

Working Group Report to the Board

1. Working Group: PLANNING
2. Champion: CITY OF LAS VEGAS
3. Working Group Members: Monica Gresser – Brazen Architecture; Arash Ghafoori –NPHY; Jackie Bañales- Nevada Hand; Jocelyn Bluit Fisher –Las Vegas; Maria Castillo-Couch –Las Vegas; Kathi Thomas-Gibson – Las Vegas; Catherine Huang Hara –Clark County Social Service; Las Vegas Vista Interns (Cassy).
4. Date, Time, and Location of Working Group Meeting
 - Standing meeting date in 2017 will remain the same: 4th Thursdays 1:00-2:30 pm, Las Vegas City Hall 5th Floor, 495 S. Main Street, Las Vegas 89101.
5. Accomplishments-Action Items Completed:
 - Discussed Action Plan – see attached revisions
6. Near term: Action Items In-progress/Pending:
 - Housing Group revamped and scheduling meetings
7. **Sub-Committee Reports**
 - **Youth**

YWG met and discussed Intake and other key issues.
 - **Housing – submitted by Monica Gresser**

See attached minutes from March meeting.

See attached handouts from April meeting

 - Landlord Liaison Project 2010 Performance and Evaluation Report
 - Promoting Landlord Partnerships

Meetings Scheduled for: 1st Wednesdays 1:30- 3:30, Las Vegas City Hall 5th Floor.
 - **Coordinated Intake - Submitted by MFH**

The CI CAT has had 2 meetings since the last CoC Board meeting 3/21 and 4/4.

Meetings are every other Tuesday 1-3pm at CCSS 1600 Pinto Lane 3rd floor training room. The team continues to work through the HUD Coordinated Entry Self-Assessment Tool. They have determined the structure of the CAT membership, what constitutes quorum and the decision making process. They are working on solidifying the ongoing oversight responsibilities of the team as it relates to coordinated intake for families, youth and victims of domestic violence.

HomeBase has completed their Evaluation of the CHAT (copy of the report is attached).

Key Findings:

- easy to use and that it typically takes only 20 minutes to complete
- Reliably addresses conditions that are specific to Southern Nevada.
- Reasonably accurate and reliable.
- Needs to be combined with a more conversational interview to yield accurate information about sensitive topics like crime, drugs, and sex work.
- Accurately reflects clients' vulnerability, even for "outliers" whose scores had changed significantly since their last assessments.
- The distribution of CHAT scores follows the correct curve for a tool that's meant to identify extremely high-risk individuals
- standard deviation shows that the differences between scores are mostly based on real differences between clients
- Has a moderately positive correlation with VI-SPDAT scores, just as expected for two related but distinct tools.

Recommendations:

- Continue using the CHAT for Coordinated Intake
- Plan for Future Evaluations with Long-Term Data
- Provide Additional Training for New Assessors
- Invest in Sound Barriers and Privacy Walls
- Setup Automatic Alerts for Sharply Different Scores

Agencies represented for at least 1 of the last 2 meetings were:

VA, WestCare, HELP of SN, Clark County Social Service, Health Plan Nevada, Central Recovery, Nevada Homeless Alliance, Lutheran Social Services, Safe House, St. Jude's Ranch for Children, City of Las Vegas, Bitfocus and HomeBase.

- See attached CHAT Evaluation report

- **PIT Count**

No preliminary numbers yet.

- **Functional Zero**

The Functional Zero working group has been focusing on reviewing the data in HMIS for those who are presumed chronically homeless.

A discussion ensued about in-migration of veterans. Anecdotes abound that vets are being sent here because of the more affordable housing market. Collaborative applicant staff will work with Bitfocus to see if HMIS reports can be run to give us a better handle on migration patterns.

Housing Working Group

Mini Minutes

Meeting March 1, 2017

Co-Leaders: Steven Silverman, Monica Gresser

1. Monica Gresser- has agreed to be co-leader
2. Organize goals into: short mid and long term goals
3. Example of short term goal- recruit landlords for low barrier leases (no back ground, credit checks)
4. According to current coordinated intake there are 1000 needed housing units
5. Also included as part of the working group- should be the impact of shelters in providing short term housing and homelessness prevention.
6. Request for all members of the working group is to provide what are your goals of the working group.
7. Email your goals to : ssilverman@helpusa.org and mgresser@brazenarchitecture.com
8. By: March 28, 2017
9. Also see National Low Income Housing Coalition report



**NATIONAL LOW INCOME
HOUSING COALITION**

www.nlihc.org

*Dedicated solely to achieving socially just
public policy that assures people with the
lowest incomes in the United States have
affordable and decent homes.*

NLIHC's 2017 Gap Report Shows Massive Shortage of Affordable and Available Housing for Lowest Income Households in America

10. Next meetings: Every 1st Wednesday, 1:30- 3pm at Las Vegas City Hall
11. Reminder of meeting dates: April 5th, May 3rd, June 7th, August 2nd, September 6th, October 4th, November 1st, December 6th.
12. Any other questions please contact either Monica or Steve.

Landlord Liaison Project

2010 Performance and Evaluation Report

EXECUTIVE SUMMARY

The goal of the Landlord Liaison Project (LLP) is to increase the availability of both private market and non-profit owned rental housing for persons who face barriers to moving from homelessness to permanent housing. Expanding access to private market rental housing is a key strategy for ending homelessness by using existing housing inventory rather than building new units of homeless housing with high capital and ongoing operating costs.

The Landlord Liaison Project creates incentives for landlords to relax their screening criteria for homeless people with barriers to accessing permanent housing. Incentives include: qualified tenants who are provided with ongoing support services; a Risk Reduction Fund to cover damages that exceed security deposits; and the availability of a 24/7 response phone line.

King County is committed to ensuring quality investments of limited housing and support services dollars. The King County Department of Community and Human Services (DCHS) Community Services Division (CSD) is conducting an initial evaluation of this project to ensure that project goals are met and to learn what works for future program enhancements and modifications needed to ensure success. This report is an interim evaluation, intended to study initial resources used and progress toward milestones. At this juncture, it is too early to evaluate the LLP for scalability or staffing and funding requirements to support ongoing operations.

Overall, the evaluation team has found the Landlord Liaison Project to be immensely successful in its first 10 months (March-December 2009).

- *Increased access to existing rental units.* Seventy-three landlords/property management companies signed on as partners with LLP by the end of 2009. This allows access to 159 rental properties in the community, ranging from large, multi-unit apartment complexes to single family homes. 85 percent (62 landlords) report that they would not have rented to this population without the LLP.
- *Individuals and families successfully placed in private market housing.* Between March and December 2009, the Landlord Liaison Project placed 147 households in permanent housing. Clients housed by LLP have serious barriers to obtaining private market rental housing. About half of the households (48%) have a criminal background. Another 25 percent have very poor rental histories and the remaining households report other barriers to renting such as poor credit or drug or alcohol problems. Barriers like these can prolong the search for rental housing, and often result in tenants paying higher rents, renting substandard housing and/or living in unsafe neighborhoods.
- *Successful retention of housing.* Fully 96 percent of LLP client households retained their housing six months after moving in.

The early success of the Landlord Liaison Project continues. In early 2010, the Landlord Liaison Project steeply increased the number of clients served and housed and is on track to more than double the number of households moved into non-time-limited private market rental housing this year. In the first quarter of 2010, 86 households were placed in housing (compared with 147 for all of 2009) and first quarter financial assistance to clients totaled \$58,177 (compared with \$59,250 for all of 2009).

