B2 – Diversion/Rapid Exit: Adopting a Dynamic Prioritization Approach

2018 Rapid Rehousing Institute

Session Goals and Agenda

- Introduce dynamic prioritization and the role of diversion and rapid exit within a coordinated entry process that has adopted dynamic prioritization

- Explore implementation of dynamic prioritization including diversion and rapid exit in several communities

- Learn about expectations for prioritization of vulnerable populations in HUD and VA programs

Dynamic Prioritization

or

"Dy Pri"

What is Dynamic Prioritization?

- ***Dynamic Prioritization*** continually adjusts a CoCs prioritization list to achieve all of the following system objectives:
  1. Most vulnerable persons are prioritized
  2. Housing placements occur within 60 days
  3. All available CoC resources are leveraged in most flexible manner possible
  4. CoC is working towards continuous improvement of system improvement measures

- This workshop will explore what ***dynamic prioritization*** looks like in practical terms and how to do it.

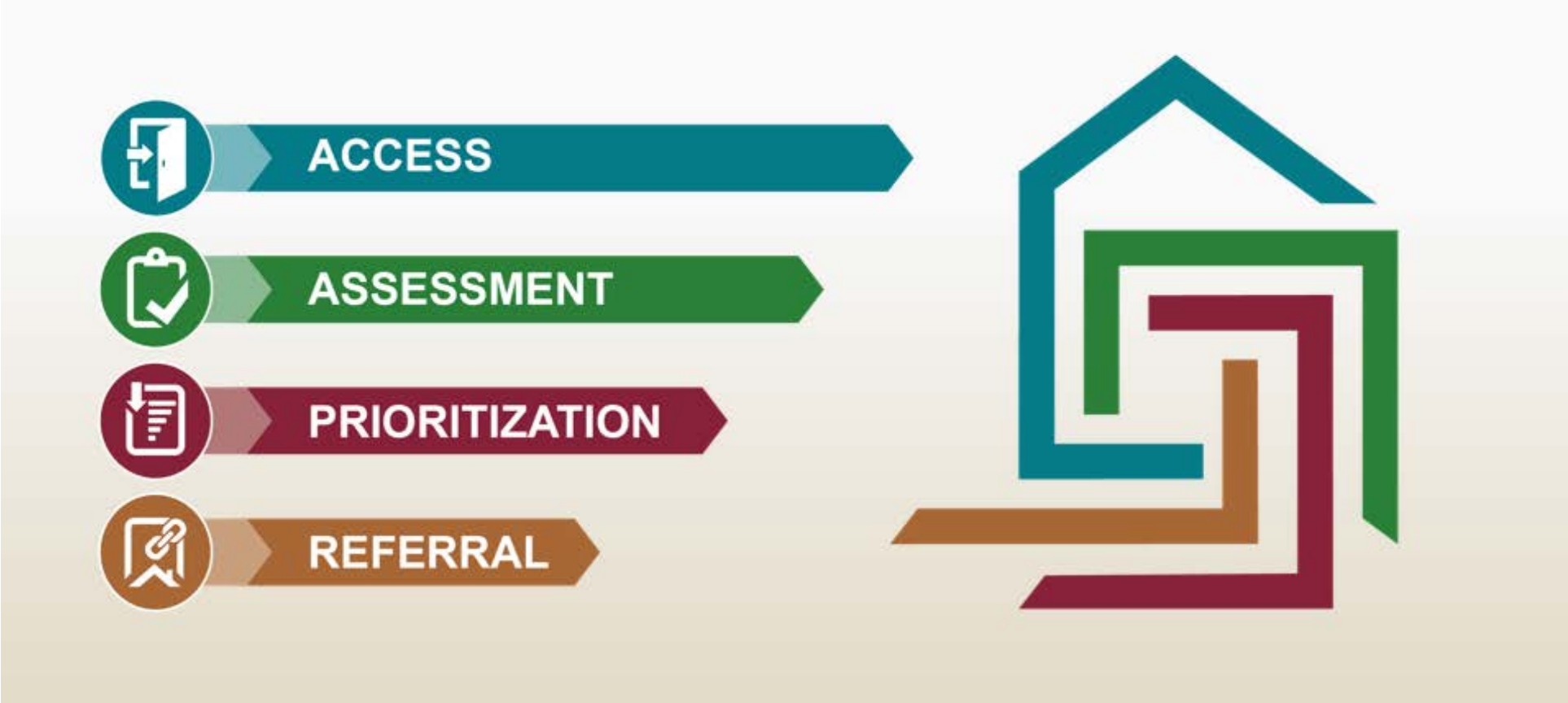
Why Coordinated Entry?

