT

To advocate and ensure that an effective and efficient behavioral health system of care is available in Broward County.

VISION STATEMENT

Ensuring a responsive and compassionate behavioral healthcare experience for people in our community.

VALUE STATEMENT

Consumer driven, cultural competence, compassionate service, efficient management, innovative system, fiscal integrity.

BBHC HOUSING INITIATIVE

BBHC is seeking to address accessibility, sustainability, and wrap-around supports for persons with mental illness and substance use issues who are homeless, at risk or homelessness or are exiting institutional care and need ongoing supports to live independently. Most people we serve can't afford the high cost of Broward rent without subsidy or vouchers due to dependency on social security or lack of employment. Few people with serious mental illnesses have access to a home, with full tenancy rights and community integration to support their recovery. As such, BBHC is implementing its Housing Initiative to address these issues as part of a state requirement from DCF for all Managing Entities, per Incorporated Document 37.

Purpose

- Increase and improve collaboration and coordination between Managing Entities, Local Homeless Coalitions, Designated Lead Agencies of Continuum of Care Plans, Florida Housing Finance Corporation (FHFC), and other key state and local agencies as they relate to housing-related services;
- Find safe, affordable, stable housing for individuals with mental health and/or co-occurring diagnoses; Ensure that these individuals receive the necessary support services to be successful in the community; and
- Increase the number of discharges from state mental health treatment facilities to stable community housing in lieu of discharges to community crisis stabilization units, to addiction receiving facilities, or to placements increasing the risk of subsequent homelessness.

Through this initiative, BBHC has hired a **Housing Team** that includes a Housing Coordinator, Housing Navigator and SOAR/Entitlements Coordinator.

Forms

The latest forms and updates can be found on the BBHC website, under "What We Do":

http://www.bbhcflorida.org/?q=housing

Contacts

The objective of the Broward Behavioral Health Coalition's Housing Team is to enrich the lives of individuals who are diagnosed with behavioral health challenges and who are experiencing homelessness, at-risk of homelessness or who are reintegrating into the community from institutional care by making decent, safe and affordable housing opportunities accessible by working in partnership with Broward County's Continuum of Care, BBHC's service providers and other community organizations to offer resources, assist with strategic planning and improve practices intended to remove barriers for those we serve.

Role	Name	Phone	Email
Housing Coordinator - Responsible for implementing the Housing Initiative and coordinating with the local Continuum of Care	Elissa Plancher	954-662-8121 Ext. 1025 954-770-7851 (c)	eplancher@bbhcflorida.org
Housing Outreach Navigator - Receives referrals of eligible applicants and initiates referral to the CoC; tracks the status within the HMIS database	Kenisha Bryant	954-662-8121 Ext. 1026 954-882-6241 (c)	kbryant@bbhcflorida.org
Entitlements/SOAR Coordinator - Responsible for implementing expanding access and education about entitlements, benefits and work incentives.	Atensia Earp	954-662-8121 Ext. 1026 954-882-6808 (c)	aearp@bbhcflorida.org
Director of Clinical Services - Oversees the Housing Initiative in coordination with other BBHC initiatives and system partners.	Emery Cowan	954-662-8121 Ext. 1020 954-560-1151 (c)	ecowan@bbhcflorida.org

WHAT YOU NEED TO KNOW AS A BBHC CONTRACTED PROVIDER

I. OVERVIEW

During intake, when you are completing a psychosocial assessment on a person receiving services at your facility, you will identify the following:

1. Does this person have a behavioral health diagnosis?
2. Does this person meet the criteria for HUD's definition of homeless?