BACKGROUND

Increasing access to existing units in the housing market is a primary strategy in the Ten Year Plan to End Homelessness in King County. The Interagency Council (IAC) of the Committee to End Homelessness charged a workgroup with examining the issues surrounding access to and maintenance of housing for homeless households and to design a plan of action to increase access to permanent housing for such households. The workgroup was composed of service providers serving a broad array of clients, nonprofit housing providers and representatives from United Way of King County, the City of Seattle and King County.

The workgroup designed an integrated model to reduce barriers to entering permanent housing and make tenancy successful for formerly homeless individuals and families. The model was based on local and national best practices, input from area landlords and homeless clients, research on rental market trends and the characteristics and service needs of homeless and at-risk households.

PROJECT DESCRIPTION

The Landlord Liaison Project creates incentives for landlords to reduce the screening criteria for homeless people with barriers to accessing permanent housing. Landlords are assured of:

1. rapid response to landlord concerns in case of issues that may arise with a tenant;
2. continued support for the tenants once housed, including support services;
3. limited financial assistance for move-in costs and eviction prevention; and
4. availability of a Risk Reduction Fund, which reduces landlord exposure to excessive damage costs and/or nonpayment of rent.

Clients are linked to the Project through a partnering homeless service provider who commits to providing necessary case management services and supports to tenants in housing.

The YWCA of Seattle, King and Snohomish Counties was selected by a competitive Request for Proposals (RFP) process to manage the Landlord Liaison Project. YWCA LLP staff provide outreach and engagement with landlords, provide direct assistance to clients to find appropriate housing (in partnership with the client's case manager), maintain relationships with the landlords and service provider partners, administer rental assistance funds to pay for move-in costs, time-limited rental payments to landlords and eviction prevention funds. Additionally, LLP staff members oversee charges to the Risk Reduction Fund.

Landlord Liaison Project Timeline

2007: Committee to End Homelessness Interagency Council Workgroup forms and designs model based on national and local best practices.

2008: YWCA of Seattle | King | Snohomish selected to implement LLP. HHSF funding awarded for one-time start up costs for staffing, consultants, and office equipment. LLP begins recruiting landlords in December.

2009: *January:* Operations begin. Informational meetings begin with partner agencies/programs. *February:* First client referrals received. *March:* First client households secure private market housing. *Summer:* Two year case management requirement changed to one year to allow more agencies to participate. *As of December 31,* 147 households in permanent housing, 73 landlords representing nearly 160 properties, and 39 agencies partner with LLP.

2010: In the first 3 months of 2010, LLP houses 68 households, on track to possibly double the number of households served in 2009.

ACTIVITIES

The Landlord Liaison Project partners with landlords and service provider agencies to help homeless clients obtain private market rental housing. A coordinated package of services to clients, landlords and service providers helps clients to retain stable housing. The Landlord Liaison Project serves three main constituencies in pursuit of its goal of increasing access to both housing for homeless persons: clients (tenants), landlords and partnering social service agencies.

Clients: LLP assists clients with housing search, move-in costs and rental assistance, eviction prevention, tenant trainings, and mediation with landlords. Partner agencies provide support services to clients, and services are required for one year. The support services requirement from LLP calls for monthly monitoring for housing stability. Provider agencies may provide higher levels of support and case management based on the needs of the household. In case of a crisis where the tenant is unable to pay rent, eviction prevention funds are available for two years from move-in. Eviction funds are available as needed during that time, and LLP staff works with the referring agency to formulate a plan to address the tenant's underlying housing issues.

Landlords: Benefits to landlords participating in LLP include: qualified applicants to fill vacant units, tenants with support from local social services agencies and funds to cover move-in costs, short term rental assistance and eviction prevention, access to LLP's 24 hour call-in line to address issues, rapid response to landlord concerns from partnering agencies and the YWCA, access to training, and risk reduction funds for excessive damages to units and/or nonpayment of rent.

Landlord Risk Reduction Fund: The Landlord Risk Reduction Fund is a key component of the Landlord Liaison Project and a primary incentive to encourage landlords to rent to clients with poor credit and rental histories. The fund is a "damage reserve fund," based on national best practices, that provides added assurance to landlords by offering them the option to be reimbursed for excessive damages to a unit or limited legal costs beyond the amounts covered by a security deposit. The \$1 million Risk Reduction Fund is an important reassurance to landlords in renting to formerly homeless persons. Because the program model is working so effectively, to date landlords have not needed to file many claims to access the fund. In 2009, the Risk Reduction Fund provided \$2,663 to cover damages to three client units. In the coming year, as clients reach the end of their first-year leases and support services, utilization may increase, and additional follow-up analysis will be required.

Service Providers: The Landlord Liaison Project partners with human services agencies to help obtain and maintain housing for their homeless clients. With its strong relationships with local landlords willing to rent to tenants with barriers, the LLP provides access to housing for clients from agencies whose goals are to help persons who are homeless secure and maintain permanent housing. These service provider agencies often have relationships with landlords as well, but for those households who are especially difficult to house, the LLP may be the fastest and best way to get the households placed in housing.

Each partnering agency/program receives an orientation session when they sign up to be a partnering agency. The orientation covers partner expectations, the client application process, financial assistance forms, tenant education opportunities and other program questions. Partnership agreements with the LLP clarify roles and set expectations regarding the level and quality of services provided to tenants in housing.

LLP conducts trainings on relevant topics for tenants, landlords and service providers, and has developed quarterly newsletters to keep partners informed and to disseminate information about the program.

STAFFING

The Landlord Liaison Project is delivered by a staff of seven individuals (6.25 FTE):

1 FTE Program Manager: Responsible for staff supervision, monitoring quality assurance and agreements with partnering service agencies, contract compliance, budget and policy development.

3 FTE Housing Specialists: Liaison with landlords, service providers/ case managers, client intake and housing assessment, housing information and referral, assistance with housing applications and housing placement, administering rental assistance, participating in tenant mediations and unit inspections.

1 FTE Housing Education Specialist: Training for tenants, landlords and service providers.

.75 FTE Administrative Analyst: Manages database, reporting, and contract compliance.

.5 FTE Program Assistant: Reception, payment processing for all client assistance.

BUDGET

The Landlord Liaison Project is funded by a collaboration of funding partners including King County, the City of Seattle and United Way of King County.

- King County's Homeless Housing and Services Fund (HHSF) provides funding for project staffing and administration. The King County Veterans and Human Services Levy (VHS Levy) funds financial assistance to clients, including rental assistance and eviction prevention.
- The King County VHS Levy provided funding for the \$1 million Risk Reduction Fund. The Risk Reduction Fund is a key component of the Landlord Liaison Project, assuring landlords that if units are damaged by clients, the Risk Reduction Fund will cover the cost of repairs, excessive damage and unpaid rent.
- City of Seattle levy funding is used for time-limited rental assistance, including eviction prevention and move-in costs.
- United Way of King County (UWKC) provides flexible client assistance not covered by other sources including: move-in costs, security deposit assistance, credit/background checks, housing repairs to ready a unit for move-in, rental arrears and utility assistance. UWKC provides funding for staffing costs related to housing chronically homeless households, and UWKC Ready to Rent paid for the development and implementation of tenant and landlord education curricula.

