**CSH Final Summary Report:**

**Findings & Final Recommendations**

TO: Charlotte/Mecklenburg County Coordinated Assessment Oversight Committee

FROM: Annie Bacci, Cheryl Winter, and Nui Bezaire with CSH National Consulting Services

SUBJECT: Final Summary Report: Findings and Recommendations for CA Engagement, Phase 3

DATE: December 22, 2015

# Summary of the Issue and Findings

The Charlotte/Mecklenburg County CoC has worked to implement and operate a high functioning Coordinated Assessment (CA) system that is able to prioritize and respond to vulnerable individuals experiencing homelessness. The community’s next step is to build capacity into the system to better serve its families experiencing homelessness. While provider agencies are currently serving families, the challenge for the existing CA system in Charlotte is to expand on what has been learned from its successful assessment of individuals to now develop a shared assessment, referral and prioritization system for families. During on-site meetings, this challenge was summarized by describing the project as “coordinated assessment version 2.0”.

Because the current system is not able to fully assess, prioritize and respond to the need of families experiencing homelessness, providers seem to be connecting families with RRH housing using a variety of methods- some outside of the existing system. As a result, some families are not connected quickly with RRH, causing them to spend more time in shelter than may be necessary. In meetings with providers, there was agreement that if the CA system worked better to connect families with housing resources, they would sign on to use it rather than defaulting to the ‘old’ way of doing things, which is keeping individual agency wait lists and working with current program participants.[[1]](#footnote-1)

Charlotte/Mecklenburg County has multiple resources to serve individuals and families experiencing homelessness in the community. This includes HUD funding from the Continuum of Care (CoC) and Emergency Solutions Grant (ESG) programs, local government funding (in particular County funds for services and CA staff), and significant private/foundation/philanthropy resources, making up a $20 million endowment for housing and services focused on children and families. In this way, the community is very fortunate to have access to a great number of resources. However, the mix of resources also presents a challenge when it comes to the CA system, in that the eligibility criteria and priority for each funding source may be slightly different (e.g. required homeless definition).

Also, existing partner agencies receive funding from more than one source, which means that they may be able to serve participants and families with varying levels of vulnerability in their rental assistance programs. This nuance makes it difficult for the existing CA system to accommodate, since it was built upon the premise that all resources in the system are prioritized for those with the highest level of need.

While this funding structure can and should still remain in place, the challenge is for Charlotte to develop a common understanding of CA agency roles (including a prioritization system for vulnerable families), shared assessment tools reflecting its prioritization system, and a system for family referrals. With these elements in place, Charlotte will be able to quickly & appropriately *match* families experiencing homelessness with the housing resource for which they are *eligible*, and best meet families’ service needs.

In meetings with providers, they expressed that positive changes have come through implementation of CA over the past couple of years; most importantly that for chronically homeless/high need individuals there is now one referral to be made instead of multiple lists, there is one application for permanent supportive housing, and there is an agreed upon prioritization system across the CA system, whereas before individuals were prioritized based on each agency’s criteria. This agreement from providers came in the form of a common agreement form and shared understanding of terminology. Because providers have seen CA work better for chronically homeless and high-need individuals, they are willing to partner to improve the CA system for families with the goal that the system, with changes, can do the same for families.

## Data Analysis

CSH was able to obtain HMIS, PIT, and housing inventory data to create a systems map for families detailing how they currently access and flow through the Charlotte/Mecklenburg County homelessness assistance system. Please see the attached [systems map](#_Systems_Data_Analysis) for reference, which was outlined and discussed with the CA oversight committee in greater detail during our meeting on November 10th. Some highlights from the data analysis are listed below:

* 3,880 people in families needed the homeless system over the course of 2014. Of these families, 7 were chronically homeless, according to the HUD definition
* HMIS data had much higher numbers of homeless families than were accounted for in the annual PIT count- this could highlight the need for stronger PIT efforts towards counting families and/or de-duplication in HMIS data entry
* Many families are coming from staying with friends and family. There could be a need for some increased diversion/prevention efforts and perhaps a re-direction of emergency shelter resources towards diversion
* A large amount of transitional housing (TH) exits are going back to staying with family/friends, but only temporarily, which suggest a need for more focus on connecting TH to permanent solutions
* Families within the system may be moving through one intervention to the next (e.g. emergency shelter- TH- permanent housing), when they really need to be connected with permanent housing as soon as possible based on their need; which may reflect a need to prioritize families at the shelter level
* Length of stay data for families in permanent housing is good: 77% stay for at least one year, which suggest that permanent housing is needed intervention for those families