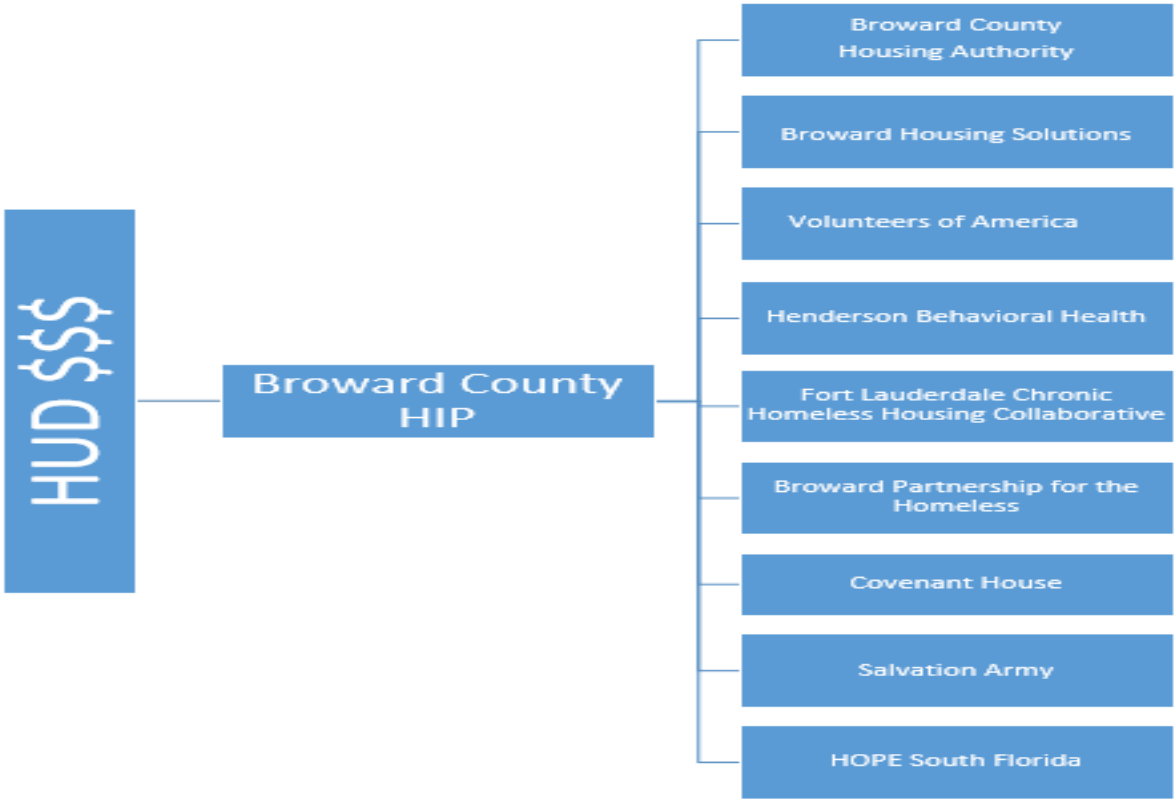
If the criteria above are met, you will then complete the following housing referral documents and send them to BBHC:

- Eligibility Checklist
- VI-SPDAT
- HMIS Intake Form
- HMIS Release of Information
- BBHC Release of Information

The referral forms are located at the end of this handbook and on our website (see Appendix A).

II. SUMMARY OF BROWARD COUNTY'S CONTINUUM OF CARE

The lead agency for Broward County's Continuum of Care (CoC) is the Broward County Homeless Initiative Partnership (HIP). The CoC is comprised of a number of organizations that provide a variety of coordinated services to individuals experiencing homelessness within the community. Entrance to all HUD-funded housing programs, managed by the CoC, requires a specific coordinated entry and assessment process to initiate a referral for a housing program.



