REPORT / TEXAS HHSC HEALTHY COMMUNITY COLLABORATIVES

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# Healthy Community Collaborative focus groups: Housing for individuals experiencing homelessness and mental health or co-occurring disorders

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# Executive Summary

The goals of the Healthy Community Collaborative (HCC) Project (defined in Senate Bill 58 of the 83rd Texas Legislature) are to house and fully coordinate recovery-oriented care for persons who are homeless and experiencing behavioral health (mental health or co-occurring substance use and mental health) disorders. Methods described by the legislation include a coordinated assessment and collaboration among service providers in local communities. The Texas Health and Human Services Commission (HHSC) is the state agency administrator of the project, contracting with single entities in site communities that are then responsible for involving partners and building/promoting a local collaborative. The HHSC contracted entities (within site communities) that participated in focus groups includes: Integral Care (Austin), MHMR Tarrant County (Ft. Worth), City of Dallas (Dallas), and Haven for Hope (San Antonio).

The focus groups were conducted at the four Healthy Community Collaborative (HCC) sites in late 2016 (project year 2) and 2017 (project year 3) to gather insights and opinions from those intimately involved in the project. These groups were conducted in Austin, Dallas, Ft. Worth, and San Antonio. At each site, a separate focus group was held with participants (clients), leadership, case managers (or rehabilitation specialists), and peer specialists. Similar questions with some role appropriate differences were asked of each focus group, with identical questions asked of groups across sites. Transcripts of each focus group were analyzed by members of the UT-TIEMH team to identify themes in the responses.

Results of focus group data are presented in this report in two ways: 1) by site specific results for each HCC community (Austin, Ft. Worth, Dallas, and San Antonio); and, 2) by cross site results of the focus group types (HCC participants (clients), HCC Leadership, HCC case managers / rehabilitation specialists, and peer specialists). There were common themes across the HCC sites and themes unique to each site and by group. Detailed descriptions of identified themes are included in the site specific section (starting on page 14) and in the cross site results by focus group section (starting on page 34) of this report.

A high level overview of responses organized by the particular focus group is presented below. Theme counts by focus group question for each community, as well as more descriptive responses and quotes from focus group participants are included within the body of the report.

### HCC Participant (clients)

In official HCC documents, those who are served by the program are referred to as “participants.” Most of the personnel at the sites referred to those served as “clients.” For the purpose of this report, those who are served by the HCC project will be referred to as participants (clients) except when one term or the other was specifically used in quotes and/or in questions.

HCC participants (clients) were asked several questions about what services they used, when they used them (before or after housing), and if additional services were wanted/needed. More participants across sites reported that before housing, they used:

- homeless services, mostly shelters;
- case management services; and
- behavioral health services.

Participant (clients) at all sites but Austin were asked what services were offered to them that they did not use. At all three sites participants commented that they used all services that were offered to them. When asked about services they used now (after housing), participants at all four sites reported they were:

- using mental/behavioral health services; and
- using poverty related services such as food stamps and donated household goods.

Regarding their experiences with housing, at least some HCC participants (clients) reported:

- a similar process in finding housing across all four sites;
- living in a "shelter" prior to HCC most commonly, but clients at all four sites also reported being unsheltered ("on the street", "camping", etc.);
- no consensus across sites about the length of time it took to find housing and longer than one year was the most common response;
- problems/difficulties with the local housing market (affordability/availability of units);
- problems with their vouchers (expiring before unit found, delayed inspections, etc.); and
- being satisfied with their housing (one or more participant (clients) at all four sites).

Participants (clients) were asked what rules they were expected to follow to keep their housing. At all four sites, they responded:

- requirements were explained in their lease.

Some participants (clients) at some sites also reported:

- an expectation to attend classes, stay sober, or take medications.

There was no consensus when participants (clients) were asked what changes they would make to the program, but some suggestions included:

- improved communication between their case manager and the Housing Authority (most common response); and,
- second most common response was a specific comment that no changes were needed.

They were asked what they would tell others about the program. Participant (clients) at all four sites commented:

- patience, persistence and personal responsibility are needed for success; and,
- about how staying at a shelter had been unpleasant. Although this theme emerged at all four sites, the opinion did not appear to be unanimous with some participants (clients) at some sites reporting different, more positive shelter experiences.

## Leadership

Members of the leadership focus groups at all four sites reported their roles included:

- responsibility for program policies and procedures development; and,
- oversight of personnel and training.

Leaders were asked about partner organizations and all four sites had a positive assessment of partnerships. Although some issues were raised, these were generally unique to the site. The most common types of partner organizations mentioned were:

- shelters;
- Local Mental Health Authorities; and,
- housing services/programs.

Leaders were asked about plans for program continuity following the HCC funding period at all sites except Ft. Worth. Responses identified two strategies. Leaders either already had or intended to:

- integrate functions in existing policies, procedures and practices; and,
- pursue or identify additional funds.

Leaders were asked to discuss the meaning of "Housing First." Two themes emerged at all four sites:

- no clinical "readiness" is required; and,
- access to housing is the first and principal goal.

In all sites but Dallas, leaders were asked to describe what training had been provided regarding Housing First. Training was reportedly offered at the three sites, but there was no standard training provided. Leaders were also asked how implementation of Housing First has changed their operations. Although there was no consensus, responses fell into two general categories: previous practices were no longer used (e.g. dismissal for noncompliance with services); and new practices were implemented (e.g. coordinated assessment/access to available housing).

There was no consensus across sites regarding policies that either facilitate or complicate implementation of Housing First, but several were mentioned. When asked to describe program successes, leaders at all four sites identified two:

- clients achieving goals; and,
- improved team work and collaboration.

### Case Managers / Rehabilitation Specialists

In most sites the job title for those who have direct service responsibilities for participants (clients) is "case manager." At one site, the job title "rehabilitation specialist" is used to describe one type of service provider. These terms are used interchangeably in this report.

Case Managers/Rehabilitation Specialists described performing similar functions across community sites, with those most commonly mentioned including:

- individualized client support and training;
- providing interagency linkages and collaboration with partners;
- providing housing related activities; and,
- planning and goal setting.

Services that were mentioned by Case Managers /Rehabilitation Specialists at all four sites included:

- linkages and referrals; and,
- groups and training to address behavioral health issues.

At all four sites, two strategies used to engage participant (clients) were identified:

- maintaining a person-centered focus; and,
- making access convenient.

There was no agreement across sites regarding policies that made engagement easier or harder, although there did appear to be stronger feelings at some sites about this. Some case managers spoke about numerous administrative meetings, often on short notice, that interfered with their ability to serve participants (clients). There were a variety of views on differences in service use before and after housing. Even within one HCC site, case managers had different perspectives on the amount, type, and timing of services for participants. Reflecting a person-centered approach, this appears to vary based on the individual HCC client. There were also varying views regarding their sense of support for their work from their employing agencies. Case managers at some sites indicated that their supervisor, or agency policies provided support to them. Case managers at all sites responded that much support for their work came from outside the agency (clients, agency partners, or landlords, etc.) or from one another – from the agency team engaging directly in the work with clients.

At all four sites, case managers described similar processes for assisting participants (clients) with finding housing that included getting a voucher, searching for suitable housing, signing a lease, and moving in. Some sites described the process as beginning with determining eligibility, others with gathering documents. Some described the process as ending with move in, while others described activities after moving in. Only one site reported program participation requirements, with participants (clients) expected to attend peer-led classes.

When asked about rules participant (clients) were expected to follow after they obtained housing, case managers at all four sites:

- reported rules associated with their leases; and,
- mentioned an expectation that participants (clients) maintain contact/meet with them periodically (weekly in many cases).

At all four sites, case managers report to have received training on Housing First. Regarding relationships with partners, case managers at each site had both positive and negative views. Generally, they report that some partners are helpful, while some are not.

When asked about their HCC successes, case managers at all four sites mentioned client successes (achieving housing or personal goals, and/or making substantial progress toward goals). There was no consensus across the sites about what challenges they were facing.

## Peer Specialists

Peer specialist work activities at all four sites involved:

- providing client centered support;
- assistance with linkages to services and supports; and,
- providing service continuity for participant (clients) before and after housing, and across other service providers.

Peer specialists commented about rules clients were expected to follow to get or keep housing across all four sites. These included:

- expectations of the Housing Authority and/or lease; and,
- meeting with case managers.

At all four sites, peer specialists commented that for those participants (clients) with income, there was an expectation that the client pay a portion of their rent. This is likely a requirement of the Housing Authority and was mentioned specifically at each site. Required attendance in peer led groups was discussed in Ft. Worth. One peer specialist in Dallas reported group attendance as a requirement. The group in Dallas was composed of representatives of multiple partner organizations, and group attendance appears to be a requirement of the particular partner rather than an expectation of the HCC program.

Peer specialists mentioned barriers to client choice (of housing):

- In all four sites, lack of affordable and available housing was mentioned.
- Peers at three sites also mentioned difficulty in accessing housing for those with felonies, evictions, credit issues, and other problems on their records.

When asked about service usage before and after housing, peer specialists at all four sites commented:

- before housing, services were focused on meeting immediate, more basic needs.
- there was no consensus across sites about service utilization after housing.

There was no consensus across sites regarding agency support for their work and whether there were policies that made their job easier. A supportive supervisor was the most common theme mentioned. There was no consensus about policies that made their job harder. When asked about training in Housing First, there was no consensus across sites. In Dallas and Ft. Worth, peer specialists commented specifically that they had not received formal training in Housing First.

## Conclusions

National data and reports from HCC sites indicate that the availability of affordable housing could be a problem in HCC program communities. Data from the US Census Bureau indicates the 2016 vacancy rate in Texas was 7.6% and varied among the Healthy Community Collaborative Project communities. One site (Austin) had a vacancy rate far below the Texas rate, while two were very close to the state average. Only one had a vacancy rate above the state average (Ft Worth).[1] While the growth rate between the 2010 census and the 2016 estimated population nationally was 4.7%. Texas had a growth rate of 10.8%. All four HCC communities had a growth rate much higher than the nation, with three sites (all but Dallas) higher than the growth rate of Texas.[2] The poverty rate was estimated at 12.7% nationally, and 16.7% in the state of Texas in 2016. Each of the four HCC communities had poverty rates at or above the state average.[3] These factors (vacancy, growth and poverty rates) can combine to create a tight rental market, making finding suitable housing a difficult task, particularly for the HCC population of

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[1] United States Census Bureau. (n.d.) *Selected Housing Characteristics*. 2012-2016 American Community Survey 5-Year Estimates. (jurisdictions: Texas; Austin city, Texas; San Antonio city, Texas; Fort Worth city, Texas; Dallas county, Texas.) Retrieved at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

[2] United States Census Bureau. Quick Facts (n.d.) *Population percent change-April 1 2010 (estimates base) to July 1 2016 (v2016).* (jurisdictions: Texas, Austin city, Texas; Fort Worth city, Texas; San Antonio city, Texas; Dallas city, Texas) Retrieved at: https://www.census.gov/quickfacts/fact/table/

[3] United States Census Bureau. (n.d.) *Poverty Status in the Past 12 Months*. 2012-2016 American Community Survey 5-Year Estimates. (jurisdictions: Texas; Austin city, Texas; San Antonio city, Texas; Fort Worth city, Texas; Dallas county, Texas.) Retrieved at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

focus. This difficulty was validated by participant (clients) and peer specialists at all four sites, and by case managers and leaders at some sites.

Staff at all four sites appear to have an understanding of and are implementing some principles of Housing First. Some service requirements were reported at some sites, such as required group attendance or sobriety and medications. Group attendance was a verified requirement at one site, but other requirements appear likely to relate to a specific partner program rather than to specific requirements for HCC contracted organizations.

Three of four sites appear to focus on the most vulnerable participants (clients). It was obvious in some sites but not others that a community wide coordinated assessment was used to assess client needs, offer services, and prioritize a coordinated housing list.

Participants (clients), peer specialists, and case managers at all sites described a similar process to find housing, but there seemed to be variation on the amount of support participants (clients) received from program staff in their housing search. In Austin, a landlord outreach team exists to help support client placement. In San Antonio, staff report that over 300 landlords/property managers have been recruited to work with the program. In Dallas, case managers appear to work closely with participants (clients) and housing programs, while a substantial amount of independence appears to be expected in Ft. Worth as their HCC participants are selected because they are more “housing ready.”

A variety of partner organizations were mentioned across the sites with shelters and Local Mental Health Authorities most frequently mentioned. Partnerships were generally viewed positively by case managers and leaders. Each site mentioned issues that were unique or particularly important in their area. These are discussed in detail in the site specific results section.

Findings in this report are limited to responses provided by focus group participants. In addition, over a year has passed since the focus groups were conducted and HCC implementation has likely evolved at each of the HCC sites since then.

## Measuring Homelessness

The homeless population is extremely difficult to count for several reasons. These reasons include the mobility of the population and the cyclical nature of homelessness for many individuals. In addition, homeless people are often reluctant to be interviewed.[4]

Continuum of Care (CoC) providers (a designation of the U.S. Department of Housing and Urban Development) are responsible for maintaining a Homeless Management Information System (HMIS.) HMIS is a local system used to collect client-level data and data on the provision of housing and services to homeless individuals and families. The HMIS must comply with the U.S. Department of Housing and Urban Development's (HUD's) data collection, management and reporting standards. All organizations receiving HUD funds for homeless services (from the McKinney-Vento Homeless Assistance Grants program) are expected to input data into the local HMIS.

HUD requires that communities receiving federal homeless assistance funds conduct a count of homeless people in the last week of January each year. Counting people living in emergency shelters and transitional housing is accomplished through administrative records. Unsheltered counts are required every other year, although most communities conduct an unsheltered count annually. To count unsheltered persons, outreach workers and volunteers are organized to canvas their areas and count the people who appear to be living in places not meant for human habitation. These efforts are referred to as the Point in Time Count (PIT) and is one activity entrusted to the CoCs.

While perhaps the best measure of homelessness that is broadly available, the PIT is not without problems. The PIT methodology cannot count homeless persons who may be sleeping in cars, be doubled up in other's housing, and those who may be staying in temporary hotels, or other places hidden from service providers. Many of these situations are more likely to occur in January when the weather is cold, and the count is conducted. The PIT count should be viewed as a minimum number of local homeless rather than a true or actual measure.[5] A 2001 study using administrative data collected from homeless service providers estimated that the annual number of homeless individuals is 2.5 to 10.2 times greater than can be obtained using a point in time count.[6]

In January 2017 (the most recent PIT data released by HUD), 23,548 homeless persons were counted in Texas (44.6% of whom were counted in HCC communities, see table on next page). The total number of homeless people in the US (according to the 2017 PIT) was 553,742. Most people in the United State who are homeless are temporarily displaced, while many have chronic patterns of homelessness (17% or 95,419 nationally). People who are homeless may be residing in emergency shelters or temporary lodging (sheltered), or living on the street,

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[4] Cowan, C. Breakey, W., Fischer, P. (1988) The Methodology of Counting the Homeless, In (Institute of Medicine Committee for Health Care for Homeless People) *Homelessness, Health and Human Needs.*Washington(DC): National Academies Press. Retrieved at: https://www.ncbi.nlm.nih.gov/books/NBK218229/

[5] National Law Center on Homelessness & Poverty(2017). DON'T COUNT ON IT: How the HUD Point-in-Time Count Underestimates the Homelessness Crisis in America. Retrieved at https://www.nlchp.org/documents/HUD-PIT-report2017

[6] Stephen Metraux et al., Assessing Homeless Population Size Through the Use of Emergency and Transitional Shelter Services in 1998: Results from the Analysis of Administrative Data from Nine US Jurisdictions, 116 Pub. Health Rep. 344, (2001).

under bridges, in cars, or in abandoned buildings (unsheltered). Of chronically homeless individuals, two thirds (66% or 62,810 people) were unsheltered.[7]

The 2017 PIT found approximately 36% of homeless people nationally to have a behavioral health disorder (mental illness and/or chronic substance abuse).[8] The percentage of homeless people in Texas with a behavioral health disorder is 40% according to the 2017 PIT.[9]

**2017 Point in Time Count for Healthy Community Collaborative Project Sites**

| | *Ft. Worth*[10] | *Austin*[11] | *SA*[12] | *Dallas*[13] |
|---|---|---|---|---|
| *Total Homeless Counted* | 1941 | 2036 | 2743 | 3789 |
| *Sheltered* | 1551 | 1202 | 1641 | 2701 |
| *Unsheltered* | 390 | 834 | 1102 | 1087 |
| *Chronic Homeless* | 234 | 553 | 651 | 542 |
| *Chronic Homeless, Sheltered* | 119 | 183 | 100 | 436 |
| *Chronic Homeless, Unsheltered* | 115 | 370 | 551 | 106 |
| *Homeless with Behavioral Health Disorder* | 424 | 864 | 1174 | 1007 |
| *Homeless with SMI* | 262 | 519 | 677 | 643 |
| *Homeless with Chronic SA* | 162 | 345 | 497 | 364 |

The McKinney–Vento Act also requires each Local Education Agency to identify homeless students within its district. In Texas, a student residency questionnaire is used to identify students that qualify as homeless. The Texas Education Agency (TEA) and the regional Education Service Centers (ESCs) aggregate the information about the number of students who report as homeless. According to the PIT, there were 4,280 homeless children under the age of 18 on a single night in January 2017. This number contrasts the number of homeless students reported in Texas schools (111,000). This contrast demonstrates the difficulty of establishing a firm count of people who are homeless.[14]

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[7] U.S. Department of Housing and Urban Development. (2017) Full Summary Report (All States, Territories, Puerto Rico and District of Columbia. Retrieved at: https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_NatlTerrDC_2017.pdf

[8] Ibid

[9] U.S. Department of Housing and Urban Development. (2017). HUD 2017 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations. Retrieved at: https://www.hudexchange.info/resource/reportmanagement/published/CoC_PopSub_State_TX_2017.pdf

[10] U.S. Department of Housing and Urban Development. (2017) *CoC Homeless Populations and Subpopulations.* TX-601 Ft. Worth, Arlington/Tarrant Countyg Coc. Retrieve at: https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/?filter_Year=2017&filter_Scope=CoC&filter_State=TX&filter_CoC=TX-601&program=CoC&group=PopSub

[11] U.S. Department of Housing and Urban Development. (2017) *CoC Homeless Populations and Subpopulations.* TX-503 Austin/Travis County Coc. Retrieve at: https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/?filter_Year=2017&filter_Scope=CoC&filter_State=TX&filter_CoC=TX-503&program=CoC&group=PopSub

[12] U.S. Department of Housing and Urban Development. (2017) *CoC Homeless Populations and Subpopulations.* TX-500 San Antonio/Bexar County Coc. Retrieve at: https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/?filter_Year=2017&filter_Scope=CoC&filter_State=TX&filter_CoC=TX-500&program=CoC&group=PopSub

[13] U.S. Department of Housing and Urban Development. (2017) *CoC Homeless Populations and Subpopulations.* TX-600 Dallas City and County, Irving Coc. Retrieve at: https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/?filter_Year=2017&filter_Scope=CoC&filter_State=TX&filter_CoC=TX-600&program=CoC&group=PopSub

[14] Texas Appleseed.(2017) *Young and Homeless in Texas* [Fact Sheet]. Retrieved at: http://www.theotx.org/wp-content/uploads/2017/03/Youth-Homelessness-Fact-Sheet.pdf

## Housing Availability and Affordability

The National Low-Income Housing Coalition (NHLIC) analyzes data from HUD, the U.S. Census Bureau, the Bureau of Labor Statistics, the Department of Labor, and the Social Security Administration to compare renters' wages to the cost of housing across the country. This information is released in an annual report titled *Out of Reach*.[15] Information in this report explains how many have been priced out of the housing market. The wage at which rent is considered affordable is defined as rent and utilities costing no more than 30% of income. To afford a modest, one-bedroom rental home in Texas (average cost $770 per month) renters need to earn an hourly wage of $14.80, (annual wage of $30,803). This is approximately double the federal minimum wage of $7.25, or four times the amount of SSI ($8,800.00). A renter earning the federal minimum wage of $7.25 per hour would need to work 82 hours per week to afford a one-bedroom rental home at Fair Market Rent in Texas. Many communities in Texas, including two of the four HCC communities, are more expensive than the state average. Housing is out of reach financially for many Texans without rental subsidies.[16]

**Average Housing Costs and Salaries in HCC Communities**

| | *Ft. Worth* | *Austin* | *San Antonio* | *Dallas* |
|---|---|---|---|---|
| *Fair Market Rent 1-Bedroom* | $770.00 | $968.00 | $768.00 | $837.00 |
| *Required hourly wage* | $14.81 | $18.68 | $14.77 | $16.10 |
| *Required annual salary* | $30,800 | $38,720 | $30,720 | $33,480 |

Additional information affecting affordability in site communities is available from the US Census Bureau (Census). The Census is responsible for conducting the census every ten years. In between, the American Community Survey (ACS) is an ongoing survey that updates some census data every year. Through the ACS, there is current information regarding jobs and occupations, educational attainment, veterans, whether people own or rent their homes, and other topics.

