

Recommendations for Effective Implementation of the HEARTH Act Continuum of Care Regulations

The [interim Continuum of Care \(CoC\) rule](#) developed under the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was released in the Federal Register on July 31, 2012 and went into effect on August 30, 2012. The National Alliance to End Homelessness released a [summary](#) of the rule, and additional resources related to the rule are available on the U.S. Department of Housing and Urban Development (HUD) Homelessness Resource Exchange [website](#).

The purpose of this document is to help Continuums think through how to take advantage of opportunities in the regulations to further the use of national best practices in their communities. The Alliance's recommendations for how to do this focus on the following areas:

- **Coordinated Assessment**
- **Transitional Housing**
- **Rapid Re-Housing**
- **Governance and Performance Measurement**

The Alliance has provided links to other resources available in these areas throughout this brief.

Coordinated Assessment

The CoC interim regulations require that Continuums and Emergency Solutions Grant (ESG) grantees create and participate in a coordinated assessment process. HUD defines coordinated assessment as, "...a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system 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 tool."¹

Below are the Alliance's recommendations for implementing a coordinated assessment process that increases system effectiveness and efficiency and improves performance on HEARTH Act outcomes.

¹ From the Continuum of Care Program Interim Rule, Federal Register, July 31, 2012, pg. 45425

Create a coordinated assessment process that includes resources for households at risk of homelessness.

Households seeking homelessness assistance may not necessarily need to enter a program (e.g., emergency shelter or transitional housing) to solve their housing crises. They may have other options, including salvaging their current housing situation or staying with family, friends, or coworkers until they can find a more permanent alternative. All coordinated assessment centers should be screening households seeking homelessness assistance for these [prevention](#) and [diversion](#) possibilities.

On the prevention side, Continuums should be working with community partners that have prevention funds to try and obtain agreement on one set of eligibility criteria for who can receive assistance.² Prevention funds should be targeted to those households most likely to become homeless. Different models of making this determination are available from the U.S. Interagency Council on Homelessness (USICH) website, [here](#), and the Alliance, [here](#). Stakeholders providing prevention funding should also discuss the possibility of consolidating all financial resources at the assessment centers: in some cases, dispensing assistance from these locations may make it quicker and easier to access for households that need it.

Successful diversion from shelter can open up the availability of emergency shelter beds. Proper diversion requires that assessment center staff ask each household questions about where they stayed last night, if it would be safe for them to return to that housing (if it is stable and still available), and what resources they, or the person they would be staying with, would need to make that happen. Ideally, case managers would be available at the assessment center(s) to work with households and whoever has been housing them (landlords, family, friends, etc.) with the goal of returning the household to their previous housing. Financial assistance should also be available at the assessment center(s) to help cover any costs associated with successfully diverting the household.

[Prevention and Diversion Toolkit](#)

[Shelter Question Test](#)

Develop written standards that are informed by best practice and match high-intensity interventions with high-barrier households.

As dictated by the CoC interim rule, communities must develop written standards that describe eligibility criteria and priority populations for transitional housing, rapid re-housing, and permanent supportive housing. These standards must also lay out the method the CoC will use to determine the amount of rent each household receiving

²These recommendations are made because it is so difficult to properly target prevention funds, and so important that those who receive prevention assistance are actually at high risk of homelessness.

rapid re-housing will pay. Continuums should use this opportunity to write standards that reflect national and local data on which interventions serve each population most effectively. The standards should also prioritize higher-cost, more service-intensive interventions for the households that have the most barriers and challenges to being re-housed.

[2013 Family and Youth Conference Presentations: Developing System-Wide Prioritization and Targeting Standards](#)

Reduce and/or abandon existing program admission requirements.

Individual programs tend to have their own criteria that dictate who they will serve. Typically, these program admission requirements mandate that certain standards be met in terms of households' sobriety status, employment status, and criminal history, for example. While some of these requirements may be necessary for safety reasons, because of services available, or because of funders' requirements, others are not mandatory and simply "screen out" the hardest-to-serve households. Each provider may have to drop some of its current criteria in order for the whole system to work more effectively and better accommodate all households seeking assistance. Providers must be brought onboard to the idea that the entire system is accountable for serving all of those seeking services, and therefore everyone is responsible for anyone who is turned away or left unserved. To support this change in practice, homelessness assistance systems should incentivize serving more difficult households by risk adjusting performance measures.

[Field Notes: Risk Adjusting Performance Measures](#)

Update assessment and referral processes.

