



To: Homeless Issues Committee

From: Kristina Dux, Manager of Family Development - Community Action Coalition for South Central Wisconsin, Inc.

Date: 8/29/14

Re: Dane County CoC's Coordinated Intake & Assessment
Answers and clarifications to questions posed during presentation at the 8/26/14 meeting

According to the original proposal, approximately 45% of households served would meet eligibility requirements for case management under the pilot program. In actuality, 95 participants (23%) qualified for the pilot program (literally homeless less than six months) and under the proposal were eligible to receive case management services. In actuality, only 72 of those 95 participants agreed to receive case management services. The 321 remaining callers (77%) were defined as imminently at risk.

To reiterate, what actually occurred during the pilot program was much different than the results of the survey in the beginning stages of developing the project. Because Coordinated Intake did not turn anyone away for services, some that were imminently at risk received case management as well. The 72 (literally homeless) plus the 98 (imminently at risk) equals a total of 170 households or 41% case managed. This is very close to the 45% that was estimated. One of the proposal's goals stated that 50% of participants case managed in the pilot program will achieve stable housing and no longer be homeless after 3 months of exiting the program. To date, those case managed show a rate of almost 46%.

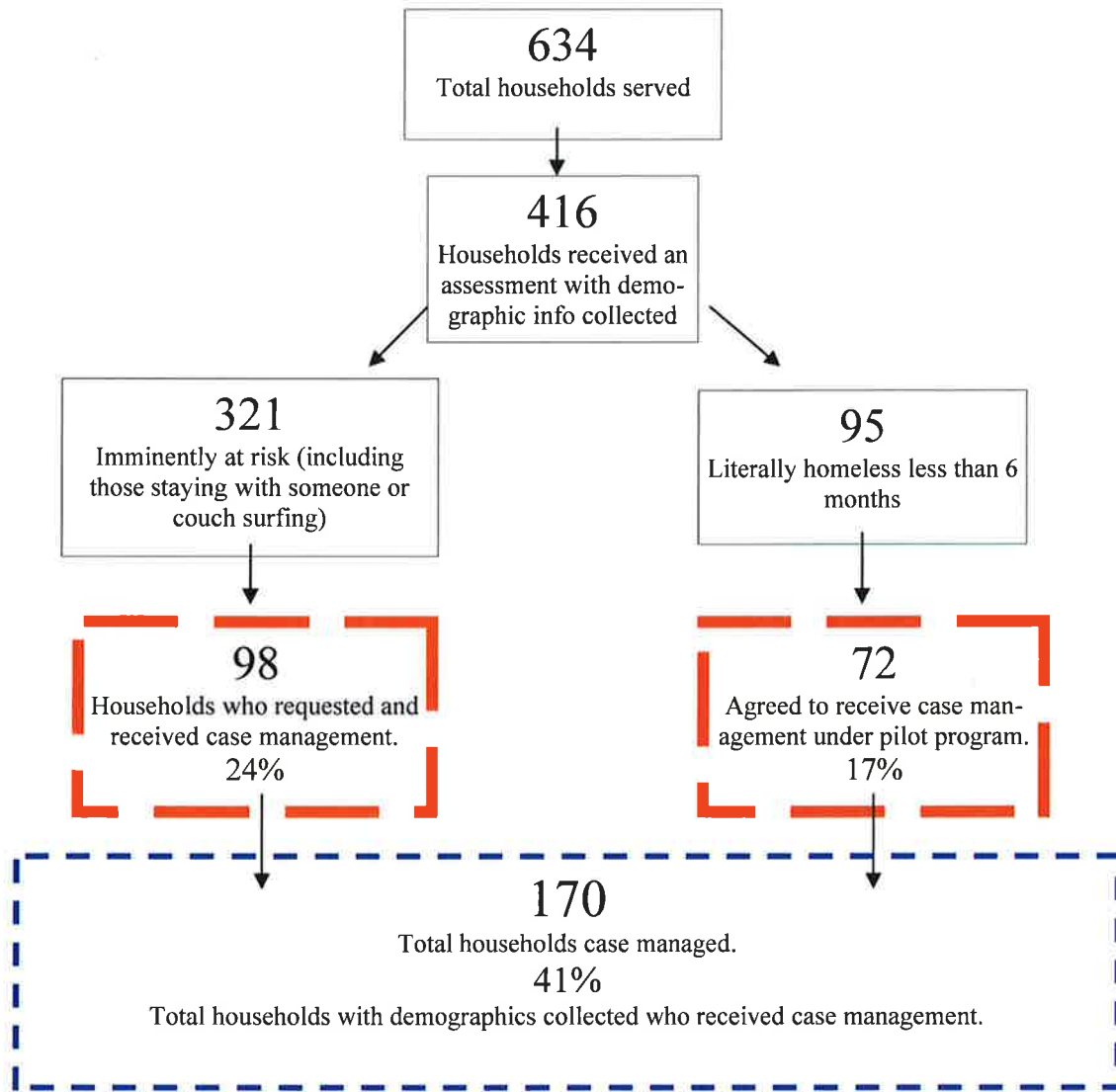
Two full-time case workers assisted 634 households through 7/31/14; only 416 (estimated 450) households served received an assessment including demographic information. Therefore, an additional 218 "quick calls" occurred and further individual information was not be obtained for various reasons. There was a concern regarding the number of households being such a low number. In addition to assessing households, the caseworkers provided qualify case management services. The individualized time spent with each participant has shown to be very important. For example, caseworkers also spent quality time with non-case managed households in order to provide valuable services to those individuals. Feedback received from these individuals expressed gratitude for this professional courtesy.

