System Planning 101

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“Shifting from a program-by-program to a systems approach to ending homelessness.

Restructuring our approach to homelessness following the Housing First philosophy.”
Background

- Calgary Homeless Foundation – CE in Calgary; led 10 Year Plan to End Homelessness in 2008 based on Housing First.
- From 2008-2012 went from:
  - Virtually no program funding to overseeing $35M investment,
  - From no Housing First to programs for 4,000 clients,
  - 5 staff to 35 staff.
- Housing First spurred massive growth and learnings.
- Drawing on Alberta experience in 7 Cities implementing Housing First housing over 7,000 clients and US Communities of Care best practices.
Overview

- Key components of a Homeless Serving System
- Implementation learnings from Alberta
- Ask clarifying questions throughout
- Time for discussion at the end
Homeless-Serving System

- Local or regional system for serving those who are homeless or at imminent risk of homelessness
- Method of organizing and delivering homeless services appropriate to client needs
- Organizations working together towards the same goal of ending homelessness
- Ensuring individual programs contribute to system success
- Tangible metrics to determine program and system success, and examine how funds are expended
System Planning Aims

Clients

Policy Makers & Funders

Service Providers
11 Key Elements

- Purposeful development, design and management of homeless serving system to end homelessness through:
  - 1. Plan to End Homelessness
  - 2. Backbone Organization
  - 3. Community Engagement
  - 4. System Structure
  - 5. Standards of Care
  - 6. Coordinated Intake & Assessment
  - 7. Performance Management
  - 8. Homeless Management Information System
  - 9. Technical Assistance
  - 10. Embedded Research
  - 11. Systems Integration
1. Systems-focused Plan to End Homelessness

- Community plan aligned with system planning using Housing First.
- More than introducing Housing First programs.
- Sets out strategy to transform local service continuum using Housing First approach.
2. The Backbone Organization

- Organization leading the Homeless-Serving System to drive Plan goals.
- Usually the CE or lead agency implementing Plan to End Homelessness.
- Requires transformation of role – including funding processes, performance management, engaging community differently, policy advocacy, etc.
Lead Organizations

Calgary Homeless Foundation
Non-profit funder, owns and operates supportive & affordable housing
Manages federal, provincial funds
35 staff, $35M

Medicine Hat Community Housing Society
Non-profit funder & social housing provider
3 staff oversee homelessness portfolio
$3M

The Community Partnership, DC
Non-profit funder & social housing provider
30 staff, $50M
3. Community Engagement

- A transparent process to identify system gaps and priorities that community includes key stakeholders.
- Service providers & system partners engaged in formal system planning process & funding allocation.
- Client committee integrated in decision-making process to allocate funds and plan services.
4. Defined Structure

- Agreed-upon program types across the Homeless-Serving System using common definitions.
- Articulates relations between components.
Homeless Population

- 80% transitionally homeless
- 10-15% episodically homeless
- 5-10% chronically homeless
Acuity & Homelessness Patterns

Low acuity – Transitionally homeless

- Interventions often focus on rapid rehousing, prevention, & access to mainstream supports.

Moderate acuity – Episodically homeless

- Interventions focus on treatment, housing stabilization & reducing the frequency of homelessness spells.

High acuity – Chronically homeless

- Interventions focus on permanent housing stabilization and intensive supports.
Programmatic Building Blocks

1. Prevention
2. Outreach
3. Emergency Shelter
4. Transitional Housing
5. Rapid Rehousing
6. Intensive Case Management
7. Permanent Supportive Housing
8. Affordable Housing
9. Other Support Services
Calgary Homeless-Serving System

- Prevention
- Emergency Shelters
- Outreach
- Affordable Housing
- Rapid Rehousing
- Short-Term Supportive Housing
- Support Services Only
- Housing & Intensive Supports
- Permanent Supportive Housing
5. Standards of Care

- Agreed upon standards, policies and protocols to guide program and system operations including:
  - referral processes,
  - eligibility criteria,
  - service standards,
  - client engagement,
  - privacy,
  - safety, etc.
# Standards Implementation

## System Standards
- Standards for entire system to adhere to; e.g.:
  - Prioritization tools (SPDAT, VI, Acuity Scale, etc.)
  - Triage protocols
  - Housing quality standards
  - Client engagement in services
  - Eligibility criteria

## Program Standards
- Program-specific standards, e.g.:
  - Emergency shelters
  - Case management
  - Outreach services, etc.
6. Performance Management

- Performance expectations at the program and system levels aligned and monitored to drive Plan targets.
- Evaluates system’s impact on target populations.
- Articulates what the system aims to achieve.
- Illustrates the level of performance expected of everyone.
- Empowers clients through participation in quality assurance activities at program and system level.
- Promote service integration across sector and with mainstream systems.
Performance Measures

System Measures
- Examines how the entire system addresses a particular measure of effectiveness.
- Improves the system’s planning and structure.