Information about vacancy rates is collected by the US Census Bureau. Vacancy rates indicate the percentage of rental units available in a market. Higher vacancy rates indicate a larger number of rental units available. Lower vacancy rates indicate a tightened availability of rental units on the market. When vacancy rates become low, renters are competing for available units, and landlords become increasingly selective about renters. It becomes very difficult for renters with blemishes on their records (e.g. criminal history, evictions, poor credit history, etc.) to find housing. Landlords become less willing to accept housing vouchers. Rents rise in communities with low vacancy rates. This situation can result in an increased need to develop specialized housing to accommodate homeless people or people with blemishes on their record (e.g., bankruptcies, arrests, evictions, etc.). A higher vacancy rate can indicate that there is likely to be housing stock in a community, and efforts to accommodate these people are more likely to be successful.

Based on the 2016 ACS, the vacancy rate in Texas was 7.6% and varied among the Healthy Community Collaborative Project communities. One site (Austin) had vacancy rates far below the Texas rate. Two sites were

[15] National Low Income Housing Coalition (2017) *Out of Reach 2017: Texas*. (comparison jurisdictions: Austin-Round Rock HMFA; Dallas HMFA; Ft. Worth-Arlington HMFA; San Antonio-New Braunfels HMFA.) Retrieved at: http://nlihc.org/oor/texas

[16] Ibid.

very close to the state average (San Antonio, and Dallas) and one site was above the state average (Ft Worth). 2017 data were not available for the site communities.[17]

An additional factor that can impact the availability of rental housing is the rate at which a population is growing. The higher the growth rate, the more rapidly an area must prepare for additional influx of population, often resulting in an insufficient supply of housing, particularly affordable housing. While the population growth rate between the 2010 census and the 2016 estimated population nationally was 4.7%, Texas had a growth rate of 10.8% during the same period. Each of the four HCC communities had a growth rate much higher than the nation, with three sites higher than the growth rate of Texas.[18] While 2017 data were not available for the site communities, it was available for the state of Texas, and the nation. The most recent data (July 2017), Texas continued to grow at a rate (12.6%) more than double the national average (5.5%).[19] A higher growth rate can also be an additional indicator of a tight rental market.

The poverty rate might provide an indicator of demand (met or unmet) for affordable and subsidized housing in a community. The poverty rate was estimated at 12.7% nationally, and 16.7% in the state of Texas in 2016. Each of the four HCC communities had poverty rates at or above the state average. A high poverty rate in a community with a tight rental market can make finding an affordable place to live extremely difficult, even when an individual has access to a housing voucher.[20]

**Indicators Affecting Availability of Affordable Housing in HCC Communities**

| | *Ft. Worth* | *Austin* | *San Antonio* | *Dallas* |
|---|---|---|---|---|
| ***Vacancy Rate*** | 9% | 5.5% | 7.4% | 7.8% |
| ***Growth Rate*** | 14.7% | 16.9% | 12.4% | 10% |
| ***Poverty Rate*** | 18.% | 16.7% | 19.5% | 22.9% |

[17] United States Census Bureau. (n.d.) *Selected Housing Characteristics*. 2012-2016 American Community Survey 5-Year Estimates. (jurisdictions: Texas; Austin city, Texas; San Antonio city, Texas; Fort Worth city, Texas; Dallas county, Texas.) Retrieved at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

[18] United States Census Bureau. Quick Facts (n.d.) *Population percent change-April 1 2010 (estimates base) to July 1 2016 (v2016).* (jurisdictions: Texas, Austin city, Texas; Fort Worth city, Texas; San Antonio city, Texas; Dallas city, Texas) Retrieved at: https://www.census.gov/quickfacts/fact/table/

[19] United States Census Bureau. Quick Facts (n.d.) *Population percent change-April 1 2010 (estimates base) to July 1 2017 (v2017).* (jurisdictions: United States, Texas,) Retrieved at: https://www.census.gov/quickfacts/fact/table/

[20] United States Census Bureau. (n.d.) *Poverty Status in the Past 12 Months*. 2012-2016 American Community Survey 5-Year Estimates. (jurisdictions: Texas; Austin city, Texas; San Antonio city, Texas; Fort Worth city, Texas; Dallas county, Texas.) Retrieved at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

## Texas Healthy Community Collaboratives (HCC)

The Health Community Collaborative program was created by the 83rd Texas Legislature, SB 58, Chapter 539.[21] The purpose of the HCC program is to establish or expand community collaboratives by bringing the public and private sectors together to provide services to persons experiencing homelessness and mental health or co-occurring mental health and substance use disorders. Awardees contract to receive HCC funds that must be matched 100% by other local funds to establish or expand a community collaborative in their service location. The primary goal of the program is to develop coordinated assessments for communities to engage with these individuals and provide housing and related services based on their self-directed needs. Funds are used to support the efforts of participants to secure housing, obtain employment, and achieve ongoing recovery from their medical, mental health, and/or substance use disorders.

Each HCC program is unique, and the services offered are dependent on local community priorities and partners. HCC sites are expected to follow a "Housing First" approach for participating individuals. This approach prioritizes immediate access to housing and support services without the requirement to first participate in psychiatric treatment, mental health services, or to attain a specific period of sobriety prior obtaining housing.

The largest provider of funding for affordable housing is the federal Department of Housing and Urban Development (HUD) which administers dozens of programs that provide or support affordable housing. HCC programs, in large part, depend on HUD housing funds to provide affordable housing. In 1995, HUD began to require communities to submit a single application for McKinney-Vento Homeless Assistance Grants and established the Continuum of Care (CoC) Program.

A coordinated assessment is required by the HUD CoC Program. The primary purpose of a coordinated assessment system is to quickly make consistent service matches between the client and the many programs that might be available to them. HCC programs are expected to participate in a coordinated assessment in their community and this is a requirement in their contracts.

CoC providers have certain responsibilities and duties in their communities, including CoC governance and structure, system operations and planning, designating and operating the Homeless Management Information System (HMIS), and designing a coordinated entry system. The goals of the HCC program and the goals of the federal CoC Program are similar. To build strong local collaboratives, HCC sites are expected to work closely with local CoC programs to coordinate all efforts to address homelessness in a community.

[21] https://capitol.texas.gov/BillLookup/History.aspx?LegSess=83R&Bill=SB58

# Focus Group Process and Participants

Focus groups were conducted at four Healthy Community Collaborative (HCC) sites across Texas in late 2016 and 2017 to gather insights and opinions from those intimately involved in the project. These groups were conducted in Austin (August 2016), Ft. Worth (June 2016), San Antonio (September 2016), and Dallas (April 2017). The focus groups in Dallas were delayed until April 2017 to allow partners some time to implement the project since the project was redesigned with additional partner organizations added as subcontractors.

At each site, four separate focus groups were held with participant (clients), leadership, case managers (or rehabilitation specialists), and peer specialists (16 groups total). The HCC contracted agencies were asked to arrange for participants to attend their respective focus groups at each of the sites. At three sites, focus group participants were employed by the HCC contracted organization. In Dallas, where the City of Dallas is the HCC contracted organization, groups included staff and clients from the sub-contracted partner organizations.

### Numbers and Type of Focus Group Participants by Site

| | *Dallas* | *Ft. Worth* | *Austin* | *SA* |
|---|---|---|---|---|
| ***Participant (clients)*** | 15 | 6 | 7 | 5 |
| ***Leaders*** | 11 | 3 | 5 | 6 |
| ***Peer Specialists*** | 4 | 3 | 3 | 3 |
| ***Case Managers*** | 6 | 6 | 8 | 6 |

Similar questions with some role appropriate differences were asked of each type of group, with identical questions asked across sites within group. For example, case managers at all four sites were asked the same questions, and these questions were slightly different than the questions asked of peer specialists. Occasionally, a question was not asked at a site due to time constraints. These exclusions are noted in the results.

| **Questions by Focus Group** |
|---|
| **HCC Participants (Clients)** |
| What services did you use before you were in housing? |
| What services were you offered [prior to housing] that you did not use? |
| Please describe the process that led to your finding a home. |
| What rules do you have to follow to keep your housing? |
| What services do you use now? |
| What services would you like to use? These can be services that exist or services that you wish existed, but do not. |
| What changes would you like to see in the program? |
| What would you say to others about the program? |
| **HCC Leadership** |
| Describe your role in the implementation and operation of the HCC program. |
| Describe your organization's relationship with partner organizations. |
| What steps have you and your partners taken to continue the program after HCC funding ends? |
| What does the term "Housing First" mean to you? |
| What does the term "Housing First" mean to you? |
| Describe how you have implemented a "Housing First" approach and how it differs from previous practices. |
| What policies facilitate or complicate implementation of "Housing First" principles? |
| What do you see as the success accomplished and/or challenges faced by the HCC program? |

| HCC Case Managers / Rehabilitation Specialists |
| --- |
| Please Describe your role in the HCC program. What do you do to support participants accomplish their goals?<br>Describe services offered by your program.<br>Please describe strategies you use to engage clients in services. Is there anything that makes is harder or easier to engage client?<br>How does service usage differ before and after housing?<br>How do you know if your agency supports your efforts? Are there Agency practices or policies that make your job easier or more difficult?<br>Describe the process by which people in your program find housing.<br>What rules/requirements do tenants have to follow to keep their housing?<br>Describe your relationships with partnering organizations.<br>What do you think are the greatest successes accomplished and challenges faced by the HCC program?<br>Describe any training you have had about Housing First. |
| **Peer Specialists** |
| Describe what you do to support program participants.<br>Describe strategies you use to engage clients in service.<br>What rules (do you know about) do people have to follow to get or keep their housing?<br>How does service use differ before and after people have received housing?<br>How do you know if your agency supports your efforts as a Peer Specialist? What makes your job easier/harder?<br>What do you think are the greatest successes accomplished or challenges faced by the HCC program?<br>Describe any training you have had on Housing First. |

Focus groups were recorded with the permission of participants and then transcribed into written documents for content analysis. In some cases, all who wanted to participate in groups were unable to attend at the scheduled time. In those cases, supplemental interviews by phone were conducted and recorded (San Antonio and Dallas). Data from these interviews were also transcribed and included in the analysis of the focus group data collected.

One transcript from each focus group type was coded by researchers for themes and subthemes. Researchers compared themes for reliability across coders, with consensus built around themes and similar themes consolidated. After a final set of thematic codes was established, these were used to code the remaining transcripts. Themes were analyzed for each of the focus group type (participants, leaders, case managers, peer specialists), for each site, and across the four sites. There were common themes across sites and participants, and themes unique to each site within the groups. The content analyses results are presented in two sections of this report: by HCC site and by focus group type (project role: Participant, Leadership, Case Manager, or Peer Specialist).

# Site Specific Results

This section presents findings organized by and specific to each of the HCC sites. ***The focus in this section is factors that appear to be unique to each site, with commonalities presented in the cross-site results section, organized by the focus group type***. Data regarding housing and homelessness for the community as well as a description of the specific HCC program, partners, and process is included. Focus group responses specific to each HCC site are presented as well as conclusions and considerations for each site.

## Integral Care – Austin, Texas

Austin is the fourth largest city in the state of Texas, county seat of Travis County, and the Capitol of the State of Texas. The Census Bureau estimates the 2016 population of Travis County to be 1,199,323.[22] The extremely low vacancy rate (5.5%)[23], the rapid growth rate (16.9%)[24], and a high poverty rate (16.7%)[25] combine to indicate that finding affordable housing on the Austin market is a substantial challenge to program staff.

The lead for the HCC program in Austin is Integral Care (IC). IC is the Local Mental Health Authority serving Austin and Travis County. At the time of the focus groups, formal project partners include Ending Community Homeless Coalition (ECHO), Goodwill Industries, and Communities for Recovery. ECHO serves at the HUD Continuum of Care (CoC) for the Austin area. (TX-503 Austin/Travis County CoC). In addition to the formal partners, IC works closely with numerous community organizations that provide services to the homeless population.

As the CoC, ECHO has lead responsibility for maintaining the Homeless Management Information System (HMIS) and developing a coordinated assessment and entry to services, with IC as an involved and active partner. According to responses from staff and leadership groups, the coordinated assessment has enabled the HCC program to ensure that the most vulnerable persons are the first placed in housing, regardless of where they enter the system.

The HCC program and homeless services system in Austin has multiple access points including the Austin Resource Center for the Homeless (ARCH), and a Mobile Intake Unit that routinely goes to the state hospitals and local jails. The Downtown Austin Alliance and the Austin Police Department work as a team to proactively identify users of emergency services or the criminal justice system that are homeless, enabling an intervention by the Mobile Intake Unit.

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[22] United States Census Bureau. (n.d.) *ACS Demographic and Housing Estimates*. 2012-2016 American Community Survey 5-Year Estimates. (jurisdiction: Austin city, Texas) Retrieved at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

[23] United States Census Bureau. (n.d.) *Selected Housing Characteristics*. 2012-2016 American Community Survey 5-Year Estimates. (jurisdiction:; Austin city, Texas. Retrieved at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

[24] United States Census Bureau. Quick Facts (n.d.) *Population percent change-April 1 2010 (estimates base) to July 1 2016 (v2016).* (jurisdiction:, Austin city, Texas) Retrieved at: https://www.census.gov/quickfacts/fact/table/

[25] United States Census Bureau. (n.d.) *Poverty Status in the Past 12 Months*. 2012-2016 American Community Survey 5-Year Estimates. (jurisdictions: Texas; Austin city, Texas; San Antonio city, Texas; Fort Worth city, Texas; Dallas county, Texas.) Retrieved at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

The HCC program in Austin utilizes the coordinated assessment to develop a housing and intervention plan that best suits the participants' needs. The most vulnerable participants with IC receive Permanent Supportive Housing while the participants (clients) with less intensive needs receive Rapid Rehousing with wraparound services. The table below presents the number of completed assessments and housing placement in each year of the HCC project.

**Selected HCC Project Results by Site (Austin)[26]**

| | *Project Year One* | *Project Year Two* | *Project Year Three* |
|---|---|---|---|
| **Assessments Completed** | 2764 | 3349 | 3352 |
| **Housing Placements** | 659 | 725 | 1053 |

*Note: Due to significant differences in each HCC site's program structure, cross-site data are for informational purposes and not intended for site comparison.*

## IC Focus Group Participant Comments

### HCC Participants (Clients)

Several HCC participants spontaneously commented that they believed they had a positive relationship with their Rehabilitation Specialists / Case Managers:

> ***"My case worker has to meet with me, but I love the part that gives me the support and reassurance that whichever way I go, I have someone to confide in with support."***

Some participants reported that art organizations provide programs they have found helpful.

> ***"One other thing [that helps me] is non-profits like Art from the Streets and Imagine Art, those were huge for me."***

Participants also comment that volunteering is helpful as it has helped them continue to be hopeful.

> ***"Volunteer because you'll keep your chin up."***

The person-driven housing first approach of HCC appeared to change the dynamic of the participant with IC staff in a positive way.

> ***"The neat part is where the agency's starting to see, 'Well, we can put him in a house, but what are we going to do with their behavior? How are we going to support them? How are we going to protect them?' Actually you are protecting us by letting us become honest and say, 'This is what I did this month.'"***

[26] Chan, P.; Arellano, P. & Stevens Manser, S. (2017, October). Healthy Community Collaborative Year Three Quarter 4 Report. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.

*"I'm more likely to succeed because the program is set up now, where you all know we're going to do this (make mistakes/have problems) but (with a program focus on) 'What can we do to prevent this?'"*

*"The program has come more in tune with our mental health, our physical, our spiritual (selves) seeing more than just say a drug addict or somebody that's been abused."*

*"It has become like light and day now because it used to be where you'd get in the program, you mess up one time and you're out. That's why a lot of time people didn't want to get into the program because I knew I was going to mess up eventually and nobody understood why I would do that."*

Several participants commented about the experience of being homeless affecting their sense of self.

*"You just get so disenfranchised, right? The difference is… once you're homeless and you're surrounded by … other homeless people, it's like there's no way out of that because everybody (is homeless). The stigma of it is hard."*

*"Everything you do is illegal. Camping out is illegal, urinating outside is illegal– Getting water from the back of the school is illegal."*

*"They know you're homeless. (I) wasn't homeless, and then all of a sudden I have been homeless for almost a year…. and this store that I used to go to all the time… All of a sudden I wasn't even allowed in the store…The whole neighborhood I used to live in that I used to shop in, all of a sudden I wasn't allowed just because the stereotype, just because they knew I was (homeless) …That was hurtful."*

## Leadership

Endorsement of the coordinated assessment and community level of collaboration, saying it has led to improved services.

*"I was working in the system before they started coordinated assessment and all that collaboration. The difference…in services it's like night and day. Prior to coordinated assessment, everything was siloed. Everybody did their own thing and nobody knew what anybody else was doing. With this collaboration that HCC brings, there's been some significant developments in homeless services. I think it's exactly what is needed to address the issues (of) the homeless population."*

Serving the most in need requires a long-term effort, and many expressed a question and a hope that this is understood by everyone.

*"… it's more challenging than what I thought when I first started. (We are) truly pulling the most vulnerable people and … their needs are extremely complex. Getting housing really is the first step. They just need so much (support) after that. I would hope farther away from this … looking at the program, really understanding that housing is the first step, but the work that happens after that is so intense. I think it's gonna be a lot longer process than I expected … I wonder if other people expect that as well."*

The need in the community is greater than the resources available.

*“I think there’s so many people that need (the type of support provided through HCC. …We’ve definitely grabbed a nice chunk here …., but there’s so many out there that are just waiting for this type of support and that would benefit from it…. So, we need more of us doing this type of work.”*

## Case Managers / Rehabilitation Specialists

Front line staff had several comments about program operations, needs, and stresses. Some stressors including:

*"...I love my job but I also wanna have eight hours a day … not having to get done at 5:00 p.m. and then do notes for two hours after in the evening, which is sometimes what happens ..."*

*"We don’t have group supervision. … I think that group time would be much more helpful."*

*“they had a person on their team that specifically did documents. They were the expert on requesting birth certificates so when people were coming in, things like that were streamlined."*

*"…and so a lot of it is resources. Sometimes they’re just not available."* [e.g., flexible funds to purchase miscellaneous items needed for participant (clients) such as cleaning supplies, bus passes, etc.]

*[because the approach is different] “we don’t always see eye to eye on things (with partner agencies).”*

Front line staff had several comments about client’s experiences once housing goals are achieved. These were related to how achieving housing goals changes a client's situation, sometimes in unforeseen or even unwanted ways. Certain habits or behaviors that were acceptable “on the street” are no longer, so changes can be stressful.

*"I have a client that I saw with (a different program) who was also housed with our team now. And when I saw her (before) I felt like she was happier in the woods...the apartment is just not working out for her. I guess she… didn’t understand there’s gonna be a lot of changes, not just moving in and continue the way you did in the woods."*

*“And so, once he moved into his own apartment – talking about laundry – reminding him of how to do laundry because it had been 20 years of living on the street that he’d been in this routine. And trying to – I guess that’s one of the things, too, that looks different. Whatever. So we go from connecting you to clothing resources to more of like skills training.”*

*“And then there’s still gonna be that – actually obtaining more clothing. You have a closet now. You don’t need just one pair of pants. You know, you could have three or four!”*

Rehabilitation specialists also mentioned that achieving housing goals can/should be an opportunity to celebrate and make it an event. Some ideas to make the occasion “warmer” were to provide welcome packets, or some furnishings and supplies in the house when participant (clients) arrive in their new homes.

*"And one part we’re trying to figure out, too, is it’s kind of unceremonious when people get housed, which is shocking.”*

### Peer Specialists

Some reported that their job could easier if a description of all the various rules and requirements of the many programs and properties with which they work were available. Others pointed out that this information exists but is constantly changing and maintaining a single reference document would take substantial effort.

> ***"there are some things that would've made the job a lot easier, like having a list of what properties do what, are strict on what and stuff like that….. or where all the properties are***."

