

Recommendations for Family Homeless Prevention & Assistance Program 2014-15 RFP

Family Homeless Prevention & Assistance Program (FHPAP) Remodel Workgroup Summary of Workgroup Recommendations for 2014-15 RFP

Background of FHPAP Remodel Workgroup

In late 2011, a state-wide workgroup (the FHPAP Remodel Workgroup) was convened to identify strategies that might improve Minnesota's Family Homelessness Prevention and Assistance Program (FHPAP). This group was comprised of 11 FHPAP coordinators representing metro and greater MN areas, staff from the Office of Economic Opportunity (OEO) and MN Housing, and facilitated by Metro-wide Engagement on Shelter & Housing (MESH). We met monthly and in ad-hoc sub-groups over the past 10 months to develop conclusions and recommendations for the following three topics:

- Improve our ability to target prevention dollars
- Identify appropriate system outcomes and measurement tools
- Identify appropriate program outcomes and measurement tools

The purpose of this document is to inform the future direction of FHPAP and provide recommendations to Minnesota Housing for the 2014-2015 FHPAP RFP. In addition, we hope the document may serve as guidance and information to FHPAP grantees and their Advisory Committees as they consider improvements to their local planning.

PREVENTION TARGETING

Each month—across Minnesota—thousands of unaccompanied youth, adults and families request assistance to avoid losing their housing. In all communities, these requests far outweigh the limited resources available. In effort to make the most of our money, it is absolutely vital that our funding for preventing homelessness is targeted to those who most need it (will become homeless without our help) and will most benefit from it (will be able to retain stable housing with limited help).

With this initial focus to tackle prevention targeting, the workgroup gathered local tools, reviewed local data and national research, and piloted a screening tool (that was recently developed in New York City).

Conclusions

As a result of the activities identified above, our workgroup identified the following conclusions:

- We currently lack sufficient data to identify who to best target for prevention assistance. Our ability to assess the effectiveness of any homeless prevention targeting approach in Minnesota is compromised by our inability to determine whether someone who receives prevention services later encounters the homeless response system, particularly emergency shelter. Wilder Research recently estimated that only 30% of emergency shelter beds in Minnesota participate in the Minnesota's Homeless Management Information System (HMIS), the primary and most obvious vehicle for "homeless recidivism" analysis¹. Most non-participating shelters are under no obligation to provide data. Given the current limitations on these data, analyses of "return to shelter" with our current data could inadvertently reward services that shift clients from shelters "on the grid" to those "off the grid," rather than services that effectively transition shelter guests to housing or prevent shelter admissions in the first place. More importantly, differences between the known and unknown populations could lead well-intentioned efforts at prevention targeting to miss the needs of a significant segment of the population².

¹ *Homeless Service Use in Minnesota*, Wilder Research, May 2011, 5

² More on the perceived causes of this conclusion are provided in the Appendix

- Pressure still remains to improve our ability to target. While we currently lack sufficient data to guide our prevention targeting, we still have a strong need to make immediate progress on improving our ability to target. This need is precipitated by:
 - New HUD measures. In order for Continuum of Care (CoC) regions to perform at (Minnesota standard) high levels, it is clear that CoC regions will need to make progress with reductions in first time homelessness which demands that we make the right investments with homeless prevention funds.
 - The current volume of need. We all want to improve prevention targeting to know we are making the best use of our limited resources. In order to better meet the needs of those seeking help, we need to better understand if we are making the right investments with prevention money.
 - Impatience. We will never have perfect data, perfect targeting. This shouldn't keep us from making reasoned steps to improve our current process.
- It will be best (we will learn more from each other) if we are able to use similar domains in any tool used for prevention targeting. Our workgroup spent some time identifying a list of potential domains that might be used in a tool for prevention targeting. These domains included items like: age of head of household, mental health status, pregnant or with children under 2, etc. Our workgroup was under the belief that while the weight a prevention targeting tool might give to any one domain will vary from region to region (i.e. Ramsey FHPAP may determine that the age of the head of household is a very high indicator of whether a family should be eligible for prevention assistance while Lakes & Prairies FHPAP may determine that it is not a high indicator for their region); we believe and hope that we could find agreement on the potential list of domains that could be used in each region. Having commonality with the list of domains may increase our ability to learn from each other, AND will make it much more likely that our data system (HMIS) will be able to accommodate local needs with such a prevention targeting tool.

Prevention Targeting Recommendations for 2014-15 RFP

As a result of the conclusions above, our workgroup identified the following consensus recommendations:

- There should be no state-wide prescription for prevention targeting in the 2014-15 RFP. As noted earlier, we do not currently have data that can help determine the best strategies for targeting prevention resources. Any requirement in the RFP for prevention targeting would require some level of measurement to determine which regions are doing prevention targeting well, and which are not. Having no such ability to measure, we do not currently support any prescription or requirement for prevention targeting in the 2014-15 RFP.
- Improve use of existing data in HMIS to inform future targeting strategies. After conducting local Pilot studies based on a New York City screening tool, it was concluded that further research must be developed to capture attributes unique to rural, urban, and suburban communities across Minnesota. The FHPAP redesign workgroup recommends continued partnership with the University of Minnesota to create a study using existing data to better understand prevention outcomes. A pilot based upon this recommendation has begun its data collection.
- Improvements to HMIS must occur to ensure that we have more comprehensive data about who uses homeless prevention resources. To position Minnesota for better targeting of its homeless resources in the future, we must first have basic data about who uses those resources. To achieve this, we encourage the HMIS Governing Group to:
 - Reduce and ideally eliminate the burden for non-participating agencies to provide data on their clients (such as waiving software licensing and training fees for non-mandated providers);
 - Provide alternative and low-threshold paths for delivering data (such as encouraging high-volume services to provide admission records in whatever electronic format is convenient, such as an Excel spreadsheet); and
 - Clarify that any data from such agencies that supports better analysis and targeting would be welcomed (not just the HUD "Universal" data elements).
- The 2014-15 RFP should invite applicants to engage in state-wide workgroups focusing on prevention targeting. In lieu of waiting for perfect data, our workgroup recommends that the 2014-15 RFP should encourage all FHPAP grantees to participate in one or more of 5 suggested cohorts. It is our recommendation that

participation in these cohorts be voluntary, not required. The cohorts should be action-oriented, and encourage regions to test and pilot ideas. The cohorts should be supported by MN Housing staff and provided technical assistance from experts in data and evaluation (as resources are available). The cohorts will focus on five different facets of homeless prevention targeting. We believe this format will allow regions to focus on solutions pertinent to their area, avoid duplicative planning across the state, and will allowing regions to learn from each other. The five cohorts³ we are suggesting are as follows⁴:

- Developing diversion strategies in regions that have shelter.
- Developing diversion strategies in regions that do not have shelter.
- Improve our ability to identify who will become homeless without help.
- Improve our ability to identify who will be able to stabilize with limited prevention assistance.
- Identifying FHPAP's role in the broader homeless prevention system (coordination with EA, etc.).