The systems data that was obtained also suggests several opportunities for Charlotte/Mecklenburg County to improve their data quality in order to better understand the resources that families within the homelessness assistance system need. The biggest opportunity here is that a large percentage of the system’s exit data is unknown or missing. In particular, exit data from emergency shelters, which currently reports 62% of families exiting to unknown destinations, so it is difficult to say how successful throughput through the shelter system is since we don’t know where families are going upon exit. By concentrating efforts here for improved HMIS data collection, the homelessness assistance system will be better able to assess where resources for families are most needed.

## Phase 1: Problem Discovery and Data Collection

This first phase of the CSH Coordinated Assessment (CA) engagement was devoted to understanding and analyzing the issues with the current prioritization process connected to CA, particularly as it relates to the prioritization of families and households for rapid re-housing (RRH). Work began at the end of August, 2015 with a kick-off meeting with the CA oversight committee to establish the scope of work, timeline, and next steps as well as to gain an overall understanding of the current system.

Problem discovery work began in earnest in September, concluding with a two day site visit September 24-25, 2015. Leading up to and during the site visit, meetings and one-on-one interviews were conducted with the following CA system stakeholders:

|  |  |
| --- | --- |
| The CA oversight committee | Mecklenburg County: Stacy Lowry |
| Faith community representatives: Ben Hill & Judy Seldin | Current Charlotte/Mecklenburg County RRH providers |
| Foundation for the Carolinas:  Brian Collier & Carol Morris | Housing Advisory Board, CoC committee members |

After the site visit, CSH requested and completed an analysis of systems data to complete phase I, which included a review of Charlotte’s HMIS, point in time (PIT) count, and Housing inventory data.

## Phase II: revising current procedures

The work of Phase II occurred in November 2015 with recommendations outlined in a draft memo for further discussion and refinement with the CA oversight committee. Then the current CA policies and procedures will be expanded and revised to include how families are referred & connected to available resources. Recommendations that arose out of this phase outlined below are also included in the final [recommendations](#_Recommendations):

* CSH will support CA oversight committee as they revise polices/procedures and provider MOU to include priorities identified, as well as:
  + A process for regular re-assessment (in the case that a family’s or individual’s homeless status or vulnerability may change)
  + Prioritization of families based on need and matching appropriately with resource for which they are eligible (HUD RRH and beyond)
* Identify funding resources for additional assessors. This will be an important next step in order to accommodate the increased volume of including and assessing families.
* Ensure leveraging of other existing resources. In particular, the CA oversight committee will want to ensure that there is a process in place to connect families within the CA system to tenant based rental assistance (TBRA) and services/rental assistance via the local Housing stability fund

## Phase III – Implementing change

The final phase of the engagement included support from CSH for the CA oversight committee and other local partners to implement recommendations and updated policies in order to better serve families experiencing homelessness in Charlotte/Mecklenburg County. This included a community meeting, facilitated by the CSH team the week of December 7, 2015 with a morning ‘fishbowl’ style discussion with opportunity for community feedback and an afternoon work planning session to present stakeholders with the recommendations for the change process (including practical next steps) and to gather their feedback.

After the community meeting, CSH continued to support the CA oversight committee with weekly calls regarding implementation of the work plan and the final recommendations to be included in the report.

Below are CSH’s final recommendations followed by supporting documentation, including the [systems data analysis](#_Systems_Data_Analysis), the [work plan](#_Work_Plan), and peer-to-peer learning [opportunities](#_Opportunities_for_Peer) with other communities that have expanded their CA system to include families and established some best practices. Technical assistance calls with the CA oversight committee will continue through the end of the calendar year.

