Data + Partnerships
WORKING TOGETHER TO CHANGE LIVES
NHSDC SPRING 2022 CONFERENCE

Bringing Community Closer by Facilitating Collaborative Case Conferencing Based on a By-Name-List

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Introductions

- Connor Stephenson (he/him/his)
- Individual Coordinated Entry System Manager

- Aubrey Pellicano (she/her/hers)
- Lead Data Associate

Where we work:

- Friendship Shelter
  - Non-profit service provider operating since 1988 with programs encompassing
    - Emergency shelter
    - Permanent supportive housing
    - Street outreach
    - Drop-in day services
    - Housing disability advocacy
    - Coordinated entry system administration
  - All direct services provided in south service planning area

The system we work within:

- CA CoC 602
  - Orange County
  - Population of 3.176 Million People
  - 6,860 people experiencing homelessness (according to 2019 PIT)
  - CoC is seated with the County of Orange
  - Homelessness is seen as a politically divisive issue
  - 211OC is the HMIS Lead
  - Three service planning areas (North, Central, and South)
  - Historically a very shelter-focused service system

The Coordinated Entry System:

OC INDIVIDUAL COORDINATED ENTRY SYSTEM

- Three components
  - Individuals: Administered by Friendship Shelter subcontracting with Mercy House
  - Families: Administered by The Family Solutions Collaborative
  - Veteran registry: Administered by the County of Orange
  - TAY – with caveat

Note: this By-Name-List project predates Friendship Shelter's contract for the Individual Coordinated Entry System

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Superhero Origin Story:

- By-Name-List
  - "Every community talking about making progress toward functional zero says they are using a By-Name-List"
  - But what the heck is a By-Name-List anyways?

Definition:

- By-Name-List
  - A close-to-real-time, passively collected list of everyone experiencing homelessness in a region that can be utilized democratically through interagency efforts to make the transition from “my clients” to “our clients,” and aid in making homelessness rare, brief, and non-recurring.

Operationalizing the definition:

- Close-to-real-time,
  - Biweekly meetings: Biweekly data pushes
- Passively collected
  - 100% of data comes from HMIS
- List of everyone experiencing homelessness in a region
  - Full outreach coverage of the region
- Utilized democratically through interagency efforts
  - All participating agencies signed MOUs
- Transition from “my clients” to “our clients,”
  - Agency information is omitted
- Making homelessness rare, brief, and non-recurring.
  - Housing-first and housing-focused case conferencing model

The Data:

- Client Data
  - Unique ID
  - Personal ID
  - Full Name
  - DOB
  - Ethnicity
  - Gender
  - Race
  - Veteran Status
- Program Data
  - Sites City
  - Name
  - Project Type Code
- Agency Data
  - Agency Name
- Enrollment Data
  - Enrollment ID
  - Start Date
  - Exit Date
  - Head of Household
  - Chronically Homeless at Current Date
  - Residence Prior to Project Entry
  - Approximate Date Homelessness Started
  - City
  - Custom What city were you in immediately prior to entry in this project?
  - Exit Destination
  - Disabling condition
    - Chronic Health
    - Developmental
    - HIV/AIDS
    - Mental Health
    - Physical
    - Substance Use Disorder
  - Custom What city are you currently homeless in?

Now What?

Definition:

- Collaborative case conferencing

  A targeted, action-oriented, and housing-focused problem-solving method rooted in the assumption that a coordinated and regional approach to resolving housing crises for individuals experiencing homelessness produces effective and efficient results.

Emphases of Collaborative Case Conferencing:

- Targeted
  - Focusing efforts on a single population
- Housing-Focused
  - The sole intent of the intervention is to end participants' experience of homelessness
- Action-Oriented
  - An action is assigned for each participant on the By-Name-List each week, and a system of transparency and accountability is in place to follow up on assigned actions
- System Barriers Perspective
  - Barriers are in the system instead of participants. For instance, instead of phrasing a participant's mental health problem as a barrier, we phrase the barrier as a lack of accessible housing for people with mental health problems.

For more information on this model, see Built for Zero's tool bank, which proved invaluable in the creation of this program.