SYSTEM MEASURES FOR FHPAP

PLEASE NOTE: *From this point forward, our workgroup discussions, conclusions and recommendations are not limited to just homeless prevention, but pertain to all of FHPAP (prevention AND rapid re-housing).*

The FHPAP program has struggled to identify a reasonable method for measuring the system-wide impact of FHPAP investments. While we have been able to track very basic outputs and outcomes (number served, cost per household, number of households housed at exit), the ability to see the broader impact and medium/long-term outcomes has been elusive.

At one point, Minnesota Housing required that all clients served under FHPAP be contacted 6 months after service to determine their housing stability; but this measure proved costly (staff time devoted to tracking people down) and ineffective (overwhelming numbers of “unknown”). Recently, Minnesota Housing has also begun tracking households that return to FHPAP or shelter after service. Again, this method has proved problematic since many returns to FHPAP are actually “good” outcomes (referrals from one FHPAP program to another) and the inconsistent coverage of shelter beds from region to region make it impossible measure consistently.

We need the ability to more effectively measure the success of FHPAP (both on a state-wide basis AND among grantees). While locally, we can all espouse to the value that FHPAP has in our community; the fact is that state agencies need to improve their ability to evaluate grantees, and more compelling arguments need to be provided to the state legislature to maintain and increase FHPAP funding.

Conclusions

Our workgroup had focused discussion on system measures. As part of our discussions, we identified the following principles to guide any decisions on new system measures:

FHPAP Measures/Outcomes Principles:

- Data collected must be helpful/meaningful. Data collected must provide feedback relevant to client, provider, policy maker. Stakeholders must be provided clear direction regarding the purpose/use of data. Data should be goal directed and inform strategic planning.
- Minimize time & costs. Any new/proposed measures and data requirements should account for time and cost required to implement such measures. Minimizing time and cost for data collection/reporting should be a constant, albeit not a constant priority.

³ It should be noted that we encourage Minnesota Housing to seek greater input from FHPAP Coordinators as to whether these are the right cohorts. In particular, our workgroup wondered whether the two cohorts focusing on diversion should rather be divided into rural and urban cohorts—with suburban regions likely joining the rural cohort if they have no/limited shelter beds or joining the urban cohort if they have shelter.

⁴ Greater explanation of each cohort is provided in the appendix of this document.

- Alignment with other data element requirements. FHPAP is just one source of funding for grantees and providers. Efforts should be made to align FHPAP measures with those being required by other funders (i.e. HUD).
- Measures should be reasonably tied to program activities. It is important to recognize the scale of prevention/rapid re-housing intervention, as compared to the scale of the measure and data required. The previous measure of across the board 6-month follow ups for all FHPAP activities is a good example of a measure that is not reasonably tied to program activities.
- Encourages community buy-in (at all levels). All stakeholders (clients, providers, grantees, state, legislature, etc.) should be able to see tangible benefits from our investments in creating new measures.

System Measures Recommendations for 2014-15 RFP

As a result of the principles (named above), our workgroup recommends that our systems—FHPAP grantees—be evaluated in three areas (outcomes, outputs, and administrative/planning performance). We identified the following measures for each category based upon data that we believe will accurately measure progress, be useful for planning, and will already be collected and required by other funders (HUD-Continuum of Care). In some cases, you will note additional recommendations our workgroup identified to improve use of the measure discussed.

Outcomes:

- Return to FHPAP/Homeless Response System. While this current measure has provided some helpful data, it has not been accurate enough in many regions to serve as an evaluation tool. For example, in many cases a return to FHPAP may be a good outcome (referral from one FHPAP program to another), but the return to FHPAP report has no ability to delineate this. **It is our workgroup's recommendation that this report be replaced by the return to shelter report** (below) that will align with what HUD will be requiring, so long as the concerns named below are addressed.
- Return to Shelter/reduced recidivism⁵. This measure will be required by HUD. **It is our workgroup's position that FHPAP should align with HUD on this measure.** It is not yet clear how HUD will determine how this measure will be tracked and reported. Significant concerns exist regarding the ability to make this measure functional (especially in regions that lack HMIS bed coverage for their shelter units).
- Decreased 1st time homeless. This measure will be required by HUD and is a good measure for evaluating FHPAP systems. **It is our workgroup's position that FHPAP should align with HUD on this measure.**
- Reduced length of homelessness. This measure will be required by HUD and is a good measure for evaluating FHPAP systems. **It is our workgroup's position that FHPAP should align with HUD on this measure.** It is not yet clear how HUD will determine how this measure will be tracked and reported.
- Housed at exit. This is a current measure being used by FHPAP that **we recommend continuing this measure and recommend FHPAP should ensure that this measure is aligned with HUD.**

Outputs:

- Number of households served. This is a current measure being used by FHPAP. Our workgroup had rich discussion about the current and future use of this output by Minnesota Housing.

Our workgroup does not dispute the value/need of using “number of households served” as a measure. When grantees apply for funding each biennium, one of the items that factors into state funding decisions is the projected number of households the grantee proposes to serve. Without a projected number of households to be served, it is not possible to evaluate the proposal's budget or program design. Thus, at least at application, it is clear that grantees need to be able to articulate how many households they propose to serve. In addition, if you use “number of households to be

⁵ It should be noted that there remains concern among workgroup members regarding the value this measure will have in regions that do not currently have shelter beds (some suburban and rural regions). We are hopeful that HUD's (yet to be determined) method for tracking recidivism will prove useful to all regions. We encourage Minnesota Housing to determine inclusion of this measure (in evaluating grantee performance) based upon the relevance it provides to all regions.

served” to evaluate an application, you need to use it to evaluate performance—otherwise, you may create an unwanted incentive to inflate numbers to make one’s application look good. We also recognize that this measure is important to Minnesota Housing to provide them with data and information needed to report to the State legislature.

