System Assessment and Improvement
Optimizing your Crisis Response System

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Defining an Effective End to Homelessness
Federal Criteria & Benchmarks

An end to homelessness **does not mean that no one will ever experience a housing crisis again**….

An end to homelessness means that every community will have a **systematic response in place** that ensures homelessness is **prevented whenever possible or is otherwise a rare, brief, and non-recurring** experience.

Essential System Elements
Federal Criteria & Benchmarks

- **Quickly identify** & **engage** people experiencing homelessness

- **Prevent** homelessness and **divert** people from entering emergency system

- Immediate access to **low-barrier shelter** & crisis services

- Quickly connect people to **housing**

Recipe Foundation: Leadership & Goals

1) Local Leadership Group

- ✓ Drive work to end Veteran homelessness
- ✓ Define performance measures and accountability
- ✓ Evaluate and track progress
- ✓ Review, Adjust, Repeat

2) Established Community Goals

- ✓ Common vision of what your community wants to achieve
- ✓ Clear focus on where you are and where you're going

Goals of System Assessment & Improvement

- Understand shortfalls, gaps and opportunities

- Create and implement a shared understanding of how the system should function

- Adjust system operations/process to perform more effectively

- Achieve system, community and federal goals

- Create an infrastructure to promote sustainability

A Focus on System Assessment & Improvement
Common Reasons from Communities

- Community unable to achieve local goals

- Processes are inefficient, ineffective or inconsistently applied

- Veterans not being connected to permanent housing opportunities

- Veterans receiving inconsistent service packages across partners, access points, or programs

- Community does not know what is working well and what is not

- Key gaps in partnerships, processes and priorities

System Assessment and Improvement Toolkit Set Up

Toolkit includes:

- Toolkit guide
- Assessment questions
- Assessment report templates
- Action step tracking tool
- System diagram template
- Policies & procedures template

Supportive Services for Veteran Families

System Assessment & Improvement Toolkit

March, 2017

A Toolkit for Communities Working to End Homelessness Among Veterans

U.S. Department of Veterans Affairs

SYSTEM ASSESSMENT AND IMPROVEMENT TOOLKIT

System Assessment & Improvement Approach

1. **IDENTIFY** Create a collective understanding of the system

2. **ASSESS** the current components & participant flow

3. **RE-VISION:** Use findings to envision desired system response

4. **ACTION PLAN** : Set concrete steps to achieve outcomes

5. **FORMALIZE AND CONTINUOUS IMPROVEMENT:** Create infrastructure with policies, procedures, and evaluation mechanisms

Identify: Current System Response

Identify Current System Components, Providers and Client Flow

- System components and providers within each component
  1. System entry points (shelter, outreach)
  2. Transitional housing, including GPD
  3. Rapid re-housing (and system navigation)
  4. Permanent supportive housing
  5. Homelessness prevention

TIP:
Use most recent Housing Inventory Count (HIC) from CoC to ID

- General client flow between components

- Data collection processes

Assess: How Each Component Functions

Example Component Assessment Questions *(page 11)*

- Emergency shelter

What is the protocol for immediately connecting potentially eligible Veterans to appropriate PH programs including SSVF, HUD-VASH and other RRH or PSH options?

- Transitional housing, including GPD

Are more intensive GPD/TH services targeted to Veterans who want or need it?

- Rapid re-housing (and system navigation)

Is there a protocol for using SSVF or other RRH or PH assistance as a bridge to quickly house a Veteran when they are awaiting a permanent housing subsidy (e.g., HUD-VASH not immediately available)?

Re-vision Your Desired System

Use Findings from Steps 1 and 2 to:

- Design Desired System

- Identify System Gaps and Changes Needed to Achieve Desired System

- Organize findings within larger system goals (i.e. Federal Criteria & Benchmarks)

