RECOMMENDATIONS FOR DECADE TO DOORWAYS’ HOMELESS RESPONSE SYSTEM

National Alliance to End Homelessness
ABOUT THE NATIONAL ALLIANCE TO END HOMELESSNESS

The National Alliance to End Homelessness ("Alliance") is a leading voice on the issue of homelessness, and analyzes policy and develops pragmatic, cost-effective policy solutions. The Alliance works collaboratively with the public, private, and nonprofit sectors to build state and local capacity, leading to stronger programs and policies that help communities achieve their goal of ending homelessness. The Alliance provides data and research to policymakers and elected officials in order to inform policy debates and educate public and opinion leaders nationwide. The Alliance provides capacity-building assistance through its Center for Capacity Building to help communities turn policy solutions and proven best practices into viable, on-the-ground programs.

ACKNOWLEDGEMENTS

The National Alliance to End Homelessness and the Decade to Doorways Partnership (D2D Partnership) acknowledges and thanks the following funders who made this recommendations report possible:

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- Chester County Department of Community Development
- The Housing Authority of Chester County
- JB Solutions, LLC
- Pennsylvania Housing Finance Agency
- Robert McNeil
- United Way of Chester County
- Zukin Realty

PROJECT SCOPE AND METHODOLOGY

PROJECT SCOPE

Chester County, PA contracted with the Alliance to provide guidance and recommendations to support the work of the D2D Partnership\(^1\) which is tasked with implementing the community plan to prevent and end homelessness in the County, and align the Decade to Doorways Operational Plan to promote an effective, coordinated homeless response system informed by best practices. The scope of services requested by Chester County included the following:

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\(^1\) D2D Partnership includes all stakeholders within Chester County working on ending homelessness. This includes all Decade to Doorways Partnership partners, philanthropic organizations/foundations, homeless housing and support service providers (i.e. shelters, rapid re-housing, and permanent supportive housing), government agencies, non-profit organizations, businesses, hospitals, etc.
• Collect and analyze homeless system performance measures and data
• Conduct meetings, interviews, and survey key stakeholders relating to elements of an effective systemic response (i.e. Housing First, Coordinated Entry to include Diversion and Outreach, Crisis Housing/Crisis Services, Quick Return to Permanent Housing, and Access to Stabilization Supports)
• Review CoC Written Standards and governing documents
• Review Decade to Doorways Plan, proposed Operational Plan to provide governance recommendations
• Share best practices and research of comparable communities
• Develop and present recommendation report

The full scope of services is available in Appendix A of this report.
METHODOLOGY

This report uses research, best practices from other communities, historical knowledge of Chester County’s homeless services, and an analysis of Chester County’s current homeless response system to provide guidance and recommendations for housing and support services for people experiencing homelessness in the County. The recommendations in this report are focused on reducing homelessness quickly, efficiently, and at a reasonable cost, as well as improving the lives of people experiencing or imminently at risk of experiencing homelessness.

In conducting our assessment, the Alliance reviewed the following:

- Decade to Doorways: The Community Plan to Prevent and End Homelessness in Chester County; Decade to Doorways Operational Plan: 2016 and 2017 Strategic Goals and Detailed Plans, November 5, 2015
- Continuum of Care (CoC) Governance documents
- CoC Coordinated Entry and diversion documents and process
- CoC HUD Funding application process
- How people access emergency shelter, rapid re-housing (RRH), and permanent supportive housing (PSH), other homeless services, and street outreach strategies
- Emergency shelters’, RRH, and PSH eligibility requirements, policies and procedures when made available
- Demographic data, utilization rates, and performance outcomes of emergency shelters’, rapid re-housing, and permanent supportive housing for single adults and families

The Alliance interviewed stakeholders throughout Chester County, including staff from Chester County’s Department of Community Development, Department of Human Services, Chester County Community Foundation, Community Youth and Women’s Alliance, Family Services, Inc., Friends Association, Good Samaritan Shelter, Housing Authority, Chester County, Human Services Inc., Kennett Area Community Service, Open Hearth, PA CareerLink, Chester County, Phoenixville Community Health Foundation, United Way of Chester County, Valley Youth House, VA National Center on Homelessness Among Veterans, and W.C. Atkinson. We also reviewed requested housing and support service provider program documents, surveys of households experiencing homelessness and participants in RRH projects, homelessness data from the Chester County Client Information Management System (CCCIMS), Annual Performance Reports (APRs), and other available community resources.

The Alliance invited consumers living in emergency shelter, and participating in RRH and PSH projects from the
following organizations/programs to provide feedback regarding services they receive or received\(^2\): Community Youth and Women’s Alliance, Friends Association, Good Samaritan Shelter, Housing Authority, Chester County, Human Services Inc., Kennett Area Community Service, and Safe Harbor. Additionally, homeless assistance providers and community leadership were invited to participate in surveys. The Alliance received responses from eight staff persons from homeless assistance providers, and 19 stakeholders involved in community leadership. Full survey results may be requested from the Department of Community Development.

To collect data on best practices of effective homeless system design and strategies across the country, Alliance staff also interviewed community leaders and homeless housing and support service providers from numerous communities, including:

- Southern Nevada Homelessness, Continuum of Care
- Houston, Texas, Continuum of Care
- Connecticut Balance of State, Continuum of Care
- Mercer County, New Jersey, Continuum of Care
- Greater Richmond, Virginia, Continuum of Care
- Santa Clara County, Continuum of Care
- Cleveland/Cuyahoga County, Ohio, Continuum of Care
- Columbus/Franklin County, Ohio, Continuum of Care

\(^2\) Unfortunately, the response rate was limited thus prohibiting the Alliance to draw any conclusions (5 from emergency shelter, 4 from RRH, 0 from PSH)
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EXECUTIVE SUMMARY

The Decade to Doorways Partnership can effectively end homelessness by ensuring that experiences of homelessness are rare, brief, and non-recurring. Chester County boasts many dedicated homeless services and housing providers, an engaged County and Housing Authority, and collaborative community partners committed to ending homelessness. To accomplish this goal, the D2D Partnership should modify and re-align its coordinated homeless response system to quickly and permanently house all people who experience homelessness, and prevent other people from falling into homelessness. The continued development of an effective homeless response system requires re-design of Chester County’s current system to align with and advance the community’s goals to prevent and to end homelessness.

Below is a summary of the Chester County homeless response system’s main issues, and the Alliance’s recommended solutions. Details about these issues and solutions, recent data about the homeless system demographics and utilization, performance outcomes, other solutions to specific challenges, and steps to implement the solutions follow in the body of this report.3

Key Issues:

Issue 1: The Decade to Doorways Partnership needs a more clearly defined governance structure that bears the authority and accountability to ensure data-driven and transparent decision-making, resources allocation, and policy making.

A truly effective systemic response to homelessness a community’s system requires a well-defined Continuum of Care (CoC)4 governance structure empowered to deploy data-driven program, funding, and policy decisions across the entire system. In Chester County, the work required by CoC’s as described by HUD is carried out by the D2D Partnership supported by the County Department of Community Development as the Coordinating or Lead Agency of the D2D Partnership. Those responsible for ensuring that homelessness is brief, rare, and non-recurring include all stakeholders working towards this goal. While executing some of the activities required by CoCs by HUD, the current governance structure of the Decade to Doorways Partnership does not enable transparent decision-making, accountability, and systems change environment that an effective governance structure needs to significantly reduce

3 Preliminary recommendations were presented to key staff and stakeholders in Chester County for an opportunity to ask clarifying questions and provide feedback for the final recommendations.

4 Continuum of Care (CoC): The U.S. Department of Housing and Urban Development (HUD) introduced the CoC concept to encourage and support local organizations in coordinating their efforts to address housing and homeless issues. CoC committees at the city, county, and state level coordinate their efforts to produce strategies and plans that identify the needs of local homeless populations, the resources that are currently available in the community to address those needs, and additional resources needed to fill identified gaps. The CoC process is a community-based approach that encourages the creation of collaborative, comprehensive systems to meet the diverse needs of local homeless populations. HUD also refers to the group of service providers involved in decision making processes as the “Continuum of Care.” Here, the CoC is synonymous with the Decade to Doorways Partnership.
RECOMMENDATIONS:

- Re-organize the Decade to Doorways governance structure, recruit new members, define roles, clarify decision-making processes, and enable a data-driven and outcome-focused policy-making
- Create newly formed committees for the Decade to Doorways Governance Board

Issue 2: The Decade to Doorways Partnership is currently unable to measure its performance in ending homelessness at the system level. Although the County reports its System Performance Measures to HUD annually, it has not set benchmarks or performance goals to address (1) decrease in persons experiencing homelessness, (2) length of time people experience homelessness, (3) increase exits from homelessness to permanent housing, or (4) decrease in the number of people who return to homelessness within one to two years.

Without measuring the system’s performance, the D2D Partnership cannot know whether it is making progress in reducing homelessness. The D2D Partnership is not fully engaged in a system-wide process to establish uniform benchmarks and outcomes to measure its performance in ending homelessness as outlined in the HEARTH Act. The County has contracted performance outcomes for providers, but these outcomes are not guided by or related to system performance goals established by and communicated to the entire the D2D Partnership. To continue receiving funding, potentially increase its funding, and obtain feedback on how well the system and its programs are performing, the D2D Partnership must resolve this issue.

RECOMMENDATIONS:

- Implement an updated performance measurement and improvement process that informs strategic decisions to ensure the right combination of strategies and resources to end homelessness
- Once performance benchmarks are established for each housing and support service intervention, the Decade to Doorways System Performance Outcome Measurement Committee should establish a performance improvement plan, identify “low performers,” and engage these providers in a performance improvement plan

Issue 3: The Decade to Doorways Partnership lacks capacity to drive system change efforts and continuous tracking and improvement of system performance

Issue 4: Services and funding within the Decade to Doorways Partnership are contained in silos that do not strategically address large community issues

Issue 5: Decade to Doorways Partnership lacks a system-level engagement strategy to engage landlords in order to create a pipeline of affordable housing

Individually, each stakeholder within the D2D Partnership lacks the resources to strategically address large-scale homelessness or shortage of affordable housing. Absent unrestricted funds at the County, the towns within the
County, or the D2D Partnership stakeholders, a collaborative structure to align funding and resources is needed to implement community initiatives dedicated to increasing affordable housing and ending homelessness for high utilizers of services across several systems. Many partners within the D2D Partnership have experienced funding cuts in recent years, leaving them with reduced resources to address homelessness for the most vulnerable. Given the tight housing market, the D2D Partnership must identify additional public and private funds outside of current federal funds, and leverage current resources dedicated across various stakeholders to systematically engage the landlord community to rent to participants served by homeless response system providers.

**RECOMMENDATIONS:**

- Create a collaborative structure that aligns funding resources and services
- Increase Decade to Doorways Partnership staffing to make systems coordination successful
- Formalize and coordinate the system-wide landlord engagement strategy, to include a landlord risk mitigation pool and strategy to mitigate risk of unit damage, missed rent payments, and incentivize landlords to rent to “risky” tenants

**Issue 6: The Decade to Doorways Partnership housing resources for people experiencing homelessness, particularly very vulnerable people, does not match the current need and people are getting “stuck” in the system because they are unable to access shelter or exit to housing.**

The current allocation of housing interventions within the D2D Partnership does not match the current needs of those experiencing homelessness. For example, while chronic homelessness increased from seven persons in 2016 to 12 persons in 2017, PSH beds represent the largest allocation of funding among all bed types (at 43% which does not include HUD-VASH). The D2D Partnership has sufficient PSH capacity and a relatively low number of chronic homeless. Therefore, it needs to target the PSH resources for those who are chronic and literally homeless. The largest number of households experiencing homelessness are single adults, a population which experienced an increase between 2016 (380 persons) and 2017 (387 persons). Additionally, families experiencing homelessness also increased from 2016 (173 families) to 2017 (191 families). However, allocation for RRH, an evidence based practice that moves people quickly from homelessness to permanent housing, decreased significantly from 624 (beds in 2016 to 138 beds in 2017). Shelter bed allocation steadily increased from 2013 to 2016 but then decreased in 2017, although it was more than what was allocated to RRH due to a fluctuation in RRH funding over the past four years. Such mismatched allocations in housing interventions creates a “stuck system” where people experiencing homelessness may be able to access shelter or experience short waiting periods for shelter, but there remains insufficient permanent housing for them to exit the system. In addition, the lack of a robust diversion strategy means that shelter beds are not being strategically targeted for those who are literally homeless or at imminent risk of homelessness.

In addition to the need for the D2D Partnership to “right-size” its housing interventions to meet the needs of those experiencing homelessness, the majority of shelters have not adopted a Housing First, immediate, and low barrier access system focused on rapid exits to housing. Current practices prevent those likely most in need of these housing
and support services from accessing them due to restrictions at entry or an inability to comply with rules once in shelter.

RECOMMENDATIONS:

- Adopt a system-wide Housing First and Progressive Engagement approach
- Create a strategy to end chronic homelessness
- Create system flow by:
  - Develop and conduct an assessment of current PSH projects and formalize a “Move On” strategy to ensure this rich, deep resource is targeted to those who need it most
  - Adopt the National Performance Benchmarks and Program Standards for Rapid Re-Housing and develop the system’s capacity to adopt RRH as the primary housing intervention in the CoC
- Continue the development and implementation of the Coordinated Entry System with an emphasis on expansion of diversion strategies

Issue 7: The front door to the Decade to Doorways Partnership is not designed to create immediate and low-barrier access to service and housing opportunities.

An effective homeless crisis response system mandates that the D2D Partnership provides immediate and easy access to safe and decent shelter to anyone in need. The purpose of the shelter system is to permanently house people as quickly as possible. Shelter is not a destination but rather an important part of a process that rapidly exits people experiencing homelessness to permanent housing options. A philosophical and operational shift in the policies and practices of the homeless response system’s front door could result in a significant impact on ensuring that the most vulnerable persons experiencing homelessness are identified and moved quickly into housing.

RECOMMENDATION:

- Re-design the Decade to Doorways’ emergency shelters to adopt and operationalize the key elements of effective emergency shelter

Issue 8: Decade to Doorways Partnership should enhance its CCCIMS infrastructure to use data to guide and track homeless system outcomes, how quickly people move through the system based on available interventions (i.e. “flow”), data quality, inventory, and demographics in order to support system and program level strategic decision making

In order to establish system-wide and program level performance benchmarks and outcomes to track progress in meeting these goals, the D2D Partnership would benefit greatly from adopting standard operating procedures to guide CCCIMS use, methods to monitor and improve data quality, and regular trainings and support to CCCIMS users. Building system and program level capacity in data collection, reporting, and analyzing progress in a user friendly way will allow for strategic decision making in program service delivery and funding allocation.
RECOMMENDATIONS:

- Provide more robust CCCIMS guidance, training, and support for provider staff
- The Decade to Doorways Partnership should adopt HUD’s recommended Data Quality Management Program
- Develop a dashboard using HMIS to track progress on system flow improvements and outcomes.
This report uses the concept of Housing First and key elements of an effective homeless response system design to inform these recommendations. Housing First and effective homeless response system design are explained below.

**Housing First**

Housing First is an approach to ending homelessness that prioritizes providing permanent housing to people experiencing homelessness, thus ending their homelessness and serving as a platform from which they can pursue personal goals and improve their quality of life. This approach is guided by the belief that people need basic necessities like food and a place to live before attending to anything less critical, such as getting a job, learning how to budget, or attending to substance use issues. Additionally, Housing First is based on the theory that client choice in housing selection and supportive service participation will likely make a person or household more successful in remaining housed and improving their life.5

A large and growing evidence base demonstrates that Housing First is an effective solution to homelessness. Consumers in a Housing First model access housing more quickly6 and are more likely to remain stably housed.7 This is true for both PSH and RRH programs. Permanent supportive housing has a long-term housing retention rate of up to 98%.8 Studies show that RRH helps people exit homelessness quickly—in one study, an average of two months9—and remain housed. A variety of studies show that between 75% and 91% of households remain housed a year after being rapidly re-housed.10

9 U.S. Department of Housing and Urban Development. Family Options Study: Short-Term Impacts. 2015.
10 Byrne, T., Treglia, D., Culhane, D., Kuhn, J., & Kane, V. Predictors of Homelessness Among Families and Single Adults After Exit from Homelessness Prevention and Rapid Re-Housing Programs: Evidence from the Department of Veterans Affairs Supportive Services for Veterans Program. 2015.
The Housing First approach does not require people experiencing homelessness to address all of their problems including behavioral health or substance use, or to graduate through a series of services programs before they can access housing. Housing First does not mandate participation in services either before obtaining housing or in order to retain housing. The Housing First approach views housing as the foundation for life improvement, and enables access to permanent housing without prerequisites or conditions beyond those of a typical renter. Supportive services are offered to support people with housing stability and individual well-being, but participation is not required, as services are more effective when a person chooses to engage in them.