What is it?
Coordinated Entry (CE) is a process to coordinate and manage the crisis response system that enables users to make consistent decisions to efficiently and effectively connect people to housing and services that will end their homelessness.

How does it work?
CE is a framework that transforms the CoC from a network of independent homeless assistance projects into a fully integrated crisis response system where decisions about who to serve, how to serve them and when services are provided are made according to a transparent community-defined set of policies and operational practices.

Why do it?
- Standardized decision-making across the entire system
- Highest need, most vulnerable households receive accelerated access to limited housing resources
- More efficient and effective overall system – “ best and highest use of system resources”

Review Core Elements of Coordinated Entry



Common Coordinated Entry Challenges

Access
- More people seeking assistance than have resources to assist
- Highest need people not getting assistance
- Access point messaging is weak or unclear

Assessment
- Process too long and time consuming
- Information quickly becomes out of date
- Assessment doesn't directly lead to assistance or housing plan

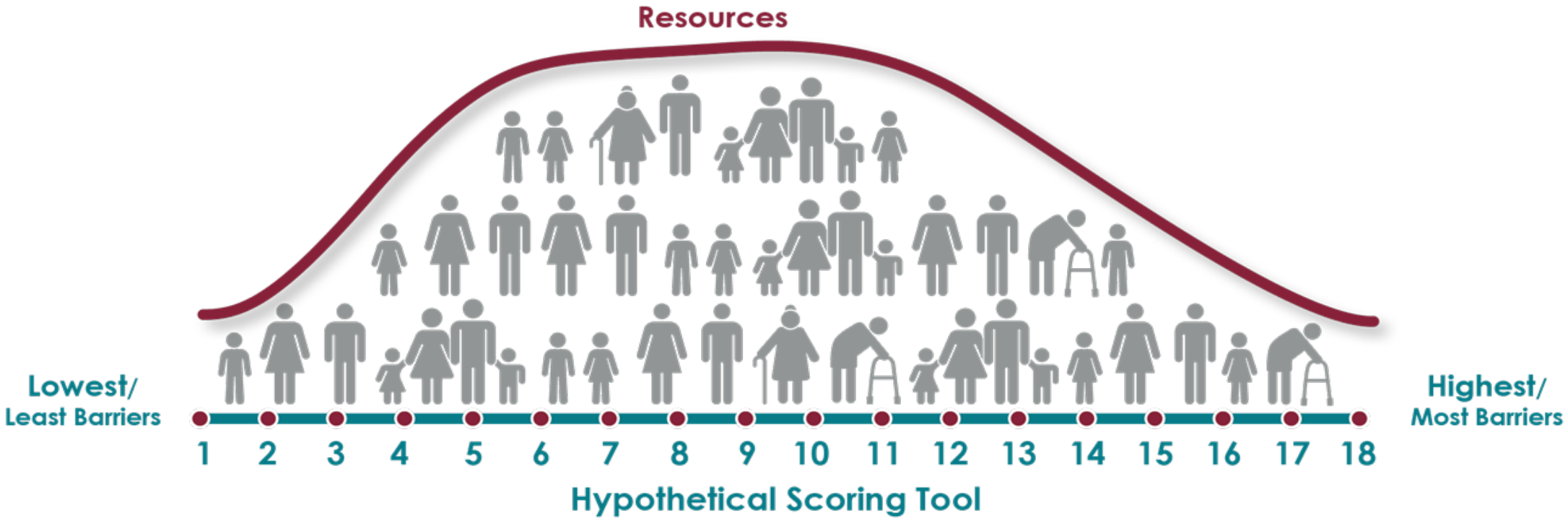
Prioritization
- Priority list is static
- Stakeholders lack confidence in score
- List is too long

