

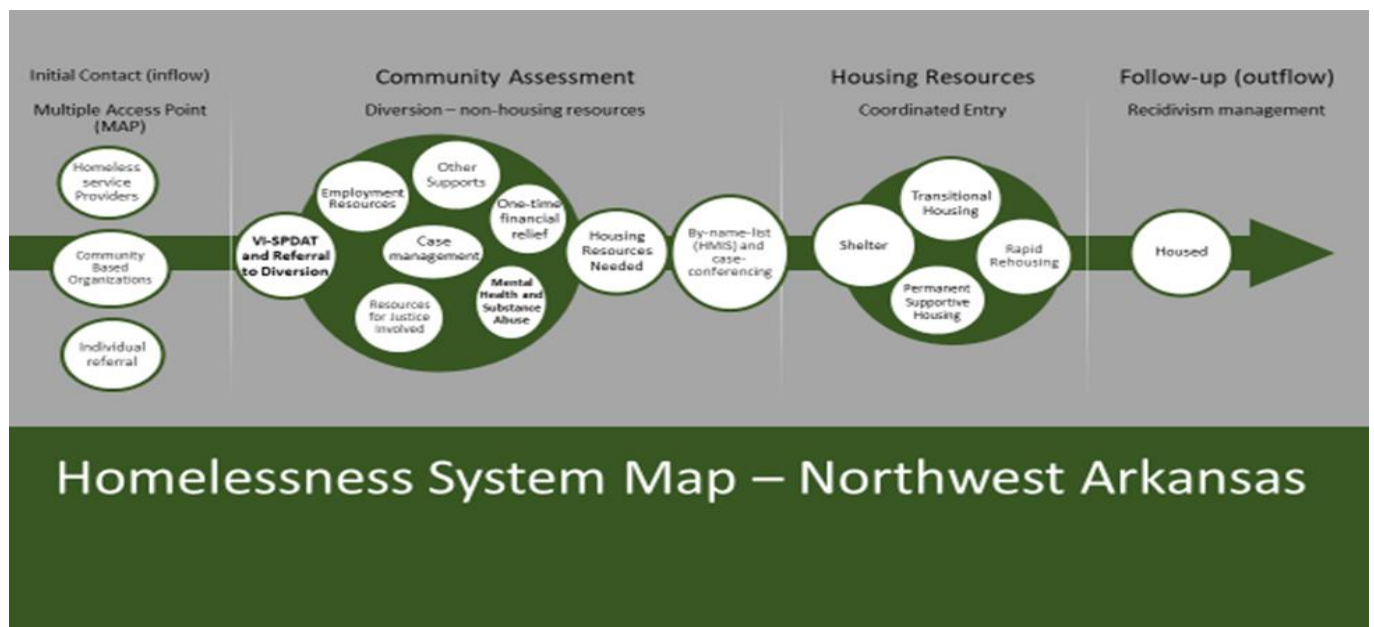
## Purpose

The Northwest Arkansas Continuum of Care (NWA CoC) is tasked with coordinating the regional response to end homelessness in Northwest Arkansas. In this context, Northwest Arkansas includes Washington, Benton, Carroll and Madison Counties. On an annual basis, the CoC is required to review data pertaining to homelessness to determine if strategies implemented over the prior period have been effective at reducing Veteran, Chronic, Unsheltered and Youth Homelessness. Data used to make these determinations are from the annual Point in Time (PIT) Count, the Housing Inventory (HIC) count and ongoing data from the Coordinated Entry (CE) system, most importantly, the By-Name-List (BNL).

This needs analysis also examines underlying strategies that impact inflow and outflow of the Coordinated Entry system in Northwest Arkansas. Therefore, some recommendations in this document include systems and policy changes.

## Description of the current system flow

Note: A description of the services under ‘housing resources’ are provided in Appendix A.



## Current Performance Strengths

The Northwest Arkansas Homeless System works well in many respects. For instance, the reduction of Veteran Homelessness has been substantial and is an example of how the system can work in our community. Additionally, the use of best practices in Coordinated Entry, such as the use of a community wide assessment (VI-SPDAT), a by-name-list, and dynamic prioritization took an exceptional amount of trust and collaboration across providers and social service sectors. The use of ‘Case-Conferencing’ where providers are meeting, either in person or via teleconference, is a testimony to the providers’ ongoing willingness to end homelessness and to identify factors that challenge our ability to do so. Those slots are prioritized to those most vulnerable in accordance with the regional coordinated entry policy and coordinated case-conferencing. Clients who do enroll in housing programs are encouraged to continue on

within a housing continuum that would promote the client's move (where appropriate) towards unsubsidized housing and even homeownership.