### Housing First Principles

- Homelessness is foremost a housing problem and should be treated as such.
- Permanent housing is a right to which all are entitled.
- People should be returned to or stabilized in permanent housing as quickly as possible and connected to necessary resources to sustain housing.
- Issues that may have contributed to a household’s homelessness can best be addressed once they are permanently housed.

To accomplish the goal of making homelessness rare, brief, and non-recurring in Chester County, more than a few organizations must embrace the Housing First philosophy. Rather, the entire D2D Partnership must be aligned with a Housing First approach to quickly house everyone experiencing homelessness, regardless of their barriers. To align a system that uses a Housing First approach, anyone experiencing homelessness should be able to enter shelter or any permanent housing intervention without prerequisites, and services should be focused entirely on reconnecting people to housing as quickly as possible or stabilizing them in housing. If people are unable to access the homeless response system because they are not clean and sober, and/or do not wish to participate in services such as drug and alcohol treatment or behavioral health treatment, this places a significant barrier in front of the opportunity to access and sustain permanent housing options.

### ELEMENTS OF EFFECTIVE SYSTEM DESIGN

The goal of an effective homeless response system is to house people as quickly as possible, and help them to stabilize so as not return to homelessness. An effective system-wide response to homelessness enables system flow, which is an efficient and coordinated process that moves people from homelessness to housing as quickly as possible. A structure that enables strong system flow includes these elements:
• Prevention of or diversion from homelessness when possible
• Rapid identification and engagement of people experiencing unsheltered homelessness to connect them to crisis services
• Quick, accessible pathways to shelter and other crisis services with short stays in shelter
• Rapid connection to permanent housing for all sheltered and unsheltered people, with priority on most vulnerable
• Enough RRH and other housing interventions to match the needs of people in a community to decrease the number of people experiencing homelessness and the average length of homelessness across the system
• Utilization of long-term and intensive resources like PSH and vouchers reserved only for a small number of people who most need those to exit homelessness
• Reliable connections to internal and external system partners, services, and mainstream agency benefits and networks to promote longer-term housing stability
STATE OF HOMELESSNESS IN AMERICA, PENNSYLVANIA, & CHESTER COUNTY

Chester County represents approximately 4% of the total population of the state of Pennsylvania and 3.6% of the population of people experiencing homelessness. While the proportion of people experiencing homelessness in Chester County is similar to the rest of the state of Pennsylvania, the population itself looks quite different. People experiencing homelessness in Chester County are far less likely to be in families, and they are also far less likely to be chronically homeless. While the percentage of individuals experiencing homelessness in Chester County is comparable to the nation as a whole, Chester County has far less chronic homelessness and unsheltered homelessness than the average community in Pennsylvania or in the broader United States.

Chester County dedicates a smaller portion of its beds to PSH and a larger percentage to RRH than the average community in the state or the country. And, while homelessness decreased across the country by almost 7% between 2013 and 2016 and increased slightly across the state of Pennsylvania, Chester County saw a 13% decrease over the same period of time.

Table 1: 2016 Homelessness Data from Chester County, the State of Pennsylvania, and the United States

<table>
<thead>
<tr>
<th>Data Point</th>
<th>Chester County</th>
<th>State of Pennsylvania</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 PIT Count</td>
<td>558</td>
<td>15,339</td>
<td>549,928</td>
</tr>
<tr>
<td>Change in Homelessness Between 2013 and 2016</td>
<td>-13.0%</td>
<td>1.7%</td>
<td>-6.8%</td>
</tr>
<tr>
<td>Percent Adults Without Children</td>
<td>69.0%</td>
<td>56.1%</td>
<td>64.6%</td>
</tr>
<tr>
<td>Percent Chronic</td>
<td>1.3%</td>
<td>8.6%</td>
<td>15.7%</td>
</tr>
<tr>
<td>Percent Unsheltered</td>
<td>0.9%</td>
<td>10.9%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Emergency Shelter as Percentage of All Beds</td>
<td>26.2%</td>
<td>27.1%</td>
<td>32.0%</td>
</tr>
<tr>
<td>Transitional Housing as Percentage of All Beds</td>
<td>18.1%</td>
<td>21.5%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Permanent Supportive Housing as Percentage of All Beds</td>
<td>29.2%</td>
<td>41.1%</td>
<td>41.2%</td>
</tr>
<tr>
<td>Rapid Re-Housing as a Percentage of All Beds</td>
<td>26.5%</td>
<td>10.3%</td>
<td>9.3%</td>
</tr>
</tbody>
</table>
We can also compare Chester County to two nearby jurisdictions: Montgomery County, Pennsylvania, which borders Chester County to the Northwest, and Mercer County, New Jersey, a county in the Northwest suburbs of Philadelphia and home to the mid-size city of Trenton.

<table>
<thead>
<tr>
<th>Table 2: 2016 Homelessness Data from Chester County and Comparable Counties</th>
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<tbody>
<tr>
<td><strong>Data Point</strong></td>
</tr>
<tr>
<td>2016 Point In Time Count</td>
</tr>
<tr>
<td>Change in Homelessness- 2013-2016</td>
</tr>
<tr>
<td>Percent Adults without Children</td>
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<tr>
<td>Percent Chronic</td>
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<tr>
<td>Percent Unsheltered</td>
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<tr>
<td>Emergency Shelter as Percentage of All Beds</td>
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<tr>
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<td>Permanent Supportive Housing as Percentage of All Beds</td>
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<tr>
<td>Rapid Re-Housing as Percentage of All Beds</td>
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</tbody>
</table>

While Mercer County is slightly smaller than Chester County, it has a similar rate of homelessness among its population. While the percentage of individuals experiencing homelessness is similar between the two counties, Chester County has a much lower rate of chronic homelessness and unsheltered homelessness. Mercer County’s rental vacancy rate was 4.3% in 2016 compared to 5.3% in Chester County. The fair-market rent for a 1-bedroom

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apartment in Mercer is $1,087\textsuperscript{12} compared to $1,003 in Chester; a 2-bedroom in Mercer is $1,328 and $1,210 in Chester.

Over the past three years, while homelessness has fallen 13% in Chester County, it has decreased by 30% in Mercer County. Mercer County dedicates 33% of its beds to emergency shelter and transitional housing, compared to 44% in Chester County. While Mercer County currently dedicates 46% of its beds to PSH due to a high number of unsheltered and chronically homeless individuals, in previous years the county has invested heavily in RRH which resulted in the sharp decreases in homelessness.

Despite having more than 300,000 more residents than Chester County, neighboring Montgomery County, Pennsylvania had a lower Point in Time count of people experiencing homelessness in 2016, and has decreased homelessness at a slightly higher rate than Chester County. Due to being adjacent communities, the housing markets are strikingly similar; fair-market rents are identical, and the vacancy rates are within 1% of each other (5.3% for Chester County and 4.4% for Montgomery County). Montgomery County boasts higher rates of both unsheltered homelessness and chronic homelessness than Chester County; they have invested a significantly higher percentage of their beds towards RRH (39% vs. 26.5%) and a lower percentage towards PSH (22.7% vs. 29.2%). Montgomery County has the same amount of transitional housing and 6% less emergency shelter than Chester County. The current mix of RRH and PSH interventions in Montgomery County reflects targeting deep resources such as PSH for the most vulnerable individuals, and utilizing RRH as a primary intervention for the majority of other households experiencing homelessness.

\textsuperscript{12} Please see U.S. Department of Housing and Human Development, Office of Policy Development and Research, Fair Market Rents at: https://www.huduser.gov/portal/datasets/fmr.html
To better understand the current state of homelessness and the response to homelessness in Chester County, the Alliance examined data provided by the county through the Alliance’s Homeless System Evaluator tool for 2016, as well as the Annual Homelessness Assessment Report (AHAR) accessible through the Department of Housing and Urban Development (HUD) website and other resources as cited.

Between 2013 and 2017, homelessness in Chester County decreased by 10% as reported in the Point in Time Count. From 2016 to 2017 homelessness increased across the county by 3.6%, reversing a trend from the previous three years which saw homelessness fall from a recent high of 679 persons in 2014 to a low of 558 in 2016. Despite the fact that more than 7% of people in Chester County are living in poverty and 13% of households are severely rent-burdened (paying 50% or more of their income towards housing)\(^\text{13}\), the number of people experiencing homelessness at any given time remains significantly lower.

Just over 67% of people experiencing homelessness in Chester County are individuals. Between 2013 and 2017, individuals experiencing homelessness decreased by 22%. During that same time, homelessness among families increased by 34%.

Significant decreases in transitional housing beds for families between 2015 and 2017 have been entirely offset by increases in

\(^{13}\) Please see Assessment of Fair Housing 2018-2022, Chester County, Pennsylvania: [http://chesco.org/DocumentCenter/View/37220](http://chesco.org/DocumentCenter/View/37220)
families in emergency shelter. While families in transitional housing decreased by 58% during this time, families in emergency shelter increased by 73%.

The vast majority of people experiencing homelessness in Chester County are sheltered, however the number of people experiencing unsheltered homelessness has changed dramatically over the years. In 2013 6.7% of the population, or 43 people, experiencing unsheltered homelessness.

By 2016, this number had fallen to less than 1%, or just five people. Between 2016 and 2017 the number of people experiencing unsheltered homelessness more than quadrupled to 24, or 4% of the homeless population.
For each year examined, Chester County’s Housing Inventory County (HIC) shows the County devoted the largest number of beds in its system to PSH. The number of transitional housing beds has remained relatively consistent since 2013. Emergency shelter and RRH reflect steady increases over time between 2013 and 2016, but had significant cuts in numbers of beds from 2016 to 2017.

14 Note: this may be based on an error in the reporting of Gateway Vouchers beds between 2015 and 2016.
RECOMMENDATIONS

The Alliance has several recommendations outlined in the body of this report, some of which can be implemented immediately and some of which will take time and added resources. We attempted to be realistic about the ability of city and county governments, service providers, and the funding community to invest new resources in the homeless response system. Recommendations are followed by suggested implementation plans which include timelines and activities, found in Appendix B of the report. The following recommendations address the following parts of the homeless response system:

- Robust Governance Structure and Performance Measurement
- Leveraging and Coordinating Resources and Funding
- Ensuring Efficiency and Realigning Existing Interventions to Create System Flow
- Making Data Work for the Community

ROBUST GOVERNANCE STRUCTURE AND PERFORMANCE MEASUREMENT

In order to accomplish the recommendations made in this report and achieve the goals of the Decade to Doorways Ten Year Plan to Prevent and End Homelessness, the Decade to Doorways Partnership will need dedicated leadership to establish and enforce a housing-focused direction for the homeless response system, to measure and evaluate performance, and to fund the system in a way that supports positive outcomes.

RECOMMENDATION: Re-organize the Decade to Doorways’ governance structure, recruit new members, define roles, clarify decision-making processes, and enable data-driven and outcome-focused policy-making.

A System-Wide Approach to Homelessness Requires Effective Governance

To make progress towards preventing and ending homelessness, communities must establish a system-wide response to homelessness. Such a response to homelessness is transparent, coordinated, goal-oriented, and fundamentally accountable for quickly getting people into permanent housing and helping them to stabilize, so that all instances of homelessness in the community are rare, brief, and non-recurring. A community working to end homelessness must integrate all responses to homelessness into a coordinated system that is focused on achieving outcomes, including:

- Reducing the total number of homeless individuals and families
- Reducing the length of time that someone experiences homelessness, and
- Reducing returns to homelessness
Since the HEARTH Act\textsuperscript{15} was passed in 2009, communities have made significant changes to their responses to homelessness. Rather than a number of programs serving their clients as best they can on their own, communities are working to build effective systems to produce a coordinated response to homelessness. Communities, such as Houston, TX, Las Vegas, NV, and those in the State of Virginia, have moved away from managing homelessness with a program by program approach and towards solving homelessness with a systemic approach, and have seen significant reductions in the numbers of people experiencing homelessness.

At the community level, it takes strong and engaged leadership to accomplish the task of transitioning to a coordinated system. Leadership has to move all the different parts of the community’s homeless response towards one outcomes-focused system and persuade programs to change the way they historically operated. For a community’s systemic response to homelessness be truly effective, the system needs a well-defined governance structure that is empowered to make data-driven program, funding, and policy decisions across the whole system. At a minimum, an effective governance structure must enable and support these efforts:

- Set policies that will make progress towards meeting desired system outcomes to end homelessness
- Make difficult decisions and bold changes in re-designing a more effective homeless response system
- Guide the community’s system change process from a programmatic response to a transparent systemic response

\textsuperscript{15} Please see Homeless Emergency Assistance and Rapid Transition to Housing Act, at https://www.hudexchange.info/homelessness-assistance/hearth-act/
• Evaluate and improve the performance of programs and the overall system by utilizing shared performance measures
• Evaluate investments and strategically re-align funding and resources to achieve systems goals, and
• Engage leaders in governing activities with the authority to set system-wide policy, vision, and direction

Communities must regularly assess whether their governance structure struggles with obstacles that lead to ineffective governance such as those listed below, and make adjustments accordingly:

• Leaders who are not regularly engaged in governance activities
• Governance members who do not have authority to set system-wide policy, vision, or direction
• Governance members who only make decisions around CoC funding during the Notice of Funding Availability (NOFA) competition and are not engaged in year-round activities to improve the system’s performance in responding to homelessness
• A leadership group in which only or mostly CoC-funded agencies participate
• No resources for staff support, or staff have served as decision-makers
• Lack of transparency or clarity around how decisions are made
• Lack of data-driven decision making
• No shared performance measurement benchmarks
• Siloed funding sources
• Lack of local government agency involvement or funding

The Role of the Decade to Doorways’ Governance Board

In Chester County, the Decade to Doorways Partnership and those projects funded through the federal programs such as the CoC, ESG, HOME, CDBG, as well as other public and private sources, coordinate many responses to homelessness in the community. Thus, the governance of the Decade to Doorways Partnership is critical to a functioning leadership structure of an effective systemic response to homelessness. The governance structure should align these and other local resources, drive systems change, and focus program and system outcomes around the common goal of preventing and ending homelessness in Chester County.

In Chester County, the CoC is referred to as the Decade to Doorways Partnership. According to the U.S. Department of Housing and Urban Development (HUD), the CoC Program is designed to assist individuals (including unaccompanied youth) and families experiencing homelessness, and to provide services needed to help such individuals move into permanent housing, with the goal of long-term stability. More broadly, a CoC is designed to:

• Promote community-wide planning and strategic use of resources to address homelessness
• Improve coordination and integration with mainstream resources and other programs targeted to people experiencing homelessness
• Improve data collection and performance measurement, and
• Allow each community to tailor its program to the particular strengths and challenges within that community.

The mission of leading the community in finding solutions for preventing and ending homelessness should be at the core of the D2D Partnership’s responsibilities, and the D2D Partnership’s current activities endeavor to focus on this mission. However, the structure of the CoC Board needs to be re-organized and strengthened to achieve progress in significantly reducing the number of people experiencing homelessness in Chester County.

Chester County’s Current Decade to Doorways’ Governance Structure

The following describes current leadership entities of the Decade to Doorways Partnership that are tasked with overseeing the response to homelessness.

Chester County Board of Commissioners

According to the current CoC Governance Charter for Chester County, the "Chester County Board of Commissioners serves as the CoC governing body who in turn authorizes and designates DCD as the entity responsible for carrying out the regulations set forth in the CoC Program Interim Rule...". In addition, through the CoC NOFA Application Review and Rank process, the D2D Partnership makes funding recommendations for CoC funds to the Chester County Board of Commissioners that are based on HUD’s funding priorities and the goals and strategies outlined in the Consolidated Plan, the Decade to Doorways Implementation and Governance Structure and the soon to be finalized Decade to Doorways Operational Plan. The Commissioners ultimately approve or disapprove all funding recommendations presented to the Board.

