



Results-Based Accountability Committee

January 14, 2019

Present: Trevor Mells, Mike Keller, Anthony Federico, Myisha Steward, Sharon Osterweil, Julian Leiserson, Kathy Naff, Jennifer Vasquez, Patrice Woeppel

1. Welcome and Introductions

2. Announcements and Updates

- Next Meeting: 2-4 PM on Monday February 11th at a location TBD in Oakland. *Jessie to follow up with A Federico and M Steward about using City of Oakland room.*
- Prioritization analysis from November 2018 (see page 4-6)
- Online office hours focused on the CE Access Packet will take place February 8th February 22nd
- HMIS Update
 - HMIS Training calendar is available at: <http://www.acgov.org/cda/hcd/hmis/training-calendar.htm>
 - To register for training, or to request new projects or agency onboarding, email hmissupport@acgov.org

3. 2019 EveryOne Counts! HIC and Sheltered PIT

- Housing Inventory Count! Maps the housing and shelter capacity in our continuum of care. How many shelter beds? How many transitional housing, rapid re-housing, and permanent supportive housing beds exist in the system.
- Point In Time Count! Maps the occupancy of the shelter and housing resources in our system.
- Keep HMIS up to date and Trevor will be in touch with additional questions and instructions.

4. Public Facing Dashboards

- Explore dashboards from other CoCs:
 - [Mecklenburg County North Carolina](#)
 - [King County Washington](#)
 - [Chicago](#)
 - [Houston \(performance measurement dashboard\)](#)
 - [Los Angeles](#)
- Best Practices, as identified by the group
 - No abbreviations/acronyms
 - Not too technical, which is hard. Small words and as few words as possible.
 - Not text heavy- visual, charts help
 - Many of these are more closely aligned with our Practitioner's Scorecard. Not many examples of dashboards geared to a less specialized audience.
 - Break words and charts up with pictures
 - No scrolling- we don't want people to navigate all around the page
 - Edit so that there's not an avalanche of data

- Moving Forward we will
 - First phase of the public facing dashboard project will be to use plan graphics to show first time homeless, literally homeless, and exits to PH destinations. As well as quarter by quarter progress against the annual prevention and housing goals from the plan
 - Phase 2 will be to layer on additional data. Options include subpopulations (TAY, families, etc), another option is turnover or vacancy rate in PSH
- Graphics from the *2018 Strategic Plan Update*
 Twice as many people are becoming homeless for the first time, as those who are ending homelessness with permanent housing.



Sources: HUD System Performance Measures, 2017; Point in Time Count, 2017; HMIS Annual Performance Report Data, 2017. Values have been rounded to the nearest hundred.



Figure 6: Number of People in Alameda County Using Shelter in 2017
 Source: HMIS Annual Performance Report 2017

Number Entering, Experiencing, Exiting Homelessness in 2017

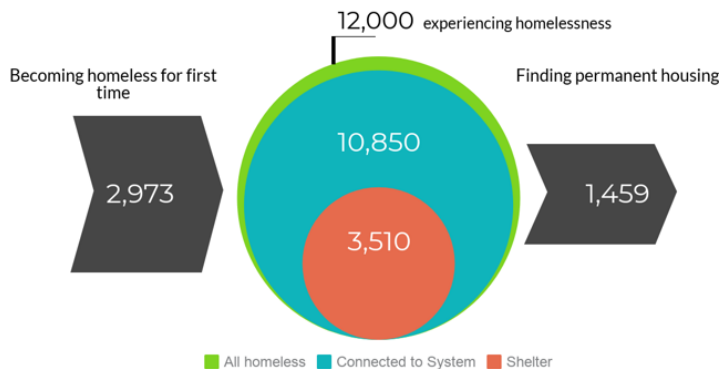
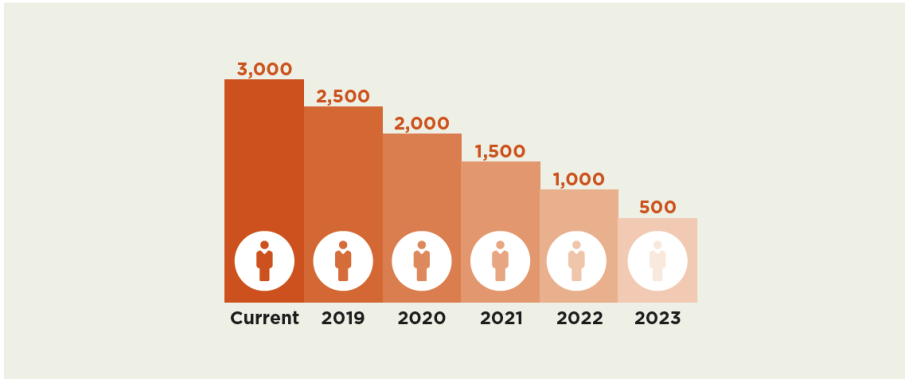