Continuums should update assessment tools and referral processes using information on best practices, information on system gaps in service (including who is not being served at all or being turned away from programs and any information from local needs assessments), and the written standards developed by the CoC. These updated processes should ensure that consumers are not being asked the same questions multiple times, that assessment questions are focused on gathering information about housing issues, and that referrals are made based on which program is best suited to meet the housing needs of the consumer. The assessment process should also incorporate progressive engagement and give households the opportunity to succeed with as little assistance as possible.

[The Assessment and Referral Processes: Coordinated Assessment Checklist Addendum](#)

Have clear, written policies and procedures around assessment, referrals, data entry, and data sharing.

Each community should have a general policy and procedures manual for the coordinated assessment process. Ideally, it would contain the following.

- A step-by-step procedure or script for the first questions to ask a client showing up at the assessment center(s).
- A screening tool to be used to determine eligibility for prevention and diversion services.
- An assessment tool and procedure for making referral decisions (e.g., a scoring process or judgment by a trained clinician) to be used if a client is not eligible for prevention or diversion. This tool will be used to determine the best housing resources or interventions for that household (e.g., rapid re-housing or permanent supportive housing). Ideally this tool would be built into HMIS.
- A policy on how referrals are made, including how data is to be shared with the program destination (where the consumer is being referred to); when and how the assessment center(s) staff will make contact with the program destination; and any next steps if the consumer does not show up at the program destination.
- A form detailing where the client was referred and the outcome (short-term and long-term) of the referral.
- Job descriptions for assessment center staff.

Many of these tools are available in the Alliance's Coordinated Assessment Toolkit.

[Coordinated Assessment Toolkit](#)

[One Way In: The Advantages of Introducing System-Wide Coordinated Entry for Homeless Families](#)

Plan a coordinated assessment process that includes special consideration for specific subpopulations.

Ideally, each community will have a coordinated assessment process that can serve all of those seeking homelessness assistance in their community. Below are just a few of the groups whose needs may require tweaks or special consideration among coordinated assessment planners and/or coordinated assessment center staff.

Domestic Violence Survivors

HUD is still undecided on how or if domestic violence survivors and providers should be integrated with the CoC's coordinated assessment process. A discussion about how providers might be incorporated should be undertaken at the CoC level. In terms of serving survivors, each CoC should work immediately to connect homelessness assistance and domestic violence providers to discuss how to create an assessment

process that is safe and confidential and offers survivors access to all of the housing options available to other households accessing homelessness assistance. Many survivors are being served by the Continuum of Care already and may be accessing services through the CoC coordinated assessment process. Each CoC should ensure their coordinated assessment system can offer the following:

- Assessment locations that are safe for survivors and will not attract abusers, such as telephone/virtual assessment centers or domestic violence agencies;
- Assessment staff who are trained on screening for lethality and familiar with Health Insurance Portability and Accountability Act (HIPAA) regulations and self-certification of homelessness procedures for survivors;
- Assessment staff who are trained on trauma-informed intervention;
- Data entry and sharing procedures that protect private and confidential information; and
- Immediate emergency housing availability for survivors fleeing violence.

[Checklist: Incorporating Domestic Violence Providers into a Coordinated Assessment Process](#)

Unaccompanied Youth

Unaccompanied youth are a subpopulation that may access the system differently than unaccompanied adults or families. When developing a coordinated assessment for all populations, systems should consider ways to implement a process that respects how unaccompanied youth may access the system currently. For example, systems may want to adopt virtual options for assessment, such as a web-based assessment tool, or have a well-known youth service provider serve as a designated assessment center for all youth seeking homelessness assistance services. All assessment centers should have staff that are able to effectively communicate with youth and are familiar with youth-specific services available in the community. More information on how to implement HEARTH Act regulations most effectively for youth will be available in the near future.

LGBT Populations

There is substantial overlap between this population and the youth population, but every assessment process should be trained to sensitively address the specific needs of LGBT households. Assessment centers must be welcoming to all who come through their doors regardless of sexual orientation or gender identity. Training staff on tolerance, inclusiveness, adopting nondiscriminatory policies throughout the CoC, and including questions on assessment forms that allow everyone to identify their own gender as they choose (and if they choose) will ensure coordinated assessment centers are more accommodating to LGBT persons.