Referral
- Prioritized people not document ready
- Prioritized people not eligible
- High priority people rejected by programs
- Referral process is too slow and cumbersome

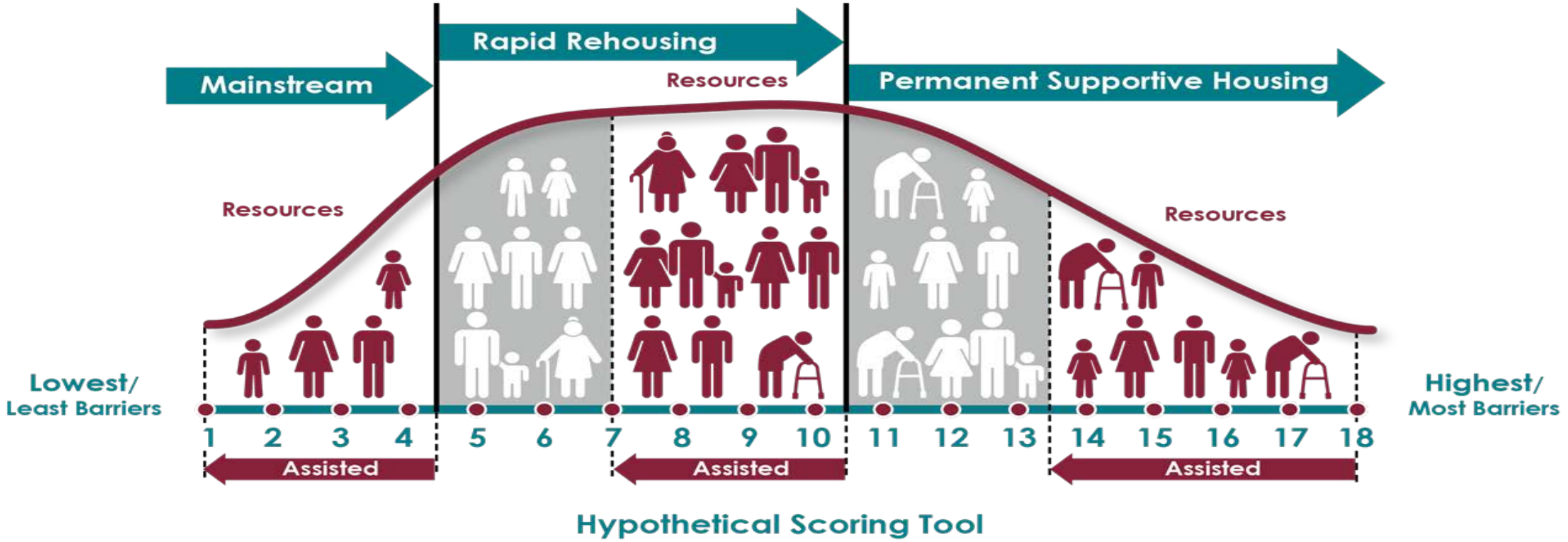
Management
- Lack of CE process documentation
- Roles unclear
- Inconsistent oversight/enforcement of procedures

Data
- HMIS or other data systems not leveraged
- Information sharing not standardized

