

# **Community Services Department**

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# Homeless Solutions for Boulder County Executive Board September 8, 2023 8:00 - 10:00am Teams Meeting

### **Administrative Matters**

8:00-8:20

- Public Comment
- Approval of August 2023 Minutes
- Board Brief Review

# **Discussion Items**

8:20-9:30

- Demo of Boulder County HSBC Dashboard
- HSBC Funding Discussion

# **General Updates**

9:30-10:00

• Partner Updates

Microsoft Teams meeting

Join on your computer or mobile app

Click here to join the meeting

Or call in (audio only)

<u>+1 720-400-7859,,386064849#</u> United States, Denver

Phone Conference ID: 386 064 849#

# Homeless Solutions for Boulder County Executive Board August 11, 2023, 8:00 - 10:00am Teams Meeting

### Attendance:

Jim Adams-Berger, Robin Bohannan, Susan Caskey, Frank Cole, Vicki Ebner, Kurt Firnhaber, Heidi Grove, Susana Lopez-Baker, Devon Kissick-Kelly, Gwendolyn Mossman, Megan Newton, Jamie Rife, Carlene Okiyama, Christina Pacheco, Sofia Vigil

## **Public Comment – None**

# Minutes - June Approved

### **Board Brief review**

- Boulder County is on track to become the first sub-region to reach Functional Zero for Veteran homelessness. Upon reaching Zero for Veteran homelessness, we will begin to focus efforts on all single adults.
- Mid-Year data validation was conducted (reflected >1% margin of error).
  - 1 Exit previously reported in City of Longmont was miscategorized and placed in Housing (April 2023).
  - 1 Coordinated Entry Assessment was not previously reported (City of Longmont January 2023).
  - o 2 Coordinated Entry Assessments were duplicate reported (City of Boulder March 2023).
- Increase in Coordinated Entry and Housing Exits 34% outflow rate, higher than this time last year.
- Racial Equity data shows disparity. Black, Indigenous, and People of Color are overrepresented.

### **Discussion Items**

# Evaluation Update and Discussion

What are we trying to focus on?
 Reviewed outline of Request for Proposal (RFP) draft followed by a discussion on the focus of the proposal/work. City of Boulder has \$100,000 in budget, Boulder County and City of Longmont to review their budgets. Proposed timeline – release RFP in September and select vendor in early November.

# • Summer PIT – Reporting Plan

Report will consist of a briefing similar to a snapshot as opposed to a full report. Data will be available on City of Boulder and Boulder County websites.

# • Update on Tribe-related Efforts and Meeting with Longmont City Council

On August 8, Jim and Heidi presented to the Longmont City Council seeking support of the Tribe Recovery Homes purchasing property in Longmont.

Next steps: Circle back with Joni and Harold to see if any further public comments.

### Follow-up on Email chain:

COB City Council, RE: Nest/MHP/HSBC - Council raised criticism of MHP/the Nest. MHP is aware
of concerns, focusing on providing more regular support of individuals, compliance team
working with property management team, setup regular monthly meeting.

## High Utilizers Project Request

Robin met with commissioners with proposal that came from high utilizers group. Two
 Commissioners agreed in concept, one Commissioner has some concerns. Robin will continue to have more conversations and will keep HSBC updated.

### Upcoming Meetings for Situational Awareness:

- o COB State of Homelessness Study session on September 28
- o COL Council Study Session Sometime in October
- Meth/Housing Discussion The county looking at conflicting priorities. September 21 meeting with Boulder County Public Health, Boulder County Housing and Human Services and Boulder County Community Services.
- Housing Summit Date changed to November 14 (instead of Nov. 8) at Boulder Jewish Community Center (JCC).

# **General Updates**

# Grant Updates

- o SB22-196: Behavioral Health Administration contract received.
- HB22-1281: Behavioral Health Administration Recovery contract receive, \$680,000 to be used for Tribe Recovery Homes home purchase.

# **Partner updates**

# Boulder County

This time next month will see demo of real time data on county dashboard, will mirror what you see in the Executive Board brief, can be filtered by municipalities, will feed directly from Connect. Integrating street outreach and piloting an exchange with HMIS and Connect.

# Boulder County Housing & Human Services

Proposed affordable housing tax ballot measure. Townhall planned for next week Thursday, August 17. Will continue \$18M a year for housing, extension for 15 years.

# **City of Longmont**

none

# **City of Boulder**

none

### **Metro Denver Homeless Initiative**

Point In Time data is out. Denver going to present plan at the August 28 meeting. Introduced Sofia Vigil, improvement advisory for Boulder, Sofia may be attending for Jamie.

# **Boulder Housing Partners**

None

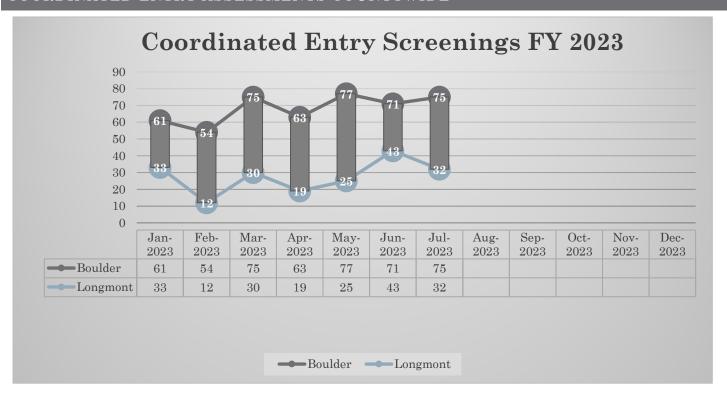
Adjourned 9:51

# HOMELESS SOLUTIONS FOR BOULDER COUNTY: EXECUTIVE BOARD BRIEF SEPTEMBER 2023

# OVERVIEW OF DATA IN BRIEFING

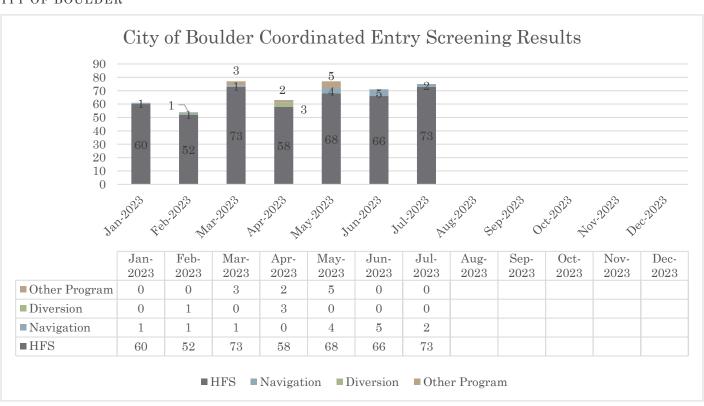
- Overall, the number of Coordinated Entry screenings were higher overall for 2023 compared to the same time frame in the prior year (2022).
  - City of Boulder increased by 12% during the month of July 2023 with a 13% increase overall annually.
  - o City of Longmont decreased in July 2023 (-11%) with a 5% increase overall annually.
- 209 (31% exit outflow) individuals have exited homelessness since January 1, 2023, (an overall increase of 1% compared to the same timeframe as last year).
  - o City of Boulder saw an increase of 32% in all exit avenues:
    - Housed- 36% increase for the calendar year
    - Reunification-43% increase for the calendar year
    - Other- 100% increase for the calendar year
  - City of Longmont saw a decrease of 15% in all exit avenues:
    - Housed- 14% increase for the calendar year
    - Reunification- 54% decrease for the calendar year
  - o Housing exits through HMIS data system saw a 3% decrease overall all for the calendar year.
- On average, 30 individuals exit homelessness per month for calendar year 2023:
  - o 21 to housing
  - o 8 through reunification
  - o 1 per month through other programming such as treatment or rental assistance for Diversion services (rental assistance/homeless prevention).