Program Measures
- Focus on client measures of success.
- Often different depending on program type.
- Tie directly to clients’ progress in programs.

Key Indicators
- Occupancy
- Destinations at Exit
- Return to Homelessness
- Interaction with Public Systems
- Income Gains at Exit
- Length of Stay/ Stability
Benchmarking

- Point of reference from which programs can be evaluated against similar program types within homeless serving system and with best performers regionally.
- Allows for analysis of data collected on system and program levels.
- Presents standards and that can be applied or adapted as best practices.
- Tailored to program type, yet able to generate system-level trends.
- Can be used to pin-point trouble areas and resolve these systematically.
<table>
<thead>
<tr>
<th>Program Type</th>
<th>Occupancy</th>
<th>Length of Stay/Stabilization</th>
<th>Positive Destinations</th>
<th>Income</th>
<th>Return to Homelessness</th>
<th>Self-Sufficiency</th>
<th>Interaction with Public Institutions</th>
<th>Engagement in Mainstream Systems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Shelter</td>
<td>95%</td>
<td>Average length of stay: Year 1 30 days Year 2 25 days Year 3 21 days</td>
<td>50% of those engaged with shelter service providers leave program go to positive housing destinations</td>
<td>30% of those engaged with shelter service providers leave program go to positive housing destinations</td>
<td>Less than 20% of clients return to shelter/rough sleeping</td>
<td>Program Defined;</td>
<td>Program Defined</td>
<td>Program Defined</td>
</tr>
<tr>
<td>Short-Term Supportive Housing</td>
<td>95%</td>
<td>Clients complete program according to length of stay, up to 24 months. At any given reporting period. 85% of the people housed will still be permanently housed.</td>
<td>85% of clients leaving program go to positive housing destinations</td>
<td>85% of clients leaving program report an increase in income from employment and benefits Where clients are unable to increase income (are on AISH Income Supports Not Expected to Work, etc.), 95% maintain stable source of income</td>
<td>Less than 10% of clients return to shelter/rough sleeping</td>
<td>Program Defined;</td>
<td>Program Defined</td>
<td>Program Defined</td>
</tr>
<tr>
<td>Housing &amp; Intensive Supports</td>
<td>95%</td>
<td>95% maintain housing for at least 6 months; at least 85% maintain housing for at least 12 months At any given reporting period. 85% of the people housed will still be permanently housed.</td>
<td>95% of clients leaving program go to positive housing destinations</td>
<td>95% of clients have an increase in income after 6 months in program from employment and benefits Where clients are unable to increase income (are on AISH Income Supports Not Expected to Work, etc.), 95% maintain stable source of income</td>
<td>Less than 5% of clients return to shelter/rough sleeping</td>
<td>Program Defined;</td>
<td>Program Defined</td>
<td>Program Defined</td>
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7. Coordinated Intake & Assessment

- Common processes to ensure appropriate program matching, consistent prioritization, and streamlined flow of clients across Homeless-Serving System.
- Single place or process for people to access housing services.
- Provides information, screening, referral, and intake through one or multiple sites.
Benefits of Coordinated Intake

- Simplifies access to services for clients
- Improves referrals
- Initiates client record, consent & intake into HMIS
- Operationalizes common intake and prioritization process
- Improves client targeting for system impact
- Enhances agency collaboration
8. Homeless Management Information System

- Shared information system that aligns data collection, reporting, system planning, common intake, assessment, referrals and service coordination in Homeless-Serving System.
- Client-level, system-wide information over time on characteristics and services needs.
- Web-based software applications to enter and share client-level data across agencies.
What is HMIS?

- Web based application
- Collaborative planning tool
- Security and privacy standards similar to online banking to benefit the non profit sector
- Includes case management, bed utilization, resources directory, information & referral, research & system planning
HMIS allows communities to implement and undertake system planning using real time data.

Agencies can track progress at client level, while funder can assess system performance.

Allows for unduplicated count of shelter population longitudinally to assess program gaps.

Fundamental infrastructure to track how clients move through homeless serving system.
9. Technical Assistance

- Capacity building support to service providers and mainstream system key partners in areas including:
  - system planning,
  - HMIS,
  - program and system performance management, and
  - aspects of Standards of Care.
10. Embedded Research

- Commitment to evidence-based decision-making and planning, built into backbone organization and community's approach to system planning.
11. Systems Integration

- A focus on integrating the Homeless-Serving System with public and community services, including justice, child intervention services, health, poverty reduction, etc.
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