### System Highlights

- There has been a 60% reduction in Veteran Homelessness since reaching a high of 131 households in September 2018 to 55 households in May of 2019. This reduction was accomplished by housing more individuals (outflow) than those newly experiencing homelessness (inflow). The system housed 117 Veterans in the one-year period between March 2018 and February 2019.
- There is only a 10 percent difference between the number of unsheltered individuals in the 2019 Point in Time count (529) and the number of persons actively experiencing homelessness on the By-Name-List. This reflects the community's diligence in identifying and placing persons on the BNL, as well as the diligence in effectively counting those persons during PIT count day.
- In the one-year period between March 2018 and February 2019, the NWA Homeless Service Providers 'housed' 303 households.
- If a client is experiencing HIV/AIDS, the Housing for Persons with AIDS/HIV (HOPWA) has the resources to house someone in 30 days pending the application being processed and the person's ability to locate eligible housing as well as the resources to provide initial move-in costs for eligible clients.
- Open Rapid Rehousing (RRH) and Permanent Supportive Housing (PSH) slots are prioritized to those most vulnerable in accordance with the regional coordinated entry policy and coordinated case-conferencing.

### Current System Challenges

- The number of (non-Veteran) individuals experiencing homelessness is increasing month after month. Inflow is consistently outpacing system outflow. In the calendar year between March 2018 and February 2019, the system added 1,190 individuals, an average of 100 persons per month, while 'removing' 530 persons from the list. This is a net average monthly increase of 56 individuals per month.
- Of those removed from the list, 303 were listed as housed and 227 individuals were moved to an 'inactive' status. Moving a client from active to inactive implies we may simply have lost track of them. Moving clients to statuses such as 'self-resolved, housed, incarcerated, or moved-out-of-area' would tell a different story of our work with them. There is a lack of case management in the community that's not tied to housing programs. This case management prepares clients to receive the housing program's services when they become available.
- Average length-of-time homelessness is not decreasing; The length-of-time individuals are reporting they have been homeless (while receiving services) is increasing.
- The path to increased housing resources is a long-term process accessible through coalition building, resource development and a collective impact model among all stakeholders;
- Rapid Rehousing Resources (RRH) and Permanent Support Housing Resources (PSH) are limited and insufficient to provide needed resources for the number of persons who qualify for this service.

- The amount of time it takes for a person enrolled in a housing program or who have been assigned a housing voucher is high. The limited stock of affordable (meeting Fair Market Rent) housing that accept housing vouchers increases the time it takes for client's to locate, apply and acquire move-in approval.

### **Recommendations**

The NWA CoC Board of Directors should implement the following priorities for funding the homeless services sector towards reducing chronic and unsheltered homelessness in Northwest Arkansas:

#### **CoC Funding/HUD CoC NOFA**

1. Any local NOFA renewal applicants who request CoC funds should consolidate funds to the greatest extent allowed by HUD.
2. It is recommended that CoC HUD funding target increasing the PSH stock by a minimum of 119 additional slots to match the projected annual need of supportive housing as identified in the USICH SHOP tool (<https://www.usich.gov/tools-for-action/supportive-housing-opportunities-planner-shop-tool>). It is recommended that these resources be targeted towards those identified as having the greatest needs according to the Coordinated Entry Policy and coordinated case conferencing. Proposed PSH projects, therefore, shall take a higher priority in the local NOFA.
3. Any local NOFA applicants who request RRH services through the CoC shall propose a joint project called Joint TH/RRH. This project type is intended to move an individual from unsheltered to TH and into a more permanent housing scenario.
4. It is recommended that CoC HUD funding be used to fund additional Coordinated Entry work. Pre-housing case management from other funding sources. Under the Supportive Services Only (SSO-CE), the work of coordinated entry is an eligible cost. This recommendation is made to support, strengthen and stabilize the Continuum of Care's work in bringing additional resources to the community through the reduction of inflow, increase in outflow and enhanced data outcomes.
5. HMIS work and support is an eligible cost of the CoC and remains a funding priority for the region. The HMIS lead in Little Rock states they have insufficient resources to perform their HMIS Lead duties as required.
6. The CoC Planning/Capacity grant is a vital component of the system and funds the administrative work required of all CoC's including project coordination, evaluation, monitoring, filling out and submitting the CoC application and CoC system development and monitoring. This funding remains a priority.