# COORDINATED ENTRY ASSESSMENTS COUNTYWIDE

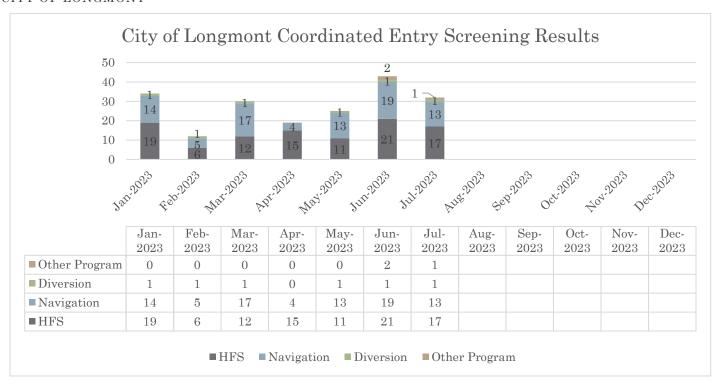


# COORDINATED ENTRY ASSESSMENT RESULTS PER LOCATION

### CITY OF BOULDER



### CITY OF LONGMONT

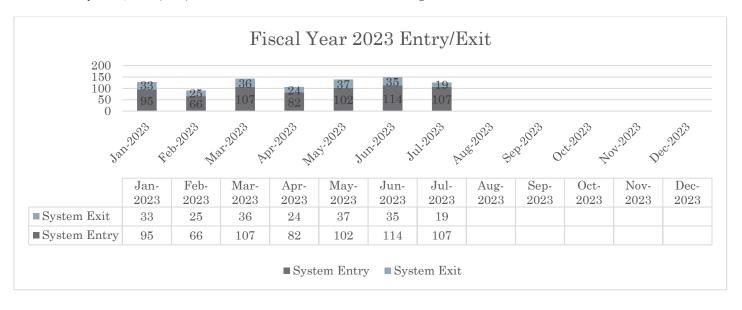


# HOUSING OUTCOMES

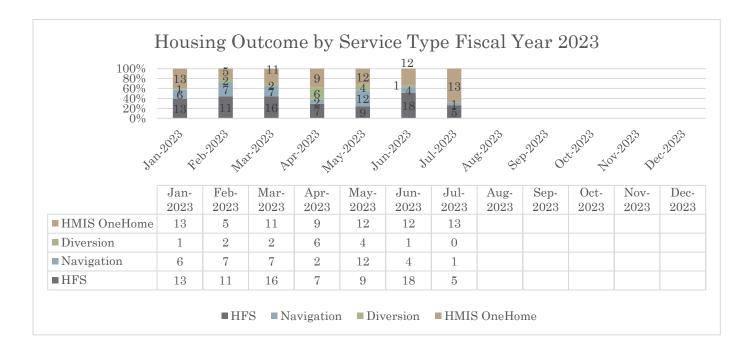
The following data and charts reflect individuals experiencing homelessness who have exited the homeless services system to a stable housing outcome. It is important to note that the data reflected in the following charts reflect Housing Outcomes via system entry and exit are not the same individuals.

### SYSTEM ENTRY/EXIT SEPTEMBER 2023

Since January 2023, 31% (2091) exited homelessness into a stable housing situation.



<sup>&</sup>lt;sup>1</sup> One additional exit is reflected in January 2023 from HOPE Longmont



### HOUSING OUTCOMES FISCAL YEAR BY COORDINATED ENTRY INITIATED SITE 2022

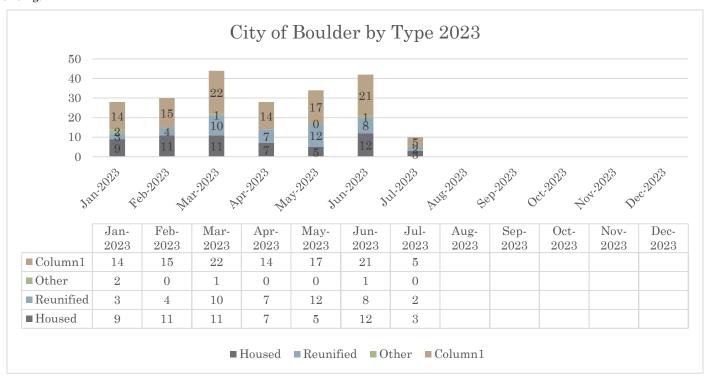
As reflected, a total of 209 individuals experiencing homelessness exited homelessness since January 2023 with 108 (52%) from the City of Boulder, 26 (12%) from the City of Longmont and 75 (36%) Boulder County<sup>2</sup>.



 $<sup>^2</sup>$  Boulder County Exits reflect HMIS One Home extract. Municipality of origin is unavailable.

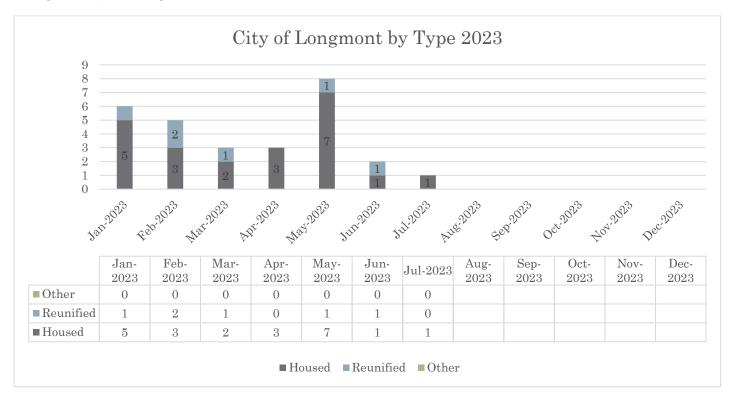
# HOUSING OUTCOME BY EXIT TYPE CITY OF BOULDER 2023

Since January 2023, in the City of Boulder, a total 108 individuals have exited homelessness with 58 (54%) individuals exited to housing, 43 (40%) through Reunification, and 7 (6%) through providing rental assistance (reflected in Other) to remain in housing.



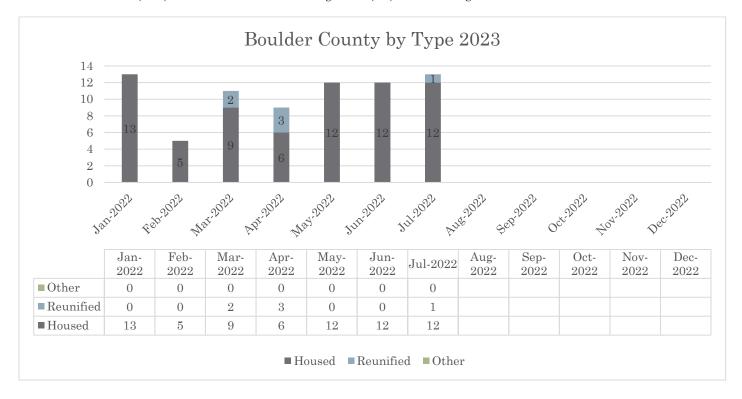
# HOUSING OUTCOME BY EXIT TYPE CITY OF LONGMONT 2023

Since January 2023, in the City of Longmont, a total 26 individuals have exited homelessness with 21 (81%) individuals exited to housing, and 5 (19%) through Reunification.



# HOUSING OUTCOME BY EXIT TYPE BOULDER COUNTY 2023

Since January 2023, through the OneHome HMIS data system and in Boulder County, a total 75 individuals have exited homelessness with 69 (92%) individuals exited to housing and 6 (8%) exited through reunification.



# RATE OF CHANGE<sup>3</sup>

# **Boulder County Coordinated Entry Assessment 2023**

	Jan 22	Feb 22	March 22	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Total
City of Boulder	59	55	58	43	78	56	66	87	62	79	64	61	769
City of Longmont	30	36	25	13	32	21	27	36	26	28	32	39	345

# Rate of Change

	Jan 23	Feb 23	March 23	April 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Average
City of Boulder	+3%	-2%	+25%	+32%	-1%	+21%	+12%						+13%
City of Longmont	+12%	-67%	+17%	+32%	-22%	+51%	-11%						+5%

# City of Boulder Coordinated Entry Assessment Referral Outcomes 2023

	Jan 22	Feb 22	March 22	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Total
Diversion	4	2	3	1	5	3	0	2	2	1	0	0	23
Navigation	7	6	2	2	7	2	2	1	0	0	0	1	30
HFS	48	46	53	40	66	51	63	84	59	78	64	61	713
Other	0	1	0	0	0	0	1	0	1	0	0	0	3

	Jan 23	Feb 23	March 23	April 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Average
Diversion	-100%	-50%	-100%	+67%	-100%	-100%	0						-78%
Navigation	-86%	-83%	-50%	-100%	-43%	+60%	0						-50%
HFS	+20%	+12%	+27%	+31%	+3%	+28%	+14%						+18%
Other	0	-100%	+100%	+100%	+100%	0	-100%						+80%

 $<sup>^3</sup>$  Rate of Change is compared to month of prior year. Annual is compared to rolling annual totals for same timeframe in the reporting year. Items in red reflect lower than the comparative.