At the same time, our workgroup shared concerns with the use of this measure. Workgroup members recognized that the numbers projected at the beginning of a biennium are, regardless of the best planning, often just estimates. It may be unrealistic to expect regions to be able to predict the challenges or opportunities (recession, double EA) that may arise in any given biennium. This has created a couple of problems for grantees. First, with the priority of “numbers served”, providers may:

- Have a disincentive to serve the harder to serve
- Opt to serve a household with less than what they need to maintain stable housing (since they will want to keep a low cost/household)
- Experience headaches projecting and reporting on numbers of families served with a head of household age 18-21 (problems exist with some households showing up as “families” and some showing up as “youth”)

In addition, Minnesota Housing has often allowed grantees to change their projected numbers for this output. Many grantees have used this leniency to adjust their numbers at the end of the biennium; in essence, taking away the value of the initial projection and of using this output as a measure.

Recommendation. While we came to the consensus position of continuing this measure, we have the following recommendations to improve its use:

- Minnesota Housing should recognize that not all “numbers served” are equal. Workgroup members pointed to our program measures exercise (pages 8-9) in which we recognized that FHPAP activities have varying level of cost and intensity. For example, a financial literacy program might project to serve a high number of people, while in reality it may have a very limited measurable impact on any household’s housing stability. A six to nine month rapid re-housing program, on the other hand, might project to serve a relatively small number of people with the expectation of having a direct impact on each household’s housing stability. Our workgroup questions whether it is of value to meld these numbers together. We encourage MN Housing to develop a method for evaluating projected numbers served through the lens of service and assistance cost—the projected numbers should relate to the outcomes that they propose to create.
- We encourage Minnesota Housing to discontinue adjustments to projected numbers. Instead, we encourage Minnesota Housing to allow for discrepancies between projections and final numbers. These discrepancies need only reflect poorly on grantees if these discrepancies are extreme, or if grantees are not able to account for how/why these gaps occurred and have no evidence of planning to adjust for the unexpected numbers. We recommend that MN Housing request more information from grantees through annual reports and/or the application to account for changes in numbers served to describe:
 - What factored into the discrepancy between their projected and actual numbers
 - Narrative on when discrepancies were recognized and how this factored into planning
 - Etc.
- Our workgroup recommends that, while this output is a valid measure of a grantee’s performance, it is not equal to the outcome measures proposed earlier (page 4-5). Our workgroup encourages Minnesota Housing to prioritize outcome measures for evaluating the efficacy of a system/grantee. All other measures should be secondary.
- We recommend that Minnesota Housing work with HMIS to clean up the data/reporting confusion over the designation of adult or youth for households with the head of household being age 18-21.

Admin/Planning:

There are two current measures under admin/planning that are currently being utilized by Minnesota Housing. They are:

- Program administration—reporting, timeliness, accuracy.
- Community engagement—advisory committee role in planning

Our workgroup had rich discussion regarding both of these measures. Workgroup members recognized and appreciate the purpose these measures have for Minnesota Housing.

- Timely and accurate reporting is important to being able to retain and increase FHPAP funding. Minnesota Housing requires timely and accurate reporting in order to respond to requests for information from the State legislature. When grantees underperform in this area, it may impact future FHPAP funding from the State legislature.
- Grantees often use reporting accuracy and timeliness as an indicator of capacity/performance issues for their sub-grantees. Why would this be different for grantees?
- The FHPAP statute includes the requirement of an advisory committee with the clear intention to ensure that community-wide input is given to the grantee in its implementation of FHPAP funds. With this expectation, it makes sense that Minnesota Housing would develop a more transparent method for evaluating the performance of this advisory committee.

Our workgroup discussed Minnesota Housing's current method using admin/planning measures in evaluating FHPAP grantees. Workgroup members were concerned that, in some cases, current methods for using these measures lack clarity and objectivity. For example, one of the factors that weighs into the evaluation of a grantee's planning is the Minnesota Interagency Council on Homelessness (MICH) representative's report regarding the grantee's planning activities. In some regions, the MICH representative is not a consistent attendee in advisory meetings, while in other regions the MICH representative might be heavily involved in planning. This inconsistency has the likelihood of leading this measure into unacceptable inconsistency and subjectivity.

Recommendation. While we came to the consensus position of continuing this measure, we have the following recommendations to improve its use:

- We recommend that Minnesota Housing provide greater clarity regarding the role, relationship, and responsibilities of and between grantees and advisory committees⁶.
- We recommend that Minnesota Housing ensure that "admin/planning" measures are as spelled out, objective, and tangible as possible to ensure that all grantees understand both the expectations and the manner in which they will be evaluated. Our workgroup discussed the following as possible solutions:
 - Conduct surveys of FHPAP advisory members to learn more about the advisory committee's role
 - Create a scoring sheet similar to United Way's Basic Needs Scoring Rubric (creating objective definitions and scores where possible)
 - Recognize that harmony and consensus are not reliable indicators regarding the performance of FHPAP advisory committees and grantees. The most active planning can often spark lively and productive disagreements.
- Similar to our recommendation for the "number of households served" output, our workgroup believes that, while these are valid measures of a grantee's performance, they are not equal to the outcome measures proposed earlier (page 4-5). Our workgroup encourages Minnesota Housing to prioritize outcome measures for evaluating the efficacy of a system/grantee. All other measures should be secondary.

⁶ Clarification of roles and responsibilities of and between FHPAP grantees and advisory committees should also address the impact of advisory committee member participation for grantees, since grantees are typically not in a position to compel or require participation, and may not be able to ensure participation despite active recruitment efforts and encouragement of advisory committee members to participate.

PROGRAM MEASURES FOR FHPAP

Our system-wide goal of ending homelessness is only achievable through the development of excellent programs that:

- Prevent homelessness from occurring in the first place,
- Achieve dramatic improvements in shortening the length of time that households experience homelessness, and
- Create durable housing solutions so that people who have been homeless do not become homeless again.