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# Final Recommendations

While the current CA system has effective policies in place for Charlotte/Mecklenburg County to respond to the housing needs of chronically homeless/high-need individuals, the information gathered throughout this project has highlighted several opportunities to build on the current system in order to better serve families. Below is a summary of final recommendations for the CA oversight committee:

## Aligning Processes

Determine shared understanding of and commitment to prioritization of vulnerable families: During the work planning process it was decided that agreeing on shared definitions of Housing First, Success and Vulnerable Families would aid in the alignment process and allow all agencies to commit to supporting CA for Families knowing more fully how vulnerability is defined and what success will look like in Charlotte. The CA Oversight Committee agreed to use the HUD definitions of Housing First and HUD priorities to define Success. Now moving forward it is recommended that the community develop a shared understanding of vulnerability (What characteristics make one homeless family more vulnerable and therefore more prioritized than another?). Communities vary in their assessments and definitions of vulnerable families, but many include one or more of the following characteristics in their prioritization of highly vulnerable families: 3 or more stays in shelter, intergenerational homelessness, single parent households, head of household living with a disability, age of head of household, family size, income, income source, length of time homeless, current sleeping arrangements.

*Assessing for characteristics of vulnerability (such as a lack of income) provides agencies a better understanding of needed wrap around services in order to best assist families - not a better understanding of which highly vulnerable families to screen out.*

Research has shown that, like other Housing First approaches, families without income are more likely to increase their income in rapid re-housing than those not in rapid re-housing.[[2]](#footnote-2) It is recommended that highly vulnerable families be prioritized with Housing First approaches such as RRH and that income should not be viewed as a barrier.

Establish agreement among providers to accept referrals sent for families/RRH: If the recommended changes outlined in this paper are made to the system, it is recommended that providers agree to accept referrals sent via CA for their RRH (HUD funded or otherwise) in order to better serve those families experiencing homelessness in Charlotte and eliminate the need for families to continue to go from one provider to the next, through multiple levels of assessment and screening. By using an agreed upon common assessment tool or application, providers should not need to complete additional screening for families referred and should begin the process of housing as soon as possible. The current CA policies and procedures already allow for the refusal of a CA referral by a provider ***only in the most extreme cases***, and this should extend to families as well.

**Revise Common Agreement Forms:** It is recommended that the CA Oversight Committee review its current polices/procedures and provider MOU/Common Agreement Form and make any necessary revisions to include priorities identified by the Committee.

Align funding cycles with eligible program length of stay: Currently, providers of federally funded RRH programs via the CoC, County, and the City are limiting assistance to participants to one-year or less, based on local funding cycles and also, as reported by providers, in an effort to encourage families towards independence (aka ‘progressive engagement’). This can sometimes be inconsistent with the goal of targeting the RRH assistance toward those families with the highest level of need, who may need the full 24 months of rental assistance for which they are eligible for (based on regular re-assessment) in the program. Since the RRH awards are made on an annual basis (both CoC and ESG), providers report they are not able to commit rental assistance beyond 12 months; however, some communities have addressed this by adjusting program intake numbers and working with local government partners to establish a process for two-year award cycles contingent upon funding availability.

## Standardizing Tools

### Develop screening and assessment tools: The work plan included steps to review peer communities’ assessment tools, including the VI-SPDAT for families, and to select a single assessment tool that will be used to assess families for vulnerability and determine priority. It is recommended that the single assessment tool include any agency-specific eligibility criteria (so that one assessment can be used rather than requiring a second assessment at the agency level) and any eligibility requirements of funding sources in order to streamline the process. This common assessment tool will allow for the prioritization of families based on need, while also matching appropriately with the resource for which they are eligible (HUD, RRH, and beyond).

### Additionally, it is recommended (and was included in the work plan) that one common RRH application be used by all agencies. Great success was reported by the community in using one shared application for PSH and the same success may be achieved by using common forms in RRH. Finally, there should also be a process for regular re-assessment (in the case that a family’s or individual’s homeless status or vulnerability may change).