# City of Longmont Coordinated Entry Assessment Referral Outcomes 2023

	Jan 22	Feb 22	March 22	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Total
Diversion	2	0	0	0	5	1	0	2	1	3	3	1	18
Navigation	17	22	15	7	14	10	11	16	8	9	13	19	161
HFS	8	14	9	5	13	10	15	17	17	14	16	19	157
Other	3	0	1	1	0	0	1	1	0	2	0	0	9

# Rate of Change

	Jan 23	Feb 23	March 23	April 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Average
Diversion	-50%	+100%	+100%	0	-80%	0	+100%						-67%
Navigation	-18%	-77%	+12%	-43%	-7%	+47%	+15%						-11%
HFS	+58%	-57%	+25%	+67%	-15%	+52%	+12%						+27%
Other	-100%	0	-100%	-100%	0	+100%	0						-67%

# Successful Exit Percentage 2023

	Jan 22	Feb 22	March 22	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Average
Percent	33%	23%	33%	57%	38%	29%	15%	26%	23%	29%	45%	26%	30%

# Successful Exit Percentage 2023

	Jan 23	Feb 23	March 23	April 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Average
Percent	34%	38%	34%	29%	37%	29%	18%						31%
Change	+1%	+15%	+1%	-28%	-1%	0	+3%						+1%

# System Exit by Program Type 2023

	Jan 22	Feb 22	March 22	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Total
Diversion	2	1	2	1	9	6	1	6	4	2	4	1	39
Navigation	4	5	5	5	5	2	1	5	5	5	11	5	58
HFS	10	10	6	9	9	4	7	14	8	14	15	13	119
OneHome HMIS	13	5	14	17	17	10	5	7	3	10	11	7	119
Total Exits	29	21	27	32	42	22	14	32	20	31	43	26	339

	Jan 23	Feb 23	March 23	April 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Average
Diversion	-50%	+50%	0	+83%	-89%	-83%	-100%						-27%
Navigation	+20%	+29%	+29%	-60%	+62%	+60%	0						+31%
HFS	+23%	+9%	+63%	-22%	-11%	+76%	-29%						+30%
OneHome HMIS	0	0	-21%	-47%	-24%	0	+62%						-7%
Total Exits	+9%	+16%	+25%	+15%	-10%	+33%	+26%						+11%

# City of Boulder System Exit by Type 2023

	Jan 22	Feb 22	March 22	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Total
Other	0	0	0	0	0	0	0	3	0	0	1	1	5
Reunification	5	5	3	1	6	3	3	9	6	9	11	8	69
Housed	6	7	8	9	8	4	5	6	3	7	9	8	80
Total Exit	11	12	11	10	14	7	8	18	9	16	21	17	154

# Rate of Change

	Jan 23	Feb 23	March 23	April 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Average
Other	+100%	0	+100%	0	0	+100%	0						+100%
Reunification	-40%	-20%	+70%	+86%	+50%	+63%	-33%						+43%
Housed	+33%	+36%	+27%	-22%	-38%	+67%	-40%						+36%
Total Exit	+21%	+20%	+50%	+29%	+18%	+67%	-38%						+32%

# City of Longmont System Exit by Type 2023

	Jan 22	Feb 22	March 22	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Total
Other	0	0	0	1	0	0	0	0	0	0	2	0	3
Reunification	3	1	1	0	5	3	0	2	4	3	3	0	25
Housed	2	3	1	4	6	2	1	5	4	2	6	2	38
Total Exit	5	4	2	5	11	5	1	7	8	5	11	2	66

	Jan 23	Feb 23	March 23	April 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Average
Other	0	0	0	0	0	0	0						0
Reunification	-67%	+50%	0	0	-80%	-67%	0						-54%
Housed	+60%	0	+50%	-25%	+14%	-50%	0						+14%
Total Exit	+17%	+20%	+33%	-40%	-27%	-60%	0						-15%

# Boulder County HMIS/OneHome System Exit by Type 2023

	Jan 22	Feb 22	March 22	April 22	May 22	June 22	July 22	Aug 22	Sept 22	Oct 22	Nov 22	Dec 22	Total
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Reunification	2	0	1	1	3	3	0	2	0	0	1	1	14
Housed	11	5	13	16	14	7	5	5	3	10	10	6	105
Total Exit	13	5	14	17	17	10	5	7	3	10	11	7	119

	Jan 23	Feb 23	March 23	April 23	May 23	June 23	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Average
Other	0	0	0	0	0	0	0						0
Reunification	-100%	0	+50%	+67%	-67%	-100%	+100%						-40%
Housed	+20%	0	-31%	-63%	-14%	+30%	+58%						-17%
Total Exit	0	0	-21%	-47%	-24%	0	+62%						-3%

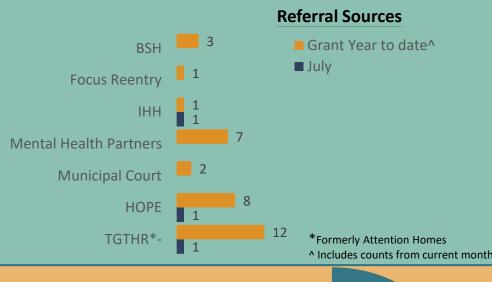


# **Boulder County Pathways to Housing Stability**

# July 2023 County Data Report

The Boulder County Pathways to Housing Stability (BCPHS) initiative, implemented by Mental Health Partners of Boulder County (MHP), supports adults experiencing chronic homelessness who also have behavioral health needs in finding and maintaining stable housing. There were 3 new referrals for July 2023. All data included in this report are from baseline/intake assessments.

Clients are referred to **BCPHS** from external community services as well as internally within MHP. Referred clients are **screened** for eligibility into the program. Clients may then be enrolled if they fit the eligibility criteria.



July Enrollments: 3

Total Enrollments: 225

Average age: 49

Age range: 19-75

**Female: 32%** 

Male: 68%

Race	#	%
Alaska Native	14	6%
American Indian	26	11%
Asian	1	<1%
Black	13	6%
Native Hawaiian	2	<1%
White	172	75%
Hispanic/Latino	28	12%

64% used tobacco

in the past 30 days

### ##### #######
80% have experienced
violence or trauma.
Of those, 65% have
experienced at least 3 of 4
PTSD symptoms.
experienced at least 3 of 4 PTSD symptoms.
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PTSD SYM OF FROM
PTSU STEORY OF THE VIolence Of
Violetto

July | Grant-to-Date<sup>^</sup>

Top 3 SUD 1. Alcohol diagnoses: 2. Other stimulants

3. Cannabis

### 163\*Monthly # includes all clients housed in # of clients who received housing\*..... this quarter, including those with prior instances of housing during the grant. # of clients enrolled<sup>†</sup>, still experiencing homelessness.......... 22 Grant-to-date # includes all clients housed during the life of the grant, not including †Currently enrolled or formerly enrolled





# of enrolled\* clients who have lost housing at least once..... 2 | 15



who were discharged while homeless, and including those who may have lost housing

# **Boulder County Pathways to Housing Stability**

# Year 5 Quarter 2 Data Snapshot

The Boulder County Pathways to Housing Stability (BCPHS) initiative, funded by a 5-year SAMHSA-TIEH grant, supports adults experiencing chronic homelessness who also have behavioral health needs in finding and maintaining stable housing. Integrating behavioral health treatment and recovery support services with housing navigation, the goal is to help clients move quickly into housing with access to evidence-based programs and services. The initiative seeks to enroll 69 un-duplicated clients annually (345 over five years) and place an average of 56 clients annually (280 over five years) into housing. Demographic and outcome data are from the National Outcomes Measures System (NOMS) tool. This report presents data for 3 clients who enrolled in the BCPHS program and completed evaluation assessment(s) during Quarter 2 of Year 5 of the grant between March 1, 2023 and May 31, 2023.

Total vs. Q2



15

Clients Screened

542

3

Clients Enrolled

222

7\*

Clients Housed

**162**<sup>†</sup>

5

Clients Discharged

126

74%

of the 19 eligible 6month reassessments that closed during Q2 were completed. **Jischarges** 

9%

of clients who were discharged to-date had discharge interviews conducted.

# **During Q2 reassessment interviews\*...**

**67%** of clients agreed or strongly agreed that they like the services they receive.

of clients agreed or strongly agreed that staff were sensitive to their cultural backgrounds (race, religion, language, etc.)

of clients agreed or strongly agreed that the staff at BCPHS believe they can grow, change, and recover.

**67%** of clients were satisfied or very satisfied with their housing situation.

<sup>\*</sup> Includes all clients housed in this quarter, including clients with prior instances of housing during the grant.