Targeted Subpopulation:

- People vulnerable to COVID-19
  - Over 65 years of age
  - Experiencing chronic homelessness

- Reasoning
  - Aligned with system goals
  - Yielded a reasonable number of participants (approximately 40 at beginning of period)
  - Housing improves health outcomes and reduces risk of virus transmission

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Data Layout (1):

Name	Unique I	Score	CES Status	Housing Bucket	Date Bucket Change	Housing Pl	Barrier
	94A934DBC	65.87%	Document Ready PSH	Housing Navigation	10/15/2021	Voucher	lack of affordable housing
	B5B32038A	65.87%	Document Ready PSH	Housing Navigation	10/15/2021	Voucher	Ct. only wants to live at the beach SanClemenet or Dana Point so pretty limited.
	A8FB52630	65.27%	Not enrolled in CES	Engagement	3/4/2022	None	Lack of contact and documents on file
	F7F3C2FD7	61.68%	Not on CES/VET	Housing Navigation	3/4/2022	Voucher	
	74F008AC9	59.88%	On ICES with Hud-Vash voucher	Housing Navigation	3/4/2022	Voucher	Veteran was housed with Hud-Vash voucher, lost his apartment but voucher is still good. He would be

Data Layout (2): + unstructured Notes column

Last Action	Staff	Last Target Date	Completed (Y/N)	Next Action	Staff Responsibl	Target Dat
will reach out to to get that certification information		3/4/2022	N	looking into an apartment in San Clemente		9-Mar
need to locate him and speak about getting MHSA certification; to contact for barrier		3/4/2022	Y	continue building plan, set up meeting with		21-Mar
and to connect to get him on the queue, get documents, and find out barriers		3/4/2022	N	make contact, work on getting on the queue, documents		18-Mar
				to follow up with and reach out to AP, veterans village is housing - look into it		11-Mar
				follow up with VA, enroll in CALAIM for assistance, discuss plan for housing		11-Mar

Data Layout (2) Definitions:

- Actions
  - Last/Next Action
    - What was/is the agreed action to be performed to address the identified barrier and move the participant toward housing
  - Staff
    - Who was/is the agreed upon staff person to take responsibility for ensuring that the agreed upon action was/is completed
  - Date
    - What date was/is the action to be completed by
  - Complete (Y/N)
    - Was the action completed

Did it Work?

Methodology

- Testing our Impact
  - South SPA vs. Central and North SPAs

Data Analysis

- Export sent to us by CoC HMIS Lead
  - 12/01/2020 - 12/31/2021
- Calculating Chronic Homelessness at Point in Time
- 65 years old during enrollment

The data:

- About 20,000 records total (19780) -- 8195 people engaged
- Concatenated several datasets that had overlapping data
- 129 programs– 78 that were kept in the final analysis
- Data Cleaning

Chronic Homelessness

- Disability – long term
  - chronic health, mental health, physical health, substance use, developmental, HIV/AIDS
  - 5,535 people
- AND Chronicity
  - 12 months homelessness consecutively
  - OR 12 months over four or more times in the past three years

- 4,555 (56%) people CH

Housing Outcomes

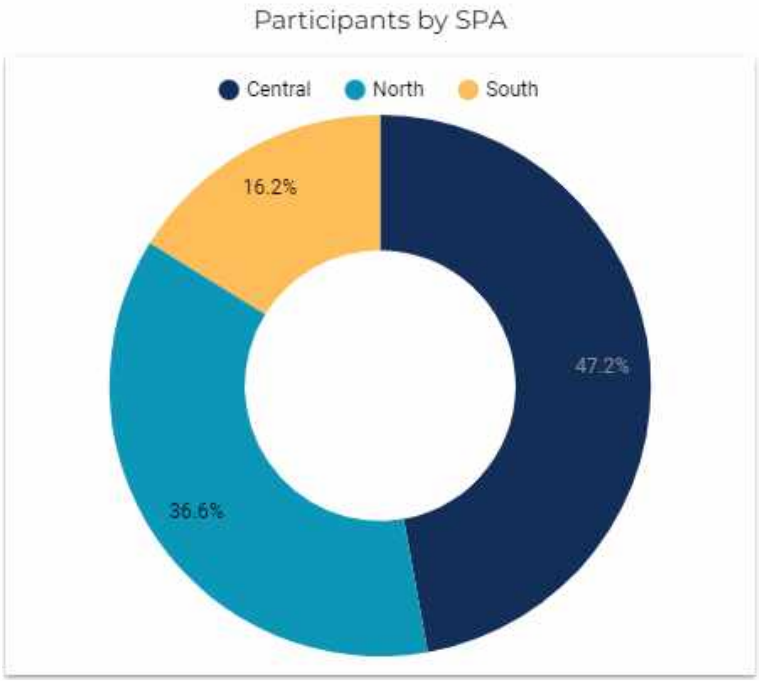
- Exited program to a permanent housing destination
- Project Homekey enrollment during time period