While the CoC Governance Charter states that the Board of Commissioners serves as the CoC governing body, in practice it appears that the Board does not engage in the ongoing strategic visioning and decision-making nor the operationalizing of strategies to end homelessness in the community. Rather, these activities are carried out by the D2D Partnership Leadership Consortium, specifically the Executive Committee. In fact, while aware and engaged in the D2D Partnership at a big picture level, the Board of Commissioners most important role is understanding the importance of resource allocation, reviewing funding recommendations, and making funding decisions to support the work of the D2D Partnership.
The Leadership Consortium

The proposed implementation structure of Decade to Doorways (D2D) bears five organizational elements, and is led by a Leadership Consortium whose membership is made up of an advisory board of leaders from the community. The Leadership Consortium includes low-income representatives (i.e. homeless housing and support service providers, consumers, and faith based organizations), community representatives (i.e. community members, funders, business, landlords, hospital, and transportation), and government representatives (i.e. DCD, public housing authority, departments of human services).

The Leadership Consortium’s role is to serve as a dedicated representative of Decade to Doorways across the county, provide input to and approval of significant Decade to Doorways’ activities and policies, and use influence and advocacy within the community to remove roadblocks to Decade to Doorways activities.

The Executive Committee

The Executive Committee was designed to work on behalf of the Leadership Consortium to provide oversight and alignment of the activities of the Decade to Doorways Action Teams (problem solving workgroups), and monitor implementation of the Decade to Doorways Operational Plans. In addition, Executive Committee members make up the CoC NOFA Application Review Team which reviews and ranks CoC grant applications, and makes recommendations to the full Executive Committee on which projects to fund or reallocate. The Executive Committee then recommends a CoC Project Priority Listing to the Board of Commissioners which reviews, revises if necessary, and approves. The CoC Project Priority List is then submitted to HUD as part of the CoC Consolidated Application.

Chester County Department of Community Development

Currently, Chester County, through its Department of Community Development (DCD), serves as the jurisdiction’s CoC Collaborative Applicant, which is the lead agency for the CoC. DCD provides administrative support, leadership and staffing in support of the D2D Partnership. DCD is also responsible for the ongoing leadership, administrative operational and staff support to provide oversight to Action Teams, formed around the strategic goals and objectives of the Plan.

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Continuum of Care and Continuum is defined by the U.S. Department of Housing and Urban Development (HUD) as the group organized to carry out the responsibilities required under the CoC Program Interim Rule (24 CFR Part 578). The Continuum of Care (CoC) is designed to promote a communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness.
Challenges with the Current Governance Structure

While the current governance structure includes some defined functions around leading the D2D Partnership’s activities, it does not enable the transparent decision-making, accountability, and systems change environment required by an effective governance structure to significantly reduce homelessness in Chester County.

The roles of these leadership entities and how decisions are made are not well-defined or transparent to leadership members or to providers. When people in leadership roles were surveyed about whether the role and structure of the governance body is clear and how decisions are made is understood, more than 40% of people either disagreed, strongly disagreed, or did not know the answer.

When providers were asked the same question, almost half of respondents disagreed or strongly disagreed about the role and clarity around governance. This may be due to the fact that there is confusion as to how the community defines the CoC and the D2D Partnership. In re-organizing the D2D governance structure, such definitions should be clarified as well as roles and responsibilities of D2D Partnership activities which will include CoC required activities.

RECOMMENDATION: Re-structure the Governance Board and Clearly Define the Roles and Functions of the Members and Committees

Clearly define the governance structure of the D2D Partnership which acts as the CoC. The current CoC Governance Charter does not reflect the current practice of D2D Partnership governance (i.e. the Board of Commissioners as the
governing body of the CoC, the Leadership and Executive Committee providing the ongoing governance). The D2D
Partnership should review the governance charter and revise to reflect a newly reorganized governance structure. In
doing so, it will ensure that actual practice is reflected and that requirements of the CoC Interim Rule are met. Most
importantly, such clarity will allow the community to make progress on achieving system outcomes to reduce
homelessness across Chester County. Specifically, a clearly defined governance structure will allow the D2D
Partnership to make data-driven decisions to set system-wide Housing First policies and performance benchmarks for
all CoC-funded as well as County-funded programs. In addition, the D2D Partnership will be better positioned to
leverage and align other federal and local funding streams that Chester County devotes to homelessness, such as
Community Services Block Grant (CDBG), Home Investment Partnerships (HOME), Emergency Solutions Grant (ESG),
Housing Trust Program and Community Services Block Grant, and Department of Human Services. This will ensure an
optimum mix of housing and support interventions for those experiencing or at-risk of experiencing homelessness.

The D2D Partnership Board should represent key stakeholder groups in Chester County that respond to or impact
homelessness. Members should carry appropriate decision-making authority, be significantly non-conflicted in order
to make funding decisions, and guide various components and programs into a coordinated and accountable system
that works towards ending homelessness.

Because much of the funding dedicated to homeless housing and support services flows through DCD, the D2D
Partnership Board should be re-organized and engage in a nominating process to achieve membership that
empowers and diversifies decision-makers, complies with HUD regulations, and provides authority for strategic
resource alignment and allocation. The Alliance recommends a Board no larger than 15 individuals. The D2D
Partnership Board could include representation from:

- Persons with lived experience of
  homelessness
- DCD
- County Mental Health
- Other County agencies
- Jurisdictions within Chester County
- Provider organizations
- Housing developers
- Leadership Consortium
- Executive Committee
- Law Enforcement
- Department of Veteran Affairs
- Business, philanthropic, faith leaders

**RECOMMENDATION: Create newly formed committees for the D2D Partnership Governance Board**

Instead of Action Committees, new committees should be created to help carry out the work of the D2D Partnership
Board that include:
Executive Committee – acts on behalf of Governance Board between D2D Partnership Board Meetings; ensures strategic direction and decision making of the D2D Board; engages in ongoing communication with DCD staff.

Coordinated Entry Planning and Oversight – develops, evaluates, implements, updates, and assists in administration of the Coordinated Entry System (i.e. diversion, access, assessment, prioritization, referral) including development, evaluation, implementation, and monitoring of policies, practices, and tools; convenes stakeholders as a learning community for effective operations of coordinated entry.

System Performance Outcome Measurement – provides guidance and recommendations for clear and accurate measurement and communication of the D2D Partnership in alignment with HUD guidance and requirements; supports data collection and evaluation efforts of the D2D Partnership to assess and inform progress on ending homelessness; includes program level evaluation and monitoring.

CoC NOFA Committee – assists with the local CoC Program NOFA Competition, oversees development of local application materials, project scoring criteria factors for consideration by full D2D Partnership partners and eventual approval of the D2D Partnership Board; may make up members of the CoC Project Application Review Team if not conflicted.

CCCIMS Agency Admin Group – work with HMIS Lead to provide recommendations on ongoing software use and enhancements; trouble shoot frequent data quality errors; assists in development, evaluation, and implementation of D2D Partnership Data Quality Plan.

Nominating Committee – recruits members, ensures diversity among cultures, geographies, and stakeholder area of expertise, develops and implements board selection, appointment, orientation, and removal of members.

In addition, the D2D Partnership should consider working groups in addition to the standing board committees above. Such working groups might include Ending Chronic Homelessness, System Wide Landlord Outreach Strategy, and Permanent Housing Options as part of the Coordinated Entry Planning and Oversight Committee which conducts case conferencing to ensure permanent housing placements are targeted for the most vulnerable.

RECOMMENDATION: Implement an updated performance measurement and improvement process that informs strategic decisions to ensure the right combination of strategies and resources to end homelessness

Measuring Performance Outcomes

The Decade to Doorways Partnership cannot realize progress on reducing homelessness without the tools to measure how the system is performing. Developing and supporting an adequate performance measurement structure will help to increase the effectiveness and efficiency of the homeless response system. Concurrently, simple and clear outcome measures, regular assessment of progress on those measures, and shared accountability to achieve outcomes will combine to support activities, and provide incentives to housing and support service providers,
funders, and key stakeholders. Collectively, this will help to ensure that homelessness in Chester County is rare, brief, and non-recurring, as well as guide improvement plans and/or strategic allocation of resources to meet these outcomes.

The Decade to Doorways Partnership must further develop a structure of policymaking, data collection, resource allocation and shared accountability within the homeless response system. Community leadership and provider surveys reveal a lack of consistency relating to the community’s process for establishing performance benchmarks, goals, how they are evaluated, and whether they guide strategic decision-making. This may be because some performance outcomes are outlined primarily in provider contracts and some outputs/outcomes are reported quarterly. However, it is important to note that currently there are no system-wide performance benchmarks and performance outcomes established to guide overall progress towards ending homelessness in the County. Despite not yet having a system-wide strategy for measuring performance, the D2D Partnership has a foundation to build upon. The D2D Partnership provides an annual data review summary on emergency shelter and transitional housing\(^\text{17}\) and can build upon this data collection and reporting, to fully align measuring a consistent set of outcomes and conduct progress comparisons. The D2D Partnership should also realign its quarterly Decade to Doorways\(^\text{18}\) reporting with newly established system-wide performance goals which include clear and uniform standards, benchmarks and outcomes, and an ability to track progress based on the following metrics:

- Decrease in the number of people experiencing homelessness
- Length of time people experience homelessness
- Increase in exits from homelessness to permanent housing
- Decrease in returns to homelessness

To support a shift in the system to outcome measurement, funding decisions should be based on a program’s performance relating to reducing homelessness (as measured by the HEARTH Act outcomes). Funders within the D2D Partnership should structure their RFPs and all contracts to support innovation and system change with a specific emphasis on Housing First and performance based outcomes.

Transitioning to this performance based funding approach should be phased in over a period of one to two years. The D2D Partnership should provide notice and hold meetings for providers to make them aware that performance is the new basis for funding decisions, and that they can engage in a performance improvement plan if concerned.

\(^{17}\) This review provides data on the number of people experiencing homelessness for the first time, exits to permanent housing, average length of stay for leavers, returns to homelessness both from shelter/transitional housing and permanent housing.

\(^{18}\) Quarterly data reported to the D2D Partnership partners focuses on the number of people served, age and gender of those served, percentage of people reporting at least one source of income, prior residences, reported exit destinations, VI-SPDAT scores, average length of wait until shelter entry, and similar data reported for veterans.
about their performance. The D2D Partnership should look to other communities such as Santa Clara County\textsuperscript{19} and their efforts and success in establishing performance benchmarks and goals.

**Refining Expected Performance Outcomes for Providers**

Guided by system-wide performance benchmarks and goals, the D2D Partnership should agree on a set of outcome measures for providers by program type. When refining these outcomes the D2D Partnership should ensure that outcomes reflect changes in a household’s housing situation as a result of a service received and not activities or outputs of the provider in attempting to assist a household in reaching these outcomes. For example, an activity reported as an outcome in a provider contract states, “The provider will enter all required data for 100% of the clients served in the Emergency Shelter into the ...CCCIMS).” Entry into a database does not represent a change for the household; rather it is a task of the provider in order to help a household move through the system and back to housing. Outcomes in the County contracts such as, “50% of all clients will exit shelter to permanent housing” reflect a change in a household’s housing situation. The D2D Partnership should identify other contracting activities and remove them to provide clarity around the goals providers should focus on. (Activities can still be tracked separately.)

**Establishing Performance Benchmarks for Programs and Program Types**

The Decade to Doorways Partnership, in conjunction with the D2D Partnership Board, should set specific performance benchmarks for each program and program type guided by system-wide performance benchmarks. Numeric benchmarks should reflect a percentage or number target for each outcome, and established based on baseline data from the most recent year the needed data is available. Benchmarks will need adjusting based on the level of barriers faced by the population served by the program or intervention. The D2D Partnership should look to other communities such as Columbus, Ohio\textsuperscript{20} and their efforts and resources in utilizing performance based contracting.

The System Performance Outcome Measurement Committee should take the primary responsibility for reviewing the outcomes achieved by the D2D Partnership on a bi-monthly or quarterly basis. A report should be run out of CCCIMS that shows the performance of each program, program type, and the system as a whole. The report should be made available to all homeless assistance stakeholders and the public. Accessible and shared information will keep everyone up-to-date on the performance of the system, and help identify needed improvement or adjustments.

To achieve the above recommendation, the D2D Partnership, in conjunction with the D2D Partnership Board, will need to engage in the following:

- Refine system planning, monitoring, and oversight

\textsuperscript{19} Please see Santa Clara County CoC System Performance at https://www.sccgov.org/sites/osh/ContinuumofCare/systemperformance/Pages/home.aspx

\textsuperscript{20} Please see Performance Based Contracts, Examples From Columbus, Ohio at http://b.3cdn.net/naeh/9f25c84b705719d0d7_1om6bn2aj.pdf
● Coordinate written standards across all program types
● Evaluate data to identify gaps in service
● Evaluate cost effectiveness of program types
● Work with other funders to promote consistent standards/policies; and
● Measure performance outcomes

RECOMMENDATION: Once performance benchmarks are established for each housing and support service intervention, the System Performance Outcome Measurement Committee should establish a performance improvement plan process, identify “low performers,” and engage these providers in a performance improvement plan

Once system-wide performance benchmarks and appropriate benchmarks for each homeless intervention are established, programs that fall below standard can be identified. These programs should be obligated to engage in a performance improvement process in order to continue receiving funding. The obligation to engage in a performance improvement process if performing below established outcome measures should be written into future contracts.

Responsibilities related to performance improvement should be tasked to the System Performance Outcome Measurement Committee and supported by the Performance Measurement and Improvement Coordinator.

Reasons for poor performance vary and DCD staff should meet one-on-one with provider leadership to explore areas where performance can be improved, and provide an opportunity to discuss possible causes for performance that does not meet established benchmarks and goals. Working collaboratively, DCD and the provider should create a sensible improvement plan that does not impose an undue burden on the provider. The following strategies, among others, may be appropriate to consider when addressing poor performance:

● Adopting a Provider Mentor: set-up a system where higher performing providers can mentor providers struggling to meet performance goals. Through mentorship strategies and models can be shared, one-on-one meetings, site visits, and informal learning opportunities can take place.

● Require More Frequent Data Review: struggling providers should review their data more frequently - without consequences for poor data quality – identifying data or programming issues more easily and earlier. Data requests may be made monthly of these programs, or more if required, and each report should include a meeting between County and provider staff to review the data, and discuss and troubleshoot issues.

● Offering Technical Assistance: if performance is related to limitations in staff training or knowledge, providers should be offered opportunities for available technical assistance resources. Providers may be required to participate in online trainings, attend in-person trainings or conferences, or engage other educational/staff development resources to improve performance.

● Encouraging Program Conversion: some providers may be performing well by their own perception, but their goals and outcomes may not match the rest of the County or the D2D Partnership. This means that the program model likely needs to change, which requires more time and intensive assistance than other strategies. Thus timeline expectations for improved performance should be reflected accordingly.

As a part of and/or in addition to its ongoing monitoring, DCD should revise and expand on the “Annual Goals” review to include the improvement plans. DCD should put specific improvement plans in writing, and they should be
signed off by the County and the provider. The plan should include timelines and milestones to be met, and clearly convey the consequences if the provider is unable to improve performance within the allotted timeframe. If the performance is not improved, DCD should develop a plan to ensure that impact on service delivery is non-existent or minimal, and reallocate funding.

In addition to developing a performance improvement plan for providers struggling to meet outcomes, the County should also incentivize positive performance. Recommend incentives would be proposed to the D2D Partnership Board for final approval. The Alliance recommends the following strategies to consider:

- Performance based contracting pays bonuses for positive outcomes
  - the System Performance Outcome Measurement Committee should create and recommend a higher set of performance benchmarks resulting financial rewards
  - County should create and expand performance based incentives in individual contracts, and phase them into future contracting
  - First-year of contracts could simply require providers to begin measuring performance on agreed upon outcomes; second-year contracts could provide financial incentives for meeting higher performance benchmarks
  - Outcomes are measured on a quarterly basis with payments awarded over the next quarter

- Preference in ranking for new projects in the CoC NOFA Competition
- County-wide recognition through non-financial award
LEVERAGING AND COORDINATING RESOURCES AND FUNDING

The goal of the homeless response system is to re-house people as quickly as possible. To make the D2D Partnership’s primary response to homelessness focus accordingly, no matter what the type of intervention, the D2D Partnership should align all community support services and funds and leverage additional funds and resources to allow for funding flexibility that best addresses the community’s needs.

RECOMMENDATION: Create a collaborative structure that aligns funding resources and services

The Decade to Doorways Partnership should consider system-level collaboration among funding partners to integrate efforts serving the most vulnerable individuals navigating the housing, health, mental health, criminal justice, child welfare, and other social service systems. A collaborative effort to align funding sources could be structured around a particular community initiative (i.e. ending chronic homelessness and ensure that it does not recur; building upon MOU with Department of Human Services to secure PSH for persons with mental health and drug/alcohol disabilities); identifying, prioritizing, and housing high利用ers of the County emergency services) or community-wide program. This collaboration would ideally bring together representatives from public agencies (housing, health, mental health, substance abuse, criminal justice, child-welfare, workforce development, jurisdictional partners, hospitals, managed care organizations, and philanthropy) as well as the private community, such as local foundations, philanthropists, faith leaders, and the business leaders. This system-wide collaboration could be structured through blending or braiding funding, with the goal to create a strategic approach to funding community services and determine where resources can align to address community needs.