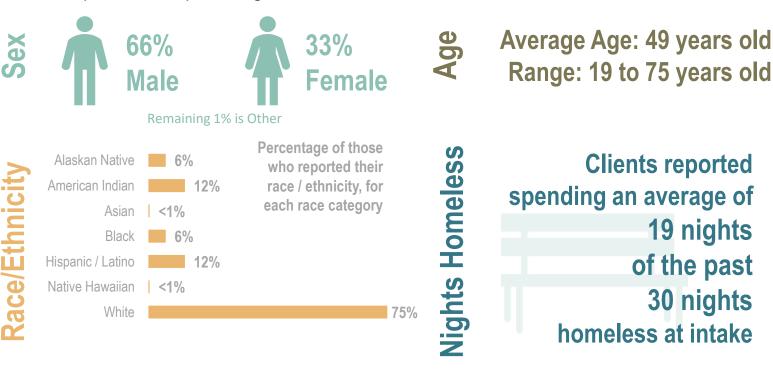
<sup>†</sup> Includes all clients housed during the life of the grant, not including multiple housing events for each client.

<sup>\*</sup>Includes only 6-month reassessments due to the changes in SPARS requiring only 6-month reassessments to be reported beginning December 10, 2022.

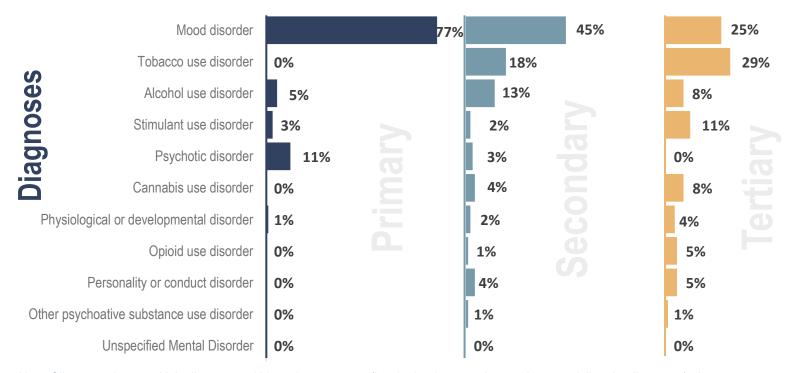
# **BCPHS Client Demographics at Intake**



NOMS Baseline Assessment data are utilized to better understand the demographics and experiences of BCPHS clients at the time they enter the program. Data from 210 baseline interviews were analyzed, though not all clients responded to every question. Non-responses have been omitted in order to provide valid percentages.

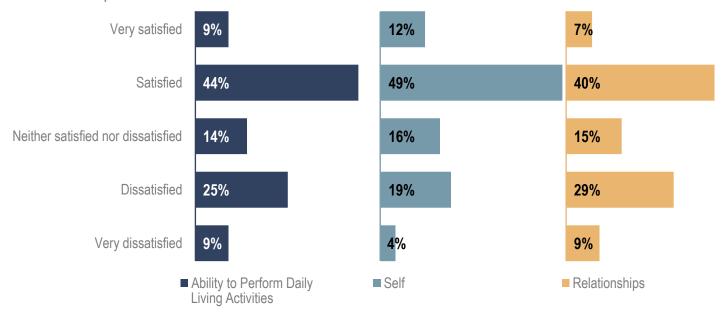


**Primary**, **Secondary**, and **Tertiary** Diagnoses of 210 BCPHS Clients at Intake, Ranked by Overall Highest Prevalence



Note: Clients can have multiple diagnoses within a given category (i.e., both primary and secondary mood disorder diagnoses), thus category percentages may total to greater than 100%. Clients may not have a Secondary or Tertiary Diagnosis. One client was missing diagnoses codes and was omitted. "Other" diagnoses includes Other Psychoactive Substance Use Disorders and Unspecified Mental Disorders.

Client satisfaction with their **Ability to Perform Daily Tasks**, their **Self**, and their **Relationships** over the 4 weeks prior to intake



The majority of clients used tobacco in the 30 days prior to intake, while nearly half used cannabis.









Meth



Strongly Disagree

Cocaine

Strongly Disagree

Disagree

■ Undecided ■ Agree

■ Strongly Agree

# 57% of clients rated their overall health at intake as "Poor" or "Fair"



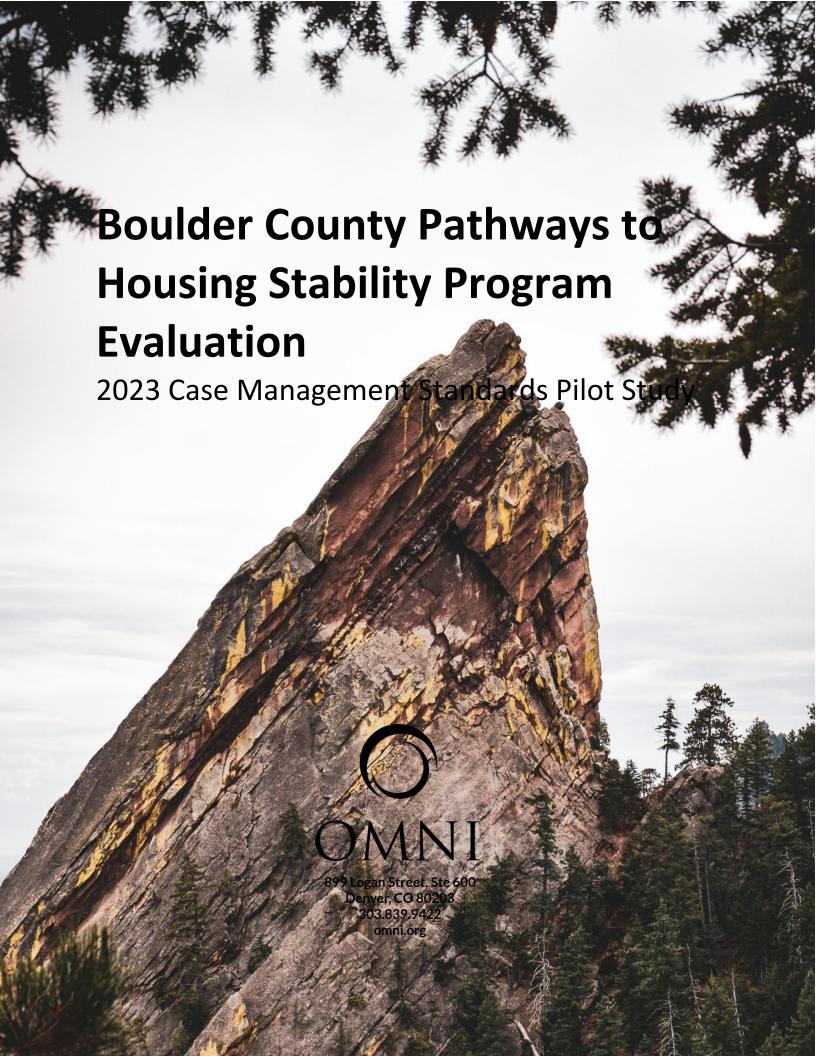
**55%** of clients do not have a sense of belonging in their community.

	12%	260	%	17%	17% 38%			7%		
4	40% of clients don't have family or friends who are supportive of their recovery.									
5°	%	21%	14%			50%		10%		
4	47% of clients don't feel they have the support of family or friends during a crisis.									
8	3%	26%		13%		46%		7%		









# Boulder County Pathways to Housing Stability Program Evaluation

2023 Case Management Standards Pilot Study

# Submitted to:

Heidi Grove Boulder County Community Services July 2023

Author(s): Jason Wheeler, Devanae Allen

Project Team: Eden Griffin, Claire Luce, Holen Hirsh

# For More Information:

Claire Luce cluce@omni.org

# Acknowledgements

The OMNI Institute wants to thank the staff and leadership of Mental Health Partners for their assistance with developing the surveys and coordinating data collection, and MHP case managers and BCPHS clients for providing their input via the surveys.

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# Introduction

The Boulder County Pathways to Housing Stability Program (BCPHS), funded by a 5-year SAMHSA-TIEH grant, supports chronically homeless adults with behavioral health needs in finding and maintaining stable housing. Integrating behavioral health treatment and recovery support services with housing navigation, the goal of the program is to help clients move quickly into housing with access to evidence-based programs and services that support clients in maintaining housing. The program seeks to enroll 69 un-duplicated clients annually (345 over five years) and place an average of 56 clients annually (280 over five years) into housing. Mental Health Partners of Boulder County (MHP) provides the client-side services in the implementation of the grant. OMNI is contracted to provide evaluation support for the program, including overseeing data collection, providing training and ongoing technical assistance to partners on the reporting and submission of performance data, and meeting SAMHSA-required evaluation elements.