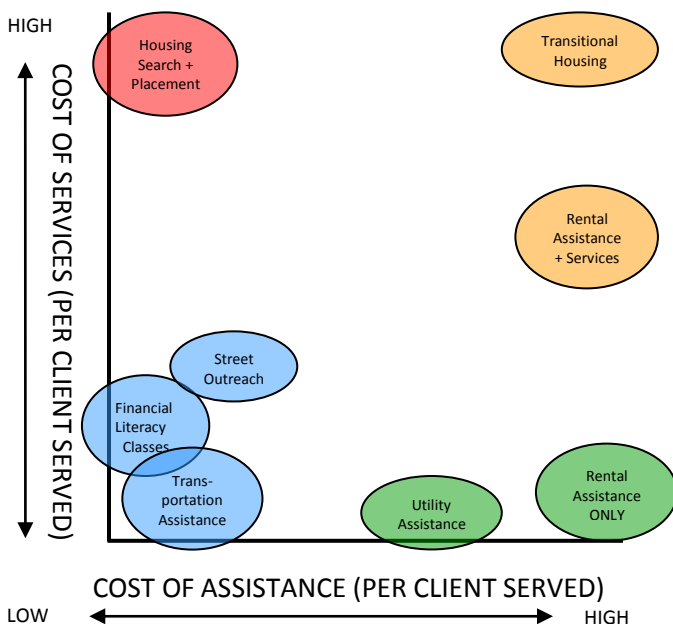
We will never have all the resources we would like to do this work. That simple fact requires that we invest the limited resources in the programs that achieve the greatest results toward those three goals listed above. Program measurement is the strategy for identifying excellent programs and elevating others toward excellence.

As our workgroup turned to the task of identifying program measures for FHPAP, we recognized that—presuming functional system measures are in place—the determination for how to measure program performance should be left to the discretion of local FHPAP grantees and advisories. In essence, there need not be state-wide prescription for how FHPAP regions will measure and evaluate the performance of their providers. This being said, we will need some uniformity state-wide regarding data—what are we asking providers to collect and report in order to equip advisories/grantees with the data they desire to evaluate programs?

In effort to consider program outcomes, our workgroup adapted a mapping exercise developed by Eric Grumdahl and Dakota County FHPAP Advisory Committee (see below). In this exercise, we sought to map out current FHPAP activities along two axes:

- *Service intensity*, reflecting client-to-staff ratio and the duration and scope of services (longer-term services and/or those with lower ratios are considered higher intensity); and
- *Housing intensity*, as a function of the financial value of housing supports offered (longer-term programs and/or deeper subsidies are considered higher intensity).

Image 1.⁷

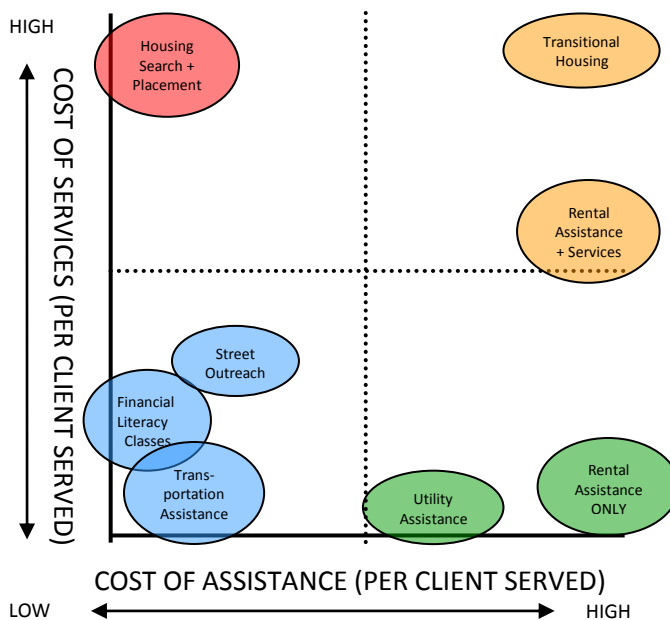


Once we had mapped out a wide mix of FHPAP activities, we divided the map into quadrants (see image 2 on page 8) and asked: Is it possible that the activities identified in each quadrant might be expected to have common outcomes

⁷ It should be noted that one program may provide a variety of these activities.

and common data collection requirements that are unique to the other quadrants? For example, when we provide low cost, low intensity FHPAP activities (financial literacy classes, street outreach), shouldn't these activities be expected to provide less significant outcomes than a program that provides rental assistance for 3-6 months; shouldn't they be asked to collect less detailed data than a transitional housing program?

Image 2.



Our workgroup has begun to develop a position that may suggest that (whether in quadrants or along a continuum), program outcomes and data collection should be different/progressive based upon the intensity and cost of the activity. Currently, with programs that provide low-intensity, low-cost activities, we are either:

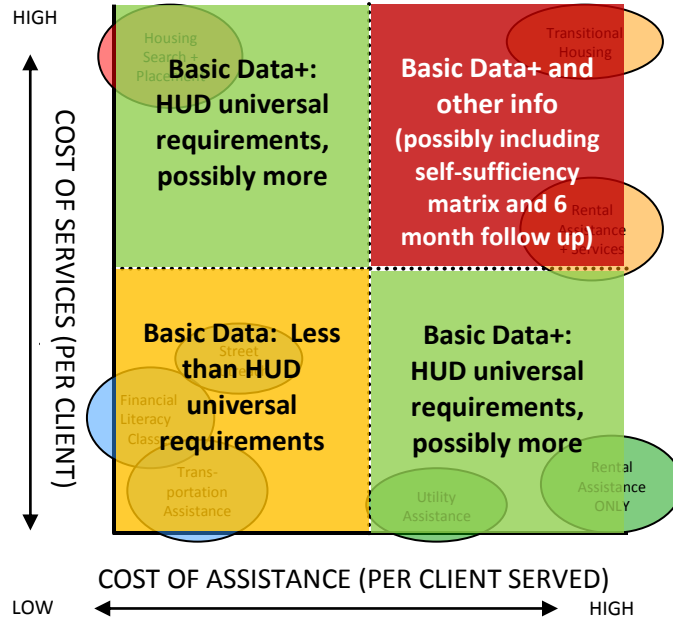
- Asking these programs to provide extensive client information that exceeds what is reasonable for such limited intervention AND expecting these programs to create housing stability outcomes; or
- Simply not collecting any data on these activities since they can't provide the outcomes and data named above.