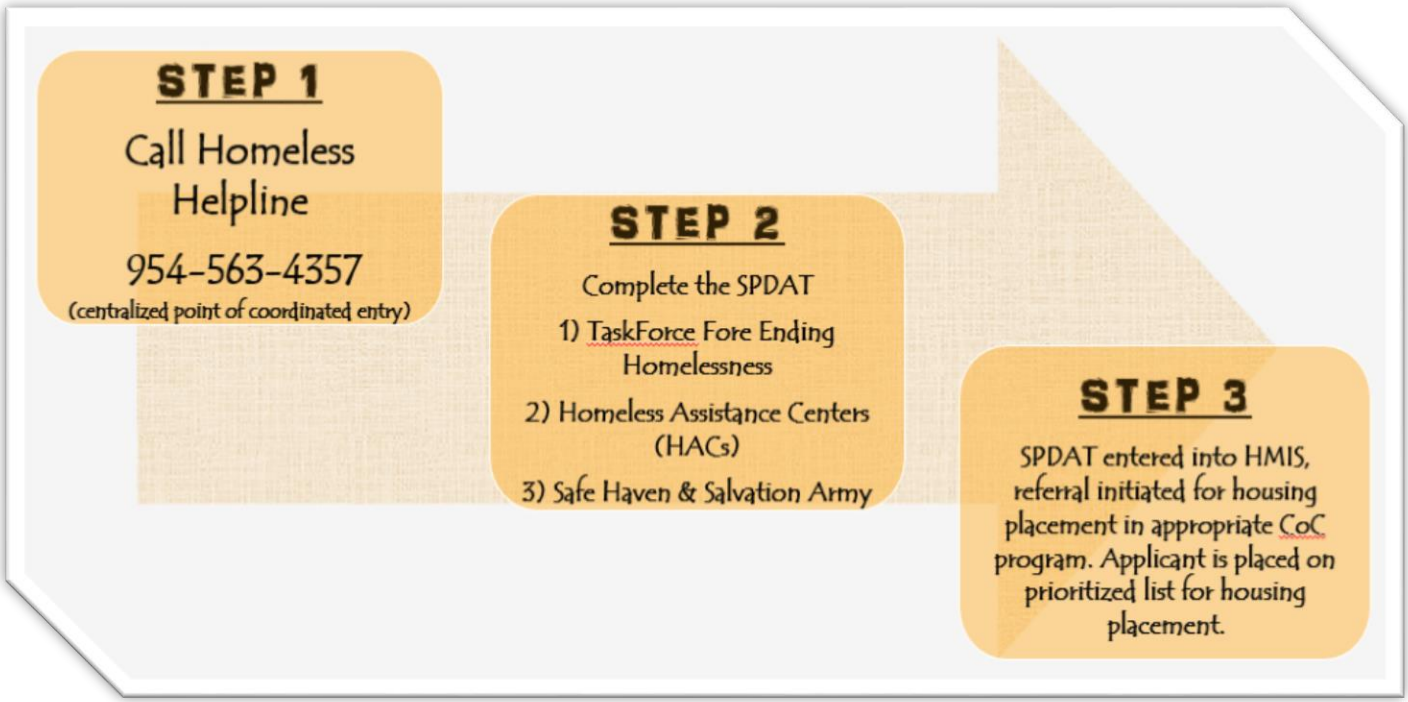
III. COORDINATED ENTRY AND HOUSING PLACEMENT SYSTEM

Broward County HIP requires the use of a Coordinated Assessment and Housing Placement System (CAHP). This ensures individuals experiencing homelessness are prioritized for housing placement according to his/her level of vulnerability and length of time homeless. The level of vulnerability is determined by completing a barrier assessment tool called the **Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT)**.

The purpose of the Broward CoC CAHP is to achieve the following goals[1]

1. To assist in assessing individuals and families (collectively referred as "clients") consistently to determine program eligibility;
2. To create a more streamlined process for accessing and providing assistance to clients who are currently or at imminent risk of experiencing homelessness;
3. To decrease the time housing providers spend processing requests for assistance; and
4. To improve data collection and quality that supports data-driven decision-making based on client level needs.