Figure 5: Housing Crisis Response System Flow 2017

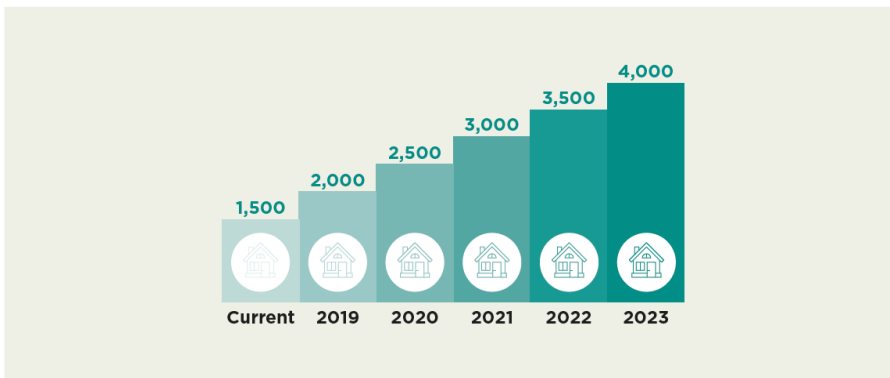
Year over year goal: Prevention

- 1 Every year for the next five years, reduce the number of people becoming homeless by 500, until 500 or fewer people become homeless in 2023.



Year over year goal: Permanent housing

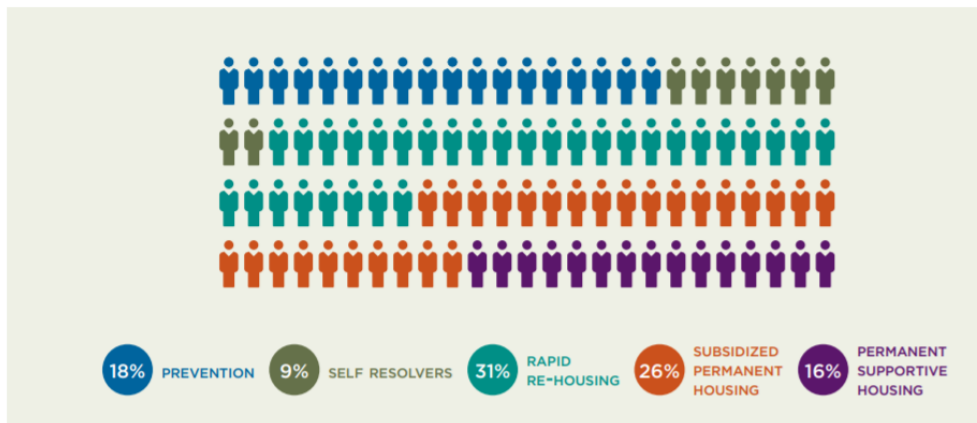
- 2 Every year for the next five years, increase the number of people returning to permanent homes by 500, until 4,000 or more people move out of homelessness in 2023.