This doesn't help FHPAP regions to fund the activities that they think are most necessary to prevent homelessness, nor does this help us to collect all the information that might be helpful to learn about the success of our programs.

As our workgroup investigated the idea of varied outcomes/data collection, we envisioned possibly three tiers (maybe more/less) of data collection (see Image 3 on page 9). Using the four quadrants, we proposed three tiers of data collection:

- **Tier 1: Basic Data:** *Something in between tallies of numbers served and HUD's universal data components.* For FHPAP activities having minimal, one-time interactions; we need to have data collection that is very minimal, but that also allows us to learn about a program's activities and who they are serving (number of contacts, basic identifiers, etc.).
- **Tier 2: Basic Data Plus:** *HUD's universal data components, maybe more.* For programs giving medium to deep assistance, we will want to know more about those served to help determine if we are targeting the right folks, etc., but we may not need to know self-sufficiency information.
- **Tier 3: Basic Data Plus, and More:** *Include the Self-sufficiency Matrix, maybe 6 month follow up.* For FHPAP activities that provide medium/long-term services, it makes sense that we may want to monitor changes in income and other self-sufficiency outcomes. Since many of these programs also provide follow-up services, we may also be able to track 6/12 month housing stability for these activities.

Image 3.



Gaining input from providers

The FHPAP Remodel Workgroup asked attendees of the Minnesota Coalition for the Homeless Annual Conference (October 2012) to provide input to our workgroup’s assumptions and remaining questions related to our Program Measures discussions. At the Minnesota Coalition for the Homeless Conference, approximately 30-35 participants took part in an exercise to consider whether program measures and data collection requirements might be built to correlate with the intensity of the FHPAP services provided (see images on page 7-9). As part of this exercise, participants broke themselves up into for small groups:

- Those providing low-service cost/low-assistance per household
- Those providing low-service cost/hi-assistance per household
- Those providing hi-services cost/low-assistance per household
- Those providing hi-service cost/hi-assistance per household

Each small group was first asked to identify three reasonable outcomes that would best correspond with their FHPAP activities. The results of these discussions were as follows:

Table 1.

PROPOSED OUTCOMES	LOW/LOW	LOW SERVICE/HI \$\$	HI SERVICE/LOW \$\$	HI/HI
Appropriate referral or placement	X			
Number served	X			
Cost per household	X			
Sustainable service connections			X	
Access to safe, decent, affordable housing			X	
Housing stability at exit		X	X	X
Housing Stability at 6 months after exit		X		X
Return to shelter/FHPAP/crisis		X	X	X

Following this step, we asked workgroup members to also identify data collection requirements that they felt were most appropriate for the FHPAP activities they were representing. Responses were as follows:

Table 2.

		LOW /LOW	LOW SERVICES/HI \$\$	HI SERVICES/LOW \$\$	HI/HI	CURRENT FHPAP DATA REQUIREMENTS
Tallies		X				X ⁸
Client Characteristics	Less than HUD's Universal Data Elements	X				
	HUD's Universal Data Elements		X	X	X	X
	Self-Sufficiency Matrix		X	X		X
	Other Information on Functioning Levels			?	?	
Service transactions						X
Direct assistance transactions ⁹						X
Income sub-assessment						X
Engagement		X				
Service Connection		X		X		
Turnaways		X	X			
Length of time from Homeless to Housed			X		X	X
Housing Retention/Stability			X	X	X	X
Exits into Permanent Housing			X	X	X	X

Conclusions.

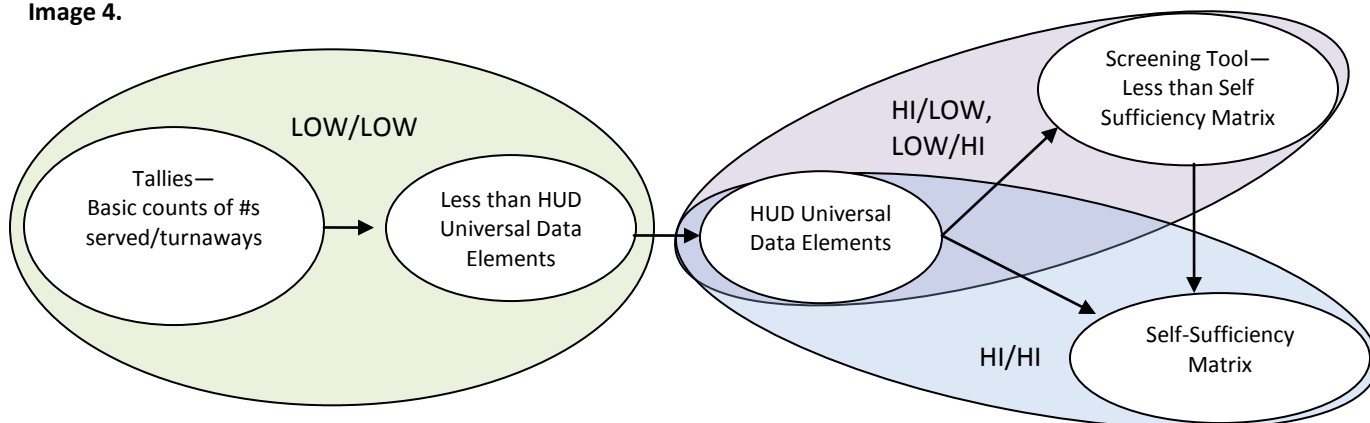
Our workgroup identified the following conclusions from our workgroup discussions and from the MCH Conference.

- There are very few distinctions (regarding appropriate outcomes and data requirements) between the LOW/HI and HI/LOW categories. In essence, these two categories should be tracking the same data and be measured by the same outcomes.
- LOW/LOW activities are an anomaly in FHPAP and should be recognized as such. The fact is that these activities, while often valid strategies to prevent homelessness, do not (1) directly create housing stability outcomes; nor (2) warrant the level of data collection currently being required by Minnesota Housing. Please see recommendations (below).
- Based upon the variety of activities provided in FHPAP, a tiered approach to program measures and data requirements makes sense. As a workgroup, we envisioned the model (top of page 11) for this tiered approach to data collection. This model is meant to scale according to a clients involvement with FHPAP .

⁸ Just tallies for bus tokens, etc.