Although the County appears to communicate well across systems, funding and resources for community services appear accounted for by different departmental budgets. Various social service systems across the County serve many of the same people, and some departments have recently experienced funding cuts. Moreover, D2D Partnership collaboration with the private sector lacks a common message, clearly defined objectives with detailed funding requests, and explanations for how participation from this critical sector can impact outcomes. Forming a collaborative structure would enable partners to strategically approach how funding is administered across housing, health, and services.

Key funders within the County have expressed interest in creating more opportunities to implement system-level collaboration, whether sharing data to identify individuals who are high utilizers of the County’s resources, collaborating around innovative strategies to impact the number of persons experiencing homelessness within the County, or integrating employment opportunities into Coordinated Entry. The time is ripe to leverage expressed interests, positive relationships between County agencies, key stakeholders, and other funders in the community to launch a collaborative structure that aligns funding. Stakeholders will need to identify and articulate goals, metrics for success, budgets to support the effort undertaken, and internal governance and membership. The D2D Partnership should consider supporting a Homeless Coordinator (see below), that with the support of the D2D Homeless
Administrator would be dedicated to coordinating the group, including potentially building/facilitating joint RFPs, developing dashboards to measure progress, meeting facilitation, and regular communication with members.

**RECOMMENDATION: Increase Decade to Doorways Partnership staff to make systems coordination successful**

It is axiomatic – and worth emphasizing – to say that system-wide coordination to ensure that homelessness in Chester County is rare, brief, and non-recurring will happen at the systems level, with oversight by the DCD. Thus, it is critical that the D2D Partnership has sufficient staffing support in strategically designed roles to ensure that coordination and collaboration efforts are successful. As the current governance structure transitions to a structure that supports data-driven and strategic decision making, the D2D Partnership should see to it that current staffing and support from DCD can meet the future needs of the Partnership. The Alliance proposes revising current D2D Partnership and Department of Community Development roles and responsibilities, and/or adding two FTEs: a Homeless Coordinator and a Performance Measurement and Improvement Coordinator to ensure that the roles and responsibilities are accounted for.

**Homeless Coordinator**

The role of Homeless Coordinator is to coordinate new community initiatives and facilitate the County’s system change efforts. This includes cross-sector community meetings, helping to set the agenda and strategy for initiatives, managing RFP processes, and facilitating the creation of community informed goals and objectives to end homelessness in Chester County. The person in this role should excel in relationship and consensus building, have excellent communication, facilitation, and influencing skills, be able to synthesize input and feedback in the moment, and drive stakeholder informed action steps. The Homeless Coordinator should bring strong strategic planning and data analysis skills as well as experience in change management. While specific content expertise in housing and homelessness is valued, it should not be a prerequisite for consideration.

**Performance Measurement and Improvement Coordinator**

The role of the Performance Measurement and Improvement Coordinator is to coordinate the D2D Partnership’s shift to establishing and tracking performance benchmarks and performance goals for the system as a whole, program types, and individual providers, as well as develop and evaluate performance improvement plans. This includes:

- Staffing the System Performance Outcome Measurement Committee in support of establishing all performance benchmarks and goals
- Reviewing system and provider outcomes and identifying low performers
- Proposing incentives for high performers
- Producing quarterly report cards on programs, program types, and system performance
- Developing and evaluating the components of performance improvement plans
• Working with low performing programs to create performance plans
• Monitoring progress on performance system-wide
• Reporting to the D2D Partnership Board and partners, and
• Working closely with CCCIMS to ensure data systems can produce information on desired outcomes.

Like the Homeless Coordinator, the person in this role should excel in relationship building, provide excellent communication, facilitation, and influencing skills, the ability to synthesize input and feedback in the moment, and drive stakeholder-informed action steps. The Performance Measurement and Improvement Coordinator should bring excellent strategic planning and evaluation skills, superior data analysis skills, and solid experience in change management.

**RECOMMENDATION: Formalize and Coordinate the existing system-wide landlord engagement strategy and include a landlord risk mitigation pool and strategy to mitigate risk of unit damage, missed rent payments, and incentivize landlords to rent to “risky” tenants**

A successful system will rely on a coordinated approach to landlord recruitment and retention. Homeless housing providers operating in silos may compete on the market for the same landlords, which can frustrate and deter landlords. The D2D Partnership should centralize or coordinate landlord recruitment to avoid competition and confusion, as well as pool incentives so that landlords are more willing to work with providers. A systems approach focusing on landlord engagement includes the following strategies:

• Centralized and/or coordinated landlord recruitment
• A centralized database on landlords
• Coordination among housing locators from all providers into a single group to share information, research, and retention methods
• Integration of housing provider activities within the D2D’s planning and governance processes
• Use of common messaging and outreach methods
• Use of common incentives to minimize “shopping around” by landlords for the best deal with a focus on high opportunity areas
• Coordinated responses to landlord concerns Written standards for “landlord engagement and care” for all housing providers
• Involvement of political and elected officials to persuade landlord participation

The Decade to Doorway’s system-wide landlord engagement strategy should include a landlord risk mitigation pool. A landlord risk mitigation pool is a type of pooled funding strategy to mitigate risk associated with renting to someone with poor credit or rental histories, little to no income, or a criminal history, or if damage to the unit occurs or rent is not paid. The pool creates a guaranteed source of funds that cover damages, missed payments, and/or rental deposits, with the goal that landlords are more willing to accept tenants with barriers that pose specific risks,

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thus increasing the number of units of affordable housing. Risk mitigation pool funding is generally controlled by a legal agreement that specifies eligibility, and a process and procedure for drawing down funds.

Many stakeholders acknowledge a shortage of affordable rental units in Chester County for those with extremely low income. Many tenants in need of vouchers face a closed Housing Choice Voucher Waitlist as well as a closed Public Housing Waitlist and tenants who do secure vouchers often struggle to find an owner willing to rent to them and participate in the program.

The landlord risk mitigation pool will require an initial funding commitment, which in other communities has been sourced from City or County general or housing funds. The risk mitigation pool could either focus on system-wide landlord engagement or a system-wide effort to minimize project operating losses due to unit damage or rental losses. Given the County's lack of a coordinated system-wide strategy to engage more landlords to open their market rate units to rapid re-housing project participants or Section 8 participants, the Alliance recommends that Chester County focus its landlord risk mitigation pool on a system-wide landlord engagement strategy.

ENSURING EFFICIENCY AND REALIGNING EXISTING INTERVENTIONS TO CREATE SYSTEM FLOW

Key characteristics of an efficient and right-sized homeless response system include alignment of all interventions of the system, design and alignment of all system activities, and the development of strategic collaboration and coordination across all providers to support the goal of housing people quickly. The D2D Partnership should take a systematic approach to eliminate unnecessary costs, and better align resources to serve the most vulnerable, highest needs individuals.

RECOMMENDATION: Adopt a system-wide Housing First approach

The goal of the HEARTH Act is to transform homeless services into crisis response systems that makes homelessness brief, rare, and nonrecurring, and ensures a rapid return people who experience homelessness to stable housing within 30 days. The Housing First approach requires immediate access to housing, assertive engagement with consumer choice and robust support services, embraces harm reduction, and prioritizes housing for the community's most vulnerable. Housing First has been proven to end chronic homelessness, and leads to better access to housing, housing retention, lower returns to homelessness and reductions in the use of crisis services.

Housing First strategies are not foreign to Chester County, though the community does not appear to utilize this approach at all levels of the homeless response system. For example, rules and requirements still exist in shelter programs that serve as barriers to housing, particularly for chronically homeless and other vulnerable populations, and consensus is lacking among leadership and providers that all persons experiencing homelessness are housing ready due to mental health conditions or substance use. While some communities have ended chronic homelessness in the last few years, the number of chronically homeless individuals in Chester County increased during this last
year. Many factors contribute to an increase in chronic homelessness, but lack of coordination and poor targeting of resources are key factors.

Implementing a D2D Partnership Housing First approach may take some cultural shifts and significant programmatic changes, but this approach aligns well with the other changes the D2D Partnership will implement in the coming years. A first step is to designate a champion of the Housing First approach – ideally someone with decision-making power who genuinely believes in the Housing First approach. Then conduct a scan of current homeless programs and services in the County to determine the “bright spots” in Housing First and the barriers. For example, it would be sensible to review the existing rules, policies, entry criteria and regulations of all homeless housing projects. Funding sources rarely specifically mandate requirements like sobriety or that a client must be enrolled in services to obtain housing, and it will be important to determine where the housing barriers are and how they can be overcome to serve the most vulnerable in as little time as possible.

The Alliance recommends that the D2D Partnership create a running list of housing inventory and entrance criteria, and makes this transparent to all D2D Partners; this should be integrated into the coordinated entry system and, by extension, CCCIMS. The D2D Partnership Board should communicate to all providers in the county a vision that aligns with Housing First, and also envisions what that means for the community. Finally, services will need to align with a Housing First approach. This includes prioritizing the most vulnerable populations, incorporating motivational interviewing, problem solving, conflict resolution and negotiation in case management, coordinating referrals and navigation, frequently soliciting client feedback in program design and delivery, and educating and engaging landlords.

**RECOMMENDATION: Create a strategy to end chronic homelessness**

The Decade to Doorways Partnership can and should end chronic homelessness by 2019. In 2016, Chester County had a total of seven households that experienced chronic homelessness - three individuals and four families according to the 2016 Point-in-Time Count (PIT). According to the 2017 PIT, the County had a total of 12 households experiencing chronic homelessness - 12 individuals and 0 families. At the time of the PIT Count all, of these households resided in shelter. Although these numbers represent one point in time, they are not staggering, and in fact the D2D Partnership has the resources to end chronic homelessness in the community.

In 2017, PSH beds represented the largest allocation of funding among all bed types at 43% which does not include HUD-VASH. This represents 316 beds within the system. A review of the 2017 HIC shows that not all PSH beds bore a utilization rate of 100%, even when PSH is often the most appropriate housing intervention for individuals experiencing chronic homelessness. Currently, the supply meets the demand of those needing a PSH intervention. In addition, by adopting rapid re-housing as the primary intervention to respond to homelessness and implementing a
"Move-On" strategy for PSH, the D2D Partnership can prioritize housing interventions for the few people experiencing chronic homelessness.

The D2D Partnership has also adopted HUD Notice CPD-014-12 - "Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons In Permanent Supportive Housing and Recordkeeping Requirements for Documenting Homeless Status." In order to operationalize the adoption of Notice CPD-014-12, the County should consider adopting, as a system-level funder collaborative community initiative, the U.S. Interagency Council on Homelessness criteria and benchmark for achieving the goal of ending chronic homelessness.

At a minimum, the D2D Partnership should form an Ending Chronic Homelessness Workgroup and, using Coordinated Entry and CCCIMS data identify all persons currently identified as chronically homeless, identify available PSH and RRH resources and then engage via case conferencing, to develop a strategy, with a timeline, to house and stabilize those currently experiencing chronic homelessness. The Workgroup should, in collaboration with the Coordinated Entry Planning and Oversight, the System Performance Outcome Measurement, and the CCCIMS Agency Admin Committees, engage an overall strategy to prevent chronic homelessness from occurring.

Providing and stabilizing chronically homeless individuals first will prevent them from repeatedly returning to the homeless response system and other likely support service systems. The D2D Partnerships can end chronic homelessness.

**RECOMMENDATION: Re-design the Decade to Doorways’ emergency shelters to adopt and operationalize the key elements of effective emergency shelter**

To have an effective homeless crisis response system, D2D Partnership must provide immediate and easy access to safe and decent shelter to anyone who needs it. The purpose of the shelter system is to permanently house people as quickly as possible. Shelter is not a destination but rather an important part of a process that rapidly exits people experiencing homelessness to permanent housing options. The shelter system described below fits into an overall Housing First approach to homeless services and housing interventions in Chester County.

The Decade to Doorways Partnership should adopt, promote, and make funding decisions based on the key components of an effective shelter system, which include the elements below. In addition, the Alliance recommends that the D2D Partnership Board or an appropriate board committee or working group develop written standards for how emergency shelter should operate within the D2D Partnership.

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23 Please see Santa Clara County Quality Assurance Standards for Homeless Housing and Service Providers at https://www.sccgov.org/sites/osh/continuumofcare/coc-policies-and-procedures/pages/home.aspx. Although these quality standards do not incorporate the key elements of effective emergency shelter, they provide a template for quality assurance in
Housing First Approach
Safe and appropriate diversion
Immediate and low barrier access
Housing-focused, rapid exit services
Data to measure performance

Note that not all emergency shelter beds within the system are funded by the County, however, the operation of these beds impacts the overall system’s performance. And the practices used to operate these shelter beds do not fully incorporate the key elements of effective emergency shelter. The Alliance recommends that providers of these shelters are continually invited, encouraged, and incentivized to participate in the adoption of emergency shelter best practices. This included participation in an emergency shelter learning collaborative and other discussions where the services they provide will impact the system's performance measures.

Housing First

An effective homeless crisis response adopts a Housing First approach throughout all of its interventions, especially emergency shelter, so that anyone experiencing a housing crisis gains immediate access to the housing and services they need. If people experiencing a housing crisis are unable to enter shelter because they are not eligible due to shelter policies and/or eligibility requirements, shelters act as barriers to housing and lengthen the time people experience homelessness. Income requirements, sobriety status, employability, willingness to participate in services, and criminal histories make it very difficult to people experiencing a crisis, especially those with intensive needs, to access services, crisis beds, and ultimately, permanent housing. These requirements can lead to forcing people to sleep in places not meant for human habitation or return to dangerous situations.

To support a system-wide Housing First approach for all housing and service interventions, including emergency shelter the D2D Partnership Board should educate itself and the larger D2D Partnership on what the Housing First approach is, how it works, and how it can impact overall system performance. Once a Housing First approach is adopted, the D2D Partnership funders should:

- Revise all shelter contracts and future RFPs to align with a Housing First approach, meaning that
  - All shelters should revise their mission statements to reflect a Housing First approach
  - All shelters should revise their policies and procedures to align with Housing First principles
  - All shelters should revise their resident handbooks/guides and orientation materials to be housing-focused

24 The Alliance recommends the D2D Partnership utilize the NAEH Emergency Shelter Series which includes webinars, tools, and resources on the Housing First Approach, the Role of Emergency Shelter, Keys to Effective Low-Barrier Emergency Shelters, How to Transition Emergency Shelter to a Low-Barrier and Housing Focused Shelter Model, Which Rules are the Right Rules for Low-Barrier Emergency Shelter, Rules and Safety in Low-Barrier Shelter that Serve Single Adults, etc. at [https://endhomelessness.org/resource/emergency-shelter/](https://endhomelessness.org/resource/emergency-shelter/)
Currently, Chester County’s primary shelters for single adults and families assist people experiencing homelessness in various ways, and not all have adopted a Housing First approach. Most shelters lack capacity to truly reduce and resolve homelessness in the community due to restrictions on entry, lack of staffing capacity to provide housing-focused services, and the homeless response system’s lack of implementation of enough Housing First solutions to provide rapid exits from shelter.

Chester County data shows that in 2016, 41.5% of persons exiting shelter exited to a permanent housing destination. Only one emergency shelter out of seven serving individuals exited a majority of people to permanent housing. Shelters serving families exited 60% to permanent housing. Shelters have the highest returns to homelessness of any program type, with 15% of individuals and 11% of families returning to homelessness within a year of exit. The majority of individuals (300) exited temporary destinations.

The shelter system does not serve all people experiencing homelessness because entry is restricted by various requirements including: sobriety, criminal background checks, limits to cumulative total number of days, and limited hours of operation.