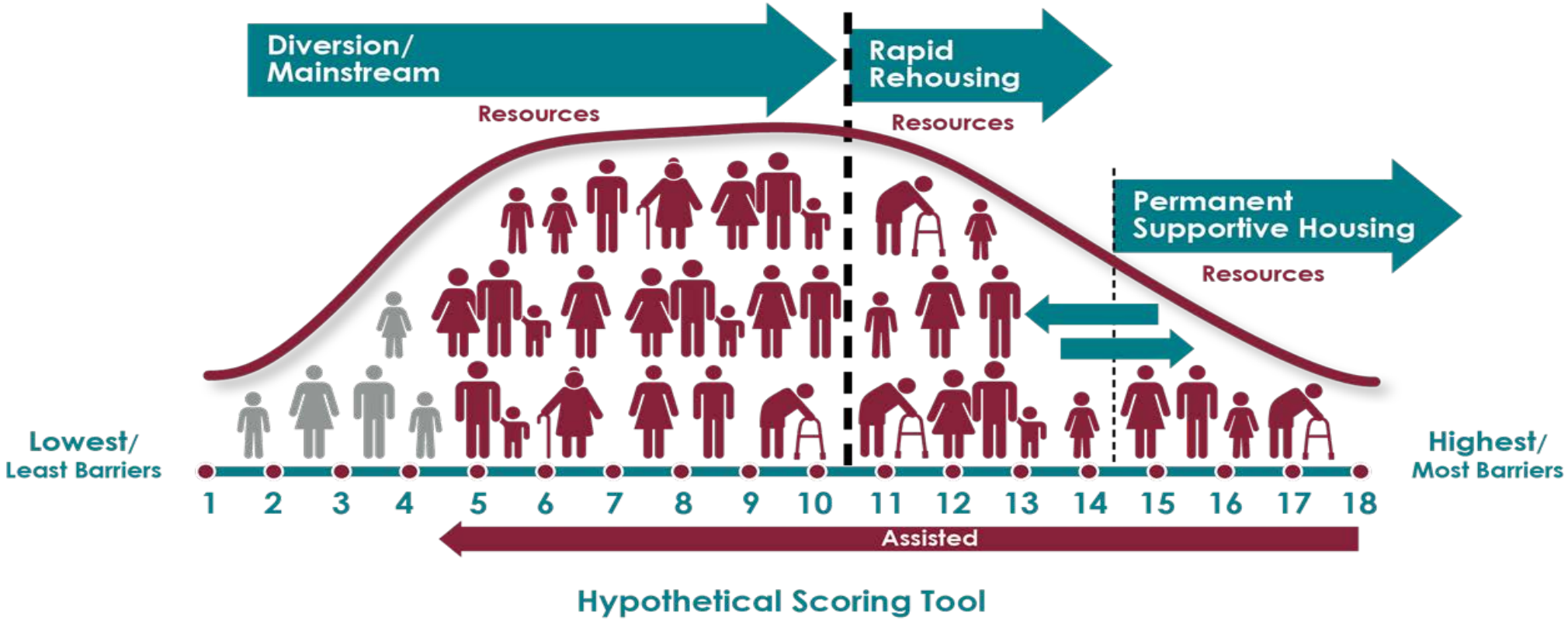
Sample of Static Prioritization with Scores



Sample of Static Prioritization with Scores and Referrals



Result of Dynamic Prioritization



Strategies for CE Continuous Quality Improvement

Access

- System-wide problem solving
- Access through mobile outreach

Assessment

- Phased assessment
- Everyone gets a housing plan

Prioritization

- ***Dynamic prioritization***
- Case conferencing
- Limit priority pool to resources available

Referral

- Use navigators for highest priority
- Presumptive eligibility
- Reduce housing barriers
- Track performance measures

Diversion and Rapid Exit within Context of Dynamic Prioritization

Diversion & Rapid Exit

Diversion strategies all involve a problem-solving, strengths-based conversation with households seeking assistance to help them identify safe alternative housing options in order to resolve crisis.