⁹ While not recognized at the MCH Conference, some coordinators have voiced support for this data requirement

Image 4.



Example, an outreach program might account for most of their activities with tallies (# contacted, # who attended a meal, etc.). Once rapport has been established with a client, this program might enter them into HMIS with very basic information (name, date of birth, etc.—less than HUD data elements). Should this household then be placed into a rapid re-housing program or transitional housing, they would then proceed to completing all of HUD’s universal data elements and would complete the self-sufficiency matrix.

- Our workgroup has significant concerns regarding how one might implement a tiered data collection/outcomes approach. Our concerns include the following:
 - The “three tiered” approach may be more confusing for providers, especially providers who perform multiple activities.
 - Our current HMIS system may or may not be able to accommodate a three-tiered approach or may require new funding to make changes needed.
 - We are unsure as to whether a tiered approach will indeed end up producing data that grantees and the state will need to inform their planning.
 - A tiered approach need not preclude grantees from using other tools that exist in HMIS
- Our workgroup agreed that the principles identified in the “systems measures” section (page 4) should also apply to program measures.

Program Measures Recommendations for 2014-15 RFP

As a result of the discussions and conclusions described, our workgroup has the following recommendations for the use of program measures and data requirements for the 2014-15 RFP.

- Recognizing there are many questions yet to be addressed, we recommend that MN Housing make steps toward providing a tiered data requirement approach for FHPAP (noted in table 2 and image 4).
- We recommend that any changes in HMIS to a tiered approach ensure that reporting and data entry activities for providers are not made more complicated or onerous. In fact, our goal is to scale the reporting expectations to the service activity; therefore making a better connection between what is being expected (for reporting) and what is being done.
- For LOW/LOW activities, we recommend that grantees ensure that sub-grantees make a case (burden of proof) as to how their activities tie into FHPAP (housing stability) outcomes. For example, this “case” may utilize a logic model that ties the provider’s activities to the number served who later entered housing/shelter.

Appendix

Appendix

There are two sections in our summary document that warrant further detail.

First, regarding the first conclusion named in Prevention Targeting (***We currently lack sufficient data to identify who to best target for prevention assistance***).

We have named (below) five factors that we believe are, in part, responsible for creating the data problems:

- Non-participating shelters have no direct financial incentive to participate, and in fact, under the present cost structure, would incur substantial costs in staff time, training costs and software licensing fees to provide their data. This misalignment of incentives means that the agencies most interested in having data depend on getting data from agencies with financial incentives *not* to provide data.
- “Universal” data elements stipulated by HUD are beyond what most shelters (especially non-mandated ones) currently collect. More importantly, this full data set exceeds what would be required for a “homeless recidivism” analysis. Basic client identifiers with shelter admission and exit dates may be sufficient to determine homeless recidivism and, in turn, help us assess resource targeting strategies.
- Most high-volume services like emergency shelters, drop-in centers and outreach activities are not scaled, staffed or supported at a level that allows the same levels of documentation expected for high-intensity or long-duration services like case management or permanent supportive housing. Similarly, high-volume services are often not in a position to use complex software in their routines and workflow. In many cases, these programs rely on simple and comparatively low-tech ways to document their services.
- The current HMIS governance structure struggles to define clear direction and priorities for the system, and lacks authority and accountability on the many competing interests and projects for the system.
- People who are precariously housed or experiencing homelessness seek mainstream services and financial resources, like Emergency Assistance, not just the services within the homeless “silo.” Accordingly, analyses of homeless recidivism that do not account for movement between homeless-specific programs and mainstream resources will likely be missing an important dynamic in the homeless response system.

Second, regarding the 3rd recommendation under prevention targeting (***The 2014-15 RFP should invite applicants to engage in state-wide cohorts focusing on prevention targeting***).

The following are further explanations of what our workgroup is recommending for our proposed five state-wide cohorts during the 2014-15 FHPAP biennium. The five proposed cohorts are:

- Developing/enhancing diversion strategies in regions that have shelter.
- Developing/enhancing diversion strategies in regions that do not have shelter.
- Improve our ability to identify who will become homeless without help.
- Improve our ability to identify who will be able to stabilize with limited prevention assistance.
- Identifying FHPAP’s role in the broader homeless prevention system (coordination with EA, etc.).

Cohort #1: Developing/enhancing diversion strategies in regions that have shelter.

Emergency shelter stays are expensive and, in most areas of the state that have emergency shelters, space is limited and people in need of shelter are all too frequently turned away because all beds are full.

Therefore, to preserve precious resources, and to maximize the availability of shelter beds for those most in need, developing systematic strategies for helping shelter applicants explore and examine any and all alternatives to shelter should be an essential component of our homelessness prevention work.

What is Diversion?

Shelter diversion takes place at the point of entry or application for shelter, and, increasingly as it becomes developed, wherever the coordinated assessment is taking place. Diversion is focused on identifying and verifying any and all potential alternatives to shelter. Alternatives need not be ideal nor permanent to have value in keeping limited shelter space available to people who truly have no available options.

What would an ideal diversion system include?

If at all possible, shelter diversion is part of a comprehensive assessment of the shelter applicant. Examples of specific questions that can be added to an assessment to gauge eligibility for diversion would include:

- Where did you sleep last night? Is there any chance that this is available to you tonight as well?
- What issues exist with you remaining where you have been staying up to now?
- Do you have family or friends here or elsewhere that might be willing to allow you to stay with them? Or - Who might be willing to help you secure alternative housing arrangements?
- Are you seeking shelter because of concerns for your safety? If so, what would allow you to feel safer in returning to where you have been staying? In some alternative place?

In addition to routinely assessing shelter applicants for diversion, it will be very helpful to have access to some flexible funding that can be used to clear up past rent or utility bills, or to help land alternative housing or to pay for transportation to alternative housing.

In some cases, having the ability to provide some limited and temporary case management services to the shelter seeker to help connect needed services and assistance can improve the chances of eliminating the future need for shelter.

In the ideal world, County financial assistance workers can be a part of the assessment process to, when eligible, speed the application for mainstream services, including emergency assistance.

What do we want to learn to see if diversion is a successful alternative to shelter?