**Safe and Appropriate Diversion**

One of the most successful ways to prevent homelessness and reduce shelter waiting lists is through diversion. Diversion is a strategy that prevents homelessness for people seeking shelter who are not literally homeless by helping these households to identify immediate and safe housing options they may already have and, if necessary, connecting them with services and financial assistance to help them stay in their current housing or quickly return to

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25 Please see U.S. Department of Housing and Urban Development, HMIS Data Standards, Data Dictionary, June 2017, Version 1.2, Universal Data Element 3.12 Destination Responses: Psychiatric Hospital or other psychiatric facility; Substance abuse treatment facility or detox center; Hospital or other residential non-psychiatric medical facility; Jail, prison, or juvenile detention facility; staying or living with family, temporary tenure; staying or living with friends, temporary tenure; hotel or motel paid for without emergency shelter voucher; foster care or foster care group home; other; safe haven; and deceased; at https://www.hudexchange.info/resource/3824/hmis-data-dictionary/
permanent housing *without* entering shelter whenever it is safe and appropriate to do so. Diversion programs can significantly reduce the number of households becoming homeless, the demand for shelter beds, and the size of waitlists. Effective diversion should be seen and felt by people experiencing a housing crisis as an option that connects them to resources, not a denial of service.

CCCIMS data in 2016 shows that 22% of individuals and 17% of families came from living with friends and family, and 18% individuals came from institutions and nearly 20% of individuals and families came from unsubsidized and subsidized housing as well as motels/hotels not paid with vouchers. In total, more than half of individuals and families are not literally homeless prior to entering shelter. A significant portion of these people could have been diverted from shelter through targeted diversion resources.

2016 CCCIMS data also showed that 30% of individuals and 54% of families, respectively, were already in the system (i.e. came from either emergency shelter including motel paid for with a voucher, transitional housing, and permanent housing for formerly homeless persons). The D2D Partnership should examine the causes of these exits and whether the housing and service interventions are being matched to the strengths and needs of these households as they represent a significant number of people re-entering crisis services.

Implementing diversion strategies within Coordinated Entry and the shelter system requires shelter case managers and coordinated entry staff who are skilled at problem solving and negotiating with landlords and family members, and have access to flexible financial assistance for things like overdue rent or utility payments. Innovative communities have staffed their coordinated entry assessors with trained mediators who are able to negotiate with landlords, help clients problem solve, and explore other housing options available to them. Case managers may also assist people who are seeking shelter even if they do not enter shelter so that they may resolve their challenges while staying in their current housing situation.

Diversion strategies are relatively simple to structure. Financial resources are not necessary to implement diversion but can be advantageous in helping people to stay in their housing if available. It should be noted that diversion resources must be well targeted to people who are at imminent risk of losing their housing within the next 7-14 days and would become homeless without additional assistance, rather than providing this assistance to people who may...
be further from homelessness, such as people who may have received an eviction notice but still have months before they must leave their housing.

Currently, ConnectPoints conducts a conversation with a caller who is seeking a shelter bed. The point of this conversation is to determine whether the person has a safe alternative they can access that night instead of coming into shelter. ConnectPoints staff uses problem solving, negotiation, and knowledge of community resources to assist the caller in exploring possible safe alternatives to shelter. ConnectPoints staff will make a referral to the caller for a community based resource if applicable in order to divert from shelter, or may access diversion funds to pay utility arrears, food, gas, and/or motel stay. If a client cannot be diverted from shelter, the caller is placed in the queue for a shelter bed. For recommendations related to diversion strategies, please diversion within the Coordinated Entry recommendations.

**Immediate and Low Barrier Access**

Currently in Chester County, in order to access shelter, a person experiencing a housing crisis must call ConnectPoints and be assessed for acuity in order to prioritize the most vulnerable persons for open shelter beds. If there are no shelter beds, people are placed in a queue for an available bed. Persons may decline a particular shelter for reasons including geographic location. An exception for women whose pregnancy is seven months or more along and women or men with very young children are prioritized for shelter or provided a motel voucher. Single fathers can access only one family shelter in the system.

As stated above, eligibility criteria at primary shelters for adults and families restrict people with high barriers from coming into shelter. Shelter policies and rules should be related to safety. While intended to protect people and ensure smooth operations, otherwise arbitrary policies can pose compliance difficulties for people with various physical and mental health disabilities, leaving vulnerable populations with no place to find shelter. Many effective shelters in other communities that the Alliance interviewed boast less restrictive eligibility criteria and far fewer program policies and rules. They are thus able to serve people with higher barriers, and have far better positive housing outcomes for their participants.  

Currently, people experiencing a housing crisis and are seeking shelter have to meet various eligibility criteria among the primary shelters such as:

- Drug testing/breathalyzer prior to entry and be subjected to random alcohol and drug testing during shelter stay
- Criminal background check/warrants run
- Not exceed a cumulative total of 120 days during a 12 month period

26 Please see the Alliance’s Emergency Shelter Learning Series at [https://endhomelessness.org/resource/emergency-shelter/](https://endhomelessness.org/resource/emergency-shelter/) to hear from providers who have made the shit to immediate and low barrier access shelters.

27 Note: not all single and family shelters in Chester County provided policies and procedures, resident handbooks, etc. for review by the Alliance. This list includes only those shelter that provided the requested documents.
- Not more than 2 bags of belongings
- No pets
- Wash all clothing and shower upon initial arrival
- Have bags checked
- Check in at specific times after which be denied for admission, except with valid pass

While in shelter, individuals must adhere to the various rules among the primary shelters such as:

- Mandatory meetings with a case manager or participate in case management plan, house meetings, counseling sessions, or other required meetings
- Exit shelter by 7am Monday through Friday; 8am on Saturdays; 10am on Sunday
- Save income and provide income documentation
- Random inspections of lockers at any time
- Participate in daily housekeeping chores
- Adhere to curfew and lights out
- No visitors
- Agree to assessment by social service agency for treatment of drug or alcohol abuse and agree to recommendations for treatment
- Upon leaving the shelter, must sign out and state where person is going
- Turn in cell phones at bedtime
- No eating/drinking in dorm area

Based on the extensive work the Alliance has conducted in collecting best practices, its work within communities in states that include Connecticut, Virginia, Georgia, and Washington and the results these communities and shelters have experienced, we recommend the following in order to transition the homeless crisis response system to an immediate and low barrier access shelter system:

**Operate shelters 24 hours a day, 7 days a week:**

Effective shelters with positive housing outcomes operate shelters 24 hours a day. Asking people to leave during the day and come back at a certain time is often disruptive to people’s efforts to obtain housing as quickly as possible. Shelter capacity and staffing should be adequate to allow shelter participants to access shelter services during the day. Shelters should train staff in motivational interviewing, trauma-informed care, and housing-focused services so they may best know how to engage participants in housing plans that move them out of shelter and into housing quickly. Rather than mandating departure during certain hours of the day to motivate participants, staff should use that time to provide housing-focused services to encourage participants to obtain housing. If shelters operate 24 hours a day and 7 days a week and employ lower barriers to entry, it is likely that fewer homeless people will be forced to wander the streets of Chester County during the day until the shelters reopen in the evening.
Lower barriers to shelter entry

To lower existing barriers to shelter entry, Decade to Doorways’ shelters must be available to everyone who experiences homelessness, regardless of a client’s personal characteristics or barriers to housing. Shelters for single adults and families should:

- Prioritize those with the most need and highest vulnerability
- Serve households of any configuration including couples without children, persons identifying as LGBTQ, two parent households, mothers with teenage boys
- Serve people using substances and or with mental health disorders, regardless of treatment or medication compliance
- Serve people with criminal histories
- Serve people who may not want to engage in mandatory services or treatment.

If all shelters accept people who are experiencing drug and alcohol issues, the need for drug and alcohol testing will be eliminated. If funds are not dedicated to drug and alcohol testing, shelters could redirect those resources to housing-focused services and staffing. In addition, the time and energy spent enforcing various rules by shelter staff can be redirected into housing-focused services embraced by all staff, not just case management staff who fully embrace a Housing First approach.

Eliminate current entry requirement not pertaining directly to safety, funding, or legal requirements

Shelters in Chester County should eliminate any requirements that screen out people for:

- Sobriety requirements and random drug testing
- Mandatory service or treatment participation
- Required amount of income at entry
- “Employability”
- Not exhibiting a “desire” to change
- Not being cooperative and engaging
- Not seeming “motivated”

To determine which other requirements should be eliminated, shelters should ask:

- What is our organization’s role in ending homelessness?
- What do we require of people in order to enter our program?
- How many turn-aways do we have?
- Why are we turning people away?
- Where do people go if we turn them away?

Additionally, consumers in the community should be asked to participate and address the following questions:

- How difficult was it for them to access shelter?
- If they couldn’t access shelter right away, where did they sleep?
● If they couldn’t access shelter, why couldn’t they access shelter?
● What changes would make it easier to access shelter?

**Eliminate rules not necessary for the safety of residents or staff**

Once clients are in shelter, rules not necessary for the safety of residents can also result in clients being unnecessarily exited. This is not consistent with a Housing First approach. Over time, rules accumulate, as rules responding to single incidents become part of a growing list generally unrelated to the safety of the residents, and instead exist for the purpose of easing shelter operations. All shelter rules, written and unwritten, should be examined; any rules not necessary for the health and safety of residents or that make it difficult for participants to quickly exit to housing should be removed.

We note that in recent years, Decade to Doorways’ shelters have made great progress in reducing barriers to shelter, and eliminated some rules that made it difficult for people with higher barriers or more intensive needs to stay in shelter, and/or which resulted in unnecessary exits. Shelters should continue this trend of flexibility in rules and lowering barriers to retain shelter participants, and eliminate all other rules that do not pertain to safety such as:

● Requirements of sobriety
● Requirements that shelter participants to save a certain percentage of their income before exit
● Mandatory referrals that staff deem “essential to self-sufficiency” which the shelter participants must follow or risk their ability to remain at the shelter
● Requirements or programming that unintentionally prolong anyone’s homelessness or incentivize continued homelessness

**Focus on behaviors and safety of shelter participants rather than administering drug/alcohol tests before and during shelter stays**

Between the 2013 and 2017, PIT counts of the number of people reporting chronic substance abuse has fluctuated significantly, ranging from 169 persons in 2013 to 27 persons in 2017. The D2D Partnership should implement data quality processes and consistent methodologies to ensure the captured data is accurate. For example in 2016, 80 out of a total of 198 sheltered persons reported chronic substance abuse (40%). Thus, it is critical that emergency shelters not restrict such a large number of the homeless population in the community from entering shelter at any given time.

It is important to recognize that emergency shelters are not built as recovery housing or drug and alcohol treatment programs, and should not operate as such. These services should be provided elsewhere in the

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28 Recovery Housing is a model that is intended for people whose preference is to live in a recovery-oriented environment. At its core, Recovery Housing is a peer-supported model that a participant self-initiates, and that is low-barrier in all ways except the requirement that the participant be committed to recovery. Entry into the program is not predicated on a set amount of clean time, strict income requirements, background checks, or other barriers. It is not only low-barrier in terms of entry into the program, but maintains that value by ensuring that relapse does not necessarily mean eviction from the program. For more see: [https://www.hudexchange.info/news/snaps-in-focus-recovery-housing/#sthash.tZDoPmUd.dpuf](https://www.hudexchange.info/news/snaps-in-focus-recovery-housing/#sthash.tZDoPmUd.dpuf)
community. The purpose of emergency shelter is to provide immediate and low barrier access to safe and decent shelter to anyone who needs it with the goal of housing people as quickly as possible. Decade to Doorways’ shelters in Chester County should make this their primary function.

Shelter staff often have concerns and questions about allowing people experiencing substance use disorders into shelter for various reasons, such as “threatening” the sobriety of people in recovery, causing safety issues around children, and posing health risks to other participants or staff. The Alliance’s research of shelters that have transitioned from requiring sobriety to shelters that welcome people who are currently using substances shows that these are largely unfounded concerns; that in practice, shelters are able to work with people who are using substances with the appropriate engagement strategies. Realistically, shelters cannot effectively protect people’s sobriety and cannot force people into treatment with the expectation that this will result in long-term sobriety. People should work to strengthen their own recovery in any environment, and shelters should meet participants wherever they are at in that process, even if they are still using.

Safety of participants and staff can still be maintained if staff focus on people’s behaviors rather than a breathalyzer test result. For example, if a person is inebriated but is not posing a risk to themselves or other participants, they can be in the shelter. If the inebriated person exhibits behavior that is a danger to themselves or others, shelter staff can decide not to admit the person that evening, ask the person to sit in a waiting area to become sober, or call emergency services if there is a potential imminent health risk. By focusing on behaviors instead of whether someone “tests dirty,” shelters can work with people who are experiencing these challenges and still maintain the safety of the environment.

Shelter staff can also seek training in harm reduction, de-escalation, conflict resolution, and other related types of professional development to be better equipped to work with people who have these needs.

**Housing-focused, Rapid Exit Services**

While households in shelter may present with diverse support needs, services in shelter should focus on helping people exit shelter and return to housing as quickly as possible. Research shows that the length of homelessness has a significant impact on adults, and a greater impact on children. One study found young children (especially infants) who experience homelessness for greater than six months are significantly more likely to be at risk for developmental delays, fair or poor health, hospitalizations and childhood obesity, as compared to children who were never homeless or only homeless for less than six months.29 Shelters should try to decrease the length of time people experience homelessness in order to reduce the negative impacts of prolonged homelessness on the household. To achieve shorter stays in shelter, all services should be entirely focused on helping participants obtain and sustain housing.

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As the data below shows, in 2016, 41.5% of individuals and 60% of families exited to a permanent housing destination. The data also shows that 39% of exits from shelter to permanent housing happened in less than 60 days, including 45% of individuals and 35% of families. The average length of stay for individuals exiting shelter, regardless of the type of exit, was 50 days while families averaged 64 days. To increase exits to permanent housing and reduce length of stays, shelters should provide housing-focused services to shelter participants.

Currently, Decade to Doorways’ shelters for adults and families provide various supportive services but are not providing enough housing-focused services. The primary goal of emergency shelters in the D2D Partnership should be to help people exit into housing as quickly as possible. To make the primary goal of shelter to connect people to housing, shelters should create a housing-focused environment and center all services on supporting participants to obtain and maintain housing. Shelter and housing should not be separated, but instead should be fully integrated so that every participant in shelter is able to access housing resources and supports.

The Alliance recommends the following in order to transition the Decade to Doorways’ crisis response system to an immediate and low barrier access shelter system:

**Develop an infrastructure of programming and services that promotes housing solutions**

The focus on moving people out of shelter into a permanent housing solution should begin at the moment someone enters shelter. Participants should understand that the sole focus of their efforts and the staff’s assistance is to help participants end their homelessness by finding a housing solution as quickly as possible. To accomplish a housing-focused infrastructure:

- Develop a housing plan within the first week of a participant’s stay in shelter that includes short-term and achievable goals that are created by the participant rather than the staff person and have short-term benchmarks to show progress.
- Create a “housing-focused” environment throughout the shelter, including apartment listings, guidance on how to apply for housing, information on how to access benefits, and messaging that celebrates the success of each household that moves into housing.
- Identify participants’ barriers to housing and identify resources to address barriers.
- Conduct regular and frequent in-person case management meetings that focus on a housing plan and adjust the plan as needed.
- Promote messaging that everyone is housing ready as soon as they enter shelter.
- Change staff job descriptions to align with Housing First principles and housing-focused activities.
- Focus case management activities on obtaining and sustaining housing.
Employment services are helpful to participants to save up enough money to sustain housing. However, with a D2D Partnership commitment to scale up RRH resources and identify other flexible subsidies to help residents with security deposits and first and last months’ rent, staff should help participants obtain these resources and provide employment services once the person has obtained housing. Housing is a platform from which a participant will be most successful in obtaining and maintaining employment and education.

Create a staff position or revise current case management position(s) to ensure staff’s primary role is housing location

Many people experiencing homelessness are in the midst of a severe crisis and may be unable to search for and apply for their own housing. The most effective way to support participants to obtain housing as quickly as possible is to assign a staff person as a housing locator. The housing locator should have a specialized skill set that allows them to effectively locate housing in and outside of the community, negotiate with landlords and property management companies, incentivize landlords to rent to shelter participants despite having previous tenancy and income issues, and maintain positive relationships with landlords to create a pipeline of units for shelter participants. Communities like Chester County that have high-cost and low-vacancy markets are more effective in housing people with histories of homelessness with the use of housing locators30.

The Decade to Doorways Partnership should also consider having housing locators at the system-level who work with and on behalf of all homeless housing providers to identify landlords willing to rent to tenants who may have significant tenant barriers. If the D2D Partnership is unable to provide housing identification at the systems level, at a minimum, capacity should be built within all shelters to hire a housing locator or revise current case management job descriptions and caseloads to take on this role with appropriate training and resources provided.