Peer specialists reported more independence was needed and perhaps a peer supervisor would improve the situation. This is consistent with other comments made where lack of autonomy was mentioned as a factor that made client engagement more difficult.

> ***"I think it'd be easier if we had a little more independence… from the supervisors and (others). Not having to have meetings all be run by non-peers. Maybe even having a peer manager would be awesome. A peer that was promoted to be a supervisor would be great."***

Peer Specialists also commented that they believe the approaches emphasized (Housing First, trauma-informed care, etc.) in the HCC program moved the program toward person centered care.

> ***"I think we're moving more towards person-centered care, moving towards…… I would say the HCC really is a step beyond (the organization) ..."***

## IC Discussion

The Austin HCC appears to have been very successful implementing a coordinated assessment, prioritizing, and serving vulnerable participant (clients). While having been very successful in collaboration, it appears that different approaches among partner agencies for this population still require time to work out. Program staff had suggestions that could improve their own experience and the experience of (participants) clients. It should also be mentioned that the extremely low vacancy rate in Austin, coupled with the high growth and poverty rates has made the housing market very difficult. Affordability is among the City of Austin's eight priority areas requiring policy attention. Many placements are being made in housing programs specifically developed for this population, such as Community First Village. Housing in the local rental market is exceptionally difficult to find given present market conditions. As part of the HCC project, IC will also be breaking ground on Housing First Oak Springs, an apartment complex for people experiencing chronic homelessness who also live with mental illness or substance use disorder. Oak Springs will feature 50 fully-furnished, single occupancy efficiency apartments, an onsite clinic with primary and mental health care services, employment services, a community room and more. (http://housingfirstatx.org/).

Based on results of the focus groups, IC could consider:

- Group supervision opportunities for rehabilitation specialists and peer specialists as both reported meeting as a group is helpful to them.
- Expanding autonomy and broadening decision-making parameters for peer specialists who reported they need permission to provide basic supports to participants.
- Hiring/promoting a qualified peer to serve as supervisor for peer specialists.

- Incorporating time management expectations during supervision and further communication with staff that they are not expected to work "off the clock" and/or consider adopting approaches that could help work completion in the assigned workday and prevent staff burn out in these intense and challenging positions.
- If allowed in the contract, providing staff with some flexible funds to address specific participant needs.
- Identify ways to create celebrations when housing goals are accomplished.
- Philosophical differences between program staff and partner agency staff, and methods of resolving differences/reducing potential for conflict.
- Methods to ensure participant (clients) have basic furnishings and household goods to equip their new living space.

## City of Dallas – Dallas, Texas

Dallas is the third largest city in the state of Texas, and the county seat of Dallas County. In the City of Dallas, the 2016 population is reported to be 1,317,929.[27] The vacancy rate in Dallas is estimated to be 7.8%.[28] The estimated growth rate of 10%[29] is below the state average. The estimated poverty rate of 18.4%[30] is extremely high. These factors combine to indicate finding affordable housing in the Dallas market can be difficult. In addition, Dallas HCC leadership has reported that the community often opposes efforts to develop specialty housing set aside for homeless persons, compounding the difficulty of locating affordable housing.

The HCC program is housed in the City of Dallas, the local municipal government. Services were initially contracted exclusively to The Bridge, a local homeless shelter. In fiscal year 2016, the City of Dallas expanded its provider network and subcontracted with additional partners to provide services. Additional partners include Austin Street Shelter, City Square, Turtle Creek Manor, and the Metro Dallas Homeless Alliance. These partners provide mental health services, substance use treatment including detoxification, primary care, housing services, and emergency shelter. Metro Dallas Homeless Alliance serves as the CoC for the City of Dallas and lead partner for the HMIS system.

Unlike at other sites where representatives in focus groups and interviews were employees of the HCC contracted organization, focus group participants were drawn from subcontracted programs in Dallas. A representative of the City of Dallas met with TIEMH staff and participated in the leadership focus group. The leadership group was a standing group with representatives from all partner organizations. In the other groups (HCC participants, case managers, peer specialists), participants were drawn from partner organizations but did not represent a standing

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[27] United States Census Bureau. (n.d.) *ACS Demographic and Housing Estimates*. 2012-2016 American Community Survey 5-Year Estimates. (jurisdictions: Dallas county, Texas.) Retrieved at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

[28] United States Census Bureau. (n.d.) *Selected Housing Characteristics*. 2012-2016 American Community Survey 5-Year Estimates. (jurisdictions: Dallas county, Texas.) Retrieved at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

[29] United States Census Bureau. Quick Facts (n.d.) *Population percent change-April 1 2010 (estimates base) to July 1 2016 (v2016).* (jurisdiction: Dallas city, Texas) Retrieved at: https://www.census.gov/quickfacts/fact/table/

[30] United States Census Bureau. (n.d.) *Poverty Status in the Past 12 Months*. 2012-2016 American Community Survey 5-Year Estimates. (jurisdictions: Dallas county, Texas.) Retrieved at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

body that met on a regular basis. In some cases, responses may have been representative of the partner program rather than the HCC program as a whole.

According to responses from staff and HCC participant groups, program participants are required to meet periodically with their case managers. It was not entirely clear whether there were treatment requirements for getting or keeping housing. Staff did not report required treatment activity outside of periodic contacts with case managers, but participant (clients) reported a requirement to stay sober and/or take their medications. These requirements appear to exist in some housing or treatment programs rather than the HCC program.

The first step for each HCC site is to conduct a coordinated assessment. Those assessed to be the most vulnerable are prioritized for housing placement. The table below presents the number of completed assessments and housing placement in each year of the HCC project.

**Selected HCC Project Results by Site (Dallas)** [31]

| | *Project Year One* | *Project Year Two* | *Project Year Three* |
|---|---|---|---|
| **Assessments Completed** | 2,759 | 3,894 | 1,502 |
| **Housing Placements** | 102 | 147 | 317 |

*Note: Due to significant differences in each HCC site's program structure, cross-site data are for informational purposes and not intended for site comparison.*

## City of Dallas Focus Group Participant Comments

### Participant (clients)

Because of the number of subcontractors and partner agencies, it was sometimes difficult to distinguish if the participants (clients) were referring to the HCC program, or specifically referring to experiences with a partner agency.

Those participants (clients) who had received permanent housing spontaneously reported satisfaction, bordering on delight, with their housing placements.

> ***"I've got everything covered that I would require or need or ask. They have a food pantry, they have a clothing store. You can get almost everything from A to Z here through this program."***

Some commented negatively on their experience in a shelter, however, there were participants from a women's group at one local shelter that reported being very satisfied with their experiences.

[31] Chan, P.; Arellano, P. & Stevens Manser, S. (2017, October). Healthy Community Collaborative Year Three Quarter 4 Report. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.

***" they (shelter staff) should start being a little more empathetic or more sympathetic to mental issues …. I would change the way the staff are trained to deal with everything because every day is not going to be the same … and the way you talk to people can (affect their mental health)."***

***"just knowing someone cares enough to help us with the housing and cares about us individually like a family situation, it makes all the difference."***

Some suggested additional social activities would be helpful.

***"I think it'd be nice if they had a barbeque once in a while. A social, you know. Get to know people…."***

Others mentioned problems and delays at the Housing Authority.

***"(I am) waiting on Dallas Housing Authority, and on a voucher. You know, they put a freeze or a hold on those. All my paperwork's in and I'm just waiting on the freeze to come off. Yeah, I'm moving in a couple of weeks …. unfortunately (to another transitional housing)."***

## Case Managers

One or more case managers discussed/commented on the Dallas Housing Authority and how it impacts their ability to place people.

***"…(Housing Authority) stopped paying rent on everybody so all of these apartments that accept these vouchers weren't accepting the vouchers because Dallas Housing hadn't paid rent on the vouchers that they've already given."***

***"…we're paying their rent still. And now, in the apartment complex where we have all these people housed has kicked us out so we don't have any housing for these 75 people."***

Others mentioned how participants (clients) continue to be afraid anytime they make a mistake. Even though it is not the case in their program(s), participants continue to believe they will lose their housing/program support because of relapse or any error on their part.

***"…(when clients make a mistake) they're afraid that they're in trouble or they're going to lose their housing because, so many programs, as soon as you mess up, you're done – you're out. That's not how HCC works. (But when) people miss an office visit, something that's very simple to reschedule, they'll end up out at the encampments…. hiding from their case worker.***

Case managers reported that participant told them having access to all the services through the HCC made them feel valued.

***… " when I explain to the clients the different agencies that's working together to better serve you, it's like, 'wow, I'm special now'.'"***

It was noted that while leadership of their organizations meet as an HCC group, people at the level of service delivery did not (e.g., case managers), and may benefit from such a structure.

***"I think it would be good to have an HCC collaborative (of direct service providers) meetings now that new people have come on board and now that new organizations have come on board***."

## Leadership

The leadership group had several comments about the difficulty of the local housing market and the Housing Authority but also reported a belief that the Housing Authority was a good partner trying to solve problems.

***"They're (clients) getting discriminated against because they have a voucher. … I even have plenty of landlord contacts to where we've developed a trust over many, many years. (They will accept clients on my recommendation). And so, I'll give them a call and say, 'Oh, my gosh. This persons' amazing. They were featured in the Dallas Morning News. And they're going to be an incredible tenant.' And then I say, 'And hey, they just got the DHA voucher.' They'll go, 'Oh, not a DHA voucher…'"***

***"…And the housing authority is trying all these different strategies. Give people vouchers. Bundle them for projects … try to incentivize master leases … I think they're diligently trying. But it's just the environment is not half as good. Right?"***

Leadership group also had comments about the way that the policies from the funding agency (DSHS/HHSC) have created difficulty for them. There were two examples provided about the inflexibility of matching funds creating substantial barriers (i.e., only cash from private donations acceptable as match) and cash flow issues because of delayed payments was also mentioned.

***"I would say our second biggest challenge (after housing) is cash flow related to this program. And there's a lot that the department can do to help in that area. We have a really hard time scaling and implementing new annual plans. Because we not only have to raise and spend our private money, we have to raise and spend reserve money. And then we have to make sure all that's tied to eligible reimbursements. And then we have to wait to get the reimbursement. Which at the beginning of each year usually takes a half a year."***

***"Any nonprofit, I don't care how big or how small they are, has to have flexibility of using other kinds of funding other than just private cash donated during the year to meet that match … it seemed like they (funders) had very limited guidance and very little creativity in how they structured the match for this."***

Leaders also commented that the HCC collaborative structure has helped build trust and enabled them to better serve participant (clients).

***"It's hard to overestimate what trust can do in any collaborative effort. And this opportunity to bring people together has increased the trust across the board with every organization in such a way where we are able to collaborate better with this population and with other populations that we encounter."***

## Peer Specialists

Peer specialists reported they did not receive any training on Housing First.

***(Have you had any training of Housing First?) "No, we haven't."***

Peer specialists also discussed difficulties in the housing market and with the Housing Authority.

> ***"…you get all these people who are all ready to get housed and placed, but you don't have housing available for them. It's at a standstill … you got a few folks up in a transitional shelter who've got their voucher, but can't use it. And then it expires. Your housing voucher is going to expire, and – there's no housing available. "***

Additional peer specialist comments included the importance of the peer experience in serving others and the value that recovery support and recovery oriented employers has had for them.

> ***"Whenever you're in a role as a recovery coach, you definitely have to have that experience so you could be able to relate with the peer because they're able to distinguish if you understand where they're coming from or not. I just feel like that's very important – to be educated and have that awareness of where that peer has been, in order to help them in their journey."***

> ***"I think that (recovery oriented employer) is an incredibly awesome institution. I think it has been the foundation of who I am. And it is also, I think, a very intricate part of the community. I think it needs to be more publicized."***

## City of Dallas Conclusions

There was discussion in all four Dallas groups about Housing Authority issues impacting the housing vouchers and payments. At the time the focus groups were conducted (April 2017), problems at the Housing Authority were creating difficulty with placements in Dallas. Participant (clients) were waiting for vouchers, and non-payment was undermining relationships with landlords. All groups reported that the Housing Authority had not paid vouchers for several months, and at one apartment complex, the landlord had lost patience. Participant (clients) placed there may need to be relocated. This situation is compounded by existing market difficulty in Dallas. Despite these difficulties, the participants (clients) interviewed who had achieved their housing goals were satisfied, or more than satisfied with their housing placements. The Dallas collaborative was not fully in place until the second program year after the City of Dallas expanded the number of subcontractors. While this collaborative has not existed as long as others, it appears to be functioning well.

Based on results of the focus groups, Dallas could consider the following:

- Creating a structure that would provide regular periodic meetings for front line staff to network. Periodic meetings could also provide opportunities to offer joint training on relevant topics;
- Exploring alternative funding sources for PSH programs to bridge gaps between lack of Housing Authority vouchers (and that might be used as match). Communicate clearly with staff and participant (clients) about periods when vouchers are not available and expectations during these time periods; and,
- Providing Housing First training to peer specialists.

## Haven for Hope – San Antonio, Texas

San Antonio is the second largest city in the state of Texas, and the county seat of Bexar County. The Census Bureau estimates the 2016 population of Bexar County to be 1,928,680.[32] The vacancy rate is estimated to be 7.4%.[33] The growth rate is 12.4%[34] and the poverty rate is estimated to be very high (19.5%).[35]

Haven for Hope leads the HCC program in San Antonio. Haven for Hope is a nonprofit organization serving to provide, coordinate and deliver an efficient system of care for people experiencing homelessness in Bexar County. It has over 90 partner agencies with principal partners including: the Center for Health Care services (the Local Mental Health Authority); Bexar County Jail; Centromed (primary care), Pay it Forward (sober living after formal treatment), and the Bexar County Housing Authority. Other key services with a presence on the Haven for Hope campus include a vision center, a dental clinic and a food bank. Haven for Hope is also the HUD designated CoC for San Antonio and lead partner in the HMIS system (TX-500 San Antonio/Bexar County CoC). It is the principal site for coordinated assessment and a community wide priority list used to ensure rapid entry to the most appropriate providers and services to result in stable housing.

Staff and leadership at Haven for Hope describe a change in program philosophy in recent years from a "Housing Ready" to a “Housing First” model. Leadership reports that the program has established relationships with more than 300 property owners in the San Antonio area. Haven for Hope continued to expand and enhance services by partnering with the Center for Healthcare Services Projects for Assistance in Transition from Homelessness (PATH) team. This collaboration strengthens outreach efforts, increases access to screening services, and assists with referrals to primary health care, job training, educational services, and housing. According to responses from HCC staff and participant focus groups, participants are required to meet periodically with their case managers. Many program and treatment options are available but none is required for housing. The few requirements that do exist appear consistent with a Housing First approach.

The first step for each HCC site is to conduct a coordinated assessment. Those assessed to be the most vulnerable are prioritized for housing placement. The table below presents the number of completed assessments and housing placement in each year of the HCC project.

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[32] United States Census Bureau. (n.d.) *ACS Demographic and Housing Estimates*. 2012-2016 American Community Survey 5-Year Estimates. (jurisdiction: San Antonio city, Texas) Retrieved at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

[33] United States Census Bureau. (n.d.) *Selected Housing Characteristics*. 2012-2016 American Community Survey 5-Year Estimates. (jurisdiction: San Antonio city, Texas.) Retrieved at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

[34] United States Census Bureau. Quick Facts (n.d.) *Population percent change-April 1 2010 (estimates base) to July 1 2016 (v2016).* (jurisdiction: San Antonio city, Texas) Retrieved at: https://www.census.gov/quickfacts/fact/table/

[35] United States Census Bureau. (n.d.) *Poverty Status in the Past 12 Months*. 2012-2016 American Community Survey 5-Year Estimates. (jurisdiction:; San Antonio city, Texas.) Retrieved at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

**Selected HCC Project Results by Site (San Antonio)[36]**

| | *Project Year One* | *Project Year Two* | *Project Year Three* |
|---|---|---|---|
| **Assessments Completed** | 6,194 | 5,505 | 5,540 |
| **Housing Placements** | 836 | 1,172 | 1.078 |

*Note: Due to significant differences in each HCC site's program structure, cross-site data are for informational purposes and not intended for site comparison.*

## Haven for Hope Focus Group Participant Comments

### HCC Participant

One client comment focused on a belief that decision makers should be less detached and more aware of the impact of decisions on people serve.

> ***"The people making the decisions about these agencies. I mean they should not be so much detached. They should be like, 'Hey. What if that were me? Let me put myself in this person's shoes.'"***

Participant (clients) report that volunteering in the broader community would be a helpful component of the program. Similarly, other participant (clients) commented that interacting with community members who are not homeless or involved with homeless services could provide important training/modeling for homeless service recipients.

> ***" I think it would be awesome if we could start doing more… like community involvement issues. Like people that go and do like writing groups, and go pick up garbage on the streets, and clean up parks and stuff."***

> ***" it would have been really beneficial to be able to network with other people that are, you know, like kind of normal ... so that we kind of orient yourself to be more productive in life…"***

### Case Managers

Case Managers made several comments indicating they did not believe that organizational leadership was aware of their needs or did not consider them. They reported concern when participant (clients) could routinely appeal their decisions to upper management, who would reverse their decisions without consultation.

> ***"They'll [upper management] ask for our opinion. We'll tell them not to do the exact thing they're about to do and then they [do it].***

[36] Chan, P.; Arellano, P. & Stevens Manser, S. (2017, October). Healthy Community Collaborative Year Three Quarter 4 Report. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.

*” we’ve been working with a certain client for such a long time. We try to do [mentions several things] and we know the whole story… and they (the client) ask us for something and [if] they don’t like the answer that they’re getting …they know immediately, ‘Oh, I’ve heard you can call this person because they’re upper management.’ They will make that phone call and, all of a sudden, they [management] just override everything we’ve ever done.”*

*“They’ll send (the case/question) to a person that has nothing to do with case management but because they are upstairs, it’s like, “Oh, let’s look into.” Instead of going and reading the case notes of the two years.”*

They also report that participant deaths are not an uncommon experience and little attention is paid to how they are affected by them.

*“I was called on personal time [had taken time off]. My manager told me that my client died as I was walking into a restaurant. I thought wait, well, this is going to be a different type of lunch.”*

*“They schedule the memorial on a day that you probably already have scheduled rounds. So the one person that will go to the memorial couldn’t go to it.”*

*“It’s hard work, so unfortunately we had more than we would like to have our share of clients pass away as we specifically select the most vulnerable people in our community.”*

*“I had two deaths in one month. I took just the afternoon off but, when I came back, I felt that tension. You don’t need to say it, I feel it. I felt myself not being myself, being ugly. So I need to go home and take care of myself.”*

## Leadership

Leadership view training as an important element of their culture.

*"Regarding training, that is something about our culture … that’s pretty important here."*

Leadership also commented that HCC program and technical assistance have been critically important in transforming services in their community and others in the state.

*"I think that the HCC grant was really needed to start some initiatives in the state of Texas that … wouldn’t have been started without that infusion of, not only the dollars, but the technical support. And as you’ve heard, it’s been huge for the city of San Antonio."*

## Peer Specialists

Peer specialists commented that their jobs as peer specialists and their ability to help others has fulfilled personal goals.

*"….when Haven was first starting to be built, I didn’t even live in San Antonio, but I lived in a town near here and I said to myself, I’m going to work there one day."*

Peer specialists also commented that they often respond to emergencies, and take calls after business hours, often without compensation. In addition, they commented that the program is constantly evolving and changing.

> ***"You go home (but) you didn't really leave work."***
>
> ***"... so I think there's a lot more potential trying to figure out different aspects of programs and what works best and changes are never-ending."***

## Haven for Hope Conclusions

The HCC program has served many of the most vulnerable in San Antonio. Factors including a Housing First model and placement in community housing represent a major shift from the historic philosophical underpinnings of Haven for Hope. Their efforts to make this shift to Housing First have not been thwarted by the local housing market, however, given population growth trends in Central Texas and the extremely high poverty rate in San Antonio, the availability of affordable housing could tighten and placements could become more difficult. Staff and HCC participants report general satisfaction, but some participants and case managers reported that upper management and decision makers are unaware of their needs and situations. Although this may or may not be the case, the perception can cause problems and undermine staff morale as they implement this important work.