#### **ESG and Other Funding Resources**

1. ***Emergency Solutions Grant Program (ESG)***– This program is funded by HUD, and 'passes' the funds through the State of Arkansas Department of Human Services under a competitive grant process. The ESG program can fund Prevention, Shelter and RRH (for literally homeless persons).
  - It is recommended that ESG continue to fund all Emergency Shelter beds in NWA according to the budgetary requirements of those providers;

- It is recommended that ESG fund a minimum of 113 Rapid Rehousing (RRH) slots (in accordance with data analyzed on 4/16/19) in Washington and Benton County with varying lengths of stay under 1 year.
  - These slots should be prioritized in accordance with our coordinated entry policy and coordinated case-conferencing.
- 2. ***Runaway and Homeless Youth (RHY) and Basic Center Programs*** - These programs are funded by HUD, and ‘passes’ the funds through the State of Arkansas Department of Human Services under a competitive grant process. These grants fund Shelter and TH programs for youth under 18 and 18-24 based on the source of funding. As a part of our regional plan to end homelessness.
  - It is recommended that local agencies maximize these funds to enhance, diversion, shelter and street outreach programs according to the community’s needs.
  - It is recommended that local agencies maximize these funds to decrease the number of individuals experiencing youth homelessness to 88 individuals who are 24 and under that are experiencing homelessness (as of 4/16/19).
  - Funded agencies are strongly encouraged participation with the CoC’s established coordinated entry processes.
- 3. ***Funding collaborative*** – The CoC should continue the progress towards becoming a funding collaborative. This purpose is to develop a funding stream for developing support and structure for agencies to meet the requirements of HUD funding, including raising money for required match funds in order to maximize government resources Regional funding collaborative to leverage community resources to end homelessness,
- 4. ***New Private/Foundation and other donations*** are best aligned with the Rapid Rehousing, Prevention and Diversion Strategies. These programs offer short term results and don’t require an ongoing funding commitment such that Permanent Supportive Housing does.
- 5. ***Creative funding strategies that are non-grant and/or foundation funding*** should be explored that ensure an ongoing funding model for permanent supportive housing and NWA CoC agency funding. These strategies might include bequests, social entrepreneurship or other concepts.
- 6. ***New Private/Foundation and other donations*** shall be sought to fund the work of the CoC, that is, to fund the work of ‘coordinating a regional response to end homelessness’.

#### **Recommendations for future system policy work:**

- Work with Emergency Shelters to enhance their housing focus and commitment to acting as a funnel to the rest of the system;
- Encourage those programs who have committed to ‘housing from the By-Name-List’ to prioritize those who are already receiving pre-housing case management;
- Work with the 4 PHA’s to develop homeless preferences for units that open up so as to increase ‘affordable housing stock’;
- Work with programs who are housing individuals experiencing homelessness to perform ongoing assessments and case-manage their clients into public housing in order to free up resources for others who are earlier in the housing continuum.
- Encourage those who assess and place individuals on the by-name-list to stay connected and follow-up with those individuals until the system can accommodate a CoC funded case-management system.

- Encourage the connection of those who are ‘housing insecure’, as defined by a VI-SPDAT score of 3 or lower (or not literally homeless) to connect to Diversion/Prevention Resources through either Genesis Church or the Catalyst Fund per those programs’ policies.

