



To: Balance of State Continuum of Care
Subject: Initial Findings for Thoroughness of Reach in the BoS CoC
Date: December 3, 2013

What is Thoroughness of Reach?

Thoroughness of Reach is one of six HEARTH measures for the continuum of care. The HEARTH Act defines this measure as the “thoroughness of grantees in the geographic area in reaching homeless individuals and families.” Other OneCPD publications and Department of Housing and Urban Development (HUD) Technical Assistance (TA) providers summarize it as looking at how effectively the system of care reaches those in need of assistance. Essentially the measurement is a collective impact evaluation exploring how well agencies within the CoC work together to prevent and end homelessness.

The HMIS Project took both of these descriptions and expanded it in two ways. First, all projects within the continuum of care – both funded and non-funded – were included as limiting it to just grantees would only include one-third of all housing programs in the CoC. Second, individuals who were at risk of homelessness were also included in the overall study in addition to those experiencing homelessness, in part because of the unique nature of being a predominately rural CoC.

Research Methodology

Seven data collection methods were utilized for this research project: (1) Homeless Missourians Information System (HMIS) data, (2) Point-in-Time Count (PIT) data, (3) Housing Inventory Chart (HIC) for the continuum, (4) turnaway data, (5) inventory of services, (6) focus groups, and (7) interviews with former clients. HMIS, PIT, and HIC data were pulled from July 1, 2012 to June 30, 2013. Turnaway data was captured from August 12-16, 2013. Focus groups were conducted in September 2013. Interviews with former clients will be conducted in winter 2013.

Homeless Missourian’s Information System (HMIS) Data

A report was programmed in HMIS to pull at county level based on the client’s last permanent address. The report included the types of services provided based on every encounter during the report period. These services were broken down by housing provider type (emergency shelter, transitional housing, and permanent housing), case management, and financial assistance (rent, utility, and food pantry). Additionally, the report included the number of households served by household type (households with children, households without children, and households with only children), housing statuses at entry and exit (if applicable), and primary reasons for emergency. These three elements of the report pulled on the last encounter during the report period.

Point-in-Time Count (PIT) Data

The total number of sheltered and unsheltered individuals by county was used from the most recent PIT date, which was January 31, 2013. In addition, sheltered PIT data provided the initial listing of services available by county in the continuum.

Housing Inventory Chart (HIC) Data

Bed and unit utilization information was obtained from the most recent HIC completed for the Balance of State CoC.

Turnaway Data

A tracking turnaway count was held August 12-16, 2013. The data was broken down by county and detailed the kind of services being requested and reasons clients were turned away for services.

Inventory of Services

To compile an inventory of services, data was pulled from the sheltered PIT database, the database of available services through the Missouri Housing Development Commission (MHDC), regional resource guides and 211 listings. We also reached out to regional representatives within the continuum to ensure all agencies providing services were accounted for in the inventory listing.

Provider Focus Groups

Provider focus groups were conducted during September 2013 Regional Housing Team Meetings. The focus group asked a series of seven questions to homeless service providers, domestic violence service providers, funders, and other community stakeholders who were present.

Former Client Interviews

The HMIS Project is partnering with a University of Missouri Truman School of Public Affairs Masters student to conduct interviews in winter 2013 with former clients regarding their challenges, barriers, and experiences with the homeless service delivery system. These individuals will represent various subpopulations like veterans, substance abuse, mental health, domestic violence, youth, etc.

Initial Findings

Initial findings were presented at the National Human Services Data Consortium conference in Washington D.C. on October 10, 2013. Regional analysis is still in progress for eight of the ten regions of the Balance of State. By looking at two regions in depth and overall continuum of care data, the following were key initial findings:

- In HMIS, 9,027 households were served during the July 1, 2012 to June 30, 2013 time period
 - Out of all households with a housing status at exit, 50% exited to literal homelessness
 - 29% exited to being stably housed
- Services provided were pretty evenly divided between housing and prevention services
- Roughly 20% of households served in the CoC had to go outside their region of last permanent address to get services
 - Some regions were higher than others. In Region 2, for example, 50% of people who needed emergency shelter had to go outside of their region to get emergency housing
- Through focus groups, we found that collaboration among providers isn't so much focused on streamlining services as much as it is about knowing who has what funding and when
- Regions are not prioritizing clients based on their needs or in a way that best utilizes their funds. A vulnerability index may help the continuum more effectively serve those in need
 - In Region 6, 25% of those who were served had a housing status at entry of stably housed
- Transportation poses a barrier for clients and agencies
 - One agency in Region 6 drives clients round trip three hours to interview at the nearest available emergency shelter and then another three hours if the client is accepted

- Regions are typically siloed from one another and in many cases even the agencies within each region act independently of one another
- Agencies often struggle to balance the need of their clients with meeting performance benchmarks
 - One domestic violence service provider mentioned they are docked points on one of their grant applications if the average length of stay is greater than 30 days. However, many domestic violence providers noted that clients often require trauma-informed care, which is more time intensive but also more effective at reducing their likelihood to return to the shelter at a later date

Implications for Coordinated Assessment/Centralized Intake

By having an understanding of how each region currently functions and all of the services available within the continuum of care, thoroughness of reach data and findings can be beneficial in informing the coordinated assessment planning process. Based on the initial findings, the following may be helpful for the continuum to take into consideration:

- A regional approach will be taken within the BoS CoC, however key findings indicate that just having a regional approach alone may pose challenges because:
 - Many clients seek services outside of their region either because there are no services available or there are programmatic restrictions or requirements that prevent them from being served within their region
 - Some regions overlap into surrounding CoCs. To best meet the needs of the clients, it is important for these systems of care to collaborate to some degree
 - Agencies may serve multiple regions which requires them to be knowledgeable of services in two or more geographic areas
 - Our regions and the agencies within them are already siloed enough that a regional approach to coordinated assessment could potentially silo us more
- Many regions, but not all, have existing referral systems in place through community action agencies. This existing structure could help some regions not have to reinvent the wheel when it comes to implementing a coordinated assessment system
- As many regions do not utilize 211, this method for coordinated assessment probably wouldn't be effective as a tool
- To give effective referrals it's important to know which counties have funding available and if funding is still there
 - It is crucial for the system to also account for program restrictions and requirements
- Outside services need to be involved in the planning process (i.e.: domestic violence providers, hospitals, social security administration, mental health coalitions, department of corrections, etc.)

Moving Forward

The HMIS Project will continue the regional analysis which will lend to more conclusive findings for the Balance of State Continuum of Care. The first full draft of the report will be available and presented at the December Regional Housing Team Meetings. This report will also be presented at future Balance of State Committee Meetings as they move forward with the coordinated assessment planning process.