Based on results of the focus groups, Haven for Hope could consider:

- HCC participant recommendations to include structured volunteering opportunities and/or opportunities to interact with the broader community (outside of services for the homeless and service providers), and if feasible, consider incorporating these opportunities into the program for those interested.
- Working with a population that is highly vulnerable is extremely difficult and management should consider additional ways staff stress could be minimized. Based on staff comments, leadership could:
    - Organize formal meetings between leadership and staff to discuss issues and engage in shared problem solving, e.g., around participant requests.
    - Establish a policy or procedure in consultation with case managers regarding death notifications. Those staff who worked with the participants will be affected by the loss and EAP and other types of support should be available to them.
    - Establish a clinical supervision process to include group and individual supervision. This should include all staff that work individually with participant (clients) including case managers and peer specialists.

## Tarrant County MHMR – Ft Worth, Texas

Ft. Worth is the fifth largest city in the state of Texas, and the county seat of Tarrant County. The Census Bureau estimates the population of Tarrant County was 2,016,872.[37] Fort Worth has an estimated rental vacancy rate of 9%.[38] There are estimated rates of high growth (14.7%)[39] and poverty (18%),[40] it is possible that finding affordable apartments for homeless persons will present a challenge to service providers.

The Healthy Community Collaborative program in Ft. Worth/Tarrant County is based at the Tarrant County MHMR (TCMHMR), the Local Mental Health Authority for Ft. Worth and Tarrant County. Collaborators in the HCC project include: Presbyterian Night Shelter, Union Gospel Mission, Salvation Army, and Center for Transforming Lives. Also mentioned by staff at the most recent site visit were the Day Resource Center for the Homeless; Recovery Resource Council; and Texas Reentry Services. The Tarrant County Coalition for the Homeless is the designated CoC for Ft. Worth and Tarrant County (TX-601 Fort Worth, Arlington/Tarrant County CoC).

According to responses from staff and leadership groups, the HCC program in Ft. Worth focuses on Rapid Rehousing. Rapid Rehousing is an individualized, time limited intervention designed to stabilize people in housing, after which tailored supports are expected to be reduced or withdrawn. Program participants receive a diagnosis of mental illness and/or substance abuse. Then the prioritization process is undertaken which include assessments and consideration of other elements. When all required documents have been gathered, the eligible client is placed on the prioritization list for housing.

All participant (clients) in the Ft. Worth HCC program are directed to Rapid Rehousing and are not the most vulnerable in the community. Reportedly, a Permanent Supportive Housing program already exists, and the most vulnerable are directed toward that program. It was unclear if that program had sufficient capacity to meet the need. Those with significant, but unmet need are targeted for services with HCC resources. Staff report that assistance in the HCC program (as designed by the site) is time limited (typically six months to one year) and individuals graduate after that. Staff reported that they accept people into the program that appeared to have the capacity to become self-supporting. It was unclear if client earnings (after graduating from the program) would be sufficient for housing to be affordable (defined as rent and utilities costing no more than 30% of income). Case management staff commented that since their focus shifted to rapid rehousing, placement has been easier but successful graduation was a more rare occurrence.

Participants (clients) and staff reported programmatic requirements for participation in the HCC program. Requirements include attendance at peer led classes both before and after entering housing. These requirements are not consistent with a housing first approach.

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[37] United States Census Bureau. (n.d.) *ACS Demographic and Housing Estimates*. 2012-2016 American Community Survey 5-Year Estimates. (jurisdiction,; Fort Worth city, Texas.) Retrieved at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

[38] United States Census Bureau. (n.d.) *Selected Housing Characteristics*. 2012-2016 American Community Survey 5-Year Estimates. (jurisdiction:; Fort Worth city, Texas.) Retrieved at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

[39] United States Census Bureau. Quick Facts (n.d.) *Population percent change-April 1 2010 (estimates base) to July 1 2016 (v2016).* (jurisdiction:; Fort Worth city, Texas.) Retrieved at: https://www.census.gov/quickfacts/fact/table/

[40] United States Census Bureau. (n.d.) *Poverty Status in the Past 12 Months*. 2012-2016 American Community Survey 5-Year Estimates. (jurisdiction: Fort Worth city, Texas.) Retrieved at: https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF

The first step for each HCC site is to conduct an assessment. Eligible individuals are prioritized for housing. In all other sites, those who are the most vulnerable are given the highest priority.

**Selected HCC Project Results by Site (Ft. Worth)[41]**

| | *Project Year One* | *Project Year Two* | *Project Year Three* |
|---|---|---|---|
| **Assessments Completed** | 1,863 | 1,989 | 4,649 |
| **Housing Placements** | 112 | 160 | 192 |

*Note: Due to significant differences in each HCC site's program structure, cross-site data are for informational purposes and not intended for site comparison.*

## Tarrant County MHMR Focus Group Participant Comments

### Participants (clients)

Client comments included reports of good relationships with case managers.

> ***" You should have a good relationship with your case worker because that's your liaison…I have a good one."***

Women with children have a harder time finding housing.

> ***"It was harder for me because of my kids… (landlords think) some kids are bad. (Kids) can tear up your blinds, mess up this and that. So it was hard for me to get my apartment because of my children."***

Participants understood the need to develop self-sufficiency, and the ability to advocate for themselves as case managers may not always be available to help with that.

> ***"You have to be able to solve some of your own problems … (you can't) be expected to say, 'Oh, my world is falling apart. I need you to take care of this for me.' You got to be able to … advocate for yourself as well."***

There was a great deal of discussion regarding shelters. Most reported that shelters were unpleasant, however, some women reported being well treated, with some consensus that women were generally treated better in local shelters than the men were.

> ***"(Shelter staff are) not courteous. They're not cordial. It's like a prison or something, like a jail. It's like you can't go to them and really just ask them anything and talk to them".***

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[41] Chan, P.; Arellano, P. & Stevens Manser, S. (2017, October). Healthy Community Collaborative Year Three Quarter 4 Report. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin.

*“It’s [female accommodations in local shelter] basically a brand new side that, as soon as we walk in they say, ‘Welcome’.”*

### Leadership

Leadership reported an intention to change their case management to a critical time intervention model and more recent site visits confirm that this change has been made.

*"But we’re changing now the case management style that we use, (to a)…. evidence-based practice style called critical time intervention."*

They also pointed out that their goals were different from other HCC sites, as their model does not intend to serve the most vulnerable and they exit participant (clients) from the program in six to nine months.

*"it’s kinda different from the other Healthy Community Collaborative programs … our goal is to house them, and then within six to nine months, be able to graduate them off. And that way, we can serve more people … we do not pick the sickest of the sick."*

### Peer Specialists

Peer Specialists commented that at times they had to be careful to manage their own recovery, and not allow themselves to be overwhelmed.

*”I don’t want to overwhelm myself. Because I am in recovery. I am dually diagnosed and I have my own issues and I have to keep my head level in order to keep this going. In order to help another person, I have to first take care of myself. “*

### Case Managers

Several comments were made about the design and operation of the program. Administrative responsibilities, particularly the number of meetings they had to attend, were raised multiple times. Conversely, some reported that they did not feel informed about activities and policies in other parts of the organization or that colleagues not involved with HCC did not understand or support program efforts.

*"…if you’re going to implement a program like this, ease up on the meetings. …. We cannot do our job if we are constantly (being called to meetings)"*

*"the bottom line is communication from the agency to us and for the case managers. I’ve been in different meetings with different parts of the agency and I’m like, why aren’t the case managers involved in this? Why are they not hearing this?"*

*"I don’t think that management knows what we do."*

Case managers reported that certain program requirements were problematic for participants, e.g., participants are required to attend peer led groups both before and after they are placed in housing, regardless of whether they are served by the topics of these groups or want to attend. One case manager reported that participants felt "belittled" by this requirement, since they were already familiar with a great deal of the subject matter.

> ***"I've had a lot of clients who feel belittled by some of the new policies … specifically these peer groups and they have to go to peer groups and some of these are very basic … We have clients who have been doing (these things) for years. They know it better than we can train them."***

Case managers also mentioned that the program would benefit from an outreach specialist, a function currently within the case manager purview, and that the outreach specialist or someone similar could assist with locating or re-establishing participant paperwork and documents (e.g. birth certificates, Social Security cards, etc.).

> ***"I think it would be good to have a few people who are dedicated to the outreach portion as well. The outreach is going to be harder... "***

It was not clear from case manager comments how the coordinated assessment was being utilized in Tarrant County, and how the CoC worked with them and partner agencies to prioritize and direct participants to different programs.

> ***"…these different agencies like the (shelter), the transitional center, MHMR, wherever, when they send up the priority status, we're all sending it up different types of ways."***

> ***"and we're one of the only programs that takes sex offenders so we get quite a few."***

A case manager also commented that there were no "interim" consequences within the program, limiting their opportunity to assist participants in avoiding more devastating consequences, such as eviction.

> ***… the consequences that they suffer are the consequences that they did (natural). It's not something that we do. (For example) they can … get high all day long … so let's say they (then) don't have income and they can't pay the rent. Then that's when they serve the consequences. I think they should have had consequences (program imposed) before it gets to that point…"***

## Tarrant County MHMR Conclusions

Housing market issues were not raised by case managers or leaders. Only a shortage of "second chance" housing emerged as a theme, with difficulty in finding housing for those with sexual offenses, other felony offenses, and negative rental or credit history on their records. One case manager reported some responsibilities maintaining landlord relations among their multiple duties. Participants discussed at length problems with their vouchers expiring before they could locate housing, which could be another indicator of a housing market with a limited number of affordable units.

The Ft. Worth program is not focused on the most in need identified by the CoC, asserting there are other services available for that population. They stated an intention to move people through services, to enable funds to serve a greater number of people but case managers also reported that successful graduations from the program are rare.

It is also unclear that participants are generally successful in maintaining employment or that their salaries are sufficient for rent to be affordable. There was some reference to moving participants (clients) to Permanent Supported Housing when needed, but it was not clear whether there was sufficient capacity in that program to meet the needs of the most vulnerable.

The CoC is using a coordinated approach to assessment but it is unclear if they if have an established method and prioritized list for housing. Case Managers report that the opposite is true and that each program approaches these issues separately. It is also unclear exactly how participants (clients) are selected for the HCC program with case managers reporting that participant (clients) must be able to attain self-sufficiency. It is unclear how that determination is made. Determinations appear to be a matter of team judgement rather than any formal assessment.

While the peer run classes offered by the program may be of benefit to some, it is evident (based on case manager and participant comments) that they are not beneficial to all participant (clients). In addition, requiring participation in these classes is not consistent with the Housing First approach.

There was substantial discussion about administrative requirements within the program. Some may be unavoidable but some may be streamlined in a way that makes them more easily accomplished. Among these requirements was the report that multiple times per week, staff were called into face to face meetings, requiring them to cancel appointments with participant (clients), prospective landlords, and staff from partner programs. Staff believed the topics of these many meetings were rarely urgent and could have been addressed at the next scheduled meeting or handled by a conference call. There was also substantial discussion about requirements to complete on-line training during days already filled with client contacts and other pressing responsibilities.

Based on results of the focus groups, Tarrant County could consider:

- Working with partner agencies to ensure that all programs are prioritizing participants (clients) for housing after the coordinated assessment in a coordinated way. How participant (clients) are placed in the various available programs should be clear to all involved.
- Consider if there is sufficient focus on landlord relations and/or placement support for participants. As it is particularly difficult to place persons in need of “second chance” housing, some additional specialized support/dedicated staff for placement may be considered.
- Before focusing on less vulnerable participant (clients), the community should be confident that there is sufficient capacity for housing the most vulnerable participant (clients) and be able to document how that has been/is being accomplished.
- While offering peer run classes is a program benefit, requiring participation in these classes is inconsistent with a Housing First approach. Tarrant County should consider making this service selection optional.
- Organizational leadership could consider how they have communicated and included the HCC program and staff in the operations of the LMHA. Case managers report they do not believe their colleagues are aware of their efforts, and do not necessarily work with them collaboratively. Nor do they believe they are kept informed about activities/demands/needs in the broader organization.
- Leadership could re-examine the administrative requirements that are causing staff to be away from client related activities. Possible solutions include:
    - Scheduling meeting time well in advance, or set a standing time for meetings. These approaches would allow staff to schedule client related activity around periodic meetings.

- Distance techniques such as conference calling or using a computer-based conferencing system could also be time savers for staff based around the community, particularly when there is a frequent need for meetings.
- Allocating periodic scheduled “training days” could enable staff to complete training requirements without feeling overwhelmed by them or detracting from their client related duties.

# Cross Site Results by Focus Group

In this section, results are organized by role of the focus group/interview participants: HCC Participant (clients), Leadership, Case Managers (or Rehabilitation Specialists), and Peer Specialists. Results are organized around the actual question that was asked of group participants. The themes identified by reviewers are noted, with the number of responses within that theme and illustrative quotes around themes that emerged at all sites.

Groups did not have standard numbers of representatives or responses, nor was silent agreement or disagreement recorded (e.g., nodding or shaking of head). In some cases, a single group member may have made a similar comment in multiple different ways. Therefore, the numbers of responses at a site may be less of interest than whether the theme emerged at a site. However, the numbers of responses related to a theme at a site may reflect the intensity of the issue to the responding group. Responses reflect the spontaneous opinions and feelings of the individual focus group participants and have not been independently verified through other data sources.

### Focus Group Types and Number of Participants by Site

| | *Dallas* | *Ft. Worth* | *Austin* | *SA* | *Total* |
|---|---|---|---|---|---|
| ***Participant (clients)*** | 15 | 6 | 7 | 5 | 33 |
| ***Leaders*** | 11 | 3 | 5 | 6 | 25 |
| ***Peer Specialists*** | 4 | 3 | 3 | 3 | 13 |
| ***Case Managers*** | 6 | 6 | 8 | 6 | 26 |
| *Total per site* | 36 | 18 | 23 | 20 | **97** |

## HCC Participants (Clients)

Thirty-three HCC participant (clients) were included in focus groups. Most sites had similar numbers of participants (Austin = 7; Ft. Worth = 6; San Antonio = 5) with the exception of Dallas (n = 15), where there were about twice as many HCC participants in the focus group, likely representative of the number of organizations contracting with the City of Dallas.

### Question 1: What services did you use before you were in housing?

| | *Austin (n=7)* | *Dallas (n=15)* | *SA (n=5)* | *Ft. Worth (n=6)* |
|---|---|---|---|---|
| *Case Management* | 2 | 7 | 1 | 2 |
| *Mental/Behavioral Health Services* | 1 | 8 | 1 | 1 |
| *Homeless Services* | 4 | 6 | 1 | 7 |
| *Services to Address Poverty Related Issues* | 4 | 6 | 3 | 0 |
| *Medical/Physical Health Services* | 3 | 6 | 0 | 0 |
| *Education/Employment Services* | 0 | 4 | 4 | 0 |
| *Peer Support* | 0 | 1 | 2 | 0 |
| *Legal Services* | 0 | 0 | 1 | 0 |
| *Emergency/Crisis Services* | 1 | 0 | 0 | 0 |
| *Transportation* | 0 | 0 | 1 | 0 |

HCC participant (clients) were asked about the services they used prior to HCC enrollment in housing. Focus group participants across sites mentioned homeless services (specifically shelters), Homeless Outreach (in Austin), case management, and mental/behavioral health care (in Austin, methadone was specifically mentioned and in Ft. Worth services through the Veteran's Administration were specifically mentioned).

> ***"I lived in a shelter. I understood that was my home."***
>
> ***"I was approached by my case manager at the shelter. When I first went into the shelter, one of the things I told her I needed help with was housing. Then she introduced me to the case manager that was with (HCC)***
>
> ***"I was on the program. It was (through the LMHA), the methadone clinic, trying to get away from drugs."***

Participants mentioned other HCC services they utilized before receiving housing including poverty related services at three sites (all but Ft. Worth), such as food stamps or other nutrition support and financial assistance. Benefits counseling was mentioned in Dallas and donated goods were specifically mentioned in San Antonio. Medical/physical health services were mentioned in Austin and Dallas. At both of these sites, medications were specifically mentioned. Also mentioned were dental and vision services in Dallas, HIV/AIDS Services, Education/ Employment Services and Peer Support in Dallas and San Antonio. Peer Support was not mentioned in the context of "services used" in Ft. Worth, although there was a great deal of discussion about peer-led classes, required both before and after housing later in the discussion. In addition, emergency room services in Austin and transportation and legal services in San Antonio were utilized prior to housing.

### Question 2: What services were you offered [prior to housing] that you did not use?

| | *Austin** *(n=7)* | *Dallas (n=15)* | *SA (n=5)* | *Ft. Worth (n=6)* |
|---|---|---|---|---|
| *Participated in every service offered* | * | 3 | 6 | 1 |
| *Mental/Behavioral Health Services* | * | 2 | 0 | 0 |
| *Three Month Housing Program* | * | 0 | 0 | 1 |
| *No services were offered* | * | 0 | 0 | 1 |

**question not asked in Austin*

At each site where participant (clients) provided a response to this question, some reported that they participated in every service offered to them prior to housing. One or more HCC participant (clients) in Dallas reported that mental/behavioral health services were offered and refused prior to housing, specifically substance abuse classes. In Fort Worth, one participant reported a three-month housing program was offered and refused. Also in Ft. Worth, one participant reported that no services were offered to them prior to housing.

**Question 3: Please describe the process that led to your finding a home.**

| | Austin (n=7) | Dallas (n=15) | SA (n=5) | Ft. Worth (n=6) |
|---|---|---|---|---|
| **Steps in the Process** | | | | |
| *Establish eligibility* | 0 | 7 | 1 | 0 |
| *Secure Voucher* | 1 | 9 | 5 | 2 |
| *Search for suitable housing* | 3 | 3 | 3 | 1 |
| *Secure Housing* | 1 | 5 | 0 | 0 |
| **Satisfaction with Housing Choices** | | | | |
| *Participant (clients) not Satisfied with Housing Choices* | 1 | 0 | 0 | 5 |
| *Client Satisfied with Housing Choices* | 3 | 2 | 2 | 1 |
| **Prior Living Arrangement** | | | | |
| *Shelter* | 1 | 4 | 2 | 2 |
| *Unsheltered* | 4 | 2 | 1 | 1 |
| *Hotel* | 2 | 0 | 0 | 0 |
| *Living with Family/Friends* | 0 | 0 | 2 | 0 |
| **Issues/Problems/Difficulties** | | | | |
| *Issues/Problems with Voucher* | 0 | 0 | 0 | 16 |
| *Issues/Problems with Landlord/Market* | 1 | 1 | 0 | 15 |
| **Time Waiting for Housing** | | | | |
| *Less than 6 months* | 2 | 3 | 0 | 3 |
| *Six months-One Year* | 1 | 2 | 1 | 0 |
| *Greater than one year* | 4 | 3 | 3 | 0 |

Regarding the process of finding a home, HCC participant (clients) at all four sites reported working with their case managers to secure their housing voucher, and participant (clients) at three sites (excluding Austin) also discussed being taken to the Housing Authority to work through the process.

> ***"I had to go over to Forth Worth Housing Authority and meet with them to get the voucher and they explained their process to me."***
>
> ***"... [after getting a voucher] then I went through the process of looking for a place."***
>
> ***"I have housing now and within this year of having the housing, I've been the luckiest. It had to be God sent."***

Where they were living before (their current home) was a topic of discussion at each of the four sites.
At each site, one or more participant (clients) reported living in shelters, homeless encampments, the streets, or their car. Participants at some sites also described living in hotels or living with friends.

> ***"I was in a shelter and it was the case manager that introduced me to this particular program."***
>
> ***"I was out in the woods."***

Activities that participants described in the process of obtaining and finding a home included: establishing eligibility (Dallas and San Antonio), this was further described in Dallas as gathering documents (identification, Social Security card, etc.) and completing diagnostic tests to establish program eligibility. Participants in Dallas reported being placed on a waiting list at the Housing Authority and in Ft. Worth and San Antonio, some participants described independent housing searches.

There was a discussion regarding satisfaction with their housing units, or with issues related to vouchers and housing units. Participants in Austin and Ft. Worth reported some dissatisfaction with the area of town their units were located, reporting that no units were available in preferred areas. Some in Ft. Worth reported dissatisfaction because a choice of units was not offered, and one participant was instructed to sign the lease without having seen the unit.

> ***"I didn't really see the apartment until I already had the apartment. I already had everything, but I didn't look at it myself. When I went to go look at it finally because my parents took me .I have a bad ankle. So it's like climbing up stairs and then, when you climb up one set of stairs, you got to climb up the second floor stairs and if I had known that, I would have never chose that place, that apartment…"***

In Ft. Worth and San Antonio some participants reported having located their unit through independent search efforts (e.g. Craig's list, "walking around looking for vacancies").