## Enhancing Technology

Create a process for real time referrals: Currently, information on the availability of housing/rental assistance for families is gathered via email request on a bi-weekly basis and shared with the CA staff (assessors). As a result, families that come through CA are not directly connected with the next available housing resource, but rather referred to an agency that may or may not have an opening based upon information that could be up to two weeks old. There also does not currently seem to be a process in place to report when openings have been filled (e.g. an agency reports that they can take two families into their RRH program, but are not currently reporting back when those spots have been filled) other than the requested email reporting. There are several ways for the CA system to address this relatively quickly- one example is that staff can use web-based technology, for instance, a shared [google document](#_Conduct_agency_program), to track these referrals in real time.

The current referral process was outlined in a recent email to CA Oversight from Megan Coffey and Courtney Morton. As the community determines its desired referral process, it will be useful to learn from other communities. Mapping out a visual of the current referral process (entries, referrals, barriers and exits) may help providers to visualize current gaps. A map of a CA referral process from King County is included on page 10 and may be useful when mapping out Charlotte’s future referral process for families.

### Conduct agency program inventory and develop agency processes: Use of a shared google document for referrals is *only helpful* if agencies have processes and staff requirements in place that support the daily maintenance of eligibility, capacity, inventory of units and resources. As beds or units are filled, these processes (supported through staff training) will ensure that the most up-to-date information is available to all within the CA community.

**Ensure that all assessment tools used are up-to-date and on a web-based system:** Within the work planning process it was decided that using a web-based system for conducting and entering assessments allowed for the best data collection. In order for this to happen, the community will need to ensure that the elected assessment tool to be used for families is updated into HMIS and that all assessors and staff working with families in CA receive the level of training needed in the web-based system to improve data collection.

## Leading in Best Practice/Resource Development

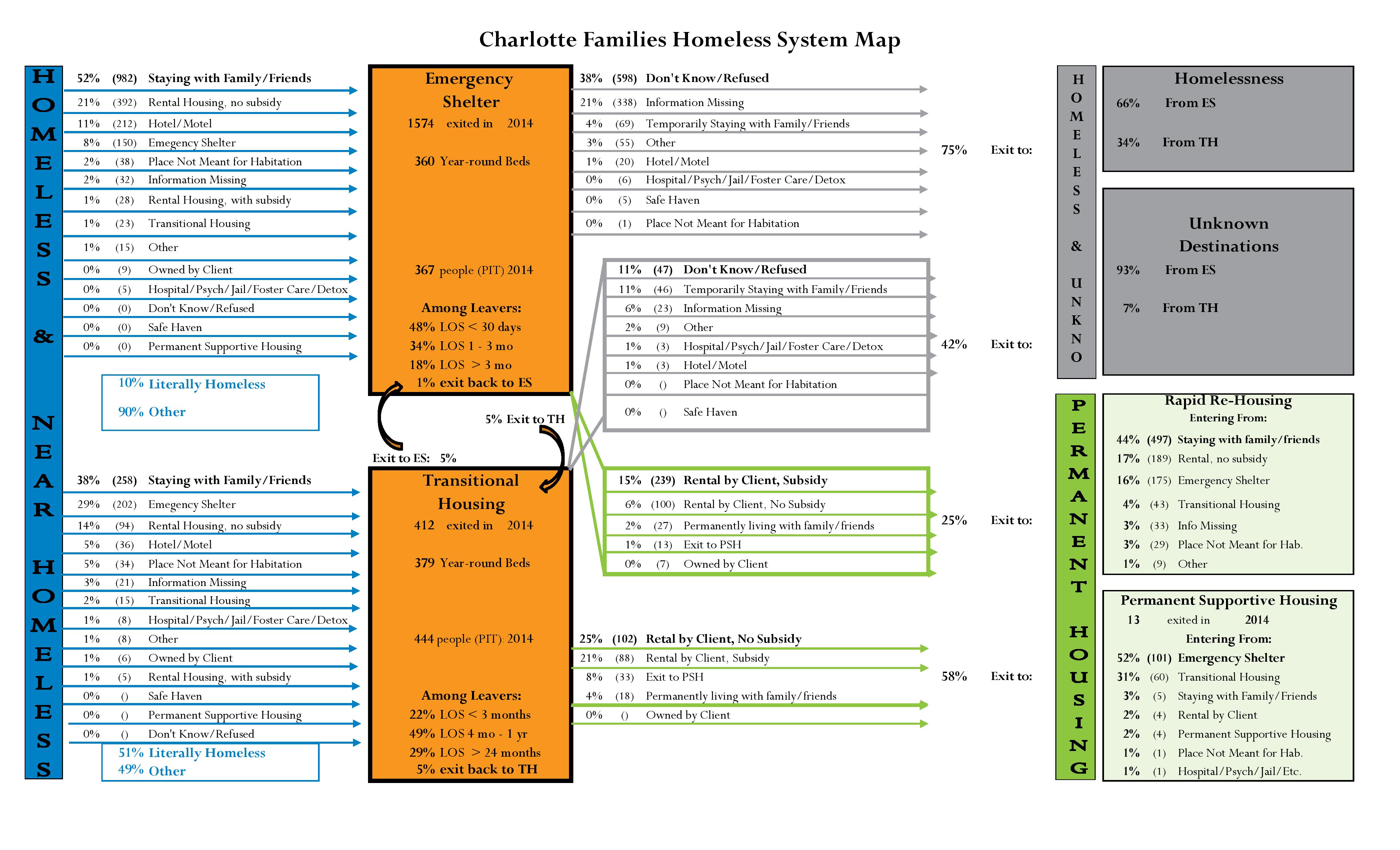
Expand CA for families beyond the “homeless within 72 hours” definition: The current CA system and staff are only assessing families that meet the definition (identified in the local established CA policies and procedures) of becoming homeless within the last 72 hours. This policy was implemented as a way to prioritize individuals and families with the highest needs. However, this has caused frustration among providers serving families, and seems to be an unnecessary screening step; since a family’s eligibility for housing and rental assistance is dictated by the funding source (e.g. In HUD funded RRH, only families that meet the literal homeless definition are eligible). By revising this policy, assessors can refer families to the appropriate resource and still prioritize based on need.

