

Assessment of CES and Proposed Action Plan for CES 2.0

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Purpose of Assessment

1. Prepare brief and high-level assessment of current CE implementation and areas where it is inefficient or not functioning well
2. Not intended to be comprehensive; primarily confirm or explore concerns or recommendations already generated by the Committee and inform process with an outside perspective
3. Result in a proposed Action Plan for CES 2.0
4. Provide some support/technical assistance for the work suggested and/or work to secure a Management Entity

Information Used for Assessment

1. Documents including current system policies, reports, TA providers assessments, EOH evaluation and others
2. Two SCC Meetings
3. Nine targeted interviews or small group meetings

2-1-1	Berkeley
Abode	DV Collaborative/Provider Reps
Ala. Co. CDA	EveryOne Home
Ala. Co. HCSA	Oakland City and Zone CBOs
BACS	

4. Informed by familiarity with national CE rules and implementations

Context

- Alameda County situation not unusual; many large communities find they must refine or even relaunch their CE process after the first year or two of implementation
- Some of the challenges derive from the separate pilot approach used to start: Berkeley, Family Front Door, HomeStretch
- Opportunity now to learn from first efforts; build on what's working and refine and simplify

Big Picture Findings

1. System overall too complex and components not aligned
2. Complexity in model results in unclear messaging
3. Significant issues with CE governance and decision-making
4. Data for key CE functions and for measuring performance is not available
5. Lack of clarity around funding changes and anticipated future resources

Big Picture Recommendations

Without focusing on broader needs or system (governance, funding and overall HMIS) three recommendations for CE approach

1. Implement better cross-Zone coordination/operational decision-making
2. Address specific HMIS related issues including new CE work flow and outcome report development
3. Simplify the overall CE model and refine messaging – bulk of Phase 2 work is this

Findings and Recommendations re: CE Functions

Phased Action Plan

Phase 1 (Now through June-*ish*)

1. Expand and Improve Problem Solving (Phase 1)

Part of original design but never fully implemented. Lots of support and desire to make this happen now. Training has occurred.

Implementation process should include:

- a. Make key policy decisions
- b. Draft Problem Solving guidance
- c. Create reports in HMIS
- d. Manage expectations

2. Modify assessment process and develop phased assessment approach (Phases 1 and 2)

Widespread feeling assessment process too dominant in the system, takes too much time and focus, and doesn't lead to anything for most people:

- a. Review and refine tool and process to shorten and phase
- b. If possible, conduct statistical analysis of tool questions for reduction purposes, new weighting
- c. Adopt priority status approach with immediate messaging after assessment
- d. Create clinical review process
- e. Develop cross-walk plan from current to new process
- f. Make determination about number and types of assessors (part of Phase 2)

3. Refine and Define Regional vs County-wide matching (Phase 1)

- a. Create new ILC/cross-Zone coordination group
- b. Jointly create inventory list for CE resources and how they are filled
- c. Develop joint policies and practices for prioritizing, matching and documenting for Zone-matched resources
- d. Move matching to Navigators to the central PSH matching
- e. Determine role of case conferencing within and across zones and at central level
- f. When assessment refinement work is done , determine whether priority scores will be same or different for Zone and Central matching and how this will be communicated

4. Develop, fund and deliver key training (Phase 1 and ongoing)

Limited training was provided on CE policies at launch and has all but stopped. Regular training on CE policies is required by HUD; training on other topics and practices not required but is a critical piece where many people reporting seeing a gap.

- a. Develop regular curriculum/set of CE-related topics to be covered and delivery methods so that the Management Entity can pick it up quickly once it starts its work.

5. Evaluate family CE and potentially restructure family approach (Phases 1 and/or 2)

Families are addressed differently in CE in different parts of the county; many concerns about Family Front Door including chronically-insufficient staffing, unclear practices

- a. if possible, conduct an evaluation of the family CE approach prior to determining the long-run plan for how to address family needs.
- b. in the short-run need to address the gap in meeting the immediate needs of unsheltered families, at least in Oakland/North county.

6. Complete development of CE in HMIS and begin using Reports to evaluate progress

Changes being made currently to comply with HUD requirements but need to be in support of new approach (HMIS should not drive approach but support it.) No current review of reports happening.

- a. Complete implementation of new CE HMIS compliance, in conjunction with the above design steps
- b. Use reporting templates from Abt to determine which reports can be developed quickly and run with what's available
- c. Use staff or consultants to run or assemble reports and begin to review *at each SCC meeting*

Phase 2 (July - December)

7. Simplify overall CE design and launch new model and messaging (2.0 model)

As described in Big Picture, overall system too complex and not aligned. Once new Management Entity (ME) comes on:

- a. ME oversee the simplification of the CE design – including potentially retiring and/or reframing HRC and Homestretch language/branding and defining the functions of Access Points linked to outreach
- b. Implement referral/matching and case conferencing protocols at Zone and System levels (planned for in Phase 1)
- c. Connect new system approach to funding that is anticipated
- d. Ensure the HMIS design supports new model and all key players can perform key functions within HMIS

8.-11. Additional Refinements in 2.0 Model

8. Address Outreach Role

- a. Clarify outreach roles and expectations
- b. Ensure outreach can be deployed meaningfully to perform all CE-associated functions
- c. Ensure HMIS supports outreach role

9. Address role of 2-1-1

- a. Assess whether 2-1-1 role continues, expands or shrinks based on new design and especially HMIS capacity and willingness/ability to use HMIS at 2-1-1
- b. Give consideration to potential Shelter Filling and/or inventory tracking role for 2-1-1

8.-12. Additional Refinements in 2.0 Model

10. Improve Domestic Violence coordination and integration

DV programs, perspective, overall issues of violence, not integrated in system approach

- a. Ensure DV and general violence considerations involved in the overall refinement/simplification process
- b. Specific changes TBD based on collaborative's recommendation

11. Refine family access and approach

Based on evaluation of family CE and/or steps taken to change/strengthen family access, as well as resources available to support these functions, refine the family access and approach linked to the 2.0 model; could be address in conjunction with *some* DV work

Phase 3 - 2021

1. Roll out completed 2.0 design
2. Address shelter tracking and filling, including adding capacity in HMIS to track and fill openings, if not done in Phase 2
3. Work to increase the programs in CE or connected to CE including clear protocols with Prevention programs, non-HUD funded Rapid Rehousing such as AB109 and HSP, certain PSH and other homeless dedicated housing not in system, etc.
4. Establish ongoing evaluation process including regular reporting and process for review of CE functions and outcomes

Additional Issues

Two additional issues raised as concerns in interviews or documents not covered here:

1. Lack of grievance process and need for ombudsperson. (Creating this function could be tackled in Phase 2 system simplification work but may be part of what is already expected of the Management Entity.)
2. Increasing the focus on how to support and retain staff and address high turnover rates which is an enormous issue locally and across the state and is impacting CE quality and alignment.