In Ft. Worth issues and problems were raised related to housing vouchers. The most commonly cited complaint was that vouchers specified "all bills paid" and properties offering that were very difficult to find. Also mentioned was the timeline of voucher expiration being too short to locate an eligible/appropriate unit and delays that involved inspections. Many raised issues with the housing market. In Ft. Worth, and Dallas participant (clients) mentioned that finding units that fit within the parameters of their vouchers was very difficult given the restrictions of the housing market. Participant (clients) in Austin and Ft. Worth mentioned the shortage of housing for individuals with felonies or evictions on their records.

> ***"You only get 60 days in the vouchers. You get one extension. You get the first 30 days and then you get a second one. If you don't get it within that period, you'll lose your voucher and you got to wait all over again, a whole another year probably. Who knows? Because it was a long process for me."***

> ***"(Also), it's hard… to find somewhere here in the metro area that's all bills paid unless you go somewhere that you really don't want to live, that's very undesirable."***

The amount of time people had been waiting for housing was discussed at each site. It is not clear where in the process they considered the wait to begin and it is reasonable to suspect that there was substantial variation, making these timeframes imprecise, particularly since not all participant (clients) present responded to the question and only a small percentage of all housed participant (clients) were included in focus groups. Of those who responded, participants in Ft. Worth said they had been waiting less than six months for housing, in San Antonio no one said it was less than six months, and most responding participants reported varying timeframes ranging from a few months to over a year.

**Question 4: What rules do you have to follow to keep your housing?**

| | Austin (n=7) | Dallas (n=15) | SA (n=5) | Ft. Worth (n=6) |
|---|---|---|---|---|
| *Consistent with Housing First Principles* | | | | |
| *Meet regularly with case manager* | 6 | 4 | 1 | 2 |
| *No rules or requirements for program participation* | 0 | 0 | 3 | 0 |
| *Rules from Housing Authority* | 0 | 5 | 0 | 3 |
| *Rules associated with lease* | 8 | 4 | 6 | 6 |
| *Not Consistent with Housing First Principles* | | | | |
| *Attend classes* | 0 | 1 | 0 | 3 |
| *Take medications* | 0 | 4 | 0 | 0 |
| *Stay sober* | 0 | 2 | 0 | 0 |

There was discussion regarding rules that participant (clients) were expected to follow to keep their housing. Most of these rules appear to be consistent with Housing First Principles (lease rules, meeting with case manager), and a few do not (attending classes, staying sober). Different housing programs/properties have different rules and requirements were laid out in the lease. In Austin and Dallas, rules included responsibility for the behavior of guests the participants might have visiting their home.

> ***"(in my lease)…they did a deal where you can smoke inside, which most places you can't. You can have four overnight visitors a month and you have to pay five bucks per night…"***

In Dallas and Ft. Worth participants discussed requirements made by the Housing Authority. A specific rule mentioned in Ft. Worth was a requirement to attend meetings, often on short notice. Specific Housing Authority rules mentioned in Dallas were reporting changes in income, and job training.

Dallas and Ft. Worth participants reported some requirements that may not be consistent with Housing First principles. In Dallas, participant (clients) stated they were required to take medications, stay sober and attend classes (participants reporting these rules reside at the same housing project, therefore, these may be rules imposed by the housing project rather than the HCC program). In Ft. Worth, participant (clients) stated they were required to attend classes.

> ***"We had to do this in order to keep our vouchers. That, to me, that's frustrating because it takes time from me doing something that I really need to be doing. The hour once a week meetings with my case manager so far hasn't gotten in the way, but some of that other stuff gets in my way."***

> ***"Meeting with the case worker once a week, I can deal with, but….we had to go in and waste our time doing two things a week (classes). We had to meet up at a (location). They want us to go to the library. I didn't know how to get to the library. They waste our time …"***

> ***I don't qualify for food stamps, so I don't know why I had to be there (class). I already have housing. They want you to go and apply for housing when you obviously are already in the program, but it's like two times a week and it's almost two hours of your time, two times a week (required classes)."***

San Antonio participants specifically stated that the HCC program had no requirements for continued participation.

### Question 5: What services do you use now?

| | *Austin (n=7)* | *Dallas (n=15)* | *SA (n=5)* | *Ft. Worth (n=6)* |
|---|---|---|---|---|
| *Strategies* | | | | |
| *Mental/Behavioral Health Services* | 1 | 4 | 7 | 4 |
| *Services to address poverty* | 3 | 4 | 9 | 3 |
| *Medical/Physical Health* | 0 | 3 | 4 | 0 |
| *Education/Employment Services* | 1 | 2 | 3 | 1 |
| *Family Support* | 0 | 0 | 3 | 0 |
| *Legal/Financial* | 1 | 0 | 1 | 0 |
| *Religious Support* | 0 | 0 | 3 | 0 |
| *Peer Support* | 1 | 2 | 1 | 1 |
| *Transportation* | 0 | 3 | 0 | 0 |
| *Casework/Case Management* | 1 | 1 | 2 | 1 |
| *Amount of Service (compared to before housing)* | | | | |
| *Use less services now* | 0 | 1 | 2 | 0 |
| *Service use about the same* | 0 | 4 | 0 | 3 |
| *Use no services now* | 0 | 0 | 0 | 1 |
| *Use more services now* | 0 | 0 | 1 | 0 |

At least one participant at all four sites reported using mental health or behavioral health services, primarily from the LMHA provider, but also including the hospital district and the Veteran's Administration. Others mentioned education services for personal growth or employment services (primarily provided by the Texas Workforce Commission), case management, and peer support.

> ***"I go to MHMR for mental health."***
>
> ***"I have a good relationship with my case manager and she … comes once a week and then I have this employment specialist …"***
>
> ***"I have my peer support I meet with once a week or talk to them once a week.***"

Services to address poverty were also mentioned, ranging from food stamps to acquiring non-traditional goods and services such as furniture, household goods, hygiene items, and nutrition support.

> ***"The only thing I was using really was food stamps."***
>
> ***"My case worker … managed to get me some furniture."***

Services mentioned specifically by participants at different sites included medical/physical health services (medical services, prescription support, vision and dental services) in Dallas and in San Antonio. Family support (including child care) and religious support (described as home visits by a spiritual advisor) was mentioned in San Antonio. Financial/legal services were mentioned in San Antonio and Austin. Dallas participants reported that they use transportation support (bus passes).

In three sites (excluding Austin), participant (clients) discussed the amount of service they currently use compared to the amount of service they used before housing. One or more participant (clients) in Dallas and San Antonio reported they use fewer services, one or more participant (clients) in Dallas and Ft. Worth report service usage about the same, one or more participant (clients) in Ft. Worth reported using no services, and in San Antonio, one or more participant (clients) report they use more services now than before housing. Differences in service use is consistent with a person-centered, Housing First approach.

### Question 6: What services would you like to use? These can be services that exist, or services that you wish existed, but do not.

| | *Austin** *(n=7)* | *Dallas* *(n=15)* | *SA* *(n=5)* | *Ft. Worth* *(n=6)* |
|---|---|---|---|---|
| *Transportation support* | * | 8 | 0 | 1 |
| *Improved access to nutrition support* | * | 1 | 2 | 0 |
| *Improved access to health services* | * | 0 | 2 | 0 |
| *Job Placement services* | * | 0 | 2 | 0 |
| *Counseling services* | * | 0 | 3 | 0 |
| *Spiritual support* | * | 1 | 1 | 2 |
| *Improved access to Mental Health Services* | * | 0 | 2 | 0 |
| *Assistance with Social Security claims* | * | 1 | 0 | 0 |
| *Vision and dental services* | * | 2 | 0 | 0 |
| *Improved access to goods and services* | * | 3 | 0 | 0 |
| *No other services needed /desired* | * | 1 | 0 | 0 |

*Question not asked in Austin

Variability existed across the sites regarding additional services that they would like to use. Most suggestions appear to already exist in greater or lesser amounts at some or all of the sites. A few themes were mentioned more commonly, these included spiritual support (mentioned in Austin, Dallas, and Ft. Worth and available in San Antonio). Better access to nutrition support (food banks/food stamps) was mentioned in San Antonio and in Dallas. One client in Dallas specifically mentioned that they did not want or need any additional services. Several participant (clients) in Ft. Worth expressed a need for transportation support.

> ***" … let's face it, if you had a night job, there ain't no buses running at night. You stuck like Chuck! In the daytime, you do have buses but they don't go where you need to go. So we need a program where it will get us some kind of transportation – they really do."***

### Question 7: What changes would you like to see in the program?

| | *Austin (n=7)* | *Dallas (n=15)* | *SA (n=5)* | *Ft. Worth (n=6)* |
|---|---|---|---|---|
| *No changes needed* | 0 | 4 | 1 | 0 |
| *Improved education/recruitment of landlords* | 0 | 0 | 0 | 4 |
| *Eliminate required classes* | 0 | 0 | 0 | 4 |
| *Shorter time to find housing* | 0 | 2 | 0 | 0 |
| *Physical improvements to property* | 1 | 0 | 0 | 0 |
| *Improved transportation options* | 0 | 0 | 0 | 2 |
| *Additional support for parents/families* | 0 | 0 | 1 | 0 |
| *Improved responsiveness of caseworker* | 0 | 0 | 0 | 2 |
| *Improved communication between Housing Authority and caseworker* | 0 | 1 | 1 | 4 |
| *List of available apartments kept accurate and current* | 0 | 0 | 0 | 4 |

At three sites (all but Austin), participant (clients) suggested that communication between the Housing Authority and their case managers could be improved. In San Antonio and Dallas, some participants specifically said that no changes were needed in the program. Beyond those similarities, comments about change were unique in each site. In Austin, one participant requested air conditioning in the living unit (at Community First Village), in Dallas, participants requested finding housing more quickly. In San Antonio, one participant requested additional support for families. In Ft. Worth, multiple changes were mentioned including improved education of landlords, improved transportation options, elimination of required classes, maintaining an accurate and current list of available housing units, and improved responsiveness of caseworkers.

> ***"This is a temporary program, nine months to a year. If they're wasting our time and preventing us from looking for a job, at the end of the year, we're not going to be able to pay the full rent. That's the problem that I have. That's what I need. I'm focusing on making sure that I can pay the full market rent whenever I come off this program."***

> ***"It (the housing list provided by the program) wasn't updated. I was looking for a place at one time and one of them had the absolutely wrong address on it … It actually took me to an empty field."***

### Question 8: What would you say to others about the program?

| | *Austin (n=7)* | *Dallas (n=15)* | *SA (n=5)* | *Ft. Worth (n=6)* |
|---|---|---|---|---|
| *Advice to Others* | | | | |
| *I would recommend the program* | 0 | 2 | 4 | 3 |
| *Persistence, patience and personal responsibility* | 1 | 5 | 2 | 4 |
| *Use available services/resources* | 0 | 4 | 2 | 0 |
| *Be willing to change* | 0 | 1 | 0 | 0 |
| *Concerns* | | | | |
| *Shelters are not pleasant, and staff are unkind* | 1 | 2 | 1 | 8 |
| *Decision makers should be more aware of needs of those served* | 0 | 0 | 0 | 1 |
| *Rushed/overwhelming process (securing/moving into apartment)* | 0 | 2 | 0 | 0 |

One or more participant (clients) at three sites specifically stated they would recommend the program to future participant (clients). At two sites, participants advised future participant (clients) to take advantage of available resources. In Dallas, participants advised future participant (clients) to be aware that success will involve making personal changes. Some participants at all sites expressed concerns about the shelters, that they were unpleasant and that staff were not always courteous yet other participants reported a positive experience. All participants advised patience and persistence to future participants.

> ***"I tell them, "Hey, look. There's a lot of amazing services offered. There's a real opportunity, but you gotta want it – but you gotta work for it. ….and you're gonna' run into a bunch of dead ends …. And you have to be vigilant enough, motivated enough…"***

## Leadership

Twenty-five individuals in leadership roles participated in the focus groups. Similar to the peer specialist focus groups, there were a similar number of leaders participating in all sites (Ft. Worth=3, Austin=5, San Antonio=6) except Dallas (n=11), likely representing the City of Dallas and the multiple City of Dallas subcontractors.

### Question 1: Describe your role in the implementation and operation of the HCC program.

| | *Dallas* *n=11* | *Ft. Worth* *n=3* | *Austin* *n=5* | *SA* *n=6* |
|---|---|---|---|---|
| *Development of Program policies/procedures* | 5 | 1 | 2 | 1 |
| *Oversight of Program Personnel and training* | 1 | 3 | 2 | 1 |
| *Manage residential and/or substance abuse programs* | 4 | 1 | 0 | 2 |
| *Manage/oversee partner contracts* | 1 | 1 | 1 | 1 |
| *Ensure reports are accurate and timely* | 0 | 2 | 0 | 0 |
| *Ensure staff submit documentation timely* | 0 | 2 | 0 | 0 |

Group members responded by describing their duties, and/or or by stating their job title (e.g. Clinical Director, Program Director, Practice Manager, etc.). In all four sites, leadership reported responsibilities that included development and management of the program and its' policies and procedures, oversight of program staff (e.g., hiring, firing, training, ensuring staff submit documentation and required reports), oversight of contracts with the state or other organizations, and relationships with partners.

> ***"(responsibilities include) ... the overall kind of direction of the program."***
>
> ***"… hiring of staff, firing of staff, [and supervision of project staff?] yes"***
>
> ***"I interface with our community partners and I'm responsible for the contract manager who oversees the external partners. Building those relationships and coordinating out in the community is a big part of my role."***
>
> ***"My role with HCC has been part of developing the programming with it, training on it, implementing it, and then monitoring it."***

**Question 2: Describe your organizations relationship with partnering organizations**

| | *Dallas n=11* | *Ft. Worth n=3* | *Austin n=5* | *SA n=6* |
|---|---|---|---|---|
| *Types of Partner Organization* | | | | |
| *CoC and/or HMIS Manager* | 0 | 1 | 1 | 0 |
| *Shelter* | 2 | 1 | 1 | 0 |
| *Housing Authority* | 0 | 1 | 0 | 0 |
| *Community College* | 0 | 1 | 0 | 0 |
| *Workforce Development* | 1 | 0 | 1 | 0 |
| *Local Mental Health Authority* | 1 | 1 | 0 | 1 |
| *Additional MH/SA Providers* | 2 | 2 | 0 | 0 |
| *Post-incarceration service providers* | 0 | 1 | 0 | 0 |
| *Benefits Assistance providers* | 0 | 0 | 1 | 0 |
| *Primary care providers* | 0 | 0 | 1 | 1 |
| *Housing programs/providers* | 1 | 1 | 1 | 0 |
| *Vision/Dental Services* | 0 | 0 | 0 | 1 |
| *Food Bank* | 0 | 0 | 0 | 1 |
| *Jails* | 0 | 0 | 1 | 0 |
| *Goodwill* | 0 | 0 | 1 | 0 |
| *Assessment of Partnership* | | | | |
| *Positive Assessment of Partnership* | 5 | 4 | 2 | 1 |
| *Negative Assessment of Partnership* | 0 | 0 | 3 | 0 |
| *Methods of Collaboration* | | | | |
| *Referral* | 1 | 1 | 0 | 0 |
| *One agency serves as services front-door* | 0 | 1 | 0 | 0 |
| *Collaboration in training* | 0 | 1 | 0 | 0 |
| *Regular Partner Meetings* | 2 | 1 | 1 | 1 |
| *Partners co-manage priority list* | 0 | 1 | 1 | 0 |
| *Co-location of staff* | 0 | 1 | 1 | 0 |
| *Case collaboration* | 0 | 0 | 1 | 0 |

In all four sites, leaders had a positive assessment of partnership relationships. In San Antonio and Ft. Worth, partner relations were described as improving over time. In Dallas and Ft. Worth, a "true sense" of partnership was reported, as was a report that HCC had enabled partners to expand service offerings. In Austin, "good working relationships" were reported. In Dallas, it was noted that the HCC program created a common language and goals for partner organizations, facilitating communication and partnership.

> ***"I think on a day-to-day basis, we've got very strong relationships. I think (our) presence at the (shelter)– they have staff that will reach out …. I think (we) have very good working relationships with program managers and staff across all the different providers."***

Leaders also discussed methods of collaboration. The only method common to the four sites were regular partner meetings. Referral, co-management of housing priority list, and co-locations of staff were also mentioned in more than one site.

***"We're really involved with the meetings, workgroups that (the CoC coordinates for the Collaborative) … we're regular participants in those meetings …"***

A variety of partners were mentioned across sites, including housing providers, CoC/HMIS providers, primary care providers, and others. One site mentioned the negative aspects of partnership relationships, which was related to partner expectations about program capacity. Differing program philosophies sometimes created friction, with not all partners aligned with a Housing First philosophy. Ft. Worth leaders mentioned that providing staff training was a method of collaboration with partners.

***"When we had those formal contracts in place, we had regular communication and collaboration on how things were going within the system because we had kind of a structure with the contract … without that, that's definitely backed off. I think that's been a little bit of a negative aspect to things."***

### Question 3: What steps have you and your partners taken to continue the program after HCC funding has ended?

| | *Dallas n=11* | *Ft. Worth* n=3* | *Austin n=5* | *SA n=6* |
|---|---|---|---|---|
| *Integrate HCC activities into existing functions* | 1 | * | 1 | 2 |
| *Finding/pursuing additional funding* | 3 | * | 1 | 1 |

**Question not asked in Ft. Worth*

This question was not asked in Ft. Worth. Two strategies were discussed at three sites for continuing the HCC program after the period of funding has ended. The first strategy discussed is the integration of HCC activities into existing functions. In Dallas and San Antonio this was discussed as modifying policies and procedures, while in Austin this was discussed as hiring only applicants that had relevant knowledge and experience. All three sites also discussed the intention of pursuing additional funding.

### Question 4: What does the term "Housing First" mean to you?

| | *Dallas n=11* | *Ft. Worth n=3* | *Austin n=5* | *SA n=6* |
|---|---|---|---|---|
| *No clinical "readiness" criteria for housing* | 2 | 2 | 4 | 2 |
| *Focus on housing before anything else* | 2 | 2 | 1 | 2 |
| *Housing is individualized, scatter-site, with individual holding lease* | 0 | 0 | 0 | 3 |
| *Individualized, assessment driven services are available with housing* | 0 | 0 | 0 | 3 |
| *Choice is offered to the greatest extent possible* | 0 | 0 | 1 | 0 |

Leaders at all four sites discussed the absence of "readiness" criteria as a prerequisite to housing, this was described in Austin as a "low barrier" to housing. Leaders all mentioned that in a Housing First model, the primary focus was housing, and no clinical "readiness" criteria were required.

"***…housing is a right, not a reward … let's get them into housing. And then we can work on everything else…"***

Other themes emerged when asking the question about Housing First, including leaders in San Antonio reporting use of individualized, scatter-site housing in the broader community. This represents a change in approach for

Haven for Hope who had previously focused on development of housing options within the campus. Leaders in San Antonio also mentioned individualized services based on assessment, which represented a change from previous practice. In Austin, the theme of "choice" was discussed. Choice was sometimes limited by resources, housing availability, etc., but to the extent possible, participant (clients) were provided with choices about their services and housing.

### Question 5: Describe any training you have provided for your staff in "Housing First"?

| | *Dallas** *n=11* | *Ft. Worth* *n=3* | *Austin* *n=5* | *SA* *n=6* |
|---|---|---|---|---|
| Mode of Training | | | | |
| *Online courses* | * | 1 | 0 | 1 |
| *Project experts brought in during Year One* | * | 1 | 1 | 2 |
| *Agency Housing Director provided training* | * | 1 | 0 | 0 |
| *Training provided by CoC* | * | 1 | 0 | 0 |
| *Screen for trained individuals before hiring* | * | 0 | 1 | 0 |
| *Training provided through supervision* | * | 0 | 1 | 0 |
| *Conference attendance* | * | 0 | 1 | 2 |
| *Reading Manuals* | * | 0 | 1 | 0 |
| Related Training Provided | | | | |
| *Training in harm reduction* | * | 0 | 1 | 0 |
| *Training in trauma informed care* | * | 0 | 0 | 2 |
| *Training in person-centered planning* | * | 0 | 0 | 1 |

*Question not asked in Dallas

Across the three sites that were asked this question, responses focused on the mode of training (how training was provided). In San Antonio and Austin, leaders also discussed training that was not specifically about Housing First but was related to skills needed to implement it.