### **Outcomes**

The United States Interagency Council on Homelessness (USICH) Supportive Housing Opportunities Planner (SHOP) tool: takes NWA CoC PIT Count data to estimate the annual need of Permanent Supportive Housing Slots. This tool indicates even with the addition of 119 ‘slots’, the number of persons’ estimated to be experiencing chronic homelessness by the end of the year will still increase by 25%. Additionally, and from an unrelated data point, the number of slots required to meet the demand of Rapid Rehousing Slots is 113. Additionally, USICH has identified what a homeless systems’ outputs would be should increases in resources be placed in certain areas. The additional housing resources will lead to outcomes which are well researched and will be as follows:

- Expanding and utilizing prevention/diversion will have the result of:
  1. Preventing individuals from experiencing homelessness by preventing evictions; and
  2. Free-up shelter capacity for those newly experiencing homeless.
- Expanding shelter capacity will have the result of:
  1. More sheltered people will be working with case-managers who will prepare them for housing programs, including document readiness and access to programs such as ‘rent-well’, life-skills and treatment programs, etc.
- Expanding RRH will have the result of expedited outflow from shelter and will reduce the strain on shelter capacity;
- Expanding TH-RRH adds temporary housing capacity and allows clients with significant needs to work with intensive case management on a housing exit strategy plan and practice independent living skills before the system removes case management;
- Expanding PSH will reduce the portion of chronic population who are ‘stuck’ in homelessness;

#### DATA-Driven Outcomes

- Additional grant or private funding of Northwest Arkansas Continuum of Care will ensure the following:
  1. The complete build-out of a sustainable strategic plan to effectively end homelessness (functional zero) and accomplish said mission by 2025;
    - Complete the process of ending Veteran homelessness by 2019;
  2. Manage the coordinated entry process (per the strategic plan) to streamline, problem-solve and monitor system performance of the delivery of homelessness services across the region;
  3. Develop a strategic plan and coordinated entry system that will end youth homelessness.

The Northwest Arkansas Continuum of Care is responsible for ensuring that HUD and other housing/homelessness resources are utilized in a way consistent with a local strategic plan to end homelessness. While the system engages in this regional strategic planning process, this funding priority document serves the purpose of guiding resources in the direction of the Built for Zero (Community Solutions) process, proven evidence based practices as well as the processes of coordinated entry, dynamic prioritization and Housing First.

## ***Appendix A:***

### **Origin of Data**

#### **A. Need**

##### **1. Coordinated Entry/BNL**

The NWA Continuum of Care is responsible for developing and implementing a coordinated entry process. This task is assigned to the Coordinated Entry Committee who has developed a board approved Coordinated Entry Policy Manual. Coordinated Entry occurs through the following steps:

- A. A client who may be experiencing housing insecurity or homelessness comes into contact with an agency that serves persons in poverty, provides social services or connects these persons to agencies that perform those services;
- B. This individual receives a community assessment to determine need. If they are determined to be experiencing homelessness, they are placed on the By-Name-List to receive services;
- C. The person's needs are used to determine the appropriate resource that is needed, which could be Prevention, Rapid Rehousing (RRH) or Permanent Supportive Housing (PSH).
- D. Those needs (Prevention, RRH, PSH) are used in this data analysis as defined in the coordinated entry policy and per VI-SPDAT Scores as listed below:
  - a. Scores of 8 and higher: Typically offered Permanent Supportive Housing (PSH), followed by Transitional Housing (TH) if no PSH is available.
  - b. Scores between 4 and 7: Typically offered Rapid Re-Housing (RRH).
  - c. Scores of 3 and lower: Typically offered diversion without a housing intervention, with specific cases in need of additional housing services discussed in weekly, bi-weekly, or monthly case conferencing. Other community resources provided.

#### **B. Point in Time Count (PIT)**

The 2019 PIT Count was a community-wide effort, utilizing over 70 volunteers to locate and survey all known and unknown persons experiencing homelessness in Northwest Arkansas. This one-day count included individuals in shelters, transitional housing programs and those who were literally without shelter on the day of January 24, 2019. There were over 700 surveys collected on that day. Those surveys collected information about the persons' demographics, how long they have been homeless, Veteran status and other data regarding their race, age, location, family size and some measures of need including use of substances, mental health and disability. It was determined that 529 persons were actively homeless on that day.

#### **C. Need Summary**

For the purpose of this analysis and because the PIT count number is within 5% of the ongoing BNL, this needs analysis is based on the persons on the BNL. Since the PIT count did not collect names, it's not possible to compare the names on the BNL with the PIT count. In the next PIT cycle, the CoC will be using phone applications to collect data with the hopes that making this connection will be possible moving forward and we can know with more certainty if we already know the persons we identify on PIT count day.



## ***Appendix B***

### **Description of Services**

#### **Prevention Needs**

Homeless Prevention Services assist households with maintaining and preserving their current housing situation. This might be a one-time payment that would help the household ‘catch-up’ on past bills or prevent an eviction.