Make all services voluntary

Research shows that households experiencing homelessness are likely also to have experienced trauma. One of the four major principles of a Trauma Informed Care approach, which describes a framework for providing services to traumatized individuals, is identifying opportunities to rebuild control. Because homelessness and traumatic events themselves are disempowering, Trauma Informed Care emphasizes consumer choice and control over their lives. Thus, it is important to make services voluntary for participants. To engage participants in these services, shelters should make them relevant and meaningful. Shelters that have made case management and savings programs voluntary have often found that participants are more likely to engage in these services, and be accountable to making progress towards obtaining and sustaining housing.

30 Please see the Alliance’s Rapid Re-housing Toolkit to access housing locator job descriptions at https://endhomelessness.org/resource/rapid-re-housing-toolkit/
Revise all written materials to reflect a Housing First approach to shelter programming and services

- Revise the shelter’s mission statement to be housing-focused.
- Rewrite policy and procedures to align with Housing First principles.
- Rewrite the client handbook and orientation materials to be housing-focused and voluntary.

Data to measure performance

Per the recommendations above for establishing system-wide and program type performance benchmarks and goals, emergency shelter providers should fully engage the performance measurement process while at the same review each element for effective emergency shelter, and create an action plan to shift shelter operations to embrace all elements. As part of the D2D funding partners contracting process and performance improvement plans, shelters should set benchmarks for transitions to implementing the key elements (i.e. increase exits to permanent housing, decreasing length of stays, eliminate drug and alcohol testing in 3 months, train all staff on key elements of effective emergency shelter, etc.).

RECOMMENDATION: Develop and conduct an assessment of current permanent supportive housing projects and formalize a “Move On” strategy to ensure this rich, deep resource is targeted to those who need it most

Permanent Supportive Housing is permanent housing with intensive supports targeted to people who are chronically homeless, and those with the highest level of vulnerabilities and barriers to maintain permanent housing. Permanent Supportive Housing with a Housing First approach is meant to “quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.”

In 2016, 185 individuals were served through the County’s PSH housing projects. Among those 185 individuals, the number of exits to homelessness was one, and the number of unknown exits and “other” exits was three and 20 respectively. Among families, 74 households were served in the County’s PSH projects with zero households exiting to homelessness and unknown exits, and only one to “other”. In addition, the largest CoC funded PSH project serving roughly 57 participants, operates without a housing case manager, normally a support service that is closely linked to PSH in order to ensure that participants can maintain housing stability.

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32 Please see footnote number 25
This data and information suggests that individuals and families are either provided PSH and are appropriately matched to housing and support services, and/or the persons in PSH projects have been in the program for a duration of time that they have reached housing stability and have been able to maintain it with little to no housing case management services. That said, the Alliance recommends that the D2D Partnership Board or an appropriate board committee or working group develop written standards for how PSH should operate including the vision for PSH, how the community defines PSH and what role and function it plays in improving system outcomes in order that this deep and rich resource is provided to the people who need it the most.

The Alliance also recommends that the D2D Partnership refer to the CSH resource, CSH Moving On Toolkit33 and the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Mental Health Services, Evaluating Your Program: Permanent Supportive Housing34 when developing written standards for PSH and formalizing a “Move On” strategy.

**RECOMMENDATION: Continue the development and implementation of the Coordinated Entry System with an emphasis on making diversion strategies more robust**

An effective coordinated entry process is a critical component of any community’s efforts to make homelessness rare, brief, and nonrecurring. The CoC Program interim rule35 requires CoCs to establish a coordinated entry system. Coordinated entry requires communities to have a unified process for how people access homeless services and shelter, and a common process for access, assessment, prioritization, and referral to a housing intervention. The primary purpose of coordinated entry processes is for assistance to be easily accessible no matter where or how

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34 Please see U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Mental Health Services, Evaluating Your Program: Permanent Supportive Housing at [https://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-05-EvaluatingYourProgram-PSH.pdf](https://store.samhsa.gov/shin/content/SMA10-4510/SMA10-4510-05-EvaluatingYourProgram-PSH.pdf)
35 Homeless Emergency Assistance and Rapid Transition to Housing: Continuum of Care Program, § 24 CFR 578.7(a)(8). (2012).
people access services, and ensure that people are matched to the most appropriate available intervention as quickly as possible.

Most communities lack the resources to meet all of the needs of people experiencing homelessness. Combined with the lack of well-developed coordinated entry processes, this can result in severe hardships for people experiencing homelessness. They often face long wait times to receive assistance or are screened out of needed assistance. Coordinated entry allows communities to prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources. Most importantly, coordinated entry should not only develop a process for easy navigation and entry into homeless assistance programs, but also ensure that people experiencing homelessness access housing solutions as quickly as possible.

**Coordinated Entry in Chester County**

A coordinated entry system has been implemented in Chester County, however there are areas the D2D Partnership should work to improve. Currently, most County shelters are part of the Coordinated Entry process as are all CoC funded RRH projects. The D2D Partnership is currently working to bring all CoC funded PSH projects into the coordinated entry system. Although there are policies for the use of the Vulnerability Index — Service Prioritization Decision Assistance Tool (VISPDAT) and the Service Prioritization Decision Assistance Tool (SPDAT) and project descriptions and desired outcomes have been provided within contracts for Coordinated Entry since its inception, there are no written standards or fully developed policies and procedures for Coordinated Entry.

It is critical that a coordinated entry system be fully developed to make shelter and permanent housing easier to access for anyone experiencing homelessness, prioritized for those with the most needs when there are not enough resources, and connected to the housing and services people need in order to exit homelessness quickly.

The Alliance recommends that the Coordinated Entry Planning and Oversight Committee of the D2D Partnership Board develop written standards for how coordinated entry should operate within Chester County for review and approval by the D2D Partnership Board. The committee should utilize HUD’s Coordinated Entry Core Elements Guidebook\(^36\) for guidance and to assess current coordinated entry practices and to ensure adoption of best practices. In addition, the Committee should include representatives from the Department of Veteran Affairs and incorporate

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\(^36\) Please see U.S. Housing and Urban Development, Coordinated Entry Core Elements Guidebook at [https://www.hudexchange.info/resource/5340/coordinated-entry-core-elements/](https://www.hudexchange.info/resource/5340/coordinated-entry-core-elements/)
the November 3, 2017 Memorandum issued by the VA providing guidance regarding the roles and responsibilities of the VA, VA Medical Centers homeless programs in their local CoC and the CoC’s coordinated entry system.\textsuperscript{37}

Additionally, the committee should look to other communities and their efforts and successes in developing Coordinated Entry Written standards such as Santa Clara County\textsuperscript{38} and Montgomery County, PA\textsuperscript{39}. This planning process should be part of the larger re-design of the homeless crisis response system and integrated into and aligned with the transition of the emergency shelter system. A functional, coordinated entry system will help shelters better integrate into a coordinated crisis response system that quickly houses people experiencing homelessness.

\textbf{Access}

A coordinated entry system should have designated access points which can be actual physical locations, remote access points, or a combination that allows people experiencing homelessness to easily be assessed for and enrolled in the programs that are most appropriate to their situation. Each access point should administer the same assessment and referral procedures.

Currently, Chester County’s designated access point for shelter and then subsequently for every other housing intervention is ConnectPoints. People experiencing a housing crisis can either call ConnectPoints or go to the ConnectPoints office located in Coatesville. ConnectPoints can be accessed Monday through Sunday 9:00 a.m to 5:00 p.m. with an on-call feature until 9:00 p.m. on weekdays. After determining that a caller cannot be diverted to safe, alternative permanent housing option other than shelter, ConnectPoints gathers demographic information and conducts a VI-SPDAT. ConnectPoints then refers the household to one of three shelter referral lists (single men, single women, or family). Shelters are required to check the referral list for their shelter on a daily basis. If the shelter has any open beds, they will accept the household on the referral list and then reach out to the client.

In assessing the coordinated entry process the Alliance discovered the following challenges in ensuring easy access to the homeless response system:

- Lack of system-level policies and procedures or internal ConnectPoints policies and procedures for coordinated entry has caused confusion regarding roles and responsibilities and decision-making authority in implementation of the assessment, diversion, and referrals.
- Additional training in diversion strategies, program eligibility is needed by ConnectPoints staff.
- ConnectPoints is not the only avenue to access shelters, and some shelters accept households that have not gone through ConnectPoints (i.e. households is taken to a shelter by law enforcement after ConnectPoints closes, shelter beds are dedicated to other shelter funders).


\textsuperscript{38} Please see Santa Clara County CoC, Coordinated Assessment at https://www.sccgov.org/sites/osh/continuumofcare/coordinated-assessment/pages/home.aspx and at http://scc.hmis.cc/training/coordinated-entry-toolkit/

Because many of the primary shelters are not low-barrier, persons assessed with a higher vulnerability by ConnectPoints are sometimes denied access to shelter because they do not meet entry criteria. In this case, the shelter moves to the next person on the referral list.

The Alliance recommends the following in order to develop a coordinated entry system that allows for easy access to the homeless response system:

**ConnectPoints should be easily accessible and fully staffed by assessment workers**

ConnectPoints should be easily accessible throughout the County both over the phone and in-person. ConnectPoints should be staffed by assessment workers who are trained in triage, assessment, eligibility of existing programs, diversion, and follow established D2D Partnership wide protocols for referrals to appropriate programs. The D2D Partnership should consider designating access points in county or city offices where people come to access other services such as benefits or general assistance. Because ConnectPoints primarily conducts VISPDAT assessments over the phone, it should consider an assessment hotline with 24-hour operation, 7 days a week along with shelter being accessible during the same hours.

**ConnectPoints should implement a robust diversion strategy as part of the process to access shelter**

At the time work began on gathering information for these recommendations, the only way a person could access permanent housing resources such as RRH, PSH, or a housing voucher, was to be assessed via the SPDAT which required them to go into shelter. The Alliance found that this policy resulted in an unintended consequence that may have undermined ConnectPoints diversion strategies. Although anecdotal in nature, sentiment among providers was that callers often stated that they had no safe alternative to go to other than shelter knowing that through shelter they could possibly access permanent housing subsidies. The requirement that SPDATs only be conducted once a client is in shelter has since changed, which should address this concern.

**Policies and Procedures**

Per HUD’s Notice CPD-17-01\(^{40}\) requiring that all CoCs establish or update its coordinated entry process by January 23, 2018, the D2D Partnership is working to meet this deadline. However, at this time there are no system-level coordinated entry written policies and procedures that include a definition of diversion within the D2D Partnership, what its role and function is, or what impact it should have on the overall homeless response system performance. In addition, there are also no internal ConnectPoints written instructions or guidance on how to implement diversion strategies or guidance on eligibility for diversion funds, eligible expenses for diversion funds. Guidance and instruction on how to implement diversion strategies and utilize funding have taken place through meetings and trainings and on-going guidance and troubleshooting from DCD to ConnectPoints as issues arise.

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ConnectPoints, as part of the Coordinated Entry Planning and Oversight Committee of the D2D Partnership, should take the lead in developing policies and procedures for diversion to reflect current practice and address gaps in its currently delivery of services. In addition, policies and procedures should include guidance on eligibility for funding, eligible expenses, caps on assistance, and reporting requirements for the funds.

**The Five C’s**

Because ConnectPoints diversion strategies are primarily conducted through a conversation that takes place between ConnectPoints staff and a caller and there are no written standards, policies and procedures, or internal training or resources manuals, the Alliance was unable to fully assess how ConnectPoints implements diversion except for conversations with Family Services staff and staff of DCD. As such, the Alliance recommends that ConnectPoints assess its current diversion strategies to ensure the following are being implemented:

- **Commitment** – ConnectPoints must make the case to every caller seeking shelter that ConnectPoints role is to first have a conversation about all the reasons why they should avoid shelter whenever there is a safe and appropriate alternative for them. Reasons include that they may be better served outside the homeless response system, that they are their own best resources to solving their problems, that shelter beds are targeted first for those who are literally homeless.

- **Conversation** – ConnectPoints must engage in an in-depth conversation with the caller to determine diversion options. Best practices indicate that this conversation is done face-to-face. The dozens of communities interviewed by the Alliance where diversion is being implemented effectively indicate that this conversation normally takes at least an hour – and sometimes longer if diversion staff need to connect with friends and family, etc. to assist the person in negotiating, conflict resolution, or problem solving in order to stay or to be invited to stay. ConnectPoints should consider conducting an initial triage assessment. If the person is not indicating literal homelessness, schedule a time to meet the person for a face-to-face diversion conversation before placing them in the queue for shelter.

As part of the conversation, ConnectPoints staff should engage with the person to clearly ascertain why they are seeking shelter for that night and determine what alternatives they have already tried or are thinking of trying. Staff should explore where they stayed the night before, how long they were staying at that location, whether they can return for another night therefore obtaining more time to work with the person to explore next steps. Will this person allow you to speak with who they stayed with to negotiate just one more night if, for example, they knew you were working with the person on permanent housing solutions and/or referrals? Staff should understand what the person believes is the exact reason the person had to leave where they were staying. Then follow-up with exploring any other reasons they think they may not be able stay (staff may identify a more pressing reason). If the person cannot

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stay where they were the night before or the place is no longer safe, staff should explore other potential people who may allow one or more nights until a more permanent solution can be worked out with the person.

Creativity – ConnectPoints staff must be skilled in negotiation, mediation, problem solving, conflict resolution, de-escalation, motivational interviewing, strengths based assessments, and progressive engagement to ensure that diversion conversations with persons seeking shelter or natural supports explore every available option and are the most effective42. ConnectPoints staff job descriptions should clearly indicate that these skills need to be employed. ConnectPoints staff should proactively identify and engage in training for these skill areas, and have an annual calendar for refresher training, specific topic areas related to diversion, and for on-boarding new staff. ConnectPoints should develop and/or continuously update internal training manuals and protocols. ConnectPoints staff should explore questions that help staff better understand why this person experiences difficulty in maintaining or finding permanent housing. This information may be helpful in making a referral that will help them stabilize in permanent housing.

Connections – along with developing/strengthening skills that assist in identifying creative solutions, ConnectPoints staff should have in-depth, real time knowledge of community-wide efforts that support diversion. More importantly, staff should have relationships with the agencies that provide these resources in order to ensure that any referral is made with a warm hand-off. Staff should explore what connections may be helpful to the person seeking shelter and to the household which may allow them to stay but for their inability to afford food, clothing, assistance with the utilities, etc.

Continuous – ConnectPoints staff should keep detailed client notes on persons who are diverted from shelter in case they need to engage with the person again in the future. Diversion is an ongoing strategy, and best practices indicate that there is no timing out in receiving diversion services, so staff may see this household again in a month or next year.

Using Data to Measure Diversion Performance

Currently, diversion data does not provide enough information to determine whether diversion is effective or to make strategic decisions related to program design around diversion. Specifically, the D2D Partnership collects data on a person’s prior living situation and whether a person receives diversion services.

The Alliance recommends that the D2D Partnership collect the following data in order to be able to provide a deeper analysis of the impact of diversion on the homeless response systems performance. After a period of time to collect data, the D2D Partnership should set performance benchmarks and outcomes to measure regularly. The D2D Partnership should collect the following:

• Prior living situation.
• If diversion service provided, what services (i.e. problem solving conversation, non-financial referral to resources, financial support)
• Where person was diverted to
• What was the outcome of the diversion service

**Shelter providers should be encouraged and incentivized to close all "side doors" to access shelter**

As part of becoming a Housing First, immediate access and low barrier homeless response system and to ensure that the most vulnerable persons experiencing a housing crisis are appropriately prioritized for services, shelters should close all "side doors" and only take persons referred to their shelter from ConnectPoints.

**Assessment**

Assessment plays a critical role in a CoC’s coordinated entry process as it determines a person’s vulnerabilities while homeless, and what barriers they may face in becoming rapidly re-housed. In Chester County’s case, it is a primary tool to determine how people are prioritized and referred to housing and supportive services projects.

Currently, the D2D Partnership has a two-step process for determining vulnerability and barriers to quickly rehousing someone and prioritizing them for housing and support services. First, ConnectPoints conducts a VISPDAT to determine vulnerabilities and prioritization for shelter. Once in shelter, the person is assessed again via the SPDAT to provide more detailed information on needs and strengths and then prioritized for RRH and PSH housing.

Until recently, someone experiencing a housing crisis could not be assessed and thus prioritized for permanent housing resources unless they came into shelter.

In reviewing the assessment process, the Alliance learned that few shelters are able to keep up with the requirement to conduct the SPDAT within two weeks of entering shelter. In fact, the SPDAT policies and procedures incorrectly state that the SPDAT should not be conducted “after at least 14 days into” a person’s shelter stay. This miscommunication and time that it takes to conduct a SPDAT (as many shelters overlay the SPDAT with their own intake processes) has caused a bottleneck in prioritizing people for a permanent housing intervention, and then placing them in the appropriate referral list to be picked up by the permanent housing provider.

