

**PRIORITIZATION  
PAYS OFF**

---

Conference on Ending Homelessness  
Tacoma, WA  
May 10, 2017

---

---

---

---

---

---

---

---

**Agenda**

1. Prioritization Summary – Kathie Barkow, Aspire Consulting LLC
2. Skagit County Experience – Shelley Kjos, Community Action of Skagit County
3. Grays Harbor Experience – Cassie Lentz, Grays Harbor Public Health & Social Services and Nora LeBlanc, Coastal Community Action Program
4. Q and A

---

---

---

---

---

---

---

---

**PRIORITIZATION PAYS OFF**

---

*Aspire Consulting LLC*  


Kathie Barkow  
Principal

WCOEH  
May 10, 2017

---

---

---

---


---

---

---

---

2017 PIT status?



*Aspen Consulting LLC*  
—m7w7b7f7n7d7v7j7z7

---

---

---

---


---

---

---

---

Notable Declines in PIT



- **Nationally**
- **Houston - 75% reduction** unsheltered 2011 to 2016
- **Los Angeles - 19% reduction** homeless families 2015 to 2016
- **Washington**
- **40+ Cities/States for Vets**

*Aspen Consulting LLC*  
—m7w7b7f7n7d7v7j7z7

---

---

---

---

---

---

---

---

How?

**Prioritization**

*Aspen Consulting LLC*  
—m7w7b7f7n7d7v7j7z7

---

---

---

---

---

---

---

---

**Prioritization**

Definition

- Assessing and determining who is
  - greatest need
  - highest need
  - most severe service needs
- Implicit: giving those with the greatest needs priority for the housing and homeless assistance available in the CoC.

Aspen Consulting LLC  
—m7w74b7f7n7d7j7k7—

---

---

---

---

---

---

---

---

8

**Why Is Prioritization Needed And Helpful?**

- Clients have a **more equitable access** to services than the first-come first-served model
- Programs know their role and population to be served, and **save time** by not screening clients for entry
- System can make sure **highest needs people are offered services**
- System can **see where augmentation** of services is needed and leverage them
- System can effectively work toward **functional zero**
- Mandate of Consolidated Homeless Grant (CHG) & HUD

Aspen Consulting LLC  
—m7w74b7f7n7d7j7k7—

---

---

---

---

---

---

---

---

9

**Remember...**

- Prioritization ≠ Matching
- Prioritization ≠ Eligibility

Aspen Consulting LLC  
—m7w74b7f7n7d7j7k7—

---

---

---

---

---

---

---

---

### Examples Of Prioritization Factors

- ✓ Where stayed last night (unsheltered, acuity of temp housing)
- ✓ Vulnerability
- ✓ Chronic homelessness
- ✓ Length of time homeless
- ✓ Housing barriers criteria
- ✓ High-cost service user predictor

Combination

- Vulnerability and unsheltered
- Current housing situation and housing barriers acuity
- High-risk age group, families, episodes of homelessness, extremely low/no income, disabilities and length of homeless

*Aspen Consulting LLC*

---

---

---

---

---

---

---

---

### Types Of Prioritization & Matching

Primarily two:

- Bucket Prioritization
- Continuous Prioritization

*Aspen Consulting LLC*

---

---

---

---

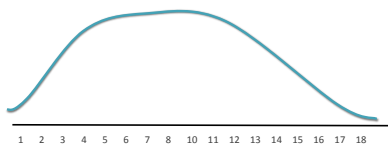
---

---

---

---

### Sample Distribution of Scores



*Aspen Consulting LLC*

---

---

---

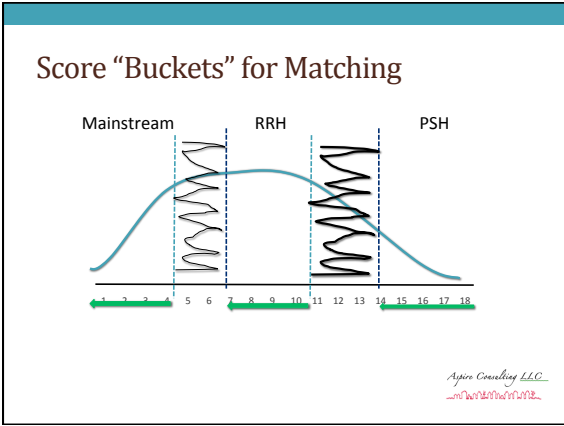
---

---

---

---

---




---

---

---

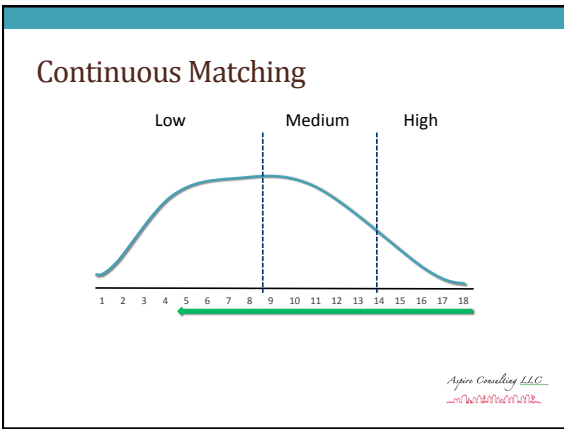
---

---

---

---

---




---

---

---

---

---

---

---

---

### What Works/Lessons Learned #1

## KISS

1. Prioritization tool
2. Decision-making structures
3. Data for evaluation

*Aspen Consulting LLC  
...not what you think it is...*

---

---

---

---

---

---

---

---

What Works/Lessons Learned #2

Plan,  
Do,  
Study,  
Act



---

---

---

---

---

---

---

---

What Works/Lessons Learned #3

Engage  
Community



---

---

---

---

---

---

---

---

What Works/Lessons Learned #4

Effectively  
Serve Those  
With  
Highest  
Needs



---

---

---

---

---

---

---

---

**What Works/Lessons Learned #5**

**Be Data-Driven To Evaluate What Works**

**Compare current/prior year, for system & project type**

- % of people served with 1 disabling condition (and #)
- % of people served with 2+ disabling conditions
- % of people served who are chronically homeless
- % exits to PH
- % exits to homelessness

Apex Consulting LLC  
www.apexconsultingllc.com

---

---

---

---

---

---

---

---

**Prioritization in Skagit County**




---

---

---


---

---

---

---

---

 **Prioritization in Skagit County: Timeline**

- February 2013: Housing Resource Center opening
- Fall 2015: Drafting of local prioritization tool
- January 2016: Tool approved, implemented at Housing Resource Center
- July 2016: Analysis of prioritization scores
- Summer/Fall 2016: Expanded use of local tool

---

---

---

---

---

---

---

---



### Prioritization in Skagit County: Successes

- Increase in unsheltered households served
  - 2015: 33%
  - 2016: 46%
- Faster access to services for highly vulnerable households
  - 2016 Average LOS on Housing Interest Pool: 105 Days
  - Average LOS for 20 highest scoring households referred to case management: 23 Days

---

---

---

---

---

---

---

---



### Prioritization in Skagit County: Challenges

- Prioritization drives system and service model adjustment
  - To serve a more vulnerable population, how does your service model adapt to continue to be relevant and effective?
- More resources per household
  - Increased investment of staff time and financial assistance per household
- Housing vulnerable households in a highly competitive rental market
- System capacity
  - How do we serve households of low to moderate vulnerability?

---

---

---

---

---

---

---

---



### Prioritization in Skagit County: Lessons

- Prioritization is an ongoing process, the work is never truly done
- Importance of multiple voices
  - Community partners
  - Front-line staff
- What works in theory vs. what's really happening on the ground

---

---

---

---

---

---

---

---





**Prioritization in Skagit County: Next Steps**

- Spring 2017: New CE Entry Point
- Summer 2017: Evaluate and adjust prioritization tool

---

---

---

---

---

---

---

---

**PATHWAY TO PRIORITIZING**

---

Grays Harbor County Public Health and Social Services  
*Cassie Lentz, Housing Resource Coordinator*

---

---

---

---

---

---

---

---

**Timeline**

- **2015** – Coordinated Entry system discussion and design
- **Mid 2015** – Process designed to measure and report utilization of assistance programs by housing status. It is regularly presented to community stakeholders.
- **January 2016** – Coordinated Entry officially launched at Coastal Community Action Program
  - Requirement for all county-funded programs
- **May 2016** – VISPDAT adopted as official assessment tool for Coordinated Entry
- **Summer 2016** – Began utilizing HMIS to capture VISPDAT data
- **2017** – Created report template in “Looker” to capture and analyze VISPDAT scores, program enrollment, and quantify need

---

---

---

---

---

---

---

---

### Data

- **2015:** 34% of all clients entering housing assistance programs were unsheltered
- **2016:** 51% of clients entering housing assistance programs were unsheltered
- *"When I started this position at the end of January 2015 and began reviewing HMIS data CCAP was serving approximately 70% Prevention clients and 30% Literally Homeless clients with housing resources. Reviewing November's HMIS reports the data shows a complete 180 degree shift. 70% of the clients CCAP served in November 2015 entered programs as Literally Homeless, and 30% were targeted prevention clients, and all of those prevention clients were being served by the HEN program"* – e-mail from GHC staff to CCAP staff

---

---

---

---

---

---

---

---

### Being inclusive and transparent



- Invite community partners to share feedback – good and bad
- Be up front about struggles and ask for help
- Don't sugar coat it – transparency about prioritization and the impacts is important

---

---

---

---

---

---

---

---

### Balancing system and provider needs

- Prioritization is a system-wide initiative
- Individual providers may have conflicting criteria/policies – they don't have to overhaul their mission to participate
- Start small and where you have control




---

---

---

---

---

---

---

---

The Work is Never Done!