[National Recommended Best Practices for Serving LGBT Homeless Youth](#)

Transitional Housing

The HEARTH Act is designed to reduce the length of time people are homeless and ensure that people move from homelessness to permanent housing (i.e., their homelessness is ended). Transitional housing programs may choose to take advantage of the opportunities available in the HEARTH Act to improve their performance in regard to both of these outcomes. They can do this either by shifting to an approach of getting people into permanent housing quickly and providing services in that context or by retaining the transitional nature of the housing but serving only youth or those very high need households for whom data and research indicate a transitional housing approach is needed. The recommendations below are meant to help transitional housing providers determine how to retool their programs to make them higher performing under the new CoC regulations.

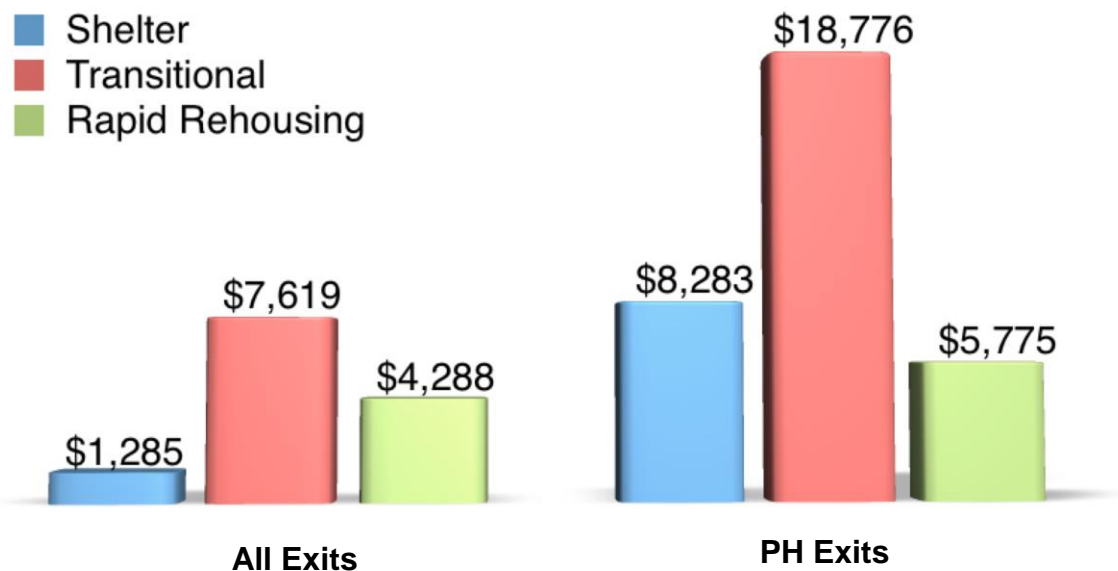
Convert transitional housing units to either rapid re-housing or permanent supportive housing units.

In comparison to other interventions, transitional housing tends to be much costlier and result in longer episodes of homelessness. For these reasons, it is not necessarily well adapted to reach the desired outcomes of the HEARTH Act.

Chart 1: Average Cost Per Exit for Families with Children



Chart 2: Average Cost Per Exit for Unaccompanied Adults



Caption 1: *The data above was gathered from fourteen different communities that participated in the Alliance’s [Performance Improvement Clinics](#). Cost data was gathered by collecting program budgets by program type and household type (e.g., family emergency shelter budgets), adding them, and then dividing them by all of the exits from that program type in a year (for the “All Exits” data) or all of the exits from that program type to permanent housing in a year (for the “PH Exits” data).*

To reduce length of stay and improve HEARTH Act performance, transitional housing programs may consider moving toward rapid re-housing by ramping up the provision of housing location services and providing short- or medium-term rental assistance. Providers that are successfully making this shift are also moving much of their service provision to after a household has moved into permanent housing and making participation in the services they provide voluntary. Additionally, many programs are placing the transitional housing lease in the household’s name to help the household establish residency in permanent housing – and end their episode of homelessness – sooner. Scattered-site models (models where the program’s units are scattered throughout different buildings) of transitional housing are particularly well suited to becoming these types of “transition-in-place” rapid re-housing programs. Programs can also transition into becoming permanent supportive housing if they wish to target chronically homeless households. Programs should examine a number of factors to determine which type of housing it would make the most sense for them to transition to, including their target population, the number of units they have, and the number of people they want to serve. Program transitions to permanent supportive or rapid re-housing, in many cases, may need to be accomplished through [a reallocation process](#).

Programs can begin the process of changing their model by:

- Establishing a planning group that will identify potential models and barriers to retooling the program, and a communication strategy for discussing the changes;
- Identifying new staffing needs;
- Updating policies and procedures;
- Adopting new HEARTH Act related outcome measures; and
- Setting a start and end date for transition.