### Question 6: Describe how you have implemented a "Housing First" approach and how it differs from previous practices.

| | *Dallas* *n=11* | *Ft. Worth* *n=3* | *Austin* *n=5* | *SA* *n=6* |
|---|---|---|---|---|
| Previous Practices (no longer used) | | | | |
| *Previously required sobriety prior to housing placement* | 1 | 0 | 0 | 1 |
| *Believed homelessness was a result of personal failings* | 0 | 0 | 0 | 1 |
| *Services were standardized* | 0 | 0 | 0 | 1 |
| *Participant (clients) were routinely dismissed for noncompliance* | 1 | 0 | 0 | 1 |
| New Practices Implemented | | | | |
| *Prioritizing individuals with the greatest need* | 0 | 0 | 0 | 1 |
| *Case Managers have lower caseloads* | 0 | 0 | 0 | 1 |
| *Coordinated access with partners to available housing* | 1 | 1 | 0 | 0 |
| *No treatment plan/services until housed* | 0 | 1 | 0 | 0 |
| *Program prioritizes participant (clients) with lower need* | 0 | 2 | 0 | 0 |
| *Program has been adapted to be short-term* | 0 | 2 | 0 | 0 |
| *Client choice dictates frequency of services* | 0 | 0 | 1 | 0 |

No common themes emerged across all sites, but the discussions were similar. In Dallas and San Antonio, themes generally fell into two categories: what practices they had used in the past and no longer use and what new practices had been adopted.

> ***"We don't require people to be in treatment and we carry that through in all the ways that we just described. So that was a major philosophy shift."***

In Ft. Worth, the responses focused exclusively on new practices adopted in the rapid rehousing program. Leadership reported their program focuses exclusively on less disabled participant (clients), and places time limits on the support participants receive. It was not clear how exactly clients were selected (described by case managers as "ability to achieve self-sufficiency").

> ***"….for those that have a higher priority based on the documentation priority status that our community uses, we would refer them to use permanent support housing. They need a long-term housing program, and we're not – we're free housing, so we try to focus in on the lower level priorities, because there's not really many options in our community for them as far as housing."***

In Austin, discussion centered on rules regarding frequency of service delivery by "service level."
Staff reported that in HCC, and as an element of Housing First, they could change client service levels when directed by client choice. Client choice now dictates the frequency of service delivery rather than "service level." However, they also report this is not necessarily true in other units that will discharge participant (clients) for missing appointments or failing to meet other requirements.

> ***"There's always someone that could use one of our spots, but we understand and (know) our population a little bit better, so we know we have to give them some space at times. Some of the other units (say) 'we just can't hold this spot open, somebody else needs it.' They don't quite go as far as they need to go to work with folks that are chronically homeless and do Housing First."***

San Antonio has moved away from only housing readiness to Housing First, with scattered sites throughout the community.

> ***"It's scattered sites. It's really building on client choice, the client holding the lease, all these kinds of things that add some time to people gaining housing. I think it's been a pretty big shift …"***

Leaders in Ft. Worth also reported that treatment planning is not conducted until after housing is found. Although an element of a Housing First approach would dictate that services should not be required, it is unclear why they would not be offered or planned until after housing goals are achieved. Participation in peer-led classes is also reported (by Case Managers, Peer Specialists, and Participant (clients) to be a requirement in Ft. Worth.

> ***"When we identify a person – we don't do any clinical – not saying that if a person makes a request or desires to be attached, we will work to attach them to behavior health. We don't do the treatment plan and all that until we're actually – until we're housing stable."***

### Question 7: What policies facilitate or complicate implementation of "Housing First" principles?

| | *Dallas* *n=11* | *Ft. Worth* *n=3* | *Austin* *n=5* | *SA* *n=6* |
|---|---|---|---|---|
| Policies that Facilitate Implementation | | | | |
| *Manageable caseload size* | 1 | 0 | 2 | 0 |
| *Outreach to landlords* | 0 | 0 | 1 | 0 |
| *Regular review of policies* | 0 | 0 | 0 | 1 |
| *Policies for staff self-care* | 0 | 0 | 0 | 1 |
| *No longer require service exit for substance abuse relapse* | 0 | 0 | 0 | 1 |
| *Policies address individual supervision/practice evaluation* | 0 | 0 | 0 | 1 |
| *Policies require use of standardized assessment* | 0 | 0 | 0 | 1 |
| *Policies require regular training* | 0 | 0 | 0 | 1 |
| *Require recovery oriented, trauma informed framework* | 0 | 0 | 0 | 1 |
| *Policies require person-centered housing plan* | 0 | 0 | 0 | 1 |
| *Services are based in the community* | 0 | 0 | 0 | 1 |
| *Technology supports service delivery* | 0 | 0 | 0 | 1 |
| Polices that Complicate Implementation | | | | |
| *Program held to same internal standards as clinic* | 0 | 2 | 0 | 0 |
| *Insufficient resources to offer approach beyond HCC clientele* | 0 | 0 | 1 | 0 |
| *HCC requirements established by funder w/o consulting implementers* | 2 | 0 | 0 | 0 |
| *Close cases for no-show* | 0 | 0 | 1 | 0 |

There was little overlap among sites when asked to identify policies that facilitate or complicate implementation of Housing First. A manageable caseload as a helpful policy was mentioned in Dallas and Austin. Austin leaders commented that other units in the agency (such as clinics) routinely close cases when participant (clients) do not keep appointments which creates additional difficulty for the HCC program. Leaders in the Austin group also noted there was an insufficient amount of funding to offer HCC services to all who needed them.

> ***We get worried because if they do enough no-show appointments, they (clinic staff) have to close them out. We know that our population – sometimes they disappear for a few weeks..."***

In Dallas, members of the Leadership group reported dismay that they had not been consulted by DSHS/HHSC when operationalizing HCC program requirements into contract and that some requirements did not seem reasonable and interfered with optimal operations. Particularly problematic were the limitations of what could be counted as match for the grant. While they did not have an issue with the amount of match required, they did feel very limited by type of local funding that could be applied.

In San Antonio, only policies and practices that facilitate implementation were discussed. These included polices that require regular review of policies, no longer require service exit for substance use relapse, addressing individual supervision/practice evaluation, use of standardized assessment, regular training, use of a recovery oriented, trauma informed framework for providing service, development of a person-centered housing plan, and basing services in the community.

In Ft. Worth, only a policy that complicates implementation was discussed. This policy reports to hold the HCC program to the same internal standards as a clinic, requiring an extra burden for project staff. The other LMHA HCC contractor did not report this issue.

**Question 8: What do you see as the success accomplished and/or challenges faced by the HCC program?**

| | *Dallas n=11* | *Ft. Worth n=3* | *Austin n=5* | *SA n=6* |
|---|---|---|---|---|
| Program Successes | | | | |
| *Serving more people* | 0 | 3 | 0 | 1 |
| *Improved team work and collaboration* | 2 | 4 | 2 | 5 |
| *Participant (clients) improved/met goals* | 1 | 1 | 2 | 5 |
| *Improved coordinated assessment system* | 0 | 1 | 1 | 1 |
| *Case Managers have developed knowledge and expertise* | 0 | 1 | 0 | 2 |
| *Reduced recidivism to jails* | 1 | 1 | 0 | 1 |
| *Loss of (other) funding did not increase homelessness* | 1 | 0 | 0 | 0 |
| *More scatter-site housing available* | 0 | 0 | 0 | 1 |
| Program Challenges | | | | |
| *Double data entry (CMHC&HMIS)* | 0 | 1 | 0 | 0 |
| *Navigating multiple agency requirements* | 0 | 2 | 0 | 0 |
| *Matching participant (clients) to most appropriate voucher* | 0 | 1 | 0 | 0 |
| *Few safe and affordable units available* | 3 | 2 | 2 | 0 |
| *Working with the most vulnerable can be painful/stressful* | 0 | 0 | 1 | 0 |
| *Developing/maintaining policies to help address trauma(including staff trauma)* | 0 | 0 | 1 | 0 |
| *Many situations are unprecedented/no guidelines* | 0 | 0 | 1 | 0 |
| *Providing support after housing* | 0 | 0 | 1 | 0 |
| *Available resources are insufficient to need* | 0 | 0 | 0 | 1 |
| *Community outcry against new housing projects* | 3 | 0 | 0 | 1 |
| *Problems with Housing Authority* | 2 | 0 | 0 | 0 |
| *Required staff-to-client ratio is difficult to maintain* | 1 | 0 | 0 | 0 |

All sites provided examples of successes. At all four sites leaders described the team and collaboration that has developed as well as the achievement of HCC participant goals.

***"One of (the program's) biggest successes...is the team that has developed."***

***"Honestly, it's amazing when people get housed…"***

Additional successes were mentioned at one or more sites. Three sites mentioned an improved coordinated assessment system (all but Dallas) and reduced recidivism to jail. Ft. Worth and San Antonio also mentioned an increase in service capacity.

Each site identified challenges, although there was some variation across site. Three sites (all but San Antonio) mentioned a shortage of safe, affordable housing. This situation is exacerbated for participant (clients) with felony records or evictions on their records. Leaders in Austin also commented that at times the only available housing for some individuals was in programs/places where felons are congregated which may increase dangerousness. Dallas and San Antonio also discussed local neighborhood resistance to the development of additional housing programs/projects designed to house homeless persons.

***"Unfortunately, I think often times, it's kinda – we start people to start congregating in certain areas (are housed) because it's everyone with a certain level of felony. That's the only place they can live, and then that can become dangerous.***

The program also presented issues that were new to the sites, and could be considered both challenges and opportunities.

***"I think everyone in this room is like, Oh my goodness! This is the first time this has happened. What do we do here?"***

## All Case Managers / Rehabilitation Specialists

Twenty-six case managers (San Antonio, Dallas, Ft. Worth) and rehabilitation specialists (Austin) participated in focus groups across sites. There was generally equal representation across the sites (Dallas=6, Ft. Worth=6, Austin=8, and San Antonio=6).

### Question 1: Describe your role in the HCC program, what do you do to support participants to accomplish their goals?

| | *SA n=6* | *Dallas n=6* | *Austin n=8* | *Ft. Worth n=6* |
|---|---|---|---|---|
| *Client training and Support Activities* | 11 | 1 | 32 | 3 |
| *Interagency Collaborations and Linkages* | 6 | 8 | 11 | 5 |
| *Housing Related Activities* | 3 | 5 | 7 | 2 |
| *Planning and Goal Setting* | 2 | 3 | 6 | 1 |
| *Outreach/Formal and Informal Assessment* | 1 | 2 | 0 | 3 |
| *Maintain Client Engagement through Long Wait* | 0 | 0 | 3 | 0 |

There was a great deal of agreement between the four sites regarding their activities designed to support the people they serve. Case managers / rehabilitation specialists described direct support such as client advocacy, modeling behavior, and individual intensive support. Case managers in Ft. Worth specified a role in supporting employment efforts.

***"Our philosophy has really been walking with people and being really intensively involved. So setting up the appointments with them, going with them, transporting them. Walking alongside someone through this whole process, this journey to restore what they've missed out on – what's been taken away through homelessness."***

They also described a role linking participants to existing services such as behavioral health services, physical health services, and services to meet basic needs (such as food banks, support in paying utilities, SOAR/other disability specialists, etc.) as well as collaboration with case managers at other organizations.

***"We do a lot of linking and referring clients to other agencies to also help them meet their needs"***

***"…if (a client) is at a shelter, they've already built up a relationship with (the case worker at the shelter). So, if I can meet with them with someone they already know...that helps the trust."***

Case managers/Rehabilitation specialists also play a role assisting participant (clients) in finding suitable housing and in Austin and Ft. Worth described maintaining relationships with landlords and property managers.

> ***"There is a lot of advocacy with property managers. I don't think (property manager) has much experience with people who experienced homelessness (or) severely mentally ill. So I think her expectations of what residents were supposed to do were unrealistic."***

They also described a role in planning and goal setting.

> ***"We have a person-centered care plan...And so we work with the person to… decide what's most important to them..."***

Case managers at three of four sites (excluding Austin) described a role conducting outreach to identify new participants. San Antonio and Dallas both discussed use of coordinated assessment in this process. Ft. Worth discussed client identification through an informal word of mouth, referral process within partner agencies. In Dallas, case managers also described an informal process for "street outreach" that involved people who had yet to enter the system. Austin described a role in maintaining client engagement over the long period of time often required to find appropriate housing for individual participant (clients).

> ***"we focus on housing, doing assessments for those that are in shelters or on the streets, getting them on our housing list …"***

> ***"… a lot of that is … keeping them from disappearing so we can't find them, so really trying to stay as connected with them as possible and keep instilling a feeling of hope. Because it's (finding housing) a long process."***

### Question 2: Describe services offered by your program

| | *SA n=6* | *Dallas n=6* | *Austin n=8* | *Ft. Worth n=6* |
|---|---|---|---|---|
| *Linkages and Referrals to Existing Programs* | 10 | 5 | 4 | 4 |
| *Groups and Training to Address Behavioral Health Issues* | 2 | 3 | 3 | 3 |
| *Job & Employment Assistance* | 1 | 0 | 1 | 1 |
| *Transportation* | 2 | 0 | 0 | 0 |
| *Recovery Support* | 0 | 1 | 0 | 0 |
| *Housing Services* | 0 | 1 | 0 | 0 |
| *Legal Services* | 0 | 1 | 0 | 0 |

There was some consistency between sites on reports of services offered. At all four sites, focus groups described supporting participant (clients) in accessing an array of services by linking and referring them to other existing programs, often operated by project partners. They also mentioned making referrals to behavioral health services offered by Local Mental Health Authorities, and other public and private providers.

> ***"I kind of see us as a service coordinator. We are linking people back to services…. "***

***"… if there are any trauma issues, if they have any mental health issues, their needs can be addressed."***

Some mentioned groups and training to address specific behavioral health needs, including skills training in Ft. Worth and Seeking Safety in Austin.

***"We do skills training or psychosocial rehab to help them meet their various goals whether those are mental health or … social skills for a lot of people."***

Case managers at three sites (all but Dallas) specifically mentioned assistance and support in employment endeavors. Transportation was a service specifically mentioned by San Antonio and Austin. Case managers in Dallas also reported that recovery support and housing services were offered.

***"A lot of our work is helping them to get employment or increase income."***

***"…..whether they need help going to appointments like for doctor visits or taking them to go and get groceries or, if they need to go to any type of NA (or other treatment or groups). (We) help them to connect to those resources and take them as well."***

## Question 3: Please describe strategies you use to engage clients in services. Is there anything that makes is harder or easier to engage clients?

| | *SA n=6* | *Dallas n=6* | *Austin n=8* | *Ft. Worth n=6* |
|---|---|---|---|---|
| Strategies | | | | |
| *Person-Centered Focus* | 7 | 5 | 22 | 4 |
| *Make access convenient* | 2 | 1 | 6 | 6 |
| *Assist in goal identification and management* | 0 | 1 | 0 | 0 |
| *Authenticity/Shared histories* | 0 | 1 | 0 | 1 |
| Things That Make Engagement Harder | | | | |
| *Administrative requirements that interfere w/duties* | 0 | 0 | 16 | 1 |
| *Participant (Client)s sometimes difficult to find* | 0 | 1 | 0 | 6 |
| *Funding Reductions result in loss of program credibility* | 0 | 1 | 0 | 0 |
| *Information not consistent among program case managers* | 0 | 0 | 0 | 1 |
| *Shelter/previous programs rules and policies* | 0 | 1 | 0 | 0 |
| *Volume/Number of people that need help* | 0 | 2 | 0 | 0 |
| Things that Make Engagement Easier | | | | |
| *Collaboration with Others* | 1 | 0 | 2 | 6 |
| *Clear Communications* | 0 | 0 | 2 | 1 |

Regarding strategies for engagement, case managers in all four sites described activities that were person focused as the main strategy for engagement, stating that participant (clients) (rather than treatment providers) directed the pace and focus of treatment. Another strategy mentioned was making services convenient including traveling to the locations of participant (clients), as opposed to expecting them to travel to meet.

***"… You have to meet them where they are …"***

*"… We're on-site so we have regular office hours – they come in for whatever issues that they need. We do house visits, home visits …"*

In three sites (all but Ft. Worth), case managers specified "choice" as a person-centered strategy for engaging participant (clients). Case managers in Dallas and Austin mentioned "fun" as a strategy to maintain focus. In Dallas, case managers mentioned that helping people identify their goals, helping divide them into small enough steps that they can see progress helps keep them engaged. A case manager in a peer-run recovery program in Dallas reports using their shared history and peer status as a strategy helpful in engagement. Case managers in Ft. Worth also mentioned that a new one-stop location has been helpful with engagement.

*"…..setting a tangible goal for the clients – identifying their goals and helping them piece that out so that they don't feel overwhelmed with all of the things they need to get done before they can get into housing or whatever it is they want to do."*

Case managers in three sites (all but Dallas) mentioned collaboration with others as a factor that makes engagement easier. In Ft. Worth collaboration with peer specialists, other case managers and outreach teams were mentioned. In San Antonio, collaboration with other case managers was mentioned, while in Austin collaboration with outreach team was mentioned. In Austin and Ft. Worth communication of program benefits was mentioned as a strategy that makes engagement easier. In Austin, comments were focused on communicating benefits of the program directly to participant (clients). In Ft. Worth comments also addressed program awareness within and between staff of various programs.

*"...usually it's pretty easy to engage (clients) when they know that this is a housing program (because) usually that's what they want."*

Things that made it harder to engage participant (clients) were identified and these factors varied by site. In both Austin and Ft. Worth, case managers suggested time with participant (clients) was interrupted excessively with administrative requirements. In Ft. Worth, the primary issue was stated as many meetings, often on short notice. In Austin, the discussion focused more around excessive demands for documentation and inadequate access to technology to enable efficient completion of requirements.

*"We have a terrible medical file system that we use. And it crashes all the time. And it freezes all the time. Sometimes you'll be halfway through a note and it will just completely go away."*

*"We have a whole bunch of meetings. We have a ton of meetings which keeps us from meeting (clients)..."*

Client engagement issues specific to one site included Ft. Worth reporting that participant (clients) are often difficult to find because of poor interagency communication regarding client transfers, difficulty in finding participant (clients) not residing in shelters, participant (clients) lack of transportation (to meet case managers), and client difficulty managing appointments. In Ft. Worth also discussed was an inconsistent awareness of information between case managers, resulting in inconsistent communication of information to participant (clients).

*"What makes it more difficult is the lack of communication between the agencies. I can get a piece of paper as a referral to go look for (a client) supposed to be at (a particular shelter), and he could have*

***(left that shelter). He has no phone. I can go to the day resource center but (I may not) find this client. If I go to (a different shelter) it's not going to be easy to find that client, because it's a private agency, they kind of set their own rules and they don't use the HMIS data system."***

***"... information is not always communicated. (Client) may meet with one of us in the beginning but then have a different case manager and then when they get to the different case manager they're like 'oh they didn't tell me this' or 'oh I didn't know this', (and now)' I don't' know if this program is right for me'."***

Case Managers in Dallas reported a lack of phones as an issue making engagement more difficult. Also mentioned in Dallas was that participant (clients) that came to them from shelters and other programs with more coercive or directive rules were more difficult to engage. In addition, case managers in Dallas reported that the volume of people in need made engagement with any more difficult.

***"…The (program they came from) would make them come to groups and classes in order to get their housing. So, can't nobody reach these people … when people feel like they are forced to go through this process, then they can't hear nothing I'm saying … that's the most difficult."***

***"….The sheer number of people who need services … We serve 411 every night … And I have to tell people, 'I can't see you today' and they already feel rejected, they already feel like they're outcasts so, when I have to say that, it just brings all that up and makes it more hard."***

Case managers in San Antonio reported that available funding for specific assistance often changes, resulting in participant (clients) not receiving certain supports they had expected or been promised, which leads to difficulty in maintaining engagement.

***"…. when you had a resource in the past - and then the next month you don't (to clients) its like, 'Yeah, you're lying'."***

### Question 4: How does service usage differ before and after housing?

| | *SA n=6* | *Dallas n=6* | *Austin n=8* | *Ft. Worth n=6* |
|---|---|---|---|---|
| *Services after have a greater focus on goals* | 1 | 0 | 6 | 3 |
| *Amount of services before and after varies* | 1 | 1 | 0 | 0 |
| *Housing can result in unforeseen stress* | 0 | 0 | 5 | 0 |
| *After housing, individuals are more stable* | 0 | 1 | 1 | 1 |
| *Use of crisis services and hospital greater before housing* | 0 | 1 | 3 | 1 |
| *Before housing, services focused on basic needs* | 0 | 0 | 3 | 3 |

Case managers commented about service use at all sites, but responses differed. Case Managers at three sites (all but Dallas) said that after housing, participant (clients) became more focused on accomplishing goals, and use services to support that aim.