According to Chart 1, there are a total of 64 persons on the By-Name-List who, according to their VI-SPDAT score would most likely benefit from prevention resources we called it services above. These persons may have a roof over their head, but are probably not on the lease or rental agreement or are at risk of losing housing.

#### **Permanent Supportive Housing (PSH)**

Permanent supportive housing is an intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people. The services are designed to build independent living and tenancy skills and connect people with community-based health care, treatment and employment services.

There is one particular group that would benefit from PSH resources, including individuals experiencing ‘Chronic Homelessness’. Chronic Homelessness means the person has experienced homelessness 3 or more times in the last 36 months, or one period lasting more than 12 months, AND has a disabling condition. According to chart 1, there are at LEAST 169 persons in this category who are not receiving this service. Additionally, there are 211 unsheltered persons who may fall into this ‘chronic’ category, but not have received proper assessment, or they are ‘at-risk’ of ‘aging’ into that chronic status. Those 211 persons are scoring 8 or higher at this time, indicating that the proper resource match would be PSH for a total of 333 that need permanent supportive housing.

#### **Rapid Rehousing (RRH)**

Rapid Re-Housing programs provide short-term rental assistance and services, with services ending once rental assistance terminates. The goals are to help people obtain housing quickly, increase self-sufficiency, and remain housed. The core components of rapid re-housing include housing identification, rent and move-in assistance, as well as case management and wrap-around support services. Rapid Re-Housing programs generally target people with low to moderate service needs.

According to Chart 1, there are 119 persons who are unsheltered who should receive RRH for a total of 186 persons including those experiencing chronic homelessness.

The Chart Below is an analysis of the individuals on the BNL on April 16<sup>th</sup>, 2019. The breakdown of their VI-SPDAT scores are on the right side of the chart.

Chart 1

<b>BY-NAME-LIST 4/16/2019</b>		<b>VI SPDAT Total of Active/At-Risk and TH</b>			
		0-3	4 to 7	8+	
Non-Veteran Active	779				880
Non-Veteran At-Risk	49	113	409	358	880
Non-Veteran Transitional	52	12.84%	46.48%	40.68%	
	880				
Number Active, at-risk or TH (remove inactive and housed)	880	<b>VI SPDAT of Chronic Only</b>			
Number ACTIVE 'Chronic' (YES)	169	0-3	4 to 7	8+	
At-Risk Chronic YES	12	0	67	122	189
Transitional Housing Chronic YES	8	0.00%	35.45%	64.55%	100.00%
Total Chronic YES	189				
Number of non-chronic active/AT/TH who are likely unsheltered		<b>VI SPDAT of US and Shelter</b>			
		0-3	4 to 7	8+	
Sleeping Outside	202	64	119	211	394
Sleeping in Shelters	192	16.24%	30.20%	53.55%	100.00%
		<b>TOTAL</b>			
Total Other (non-chronic)	394	64	186	333	
		10.98%	31.90%	57.12%	1
Actively chronic OR unsheltered, therefore should be	583				
		<b>VI SPDAT Total of Active/At-Risk and TH</b>			
		0-3	4 to 7	8+	
Veteran Active	54	9	41	17	67
Veteran At-Risk	11	13.43%	61.19%	25.37%	
Veteran Housed	117				
Veteran Inactive	71				
Veteran Transitional	2				
	255				
		<b>VI SPDAT of Chronic Only</b>			
Number Active, at-risk or TH (remove inactive and housed)	67	0-3	4 to 7	8+	
Number ACTIVE 'Chronic' (YES)	12	0	5	7	12
At-Risk Chronic YES	1	0.00%	41.67%	58.33%	
Transitional Housing Chronic YES	0				
Total Chronic YES	13				
<i>Number of non-chronic active/AT/TH who are likely unsheltered</i>					
Car		<b>VI SPDAT of All others</b>			
		0-3	4 to 7	8+	
Sleeping Outside	14				
Sleeping in Shelters	14	8	25	10	43
Transitional Housing	14	18.60%	58.14%	23.26%	
Other and Unknown		<b>TOTAL</b>			
		8	30	17	55
Actively chronic OR unsheltered, therefore should be	55	14.55%	54.55%	30.91%	

The word 'unsheltered' is used here interchangeably with the term 'literally homeless'