It has been a long standing goal of the CoC to complete a website. As stated during the presentation, it was agreed the HSC and Coordinated Intake websites should be combined. Unfortunately, relying on volunteers over the last few years or attempting to do projects less costly did not work as planned. Currently, the Education and Outreach Committee is working alongside Coordinated Intake to complete this project. Since July, the website has a Home page template, and the group is working on content. The combined CoC and Coordinated Intake website goal is to be launched around 10/1/14, but no later than end of the year.

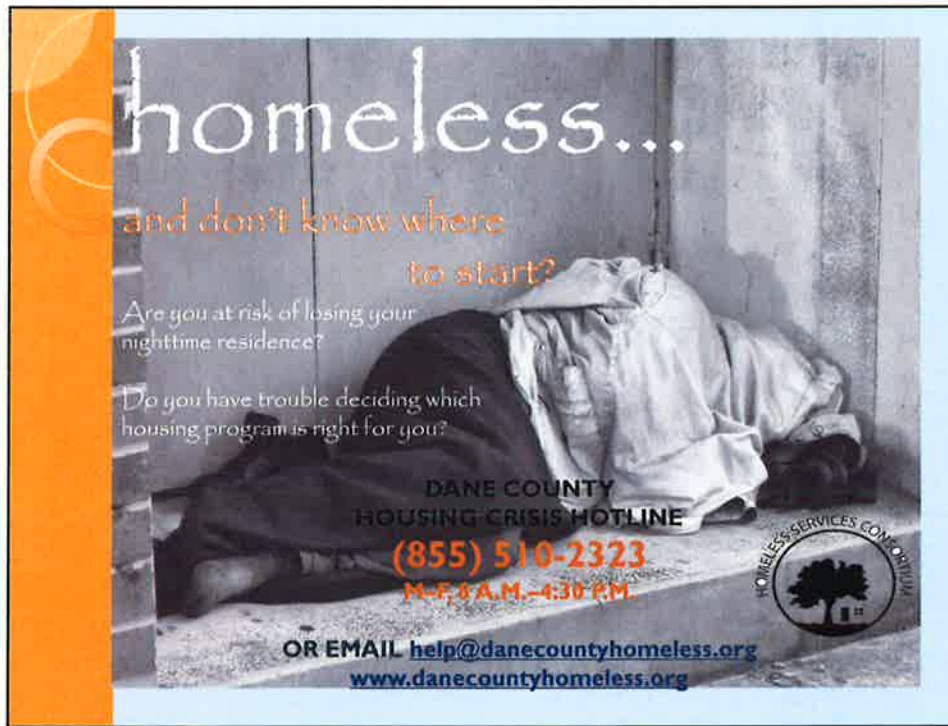
Over the summer, Coordinated Intake has been meeting with Shelter Providers to explore how to incorporate shelters into the process. Family shelters have combined waiting lists, and the Dane County Housing Crisis Hotline will now have a new phone prompt system for a better streamlined process for shelter information. Coordinated Intake and the family shelters are exploring more in depth assessments to move toward a prioritization list for shelter, and provide better services for participants.

