Using HMIS to Manage Service Delivery and Support System Change: Leveraging HMIS Functionality in a Centralized Intake Setting
Presenter

• Matt White, Abt Associates
Systems Change… what do we mean?

• Our response to homelessness can be more effective when coordinated within a community-wide setting across multiple providers, roles, programs, interventions, and approaches. A single provider often makes a difference on an individual client basis but institutional and structural barriers to housing stability must be addressed in order for our “system” to change and improve.
Systems Change Approaches

Some examples…

• Shelter diversion and homeless prevention in addition to shelter-based services
• Rapid rehousing using rolling stock of private sector landlords and housing
Systems Change Approaches

Other examples…

• Shift some service and treatment responses to mainstream systems
• Housing stabilization focus vs. shelter-based service model
• Shift community resources to most effective programs or areas of greatest need
and…
• Centralized Intake with coordinated referrals
Centralized Intake: A Systems Change Model

- Centralized intake refers to a single access point or process for people to receive prevention, housing, and/or other services they need. Generally includes the following core components:
  - Information so that people will know where or how to access centralized intake
  - A place or means to request assistance
  - A screening and assessment process and tools to gather and verify information about a person’s housing and service needs and program eligibility and priority
  - Enrollment/admission decision criteria
Centralized Intake…
not a panacea for every community

- HUD does not require Centralized Intake.
- HEARTH Act does not require Centralized Intake.
- Centralized Intake is not a “systems change” model that all CoCs should pursue.
Centralized intake can promote the following…

- Uniform application of a comprehensive assessment
- Coordinated client linkage to the most appropriate program intervention (referral)
- Facilitate collection and monitoring of system performance measures (length of stay, recidivism, successful housing outcomes)
- More effective and efficient application of community resources
Centralized Intake Goals & Objectives:

• **Clients:**
  – Simplify and improve the process for people to locate and access services;
  – Help to ensure that people get the right services;
  – Provide access to multiple service programs through one process.

• **Prevention and homeless service agencies:**
  – Provide a coordinated source of appropriate client referrals;
  – Furnish immediate information about the client’s needs and housing barriers;
  – Improve cost efficiency by replacing duplicative intake functions.

• **For policy planners, decision-makers, and funders:**
  – Improve the speed, accuracy, and consistency of the screening, assessment, and referral process;
  – Target resources more efficiently and effectively.
Centralized Intake Design Principles:

• Reduce the length of time clients remain homeless
  – *Rapidly exit people from their homelessness to stable housing*

• Thoroughness in reaching homeless clients
  – *Ensure that the hardest to serve get served*

• Reduce the number of homeless clients and their repeat spells of homelessness
  – *Serve clients as efficiently and as effectively as possible*

• Collaborate with key stakeholders to set quantifiable performance goals and timeliness for success
  – *Transparent and accountable processes*
  – *Continuous quality improvement*
Centralized Intake Design Considerations

• What are the specific goals or objectives?
• Which populations will be targeted?
• What level of authority will be exercised?
• Which program model or approach will be used?
• Who will be the lead agency?
• How will screening, assessment, and referral be managed?
• How will data be managed?
• What resources are necessary to implement the program?
Role of HMIS in Centralized Intake

• How can we leverage technology to assist in the management of systems?
• How can we use information to better serve clients and improve systems of care?
• How will we know that a centralized intake approach is working, efficient, responsive to evolving needs?
Elements of Centralized Intake…

Process & Tools: Managed in HMIS:

1. Intake & Assessment Protocol ✓
2. Program Referral Criteria ✓
3. Client Prioritization for Placement ✓
4. Electronic Referrals ✓
5. Managing Waiting Lists ✓
6. Managing Linkage Process ✓
7. Monitoring Systems Outcomes ✓
Workshop Context and Activities

- Brainstorm elements of a centralized intake system for your community
- Design tools and approaches that your community will need to achieve the systems change goals of centralized intake
- Identify potential changes, adjustments, and refinements in program services and approaches
- Consider how HMIS can be important resources that ties all these elements together
1. Comprehensive Assessment Tool

• What information needs to be collected from clients to make determinations about shelter diversion or program referral strategies…
  – Universal and Program-specific data elements
  – Housing barriers
  – Self sufficiency
  – Risk assessment
  – Physical and behavioral health issues
  – Income and debt
  – Legal
  – Others?