Population

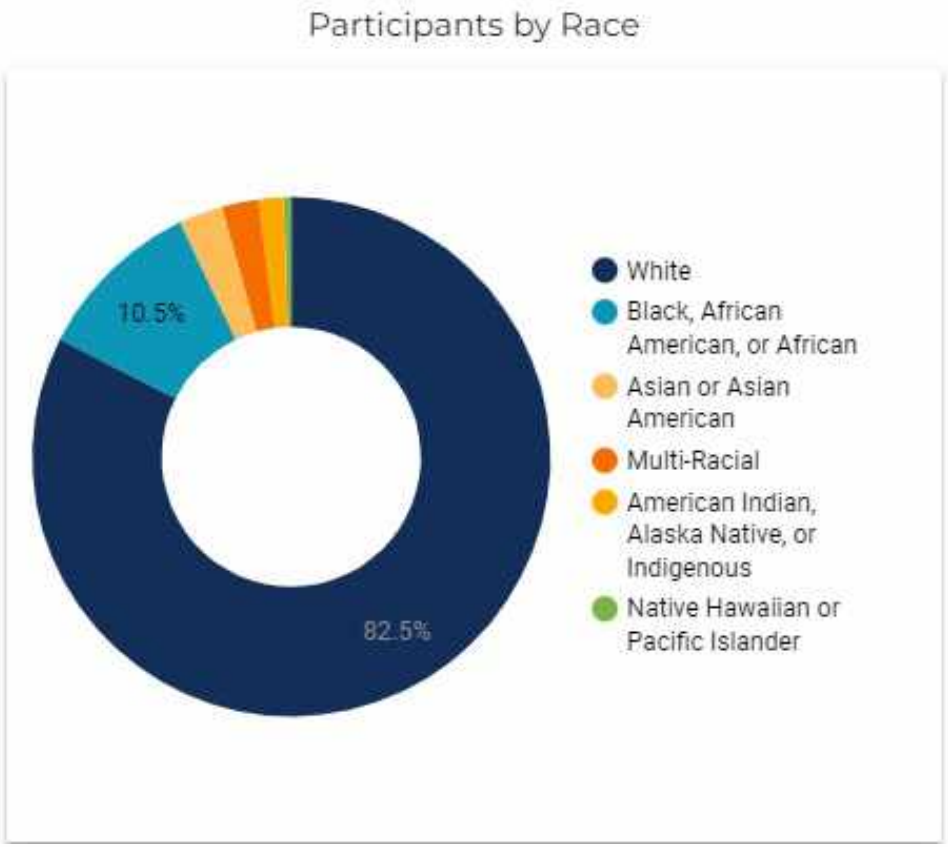
- N = 445
- Average age: 71
- Time spent experiencing homelessness
  - 91 months on average,
  - 76 months for those housed

Population

- SPA breakdown
  - South: 72 (16%)
  - Central: 210 (47%)
  - North: 163 (37%)



- Veteran Status
  - 42 (9%)
- Race/Ethnicity
  - Hispanic/Latinx: 84 (19%)
  - Non-Hispanic/Non-Latino: 356 (80%)
- Gender
  - Male: 259 (58%)
  - Female: 184 (41%)