# What was the goal of this study?

In March of 2022, Case Management Standards were created by Homeless Solutions for Boulder County (HSBC) to be applied by Mental Health Partners, and other service providers, in their implementation of BCPHS or similar grant programs. The purpose of these Standards is to ensure the case management services provided to clients achieve the benchmark goals of the BCPHS program: securing permanent housing, reducing recidivism into homelessness, and referral to care and behavioral health services for participants. These Standards have been implemented by other service providers in their housing stability work in Boulder and other Colorado counties.

To understand the relevance, adherence to, and efficacy of the Case Management Standards in reaching BCPHS program objectives, OMNI, MHP, and Boulder County Community Services (BCCS) sought to collect data from both MHP case managers and BCPHS clients they serve around the application of the Case Management Standards in services provided to clients, and the perception of services received by clients.

Ultimately, the purpose of setting Standards for case management is to achieve positive housing stability outcomes for BCPHS clients. However, the primary purpose of this study is to understand the *process* of implementing the Case Management Standards, rather than directly measuring client outcomes. That is, we are interested in where BCPHS staff and clients feel that the standards are being adequately implemented in an ongoing basis.

# Methods



MHP and BCCS collaborated with OMNI to develop two surveys based on the HSBC Case Management Standards, one to assess case manager perspectives and the other to assess client perspectives. First, OMNI researchers operationalized the standards by reviewing and distilling them into higher order constructs (e.g. client outcomes), ales within the constructs where appropriate (e.g. client skill building as an outcome)

and subscales within the constructs where appropriate (e.g. client skill building as an outcome). All items were cross-walked with other BCPHS-related data collection tools, so as not to duplicate case management constructs that were already measured elsewhere. OMNI worked with MHP and BCCS to further refine the constructs and eliminate scale items that had low face validity or repetition.



Both surveys were developed based on the case management constructs with the understanding that the voices of BCPHS clients, and input from their case managers, are essential to understand the successes and areas of improvement for the program. Further, feedback from the program staff can help triangulate where improvements

can be made. Though both surveys were developed from the constructs derived from the Case Management Standards, the language of each survey reflected the perspective taken from either case managers, or BCPHS clients. The client survey asked questions about specific aspects of case management they receive, such as feelings of autonomy and self-reliance; respect they receive from staff; and outcomes like skill-building, relationships, and service navigation. The case manager survey asked case managers what their perceptions were of clients achieving those program outcomes, as well as process questions about program logistics and facilitation. Thus, the case manager survey had more questions (39) than the client survey (31) that pertained to program procedures. Additionally, the client survey was made shorter to reduce undue survey fatigue.



Participants in both surveys were assured that their participation was voluntary, their responses to the survey would not be directly shared with their assigned case manager nor clients, and that responses would not influence specific treatment plans of clients in the BCPHS program. A link to the case manager survey was distributed

directly to BCPHS program staff. MHP case managers distributed the surveys to clients to complete outside of their regular case management session, completed surveys were collected in sealed envelopes and then send to OMNI, and the data were analyzed and if necessary deidentified to protect client confidentiality. BCPHS clients were given OMNI staff contact information if they had questions or concerns about the survey. For their time and effort in completing this survey, BCPHS clients were eligible to receive a \$20 gift card incentive distributed by OMNI.

# Results

# **Case Manager Survey**

Four MHP case managers responded to the case manager survey; questions referred to their experience with their BCPHS clients, colleagues, and the program overall. Case managers had an opportunity to provide an open-ended response on their experience with the program, however none responded to that question.

# **Program Procedures and Client Support**

Case managers were asked questions associated with Case Management Standards that are achieved through BCPHS program procedures, such as the roles of BCPHS staff, how they approach clients, and their agreement with program requirements.

All case managers strongly agree that BCPHS Staff...



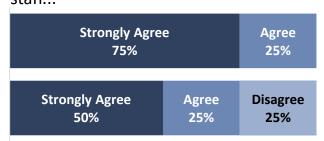
On each of the items below, half of case managers **strongly** agree and half agree that BCPHS Staff...



# Case managers **strongly agree**, **agree**, and **disagree** that BCPHS staff...

Assist with RFTA (Request for Tenancy Approval) between housing authorities and landlords.

Reevaluate client goals and housing stabilization plans in collaboration with the client at minimum every 6 months.



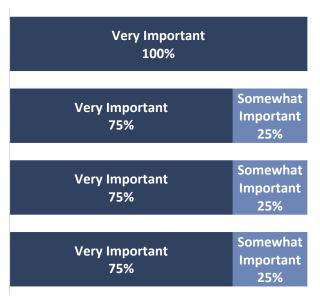
# Case managers think it is **very important** or **somewhat important** to...

Consider client permission, program requirements, agency guidelines, and safety precautions during home visits/case management contacts in client homes.

Practice having good boundaries with clients.

Work as a team (e.g. sharing wisdom, resources, and responsibilities).

Practice self-care.



# Case Managers **strongly agree**, **agree**, and **disagree** that BCPHS staff...

Help clients gain access to the services they need to reach these goals.

Facilitate clients in taking advantage of the resources and supports that are provided to them.

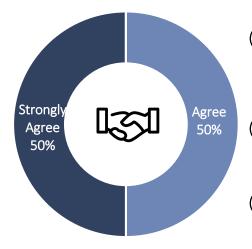
Encourage communities to support clients by being good partners, showing ethical advocacy, and keeping the bigger picture in mind while working with clients.

gree 25%					
		Strongly Agre 75%			
gree 25%	Strongly Agree 75%				
agree 25%	Agree 25%	Strongly Agree 50%			
agr	e Agree	Strongly Agree			

# **Client Outcomes**

Case managers were asked their perceptions about case management standards that directly relate to client outcomes.

Half of case managers strongly agree, and half agree that BCPHS staff...



Coordinate client needs between Community

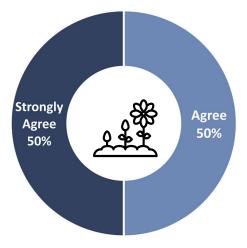
Partners to provide better engagement opportunities, a wide range of service options, and resource to clients.

Assist clients with getting the correct level of care they need by coordinating with the client, other service providers, family members/significant others, or community resources.

Facilitate and encourage clients in gaining more independence from services, including "graduating" from the program.

# Strengths

On each strength item, half of case managers **strongly agree**, and half **agree** that BCPHS Staff help clients...



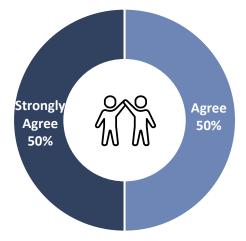
Reassess their own strengths and needs.

Reflect critically on how they arrived where they are.

Oetermine what will help them move forward.

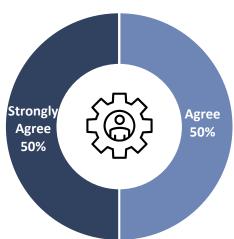
# **Autonomy**

Similarly, half of case managers **strongly agree**, and half **agree** that BCPHS staff...



- Encourage clients to develop their own strengths as they move towards their goals, including developing and practicing needed skills.
- Restore clients' sense of self respect, self-reliance, and hope.

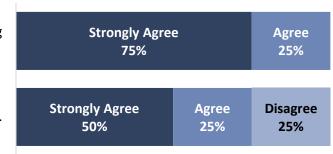
Half of case managers **strongly agree**, and half **agree** that clients build the following skill sets:



- (v) Identifying and starting to obtain resources.
- Setting and following goals for life (other than housing goals).
- Getting access to safe and nutritious food that meets their dietary needs.

Case managers **strongly agree**, **agree**, and **disagree** that clients build the following skills:

Adjusting to indoor living and exiting homelessness.



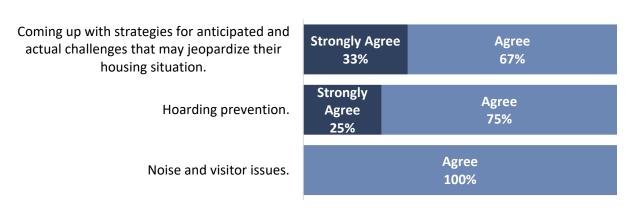
Creating and following a personalized budget.

# Housing

Half of case managers **strongly agree**, and half **agree** that clients are more successful in...

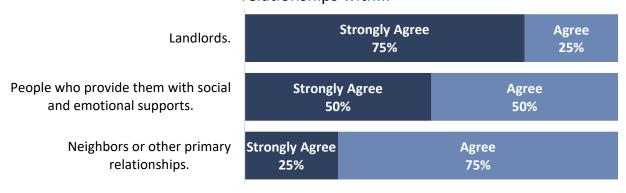


Case managers **strongly agree** or **agree** that clients are more successful in:



# Relationships

Case managers **strongly agree** or **agree** that clients build better relationships with...