---

---

---


---

---

---

---

The Work is Never Done!



---

---

---

---



---

---

---

*Grays Harbor County  
Prioritizing the Most Vulnerable*

- Changing Ways of Work
- 2014 - 2015
  - Most housing assistance is eviction prevention  
70% and 30% is for people who are homeless.
- Recurring Myths:
  - 'People who are homeless like to live that way.'
  - 'If people don't have an income, we are just setting them up for failure.'



---

---

---

---

---

---

---

### Grays Harbor County Before Prioritization

- 2014 - 2015
- Most housing assistance is eviction prevention 70% and 30% is for people who are homeless.
- Myths:
  - 'We will reduce homelessness if we focus on prevention'
- 'If people don't have an income, we are just setting them up for failure.'




---

---

---

---

---

---

---

---

### Before Coordinated Entry



- First Come, First Serve
- 70% Targeted Prevention
- Inconsistent Case Management




---

---

---

---

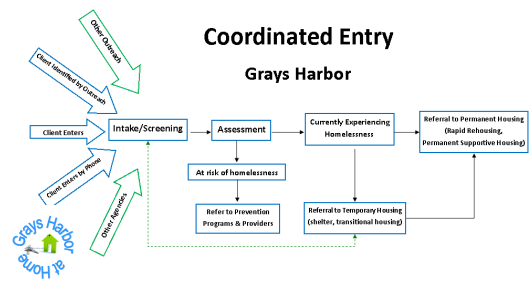
---

---

---

---

### Grays Harbor County Building a Coordinated Entry System




---

---

---

---

---



---

---

---

*The impact of Coordinated Entry was apparent immediately*

- Packed Lobby
- Phones always ringing
- Seeing 150 – 225 households a month


---

---

---

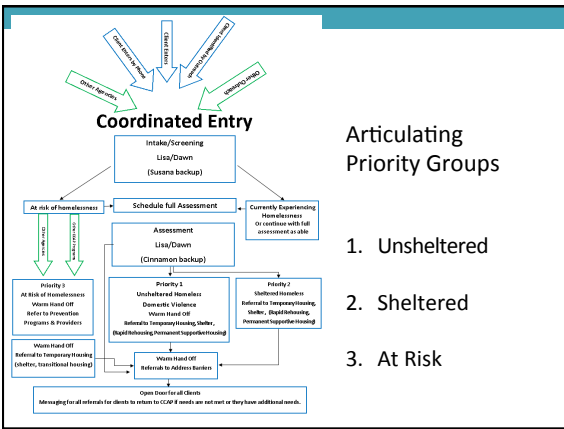
---

---

---

---

---



Articulating Priority Groups

1. Unsheltered
2. Sheltered
3. At Risk

---

---

---

---

---

---

---


---

**Learning**

- Growing demand
- Data input was paralyzing
- People falling through the cracks

**Utilize a Tool**  
VI-SPDAT

1. Score 7+ Unsheltered
2. Domestic Violence
3. Score 4 – 7 Unsheltered
4. Score 7+ Sheltered
5. Score 4 – 7 Sheltered
6. At Risk of Homelessness




---

---

---

---

---


---

---

---

More intensive case management  
Results 51% - Unsheltered Homeless

Continuous improvement  
• Change is the model



The image contains three logos. On the left is the 'Grays Harbor at Home' logo featuring a house icon. In the center is a circular diagram with four segments labeled 'Plan', 'Do', 'Check', and 'Act' around a central 'Continual Improvement' circle. On the right is a colorful, multi-colored ribbon graphic with the words 'CONTINUOUS IMPROVEMENT' written along it.

---

---

---

---

---

---

---

---

### Contact Information

<b>Cassie Lentz</b> Grays Harbor Public Health & Social Services Clentz@co.grays-harbor.wa.us 360-500-4049	<b>Nora LeBlanc</b> Coastal Community Action Program 360-533-5100 x119 noral@coastalcap.org
<b>Shelley Kjos</b> Community Action of Skagit County shelleyk@communityactionska git.org 360-416-7585 x1195	<b>Kathie Barkow</b> Aspire Consulting LLC kathiebarkow@earthlink.net 510.967.5161

---

---

---

---

---

---

---

---