

Data and System Improvement Working Group Report to the CoC Board

Working Group: Data and System Improvement

Chairs: Michele Fuller-Hallauer and Stacy DiNicola

Held: **March 7, 2019** Clark County Social Service, 1600 Pinto Lane.

Attendance: Ariana Saunders (CCSS), Michele Fuller-Hallauer (CCSS), Michelle Livings (SNHD), Tanya Sutton (Bitfocus), Stacy DiNicola (City of Henderson), Dr. Carlton Craig (UNLV).

Accomplishments-Action Items Completed:

1. Unmet Need Calculation Formula

- Tanya reviewed the updates that she had made to the unmet need formula from the last meeting
- Accounting for those that are no longer homeless without accessing services – Did we look at those who have died or have moved out of the SNV area without assistance?
- The goal is to find the number of beds needed by bed type and by sub-population
 - Our community needs a total of 6,716 beds = M (true/adjusted total demand) above and beyond the capacity
 - Capacity includes turnover rate
 - $6,716 \text{ (need)} + 9,556 \text{ (capacity)} = 16,272$ total beds for community (includes existing beds and new beds needed)
 - Does turnover rate need to be applied to demand?
- We haven't done any research or analysis on what our system currently has and if this is the right makeup of bed types and programs.
- Didn't account for beds that are dedicated veteran beds
 - We've reached functional zero for veterans but they are still included in the overall capacity number – this would dramatically decrease the number of PSH beds if we accounted for that
 - Testing the unmet need formula, Michelle L. found that our community needs 44 more beds for veterans
- RRH capacity from the HIC is lower than the actual number of RRH beds because HUD has a different formula for RRH
- **Actual Housing Type Need**
 - $1,399 \text{ assessments} \times 37\% = 182 + 52 \text{ families} + 11 \text{ youth} = 245$ people scoring 9 or below on assessment that could use diversion measures
 - Chronic score = 692 people waiting for PSH beds
 - $1660 - 936 = 724$ all populations
 - These 724 need RRH for permanency and there are various ways to get to RRH, either thru ES or ES and TH, but the goal is to get them to RRH and become self-sufficient
 - The hope is that while people are in RRH become self-sufficient and they can maintain their housing once the 2-year limit for RRH is over
 - Of the 724, we don't know what type of housing they need because we don't have a measure to distinguish what housing they need between RRH or TH
 - Matchers look at the queue and see what's available
- **Some measures to consider (refer to picture of whiteboard):**
 - People turned away because we don't have RRH, TH, ES (measures 1-3)
 - People turned away once they are in ES and going to RRH but turned away (measure 4)

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- People turned away because they are chronic but can't get PSH (measure 5)
- People going from PSH back to ES (measure 6)

- Use the numbers that we have the most confidence in and look at ways to improve data quality in the future
- Use the percentage of people on the queue by housing type and sub-population

- **Assumptions that have been made:**
 - Assume that our system has the correct % of each housing type (ES, RRH, TH, PSH) – that our system has the correct make-up
 - Our housing assessment measures vulnerability but not the type of housing needed
 - Assume the % of subpopulations based on BFZ data
 - Assume that the turnover rate remains the same based on housing type
 - Assume a diversion rate of 10% based on the lowest percentage that other communities who are doing diversion without funding
 - Making some assumptions on veterans:
 - Community reached Functional Zero for Veterans and there are beds dedicated to serving veterans
 - If we remove the number of veterans beds in the capacity in each housing type, we have to make further assumptions:
 - We don't have some specific information for veterans, such as who became homeless in the last 12 months and in the last 30 days, so we had to make some assumptions to get to the annualized number.

 - **Things that we don't know:**
 - We don't know the percentage of subpopulations that need what type of housing
 - We don't know the correct housing type for people except for PSH because they are chronic. This would need some further analysis.

- **For future data:**

Queue - % beds in ES x average of increase and all additional beds – new beds, not including Q734 – 34 people (took % and converted to people) = 700
 $700 \times 10\% = 70$
 $700 + 70 = 770 - 30 = 740$

- Analyze who is moving into RRH and who are successful and compare their assessments to see what factors are similar

2. Next Steps

- For presentation to Joint Working Group on Monday, March 11, at 8:30 a.m., Tanya and Michele will work together to create a Power Point presentation. Michele will speak on the formula and Tanya will speak to the numbers.

NEXT MEETING: Joint Working Group March 11, 2019