- How many / what percentage of shelter applicants are able to be diverted to a temporary or permanent alternative?
- How many people successfully diverted from shelter subsequently return to seek shelter again in the next month? The next 6 months? The next year?
- What alternatives are most successful in keeping people from subsequently seeking shelter again?
- How many shelter bed nights have been preserved through the use of shelter diversion strategies?

Cohort #2: Developing/enhancing diversion strategies in regions that do not have shelter.

Whereas the National Alliance to End Homelessness has stated that diversion targets people as they are applying for entry into shelter, diversion can also occur where there are no shelter services. In those circumstances, diversion operates alongside prevention where the risk of homelessness can be avoided. Diversion strategies can also be employed for persons, who are unstably housed and cannot retain existing housing and but can still avoid homelessness. Successful diversion and prevention strategies ideally operate in a well coordinated homeless response and homeless prevention system that fully utilize existing all rental assistance and rental subsidies available.

Much like shelter diversion strategies, non-shelter diversion strategies rely on full access to financial assistance, case management, mediation services and education. Diversion systems will also ideally offer support services for problem-solving case management that may slow or delay the steps toward homelessness through non-cash interventions.

The characteristics of targeted diversion households where there is no shelter may fall into the following categories:

- Not homeless yet, but housing is not affordable or sustainable.
- Households lack a cohesive plan and/or problem solving skills (whether or not the response system has resources).
- The household can be evaluated for risk factors that will not quickly escalate— i.e. safety issues related to domestic violence, health and/or mental health issues, escalating financial burden.

Further, in areas with a severe shortage of prevention & homeless response resources may inadvertently motivate households to “qualify” as homeless in order to become eligible for very limited resources or better subsidies. Therefore, there is an inherent need to increase the availability of long term subsidy without homeless as a qualifying entry point to services.

Landlord education on their role in homelessness diversion is critical. Negotiations with landlord to slow down the process in order to evaluate affordability may be a key strategy. Strategies should be strengthened where communities can employ city policies to prevent households from living in substandard and unsafe housing.

Much like shelter diversion strategies, broader based diversion strategies rely on solid screening tools and process shared by all components of the homeless & prevention response system, and shared system entry points, so that diversion can occur wherever the households has sought help. This is especially critical as those households who can be successfully diverted from homelessness & prevention resources may be those who are the least familiar with mainstream resources, may be inexperienced in dealing with life/crisis management resources and supports and may be in a higher state of denial about their situation.

Potential evaluation points include:

- Was the households successfully diverted to a permanent housing solution caused by presenting crisis?
- Did they return to seek assistance for the same or another housing crisis within 6 months or one year?
- What resources were called upon to resolve the crisis?
- How many cases were a result of unaffordable permanent housing?
- Were households able to divert to affordable permanent housing?
- What is the demographic profile and social capital profile of successful diversion households?

Cohort #3: Improve our ability to identify who will become homeless without help.

Our workgroup spent the most of our time looking at this question: How do we identify who will become homeless without our assistance? We analyzed a study out of New York in which they developed targeting criteria based upon the characteristics of families entering shelter. We conducted a pilot in regions across the state based upon the New York study to determine how valid the study was in relation to homeless prevention in MN. It was determined that more data is needed to learn what barriers have the highest impact on housing stability here in MN, and even more specifically, in each individual service area.

Therefore, it is believed that the most effective way of determining each service area's greatest barriers to stable housing, would be to collect more data derived from individual service provider studies. Some service areas have already been pre-selected to participate in a study that is being conducted by MN Housing through the use of HMIS shelter data. The rest of the service areas, however, are not currently being asked to do any type of study.

The service areas that are not already participating in a study, may wish to participate in a cohort that can conduct their own pilots/study to help collect valuable data that can be used to answer the question at hand; "who will become homeless without the assistance of FHPAP". A group could be formed to create a few example studies that different service providers could choose from so that there is some consistency throughout the state as to the types of data that

is being collected. For example, Scott/Carver may choose to ask all homeless families/individuals that seek housing services to share which barriers, from a list of barriers provided, contributed most to their current homeless status. Dakota, on the other hand, may choose to track clients who seek services that are now homeless, and previously called seeking prevention services. They may try to identify the barriers that led them to actually lose their housing. These are just two examples. Other examples of potential studies need to be thought out and presented to the recipients of FHPAP so that they can choose the best fit for their agency/service area.

The goal is to use data collected from agencies across the state to help us create a tool or multiple tools, specific to service areas, which will help target prevention services. Everyone that works with people in crisis wishes that they had a way to tell if the family sitting in front of them will truly become homeless if they do not help them. Though no tool will be fool proof, we do not have any tool right now that can attempt to tell us this. To have something based on area specific data would benefit everyone.

Cohort #4: Improve our ability to identify who will be able to stabilize with limited prevention assistance.

Because resources are limited, it is important to identify households who will be able to stabilize with limited help—differentiating them from households who would not be able to stabilize despite the assistance provided. Identifying households that will stabilize with limited assistance is a challenge. The presumption of this workgroup is that identifying the households who can stabilize with limited help is possible through some type of screening or assessment.

Households are often assessed using some kind of questionnaire or tool that ensures resources are focused on those in need. Some of the example criteria used with the Homeless Prevention Rapid Rehousing model included:

- Facing eviction within 2 weeks
- Facing discharge within 2 weeks from institutional stay of 180 days or more
- Residency in condemned housing
- Sudden and significant loss of income
- Sudden and significant increase in utility costs
- Pending foreclosure of rental housing
- Exceeding health and/or safety standards for housing unit size
- Mental health and substance abuse issues
- Physical disabilities and other chronic health issues, including HIV/AIDS
- Severe housing cost burden (greater than 50 percent of income)
- Homelessness in last 12 months
- Young head of household (under 25 with children or pregnant)
- Past institutional care (prison, treatment facility, hospital)
- Recent traumatic life event or health crisis
- Current or past involvement with child welfare, including foster care
- Current or past domestic violence

Many assessment tools have been developed that helped case managers identify which households had characteristics that were most like those households already in shelter—thus identifying those households who were most likely to become homeless. However, due to limited resources, it would also be helpful to find a tool that identified the characteristics of households that will stabilize their housing with assistance. Because, as we are aware, meeting the aforementioned criteria and receiving assistance does not necessarily mean the household will stabilize. There may be a set of characteristics that could help us define which households are likely to stabilize with limited assistance and which households will probably not stabilize—regardless of assistance being provided.