In addition to the challenges and issues above, stakeholder interviews revealed a strong desire for regular training on the assessment tools in order to ensure fidelity to both the VISPDAT and SPDAT. A call for more training is in direct response to the community concerns that both those being assessed and providers have learned that certain answers may result in their being prioritized for certain resources such as permanent housing vouchers or RRH resources.

The Alliance recommends the following in order to simplify and streamline the coordinated entry assessment process:
The Decade to Doorways Partnership should further explore and assess how the SPDAT can be used to place households into permanent housing

The Decade to Doorways Partnership should further explore and assess how the SPDAT tool can streamline the process to identify permanent housing placements for the most vulnerable households. Many best practices communities utilize only the VISPDAT to conduct an initial assessment of a person’s vulnerabilities, and then use it as a guide, along with other factors and tools, to prioritize them for an appropriate housing intervention. Utilization of the SPDAT may be further used to target deep resources such as PSH or Housing Authority vouchers for those with the most need. The D2D Partnership might consider an analysis of VISPAT and SPDAT scores and determine if the consistently match with regard to a housing intervention recommendation. If yes, it may eliminate the need for the SPDAT as a prioritization tool. No matter what the D2D Partnership decides in the implementation of the SPDAT, the Alliance recommends it be adopted as a system-wide case management tool.

Prioritization

Prioritization is an important component of a coordinated entry system. HUD has determined that an effective coordinated entry process ensures that people with the greatest needs receive priority for any type of housing and homeless assistance available in the CoC, including PSH, RRH, and other interventions. Coordinated entry written standards should reflect consistent and transparent criteria for determining who is to be prioritized for shelter and permanent housing interventions, and how people are referred to these housing interventions.

The Alliance recommends the following in order to develop a coordinated entry system that ensures a clear and transparent prioritization process:

Continue to utilize the VISPDAT to access shelter and prioritize shelter for the literally homeless

The Alliance typically advises that if a community has a robust diversion strategy and enough shelter beds to provide shelter to anyone not diverted, the community should reduce any unnecessary processes and provide immediate access to available beds, and conduct a vulnerability assessment once in shelter. If the community must prioritize for shelter, tools like the VISPDAT should be one of a couple of factors determining prioritization (i.e. length of time homeless, current situation of household such as young children sleeping in a place not meant for human habitation).

As the Decade to Doorways Partnership works to shift the shelter system to a housing first, low-barrier crisis system and scale up RRH as the primary intervention in the homeless response system (see below), it will create flow within the shelter system which may eliminate the need to prioritize for shelter in the future. However, until that achievement is made, the D2D Partnership should build on the foundation of using the VISPDAT to prioritize for shelter. The D2D Partnership should ensure that it has a robust diversion strategy in place thus targeting shelter beds where shelter is the last resort. The County should then prioritize shelter for those who are literally homeless, and develop a process to verify literal homelessness which may include developing street outreach efforts. The D2D
Partnership should then prioritize shelter for those who are at imminent risk of losing their housing within the next 7-14 days, and would become homeless without shelter.

The Decade to Doorways Partnership should utilize case conferencing to supplement the prioritization process in order to target rich, deep, permanent housing interventions such as PSH, vouchers, etc. for those who need it the most

As the Decade to Doorways Partnership rolls out coordinated entry for CoC PSH providers and scales up RRH as the primary intervention, it should ensure that such scarce resources are targeted to those who need them the most. Typically, PSH is considered the best intervention for those experiencing chronic homelessness. However, the D2D Partnership should use its assessment tool as a guide and not a predictor for whether someone will be successful in a particular housing intervention. For example, the D2D Partnership should not wait until a PSH intervention becomes available if using the SPDAT and case conferencing lead providers to believe that a person may do well in RRH.

By adopting the national performance benchmarks and program standards for RRH and utilizing a system-wide progressive engagement approach, the homeless response system can encourage and incentivize providers to house people as quickly as possible. This will occur by building into its system a process to reassess households where RRH may not be the appropriate intervention, and quickly and transparently transfer a household to deeper resource like PSH without that person becoming homeless.

Currently, the Housing Authority has vouchers but these vouchers are finite, and should be targeted for those who need a permanent housing subsidy and where the subsidy can coupled with case management. These vouchers should also be considered as part of a PSH "Move On" strategy. In 2016, 100% of families receiving RRH services from two of the three RRH providers exited to permanent housing; more than half of those households exited to permanent housing within two months of receiving RRH services. The County should ensure that if RRH is being used as "bridge housing," that those resources are targeted to the most vulnerable and guided by coordinated entry written standards. One way to ensure that resources are targeted to households who need it most is to utilize case conferencing.

Referral

As part of the coordinated entry written standards, the Alliance recommends that the Coordinated Entry Planning and Oversight Committee ensure that all components of the referral process are included per HUD’s Coordinated Entry Core Elements Guidebook. This will assist in providing clarity and transparency as to roles and responsibilities for each provider when working to quickly house someone. Feedback from community stakeholders regarding the referral process often focused on the need for a smoother process to provide a warm-handoff between providers.

43 Progressive engagement is a system strategy to provide most or all people with just enough RRH assistance at system entry to help them exit from homelessness, while reserving intensive resources for people who are most in need of PSH and longer-term supports, in order to shorten the time people are homeless and help more people exit homelessness.
especially related to housing identification services. Among providers, it was not readily clear as to which providers, case managers, and housing locators were responsible for housing identification services when awaiting referrals to RRH or when already referred to RRH.

**RECOMMENDATION: Provide robust Coordinated Entry guidance, training, and support for provider staff**

The Decade to Doorways Partnership will benefit from a robust Coordinated Entry training and support system. In order to provide on-going guide and support for housing and support service providers participating in coordinated entry, the Coordinated Entry Planning and Oversight Committee, the entity tasked with implementing Coordinated Entry, the newly hired HMIS Program Coordinator, and the new Performance Measurement and Improvement Coordinator should:

- Develop a Coordinated Entry New User Training and General Training Manual based on new/updated coordinated entry written standards
- Continue providing and enhance where necessary a Training and User Support Plan (i.e. annual training calendar, regular monthly trainings/topic specific trainings, agency newsletter, access to online resources, manuals, forms, FAQs)

The Decade to Doorways Partnership should look to other communities such as Santa Clara County44 and King County45 and their efforts and successes in developing Coordinated Entry guidance, training and support for provider staff.

**RECOMMENDATION: Adopt the National Performance Benchmarks and Program Standards for Rapid Re-Housing and develop the system’s capacity to adopt RRH as the primary housing intervention in the CoC**

Rapid re-housing is an intervention designed to help individuals and families quickly exit homelessness, return to housing in the community, and not become homeless again in the near term. The *Core Components of Rapid Re-housing* are housing identification, move-in and temporary rent assistance, and rapid re-housing case management and services. Offered without preconditions, the resources and services provided through RRH are tailored to the unique needs of each individual household.

Chester County steadily increased its RRH beds between 2013 and 2016 (from 0 to 624). However, the County currently has a limited RRH capacity due to significant cuts in the number of RRH beds in 2017 (from 624 in 2016 to

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44 Please see Santa Clara County at https://www.sccgov.org/sites/osh/ContinuumofCare/coordinated-assessment/Pages/home.aspx and at http://scc.hmis.cc/training/coordinated-entry-toolkit/

45 Please see King County Coordinated Entry for All at http://www.kingcounty.gov/depts/community-human-services/housing/services/homeless-housing/coordinated-entry.aspx
Additional RRH funding was pursued by DCD this year, and the D2D Partnership anticipates an increase in RRH inventory moving forward.

This reduction in rapid rehousing may explain the increase in persons experiencing homelessness from 2016 to 2017.

Allocation of bed type in the County for RRH is 12.9%, the least of all housing interventions.

Chester County RRH programs exited 75% of individuals and 69% of families to permanent housing in 2016. The family outcomes may have been strongly influenced by an outlier such as RRH being used as a bridge to permanent housing vouchers, which if true should be addressed with the coordinated entry written standards; while two programs reported 100% of exits to permanent housing, a third reported just 47.5%. Programs serving individuals had more comparable outcomes with 60% being the lowest and 76% the highest.
24% of people exiting RRH programs to permanent housing, including 18% of individuals and 32% of families, did so in under 60 days. Average lengths of stay for individuals, regardless of exit location, was 128 days and the average family had a length of stay of 213 days. By shortening the length of time during which households are in the RRH program, the D2D Partnership can significantly increase the efficiency of this intervention and the overall functioning of the homelessness system.

Increasing the capacity and improving the practice of RRH across the County will improve the functioning of nearly every other part of the shelter system and improve the D2D Partnership’s success at making homelessness rare, brief, and nonrecurring. By increasing the availability of RRH, D2D Partnership can create “flow” in its system by moving people through homelessness, in particular those living in shelter, and into housing much more quickly. Rapid re-housing programs in Chester County could be greatly strengthened and house far more individuals and families than they are currently doing by removing restrictions to program entry, hiring housing specialists within the programs or utilizing another program that specializes in these activities to improve housing identification, and shifting case management practices to be focused on obtaining and sustaining housing.

In order to implement RRH as the primary housing intervention for the homeless response system which will support system flow and standardization of performance and best practices among all RRH providers, the Alliance recommends that the D2D Partnership adopt the Rapid Re-Housing Performance Benchmarks and Program.
Standards in contracting language for all RRH programs. In addition, the D2D Partnership should develop and adopt RRH written standards guided by the national program standards, as the current written standards do not go beyond what is referenced in the CoC interim rule and ESG grant program regulations.

**MAKING DATA WORK FOR THE COMMUNITY**

While many, if not all, providers of homeless services in the County collect data, how many of them actually use data to improve their performance is unknown. The D2D Partnership now needs to develop a system-wide strategy to use data to measure overall system performance in making homeless rare, brief, and non-recurring.

Data is only valuable if accurate and acted upon. Using data to improve design, policies, and training will not only assist in evaluating program level performance, it will also help the community better understand how the homeless response system is progressing in its goal to make homelessness rare, brief, and nonrecurring. The D2D Partnership should engage in a constant performance evaluation cycle by setting performance benchmarks and goals, collecting quality data that measures performance, and regularly report on that performance in a user-friendly way in order to evaluate and then ultimately improve overall performance.

**RECOMMENDATION: Provide more robust CCCIMS guidance, training, and support for provider staff**

The Decade to Doorways Partnership could benefit from a more robust CCCIMS training and support system. Currently, the D2D Partnership provides regular CCCIMS end user training however, it does not have a Training and User Support Plan.

In order to guide and support a Data Quality Improvement Plan, the CCCIMS Data and Analysis Committee of the CoC Board, the newly hired HMIS Program Coordinator, and the new Performance Measurement and Improvement Coordinator should:

- Continuously update the CCCIMS Standard Operating Procedures, taking into account recommendations in this report, for review and approval of the D2D Partnership Board
- Continuously update the CCCIMS New User Training and General Training Manual
- Continuously update the Training and User Support Plan (i.e. annual training calendar, regular monthly trainings/topic specific trainings, agency newsletter, access to online resources, manuals, forms, FAQs)

The D2D Partnership should look to other communities and their efforts and successes in developing HMIS guidance,

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training and support for provider staff. CoCs such as Santa Clara County\(^{47}\), King County\(^{48}\), Connecticut HMIS\(^{49}\), and Houston/Harris County Continuum of Care\(^{50}\).

**RECOMMENDATION: The Decade to Doorways Partnership should adopt HUD’s recommended Data Quality Management Program**

In support of the D2D Partnership’s desire for collecting quality data and in anticipation of the HMIS Final Rule and scoring criteria for the CoC Program Competition, the CCCIMS Data and Analysis Committee and the new Performance Measurement and Improvement Coordinator should work with the new HMIS Program Coordinator to adopt and implement a Data Quality Management Program\(^{51}\). Key steps in improving system wide data quality include:

- Identify and enforce a baseline level of quality for the full homeless response system and individual providers.
- Improve buy-in by D2D Partnership Leadership, CCCIMS staff, CCCIMS participating providers and end users.
- Develop a Data Quality Plan informed by baseline data and reflective of the performance goals for the system and program types.
- Continue to engage the HMIS vendor to ensure needed reports and tools are accessible.
- Execute performance based agreements to include data quality roles, responsibilities and measurable requirements.
- Ensure ongoing monitoring and reporting, taking into consideration training, communication, and timelines essential to adjust to new standards.
- Create incentives and enforcement expectations to ensure that the D2D Partnership data quality standards are understood, providers are supported in meeting the standards and the consequences for not meeting the standards are understood.

The D2D Partnership should look to other communities such as Houston/Harris County Continuum of Care\(^{52}\) or Santa Clara County Continuum of Care\(^{53}\) and their data quality plans to serve as a template when developing theirs.

**RECOMMENDATION: Develop a dashboard using CCCIMS to track progress on system flow improvements and outcomes**

To support quality data collection and the ability to make strategic systems decisions the D2D Partnership should build capacity within the data system to track system flow and outcomes in a simple and user-friendly way. This will

\(^{47}\) Please see Santa Clara County HMIS at [http://scc.hmis.cc/](http://scc.hmis.cc/)

\(^{48}\) Please see King County HMIS at [http://kingcounty.hmis.cc/](http://kingcounty.hmis.cc/)

\(^{49}\) Please see CT HMIS Measuring Success at [http://www.cthmis.com/](http://www.cthmis.com/)

\(^{50}\) Please see Coalition for the Homeless, Houston/Harris County at [http://www.homelesshouston.org/hmis/](http://www.homelesshouston.org/hmis/)


strengthen the homeless response system data capabilities, and more importantly, provide strong incentive for data sharing across systems. A dashboard should be utilized for large-scale community initiatives like ending chronic homelessness or identifying and housing high utilizers of the various County systems, to track data, outcomes, needs, and impact with multiple partners.

The D2D Partnership could first start by prioritizing how to incorporate emergency shelter flow and outcomes. A dashboard for such data could provide a way to view real-time data relating to coordinated entry, system entries and exits, and could expand to include data points related to any community initiatives identified by a collaborative funding structure.

The D2D Partnership should look to other communities and their efforts and successes to create dashboards to track system outcomes and even data quality. For example, the Connecticut Coalition to End Homelessness has created user-friendly dashboards for data quality, coordinated assessment, and rapid re-housing as do the CoCs in Santa Clara County and King County. 

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54 Please see Connecticut Coalition to End Homelessness, Data Dashboards at [http://cceh.org/data/interactive/](http://cceh.org/data/interactive/)
55 Please see Santa Clara County CoC System Performance reports at [https://www.sccgov.org/sites/osh/ContinuumofCare/systemperformance/Pages/home.aspx](https://www.sccgov.org/sites/osh/ContinuumofCare/systemperformance/Pages/home.aspx)
This proposal is for the National Alliance to End Homelessness to provide consulting services, including recommendations on analyzing and improving performance of the County’s crisis response system.

**Systemic Response to Homelessness Recommendations**

Chester County is guided by a vision “to ensure a community wide network of services to prevent and end homelessness in Chester County by shifting from a system that manages homelessness, to a system that diverts, prevents, and rapidly re-houses” individuals and families in order that their homelessness is rare, brief, and non-recurring. The Alliance will provide recommendations to Chester County on how to improve upon their system performance measures and cost effectiveness, ensure best practices in Continuum of Care governance and Coordinated Entry and Outreach efforts as well as strategic resource allocation, if needed. To develop these recommendations the Alliance will collect and analyze information and data on housing outcomes by program type, collect and analyze information related to diversion activities, coordinated entry and outreach. Last, the Alliance will review the role of the CoC Governance and its critical role in coordinating a crisis response system.

The Alliance will conduct this assessment through collection and analysis of demographic data, utilization rates, and performance outcomes, surveys and interviews of key stakeholders and consumers, review of CoC governing and written standards documents, and review street outreach and diversion activities.

The Alliance will provide an overview of the system’s current governance structure and composition, identify system-level strengths and areas for improvement as well as identify gaps within the system and make recommendations on realigning and/or reallocating resources to improve overall performance.