TIP:
Identify and address system staffing needs

Re-vision Your Desired System

CRITERIA AND BENCHMARKS	ANYTOWN SYSTEM DESCRIBED DURING ASSESSMENT MEETINGS
Criteria 1: Has the community identified all Veterans experiencing homelessness? a) Does the community have a By Name/Master List? b) Is the list updated at least monthly? c) Does the community conduct comprehensive and coordinated outreach? d) Are Veterans in TH (GPD /TH on the list? e) Does the list include chronically homeless, long-term homeless and non-chronically homeless Veterans? f) Does the list include all Veterans who served in the armed forces regardless of how long they served/type of discharge?	A. Veterans are not always assessed when they are identified; Veterans may be referred to assessment provider but not transported. • No standard process to engage Veterans after a night in shelter • Chronic status determination not always correct B. Many outreach teams work to engage with unsheltered and sheltered Veterans, but no coordination across assessment teams to ensure that the whole city is covered. C. Veteran status, including eligibility for Veterans Health Administration (VHA) care, often not determined when Veteran is first identified. Veterans are referred to permanent housing interventions without determination of Veteran status. D. Outreach workers aren't trained in policies and procedures for Veteran system.

Action Plan

- Develop Action Plan by Component to Address Gaps/Changes

- Frame within larger system goals

- Document Plans and Agreements

Action Plan

ACTION: ACTION STEP TRACKING TOOL

The Action Step Tracking Tool can be used as a framework to define, assign, measure and track discrete tasks that contribute to the re-vision of your system. The tool is formatted to align with the Federal Criteria and Benchmarks to End Veteran Homelessness as a way to assist stakeholders to understand how their roles contribute to the larger goal. Each section is framed by one of the Criteria; within each section are the benchmarks that correspond to the Criteria goals.

For your convenience, we have provided a blank template of the Action Step Tracking Tool as a part of this toolkit.

Goal: Criteria #1 The community has identified all Veterans experiencing homelessness.

This includes the use of outreach, multiple data sources and the use of a By Name/Master List to identify and enumerate all homeless Veterans, including those who are chronic, and all who served in the armed forces, regardless of how long they served or the type of discharge they received.

Action Step	Start Date	End Date	Person(s) Responsible	Measure that Action is Complete	Notes & Status Updates
Street Outreach[Example] Develop brief, written street outreach strategy	12/10/16	1/10/17	Jill	Brief written strategy is finalized and adopted by all participating programs; identified key community points of contact (e.g., VAMC staff, law enforcement, library staff, 211, etc.); expected frequency of outreach and basic steps for what assistance (low-barrier shelter, low-barrier permanent housing assistance) should be offered and what data should be collected.	
System Front Door[Example] Establish data collection workflow and tools to populate by name list	11/30/16	1/30/17	John	Data collection workflow and tools are finalized and adopted by all participating agencies. Staff responsible for data collection are trained on the tools and workflow.	

Formalize & Continuous Improvement

- Document System Flow, Policies and Procedures
  - *Regularly review and update policies & procedures*

- Train System Providers on New Flow, P&Ps

- Establish Performance Measures and Targets

- Implement the Re-Designed System

- Monitor, Evaluate & Improve Performance

1. Sacramento identifies all homeless Veterans

- Does Sacramento have a comprehensive By Name List/ Master List?
- Is the list updated at least bi-weekly?
- Does Sacramento conduct comprehensive and coordinated outreach?
- Are Veterans in TH on the list?
- Does the list include chronic, long-term, non-chronic?
- List includes all Veterans regardless of discharge status?

2. Sacramento provides shelter immediately to any Veteran who wants it

- How are unsheltered Veterans engaged and offered immediate shelter while also being assisted to swiftly achieve PH?

- Is shelter offer contingent on sobriety, income, lack of criminal records, or other conditions?

3. Sacramento has capacity to assist Veterans to quickly move into

- Sacramento has identified enough PH so all Vets on BNL can access it quickly?
- PH assistance is available without barriers to entry (Housing First principles and practices)?

4. Sacramento provides service intensive TH only in limited instances

- Priority is placed on using TH as a short-term bridge to PH?

- Service-intensive TH is provided to Veterans only after they have been offered and declined PH?

5. Sacramento has systems in place to help Veterans prevent future homelessness

- Sacramento uses all data sources and conducts comprehensive outreach to identify all known Veterans?

- Sacramento has an adequate level of resources and capacity to provide appropriate services to prevent homelessness?

- Sacramento has adequate resources and plans to promote long-term housing stability for all Veterans placed in PH?