IV. CURRENT HOUSING REFERRAL PROCESS

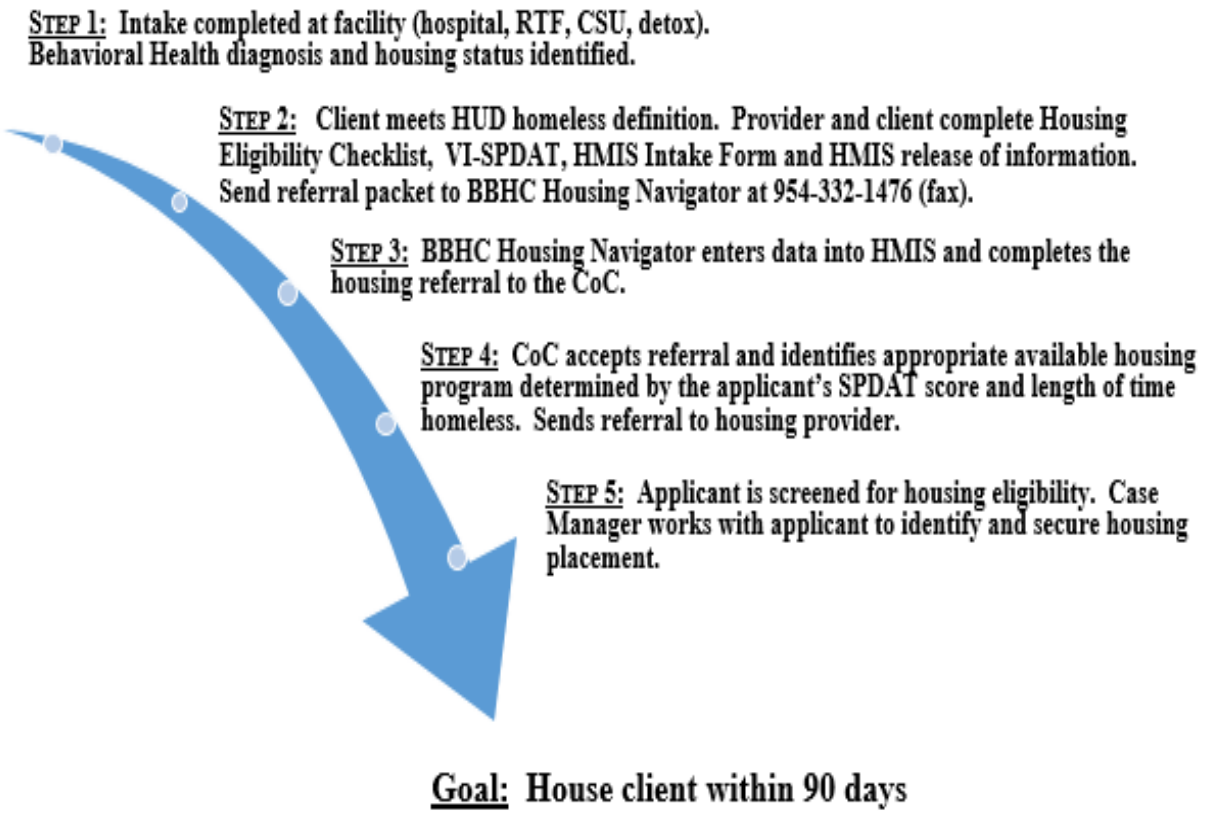


[1] (HIP, 2015)

Current Housing Referral Process:

1) VI-SPDAT is entered into the Homeless Information Management System (HMIS), the centralized database for homeless data collection and client coordination
2) Referral for housing is initiated in HMIS and is sent to the CoC
    a. Placement on the housing waitlist is determined by their SPDAT score ranking and length of time homeless
3) CoC provides the referral to one of the local housing providers for a specific housing program, determined by the applicant's needs and program-specific eligibility requirements
4) Housing agency determines if there is an established behavioral healthcare case manager connected to the applicant who will provide supportive services and compete referral paperwork to gain admission to the housing program
5) Housing agency determines housing eligibility (income and background screening), issues voucher/certificate
6) Case Manager and client search and secure a rental unit

V. NEW INTEGRATED REFERRAL PROCESS FOR BBHC CONTRACTED PROVIDERS (specific to HUD-funded, CoC programs)



Goal: House client within 90 days

Supplemental Assistance

The BBHC Housing Navigator will provide the following supplemental services in an effort to expedite housing placement:

- Linkage to on-going behavioral health case management services only if necessary (it is expected that Discharge Planners will coordinate services).
- Referral and linkage to appropriate housing programs or homeless prevention funds and services
- Tracking individual throughout treatment to housing, providing additional supports and linkages as needed
- Continuous communication with facility staff
    a. Providing 30, 60 and 80-day notification, in an effort to preserve the client's chronicity for housing purposes
- Referral to SOAR Coordinator in an effort to secure income if necessary
- Referral to emergency housing while pending lease-up in a subsidized rental unit
- Completing a six-month and one-year follow-up post discharge from institutional care
- Technical assistance as needed to BBHC contracted providers

VI. IDENTIFYING THOSE WHO MEET THE HUD HOMELESS DEFINITION

The Eligibility Checklist form is a tool for you to use providing a quick and simple category determination. This form is included in the referral packet in the back of this handbook.

CRITERIA FOR DEFINING HOMELESS			
CATEGORY 1	**CATEGORY 2**	**CATEGORY 3**	**CATEGORY 4**
Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: 1. Has a primary nighttime residence that is a public or private place not meant for human habitation; 2. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or 3. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution	Individual or family who will imminently lose their primary nighttime residence, provided that: 1. Residence will be lost within 14 days of the date of application for homeless assistance; 2. No subsequent residence has been identified; and 3. The individual or family lacks the resources or support networks needed to obtain other permanent housing	Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: 1. Are defined as homeless under the other listed federal statutes; 2. Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; 3. Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and 4. Can be expected to continue in such status for an extended period of time due to special needs or barriers	Any individual or family who: 1. Is fleeing, or is attempting to flee, domestic violence; 2. Has no other residence; and 3. Lacks the resources or support networks to obtain other permanent housing
Complete BBHC Housing Referral for all Categories: **1) Eligibility Checklist** **2) HMIS Intake Form** **3) HMIS Release of Information** **4) VI-SPDAT** **5) BBHC Release of Information**			
BBHC enters referral data into HMIS. BBHC initiates referral to CoC for housing placement.	**BBHC refers client to non-CoC funded program for homeless prevention services.**		**BBHC enters referral data into HMIS. BBHC initiates referral to CoC for housing placement.**