Scaling our system to end homelessness

THE SOLUTIONS

We know what works to end homelessness. This plan answers the question of what it will take to bring these solutions to scale. It outlines effective housing interventions and determines how much we will need of each to achieve our goal.

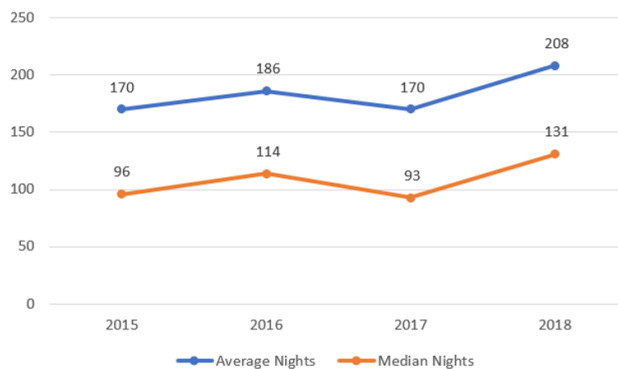


Sources: Alameda County Point-In-Time Count, 2017; HMIS Annual Performance Reports, 2017.

5. Turn the Curve

- Length of Time Homeless: who is interested in working on this/presenting on this?

Measure 1A: Length of Time Homeless



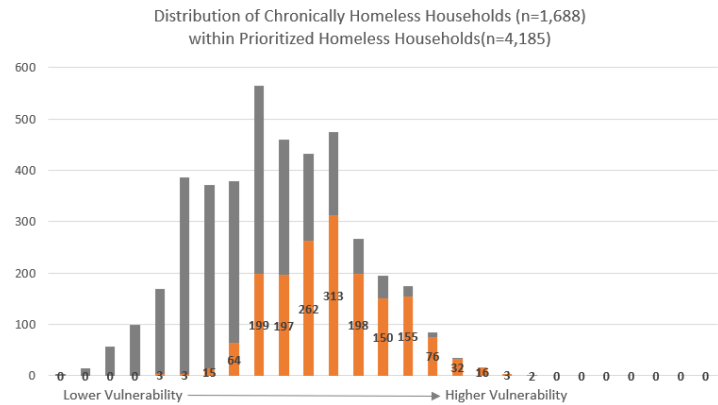
6. Next Steps

- Jessie will work at creating a de-duplicated list of literally homeless households that cross references the BNL with enrollments in Street Outreach, Emergency Shelter, and Transitional Housing.
- Let Jessie know if you're interested in facilitating "turn the curve" conversations with one or more EveryOne Home committees, which includes System Coordination Committee, Leadership Board, HUD CoC or Funder's Collaborative
- Jessie to follow up with A Federico and M Steward about using City of Oakland room for meetings.

Subpopulations

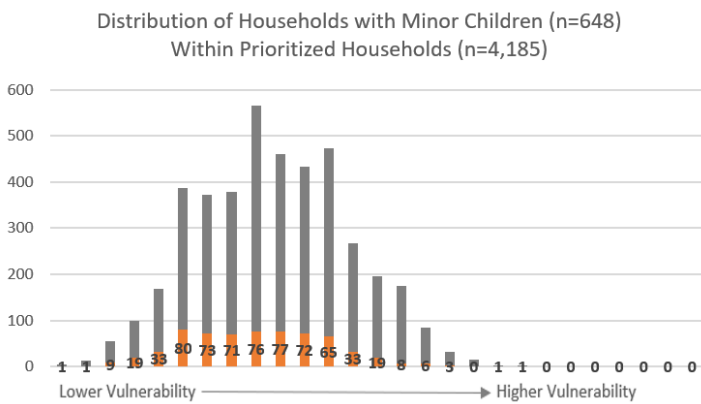
Chronic Homelessness

1,688 assessed households fit the criteria of chronic homelessness. Their scores tend to be higher than chronically homeless households, with an average score of 115 and median score of 114. Chronically homeless households comprise 64% of all households at or above the median, and 77% of scores in the top quartile of scores. Although chronically homeless households tend to be more vulnerable, the tool does not equate chronic homelessness with high vulnerability. Highly vulnerable households that do not fit the HUD definition of chronic homelessness can and do obtain high scores. In the graph above, orange represents chronically homeless households within the total distribution of prioritized households.