6. CES is Operational for Sacramento Veterans

1. **Access points**
    - Identify all points where veterans access CoC resources – outreach, shelter, other system entry points
2. **Assessment process**
    - Does the assessment process collect the necessary information to make timely and accurate prioritization and referral determinations?
3. **Prioritization process**
    - How is prioritization order scored and assigned to individual veterans?
4. **Referral process**
    - Is referral coordination and handoff occurring seamlessly and without gaps?
5. **Provide Coordinated Entry management and oversight**
    - Are CE management and oversight decisions made in a transparent and clear manner?

Categorize Sacramento Gaps

- Front Door – lack of outreach coordination
- Emergency Shelter – insufficient and inaccessible
- Transitional Housing – not targeted use of TH
- Veteran Choice & Prioritization – most vulnerable not prioritized
- Permanent Housing Options – insufficient and not always accessible
- Homelessness Prevention – not targeted
- Documentation – not timely HMIS and data management reports

A Data-Focused Approach to Homelessness
Inventing and Refining Rapid Re-Housing In Hennepin County

- Determining the Scope of the Problem
- Obtaining Funding to Address the Problem
- Developing Targeting Hypotheses
- Evaluating Targeting Hypotheses
- Expanding and improving the model
- Identifying Policy Impact: Shelter Utilization
- Identifying Policy Impact: Shelter User Characteristics
- And on…and on…

The Crisis

- Hennepin has a policy of sheltering all homeless families with minor children

- For three years (1992-94), Hennepin County experienced a 35%/year increase in the number of homeless families in shelter

- Shelter beds are full AND up to 100 motel rooms per night for sheltering families: $$$$ and neighborhood resistance

- What will happen next?

Could Data Help Us Understand the Problem?

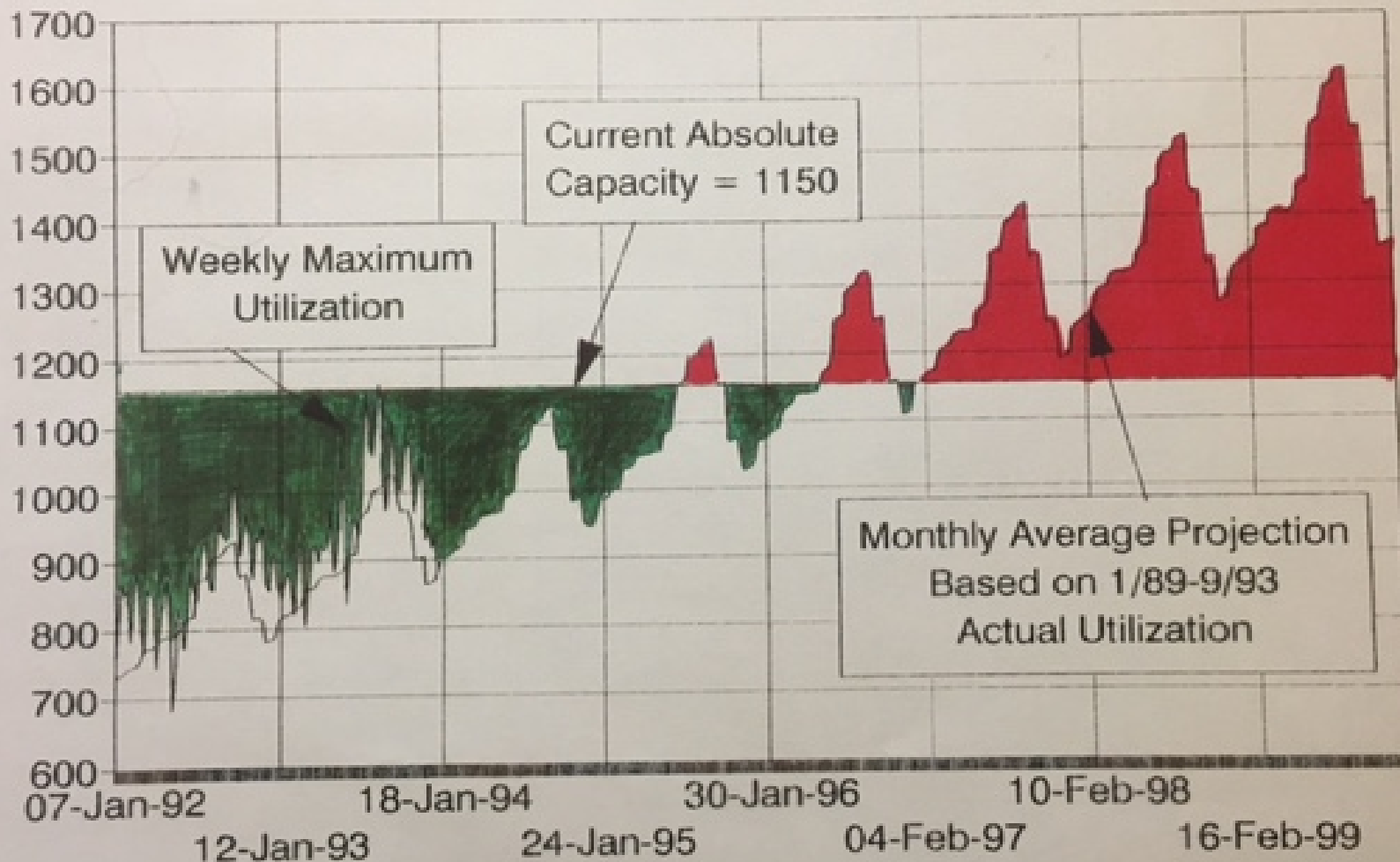**Five years of daily shelter census utilization**

