Miami-Dade County Homeless Helpline Practice Standards for Street Outreach (SO) and Standalone Support Service Only (SSO) teams supporting the helpline

Ver. 1.0; June 23, 2023

Goals:

1. Assist persons experiencing a housing crisis with phone-based access to crisis services and referral to homeless-specific resources to resolve the caller's immediate housing crisis.
2. Provide a defined pathway or service strategy for crisis resolution when the housing crisis cannot be resolved immediately on the phone.

Strategies:

1. Provide generalized screening, registration, and access to Miami-Dade County's Continuum of Care **Coordinated Entry System** (CES) so that callers achieve quick access to or a plan for housing resolution

2. Engage callers in problem-solving conversations to explore each caller's existing support network, housing resources and potential to quickly resolve the housing crisis using a **Diversion** screening protocol. Diversion protocol requires further, more intensive problem-solving discussion if the caller responds affirmatively to the Diversion/Problem-Solving Questions.

   ### Diversion/Problem-Solving Questions
   - Is this the first housing crisis where homelessness is a real risk?
   - Do you have current income, or ability to quickly increase income through employment?
   - Do you have friends or family in the Miami-Dade area who have helped you in the past?
   - If we can't provide emergency shelter (or motel voucher) tonight will you be able to arrange temporary, safe housing tonight?

3. Leverage existing CoC and community-based resources so that callers with the highest level of need are prioritized for an accelerated response to crisis services

   ### Highest Level of Need (Priority) for Emergency Shelter
   - Families with minor children in the household
   - Persons who are **elderly** (65 or older) and **young** (24 and younger) who are especially vulnerable to victimization and harm if their homelessness is not resolved quickly

   ### Eligibility for Homeless Prevention
   - People who have written notice from the landlord, property owner, bank, law enforcement or building official saying you are behind on your rent or have to move
   - People who have moved because of economic reasons 2 or more times in the past 60 days
   - People who are living with another family because they cannot afford rent on their own
   - People who are paying for hotel or motel on their own
   - People who are living in an overcrowded apartment with more than 2 persons per room

- o People who are finishing/finished residential treatment or long-term care, and are being asked to leave without a place to go who lack the financial resources to rent on their own

Highest Level of Need (Priority) for Homelessness Prevention

Homeless Prevention resources are designed to prioritize persons most likely to enter homelessness without assistance. The following prioritization factors have been adopted by the Continuum of Care and built into the HMIS assessment.

- o Persons with a history of homelessness in their lifetime
- o Persons who are **not** lease holders who are temporarily living with friends or family because they cannot afford rent on their own
- o Persons who are at risk of losing subsidized housing without assistance
- o Persons who have been evicted in the past five years
- o Persons who have been incarcerated in their lifetime
- o Persons with a disability or are caring for someone with a disability
- o Persons who are pregnant
- o Single parents with minor child(ren)
- o Families with a minor child who requires significant care
- o Households of 5 or more people
- o Household includes one or more persons from disadvantaged group, (i.e. people of color, LGBTQ+, undocumented, language barrier)

Objectives

1. Reduce the incidence of repeat calls (the same person calling more than once to seek assistance for their immediate housing crisis)
   - o Calls are successfully resolved on initial/first call. Success includes **Diversion**, routing to **Homeless Prevention**, routing to **outreach team** for more in-depth assessment, assignment of **Emergency Shelter** bed, **routing to other system** for more appropriate care (treatment, adjacent geography, child welfare, first responder, domestic violence services, veteran services, etc.)
2. Increase the time and effectiveness of each call so that resolution and/or appropriate referral is achieved during the initial call, projected average length of successful call is 10 minutes
3. Increase the number/rate of callers who resolve their housing crisis using a **Diversion** screen and creative problem-solving conversation with Helpline staff
4. Effective screening of callers who could be assisted with a population specific resource
   - o All callers who are eligible for HP are referred and transferred to Camillus House's helpline for screening
   - o All callers fleeing or attempting to flee **domestic violence** are successfully connected to appropriate victim service provider and/or transferred to the Domestic Violence helpline
   - o All callers who are **Veterans** are successfully connected to appropriate VA resources and/or transferred to the VA helpline or the Healthcare for Homeless Vets Office on 1492 W Flagler St., Miami
   - o All callers who are eligible for a population-specific resource are connected to that resource
     - ▪ Client experiencing homelessness in Miami Beach, including former residents, are referred to the City of Miami Beach Outreach team

- Seniors 65 and over are referred to Mia Casa using HMIS
- People living with HIV or AIDS can be referred to Care Resource
- Youth are advised about youth specific access points and/or transferred to youth helpline

5. Exercise reflective listening and empathy. Most callers will call someone else to resolve their conflict when they perceive the helpline staff did not address their concerns or was not empathic about their crisis. Helpline staff should, on each call where **Diversion** or connection to shelter is not possible, include:
    - Advise caller where meals are served, and showers are available (posted on Homeless Trust website)
    - Send a team to the client's location to verify homelessness and provide documentation of homeless verification so they may be able to apply for a J11 card from the public hospital to receive health care
    - Direct a client with an issue with a local Public Housing Authority (PHA) to the appropriate Housing Authority
        - Housing search: https://www.affordablehousing.com/miami-dade-county-fl/
        - PHCD 786-469-4100
        - Miami Beach 305-532-6401
        - Hialeah 305-888-9744
        - Homestead 305-247-0639
    - Use *Unite Us* or other directory/database to refer them to resources for needs addressed during the call (supportive employment, health care, identification assistance…)

6. Refer persons whom could not be diverted and for which shelter is not available to
    - Camillus Challenge Grant for a full assessment of needs, or
    - Street Outreach for a full assessment of needs.