• What is the role of HMIS?
2. Program Referral Criteria

- What client characteristics are best aligned with different program models...
  - Income / work history
  - Debts/expenses
  - Housing history
  - Independent living skills
  - Physical and behavioral health
  - Legal issues
  - Connection to services/supports
  - Life transition issues / family status

- Program Models...
  - Prevention
  - Rapid Rehousing
  - Emergency Shelter
  - Tier II Shelter
  - Transitional Housing
  - Transition in Place
  - Permanent Housing
  - Permanent Supportive Housing
  - Safe Haven

- What is the role of HMIS?
Workshop Activity #1
Program Referral Criteria Design

A centralized intake approach considers the specific housing barriers of each client and provides an intentional and rational referral to the program type that best fits the client’s housing needs.

1. For each program type review the description and consider how the target population and service design may be different from how that program type currently operates in your CoC.

2. Consider the client profile that would be most appropriately and efficiently served by each program type.

3. List the specific referral criteria considerations from the list provided to determine a profile for the type of client (characteristics and barriers) that would be most appropriately served by that program.
3. Client Prioritization for Housing Placement

• Who should be prioritized for limited housing and services resources…
  – Households with the longest homeless spells?
  – Households with disabilities?
  – Households with medically fragile health conditions?
  – Households older than 65 years of age?

• What role can HMIS play in managing this prioritization list?
4. Program Referrals

• How will persons be referred and linked to different housing and service strategies…
  – How is the referral initiated?
  – What are the standards for review and acceptance?
  – What is the process to assess the appropriateness or success of each referral?

• Can referrals be initiated in HMIS and managed electronically? Does your HMIS product support this functionality?
5. Wait List / Occupancy List

• How will you manage referrals when service slots are not immediately available?

• How will you know if a service slot is likely to become available?
  – A single, system-wide waiting list managed by a coordinating authority who can assign a priority rank.
  – Occupancies updated regularly to ensure full utilization.

• Waiting lists and occupancy lists need to be managed in real time. Is HMIS equipped to support this?
6. Managing Client Linkage Process

- What information is transferred along with the referral…
  - Client Intake & Comprehensive Assessment
  - Documentation (ID, housing application materials, etc.)
  - Case manager contact information

- HMIS can manage this process and track progress of client’s enrollment in referred program.
7. Managing Systems Change Outcomes

• How will you know that the Centralized Intake process is efficient and effective…
  – Clients receive uniform assessment and referral within a short period of time
  – Clients are referred to the most appropriate program type
  – Clients obtain permanent housing
  – Clients do not return to homelessness

• Create a centralized intake management report in HMIS that tracks system performance.
Workshop Activity #2
Monitoring Systems Change

A centralized intake approach realigns programs and referral processes to promote efficiency, efficacy, and client-focused outcomes. How will you know if you’re achieving the desired outcomes?

1. What are the specific outcomes measures you would want to monitor in a Central Intake system to determine if your approach is achieving design objectives?

2. How are performance objectives different among program types and client subpopulations?

3. What specific HMIS data elements are required to generate the necessary monitoring reports?
Transformative Change Examples

- Richmond (VA) Homeless Point of Entry
  - [http://www.cccofva.org/services/HCIT/index.html](http://www.cccofva.org/services/HCIT/index.html)

- HPRP Centralized Intake Overview

- Grand Rapids (MI) Coordinated Community Response Model

- Saint Louis (MO) Centralized Intake and Referral
  - [http://www.co.st-louis.mo.us/dhs/home.html](http://www.co.st-louis.mo.us/dhs/home.html)