

Implementation Group #4 Subcommittee Meeting Coordinated Assessment System

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CA/CI SYSTEM DESIGN RECOMMENDATIONS



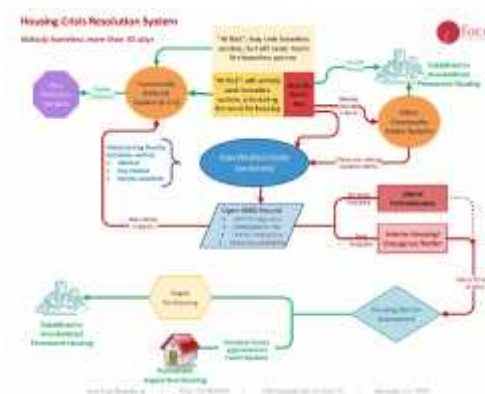
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Agenda Overview

- Results of system assessment
- Recommendations for CA-CI system design
- Implementation milestones
- How agencies can begin to prepare for CA-CI



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SYSTEM ASSESSMENT



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Focus Strategies Work To Date

1. Data analysis to understand OC system capacity and performance – program performance reports
2. Research on CA/CI in other communities – some results presented in prior meetings (e.g. diversion program examples) writing up additional results for next month



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Work to Date (Continued)

3. Interviews with providers of emergency shelter, transitional housing, rapid re-housing, permanent supportive housing
4. Housing unit inventory and intensive analysis of barriers – results presented at May Subcommittee meeting



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Work To Date (Continued)

5. Interviews with providers of prevention services – results presented today



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Prevention Program Interviews

- Interviewed 8 of 14 CoC-affiliated prevention programs; additional privately funded programs pending
- Geographically diverse, spanning the whole county
- Most have goal of preventing homelessness and connecting people to needed resources
- For many providers eviction prevention is part of a larger safety net program that includes help with food, transportation, utilities, etc.



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Prevention Program Interviews

- Most serve families; less assistance is available for single people
- No standardized set of eligibility criteria or assessment, some participating in pilot
- Many require applicant to have a lease in own name and proof of income
- Most provide rental assistance (range of 1 to 18 months)



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Prevention Program Interviews

- Funding sources include both public funds (ESG) and private sources
- Total amount of investment in prevention county-wide unknown
- Providers indicated an interest in participating in CA/CI. Some currently do not participate in HMIS.



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Prevention Program Locations



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SYSTEM ANALYSIS



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Analysis of System Inefficiencies

1. Inventory of bed and services not aligned to population
2. Beds and services not targeted to those with highest needs
3. Services not focused on housing location and stabilization
4. Lack of real-time data entry



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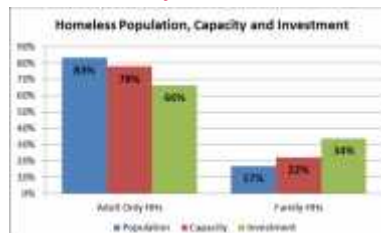
1. Mismatch of inventory and needs

- Currently the system in Orange County has a greater proportion of services, beds and units for families than for single adults and chronically homeless people
- The majority of homeless people are single adults, including many who are chronically homeless



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OC's System in 2013



Data sources: 2013 point in time homeless count report; capacity analysis by Focus Strategies 2013; investments as reported by providers for 2013 performance reports process.



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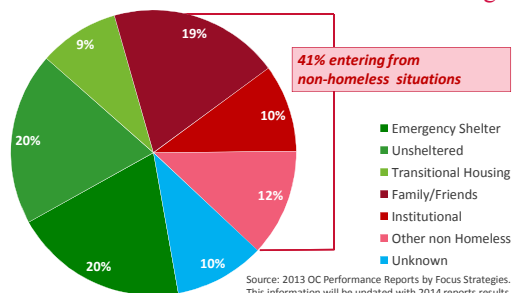
2. Services not targeted to highest needs

- Many system entries are people who are not homeless but instead at-risk of homelessness
- Programs have established non-funder driven eligibility requirements that screen out people who are literally homeless and/or have the highest needs



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System Outcomes: System Entry Household Entries into Transitional Housing



Source: 2013 OC Performance Reports by Focus Strategies. This information will be updated with 2014 reports results when reports are final.

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3. Services not focused on housing location and stabilization

- Programs throughout the system have a wealth of services, but there is minimal investment in services designed to help clients secure housing
- Few programs employ landlord recruiters, housing locators, housing navigators, housing specialists



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4. Lack of real time data entry

- Due to lack of data sharing, clients have to repeat intake and assessment information each time they attempt to access services
- Provider staff do not have access to updated information about client status or about available beds.



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SYSTEM DESIGN RECOMMENDATIONS



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Summary of Recommendations

1. Develop diversion program capacity to prevent non-literally homeless people from entering system
2. Target and prioritize permanent supportive housing for chronically homeless people with highest needs
3. Re-tool rapid re-housing
4. Design entry points that target people who are literally homeless
5. Institute real-time HMIS data entry
6. Align resources with new system flow



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1. Diversion

- Shift prevention activities “downstream” so they target people who are already homeless or nearly so
- Train providers in mediation, problem solving approach
- Create pool of flexible funds to help people who can be housed with small amounts of financial assistance



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2. Prioritize PSH for Chronically Homeless People With Severe Needs

New HUD requirements for PSH:

- Must use a standardized system to target beds to those with longest history of homelessness and most severe needs
- No “first come first served”
- Severe need measured based on a tool that measures that or service utilization data (frequent users).
- Prioritization cannot be based on diagnosis or type of disability



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2. Prioritize PSH for Chronically Homeless People With Severe Needs

- In OC, need to establish new policies and practices governing access to PSH;
- Remove barriers to entry;
- Conduct assertive outreach to chronically homeless people;
- Provide assistance with assembling needed documentation; locating housing unit
- Ongoing case management focused on housing stability and connection to mainstream systems



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3. Re-tool Rapid Re-Housing

- Expand eligibility to include single adults as funding allows
- Target more deeply and remove barriers for households with higher needs
- Build expertise in landlord recruitment and housing location so that more people can be served more quickly



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4. Entry Points

- Identify and/or create new entry points into system
- Design and location of entry points should support access for chronically homeless and other literally homeless people



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4. Entry Points

Options include:

- Mobile outreach vans that conduct intake and assessment in field and can also provide direct housing assistance (diversion, RRH)
- “Call in” system in which intake and referral can take place over phone; and/or dispatch of mobile team
- Physical sites with ability to handle walk-in requests for assistance



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4. Entry Points

Not recommended:

- Appointment based systems in which people call in or walk in and receive an appointment for intake/assessment at a later date
- These tend to have high no-show rate and prioritize help to people who are the most resourceful



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5. Real Time HMIS Data Entry

- FS has researched the CAS module created by Adsystem and are making a preliminary recommendation for OC to use it
- Implementing the Adsystem module (or any other HMIS-based CAS tool) will require that all agencies shift to real time data entry on both clients and available beds



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6. Shift Funder Investments to Align with New System Flow

OC funders (public and private) must begin to shift investment priorities to support the new system:

- Prevention funds re-programmed to diversion;
- Transitional housing re-allocated to RRH;
- Require recipients to remove barriers to access;
- Explore new funding sources to expand RRH for singles; create mobile housing teams; increase staffing for PSH case management



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Discussion



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