+

One brilliant PhD

–Day-of-week effects
–Week-of-month effects
–Month-of-year effects
–Year-to-year effects

$$[D*C + E* \sum_{X>C} (X - C) * p(X)] * 365$$

Shelter Utilization Projections
1/1/92 through 12/31/99

Current Absolute Capacity = 1150

Weekly Maximum Utilization

Monthly Average Projection Based on 1/89-9/93 Actual Utilization

New Approach Needed

- **FAST** -- *No time* to create more transitional housing, which takes ~3 years

- **BIG** – Able to assist *large and changing numbers* of families: up to 300+ parents and children per night

- **CHEAP** – *Cost/household* must be far less than transitional housing or deep rental subsidies

Reduce Length of Stay, Reduce Recidivism "RAPID EXIT"

- **Outcome-focused** state funding (no service description, no projections of cost/household)

- **Outcome-focused** county purchase-of-service contracts (4 pages rather than 50)

- **Coalition:** Daily data on shelter utilization, weekly meetings of nonprofits (directors and direct service) and County staff (TANF, contracting, planning)

Could Data Help Us House Homeless Families?

- **Housing Survey—Barriers and Preferences**
  - 2511 ELI County clients
  - Average 3.4 barriers/person
  - 17% had 6 or more barriers

- **Landlord Advisory Committee**
  - 61% of clients had one or more of the most serious barriers
  - 32% had moderately serious barriers
  - What would incent LLs to house homeless families?

Could Data on Housing Barriers Help Us Target?

	Level 2	Level 3	Level 4	Level 5
Evictions	1 simple to explain	2-4	LTH	5 or more
Credit History	Minor Problems	Significant Problems	LTH	Judgments, possibly to prior landlord(s)
Criminal History	Misdemeanor	Low-Level Felony	LTH	Critical Felony(ies)
Landlord Reference	Neutral/None	Negative	LTH	Very Negative
MI/CD/DV	Not actively problematic	Not actively problematic	LTH	Currently active and directly caused/s housing problems