Helpline Screening Practice Standards

1. Screen all callers for potential referral to other community resource
    a. Lease Holders – refer to Emergency Rental Assistance, Eviction Prevention aka Homeless Prevention
    b. Domestic Violence – refer to DV system or other victim service provider to complete safety plans, connect to legal services, shelter and rental assistance
    c. Veterans – referred to Miami/Dade VAMC or SSVF partner for shelter, treatment, healthcare and rental assistance
    d. Homeless in Miami Beach – referred to City of Miami Beach
    e. Homeless in Hialeah – referred to City of Hialeah
    f. People living with HIV or AIDS who are seeking rental assistance can be referred to Care Resource
    g. Seniors 65 and older are screened for Mia Casa
    h. Unaccompanied youth and young adults between the ages of 18 and 24 experiencing homelessness can visit any one of these access points:
        - Lotus House
        - Educate Tomorrow
        - Miami Bridge
        - Pridelines

Additional avenues of support are available in this Unaccompanied [Youth Resource Guide](#)

2. Refer high risk <u>individuals</u> for whom diversion, prevention or shelter was not available to **Outreach Case Management Activities** – through Camillus House's housing-focused case management team
3. Screen all callers for presence of a minor child (under 18 years of age) in the household
    a. Refer <u>families with minor children</u> for whom diversion and prevention was not immediately evident to Chapman Partnership for further assessment and placement recommendation
    b. Outreach team conducts verification of homelessness and assistance with shelter connections, as needed
4. Screen for immediacy of housing crisis and refer to Camillus House's Homeless Prevention assistance
5. Conduct Diversion/Problem-solving conversation – affirmative response result in referral to Diversion
    a. Does caller have family and/or social supports who can help?
    b. Is this the first serious housing crisis where homelessness is a real risk?
    c. Does caller have current income, or ability to quickly increase income?
6. Enter all data into CallPoint
    a. Create a client record if one doesn't already exist
    b. Create a result/disposition of the call in the call notes – reference specific options discussed and plan of action the caller agreed to pursue
    c. Capture risk and vulnerability factors in CallPoint/HMIS to support further prioritization of shelter, if appropriate

Helpline Client Relations Practice Standards

1. **Non-discrimination, Equal Access Policy**. The Helpline shall provide equal access to crisis services and shelter beds/units without regard to a person's actual or perceived sexual orientation, gender, gender identity or gender expression, in compliance with HUD's Equal Access Rule unless the project has received an explicit exemption.
2. The project **shall not discriminate** on the basis of race, religion, color, sex, national origin, disability, age, or ancestry. Projects serving families with school-aged children shall not discriminate on the basis of the sex or age of the children or the size of the family.
3. The Helpline shall apply **Housing First** principles, with a trauma-informed approach regarding program operations and service delivery. **Trauma-informed**: A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in program participants, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.
4. **Resident Rights.** Caller rights include, but are not limited to:
    a. Callers have the right to be treated with dignity and respect;
    b. Callers have the right to privacy;
    c. Callers have the right to be treated with cultural sensitivity;
    d. Callers have the right to self-determination in identifying and setting goals;
    e. Services should be callers to residents only in the context of a professional

relationship based on valid, informed consent;

f. Callers should be clearly informed, in understandable language, about available services and the purpose of the services being delivered, including callers who are not literate and/or are limited-English proficient;

g. Callers have the right to confidentiality and information about when confidential information will be disclosed, to whom and for what purpose, as well as the right to deny disclosure;

h. Callers have the right to reasonable access to records concerning their involvement in the Helpline;

i. Callers have the right to have an advocate present during appeals and grievance processes;

Helpline Outreach Activities – actions Helpline Outreach staff ("green shirts") perform to achieve objectives, attain results, and accomplish goals

1. Continue street-based screening and assessment
2. Verify and document homelessness (collect homeless and housing history)
3. Verify and document household configuration (presence of minor children)
4. Assist with documentation collection and management (collect/facilitate IDs, housing applications, verification of disability, etc.)
5. Provide connections to mainstream supports (public transportation, food, primary and behavioral health support, including medication management, legal services)
6. Coordinate with other outreach and first responders (PATH, EMS, police, crisis response teams, etc.)

Outreach Case Management Activities – actions Camillus housing-focused case management teams provide

1. Complete comprehensive CES assessment, including the VI-SPDAT
2. Maintain a case load of clients who are working on housing goals
3. Provide intensive housing-focused case management with the goal of immediate access to permanent housing, or crisis housing as a bridge when permanent housing is not accessible or immediately available