A shift in organizational mindset would ideally come before making these changes. Board members, funders, and staff will need to come together to learn about the HEARTH Act changes, examine their mission, discuss their role in the homelessness assistance system, and how and if they hope to contribute to the goal of ending homelessness moving forward.

[2012 Family and Youth Conference Presentations: Retooling Transitional Housing I: Examining the Options](#)

[2012 Family and Youth Conference Presentations: Retooling Transitional Housing II: Implementing Changes to Your Program](#)

[2012 National Conference Presentations: Retooling Your Transitional Housing Program](#)

[2013 Family and Youth Conference Presentations: Retooling Transitional Housing I: Getting Started](#)

[Organizational Change: Adopting a Housing First Approach](#)

[Field Notes: Retooling Transitional Housing Success Stories](#)

[Field Notes: What if your program's leadership doesn't support retooling?](#)

Serve households with multiple housing barriers or with unique needs.

Transitional housing programs in their more traditional iteration may be of particular benefit to specific populations, including unaccompanied youth who cannot be reunified with their families or are too young to sign their own lease and households in recovery and seeking sober living opportunities. Transitional housing programs that target these households may find a more appropriate match between the intensive services they provide and the needs of the populations they serve. Programs taking on households with more intensive needs should make sure that there are mutually understood expectations between the program and the CoC around how serving this population may affect outcomes, particularly program length of stay.

Rapid Re-Housing

A successful effort to end homelessness requires a system that can rapidly re-house most people who become homeless. Rapid re-housing is widely recognized as a best practice for ending homelessness. Data from the Homelessness Prevention and Rapid Re-Housing Program (HPRP) and from various communities points to an intervention that effectively reduces homelessness through the use of short- to medium-term rental subsidies, housing location services, and voluntary, home-based service provision. The new CoC and ESG resources can be used to provide up to 24 months of rental assistance and a variety of services to households to help them obtain and stabilize in permanent housing. Recommendations on how to expand the use of rapid re-housing are listed below.

Combine CoC funding with other resources to expand rapid re-housing.

Leveraging other funding sources besides Continuum and ESG funds can help further expand a rapid re-housing initiative. There are many possible resources for rental assistance and services that could be used in conjunction with homelessness assistance funds, including the Temporary Assistance for Needy Families (TANF) program, which can provide up to four months of rental subsidies or case management services for homeless families. Additional funding sources to explore include:

- Supportive Services for Veterans and their Families (SSVF) program;
- Community Development Block Grant (CDBG) funds;
- HOME funds; and
- Emergency Food and Shelter Program (EFSP) funds.

[Brief: Making Effective Use of TANF](#)

[Webinar: SSVF for New and Existing Grantees](#)

Expand rapid re-housing to more households.

Many communities began their rapid re-housing efforts with HPRP. Households served under this program were often those that had relatively few barriers to re-entering housing, such as households who had never been homeless before, had positive rental histories, or had incomes above 30 percent of area median income (AMI). While these households can be served successfully by rapid re-housing, other households with more barriers to re-entering permanent housing, including criminal histories, poor credit and rental histories, and previous episodes of homelessness, also need and benefit from rapid re-housing assistance. Currently, these households may be screened out of rapid re-housing programs, or, alternatively, placed in permanent supportive housing when a more flexible and cost-effective rapid re-housing intervention is sufficient to meet their needs. Homelessness assistance systems should look at ways to target these households for rapid re-housing assistance. Places like Hennepin County, MN

and Salt Lake City, UT have had success using rapid re-housing with households living on the streets and those with severe housing barriers.

[Rapid Re-Housing Modules](#)

[Rapid Re-Housing: Creating Programs That Work](#)

[Field Notes: Focusing on Permanent Housing](#)

System Governance and Performance Management

Much of the work to be done under the HEARTH Act and the CoC regulations must be done at the system level, meaning that CoCs must work to get all programs – including those that are not HUD-funded – to work together to achieve common outcomes and goals around re-housing homeless households. Continuums are also expected to form a board that is representative of the various subpopulations in the community and to have a Continuum that includes a wide representation of community partners. The recommendations below are intended to help communities make changes that improve system performance and effectiveness and promote collaboration among programs.

Do not skimp on data.