	2009 Budget	2009 Costs
Staffing (HHSF and UWKC)	\$ 452,708	\$ 452,708
Landlord Training (UWKC)	\$ 19,940	\$ 837
Client Assistance (UWKC)	\$ 60,000	\$ 2,203
Rental Assistance (Seattle)	\$ 205,000	\$ 32,376
Rental Assistance (VHS Levy)	\$ 250,000	\$ 24,670
Total	\$ 987,648	\$ 512,794

EVALUATION QUESTIONS

Who was served by the project?

Clients / Tenants

At the end of 2009, with 10 months of placing clients in housing, the Landlord Liaison Project had housed 147 households (271 different individuals).

- One-half of the households served are families with children and one-half are single individuals without children.
- 71% of households are chronically homeless or have been homeless for a long period of time.
- 17% of all households are veterans.
- Approximately $\frac{3}{4}$ of all clients (73%) are persons of color.

LLP reports client-level data on the primary barrier to housing for each client. About half of the households (48%) have a criminal background. In terms of rental history, 16 percent of households had a prior eviction, 4% have debts to former landlords, 4% have never held a lease, and 1% have a bad reference from a previous landlord.

CLIENT BARRIERS TO HOUSING	%
Criminal Background	48%
Prior Eviction	16%
Insufficient finances	14%
Poor Credit	10%
Former Landlord Debts	4%
No Prior Tenancy History	4%
Alcohol or Drug Problems	1%
Bad Reference From Previous Landlord	1%
Other	1%

All LLP clients moved into private market rental units. The majority of the properties are managed by private, market landlords. Nonprofit housing providers include St. Andrew's Housing Group, DASH (Downtown Action to Save Housing), YWCA, some King County Housing Authority managed buildings and Pioneer Human Services. LLP focused on those nonprofit housing providers with strict screening criteria that screened out many homeless households, working with them to adopt alternative screening criteria.

Sixty-eight percent of clients have a rental subsidy and 32% have no subsidy. Of those with subsidies, Section 8 is the most common source, and the LLP has been key to accessing rental units for Section 8 subsidy holders with barriers to renting in the private market.

SUBSIDY TYPE	%
Section 8 Subsidy	36%
ShelterPlus Care	26%
HHSF Subsidy	20%
HPRP	2%
Other	7%
THOR	6%
Subsidy – type unknown	3%

Landlords

Seventy-three landlords/property management companies signed on as partners with LLP by the end of 2009. This allows access to 159 properties across King County, ranging from large, multi-unit apartment complexes to single family homes. 85 percent (62 landlords) report that they would not have rented to this population without the LLP.

GEOGRAPHIC DISTRIBUTION OF PARTNERING LANDLORDS	# Properties
East King County	18
North King County	5
South King County	110
Seattle (Incorporated)	50
Total as of 5/17/2010	183

Service Providers

In the first year of operations, LLP partnered with 39 service agencies/programs. In 2009, the agencies/programs who referred the most clients to LLP were Favor (26 referrals), Evergreen Treatment Services / REACH (23 referrals), Veterans Affairs Supportive Housing (10 referrals), and Friends of Youth (9 referrals). All of these agencies can be characterized as serving clients with particularly high service needs.

What services were provided by LLP?

Housing Search: A total of 161 households were screened and accepted into the program by LLP staff in 2009. Of these, 147 had been placed in housing by the end of the year. Housing search and placement services they received included: housing search, background checks, help with rental applications, and lease negotiation.

Interventions / Mediations: By the end of 2009, LLP staff had been involved in 87 interventions / mediations on behalf of housed clients with landlords and case managers. Twenty-nine percent of households placed in housing required an intervention (43 of 147 households placed). Some households required up to three interventions. Of the 43 households requiring an intervention, most have only required a single intervention, but some have needed up to three interventions. Causes for mediations include disruptive client behavior in the apartment complex or non-payment of rent.

Interviews with program staff and data analysis have not yet shown any predictors or trends in the need for interventions. Program staff report that often those clients with the highest barriers to obtaining housing do very well once housed, and occasionally those who are easiest to house (with the fewest formal barriers to renting) are the most difficult to keep housed.

24-7 Hotline: As of December 31, 2009, landlords had placed no calls after hours or on weekends to the 24 hour, 7 days per week phone line. Excellent working relationships with landlords and LLP staff responsiveness, along with landlord training, can be credited for keeping the number of crises to a minimum.

Financial Assistance: 51% of all households received some type of financial assistance from LLP in 2009.

FINANCIAL ASSISTANCE	2009 Total	Number Households	Average per household
Rental Assistance	\$ 55,546	68	\$ 817
Client Assistance	\$ 2,203	38	\$ 58
Risk Reduction Fund	\$ 2,663	3	\$ 888

What resources were required?

Cost per Housing Placement

The annual cost per unit for LLP-provided services to obtain and retain housing (combining service and operating costs) is detailed below. Please note that this figure includes total LLP costs to deliver the program, including recruiting and maintaining relationships with landlords and partner agencies in addition to housing placements for clients. This figure does not include non-LLP costs such as rental subsidies or partner agency costs for support services.

Total budget for 2009	\$ 512,794
Households served	147
Cost per household	\$ 3,488
Households successfully housed	142

Staffing Ratios

The LLP staff to client ratio for 2009 was 49 households (90 individuals) per full-time Housing Specialist (3 FTEs). The staff to client ratio should also be calculated considering the entire LLP staff team, as each member of the staff is deeply involved in delivering the program for clients. The full staff ratio for 2009 was 24 households (43 individuals) per Full Time Equivalent staff.

In 2010, the number of clients per LLP staff will likely substantially increase, given that operations started in March 2009, hiring of staff occurred throughout the start-up year and client referrals have ramped up as operations and partnerships have matured.

Note: These ratios relate only to the direct LLP staff functions of the project – it is important to keep in mind that the LLP leverages critically important support services provided by LLP partner agencies and local and federal rental subsidies to maintain housing.

Leveraging / Maximizing Resources

The Landlord Liaison Project is a unique collaboration of public and private funders from the City of Seattle, King County and United Way of King County. The LLP also leverages support from:

- Partnering service provider agencies/programs that refer clients to the LLP provide a minimum of one year of support services to help the clients maintain housing. The term “support services” refers to agency willingness to be available to advocate for clients and to conduct at least monthly home visits.
- Rental subsidies (both long-term and time-limited subsidies) from federal, state and local sources including Section 8, ShelterPlus Care, HPRP and THOR, along with local HHSF subsidies.

Was the project effective?

The goal of the Landlord Liaison Project is to increase access to both private market and non-profit owned rental housing (not otherwise designated for homeless clients) for persons moving from homelessness to permanent housing throughout King County who have barriers that have prevented them from securing housing on their own. Measured outcomes include:

- Number of existing rental units accessed through the enrollment of landlords who previously would not have rented to homeless households
- Number of tenants successfully retaining rental units
- Landlord satisfaction with LLP

Increased access to private market rental units

Seventy-three landlords/property management companies signed on as partners with LLP by the end of 2009. This allows access to 159 properties ranging from large, multi-unit apartment complexes to single family homes. 85 percent (62 landlords) report that they would not have rented to this population without the LLP.

Successful retention of housing

Fully 96 percent of LLP client households retained their housing six months after moving in. By the end of December, only five households of the 147 housed had prematurely exited the program, due to evictions, disappearance, and inpatient treatment.