The type of assistance would likely fall into the highlighted categories here:

Table 3.

	Prevention		Housing Help			Emergency Shelter	Supportive Housing		
Modality	Maintain current housing	Re-housing	a Little service only	Very short-term RA	Permanent Rental Subsidy		Rapid Re-Housing	Site-base TH	PSH
Need	Precariously Housed	Precariously Housed	Homeless in need of very little supportive services (i.e. referral)	Homeless in need of very little financial services	Homeless in need of financial services only	Homeless	Homeless in need of temporary financial + supportive services	Homeless in need of temporary financial + supportive services	Homeless in need of financial + supportive services indefinitely
Length of Stay	Permanent	Permanent	1-30 days	1-30 days	Indefinite	1-60 days	1-90 days	30 days - 2 years	indefinite
Supportive services	yes	Yes	yes	no	no	yes	yes	yes	yes
Financial Services	yes	Yes	no	yes	yes	yes	yes	yes	yes

The recommendation of this workgroup would be to attempt to create a screening tool that could help identify those households that will stabilize with assistance. Here are some considerations:

- It may be helpful to look at the history of other programs that have helped households stabilize with limited assistance. For example, data from MAXIS could be analyzed to determine the characteristics of households who are able to stabilize housing as a result of receiving county Emergency Assistance.
- It will be important to understand the role of local conditions—beyond household characteristics—that contribute to housing instability. For example, a household with characteristics that might normally be able to stabilize with little assistance may be impacted by other factors such as the current rental market, unemployment rate or general economy. These factors would need to be taken into consideration when trying to identify households that will stabilize.
- There are several communities, such as Anoka County, that are conducting studies to learn about what happens to households who receive FHPAP and Emergency Assistance—both to those households that receive assistance and households that do not receive assistance. The Anoka studies will follow up with households about 30 days after assistance is provided/not provided to see if households are stable or have become homeless. Information from these individualized studies will be helpful to identifying households with the characteristics to stabilize with limited assistance. Perhaps a website can be established to share the results of these individual studies.
- Other tools could be useful to look at as templates such as the Rapid Rehousing Triage Tool on the National Alliance to End Homelessness website at: http://b.3cdn.net/naeh/f9c3098ee52f369b12_tjm6bnkh2.pdf

Cohort #5: Identifying FHPAP’s role in the broader homeless prevention system (coordination with EA, etc.) Many services for people who are homeless or precariously housed, including programs like the Family Homeless Prevention and Assistance Program (FHPAP), emerged in response to the unmet needs of homeless

populations, which increased steadily throughout the 1990s. Many of these programs were established separate and apart from mainstream programs, whose eligibility rules usually do not require homelessness and which often do not even consider housing status.

As a result, programs related to homelessness have often been administered, supervised and provided by different people and even different agencies when compared with similar roles for mainstream programs. The separation of homeless programs from mainstream services is mirrored federally in HUD's creation of the Continuum of Care without a formal relationship to the mainstream human services system established by the U.S. Department of Health and Human Services. This separation has fostered a distinct "eco-system" of providers, regulators and policy-makers focused on the needs of homeless individuals and families. The benefits of this approach include having an industry with a distinct identity, which has developed its own best practices attuned to the needs of homeless populations. The drawbacks to this "siloed" approach include establishing program policies, rules and requirements that are not aligned with mainstream services, even though a single person in need of assistance might be served by both the homeless and mainstream service systems. That is, if I am about to be evicted, the only salient difference between FHPAP and Emergency Assistance (EA) from my point of view might be which program can cut a check first.

Homeless programs are dwarfed by mainstream programs. In a single year, EA serves over 70,000 Minnesotans with nearly \$21 million in direct assistance payments, compared with \$7.3 million in FHPAP funding annually (less than half of which goes directly to clients) used to serve about 23,000 people. Several metro counties report spending 80% or more of their EA resources on the same kinds of direct client assistance costs that FHPAP can cover. If this ratio holds across the state, it would represent nearly \$17 million of the total EA budget, and suggest that EA alone may serve twice as many homeless or precariously housed clients as FHPAP, despite having average payments that are double FHPAP's average (\$1,019 per case for EA compared with \$447 for FHPAP).

Yet EA is only one form of financial assistance. There are other state- and county-funded emergency financial assistance programs, and numerous ongoing financial benefit programs that can help meet the needs of homeless people, including Supplemental Security Income (SSI, approximately \$557 million annually), Minnesota Family Investment Program (MFIP, \$340 million, which includes EA), Group Residential Housing (GRH, \$117 million), General Assistance (GA, \$48 million, which includes Emergency General Assistance, EGA) and Minnesota Supplemental Aid (MSA, \$36 million).

With over a billion dollars in play annually, these programs have developed substantial infrastructure, policy and operational guidance (e.g., DHS and county human service departments, MAXIS, DHS's Combined Manual, Policy Quest, etc.). With a few exceptions (e.g., GRH Housing with Services settings serving formerly homeless clients), resources flowing through "the homeless silo" have not had a formal connection to this mainstream infrastructure or been subject to its policies, and have operated without them or begun developed their own instead (e.g., HUD's CoC regs and virtual help desk, HMIS, etc.).

The disconnect between homeless-specific programs and mainstream programs does not ensure that all of the potential resources available to resolve someone's housing issues are considered when a person with housing issues connects with these systems. It engenders a "many options, many separate processes" approach, rather than a coordinated effort to determine which option among those available would best resolve someone's needs, based on a systematic consideration of all known options. This is not a good situation for people confronting homelessness, for systems, for service providers or for taxpayers.

Having a truly coordinated assessment approach for all of the options available to someone with housing-related needs would represent substantial systems change for homeless services. Since mainstream programs serve so many people who are not eligible for homeless services, initiating this systems change must come from our homeless response

systems, which should engage these mainstream systems to determine how homeless services can better align with mainstream services. Alignment does not mean that homeless services should become identical to mainstream services. Homeless programs advance their missions by intervening in homelessness where other mainstream programs can't. Rather than equivalence, the objective is to be strategic about how limited homeless resources are deployed, to ensure that homeless resources are being used where no other options are available. It would also mean that decision-making for how homeless resources are deployed should be coherent with the decision-making for mainstream services, which represents a significant change from a "siloed" approach to these services.