Communities will need to work on improving the accuracy and quality of their HMIS data and improving their HMIS bed participation rates. Most communities have HMIS, but few are able to generate reports that help them manage homelessness assistance programs. The benefits of having good data will almost always outweigh the costs, especially in the long run. Good data can help make homelessness assistance dramatically more efficient and effective. It can help identify which strategies are producing better outcomes, where mainstream partners need to be more engaged, and where the greatest needs lie. Without good data, it will be difficult to attract funding, perform well in the CoC competition, or gain political support.

CoC partners should be able to regularly examine how many people are served in various programs, their lengths of stay and exit destinations, and how often people experience repeat episodes of homelessness as compared to a baseline. As a community's HMIS becomes more advanced, it should allow the community to examine the average length of homeless episodes across different programs, the rate of return to homelessness by program and by program type, the cost effectiveness of different programs, and whether programs are serving their target population or whether people are being inappropriately screened out.

[Homeless System Evaluator](#)

[Performance Improvement Calculator](#)

[The Columbus Model: Becoming a Data Driven System](#)

[Field Notes: The Importance of Performance Measurement](#)

Determine how many units of each housing type the community needs.

Homelessness assistance system leadership should be looking across the system to determine the need for various interventions. Using data on the gaps in services system-wide; the performance, efficiency, and costs of different programs; and their Point-in-Time counts, system leadership should develop a plan for how many beds or units of each intervention type will be needed over the next three to five years. As part of this process, system leadership should identify inventory that needs to be developed as well as units that are currently available that would best be converted to other program types. Communities should keep the HEARTH Act outcomes in mind when making these decisions and look to make changes based on consumer need and what will produce good housing outcomes.

Staff community-wide homelessness assistance policy and coordination.

The new CoC regulations encourage a high level of coordination and planning, and performing well on the HEARTH Act's new outcome measures will require changes to programs and policies across the CoC. Having a staff person whose role is to look at the bigger picture can help ensure that the pieces of the system remain coordinated and focused on achieving high performance. Many high-performing CoCs already have staff dedicated to policy and coordination across the system. In one such CoC with an existing position that fulfills this role, the staff member is asked to analyze data to assess how people move between different homelessness assistance programs; identify which programs and program types are performing better than others; plan and help implement changes to how people access assistance; ensure that resources are allocated to the most effective and efficient programs; and ensure that different homelessness assistance strategies have the appropriate scale relative to the need.

Provide incentives for high performance.

A key task of CoC governance will be to create incentives for better performance on HEARTH-related outcomes. One strategy for incentivizing high performance is performance-based contracting, which ties funding to performance. Performance-based contracts may tie receipt of funding to meeting certain performance thresholds or pay providers financial bonuses for good outcomes. Another way to incentivize high performance is preference in terms of ranking for new projects on the CoC application.

[Columbus Model Performance-Based Contracting Language](#)

Allow performance to drive CoC application and other funding decisions.

In the past, many programs applying for renewals during the CoC application process had their funding renewed more-or-less automatically. As resources are becoming

scarcer and the emphasis of homelessness assistance is shifting toward performance on housing outcomes rather than carrying out specific activities, it is now necessary that when making decisions about funding, CoCs strongly consider the performance of programs and their role in the system. Programs that perform better and best meet the needs of households in the system should be prioritized over programs that do not meet these criteria. To make this shift fairly and successfully, the CoC should make clear the expected performance outcomes and the criteria for receiving funding.

Include private funders in the governance process.

Inviting private funders and funders of faith-based programs into the governance process, whether through the CoC board, a board subcommittee, or special funders' group, can help ensure that the various funding sources used by homelessness assistance programs are better targeted and coordinated around the HEARTH Act outcomes and the CoC's larger system goals. Participation by funders in system governance can ensure private funders remain educated about the HEARTH Act and which outcomes should be viewed as most desirable in the community as a whole. Additionally, funders may have their own expertise to contribute to governing the CoC, as they often have experience with the kind of resource allocation decisions that many CoC boards will now be making.

Encourage meaningful consumer involvement.

The new CoC rule requires that people experiencing homelessness be involved in the governance of the CoC through its board and the boards of the sub recipients of CoC funding. There are numerous other ways that consumers can and should be involved with the operations of the homelessness assistance system. For example, consumers should be asked about their experiences with the homelessness assistance programs they interacted with, including how easy programs were to access, how program staff treated them, and whether the services they received were useful in helping them get back into permanent housing. Without this feedback and accurate data, it would be nearly impossible to know how well a homelessness assistance system is functioning.

[Field Notes: Incorporating Consumers](#)

[Qualitative Assessment Tool: Consumer Surveys](#)