Despite the serious barriers to obtaining private market housing for this population, LLP staff succeeded in moving about half of the clients (49%) into permanent housing within 30 days of referral. This process includes housing search, background checks, rental applications and lease agreements. An additional 25% of clients move in within two months (within 31 to 60 days) of referral.

TIME FROM REFERRAL TO MOVE-IN	%
Same day	2%
Under 10 days	13%
11 to 30 days	34%
31 to 60 days	25%
60 to 90 days	9%
90 to 274 days (max)	11%
Not yet housed (as of 12/31/2009)	5%

Landlord Satisfaction with LLP

Landlord satisfaction with the LLP was measured by a survey of all partnering landlords, mailed to landlords in early June 2010. Landlords were asked to rate their overall satisfaction with the project, to rate the key LLP services and to provide feedback on program enhancements and improvements. The survey was conducted using paper surveys via U.S. Mail, and 28 of 100 landlords responded. Key findings include:

- Landlords are very happy with the program, with 71 percent of the responding landlords reporting that they are “satisfied” or “very satisfied” with the LLP. Fully 75 percent of responding landlords would recommend the program to other landlords.
- LLP has built strong relationships with landlords, and the aspects of the program that landlords report the highest levels of satisfaction with are communications with LLP staff and the partnership overall.
- Landlords rate the financial guarantees of the LLP as most important to their participation: the Risk Reduction Fund, a form of insurance for landlords, is rated most

important by 79% of landlords, along with the availability of eviction prevention funds, rental assistance and move-in costs.

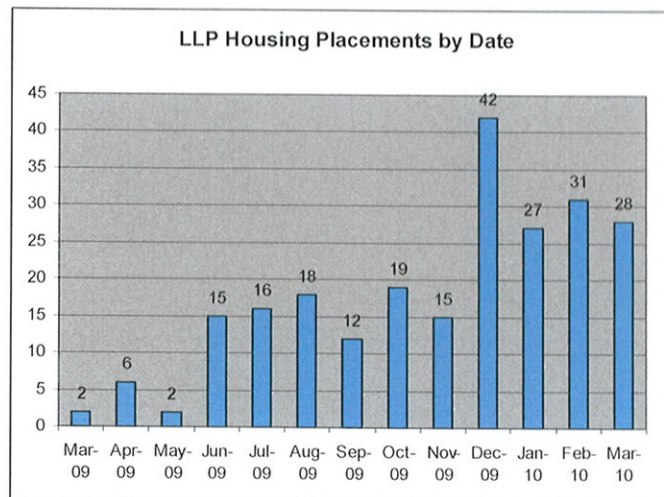
- When landlords report dissatisfaction, it is generally related to a desire to have the LLP fill more units, more quickly.

OBSERVATIONS / LESSONS LEARNED

This report is intended to provide feedback for project staff and funders about progress, emerging issues and possible enhancements or mid-course corrections. It is still too early to evaluate the LLP for formal outcomes, scalability or requirements for staffing and funding to support ongoing operations.

LLP is still in a growth and learning phase.

This interim evaluation covers the Landlord Liaison Project through December 2009. The first housing placements occurred in March 2009 and the LLP ramped up rapidly over the course of the year and into the first quarter of 2010.



In the first quarter of 2010, 86 households were placed in housing, compared with 147 for all of 2009. Financial assistance to clients totaled \$58,177 in the first quarter of 2010, compared with \$59,250 for all of 2009. The Risk Reduction Fund has seen 4 claims for a total of \$3,859 in the first quarter of 2010, compared with 3 households for \$2,663 in 2009.

There is a critical juncture for clients at one year of housing stability as leases are up for renewal and required support services end. One of the trends LLP staff has noted is the increasing number of interventions required for clients. LLP staff anticipate that as tenants reach the end of their one year of case management the LLP team will be called upon more and more to intervene in order to prevent loss of housing. The LLP team is usually the first line of response when a problem arises.

As the rate of housing placements has increased and some households have reached their one year lease renewal and regular service visits end, the number of households exiting their housing may be increasing. In 2009, five households lost their housing (2 evictions, 2 disappeared, 1 Inpatient treatment) and in the first three months of 2010 there were eight additional exits (3 to living with family or friends, 2 to transitional housing, 1 in jail, and 2 evictions).

Tenants sign a lease agreement and are provided with a minimum of one year's support services by partner social service agencies. Originally, the Landlord Liaison Project required partner agencies to commit to two years of support services. However, due to agency feedback that this requirement was a significant barrier to participation based on funding constraints, LLP reduced the support service requirement to one year. Most agencies reported that they did not have adequate funding to provide regular service visits and case management for more than one year.

True program capacity and ongoing cost to run the Landlord Liaison Project continue to be evaluated by funders.

At this time, the level of funding for ongoing staffing and operations to run the Landlord Liaison Project at an optimal success rate is being studied. The increase in the number of clients served and increased client financial assistance in early 2010 demonstrates that relying on 2009 spending rates will not predict 2010 costs. The start-up and first year funding provided was adequate to deliver the project to place 147 households in private market housing in 2009. The project's actual costs were less than budget allocations in that year, most likely due to project start up. The LLP budget in 2009 was under spent on client and rental assistance, spending \$56,460 of a \$500,000 allocation. This appears to be changing in the first months of 2010, as \$54,240 was spent in the first 3 months of 2010.

The Landlord Liaison Project is serving many clients with very high barriers to housing.

Originally designed to serve clients with a range of service needs, over time the LLP has evolved to serve clients with high service needs who are the hardest to house. It is important to note that these high need clients have housing support services committed for as long as they are needed rather than ending after one year. In order to preserve the strong landlord relationships that staff have built, minimize the number of interventions required and to preserve the Risk Reduction Fund, LLP will ensure that partnerships with agencies referring clients with ongoing support needs include a clear plan for long term case management services for these clients.

Tough economic times create an opportunity for the LLP.

As landlords struggle with vacancies and decreasing rents, the benefits of participation in the LLP have become even more evident. The LLP team is trying to take full advantage of this window of opportunity by working to build strong relationships with landlords that will last for many years beyond the current economic crisis.

Limited rental subsidy availability is a key limit to LLP capacity.

For clients without access to subsidies, affordability of units in the local rental market is limited. Additionally, some subsidies are not deep enough and do not last long enough to make private market units affordable long term.

Another potential future gap for LLP is a lack of flexible support services funding.

A number of emergency shelter and transitional programs cannot currently partner with LLP because they lack funding for home-based supportive services that continue after a household moves into a non-time-limited unit. Additionally, homeless households not otherwise connected to a supportive services program (ie Tent City residents or those living on the streets) cannot access the LLP. Creating a flexible pool of services funding as proposed in the original program model may allow for continued expansion of the program and further increase access to private market rental housing.

PROMOTING LANDLORD PARTNERSHIPS TO OVERCOME HOUSING ATTAINMENT BARRIERS

BACKGROUND

HomeBase and the RSC have been discussing NIMBY issues and best practices to address the ongoing challenges of housing location for the last couple of decades. The hardest-to-house populations, such as persons with felony records, multiple evictions, behavioral health challenges, and long-term or chronic homelessness, have historically faced difficulties affording market rate rental units and meeting the screening criteria set by property owners, managers, and landlords. This memo will introduce practical strategies that have been implemented in various communities.