# **Client Survey**

Thirteen BCPHS clients responded to the client version of the case management standards survey. The client survey asked questions about specific aspects of case management they receive, such as feelings of autonomy and self-reliance; respect they receive from staff; and outcomes like skill-building, relationships, and service navigation. Six clients responded to the open-ended question prompt at the end of the survey; selected de-identified responses are displayed in quotes throughout this section.

# **Staff Support**

# Clients **strongly agree, agree,** and **disagree** that their case manager...

Works with them no matter what my current life situation is.

Helps them with getting the correct level of care and/or housing that they want.

Provides opportunities and supports them.

Respects them and their choices in this program.

Helps them develop their own strengths and skills.

Encourages them to celebrate their successes in this program.

Strongly Agree	Agree		
77%	23%		
Strongly Agree	Agree		
77%	23%		
Strongly Agree	Agree		
77%	23%		
Strongly Agree	Agree		
69%	31%		
Strongly Agree	Agree		
46%	54%		
Strongly Agree	Agree		
62%	31%		
	Disag		



I adore [my case managers]. I can't thank these good people enough!



# Clients **strongly agree**, **agree**, and **disagree** that their case manager...

Helps them change their goals and housing plans if they need to.

Wants them to "graduate" from this program.

Considers all cultural considers their cultural backgrounds.

Helps them gain access to the services they need to reach their goals.

Helps them create housing goals that are relevant to them.

Helps them think about how they arrived where they are, and how they will move forward.

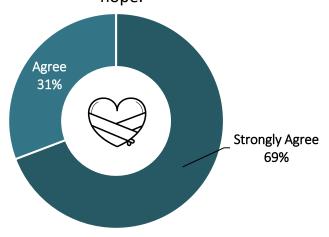
Strongly Agree 62%	Agree 31%	7%
Strongly Agree 58%	Agree 33%	9%
Strongly Agree 54%	Agree 38%	8%
Strongly Agree 54%	Agree 38%	8%
Strongly Agree 54%	Agree 38%	8%
Strongly Agree 54%	Agree 31%	/

Disagree 15%

# **Autonomy**

Clients were asked to indicate if they agree or disagree with statements on their feelings of autonomy and self-reliance, and the program developing their skillsets to sustain their autonomy.

Clients **strongly agree** and **agree** that being in this program helps them build a sense of self-respect, self-reliance, and hope.





I have received incredible support from the people in this program. They are all helping me in turning my life around.



# **Client Outcomes**

Clients were asked their perceptions about case management standards that directly relate to their own outcomes.

# Housing

Clients were asked to indicate if they agree or disagree with statements surrounding the BCHPS program and their case manager helping them be more successful in their housing goals.

Clients **strongly agree**, **agree**, and **disagree** that the BCPHS program and their case manager as helped them be more successful in...



<sup>\* 11</sup> out of 13 clients responded to the question



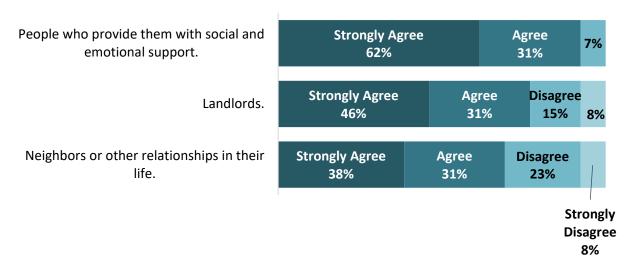
[The BCPHS program] focused mainly on finding housing within my ideal criteria and was realistic.



<sup>\*\* 12</sup> out of 13 clients responded to the question

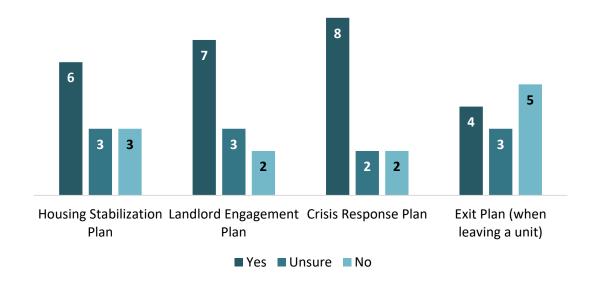
# Relationships

Clients **strongly agree**, **agree**, **disagree**, and **strongly disagree** that the BCPHS program has helped them build better relationships with...



# **Planning**

Clients were asked if they and/or their case manager have made the following plans:





I do not feel as though I could have accessed the help I need without my case managers.



# **Discussion and Recommendations**

# **Agreement with Case Management Standards**

Both BCPHS case managers and clients generally had high levels of agreement with most of the case management standards constructs. Disagreement or strong disagreement with items was rare, indicating that most case management standards are perceived by both case managers and clients as being adhered to and implemented. Additionally, the open-ended responses provided by clients were all highly positive.

# **Case Manager-Only Questions**

Some survey items applied to case managers and not clients, as they asked about BCPHS program procedures (e.g. working with community partners), or the items were otherwise not appropriate to directly ask clients. Though no case manager strongly disagreed with any survey item, four case manager-only items showed some incongruity within responses <u>among case managers</u>. Items where case managers showed lower levels of agreement or disagreement:

- BCPHS staff reevaluate client goals and housing stabilization plans in collaboration with the client at minimum every 6 months.
- BCPHS staff encourage communities to support clients by being good partners, showing ethical advocacy, and keeping the bigger picture in mind while working with clients.
- As a result of the BCPHS program, clients are more successful in hoarding prevention.

# **Congruency Across Clients and Case Managers**

Though sometimes worded differently to be relevant to the survey respondent, the client and case manager surveys posed questions about the same case management standards. For some items, a larger percentage of clients agreed than case managers that the standard was being implemented; in other items fewer clients agreed than case managers. Since responses were mostly agreeable across both surveys, the results below highlight only where large discrepancies in disagreement between clients and case managers exist.

Case Management Construct Item	% Discrepancy
Case managers help clients think about how they arrived where they	15% more clients disagreed
are, and how they will move forward.	
The program has helped clients set and follow goals for their life (other	15% more clients disagreed
than housing goals).	
The program has helped clients find resources that they need, such as	23% more clients disagreed
grocery stores, bus stops, furniture stores, or places where they can get	
household supplies.	
The BCPHS program has helped clients build better relationships with	23% more clients disagreed
landlords.	or strongly disagreed
The BCPHS program has helped clients build better relationships with	<b>31%</b> more clients disagreed
neighbors or other relationships in their life.	or strongly disagreed

# Limitations

The following limitations should be considered when interpreting the data from this pilot study.

# **Differing Perspectives**

Though both connected through their experience with the BCPHS program, case managers and clients play different roles. Case managers are likely to have a better understanding of the case management standards, given their role as program implementors. Clients are likely to be able to provide a more accurate response to questions that pertain to client outcomes. These differences in perspectives affect the conclusions that can be drawn from comparing the results of the two surveys.

# **Social Desirability Bias**

In all survey research there is the possibility that respondents may give answers to questions that they believe will make them look good to others, which can cause them to conceal their true opinions or experiences. Both case managers and clients were instructed that their responses are anonymous, and that they can feel free to be truthful in their responses to the surveys. However, BCPHS case managers may be affected by this type of bias since successful implementation of the case management standards is a part of their job and they have incentive to believe their services are effective for clients. Similarly, BCPHS clients may also succumb to this bias to not contradict positive aspects of the program or the services they receive.

# Sample Size

The needs and logistics of clients who are in housing transitions preclude them from participating in research, as it is often a secondary priority. There were roughly 100 active clients in the BCPHS program at the time of data collection, though only 13 responded to the survey. The low sample size limits the generalizability of the results among the client population. Additionally, similar to the differences in perspectives, the group of case manager respondents is much smaller than the client group (n=4), which further limits direct comparisons.

# Recommendations

Despite the limitations, the results and comparisons of these case manager and client surveys may help:



Identify case management standards that are not being implemented in the program as desired and: update or improve training materials, program procedures, or protocols; ensure standards are utilized in case manager supervision to monitor adherence. The survey results point to improvement in implementation of standards in these areas:

- Client outcome areas of relationship building, fiscal matters in housing including personalized budgets, and finding local resources.
- Program procedure areas of reevaluating client goals and plans every 6 months and encouraging communities to support clients.