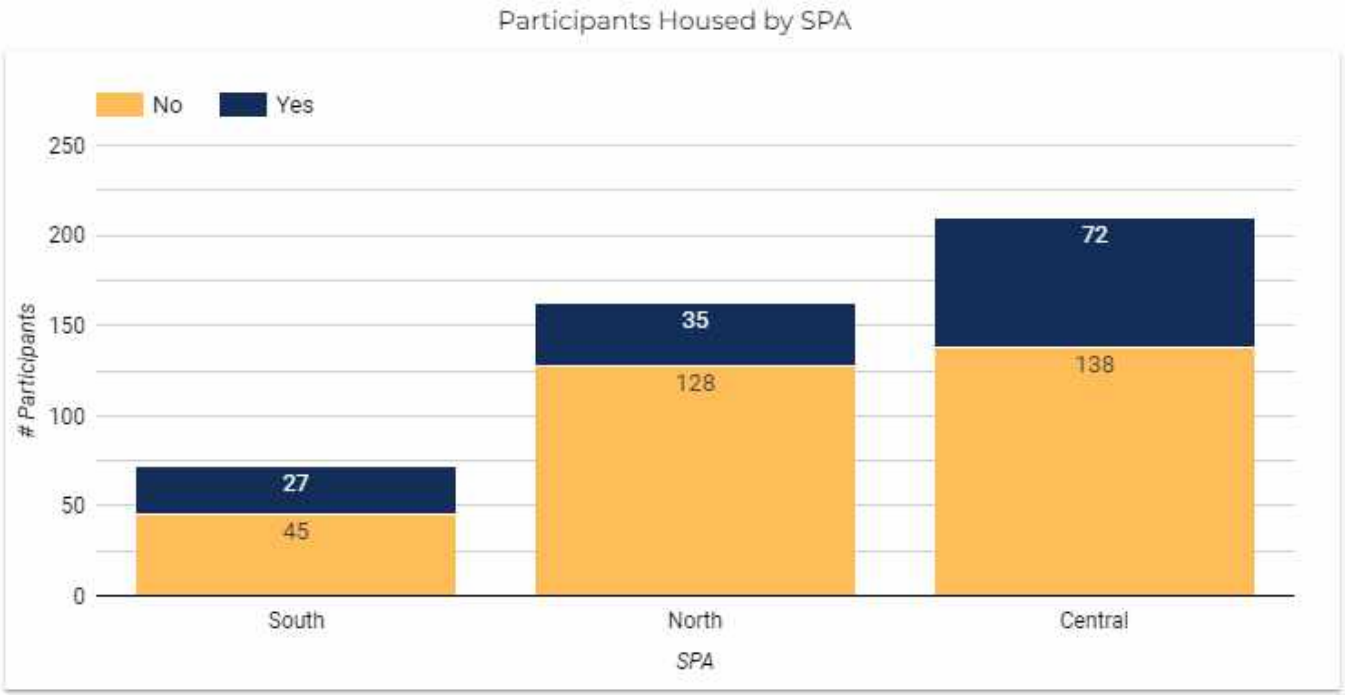
- Disabling Condition
  - Chronic Health: 300 (67%)
  - Mental Health: 186 (42%)
  - Physical Health: 287 (64%)
  - Substance Use: 72 (16%)
  - Developmental: 57 (13%)
  - HIV/AIDS: 5 (1%)

- Residence prior – 416 (93%) from literal homelessness
  - Place not meant for habitation: 323 (73%)
  - Shelter: 92 (21%)
  - Safe Haven 1 (.2%)