Assumption: Focus Short-Term Assistance on Middle of Bell Curve
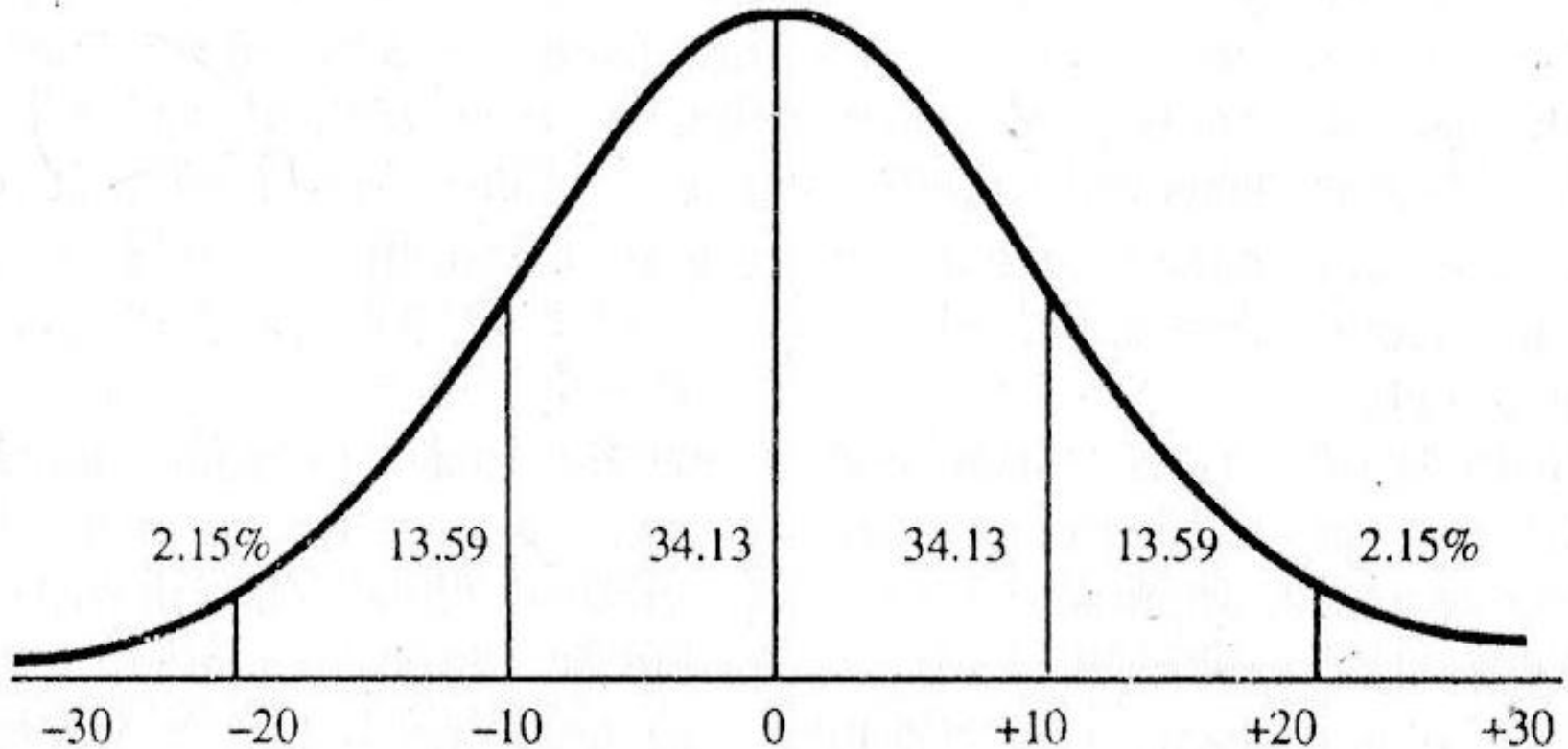

Fig. 22.1: The Normal Probability Curve

Evaluating "High-Barrier" Family Outcomes

(No return to homelessness, 12 months of leaving shelter)

Barrier Level	Agency A	Agency B
Level 2	97%	99%
Level 3	97%	97%
Level 4	92%	88%
Level 5	88%	93%
Total ALL Families (N=1635)	**95%**	**95%**

Coalition: Remove Incentives for Extended Shelter LOS

- Families paid nothing for shelter but had to save their own funding for housing start-up

- The longer they stay, the more "savings" they accrued

- Recommended: Families pay for shelter; we pay for housing start-up

Did the policy impact shelter utilization? The Data

	2000	2001	2002	2003	Total Change
Avg LOS	51.2	36.5	31.5	26.9	**-24.3 days**
# Family Members Per Year	1,819	1,409	1,103	1,046	**-773 people**
Total Annual Shelter Nights	93,113	51,433	34,741	28,132	**-64,981 --178 beds per night**
Decrease in LOS		29%	14%	15%	**47%**
Decrease in Members		23%	22%	5%	**42%**
Decrease in Shelter Nights		45%	32%	19%	**70%**

What Impact did Rapid Exit and Policy Change have on shelter user profiles? More Data:

	1993	2003
"Short Stay" **Few or No Barriers**	40% of Sheltered Families	0% of Sheltered Families
"Moderate Users" **Significant Barriers**	50% of Sheltered Families	72% of Sheltered Families
"Long Stay" **Multiple, Serious Housing Barriers**	10% of Sheltered Families	28% of Sheltered Families

And the data-driven process continued….