***"Once they're in the house, and they're able to think about other things, that's when the mental health skills training, or whatever their goals they identified are. That's when they can really focus on that."***

In San Antonio and Dallas, case managers commented that in some cases people use more services after housing than before, in other cases, the opposite is true. Austin case managers' commented that although a positive change, some individuals feel stress from the culture change of being in housing following long periods of homelessness. While housing is positive, changes may feel stressful and individuals may need additional support over an extended period.

> ***"…sometimes after they're in housing, …. I feel like it (service use) can go both ways. Either the services go up because now they're out in the community on their own and they need a lot of support or they go down because the person's like, "I'm free. I'm out of there."***

> ***"…(Certain) behavior that (on the street) maybe didn't have the same consequences (as when) you're housed. So, they begin to think 'if I wanna get from point A to point B, how is substance abuse now different and more of an issue?' So all that changes, too."***

At three sites (all but San Antonio), case managers commented that individuals had more stability with their illnesses (behavioral or physical) after being placed in housing and became more willing to participate in treatment services. They also stated that people used more crisis services and hospital services before they were placed in housing. In Austin and Ft. Worth, case managers commented that before people were in housing, the services they used tended toward meeting immediate needs**.**

> ***"I think once people are housed, they're more willing to participate because they're more stable."***

> ***"They use more crisis services before they're housed and hospital services … but once they're housed, those tend to decrease greatly."***

> ***"… when they're not housed, they're in crisis mode and they have to figure out where they're gonna sleep, eat…"***

## Question 5: How do you know if your agency supports your efforts? Are there agency practices or policies that make your job easier or harder?

| | *SA* *n=6* | *Dallas* *n=6* | *Austin* *n=8* | *Ft. Worth* *n=6* |
|---|---|---|---|---|
| *Agency Support is unclear* | 1 | 0 | 1 | 1 |
| *Support is provided by participant (clients) and others outside agency* | 6 | 0 | 2 | 3 |
| **Agency Policies or Practices that Make your Job Easier** | | | | |
| *Rewards or Recognition* | 4 | 0 | 0 | 1 |
| *Support from all staff members* | 4 | 5 | 5 | 0 |
| *Common vision among staff* | 0 | 1 | 2 | 0 |
| **Agency Policies or Practices that Make your Job Harder** | | | | |
| *Impact of excessive time spent in meetings* | 0 | 0 | 1 | 20 |
| *Excessive/extensive paperwork* | 0 | 1 | 4 | 4 |
| *Productivity standards/measures used for HCC* | 0 | 0 | 0 | 2 |
| *Program recognition insufficient* | 17 | 0 | 0 | 12 |
| *Lack of agency support for staff work or wellness* | 16 | 0 | 7 | 0 |

Case Managers at all four sites had comments regarding their sense of being supported by their agencies, and whether there were agency practices and/or policies that made their jobs easier or harder. There were no themes common across all four sites. Some case managers at three sites (all but Dallas) stated it was not clear to them that their efforts were supported by their organizations. In three sites (all but Ft. Worth), some case managers reported that the sense of support they had come primarily from participant (clients) and partners, and others outside the organization.

> ***"But the truth is the recognition we get is from the community, the clients, the different agencies."***

Case Managers at each site described at least one agency practice or policy that they believed made their jobs easier. In San Antonio, the focus was supervisor or management recognition and in Ft. Worth the focus was bonus pay.

> ***"Sometimes, they give a bonus and I would say that some bonus is the sign of appreciation from the agency."***

Case managers in three sites (all but Ft. Worth) mentioned support from managers and co-workers as a factor that made their job easier. Three sites specifically mentioned that supervisors/managers understand and support their efforts. San Antonio and Dallas also mentioned that case managers support one another.

> ***"We are each other's recognition and that's huge. I would not be able to do what I do if it wasn't for our team."***

In Dallas and Austin, case managers mentioned a common vision among program/project staff as a support to their efforts.

> ***"… We have a philosophy, we have a mission, and I feel like we have that common goal."***

> ***"[before] It was all about numbers. And so here, I'm able to focus more on what the client needs versus, 'I need to see you because I just need to see you. So what do we wanna talk about so that I can keep you here?'"***

Comments about agency policies and practices that made jobs more difficult were stated at each site, but specifics varied. In Austin and Ft. Worth, case managers mentioned excessive time spent in meetings as a factor that make their jobs harder. This was a larger theme in Ft. Worth, eliciting comments from each of the case managers present, and focusing on the impact of these meetings. They report a negative impact on their relationships with participant (clients) primarily, but also partners and others.

> ***"It's too much. Meetings taking away from things that we do. Time we used to go and see the clients."***

Also mentioned in Ft. Worth is a requirement to spend long hours completing on-line training. Additionally, case managers in Ft. Worth mentioned productivity measures not developed with HCC activities in mind. Meeting these standards has posed difficulty for them and had made their jobs harder. These productivity standards are likely associated with their status as Local Mental Health Authorities.

***"...the expectations and the standards we have are the same as the all other clinic programs is totally set up different…. There's a lot of (different) factors so, being held to the same standard as other programs doesn't really make sense."***

In three sites (all but San Antonio), case managers mentioned extensive/excessive paperwork as an element that made their job harder.

***"... I'm backed up on the paperwork. They want you to do the paperwork before it hits 5:00 … then by 5:00 you have other (urgent and client related) things to do…"***

Case Managers in San Antonio and Ft. Worth also mentioned a lack of recognition as a factor making their job harder. At both sites, discussion mentioned two different types of recognition. First, they did not believe that management made a sufficient effort to "advertise" the program and create an awareness of it within the host organization and the broader community. Second, they did not believe their efforts received sufficient recognition/commendation.

***"... different departments in our agency that don't understand or even don't know about our program. It's like they (Leadership)…. don't appreciate our program or they just don't believe in our program."***

In San Antonio and Austin, case managers commented that little effort was made to support staff wellness activities despite the stressful nature of the work. Austin case managers also focused on a lack of flexibility in the workday, and a shortage of technology or other labor saving devices that could simplify their work.

***"We experience a lot of stuff throughout the week. And we hold on – we're isolated. We are on our own with clients all day long except for our meetings."***

### Question 6: Describe the process by which people in your program find housing

| | *SA n=6* | *Dallas n=6* | *Austin n=8* | *Ft. Worth n=6* |
|---|---|---|---|---|
| Steps in Process | | | | |
| *Identify participant (clients) through screening/assessment* | 0 | 0 | 8 | 8 |
| *Complete documentation/applications* | 1 | 4 | 6 | 0 |
| *Search for housing* | 2 | 0 | 4 | 2 |
| *Steps after finding suitable housing* | 5 | 0 | 2 | 6 |
| Barriers to Choice | | | | |
| *Competition for few available apartments* | 0 | 3 | 2 | 2 |
| *Few Apartments accept vouchers* | 0 | 0 | 0 | 2 |
| *Apartments charge non-refundable fees* | 0 | 0 | 0 | 5 |
| *Problems with the Housing Authority* | 0 | 3 | 0 | 0 |
| *Many affordable apartments won't pass inspection* | 0 | 0 | 0 | 2 |
| *Few apartments accept "high-risk" participant (clients) (felons, evictions, etc.)* | 0 | 0 | 2 | 2 |

Case Managers at all sites discussed a similar process by which they supported people in finding housing, although descriptions where slightly different. In Austin and Ft. Worth, they reported the housing process began with identifying participant (clients). Both sites stated participant (clients) were screened for homelessness and case

managers in Ft. Worth also mentioned screening for behavioral health issues. Case Managers in Austin reported participants were identified through the results of the coordinated assessment that screened for vulnerability, prioritizing the most vulnerable. In Ft. Worth, case managers reported they screened for ability to achieve self-sufficiency, prioritizing those most likely to achieve it and identified participant (clients) through a word of mouth assessment among partner agency staff.

> ***"... (We look for) something… (evidence) that they're going to be able to maintain self-sufficiency when the program is not here anymore."***
>
> ***"We take the most vulnerable…"***

Case Managers in three sites (all but Ft. Worth) discussed the role of documentation in the process of finding housing, with case managers in Dallas and Austin reporting that gathering an individual's personal documentation (identification, Social Security card, etc.). In addition, case managers in three sites (all but Ft. Worth) mentioned assisting/completing applications for vouchers and/or specific apartments.

> ***"First thing is always documents because in order to … get a voucher and go to orientation, they're gonna want their birth certificate, their social security card, their ID – everything."***
>
> ***"Working on their actual Permanent Supportive Housing Application… which is … really long."***

Case Managers at three sites (all but Dallas) described efforts to search for housing, with Austin and Ft. Worth discussing efforts to identify housing barriers and preferences. In San Antonio and Ft. Worth, efforts to match preferences to available housing stock were discussed. Case managers in Austin discussed referrals to a landlord outreach team for participant (clients) who are difficult to place.

> ***"I ask … questions like 'what are some obstacles for you being housed? Why are you in this situation? How recent are your evictions? What's your criminal record?' Because all that plays a part into them being housed."***
>
> ***"Once I get information (about barriers)….I just call an apartment complex, and ask 'Hey I have a client, this is on their record, can you take them? Do you have openings?'"***

Case Managers at three sites (all but Dallas) described steps that need to be taken after suitable, available housing has been found. Case Managers in San Antonio described their role in preparing participant (clients) for interviews with landlords or property managers and explaining and reassuring landlords and property managers of financial arrangements. Case Managers in Austin, San Antonio and Ft. Worth also discussed linkages to help meet the client's needs for household goods (such as furniture, kitchenware, etc.)

> ***"… we understand why our client presents themselves (as they do), but others don't…. we kind of have to coach them on how to present themselves (to landlords/property managers) because it's another hassle if you upset (them)."***
>
> ***"…once we do establish a place for them to go to we… try to link them to other agencies that could help them try to get some furniture"***

Case managers described factors they believed posed barriers to a client's choice of housing units. In Ft. Worth barriers described by case managers included shortage of landlords/property managers that accept vouchers; high occupancy creating competition for few available apartments; landlord/property manager practice of requiring non-refundable fees (a disallowed use of program funds); and, problems with the few available apartments being able to pass the inspection required by the Housing Authority. Austin and Ft. Worth both mentioned that few landlords/property managers were willing to accept certain individuals (e.g. those with evictions, felonies, etc.) and in Dallas, the discussion regarding barriers focused on difficulties at the Dallas Housing Authority.

> ***"(We) have so many of the clients that have…familiar backgrounds so they're ALL competing for those (available) apartments, and they (are) limited. All of us, (and) other housing (programs) are competing to get our client in a certain apartment and there's just not enough apartment units to house certain backgrounds."***

## Question 7: What rules/requirements do tenants have to follow to keep their housing?

| | *SA n=6* | *Dallas n=6* | *Austin n=8* | *Ft. Worth n=6* |
|---|---|---|---|---|
| Rules / Requirements Consistent with Housing First Principles | | | | |
| *No rules regarding sobriety or substance use* | 1 | 1 | 1 | 0 |
| *Housing Authority rules* | 1 | 0 | 2 | 2 |
| *Lease Requirements (required of all tenants)* | 1 | 1 | 2 | 3 |
| *Regular Case Management Meetings* | 1 | 2 | 1 | 1 |
| Rules / Requirements Not Consistent with Housing First Principles | | | | |
| *Weekly Group Education/Classes/Meetings* | 0 | 0 | 0 | 2 |

Case Managers at all four sites discussed rules that are consistent with Housing First principles, including following rules of the lease and meeting with case managers.

> ***"We help them get into housing … (participants) are going to be subject to whatever rules are with the (housing or) program we get them in."***

> ***"We don't have any rules, other than you obviously need to talk to us and meet with us because if we don't see you, then we can't work with you at all. Other than that, there are none."***

Other themes consistent with Housing First was that sobriety was not a requirement (mentioned in all sites except Ft. Worth) and that participants are expected for follow Housing Authority rules (e.g. reporting changes in income, no additional persons residing in unit, etc.) mentioned in all sites except Dallas.

The project in Ft. Worth reports to be implementing a Rapid Rehousing Program, focused on time-limited assistance to allow lower acuity participant (clients) to stabilize in housing. Rapid Rehousing was described in a document developed in 2014 by the National Alliance to End Homelessness (Alliance) in collaboration with the United States Interagency Council on Homelessness (USICH,) Housing and Urban Development (HUD) and Veteran's Administration (VA). The core components described in this document establish a clear definition of rapid re-housing and help guide efforts to improve implementation. Like Housing First, a core component of Rapid Rehousing is ensuring services provided are client-directed, respectful of individuals' right to self-determination,

and voluntary.[42] Attendance in peer-led classes is reported by case managers to be required in Ft. Worth. This requirement was also mentioned by participants, leaders and peer specialists, and is not consistent with core components of the Rapid Rehousing program.

> ***"…. They're required to meet with a peer once a week. Then we have groups. So that's three times a week that they're meeting with us … (These requirements) stay the same (before and after housing) …. meeting with the peers, keeping up with those meetings…"***

### Question 8: Describe your relationships with partnering organizations

| | *SA n=6* | *Dallas n=6* | *Austin n=8* | *Ft. Worth n=6* |
|---|---|---|---|---|
| Types of Partner Organizations | | | | |
| *Homeless Shelters* | 0 | 3 | 2 | 3 |
| *Day Shelters and other resource programs* | 7 | 3 | 0 | 3 |
| Types of Partner Activities | | | | |
| *Referral Relationship* | 0 | 0 | 5 | 5 |
| *Provide client resources* | 5 | 0 | 2 | 1 |
| *Provide staff/operational support* | 1 | 0 | 3 | 2 |
| View of Partner Relations | | | | |
| *Positive View of partner relations* | 7 | 4 | 1 | 2 |
| *Negative view of partner relations* | 8 | 2 | 3 | 1 |

Case managers at all four sites expressed a generally positive view of partner relationships, stating some partners were very helpful. Case managers in San Antonio, Dallas, and Ft. Worth stated that partner relationships are improving over time.

> ***"I (had) good experience with (a partner) when I went on a home visit with a family. They needed assistance with utilities. When I came back to the office, I immediately emailed (the partner) and let him know that this family needed utility assistance. As soon as I emailed him, he emailed me back. I emailed him back what he needed… (to serve the client and solve the problem)."***

Some comments at each of the sites suggested there was room for improvement regarding partner relations. Case managers in San Antonio, Dallas and Austin indicated that some partners were not helpful. In Ft. Worth, case managers commented that the partnership model is very difficult to implement and in Austin, case managers commented that previous partner organizations had competed for funding, laying a less than optimal groundwork for current partnerships.

> ***"Sometimes they're just not helpful. I needed mail one time. I (asked for help and did not get it) – I tried to do it the right way and it just didn't happen, so I was like, "Alright, I'll just go check it myself." But that's happened with different things. Just not as helpful as they probably could've been. Or maybe as friendly as they could've been."***

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[42] National Alliance to End Homeless (April 22,2014). Rapid rehousing: A history and core components. Retrieved at:https://endhomelessness.org/resource/rapid-re-housing-a-history-and-core-components/

***"…the actual company that runs (the shelter), there's bids every two years or three years to do it (operate the shelter). And apparently, we (our organization) made a bid once to take over the shelter, and so it's like ..."***

Case Managers were also asked about the "type" of partner organizations they worked with, and how they worked with them. The most frequently mentioned type of partner were homeless shelters (mentioned at three sites, all but Haven for Hope). It should be noted that Haven for Hope operates the largest shelter in their area. Three sites (all but Austin) described day resource centers or other resources for homeless persons as partners. The methods of working together were described in a number of ways across the sites. Three sites (all but Dallas) described partners as providing resources (including services) to program participant (clients) and providing support for program operations, such as staff training. In Austin and Ft. Worth, a relationship where partners referred participant (clients) to one another was described. In Ft. Worth, co-location of services was a type of program support mentioned.

## Question 9: What do you think are the greatest successes accomplished and challenges faced by the HCC program?

| | *SA n=6* | *Dallas n=6* | *Austin n=8* | *Ft. Worth n=6* |
|---|---|---|---|---|
| Program Challenges | | | | |
| *Decisions made without consultation* | 2 | 0 | 0 | 0 |
| *Rules and policies favor landlords* | 0 | 0 | 1 | 0 |
| *Participant (clients) not achieving self-sufficiency* | 0 | 0 | 0 | 1 |
| *Scheduling appointments when participant (clients) are "ready"* | 0 | 1 | 0 | 0 |
| *Client mindset/previous experiences regarding rules* | 0 | 2 | 0 | 0 |
| Program Successes | | | | |
| *Participant (clients) Meet/exceed personal goals* | 1 | 2 | 3 | 1 |
| *Landlord/others praise program* | 0 | 0 | 1 | 2 |
| *Program has resulted in housing in a difficult market* | 0 | 1 | 1 | 0 |
| *Camaraderie and trust built with participant (clients)* | 1 | 1 | 3 | 0 |
| *Increase service availability* | 0 | 2 | 0 | 0 |

Case Managers at all four sites stated that their greatest success involved their participant (clients) meeting or exceeding their goals and/or making notable progress toward recovery. Three sites (all but Ft. Worth) mentioned trusting relationships developed with participant (clients) as a program success. Austin and Ft. Worth mentioned praise for program efforts and outcomes with landlords or others. Dallas and Austin mentioned achieving housing for participants, despite the difficulty of the housing market. Dallas also reported that HCC had provided the ability to increase service availability, including the capacity to provide follow-up services after people had been placed in housing.

***"We're literally getting people housed. Our program has results in the way that – you know – and to be in a really tight housing market … We get results."***

***"….this is probably one of my heartwarming moments was – I had a client that moved into an apartment and he made his own shopping list. And he's the same guy that had been throwing away clothes."***

Case managers at all sites also mentioned challenges they faced, but the specific challenge varied by site. In San Antonio, case managers provided several examples of management decisions made without discussion or consultation, leaving them to manage the changes with participant (clients).

> ***"They'll ask for our opinion. We'll tell them not to do the exact thing they're about to do and then they (do it)"***

.

> ***…" we've been working with a certain client for such a long time. We try to do (several things) and we know the whole story….(When) they (the client) ask us for something and (if) they don't like the answer that they're getting …they know immediately, 'Oh, I've heard you can call this person because they're upper management.' They will make that phone call and, all of a sudden, they just override everything we've ever done."***

In Austin, case managers stated that rules favored landlords, and participant (clients) suffer in any type of dispute.

> ***"And our clients need the Property Manager more than the Property Manager needs them so the client has no leverage. And the Apartment Managers, they've got a really powerful lobby."***

In Ft. Worth, case managers stated their biggest challenge is a failure of participant (clients) to achieve self-sufficiency, which is likely an element of their time-limited program. Case managers in Dallas stated that accessing the local treatment system when a client becomes "ready" for treatment is a challenge and not being able to act at the time the client is ready can damage relationships.

> ***"… It's a challenge after someone has missed an appointment somewhere in the outside world, getting them back re-engaged. …..they lose trust with you because you couldn't help them now when they're ready 'We were ready last week and you weren't there but, now, you're ready and I can't make it happen today.'"***

In Dallas, case managers also mentioned that participant (clients) might avoid contact with them if an infraction was committed, believing they would not be able to continue in the program or would lose their housing.

> ***"(they think) they're in trouble or they're going to lose their housing because, so many programs, as soon as you mess up, you're done – you're out. That's not how HCC works – people will miss an office visit – something that's very simple to reschedule – and they'll end up out at the encampments, for three weeks, hiding from their case worker."***

### Question 10: Describe any training you have had about Housing First

| | *SA* *n=6* | *Dallas* *n=6* | *Austin* *n=8* | *Ft. Worth* *n=6* |
|---|---|---|---|---|
| *Attended seminar/conference on Housing First* | 1 | 1 | 2 | 2 |
| *Other related training has been provided* | 1 | 0 | 0 | 4 |
| *Web-based training on Housing First & related topics* | 1 | 1 | 0 | 4 |
| *Experts provided training at program inception* | 1 | 1 | 0 | 0 |

Case Managers from all four sites reported they had attended seminars or conferences on Housing First, with one attending a national conference. In three sites (all but Austin), case managers specified web-based Housing First or other related trainings had been provided. San Antonio case managers reported an expert in Housing First provided training to them on-site when the project began. In San Antonio and Dallas, case managers reported that other related training (e.g. VISPDAT; Motivational Interviewing) had been provided to support the HCC program.