Financial incentives can help mitigate the real and perceived risks associated with renting to homeless households, such as non-payment of rent, property damage, or the burden of having to deal with other potential problems caused by tenants. While financial incentives can be helpful to gain landlord interest, community examples show that financial incentives alone are not proven to substantially increase landlord participation in rental assistance programs. Programs with the greatest success in recruiting landlords, housing residents, and retaining both tenants and landlords alike provide robust nonfinancial as well as financial incentives for landlords.

FINANCIAL INCENTIVES FOR LANDLORDS

PRE-LEASING INCENTIVES: LEASING BONUSES AND BROKER'S FEES

Leasing bonuses can be provided to landlords as a non-refundable reward for leasing to "hard to house" tenants.¹ There are two types of leasing bonuses in practice:

- A fixed bonus amount provided to landlords for each unit they rent to clients
 - Example: \$100 bonus/unit rented
- A fixed-scale system where the leasing bonus provided is determined by the type of unit or the size of household
 - Example for unit size: \$400/studio, \$600/one-bedroom apartment rented
 - Example for household: \$400/single tenant, \$600/family

¹ http://partnering-for-change.org/wp-content/uploads/2011/07/Brief_RehsingStrategiesFINAL.pdf.

Payment of administrative costs and pre-leasing fees can also serve as a financial incentive for landlords. The Rapid Exit Program in Hennepin County, Minnesota pays holding fees for vacant units while a landlord considers a client's application, and the Housing Stability Plus Program in New York City provided a 15% finder's fee for real estate brokers who found units for low-income residents during the programs three-year run.²

RISK MITIGATION POOLS

"Risk mitigation pools," also known as insurance pool grants and landlord guarantee funds, reduce landlord exposure to financial risks caused by excessive damage costs and non-payment of rent. Risk mitigation pools create a reserve fund that can be accessed by landlords to reimburse payments for damage and inconveniences that are not covered by a security deposit.

Some examples of risk mitigation pools in practice include the Landlord Liaison Project in King County, Seattle; the Home Forward Program in Portland; The South Hampton Roads Insurance Pool Grant in Norfolk, Virginia; and the Risk Mitigation Pool of the City of Portland that is held and administered on behalf of the City of Portland Bureau of Housing and Community Development. King County provides funding for and holds management and oversight of the risk mitigation pool and staff oversee the process of approving and submitting claims to the County for damages. Examples of typical costs include: carpet, vinyl floor, wall damage, cleaning, garbage hauling, and legal costs.³ Risk mitigation pools vary in size, but are often between \$800,000 and \$1,000,000.⁴

There are a few general restraints and guidelines that are common across risk mitigation pools that help them function and mitigate the financial risk taken on by program providers. These include:

- Claims against tenants for funds from the risk mitigation pool must be above and beyond those costs covered by the security deposit
- Most risk mitigation pools do not cover normal operating costs for landlords such as repainting or replacement of furniture for reasons such as "wear and tear"
- Landlords must provide receipts for repairs caused by excessive damage in order to be reimbursed through the risk mitigation pool
- Funds from the risk mitigation pool are usually capped between \$1,000-2,000 per household

² <http://partnering-for-change.org/wp-content/uploads/2011/07/LandlordIncentivesProtections.pdf>.

³ www.kingcounty.gov/.../DCHS/Levy/ProcurementPlans/VHS_Levy_2_3.ashx

⁴ <http://partnering-for-change.org/wp-content/uploads/2011/07/LandlordIncentivesProtections.pdf>, <http://www.homeforward.org/landlords/section-8-features>, <http://www.endhomelessness.org/page/-/files/MOU%20for%20Insurance%20Pool%20Funds.pdf>.

- Financial guarantees are often time limited, expiring after 6-12 months of responsible tenancy

SECURITY DEPOSITS

Some programs provide landlords with increased security deposit payments as a way to incentivize landlords. Program providers can negotiate with landlords to determine new security deposit amounts to reflect the real and perceived risks for landlords. For example, the Rapid Exit Program in Hennepin County, Minnesota pays double security deposits for clients with poor rental history.⁵

Rapid rehousing providers often utilize ESG and TANF funds to pay for modest incentives including paying security deposits for program participants or negotiating increases in deposit amounts. CalWORKS provides move-in costs, such as last month's rent, security deposits, utility deposits, and cleaning fees, provided that the total rent does not exceed eighty percent of the family's total monthly income. Generally, this assistance is only available once in a lifetime, unless the homelessness was the result of domestic violence or a natural disaster.⁶⁷ Yolo County's 2014 strategic plan outlines an objective to partner with the Center for Families to ensure that this resource is reaching eligible families.⁸

The Emergency Solutions Grant program (ESG) includes the following eligible costs for financial assistance: rental application fees, security deposits, last month's rent, utility deposits, utility payments, and moving costs.⁹ In Los Angeles County, the Department of Public Social Services is using ESG funding to provide security and utility assistance for families moving into permanent housing and those enrolled in a rapid re-housing program.¹⁰

PROTECTIVE PAYEE PROGRAMS

Protective payee programs function by holding a client's monthly income in an escrow account that is managed by a third party. This third party then becomes responsible for making rent payments on behalf of the tenant. Protective payee services should not be confused with representative payee services. While the latter are often targeted to individuals deemed incapable of handling their own finances (e.g., severely disabled individuals on SSI), the former have no legal requirements for participation. Protective payee programs serve to convince landlords and management companies to relax screening criteria, while at the same time enabling program participants to build budgeting and financial management skills. The Shelter to Independent Living (SIL)

⁵ <http://partnering-for-change.org/wp-content/uploads/2011/07/LandlordIncentivesProtections.pdf>.

⁶ <http://www.lafla.org/service.php?sect=govern&sub=help;>

⁷ <http://www.211scc.org/downloads/CalWORKs%20Resource%20Guide%202014.pdf>

⁸ <http://www.yolocounty.org/home/showdocument?id=26136>

⁹ <https://www.hudexchange.info/resources/documents/ESG-Program-Components-Quick-Reference.pdf>

¹⁰ <http://documents.lahsa.org/Programs/funding/2014/rfp/HFSS/FINAL-2014-HFSS-RFP-AND-APP.pdf>

Program in Lancaster, Pennsylvania uses a protective payee program on a time-limited basis as a means of addressing landlords' concerns about high income-to-rent ratios and poor credit histories among hard to house clients.¹¹

SAVED COSTS: TENANT VETTING AND REFERRALS

Some programs provide landlords with financial incentives through costs saved in tenant vetting and referral processes. Tenant vetting programs broadly involve checking referral and assessment information for the client to create a comprehensive character reference and background check for the landlord to evaluate. Landlords may view those clients who have been thoroughly vetted and referred by a program that has a vested interest in that client's success as a more attractive potential tenant.¹²

Discussion

What kinds of financial incentives have been successful with landlords in your CoC?

What partnerships may be needed in order to develop financial incentives in your community?

NONFINANCIAL INCENTIVES FOR LANDLORDS

Financial incentives for landlords are often paired with nonfinancial incentives that create a supportive environment for the tenant and landlord alike.¹³ Some examples of nonfinancial incentives include:

- Tenant certification and recommendation programs that provide hard-to-house clients with education on topics such as budgeting, tenant rights, repairing credit, and other tools to be a responsible tenant. Clients who complete the program receive certificates of completion or recommendation letters that allow them to apply for housing from landlords partnered with the program.
- Case management and support services provided during transitional housing period
- Landlord access to support hotlines
- Property maintenance for client-occupied units provided by rental assistance program or associated agencies
- Character letters from case managers and/or respected third parties, such as religious leaders, employers, or even parole officers, describing how the head of

¹¹ <http://partnering-for-change.org/wp-content/uploads/2011/07/LandlordIncentivesProtections.pdf>.