HUD's homeless definitions and recordkeeping requirements can be found at: https://www.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf

VII. HOUSING COMPONENTS WITHIN OUR CONTINUUM OF CARE

The **Housing First model** is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing, removing barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize retention in the housing program, increase housing stability and prevent returns to homelessness.

- **Permanent Supportive Housing (PSH)**
  - Permanent supportive housing is permanent housing with lifetime rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability.
- **Rapid Re-Housing (RRH)**
  - Rapid re-housing provides up to 24 months of rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing. The intention of this program is to provide critical time intervention services, encouraging a return to self-sufficiency.

VIII. OTHER SHELTER OPTIONS

- **Emergency Shelter**
  - Homeless Assistance Centers (HACs): ***Admission by calling Homeless Helpline***
    - HACs are strategically placed in North, Central and South Broward County to provide services to families, single men & women who are experiencing homelessness.
    - Admission to the HAC is not guaranteed, as there is a waitlist and lottery system.
- **Special Population Emergency Services**
  - Covenant House: ***(954) 561-5559 or walk-in***
    - Serves youth experiencing homelessness
  - Safe Haven (Henderson): ***Admission by calling Homeless Helpline***
    - Serves individuals who are diagnosed with severe mental illness and who are also experiencing homelessness
  - Women In Distress: ***24-hour crisis line (954) 761-1133***
    - Serves women and children fleeing domestic violence
- **Homeless Helpline Phone Number**
  - 954-563-4357

POLICY SECTION

BBHC HOUSING POLICIES

1. Referrals must be sent to BBHC within 24 hours of completing the housing referral packet:
    a. Faxed to BBHC at 954-332-1476
    b. Encrypted e-mail to Kenisha Bryant: kbryant@bbhcflorida.org
2. The Housing Navigator will enter the data into HMIS within 48 hours of receiving the referral.
3. The Housing Navigator will provide the referring agency with a confirmation e-mail detailing that the applicant is entered into HMIS.
4. Individuals that do not meet **both** the HUD definition of homeless *and* behavioral health criteria are not to be referred.
5. Only individuals who meet the criteria for Categories 1 or 4 of HUD's definition of homeless will be entered into the CoC's HMIS system.
6. Incomplete referral packets will not be accepted.

ROLE OF BBHC HOUSING COORDINATOR AND HOUSING NAVIGATOR

1. Evaluate applications, confirming eligibility according to HUD's definition of homeless categories
2. Refer to SOAR Coordinator if individual meets criteria for further SOAR screening
3. Search for referred applicant in HMIS prior to entering data, ensuring no duplication
4. Enter applicant data into HMIS, initiating referral to the CoC for individuals who meet Category 1 or Category 4 of HUD homeless definition
5. Track applicants who meet Category 2 or Category 3 of HUD homeless definitions in an internal BBHC database
6. Refer Category 2 and 3 individuals to agencies that provide homeless prevention funding and services
7. Track applicant through treatment, advising discharge planner or social worker of 80, 60 and 30-day time limitations prior to discharge
    A. Ensure length of stay does not exceed 89 days, unless medically necessary
8. Link applicant to primary behavioral health case manager during stay at institutional care facility
9. Communicate status of applicant to CoC's Chronic Workgroup, providing updates throughout duration of care
10. Comply with HUD's recordkeeping requirements by utilizing BBHC's data management system to document admission to and discharge from care facility in HMIS
11. Investigate homeless episode prior to facility entry (ie: police records, outreach, etc.)
12. Provide follow-up six months and one-year after discharge from behavioral healthcare setting

Appendix A: Housing Referral Forms

Quick Reference List

(1) Things You Should Know
(2) BBHC Release of Information
(3) Housing Eligibility Checklist
(4) HMIS Intake Form
(5) HMIS Release of Information
(6) VI-SPDAT