***"…the best training on Housing First I got was when they sent me to DC for the national conference."***

## Peer Specialists

Thirteen peer specialists participated in focus groups across all sites. There was equal representation of peers at each of the sites (Dallas = 4, Ft. Worth = 3, Austin = 3, San Antonio = 3).

### Question 1: Describe what you do to support program participants.

| | *Dallas* *n=4* | *SA* *n=3* | *Austin* *n=3* | *Ft. Worth* *n=3* |
|---|---|---|---|---|
| *Provide client-centered support* | 25 | 8 | 17 | 10 |
| *Preliminary Service Planning* | 0 | 0 | 1 | 0 |
| *Provide Linkages and assistance with access* | 6 | 2 | 2 | 4 |
| *Provide training* | 1 | 0 | 3 | 2 |
| *Jail Outreach* | 0 | 1 | 0 | 0 |

In all four sites, peer specialists described activities within the theme of providing person-centered support. There was some variation by site on specific approaches. At all four sites, peer specialists discussed providing services on a timetable directed by participant (clients), and being available to provide support as requested. In three sites (all but Dallas), peer specialists discussed a role in providing transportation to important appointments (medical appointments, job interviews, etc.). In San Antonio and Ft. Worth, peer specialists specified the importance of providing encouragement by sharing their personal stories.

***"… A benefit of my role is I let them know that I'm just like them. That I've been homeless. That I've been off my medication ... they can talk to me about anything."***

Peer specialists specified a role in making linkages to community resources for participants. In three sites (all but Austin), peer specialists reported that they also help find housing. Peer specialists in Ft. Worth discussed a role in helping participant (clients) find employment.

***"Some of the basic things that we do are (make) connections to some of the items they need to just survive through the day, (like) food … we try to hook them up…"***

Peer specialists in Dallas and Austin mentioned that they typically make first contact with participant (clients). In Ft. Worth and Dallas, peer specialists saw themselves providing a bridge to case managers. Also at those two sites, peer specialists reported a role helping participant (clients) to understand the problems and barriers they are likely to face and how they can be overcome. In Dallas and San Antonio, peer specialists discussed a role in helping participants to achieve their goals. Peer specialists in Dallas and Austin mentioned advocacy for participant

(clients) as a role. In Austin, peer specialists discussed a role in preliminary service planning. Some San Antonio peer specialists discussed jail outreach as a function of their role.

> ***"I meet under bridges or on highways or at the shelter. And then once into housing, meeting them there."***

### Question 2: Describe strategies you use to engage clients in service

| | *Dallas n=4* | *SA n=3* | *Austin n=3* | *Ft .Worth n=3* |
|---|---|---|---|---|
| Engagement Strategies | | | | |
| *Provide routine reminder calls* | 0 | 0 | 3 | 1 |
| *Motivational interviewing/speaking* | 3 | 0 | 0 | 1 |
| *Sharing Personal stories* | 3 | 3 | 0 | 2 |
| *Connect participant (clients) to social/recreational activities* | 2 | 0 | 0 | 0 |
| *Provide service continuity* | 4 | 5 | 6 | 1 |
| Things That Make Engagement Easier* | | | | |
| *Flexible scheduling/prioritizing workload* | * | 1 | 0 | 3 |
| *Supportive Supervisor* | * | 0 | 0 | 2 |
| *Open communication within team/between team and client* | * | 6 | 1 | 0 |
| Things that Make Engagement Harder* | | | | |
| *Deadlines/Administrative requirements* | * | 1 | 0 | 2 |
| *Limits on autonomy* | * | 0 | 4 | 0 |
| *Confusing organizational schedule* | * | 0 | 0 | 1 |
| *No rapport with client* | * | 1 | 0 | 0 |
| *Participant (clients) abusing substances or having acute symptoms of mental illness* | * | 1 | 1 | 0 |
| *Past problems/disappointment with mental health system* | * | 2 | 3 | 0 |
| *Client has difficulty asking for/receiving help* | * | 1 | 0 | 0 |

**Question not asked in Dallas.*

Peer Specialists in all four sites discussed strategies they used to engage participant (clients). In all four sites, peer specialists mentioned providing service continuity by making contact early and building rapport over time and/or working with participant (clients) before and after they are in housing. Peer Specialists in Austin also mentioned that they provide "warm hand offs" when participant (clients) are referred to other service providers.

> ***"...you'll come into contact with people in the process of waiting to apply. You can start developing your relationship then, before their even entering the program. And then, as they progress, you continue to build rapport."***

Other engagement strategies discussed in three sites (all but Dallas) included sharing their personal stories. In Austin and Ft. Worth, peer specialists reported providing reminder calls as a method of keeping participant (clients) engaged. Peer specialists in Dallas and Ft. Worth mentioned using motivational speaking/listening techniques. In Dallas, peer specialists discussed linkages with positive people and "fun" activities as a strategy for engagement.

*"I keep reminding them that I've been homeless. That I'm in recovery. And that really sets the tone for them to be open."*

*"I use solution-building to kind of bring out their strengths, along with motivational speaking. So they could find some type of hope."*

*"…we engage with them in other things, with karaoke and all that kind of (fun) stuff … the day stuff. So, it kind of loosens up – besides going to the groups and stuff you have… just treats them like family."*

Peer specialists discussed factors that made engagement easier including flexible scheduling and prioritizing workloads (mentioned in Ft. Worth and in San Antonio), having a supportive supervisor (mentioned in Ft. Worth), and open communication within the team and/or open communication between the team and the client (mentioned at Haven and Austin).

*"…the flexibility that the program has provided to peers to be able to … help people based on priority of need has been very beneficial for us."*

Peer Specialists identified factors they believed made it more difficult to engage participant (clients). These factors included deadlines or administrative requirements that take time away from participant (clients) (San Antonio and Ft. Worth), limits on autonomy (Austin), and a confusing organizational schedule (Ft. Worth).

*"...there's so many deadlines. So many deadlines … and I think it's a drawback to anything there's so many deadlines you gotta meet."*

*"…. having to ask permission to do anything at all, like everywhere you go. If a client asked me to take them to work on their food stamps or to work on anything, I have to ask permission."*

In addition, peer specialists in San Antonio mentioned a lack of rapport with some participant (clients). Participant (clients) experiencing active substance abuse and/or acute symptoms of mental illness was mentioned in Austin and San Antonio. Previous negative experiences, particularly with the mental health system, reportedly have made some participant (clients) more difficult to engage (mentioned in Austin and San Antonio). Peer specialists in San Antonio reported that some participant (clients) had difficulty asking for or receiving help, making engagement more difficult.

*"When they come in and they've been let down so many times … and you come in and you're telling them, 'Hey, we support in this and we do this.' It's too good to be true to them. "*

**Question 3: What rules (do you know about) do people have to follow to get or keep their housing?**

| | *Dallas n=4* | *SA n=3* | *Austin n=3* | *Ft. Worth n=3* |
|---|---|---|---|---|
| Requirements (consistent with Housing First Principles) | | | | |
| *Complete Diagnostics* | 1 | 0 | 0 | 1 |
| *Participant (clients) with income pay partial rent* | 3 | 1 | 2 | 4 |
| *Follow Housing Authority/Lease rules* | 1 | 1 | 5 | 2 |
| *No HCC sobriety rules* | 2 | 0 | 4 | 1 |
| *Some housing programs have rules* | 2 | 0 | 4 | 1 |
| *Meet with case managers regularly/communicate* | 2 | 1 | 1 | 1 |
| *Complete multiple and redundant applications* | 0 | 0 | 0 | 1 |
| Requirements (not consistent with Housing First principles) | | | | |
| *Required Attendance at program meetings/groups/classes* | 1* | 0 | 0 | 5 |
| Market Factors Affecting Choice | | | | |
| *Choice limited by affordability/availability* | 1 | 1 | 7 | 3 |
| *Choice limited by client's history (convictions, evictions)* | 0 | 1 | 1 | 2 |
| *Landlords withdrawing from Section 8 Program* | 0 | 1 | 2 | 0 |

**comment in Dallas appeared to be related to a specific partner, rather than to an HCC requirement.*

Peers Specialists at all four site discussed rules that participant (clients) are expected to follow to keep their housing. Most expectations are entirely consistent with Housing First principles, but certain requirements may not be. A requirement to maintain contact with case managers was mentioned at all four project sites. Peer specialists at Haven for Hope elaborated that participant (clients) were "required" to communicate. This appeared to be more of a realistic necessity than a program rule. Ft. Worth discussed a requirement for participant (clients) to attend training classes two times a week. While this may be a useful option, a requirement to attend these classes is not consistent with a Housing First approach

> ***"….yes, they have to meet with their (case managers)."***

> ***"I ran a group … now these were required. And also the face to face meetings those are required before housing and after."***

A requirement to follow Housing Authority and lease rules was also mentioned at all four sites, including the requirement to pay a portion of rent where appropriate.

> ***"We have what you call a 'briefing' where they handout the voucher to all the clients…. during that briefing (by the Housing Authority), we address all of the clients and let them know, 'listen, this is what you need to do. This is what you don't need to do. And some of the things you need to do is report any change in income. Ok? You gotta report if you want a roommate to come in you know. You might have been separated, now you and your wife are getting together? Don't just move her in! Don't do that.' Things like that"'***

Peer Specialists at all four sites also mentioned factors they found in their local markets that limit client choices about housing. At all four sites availability of affordable housing units was mentioned. At three sites (all but Dallas), peer specialists mentioned that availability of affordable housing was further limited in the case of

participant (clients) with certain records (felons, evictions, etc.). One or more peer specialists in Austin and San Antonio reported that landlords are withdrawing from the Section 8 program, further limiting access to affordable housing.

> ***"…housing is so full right now, they (affordable properties) all have waiting lists."***
>
> ***"…and a lot of places used to accept Section Eight no longer do. I've had three people who were kicked out of their apartments when their lease was up because (the landlord) doesn't wanna deal with it anymore."***
>
> ***"…your criminal history will knock you out because they're (landlords/property managers) not gonna take you if you've had some felony … If you had an eviction in the last two years, a lot of (properties) will not touch you if you have that."***

In three sites (all but San Antonio), peer specialists specifically said there were no program rules requiring sobriety. However, at these same three sites, peer specialists noted that certain housing programs where their participant (clients) have been placed do have sobriety rules. This would be consistent with Housing First provided placement in these programs was a choice and these programs were not the only placements available to HCC participant (clients).

> ***"He doesn't want any of the places that (were made available to him)."***

### Question 4: How does service usage differ before and after people have been placed in housing?

| | *Dallas n=4* | *SA n=3* | *Austin n=3* | *Ft .Worth n=3* |
|---|---|---|---|---|
| Services Before Housing | | | | |
| *Services are those that meet immediate needs* | 1 | 1 | 2 | 1 |
| *Many meetings/appointments to get voucher* | 0 | 0 | 0 | 1 |
| *Service use is irregular* | 0 | 0 | 3 | 0 |
| Services After Housing | | | | |
| *Participation in (some) services is required* | 0 | 0 | 0 | 2 |
| *People are better able to plan (and keep appointments)* | 4 | 0 | 1 | 1 |
| *People return to campus for services* | 0 | 1 | 0 | 0 |
| *Wait times not as long as before* | 3 | 0 | 0 | 1 |
| *Participant (clients) use more services after housing* | 1 | 0 | 0 | 0 |

Peers Specialists at all four sites discussed differences they had observed regarding service use before and after housing. Peer specialists at all sites agreed that before people were placed in housing the services that were used those that met immediate, basic needs.

> ***"… that survival level. And it's not just you as an individual, but it's just the whole system is all survival where, once housing happens, things settle."***

In three sites (all but San Antonio), peer specialists reported that participation in services improved after housing because participant (clients) are better able to plan and to keep appointments. Dallas and San Antonio peer specialists mentioned that after housing, participant (clients) returned to the campus/shelter to receive services.

Peer specialists in Dallas reported that after housing, participant (clients) used more services. In Austin, peer specialists reported that they found participant (clients) service usage to be irregular. Ft. Worth peer specialists reported that after enrollment in the HCC program, service participation is a requirement regardless of whether the participant had received housing. Peer specialists in Ft. Worth mentioned that prior to housing, many meetings and appointments were needed to procure a housing voucher and that after receiving housing, wait times for services were not as long as they had been prior to housing.

### Question 5: How do you know if your agency supports your efforts as a Peer Specialist? What makes your job easier/harder?

| | *Dallas* *n=4* | *SA* *n=3* | *Austin* *n=3* | *Ft. Worth* *n=3* |
|---|---|---|---|---|
| Evidence of Support | | | | |
| *Agency provides flexibility with duties and priorities* | 0 | 0 | 0 | 3 |
| *Agency offers training opportunities* | 0 | 0 | 3 | 0 |
| *Agency expands number of peer specialists* | 0 | 1 | 0 | 0 |
| *Agency addresses self-care* | 3 | 0 | 0 | 0 |
| Things that make your job easier | | | | |
| *Good communication with Case Managers* | 0 | 0 | 0 | 2 |
| *Camaraderie between Peer Specialists* | 1 | 0 | 0 | 1 |
| *Supportive Supervisor* | 3 | 1 | 2 | 0 |
| *Participant (clients) have access to phones* | 0 | 0 | 0 | 1 |
| *Establishing regular peer meetings* | 0 | 0 | 3 | 0 |
| *Participant (clients) are motivated* | 0 | 0 | 3 | 1 |
| Things that make your job harder | | | | |
| *Pay not sufficient or in line with other states* | 0 | 0 | 0 | 3 |
| *Agency does not always consider concerns of peers* | 0 | 2 | 7 | 0 |
| *Peer Specialists may need additional support* | 0 | 5 | 0 | 0 |
| *Role confusion with peers (in other programs)* | 0 | 0 | 1 | 0 |

Peer specialists at all four sites provided examples to indicate their agencies supported their work, but there were no common themes across all sites. In Austin, peer specialists mentioned access to training opportunities as evidence of support. Ft. Worth peer specialists mentioned flexibility with duties and priorities as supportive. In San Antonio, peer specialists found the fact that the number of peer specialist positions continues to expand as evidence that the organization supports their effort. Peer specialists in Dallas reported that agency self-care policies provide them evidence of support.

***"...they continue to hire peers. We have a lot more peers than any other organization."***

Peer specialists in all four sites mentioned factors that made their jobs easier, but the factors varied across site. In three sites (all but Austin), peer specialists mentioned a supportive supervisor. In Austin and Ft. Worth, peer specialists mentioned that participant (clients) were motivated (to receive housing) and this motivation made their jobs easier. Peer specialists in. Ft. Worth mentioned good communication with case managers and client access to telephones as factors that made their jobs easier. Dallas peer specialists reported good camaraderie with other peer specialists. Peer specialists in Austin reported that regular meetings with other peer specialists makes their work easier.

***"and that free phone will give you 250 minutes or 250 texts each month we renew ... it was BRILLIANT … this program!"***

Peer specialists in three sites (all but Dallas) mentioned factors that made their jobs harder. In Ft. Worth, they reported that their salary is not sufficient and is less than in other states. Austin and San Antonio peer specialists reported that their concerns are not always considered in agency decision-making. Peer specialists in San Antonio mentioned that peers need additional support and attention to wellness, without which their jobs are made harder. In Austin, peer specialists reported that other organizations that participants come into contact with employ staff as "peers" causing role confusion and makes their job more difficult.

***"….I think it (the agency) misses sometimes the needs of the providers, which then we end up missing sometimes the people that we're serving…"***

***"I just don't want to have to use my personal time off for grieving over someone that we work with (who had died)."***

## Question 6: What do you think are the greatest successes accomplished or challenges faced by the HCC program?

| | *Dallas n=4* | *SA n=3* | *Austin n=3* | *Ft. Worth n=3* |
|---|---|---|---|---|
| Successes | | | | |
| *Participant (clients) placed in housing/achieve goals* | 4 | 2 | 0 | 2 |
| *Recognition that peer support is important to recovery* | 0 | 6 | 0 | 1 |
| *Participant (clients) willing to talk about their experiences* | 0 | 1 | 0 | 0 |
| *Staff retention (providing service continuity to participant* | 0 | 0 | 1 | 0 |
| *Establishing trust with participant (clients)* | 0 | 0 | 1 | 0 |
| Challenges | | | | |
| *Sometimes there is increased drug use after housing* | 0 | 0 | 2 | 0 |
| *Women's issues and mostly male counselors/staff* | 0 | 0 | 0 | 1 |
| *Funding and related requirements constantly changing* | 0 | 1 | 0 | 0 |
| *Maintaining current knowledge about available resources* | 1 | 0 | 0 | 0 |
| *Finding/establishing resources to address new problems* | 1 | 0 | 0 | 0 |

Peer specialists in each of four sites discussed successes. The most common example of success and the only example mentioned at all four sites was participant (clients)' success. Peer specialists identified program success as client's securing housing, accomplishing their goals, or making substantial progress toward their recovery goals.

***"I think successes would be… I can think of four clients that have gone from pre-contemplation to contemplation, in their stages of recovery to just, it's just awesome to see them do that."***

Other specific example of success mentioned varied across sites. Peer specialists in Ft. Worth and San Antonio viewed recognition (within the organization) of the contributions and importance of peer support to recovery as a program success. In San Antonio peer specialists mentioned that helping participant (clients) to "open up" and talk about their experiences as a program success. Austin peer specialists reported that establishing trust with participant (clients) and retaining staff (enabling service continuity) were program successes.

Challenges were also mentioned at each site although there were no common themes between sites about what challenges they faced. In Austin, peer specialists discussed an increase in drug use that sometimes occurs after people are placed in housing. In Tarrant County, peer specialists reported that most of the counselors/staff were male, giving them little experience or insight into issues faced uniquely by women. In Dallas, peer specialists discussed having some difficulty keeping knowledge current about available resources and related requirements, also finding resources when new, different, or unplanned client needs presented themselves. Peer specialists in San Antonio reported that funding sources and related requirements often change, presenting a challenge to them.

> ***"As far as my challenges, its resources … so many times, a peer will come in and they'll have a problem that we had never thought of … where do we go with this? … There's this onrush to try to establish a resource for that type of problem."***

### Question 7: Describe any training you have had on Housing First

| | *Dallas* *n=4* | *SA** *n=3* | *Austin* *n=3* | *Ft. Worth* *n=3* |
|---|---|---|---|---|
| *Comparable training provided by previous employer* | 0 | * | 0 | 1 |
| *No formal training provided* | 1 | * | 0 | 1 |
| *Formal Training in Housing First provided* | 0 | * | 2 | 0 |
| *Additional training provided at weekly meetings* | 0 | * | 2 | 0 |

**Question not asked in San Antonio*

There were no common themes regarding Housing First training across the sites. Some peer specialists in Dallas and Ft. Worth reported they had not been provided formal training in Housing First principles. In Ft. Worth, a peer specialist commented that they had received Housing First training from a previous employer. In Austin, peer specialists reported they had attended a multiple day training about Housing First and received additional training during regular meetings.

# Considerations for HHSC

Some information that emerged in the focus groups or came up at multiple HCC sites can only be impacted by state level policy or some policy direction at the state level to support the sites' ability to address the identified issues. Over a year has passed since the focus groups were conducted and some of these issues may have been addressed in the intervening time.

Items addressed at the state level:

- The Dallas site reports cash donations by private donors are the only allowable funds to meet required match. This does seem very restrictive if it is an accurate interpretation of the requirements. HHSC could review match requirement, and either modify or inform the site of other acceptable local match if they have misunderstood the limitations.
- HHSC could consider the impact of contracting delays on multi-year contracts and payments and consider methods of expediting. Long delays create substantial hardship for social service providers typically operating with limited capital.

Items that could be simplified with additional state policy direction:

- HHSC could consider using the regular site calls as a Learning Community, enabling sites to share strength and learning with colleagues at other sites. For example, the Austin site appears to have fully integrated the coordinated assessment process and is using it very effectively across the community. Providing routine opportunities for sites to discuss issues and challenges, and how they have been overcome, can be effective methods learning offered in a non-directive, collegial way.
- At more than one site, wellness among direct service providers emerged as an issue of concern, with local agencies implementing several different strategies. Some case managers and/or peer specialists reported they are responding to calls after work hours, primarily from participant (clients). Without some direction, this situation can add stress to an unavoidably stressful job. Developing protocols for participant (clients) to have access to staff 24/7 could be helpful, and make ensuring client access to staff a less stressful endeavor. Increasing focus on staff wellness could be helpful to all of the sites.