¹² <http://www.crisis.org.uk/data/files/publications/Youth%20&%20PRS%20report.pdf>.

¹³ http://partnering-for-change.org/wp-content/uploads/2011/07/Brief_RehsingStrategiesFINAL.pdf.

household or individual concerned has participated in specialized services (e.g., substance abuse treatment, mental health counseling, financial education classes) and has made great strides in overcoming personal problems indicates to a landlord a level of commitment, motivation, and ability to turn one's life around

- Recognition (e.g. thank you or birthday cards from staff and clients, hosting owner appreciation breakfasts at which partners receive plaques or other type of recognition)

Discussion

What nonfinancial incentives have been helpful in your community for engaging and maintaining landlord participation?

What are some strategies used in your community for locating new landlords who might be willing to participate?

PROJECT PROFILES

LANDLORD LIAISON PROJECT: KING COUNTY, SEATTLE

The Landlord Liaison Project (LLP) began in March 2009, as a means of increasing access to private market and non-profit owned rental housing for vulnerable populations moving out of homelessness into permanent housing. The LLP is supported by the King County Department of Community and Human Services, the City of Seattle, King County, Representative of the United Way of King County, and a broad array of service and nonprofit housing providers.¹⁴

The Landlord Liaison Project provides landlords with the following services:

- Access to qualified, vetted applicants to fill vacant units
- Access to LLP's 24-hour hotline to address immediate issues
- Rapid response to landlord concerns by partnering agencies and the YWCA
- Access to a Landlord Risk Reduction Fund in the case of excessive property damage and/or the nonpayment of rent. The Risk Reduction Fund established in King County is \$1 million.

The LLP provides clients with important services as well, such as move-in costs and rental assistance, eviction prevention, tenant trainings, mediation with landlords, and

¹⁴ <http://partnering-for-change.org/wp-content/uploads/2011/07/LandlordIncentivesProtections.pdf>.

access to support services through partner agencies for at least the first year of their tenancy in permanent housing.

During its first 10 months, the Landlord Liaison Project placed 147 households in permanent housing with a retention rate of 96% of households after 6 months of tenancy. 68% of the tenants were subsidy holders. During the same time period there were 87 interventions/mediations on behalf of housed clients between the landlords and case managers, but no calls placed after hours to the 24-hour emergency hotline. In 2009, the LLP used only \$2,663 from the Risk Reduction Fund for repairs to damage caused in three client units. Finally, 71% of landlords involved in the program stated that they were “satisfied” or “very satisfied”, with 79% ranking the financial guarantees of the LLP as the most important factor for their participation.^{15 16}

HOME FORWARD: PORTLAND, OREGON

Home Forward, the housing authority in Multnomah County, Oregon, has emphasized the need to provide better housing choices and accessibility to rental properties for Section 8 voucher holders. The program provides landlords with financial incentives to take on Section 8 voucher holders as tenants, while still allowing landlords to charge market rate for their units. Home Forward pays a set amount, directly to the landlord, and the renter pays the difference. Landlord rents have to be reasonable compared to rents for similar units in the same market area.

Home Forward has created the Landlord Incentive Fund, which is a \$100 leasing bonus paid directly to the landlord each time he or she rents a unit in a low-poverty census tract to a Section 8 participant. The housing authority has also established the Landlord Guarantee Fund (LGF), which will reimburse up to two months of rent for damage beyond wear and tear that exceeds \$1,000 in a client’s unit.¹⁷

Home Forward has experienced mixed results through its Section 8 housing and landlord incentive program. In the first six months of 2012 alone, the program helped 301 voucher-holders find rental units in low-poverty neighborhoods.¹⁸ However, the program also received criticisms for not strictly enforcing their policies on renting in low-poverty census tracts and allowing clients to rent substandard units in high-poverty census tracts through Home Forward. Furthermore, the \$100 leasing bonus was incorporated into Home Forward policy after the Landlord Guarantee Fund failed to recruit or retain Section 8 landlords.¹⁹ Home Forward’s director of rent assistance has

¹⁵ All statistics found in the Landlord Liaison Project 2010 Performance and Evaluation Report.

¹⁶ For more information, see: <http://www.landlordliaisonproject.org/>.

¹⁷ <http://www.homeforward.org/landlords/section-8-features>.

¹⁸ http://www.oregonlive.com/portland/index.ssf/2013/02/oregon_bill_would_end_section.html.

¹⁹ http://www.oregonlive.com/portland/index.ssf/2014/03/home_forward_plans_to_give_low.html.

indicated that the new financial incentive has not resulted in a substantial increase in landlord participation.

HOUSING STABILITY PLUS: NEW YORK CITY

Housing Stability Plus (HSP) provided rental subsidies to long-term clients in the City's homeless service system, while at the same time providing landlord incentives to encourage the leasing of units to subsidy holders and "hard to house" tenants.

The financial incentives provided to landlords through HSP were substantial, including²⁰:

- Advanced payment of three months rent to landlords
- Increased security deposit payments consisting of one month's rent
- 15% finder's fee for real estate brokers who found apartments for HSP clients to lease
- Streamlined application and inspection process for lease signing

The Program received about 50% of its funding from Temporary Assistance for Needy Families/Social Security Insurance, 25% from State contributions and 25% from city levy taxes.

During its existence, the program served 6,400 households with children and 1,600 without children, with only 100 households vacating their tenancy early or dropping out of the program. The program was also the first to introduce the 15% finder's fee as a landlord incentive.²¹ However, Housing Stability Plus suffered from a lack of quality apartment units that led to tenant dissatisfaction, opaque rules and regulations that were difficult for landlords to understand, and landlord dissatisfaction with the lack of financial guarantees provided while dealing with high-risk tenants.²² As a result, the Housing Stability Plus Program was eliminated in 2007, less than three years after its implementation.

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²⁰ http://coalhome.3cdn.net/0fc1b9afcc11c89627_dgm6vdpb8.pdf, <http://partnering-for-change.org/wp-content/uploads/2011/07/LandlordIncentivesProtections.pdf>

²¹ <http://partnering-for-change.org/wp-content/uploads/2011/07/LandlordIncentivesProtections.pdf>.

²² <http://www.gothamgazette.com/index.php/housing/3574-a-new-program-to-fight-homelessness>.

CHAT Evaluation

A First Report on the Success of Southern Nevada's
Community Housing Assessment Tool

January 2017



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Introduction

Purpose of this Evaluation

The purpose of this evaluation is to determine how well Southern Nevada's new coordinated intake tool is meeting Southern Nevada's needs. This tool, the CHAT, was implemented starting on November 1, 2016. This report presents the first formal evaluation of the CHAT based on data drawn from real field-testing.

Background

Coordinated Intake

All HUD-funded Continuums of Care ("CoCs") are required to develop and implement a Coordinated Intake system (also known as "Coordinated Entry"), i.e., a process for assessing all homeless people in the area to identify the most vulnerable clients and prioritize those clients for early access to high-intensity interventions such as Permanent Supportive Housing. Importantly, HUD requires¹ that all coordinated intake systems employ a **uniform assessment process**, i.e., that similar households be assessed and treated similarly so that any given household's experience of the system will not depend on the accident of where that household happens to first enter the homeless system of care.