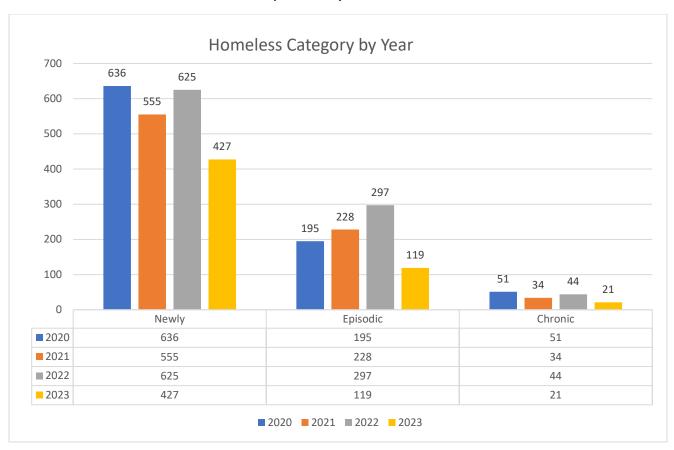
Aid in the refinement of existing case management standards so they are better understood by case managers, better integrated with program procedures, and are more likely to lead to positive outcomes perceived by clients.



Inform the development of similar case management standards and their measurement for other housing stability programs, or the standardization of guidelines across programs.

# **Supplemental Trend Analysis**

# Homeless Experience by Year Screened<sup>12</sup>



	Newly	Episodic	Chronic
2020	72.1%	22.1%	5.8%
<mark>2021</mark>	<mark>67.9%</mark>	<mark>27.9%</mark>	<mark>4.2%</mark>
<mark>2022</mark>	<mark>64.7%</mark>	<mark>30.7%</mark>	<mark>4.6%</mark>
2023³	75.3%	21.0%	3.7%

#### **Average Age**

	Newly	Episodic	Chronic
2020	42.5	41.6	46.5
2021	42.1	42.0	44.2
2022	43.0	42.6	44.2
20234	43.5	42.0	42.4

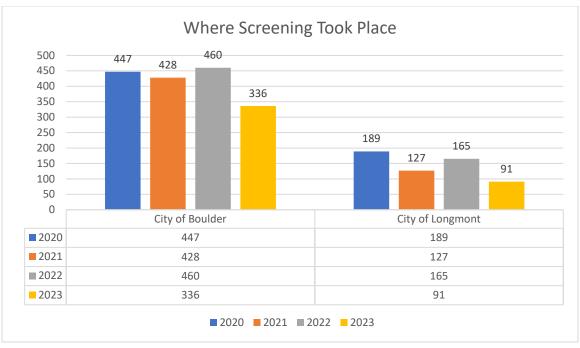
<sup>&</sup>lt;sup>1</sup> On average, 14% did not report Length of Time Homeless at Coordinated Entry Assessment

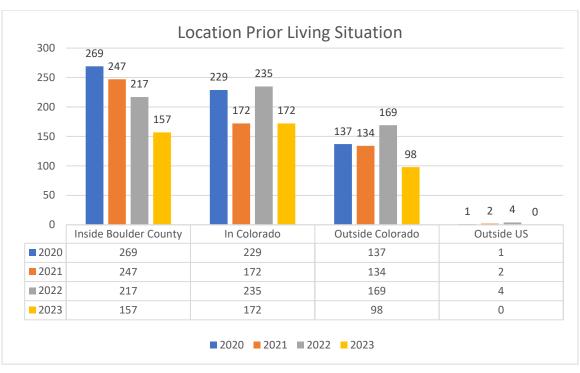
<sup>&</sup>lt;sup>2</sup> 2023 accounts for January-July 2023

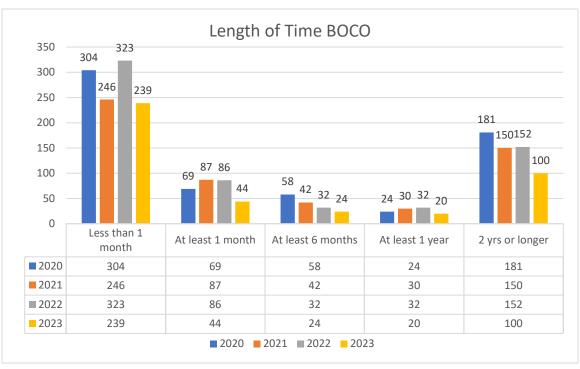
<sup>&</sup>lt;sup>3</sup> 2023 accounts for January-July 2023

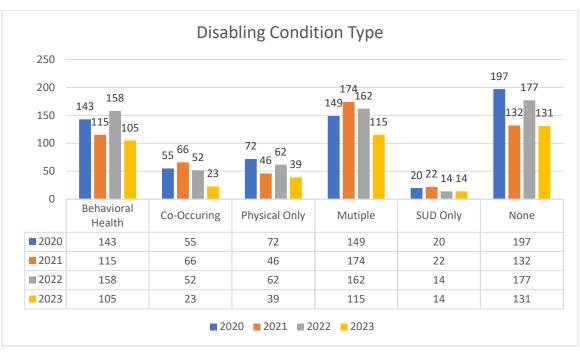
<sup>&</sup>lt;sup>4</sup> 2023 accounts for January-July 2023