- Should be attempted with everyone that presents for assistance at all points where people could ‘enter’ the system (i.e., shelter or other CES access points)
- Must incorporate safety planning
- Key staff skills: Mediation, motivational interviewing, creative problem-solving, conflict resolution
- Flexible funding can allow for more creative and immediate solutions

Diversion & Rapid Exit Outcomes

- Permanently back with family, friends or other networks
- Return to their own residence
- Temporarily diverted as they seek new housing
- Relocating permanently to safe place out of town

Considerations in Implementing Diversion and Rapid Exit

Diversion strategies can make a significant positive impact on the homelessness response systems and on the people that are served

- Ensures that more intensive intervention options are reserved and prioritized for those households with no alternative households
- Empowers the clients by focusing on strengths not just barriers
- Reduces the number of households that experience the trauma of shelter

Broad community buy-in is important but can be challenging as diversion often requires a big paradigm shift

Community Examples

Los Angeles, CA
Richmond, VA
Tacoma/Pierce Co., WA
Las Vegas, NV

LA CES Resource Matching Tables

Adults	
Acuity Score	
17	Acuity Group 1
16	
15	
14	
13	
12	
11	Acuity Group 2
10	
9	
8	
7	Acuity Group 3
6	
5	
4	
3	Acuity Group 4
2	
1	
0	

PSH

RRH

Youth	
Acuity Score	
17	Acuity Group 1
16	
15	
14	
13	
12	
11	
10	
9	
8	
7	Group 2
6	Acuity Group 3
5	
4	
3	Acuity Group 4
2	
1	
0	

PSH

RRH

Families w/ Children	
Acuity Score	
17+	Acuity Group 1
16	
15	
14	
13	
12	
11	
10	
9	
8	Acuity Group 2
7	
6	Acuity Group 3
5	
4	
3	Acuity Group 4
2	
1	
0	

PSH

RRH

Systems Impacts of Dynamic Prioritization

Pierce County/Tacoma

- Resources now directed to most vulnerable participants
- Continuous quality improvement is now focus of system
- Diversion has been enormously successful in reducing CES entry, and potentially shelter enrollments
- RRH recipients represent higher acuity/more vulnerable participants
- Reduce barriers to entry into CoC housing resources
- Size priority pool based on available resources – now know more about housing gaps/needs

Las Vegas

- Increased confidence in CoC's ability to house most vulnerable
- Continuous quality improvement focus for CoC system
- Robust and frequent community discussions about system functioning
- Leveraging resources from broader community partners (e.g. business sector)

Richmond

- Phone-based diversion access – 50% reduction in shelter enrollment, addt'l 30% self-resolved (1/3 previous shelter enrollments came from housed situations)
- Shelter clients now represent most vulnerable/highest risk
- Current program participants tend to have greater housing barriers, take longer to resolve
- Exploring flex funds to facilitate rapid exits for shelter participants with less intensive service needs
- Using RRH to resolve crisis for larger % of all clients, even chronic and other high need clients

Prioritization in HUD and VA Programs

HUD Perspective

- Notice on Prioritizing Persons Experiencing Chronic Homelessness in PSH

VA HCHV

- Health Care for Homeless Veterans (HCHV) functions as the hub for housing and services to reach and assist Veterans experiencing homelessness. HCHV activities include
  - Outreach to the most vulnerable, including those not receiving services, to engage them about receiving treatment and other services
  - Contract Residential Services (CRS) programs, CRRCs, Low Demand Safe Haven, and Stand Down funding and support
- Oversees the rollout of the DUSHOM memo on VA participation in coordinated entry
- Oversees the new VA Coordinated Entry Specialists

DUSHOM Memo on VAMC Participation in Coordinated Entry

- **Background:**
  - HUD requires all communities develop and operate a Coordinated Entry System (CES) for all homeless individuals, including Veterans.
  - CES is a critical element in the work to end Veteran homelessness.
  - VA's participation in their local CES is essential to this national effort.
  - The DUSHOM memo outlines the policy for VAMC participation.