Development of the CHAT

The Southern Nevada CoC has had early successes in implementing a coordinated intake system for all unaccompanied adults based on four key activities:

- (1) Six widely distributed "hubs" interview clients to gather information necessary to assess the clients' vulnerability and need for housing;
- (2) Outreach workers seek out people experiencing homelessness who are unable or unwilling to come to a hub, building trust and relationships until the client is ready to be assessed;
- (3) A standardized assessment tool is used to assign a vulnerability score to each client who is seeking housing; and,
- (4) Community matchers pair the individuals with the highest vulnerability scores against openings in programs as those openings are created so that case workers can refer those clients to an appropriate housing program.

¹ "Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System." (HUD Exchange: January 2017). Available at: <https://www.hudexchange.info/resources/documents/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system.pdf>.

In 2015, the Southern Nevada CoC commissioned HomeBase to prepare a full evaluation of its Coordinated Intake System. The 2015 evaluation revealed several points of community concern relating to the assessment tool that was being used at that time, including:

- (1) Inability to modify the wording of questions in order to help clients understand the question's meaning;
- (2) Difficulty integrating the assessment tool with objective reports made available by third parties, such as police and emergency health care workers;
- (3) The need to include questions in the assessment tool that specifically relate to local conditions in Nevada, i.e., asking about heatstroke and gambling, as opposed to frostbite; and,
- (4) An inability to directly account for the severity of each of the client's disadvantages, so that two or more minor issues could potentially outweigh one very severe issue. For instance, the community felt that a person with violent paranoid schizophrenic tendencies should receive a higher score than a person with mild depression and mild asthma.

To address these concerns, the Southern Nevada CoC's Change Advisory Team was charged with developing a new assessment tool that would more completely satisfy the community's needs. Over a series of meetings, the Change Advisory Team developed new, locally-tailored questions and redistributed point allocations within a more flexible script, called the Community Housing Assessment Tool ("CHAT"). For several months, the content of the CHAT was deliberated, tested, and refined by the Change Advisory Team.

The CHAT was launched in November 2016 at Project Homeless Connect. Since then, all persons experiencing homelessness who enter the Coordinated Intake system for the first time have been assessed with the CHAT instead of with the previous assessment tool, and some high-priority clients with high scores on the previous assessment tool have been re-assessed using the CHAT.

Using this initial burst of data as a guideline, the Change Advisory Team devised a tentative "correspondence" chart that mapped each CHAT score (typically ranging between 0 and 40) onto the older scores in December 2016. This allowed the community matchers to begin referring clients to Permanent Supportive Housing based on CHAT scores with at least some assurance that their scores put them near the upper range of vulnerability within the community. Part of the purpose for this Evaluation Report is to investigate whether the apparent correspondences between CHAT scores and the older scores are accurate and based on meaningful evidence.

Evaluation Limitations

The timing of this evaluation was chosen to strike a balance between waiting until there was sufficient data to draw meaningful conclusions, and affording a chance to intervene promptly if the CHAT is not performing as expected. Consequently, not all types of data are available for this evaluation. Because the evaluation is being published only three months after the CHAT was launched, it is not possible to include data on the long-term consequences of relying on the CHAT for prioritization decisions. For example, there is no way to tell at this stage what the 2-year recidivism rate will be for clients with high CHAT scores.

Similarly, many of the assessors who are using the CHAT have not yet had the opportunity to use the CHAT with more than 10 clients each, so there is some uncertainty about how the typical scores assigned by an assessor using the CHAT will change as those assessors gain additional experience.

On the other hand, this evaluation does present the results of almost 200 CHAT evaluations, together with contextual case notes and detailed qualitative feedback from over 35 stakeholders. Thus, while HomeBase recommends that Southern Nevada conduct additional evaluations in future years, HomeBase is confident that the data available so far is more than adequate to support a meaningful initial evaluation.

Methodology

Focus Groups

HomeBase conducted six focus groups: one with clients who had recently been assessed with the CHAT, one with community matchers who are responsible for making referrals based on CHAT scores, and four with assessors who administer the CHAT that collectively represented three of the six hubs in the Southern Nevada Coordinated Intake system. Each focus group lasted for approximately one hour and gave the participants a chance to share candid feedback about the CHAT with a guarantee of anonymity. On average, each focus group had approximately six participants, allowing for both a diversity of opinion and for meaningful one-on-one communication. Each focus group was guided by an identical list of discussion questions (see appendix), but participants were encouraged to share their thoughts and maintain the flow of the conversation to ensure that all important ideas were captured and recorded.

Surveys

HomeBase prepared a nine-question online survey for staff who were unable to attend any of the focus groups, which generated 26 unique responses, including six responses from outreach workers. The survey contains questions that were similar to the questions asked during the focus groups, modified to allow participants to fill out the survey as quickly as possible so as to maximize the response rate. The full text of the questions and are attached as an appendix.

Data Analysis

Southern Nevada's HMIS Lead provided a complete sample of all CHAT assessments that had been administered between the launch of the CHAT on November 1, 2016, and the start of this evaluation on January 11, 2017. This sample was supplemented with contextual information (e.g., names of assessors, locations of assessments, etc.) that HomeBase was able to directly access in HMIS through the Looker portal. The CHAT scores were studied holistically using a variety of descriptive statistics (mean, median, range, standard deviation, etc.), and then subsets of the CHAT scores were compared to each other based on differences in the interviewer, location, and date of assessment. Finally, CHAT scores were compared with VI-SPDAT scores in both raw and percentile form for the clients who completed both types of assessments, and correlations were calculated. A simple regression was used to attempt to predict a client's CHAT score based on their VI-SPDAT score and the length of time that passed between the VI-SPDAT assessment and the CHAT assessment, and the predicted CHAT scores were compared with the actual CHAT scores.

To analyze qualitative data, responses from the focus groups were broken up into categories that match the categories of the survey responses as closely as possible, and the combined response set was used to illustrate the range of opinion about the CHAT along several different dimensions, including accuracy, usability, and completeness.

Review Panel

As part of its data analysis, HomeBase flagged a sample of 10 clients who have very high CHAT scores with very low VI-SPDAT scores, plus 10 more clients who have very low CHAT scores with very high VI-SPDAT scores. The community then convened a panel of six providers and matchers (drawn from Clark County Social Services, WestCare, Shade Tree, MCIT, and HELP of Southern Nevada). This panel was provided with basic information on each of the 20 clients, including their answers to the questions on the CHAT and the VI-SPDAT that ask about similar topics, their VI-SPDAT scores, and their CHAT scores. The panel then accessed HMIS and compared personal case notes and memories in order to round out their picture of each client.

The review panel met for two hours using a combination of in-person discussion and teleconferencing, and held an in-depth discussion on six cases — three cases from each of the two basic categories. (The panel also briefly discussed a seventh case.) For each client, the review panel attempted to determine:

- (1) Does the change in the client's score from one assessment to the next reflect a change in the client's answers?
- (2) If so, does the panel's personal experience with this client suggest that the change in the client's answers was based on a real change in the client's situation?
- (3) If not, does the panel believe that the change in score reflects intentional changes in the CHAT's prioritization scheme? For example, does an increased CHAT score match up with the community's desire to prioritize people who have intense medical and mental health conditions? If not, what seems to be causing the change in the client's score?