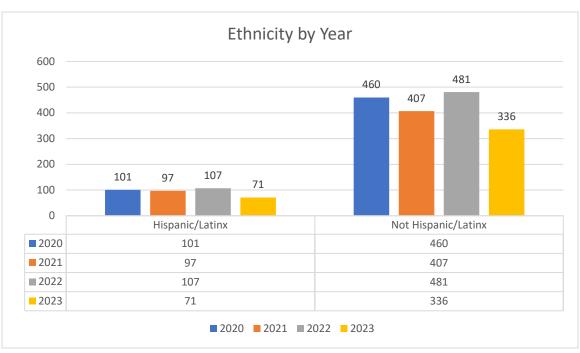
### **Newly Homeless by Year**

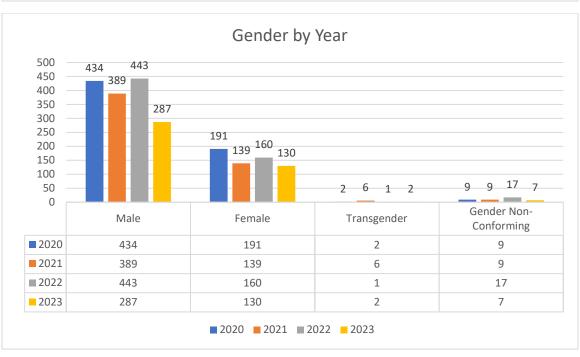


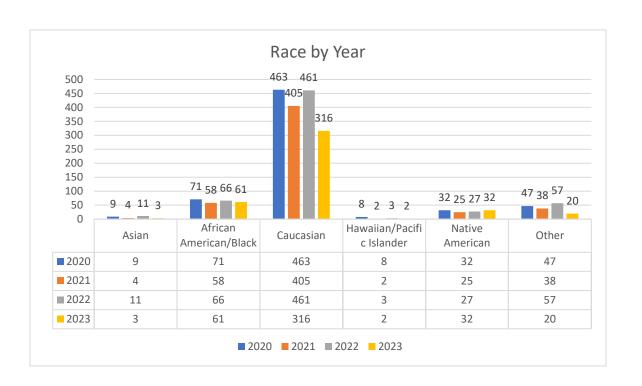




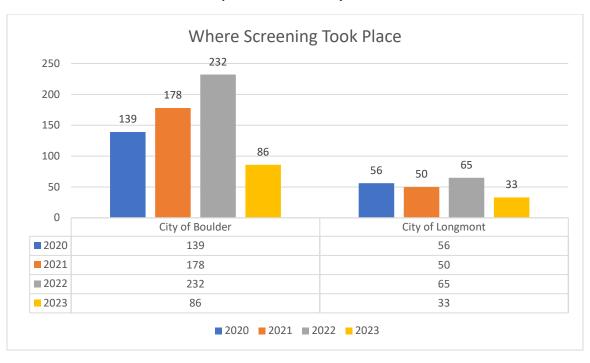


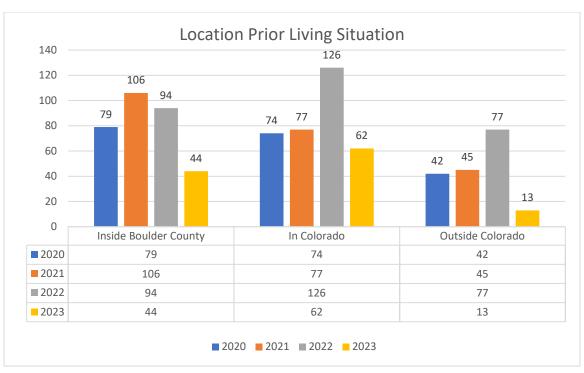


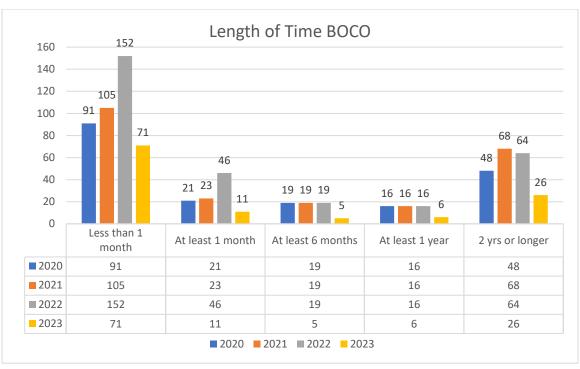


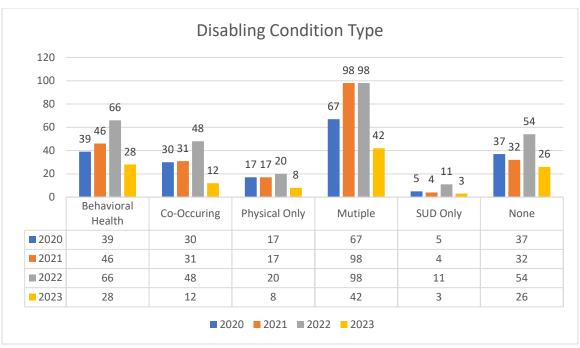


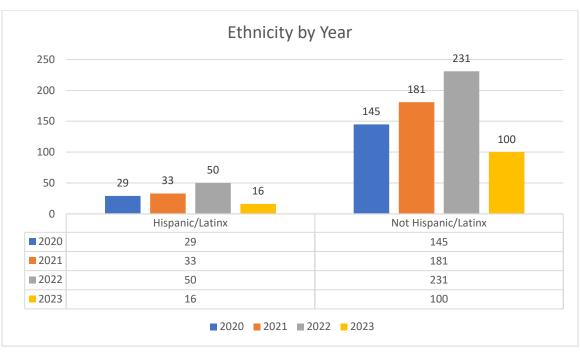
### **Episodic Homeless by Year**

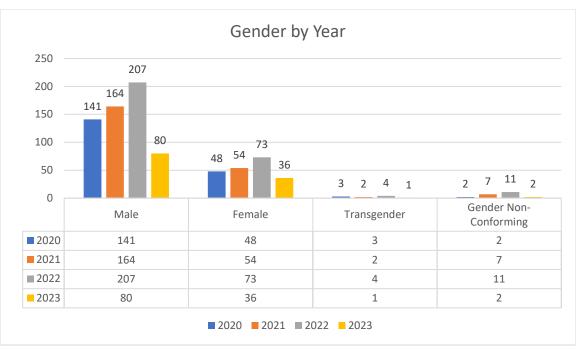


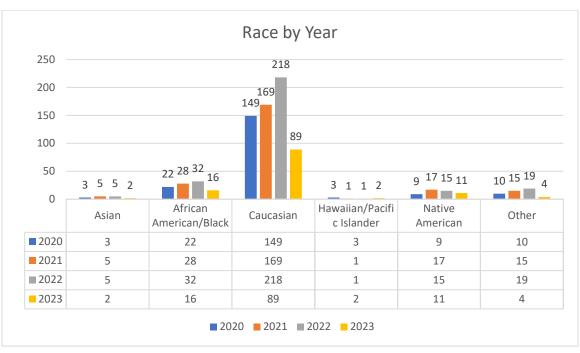




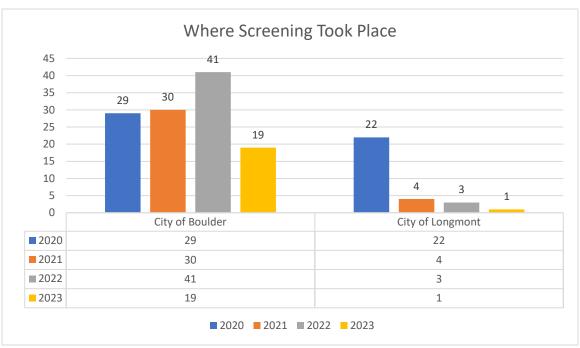


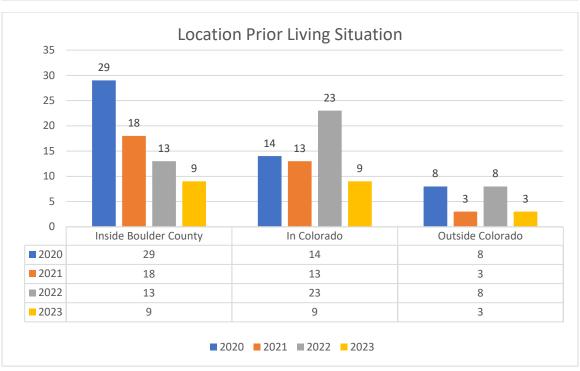


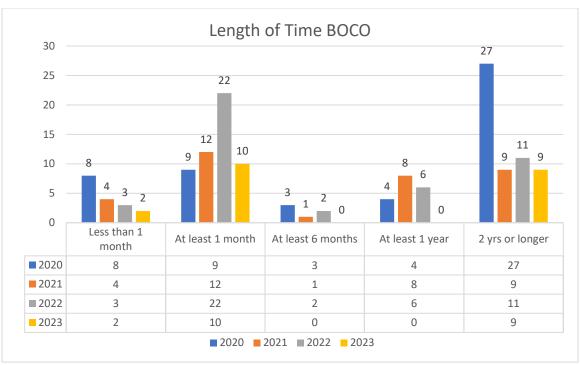


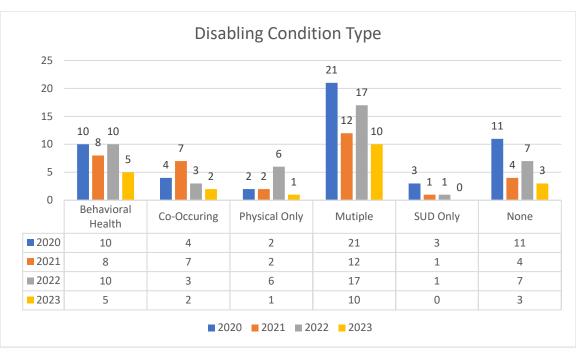


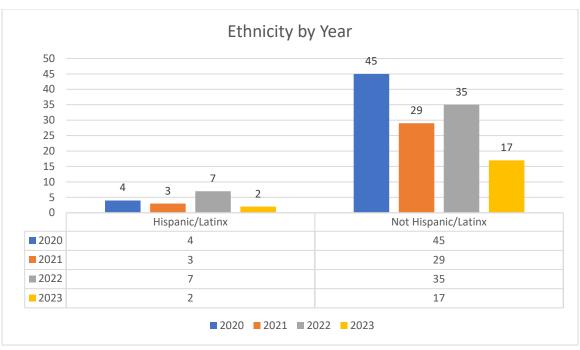
# **Chronic Homeless by Year**

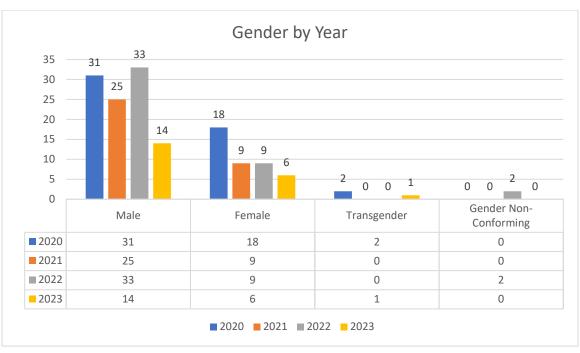


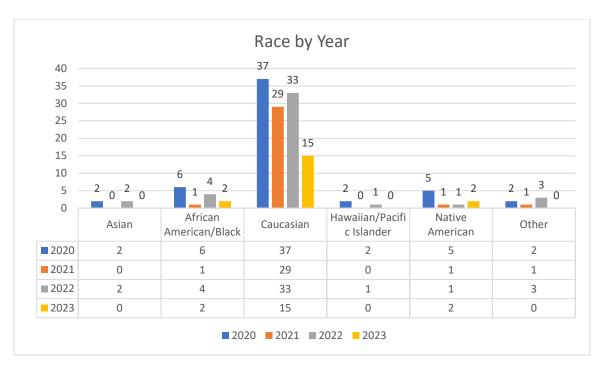












### Attrition by Homeless Category