non-

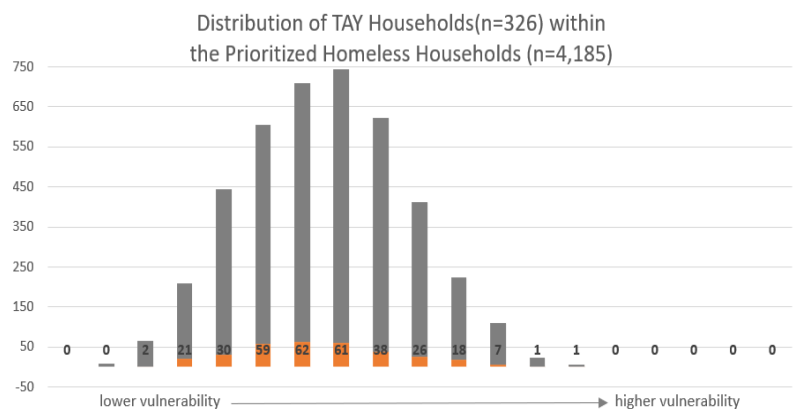
Households with Minor Children



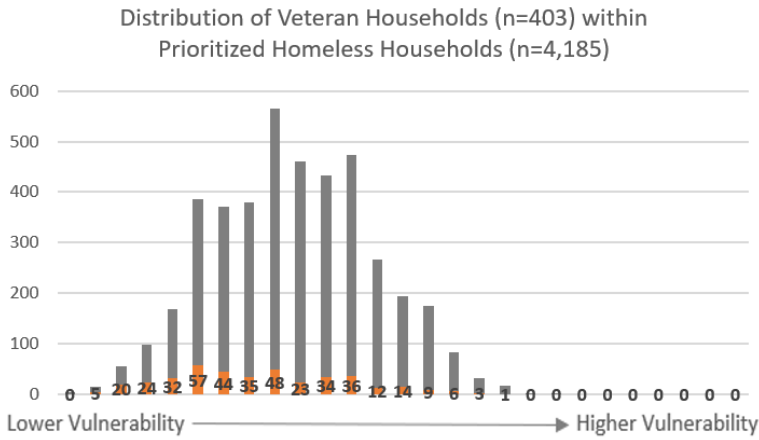
648 households with minor children have been assessed and prioritized, making up 15% of the total number of households. The distribution of scores is normal. The average and median scores are lower for households with minor children than for all households, with an average score of 86 and a median score of 87. However, there are resources dedicated to serving only families with children. In the graph to the left, the color orange represents the distribution of households with minor children within the distribution of all prioritized households.

Transition Aged Youth Headed Households

326 households headed by Transition Aged Youth, a person between 18-24 years of age, have been assessed and prioritized. TAY make up 8% of the total number of prioritized households. Though relatively well distributed, scores tend to be lower for this subpopulation than for prioritized households generally. The average score for TAY households is 90 and the median, 87. However, there are resources dedicated to serving this population. In the graph to the right, the orange segments represent TAY headed households within the greater distribution of prioritized households.



Veteran Households



403 households headed by veterans have been assessed and prioritized, making up 10% of the households prioritized to date. Veteran households are normally distributed and tend to score at the lower end of the vulnerability spectrum. The average score for a veteran is 79, and the median is 75. This may be the result of Operation Vets Home’s targeted work with the vets by name list as well as the dedicated resources available to veteran households. In the graph to the left, the orange segments represent veteran headed households within the distribution of prioritized households.

Seniors (aged 50+)

1, 813 assessed households are headed by a person aged 50 or older, making up 43% of the households prioritized to date. Senior households are normally distributed, with average score of 95 and a median score of 93. In the graph to the right, senior headed households are shaded orange to show their distribution among all prioritized households.