Results

Number housed by SPA

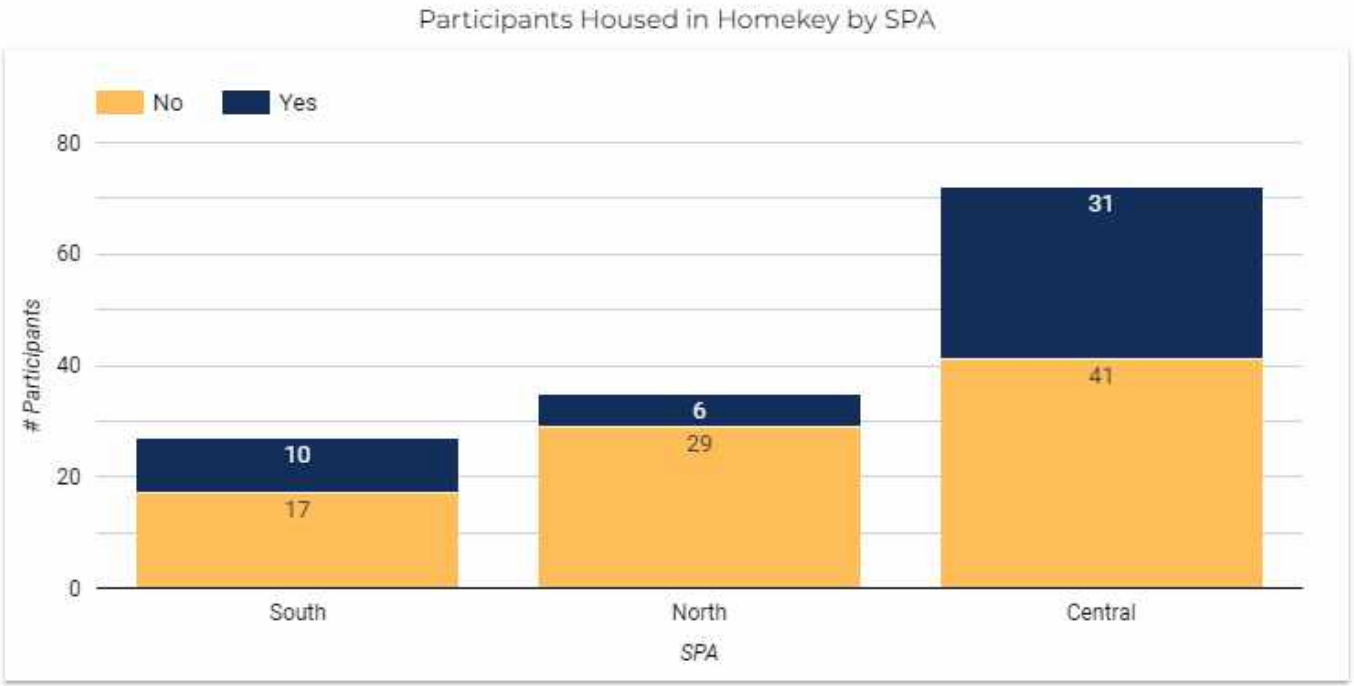
- South: 27/72 (38%)
- North: 35/163 (21%)
- Central: 72/210 (34%)