- Who were the **families with poor RRH outcomes**? Developed, piloted and evaluated a second-level RRH intervention for young repeat-user families.

- **Single adults RRH**: replication, impact, improvement, major expansion of state entitlement funding for "ongoing RRH" (services and rental subsidy) for homeless adults.

- Single adults: Cost comparison of **Permanent Supportive Housing** vs. "Usual Care" led to creation of two facilities for homeless adults unwilling or unable to achieve sobriety

HENNEPIN COUNTY CLIENT NUMBER ONE
(SIX MONTHS PRIOR TO ADMISSION TO GLENWOOD)

Day	SEPT	OCT	NOV	DEC	JAN	FEB
1	Detox	Detox	Detox	Detox	Detox, HCMC	Bell
2	Detox, HCMC	Detox	Detox	Detox	Detox	Bell
3	Detox	Detox			Detox	Bell
4			Detox, HCMC	Detox	Detox	Bell
5			Detox	Detox		Bell
6			Detox	Detox		Bell
7				Detox	Detox	Bell
8	Jail			Detox, HCMC		Bell
9		Detox, HCMC	Detox, HCMC	Detox	Detox, HCMC	Bell
10	Detox, HCMC	Detox	Detox	Detox	Detox	Bell
11	Detox			Detox	Detox	Bell
12			Detox, HCMC	Detox	Detox	Bell
13			Detox	Detox	Detox	Bell
14	HCMC			Detox	Detox	Bell
15	Detox, HCMC	Detox, HCMC	Detox, HCMC	Detox	Detox, HCMC	Bell
16			Detox	Detox	Detox	Bell
17				Detox	Detox	Bell
18			Detox	Detox, HCMC	Detox	Bell
19	HCMC	Detox	Detox	Detox	Detox	Bell
20		Detox	Detox	Detox	Detox	Bell
21	Detox	Detox	Detox	Detox	Detox	Bell
22	Detox			Detox	Detox	Bell
23					Detox, HCMC	Bell
24	Detox			Detox	Detox	Bell
25		Detox	Detox	Detox	Detox	Bell
26		Detox	Detox	Detox	Bell Hill	Bell
27	Detox	Detox	Detox	Detox	Bell	Bell
28	Detox	Detox	Detox	Detox	Bell	Bell
29	Detox				Bell	
30	Detox	Detox	Detox	Detox	Bell	
31		Detox			Bell	
Cost	**$2346**	**$3866**	**$4193**	**$3660**	**$4150**	**$1299**

$19,514 for Detox, Bell Hill and Adult Correctional Facility

$ 6,630 estimated (avg) cost of 17 admissions to HCMC-ER

$26,144 TOTAL COSTS FOR SIX MONTHS (excluding
public assistance benefits such as GA, Food Stamps, etc)

Don't forget the context: environmental data! Why are so many families homeless?

	1986	1997	2011
Minnesota **TANF** cash benefit for a family of four (one parent and three children	$621	$621 --	$621 --
FMR for a 2-bedroom apartment in Minneapolis area	$480	$621 **+$141**	$924 **+323**

Suggestions: Data Informed Strategies

- Bring stakeholders together in transparent, open process; keep meeting and keep talking

- Identify trends in demand, bottlenecks: if standardized data doesn't answer the questions, collect what you need when you need it

- When you make a change (policy, service model), evaluate the impact. Did it work as intended? Were there "unintended consequences"?

- Leverage collective creativity and flexibility: Think outside the box! Fine-tune methods to achieve outcomes you want.

- Let the data lead you to conclusions – actively challenge biases about people/programs/priorities but use data to decide

Questions?

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Toolkit Found at https://www.va.gov/homeless/ssvf/index.asp