Include consumers in the process:It is important for the CA oversight committee, as well as providers to understand how the current process is working from the perspective of families experiencing homelessness, and what changes that can be made to better meet their needs. It would be extremely valuable for the CA oversight committee and providers to ask consumers for their feedback on the current process, housing programs, and recommendations for how it can work better for them. This can be done several different ways including consumer interviews, surveys, and focus groups.

Identify funding resources for additional assessors: This will be an important next step in order to accommodate the increased volume of including and assessing families. The CA Oversight Committee will need to determine how many additional assessors will be needed, and if other assessment locations or methods (phone, web-based) should be used for families with mobility issues.

Leverage other existing resources: In particular, the CA oversight committee will want to ensure that there is a process in place to connect families within the CA system to tenant based rental assistance (TBRA) and services/rental assistance via the local Housing stability fund

# Systems Data Analysis



# Work Plan

Project Goal Statement: To launch a demonstration project that expands the Coordinated Assessment system to prioritize the most vulnerable homeless families and better serve all families.

OUTCOME #1: Charlotte’s most vulnerable families are prioritized through CA

OUTCOME #2: Charlotte’s homeless families participate in a single electronic assessment that directs them to the appropriate type of services based on vulnerability, program eligibility, and available resources.

## WORKPLAN[[3]](#footnote-3)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activity | Inputs | Timeframe | Responsible Person | Anticipated Outputs |
| Determine shared definitions to guide service prioritization | * HUD definitions & NOFA priorities * NAEH community promising practice reports * list of high need/vulnerability measures used in other communities and in Charlotte CoC * Funder and provider input * Data review | Dec.7-31 | CA Oversight Committee | * “Success” defined * “Housing First” defined * Family vulnerability/high need scale defined |
| Check progress of VI-SPDAT as electronic tool | Rebecca | Dec. 7-31 | Rebecca, Stephanie Fiend | Assessment available in electronic version |
| Identify CA assessment tools for families | * VISPDAT for families * Current assessment being used * Additional assessments used to assess for diversion, prevention, RRH, PSH that may be incorporated into common assessment tool | Dec. 7-31 | Deronda & Rebecca | At least 2 assessments identified |
| Discussion with funders presenting costs of expanding to 14 days | Data from CSH on numbers of families served, missing data  Estimates of number of new assessors, assessment locations and methods needed | Dec. 31 | Mary  CA Oversight | Funders aware of decision deadline for expansion (Jan 30th), invited to cover costs if expansion approved |
| Compare assessment tools & select tool for families | Deronda brings copies of tools  Hypothetical family complete assessments | Dec. 31  (Should we move this to January?) | Deronda  CA Oversight | Assessment tool selected for CA for families |
| Vote on decision to expand to 14 days | Funder response to ask for covering costs | Dec. 7-Jan. 30 | CA Oversight | Decision made to expand or not expand assessment pool |
| Map out current referral processes for families | CA/CoC providers | Jan. 15 | Megan | Gaps identified in current referral system |
| Develop new referral process | * Decision on expansion * CA/CoC provider input * HMIS new electronic assessment capabilities – prioritize this (HMIS lead) * Incorporate CA into HMIS * Reduce # of unknowns/duplicates in HMIS (HMIS lead) * $ from funders for additional assessors/locations/methods (if expanded) * Create common list of RRH program eligibility criteria for CA assessors/referrers | Jan 30-Feb. 15 | Megan  And other staff as assigned by CA Oversight Committee | New coordinated referral process presented to CA Oversight |
| Develop common RRH application | PSH common application  Current RRH applications | Feb. 15 | Deronda & Steven | One common RRH application used |
| Develop and sign common agreement form (including piece on understanding of confidential data) | Current MOUs and common agreement forms used for PSH | Feb. 15 | Rebecca and Dennis | One common agreement signed by all RRH providers in referral system |

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# Opportunities for Peer to Peer Learning

## How others are Prioritizing Homeless Families in a Coordinated Access System

Many vulnerable families avoid homelessness, as they utilize their support networks or self-resolve after a relatively short fall into homelessness. Yet, family homelessness is on the rise and about 20-25% of homeless families remain in homelessness for longer than one year. Episodically or chronically homeless families tend to share the following characteristics: predominately single women with children; significant involvement with foster care system; less than high-school education; little work history; history of substance use; and a history of trauma.

Communities have realized that general vulnerability tools like the VI-SPDAT, do not accurately identify families as being as vulnerable as individuals and therefore, are not prioritized for housing through these tools. Therefore, communities have developed tools that account for the unique characteristics of vulnerable families and have, at least to some degree, implemented these tools within their coordinated access systems. However, it should be noted that targeting, prioritizing and "matching" families to interventions is relatively new and communities are just beginning to determine the best practices of serving families in coordinated assessment systems. CSH connected with some of these communities to develop an overview of the approach, best practices and lessons learned in meeting the unique needs of families through coordinated assessment. Highlights are on pages 11 and 12. Additionally, Figure 1 (left) contains a sample referral map from King County[[4]](#footnote-4) that will be useful when mapping out the ideal family referral process.