- **Purpose of the guidance:**
  - Establish the roles and responsibilities of VAMCS in each of their CoCs and the CoC's CES.
  - Establish expectations on VAMC's participation in several key components of a fully-developed CES: case conferencing, by-name-lists, assessment tools, dedication of VA resources, and data sharing

DUSHOM Requirements

- Engagement and active collaboration with CoC on their collective plans to end Veteran Homelessness
- Community Case Conferencing Participation
- By-Name-List Participation
- Utilization of Assessment Tool
- Dedication of VA Resources to CES
- Data Sharing

VA GPD

- The Grant and Per Diem (GPD) program provides supportive housing (up to 24 months) and services to Veterans experiencing homelessness with the goal of helping the Veterans to achieve residential stability.
- GPD models include:
  - Bridge Housing
  - Low Demand
  - Hospital to Housing
  - Clinical Treatment
  - Services Intensive Transitional Housing
  - Transition in Place

GPD Prioritization

- GPD prioritizes literally homeless Veterans
  - For Veterans who are at imminent risk of homelessness, the expectation is that GPD providers will try to divert the Veteran from entering the homeless system through the use of SSVF or diversion resources in the community.
  - GPD providers should use coordinated entry and other systems set up by CoC or VA homeless programs to help with diversion.
- Coordinated entry can help Veterans in GPD connect to permanent housing including rapid rehousing or permanent supportive housing as appropriate.

VA HUD-VASH

- Housing Choice Vouchers rental assistance combined with case management and services provided by the VA targeted to Veterans experiencing homelessness, particularly chronically homeless Veterans

- Significant numbers of HUD-VASH vouchers have been allocated to communities.

HUD-VASH Prioritization

- VHA policy for HUD-VASH is to provide clinical case management and supportive services to Veterans in HUD-VASH by utilizing the principles of Housing First, and a team-based model of care comprised of multi-disciplinary staff and shared caseloads.

- Chronically homeless and other vulnerable homeless Veterans, **based on the HUD Prioritization Notice**, are admitted to case management to support the ongoing effort to end Veteran homelessness. A coordinated entry process will be performed in conjunction with the CoC(s) where possible.

- Chronically homeless Veterans will be given the highest priority for admission. Where there are no chronically homeless Veterans, admissions to HUD-VASH will use the HUD Notice CPD-16-11, *Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status.*

Prioritization for Non-Chronically Homeless Veterans

- Homeless individuals and families with a disability with the most severe service needs.
- Homeless individuals and families with a disability with a long period of continuous or episodic homelessness.
- Homeless individuals and families with disability coming from places not meant for human habitation, safe havens, or emergency shelters.
- Homeless individuals and families with a disability coming from transitional housing.
- VA priority populations. Additional priority populations include, but are not limited to, the following Veterans: women, those with children, those who served in Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND), aging Veterans, those with a debilitating clinical condition that does not meet formal disability criteria, and those with an extensive homeless history that does not meet other criteria above.

VA SSVF

- Supportive Services to Veteran Families (SSVF) provides services and financial assistance to rapidly re-house Veterans who are homeless or who are at risk of becoming homeless.

- In FY2017 SSVF served approximately 130,000 people including 84,000 Veterans and over 27,000 children.

VA SSVF

- Rapid Resolution pilot in 11 CoCs began July 2018, rolling out nationally in FY 2019.
- Connects Veteran families entering the homeless system to “new” housing resources available through family or friends.
- Conserves scarce housing resources for most vulnerable.
- Benefits include family reunification, avoidance of trauma

SSVF Prioritization

- Rapid re-housing prioritized over prevention.
  - 70% of all assistance goes to the literally homeless.

- If insufficient HUD-VASH and PSH, SSVF to serve the most vulnerable Veterans.

- The Veteran retains their eligibility for PSH while enrolled in rapid re-housing if progressive engagement needed.

Questions for HUD and VA Presenters

Community Planning Discussions

Community Planning Discussion Questions

- Does your community need to learn about dynamic prioritization? What can you do to get that information to your CoC's coordinated entry work group?
- Has your community adopted diversion and rapid exit? What can you do to support the development of this part of your system?
- Are all HUD and VA projects engaged in coordinated entry? What needs to be done to integrate them into the coordinated entry process?
- Does your community have a CQI approach to coordinated entry? What can you do to encourage adoption of CQI?