Project Homekey

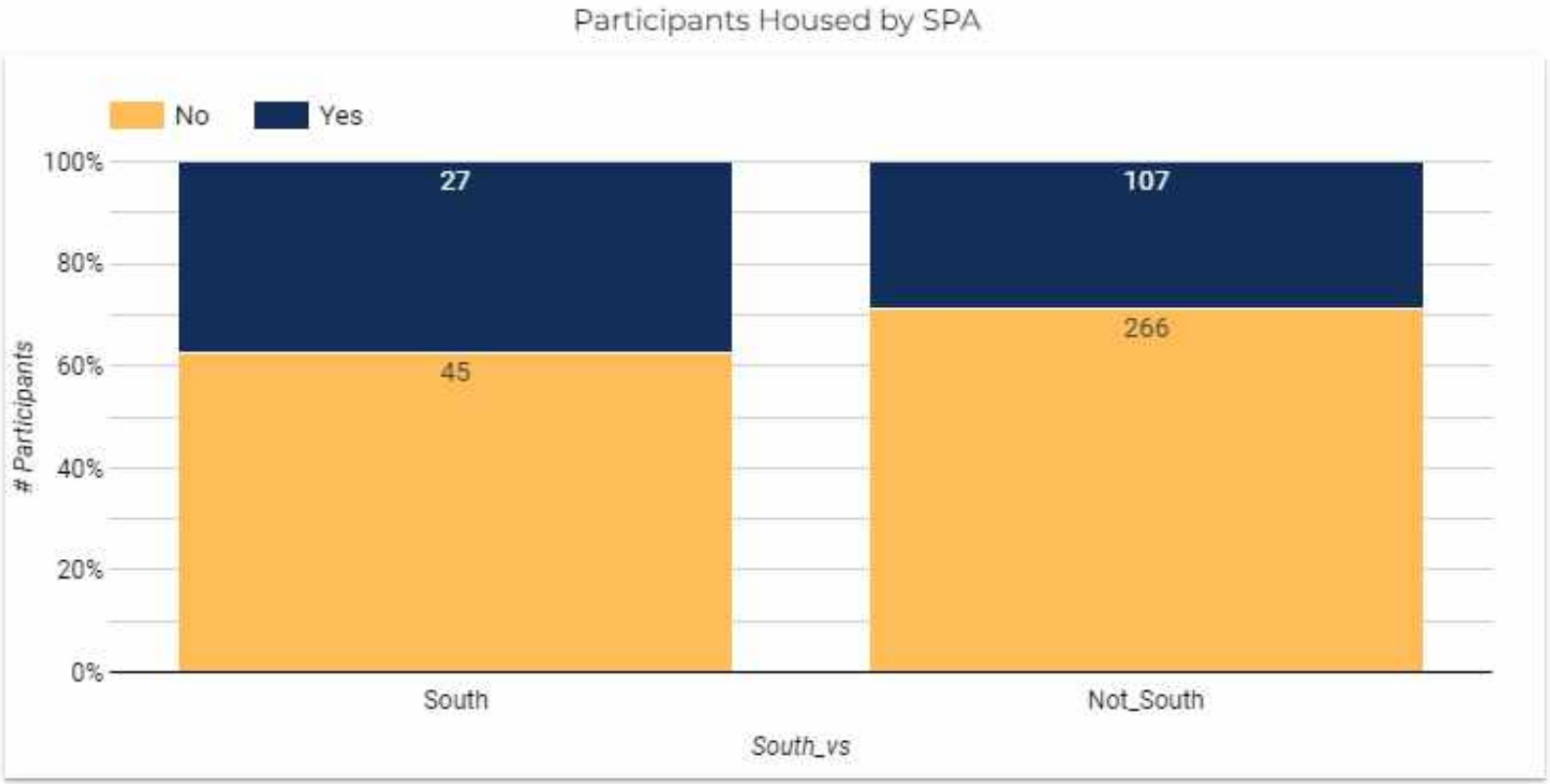
Number housed by SPA

- South: 10/27 (37%)
- North: 6/35(17%)
- Central: 31/72(43%)



Chi-Square test

- $\chi 2 = 2.23$
- df = 1
- P = .1356



Ad Hoc

In total, 190/1195 (16%) were housed in South OC in time frame

- Those who were case conferenced: 23/63 (37%)

Throughout the entire County 1178/7017 (14%)

- Target Population: 134/445 (30%)

Housing Outcomes by Program Type

- 101/250 (40%) ES
- 26/187 (14%) SO

Limitations

- Data changed over time
- Project Homekey
- Returns to homelessness
- Comparison group
- COVID Programs and Funding

Summary

Although the statistical test was not significant, we feel that the housing rate in South SPA was meaningful.

Future study could provide clarity by:

- Using random samples
- Using a more comparable population for "control group"
- Using larger samples
- Using a broader population

What does that mean for the folks that were case conferenced through our By-Name-List?

Success Stories:

- Tiffany
  - Experiencing unsheltered homelessness since approximately 1986
  - Referred into shelter as an early success of the By-Name-List
  - Remained sheltered for over two years
  - Currently matched through CES with a CoC Certificate
  - Enrolled in Medi-Cal housing navigation and stabilization program

Success Story 2:

- Bertha, Yuko, and Doug
  - All got placed in nursing homes or assisted livings
  - Used referral resources shared about during the meeting

Q&A

SUPPLEMENTAL

Start date calculations

- If the date homelessness started was before the enrollment date, that date was used
- If they were not entering from literal homelessness but were in a literal program, the enrollment date was used

SUPPLEMENTAL

End date calculations

- If the exit date was null meaning they were still enrolled when the data was AND they were in a literal homelessness program, 12/3 was used
- If they were in a literal program, the exit date could be used
- If they were literal entering but not in a literal program, enrollment date was used

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Chi-Square output from R

Total Observations in Table: 445

nhsdc$South_vs	nhsdc$Housed_new No	Yes	Row Total
Not_South	266	107	373
	260.681	112.319	
	0.109	0.252	
	71.314%	28.686%	83.820%
	85.531%	79.851%	
	59.775%	24.045%	
	0.329	-0.502	
South	45	27	72
	50.319	21.681	
	0.562	1.305	
	62.500%	37.500%	16.180%
	14.469%	20.149%	
	10.112%	6.067%	
	-0.750	1.142	
Column Total	311	134	445
	69.888%	30.112%	