Thank you again for inviting me to present at the Homeless Issues Committee regarding the Dane County CoC's Coordinated Intake program. As the project moves into the next phase, we as a community hope that lessons learned will be of benefit to all persons who are experiencing homelessness. If you have any further questions, please feel free to contact me anytime.

**Dane County Housing Crisis Hotline
Coordinated Intake—7/31/14**



Pilot Program Goals for 12/31/14	Outcomes as of 7/31/14
<ul style="list-style-type: none"> 450 households will receive an assessment 	<ul style="list-style-type: none"> 416 household received an assessment
<ul style="list-style-type: none"> 45% of those homeless less than six months will be eligible for the pilot program and receive case management services 	<ul style="list-style-type: none"> 17% of those homeless less than six month participated in the pilot program. However, an addition 24% of participant imminently at risk of homelessness also received case management services. Total equals 41%.
<ul style="list-style-type: none"> 50% of those case managed will remain in stable housing three months after exit. 	<ul style="list-style-type: none"> 45.8% of participants case managed, both literally and imminently at risk, remained in stable housing three months after exit.




homeless...
and don't know where
to start?


Are you at risk of losing your
nighttime residence?
Do you have trouble deciding which
housing program is right for you?

DANE COUNTY
HOUSING CRISIS HOTLINE
(855) 510-2323
M-F 8 A.M. - 4:30 P.M.

OR EMAIL help@danecountyhomeless.org
www.danecountyhomeless.org



Dane County Continuum of Care



All households in Dane County should have the opportunity to secure and maintain safe, stable, affordable housing. As such, the Homeless Services Consortium is organized to ensure the efficient and effective delivery to homeless households in Dane County.

2012

1. HSC agencies began to meet and an intake flow chart was developed and services categorized:
At risk of homelessness, outreach, shelter, transitional housing, and permanent housing.
2. Survey completed with 600 responses
 - 50% were homeless for less than 6 months
 - Where people first went for help varied tremendously
 - The vast majority indicated business hours worked best
 - 74% said one single number would help access services
 - 78% were somewhat-to-very comfortable using a computer
 - Most had a phone or access to a phone to use
 - Preferred to receive information in person and by phone.

2013

1. Committee agreed a coordinated intake system would best fit the needs of the community.
2. The group started researching other coordinated intake models and viewing webinars held nationally such as through the National Alliance to End Homelessness.
3. The City of Madison funded the program. A Request for Funding Proposal (RFP) was released and a few agencies applied.
4. Community Action Coalition for South Central Wisconsin, Inc. (CAC) was approved by the City Council to operate the pilot project through 12/31/14.
5. Coordinated Intake Caseworkers were hired, the Universal Assessment Tool finalized, publicity materials distributed, and the Dane County Housing Crisis Hotline launched on October 17, 2013.

2014

1. Committee agreed to pursue adding all literally homeless single individuals to the program pending funding available. Further discussion should continue for shelters on combining wait lists and how it fits in with Coordinated Intake.
2. Shelter diversion tools and assessments such as the VI-SPDAT continue to be reviewed. Once the assessments are agreed upon, it will be implemented into the coordinated intake process.
3. The family shelters agreed to merge waiting lists. A prompt phone system through the Housing Crisis Hotline was created to streamline shelter services better for the participants.
4. A Googledoc spreadsheet has been created listing housing and services available in the area, so anyone in the HSC can use. It is currently being updated so can go online.
5. The HSC/Coordinated Intake website is currently in draft stages and should be launched around October 1, 2014.

Outcomes

Outcomes to be Measured & Goals	Source of Data & Results 7/31/14
<p>1) Housing consultation/case management. Goal: Provide housing consultation to 450 participants. 45% will be eligible for the pilot program and receive a full assessment and case management services.</p>	<p>Collect data on any participants that make an inquiry through Dane county Housing Crisis Hotline. Enter case managed participants into HMIS. 416 participants served/received assessments 72 or 17% literally homeless case managed 98 or 24% imminently at risk case managed</p>
<p>2) Shelter diversion. Goal: Problem-solve with households on other options than shelter; over 50% served will not stay in shelters.</p>	<p>Measure outcome at 6 and 12 months after a household has contact with Coordinated Intake by using HMIS (ART) reports for shelter usage. 80%</p>
<p>3) Stable housing. Goal: Over 50% served will achieve stable housing and will no longer be homeless at 3-months after exiting the program.</p>	<p>Record date homelessness began and follow-up at 3 months after household exited program using HMIS (ART) reports for shelter usage. 45.8%</p>