**Figure 1: Sample Family CA Referral Map, King Co, WA**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Approach | Tools/Methods Used | Lessons Learned | Where are they now? |
| Chicago | * Prioritizes singles and families in their coordinated access system * Prioritizes families who are literally homeless (shelter and place not meant for habitation) for PSH * Coordinates with child welfare system * Final tool used focuses on prevention of housing instability and family separation | * Started with **VI SPDAT**. Determined this was not effective in meeting the needs of vulnerable families * **Created Families System Integration Team** to match families to housing based on VI score and a task group to modify the VI to meet family needs * **Task groups**: 1. develop central referral system for PSH for families & singles; 2. Modify VI-SPDAT for families * Created online platform: **Chicago** **Central Referral System Assessment Tool** - shares all information and clients can access it. This is not HMIS, but the central intake * Developed **Family VI-SPDAT Tool**: integrated into online platform. Point system (1 - 20 pts) based on number of factors, clients must be literally homeless (HUD). 0-6 pts = rapid re-housing or transition-in-place, 7+ = PSH. | * Central referral system does not take income level into account, which is important in matching with RRH. HMIS could be built out to capture this * The Family VI-SPDAT is only meant for prioritization, not matching. Matching can only happen after the most vulnerable have been prioritized * The current system does not account for those at risk of homelessness, as families must meet the HUD definition | * Developing a larger assessment tool that will add screening questions to identify those who need prevention/diversion funds in the short term * Not a lot of resources in Chicago specifically for families, especially supportive housing. RRH resources are being used for vets right now * Still using Family VI-SPDAT |
|  | Approach | Tools/Methods Used | Lessons Learned | Where are they now? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Memphis | * Centralized access point for families with a focus on diversion * Case-by-case, clients are assessed at the shelter and asked diversion-specific questions to determine whether there are other options for them. Those with no other options got diversion, eviction prevention funding or rapid-rehousing assistance | * Not really a tool used, but **need and risk assessment questions** once clients present at shelter. Questions based on child welfare platform that assess risk of child maltreatment and whether services would be needed in housing. * Prioritized families involved in child welfare system for housing * C**entralized intake point** is the most crucial part of making family targeting work. It should be one physical place | * There is a lot of child welfare intersection with homeless families * No tools are very good at predicting long-term housing instability * Focus on what you are trying to prevent with families. With families this should be at the center of whatever tool is used to prioritize them * There is a good tool that can be used to predict child maltreatment, but it is very intense and could trigger trauma. Would need to administer it very carefully. * Put diversion and rapid-rehousing resources directly at the intake site, at the front end | * Still using current system * CA staff assess people in shelters one week after presenting to connect them with services to expedite their shelter stay (RRH, mediation, benefits counseling, employment services, etc.) * Recommends using Family VI-SPDAT |
| Seattle | * CA for individuals, families and TAY * Recently started incorporating RRH services due to new funding for this | * Families assessed then placed on wait list for shelter. Once in shelter they are referred to other interventions * Wait times to get into shelter then other interventions can be long * Working on a system that gives families shelter and RRH referral at same time * Matching families to interventions is not happening yet in a coordinated way | * Previously used a scoring tool they developed meant to match families into certain programs. However, once they went to those programs, they were screened out of them by the providers. Important to have screening criteria anywhere align with CA | * Working on having providers eliminate their screening criteria and rolling it into the CA assessment only * Will adopt Family VI-SPDAT soon and may modify some questions to account for more risk factors (e.g. pregnancy) |

Each of these communities has had different experiences with targeting and prioritizing families within their coordinated access systems, and there is consensus that no perfect tool exists for assessing, prioritizing and matching families with the interventions that meet their needs. However, the Family VI-SPDAT, though not perfect, seems to be the best tool right now for prioritizing vulnerable families. Communities that have created their own tools faced various challenges and ultimately decided to use the Family VI-SPDAT, and we recommend that Charlotte do the same for prioritizing vulnerable families.

In terms of “matching” families to appropriate interventions, a number of different variables come into play, from provider screening to funding restrictions to the ability to appropriately assess the short and long-term needs of homeless and nearly-homeless families. There is no perfect tool for intervention matching, though some strategies can be implemented to make matching easier:

* Ensure that providers eliminate screening criteria that would unfairly screen out families, or ensure screening aligns with coordinated access efforts
* Place rapid-rehousing and/or diversion/prevention resources and referrals directly at the CA intake site. Resources with less funding restrictions can serve those who do not meet the literal definition of homelessness before they technically enter the homeless system
* Include assessment questions that capture family income sources and levels, to better connect with interventions that may have income eligibility requirements

1. Of Note: While agencies may be assessing families the VI-SPDAT for Families is not currently being used. [↑](#footnote-ref-1)
2. <http://static.squarespace.com/static/513e08bfe4b0b5df0ec24cda/t/533f0029e4b0d84a3bd84152/1396637737069/Rapid%20RehousingEvidence_Taylor_Gale.pdf> [↑](#footnote-ref-2)
3. Note: this Work Plan is a living document for use by the CA Oversight Committee. Planned activities, timeframe, and individuals responsible can be altered by the Committee in order to best achieve desired outcomes and project goal. [↑](#footnote-ref-3)
4. <http://www.kingcounty.gov/socialservices/Housing/ServicesAndPrograms/Programs/Homeless/HomelessFamilies/~/media/socialServices/housing/documents/FHIDocs/CEA_Presentation_8_17_11.ashx> [↑](#footnote-ref-4)