**Estimated Costs**

**Systemic Response to Homelessness**

The total cost of consulting services includes:

- Coordinate data collection for the Homeless System Evaluator Tool (i.e. performance measures, trends in program usage, length of stay, positive exits, and cost effectiveness); review HMIS and Annual Performance Reports, System Performance Measures and other available community resources
- Conduct analysis of Homeless Evaluator Tool data and other data and develop recommendations and materials development
• Conduct one on-site meeting, up to 20 interviews of key stakeholders, and survey key stakeholders (CoC leadership, providers, and consumers) relating to elements of an effective systemic response (i.e. Housing First, Coordinated Entry to include Diversion and Outreach, Crisis Housing/Crisis Services, Quick Return to Permanent Housing, and Access to Stabilization Supports)
• Review CoC Written Standards and governing documents
• Review Decade to Doorways Plan, proposed Operational Plan to provide governance recommendations
• Share best practices and research of comparable communities
• Develop and present recommendation report with accompanying technical assistance to key stakeholders identified by the Chester County Department of Community Development

Assessment Schedule

The following assessment and Systems Response to Homelessness Recommendations schedule is proposed by the Alliance:

• July 2017 – Alliance begins data collection, review, and key stakeholder engagement
• November 1, 2017 – Draft Systems Response to Homelessness Recommendations to Chester County Department of Community Development
• November and December 2017 – Collaboration on revisions, clarifications, follow-up to draft recommendations to support development of Decades to Doorways Operational Plan
• January 10, 2018 – Final Systems Response to Homelessness Recommendations to Chester County Department of Community Development for internal review
• January 24, 2018 – Presentation of Systems Response to Homelessness Recommendations and Decades to Doorways Operational Plan

Contact

For more information, please contact Cynthia Nagendra, Director of the Center for Capacity Building.
Below are suggested implementation plans and accompanying timelines for the D2D Partnership to consider as it utilizes the Alliance’s recommendations to develop and formalize the D2D Operational Plans. The suggestions below are meant only for guidance as the Operational Plan will take into consideration current initiatives and priorities facing the D2D Partnership.

**Robust Governance Structure and Performance Measurement**

**RECOMMENDATION:** Re-organize the Decade to Doorways’ governance structure; recruit new members, define roles, clarify decision-making processes, and enable data-driven and outcome-focused policy-setting.

**RECOMMENDATION:** Re-structure the Governance Board and Clearly Define the Roles and Functions of the Members and Committees

**RECOMMENDATION:** Create newly formed committees for the D2D Partnership Governance Board

### Implementation Plan

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<tr>
<th>Implementation Schedule</th>
<th>Activities</th>
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| 3 months                | - D2D Partnership adopts recommendation to restructure Governance Board  
- D2D Partnership forms workgroup to develop strategy and process to identify and recruit new leadership  
- Workgroup implements process |
| 6 months                | - Within 6 months, new D2D Partnership Board is formed and develops guidance on:  
  o D2D Partnership overview and purpose  
  o Implementation Schedule of transition to new governance  
  o D2D Partnership Membership (i.e.: roles and responsibilities, meetings, voting, membership committees, procedure for D2D Partnership Board selection)  
  o Committee structures  
  o Conflict of Interest Requirements |
| 12 months               | - Within a year, transition to new D2D Partnership Board is completed, new Governance Charter is drafted |
RECOMMENDATION: Implement an updated performance measurement and improvement process that informs strategic decisions to ensure the right combination of strategies and resources to end homelessness

**Implementation Plan**

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<th>Implementation Schedule</th>
<th>Activities</th>
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| 3 months                | - System Performance Outcome Measurement Committee meets to finish developing new performance outcomes and standards and develop initial benchmarks  
- D2D Partnership Board meets with providers and D2D Partnership Board membership to introduce new outcome measures and timeline for adoption  
- At earliest opportunity County begins modifying CoC and county-wide contracts to include performance based contracting measures |

RECOMMENDATION: Once performance benchmarks are established for each housing and support service intervention, the System Performance Outcome Measurement Committee should establish a performance improvement plan process, identify “low performers,” and engage these providers in a performance improvement plan

**Implementation Plan**

<table>
<thead>
<tr>
<th>Implementation Schedule</th>
<th>Activities</th>
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<tbody>
<tr>
<td>3 months</td>
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</table>
| 6 months                | - Performance Measurement and Improvement Coordinator and System Performance Outcome Measurement Committee develops structure and process for performance improvement plan to include incentives for high performing programs  
- D2D Partnership meets with providers to introduce new performance improvement procedures  
- D2D Partnership develops template for and produces first quarterly report card; and produces report cards quarterly thereafter |
| 12 months               | - After Year 1: D2D Partnership starts performance improvement plans with providers interested improving performance on a voluntary basis  
- County, and D2D Partnership Board, begin holding providers to new CoC performance standards for the CoC NOFA and all other federal and county funding |
| 24 months               | - After Year 2: D2D Partnership Board starts performance improvement plans as mandatory requirements for low performing providers; start providing financial incentives based on performance based contracting measures  
- County through its Performance Measurement and Improvement Coordinator evaluates effectiveness of performance improvement process, reports evaluation the D2D Partnership Board, revises process based on evaluation, proposes changes to the Board for approval. This process is undertaken annually |
Leveraging and Coordinating Resources and Funding

RECOMMENDATION: Create a collaborative structure that aligns funding resources and services

Implementation Plan

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<tr>
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| 3 months                | ● D2D Partnership Board identifies a particular community initiative such as ending chronic homelessness, institutional discharge planning, child welfare overlap to propose to potential funding partners  
● D2D Partnership Board identifies potential funding partners to collaborate with on initiative  
● D2D Partnership schedules meetings with potential funding partners and proposes idea, explores partner interest, and explore further identifies potential partners  
● Funding collaborative stakeholders agree on a community initiative and create a centralized decision making body |
| 6 months                | ● Before six months, D2D Partnership schedules third meeting to determine strategic approach to funding community initiative and determines what and where resources can be aligned to address initiative  
● Funding collaborative releases plan and timeline to address community initiative and includes a plan to report progress to the larger community |
| 12 months               | ● D2D Partnership evaluates success of community initiative |

RECOMMENDATION: Increase Decade to Doorways Partnership staff to make systems coordination successful

Implementation Plan

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<tr>
<td>3 months</td>
<td>● D2D Partnership assess current staffing and support of D2D Partnership in conjunction with Alliance recommendations to determine how to ensure roles and responsibilities described for the Homeless Coordinator and Performance Measurement and Improvement Coordinator are staffed</td>
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<tr>
<td>6 months</td>
<td>● Before six months, D2D Partnership transitions and operationalizes current job descriptions</td>
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<tr>
<td>12 months</td>
<td>● D2D Partnership evaluates performance of new staff/new job descriptions/roles of current staff and makes necessary adjustments</td>
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**RECOMMENDATION:** Formalize and Coordinate the existing system-wide landlord engagement strategy and include a landlord risk mitigation pool and strategy to mitigate risk of unit damage, missed rent payments, and incentivize landlords to rent to “risky” tenants

### Implementation Plan

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<tr>
<td>3 months</td>
<td>● D2D Partnership adopts need for system-wide landlord engagement strategy to include landlord risk mitigation pool and invites key stakeholders to form a workgroup to develop, implement, and evaluate strategy</td>
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</table>
| 6 months                | ● D2D Partnership Workgroup identifies funding for landlord risk mitigation pool and develops strategy for landlord engagement strategy and proposes to D2D Partnership Board  
● D2D Partnership Board reviews, revises, and approves proposed for landlord engagement strategy and funding pool strategy |
| 12 months               | ● D2D Partnership Board and Workgroup kicks off and implements system-wide landlord engagement strategy |
| 24 months               | ● D2D Partnership Workgroup evaluates landlord engagement strategy |

### Ensuring Efficiency and Realigning Existing Interventions to Create System Flow

**RECOMMENDATION:** Adopt a system-wide Housing First approach

### Implementation Plan

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<td>3 months</td>
<td>● D2D Partnership Board informs and educates all homeless housing and support services providers of the adoption of Housing First approach</td>
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| 6 months                | ● As part of the adoption of a Housing First approach and a transition by all housing intervention types to this approach, the D2D Partnership will create a real time list of all housing inventory and the entrance criteria and report results to the D2D Partnership Board  
● Through identified Workgroups and the Homeless Coordinator, a Housing First strategy should be developed for those providers with entrance criteria that does not embrace Housing First |
| 12 months               | ● Through identified Workgroups, the Homeless Coordinator, and the work of the Performance Measurement and Improvement Coordinator, and annual monitoring providers not operationalizing a Housing First approach will be engaged so they can be a part of the on-going education, training, and support of emergency shelter, RRH, and PSH providers |
**RECOMMENDATION:** Create a strategy to end chronic homelessness.

**Implementation Plan**

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| 3 months                | • D2D Partnership Board should review and consider adoption of the USICH's criteria and benchmarks for achieving the goal of ending chronic homelessness  
• D2D Partnership Board should form a Ending Chronic Homelessness Workgroup |
| 6 months                | • Ending Chronic Homelessness Workgroup should develop strategy with timeline and measurable benchmarks and performance goals to house and stabilize those persons currently experiencing chronic homeless whether the D2D Partnership has adopted the USICH criteria for ending chronic homelessness  
• Workgroup begins implementation of ending chronic homelessness strategy, conducts monthly monitoring of metrics, and reports monthly to the D2D Partnership Board |
| 12 months               | • Workgroups evaluates overall strategy and revises where necessary  
• If chronic homelessness is ended by end of 2018, Workgroup shifts strategy focus on ensuring that chronic does not recur in subsequent years |

**RECOMMENDATION:** Re-design the Decade to Doorways’ emergency shelters to adopt and operationalize the key elements of effective emergency shelter

**Implementation Plan**

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| 3 months                | • D2D Partnership adopts key elements of effective emergency shelter as standard practice of shelter operation in the County  
• D2D Partnership Board informs and educates all homeless housing and support services providers of the adoption of Housing First and best practice approach for operating emergency shelter  
• Program Evaluation and Monitoring Committee, in collaboration with emergency shelter providers develops emergency shelter written standards to include quality assurance standards and the key elements of effective emergency shelter |
| 6 months                | • Before 6 months, the D2D Partnership Board adopts emergency shelter written standards  
• Performance Measurement and Improvement Coordinator begins reviewing and revising all emergency shelter contracts to reflect a Housing First and best practice approach for operating emergency shelter  
• All shelters begin the process of revising mission statements, policies, procedures, handbooks, and guides, and staffing structure, as part of a yearlong emergency shelter learning collaborative led by the Homeless Coordinator and Performance Measurement and Improvement Coordinator |
### 12-24 months

- All shelters begin the process of transitioning to 24 hour a day/7 day a week shelters
- The Emergency Shelter Learning Collaborative is concluded and evaluation conducted to identify any remaining gaps for a system wide shelter adoption of the written standards. Those shelters that have not fully transitioned will be identified and required to engage performance improvement plan process

**RECOMMENDATION:** Develop and conduct an assessment of current permanent supportive housing projects and formalize a “Move On” strategy to ensure this rich, deep resource is targeted to those who need it most

**Implementation Plan**

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| 3 months                | ● D2D Partnership Board defines permanent supportive housing and determines its role and function within the D2D Partnership and how it should impact overall system performance  
● D2D Partnership Board informs and educates all homeless housing and support services providers of the role and function of PSH  
● PSH Workgroup, in collaboration with PSH providers develops PSH written standards to include quality assurance standards and service standards |
| 6 months                | ● PSH Workgroup, working with the Homeless Coordinator and Performance Measurement and Improvement Coordinator reviews "Move On" resources and formalizes a strategy to evaluate current PSH resources to determine whether those resources are still appropriate for those receiving them and a process to identify other permanent housing subsidies and less intensive services to transfer identified households into.  
● PSH Workgroup begins implementation of "Move On" strategy |
| 12 -24 months           | ● All PSH has been evaluated and realigned to ensure that those who are most vulnerable are receiving these targeted resources  
● PSH Workgroup recommends strategy for ongoing "Move On" implementation |

**RECOMMENDATION:** Continue the development and implementation of the Coordinated Entry System with an emphasis on making diversion strategies more robust

**RECOMMENDATION:** Provide robust Coordinated Entry guidance, training, and support for provider staff

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<td>3 months</td>
<td>● Coordinated Entry Planning and Oversight Committee of the D2D Partnership Board, in collaboration with the Homeless Coordinator, develops Coordinated Entry Written Standards, including entities responsible for specific functions of Coordinated Entry implementation (i.e. access, assessment, prioritization, and referral, as well as training and support)</td>
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</table>
D2D Partnership Board adopts Coordinated Entry Written Standards taking into account all the Alliance’s recommendations concerning access, assessment, prioritization, and referral, including enhancing diversion strategies

With Coordinated Entry written standards and clarified roles and responsibilities for implementation and support of coordinated entry, the County amends current coordinated entry provider contract(s) or issues new RFP reflecting new guidance, policies and procedures, and clarified roles and responsibilities

| 6 months | • Coordinated Entry Planning and Oversight Committee, ConnectPoints, the Homeless Coordinator, HMIS Program Coordinator, and Performance Measurement and Improvement Coordinator implements coordinated entry training and support program  
• Continue implementation of coordinated entry training and support program |

| 12 months | • Evaluation conducted of coordinated entry training and support program and revisions made to address training/support gaps impacting system performance |

**RECOMMENDATION:** Adopt the National Performance Benchmarks and Program Standards for Rapid Re-Housing and develop the system’s capacity to adopt RRH as the primary housing intervention in the CoC

**Implementation Plan**

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| 3 months                | • D2D Partnership Board adopts the national performance benchmarks and RRH and program standards for all RRH projects in the County  
• D2D Partnership Board informs and educates all homeless housing and support services providers of the adoption of national performance benchmarks and RRH and program standards  
• D2D Partnership Board, in collaboration with RRH providers develops RRH written standards to include quality assurance standards related to philosophy, design, delivery of the core components of RRH |
| 6 months                | • Before 6 months, the D2D Partnership Board adopts the RRH written standards  
• Performance Measurement and Improvement Coordinator begins reviewing and revising all RRH contracts to reflect adoptions of the RRH written standards  
• All RRH providers begin the process of revising mission statements, policies and procedures, staffing structure, to align with the RRH written standards, as part of a yearlong RRH learning collaborative led by the Homeless Coordinator and Performance Measurement and Improvement Coordinator |
| 12 -24 months           | • The RRH learning collaborative is concluded and evaluation conducted to identify any remaining gaps for system wide adoption of RRH written standards. Those RRH providers that have not fully transitioned will be identified and required to engage performance improvement plan process |
**Making Data Work for the Community**

**RECOMMENDATION:** Provide more robust CCCIMS guidance, training, and support for provider staff

### Implementation Plan

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| 3 months                | ● HMIS Admin Committee of the D2D Partnership Board in collaboration with the Homeless Coordinator and HMIS Program Coordinator develops CCCIMS Standard Operating Procedures, including entities responsible for specific functions of CCCIMS data collection, reporting, etc.  
  ● D2D Partnership Board adopts CCCIMS Standard Operating Procedures |
| 6 months                | ● HMIS Agency Admin Committee of the D2D Partnership Board in collaboration with the Homeless Coordinator and HMIS Program Coordinator develops new user and general CCCIMS training manuals and training and support plan  
  ● Begin implementation of CCCIMS training and support program |
| 12 months               | ● Evaluation conducted of CCCIMS training and support program and revisions made to address training/support gaps impacting system performance |

**RECOMMENDATION:** The Decade to Doorways Partnership should adopt HUD’s recommended Data Quality Management Program

### Implementation Plan

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| 3 months                | ● HMIS Admin Committee of the D2D Partnership Board in collaboration with the Homeless Coordinator and HMIS Program Coordinator develops a Data Quality Management Program for approval by the CoC Board  
  ● D2D Partnership Board approves Data Quality Management Program  
  ● All homeless housing and support service providers (i.e. leadership and frontline staff) are educated and trained on the new Data Quality Management Program as a part of the CCCIMS training and support program |
| 6 months                | ● Evaluation conducted of Data Quality Management Program and revisions made to address training/support gaps impacting system performance |
| 12-24 months            | ● Evaluation conducted of Data Quality Management Program and revisions made to address training/support gaps impacting system performance |
RECOMMENDATION: Develop a dashboard using CCCIMS to track progress on system flow improvements and outcomes

Implementation Plan

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| 6 months                | • HMIS Admin Committee of the D2D Partnership Board in collaboration with the Homeless Coordinator and HMIS Program Coordinator begins research into creating dashboard reports  
                          • HMIS Admin Committee of the D2D Partnership Board in collaboration with the Homeless Coordinator and HMIS Program Coordinator begins developing strategy, plan, and timeline to work with HMIS vendor |
| 12 months               | • Implementation of dashboard creation strategy is underway                 |