The purpose of the review panel was to lend context to any statistical assessments, to confirm that the CHAT is performing as expected in individual cases, to address any concerns the community might have about whether the CHAT is generating inappropriate outliers, and to generate additional hypotheses that could help explain an otherwise mysterious set of scores.

Goals

HUD Requirements

HUD recently updated the requirements for CoCs operating a Coordinated Entry System² (referred to as “Coordinated Intake” in Southern Nevada) in Notice CPD-17-01. One of these requirements is that “CoCs must solicit feedback at least annually from participating projects and from households that participated in coordinated entry during that time period. Solicitations must address the quality and effectiveness of the entire coordinated entry experience for both participating projects and households.” Although the requirement does not become active until January 2018, this evaluation is intended in part to fulfill the HUD requirement for an annual “solicitation” of feedback.

HUD notes that “appropriate feedback methodologies” include “surveys designed to reach either the entire population or a representative sample of participating providers and households,” and “focus groups of five or more participants that approximate the diversity of the participating providers and households.” For this evaluation, HomeBase sent a survey to all participating providers and conducted a focus group with approximately eight households participating in the coordinated intake system, drawn from a diverse set of demographics, including variations in age, gender, race, and length of time experiencing homelessness.

HUD’s Notice also requires that a coordinated intake process “include a comprehensive and standardized assessment tool,” and “provide an initial, comprehensive assessment of individuals and families for housing and services.” Part of the purpose of this evaluation is to report on the extent to which the CHAT qualifies as a “comprehensive and standardized assessment tool.”

Performance Benchmarks

In addition to requirements issued by HUD, Southern Nevada has its own, internally-driven requirements for a successful assessment tool. In consultation with the Change Advisory Team, HomeBase determined that Southern Nevada has the following goals for the CHAT:

- (1) User Satisfaction;
- (2) Good Match for Local Conditions;
- (3) Accurate Measurement; and,
- (4) Evidence-Based Tool.

² “Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System.” (HUD Exchange: January 2017). Available at: <https://www.hudexchange.info/resources/documents/notice-establishing-additional-requirements-for-a-continuum-of-care-centralized-or-coordinated-assessment-system.pdf>.

At the December 13, 2016, Change Advisory Team meeting, the team tentatively agreed on a series of performance benchmarks that could be used to determine whether the goals have been adequately met (suggesting that the CHAT is ready to be expanded to cover other subpopulations such as families and youth), or whether further refinement is necessary.

Goals and Performance Benchmarks		
	Description	Benchmark
User Satisfaction	Are assessors, matchers, and clients comfortable with the use of the tool? Is the CHAT at least as user-friendly as the VI-SPDAT?	On average, administering the CHAT should take no more than 20 to 40 minutes, and internal staff should report 90+ % rates of satisfaction with the tool, especially with respect to how well the tool helps ensure that the appropriate people receive housing.
Good Match for Local Conditions	Does the CHAT accurately reflect community concerns, including the need for detailed medical triage and flexible wording?	The CHAT should make it easier to identify appropriate referrals (e.g., chronic homelessness, mental illness, substance abuse, location of jurisdiction, dual diagnosis).
Accurate Measurement	Do clients' CHAT scores appear to correspond with real-life vulnerability, so that the clients with the highest CHAT scores are typically the clients who actually have the strongest need for Permanent Supportive Housing?	The review panel will determine how many of the cases it examines should be adequately explained by the data in order to register a success.
Evidence-Based Tool	Does the structure of the CHAT data, including its degree of correlation with data from other tools such as the VI-SPDAT and independent review panels, support the conclusion that the CHAT is an evidence-based tool?	Correlations between CHAT assessments administered at different times, at different places (after allowing for predicted variations in the severity of local caseloads), or by different case workers should be in the 0.6 to 0.8 range. Correlations between CHAT assessments and VI-SPDAT assessments should be in the 0.4 to 0.6 range, because the CHAT is intended to prioritize a somewhat different group of people (people who have both a high diversity and a high severity of disability).

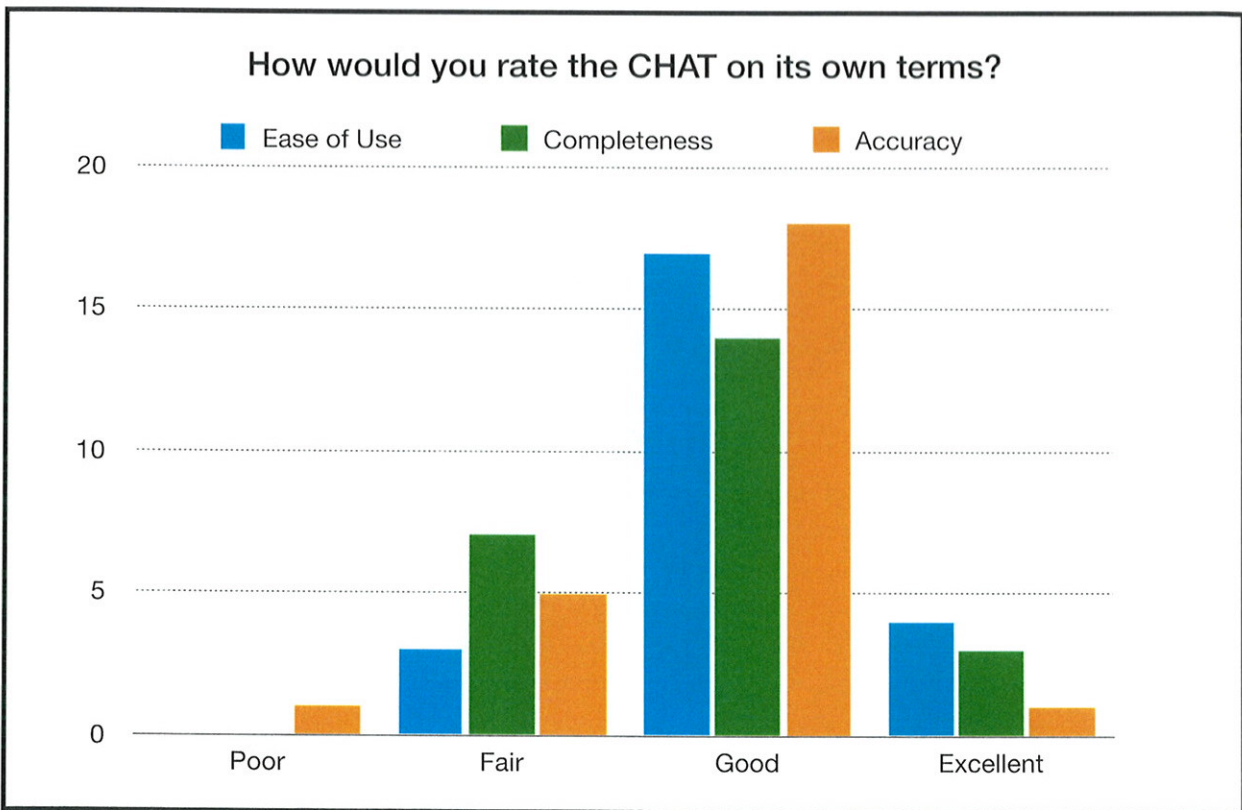
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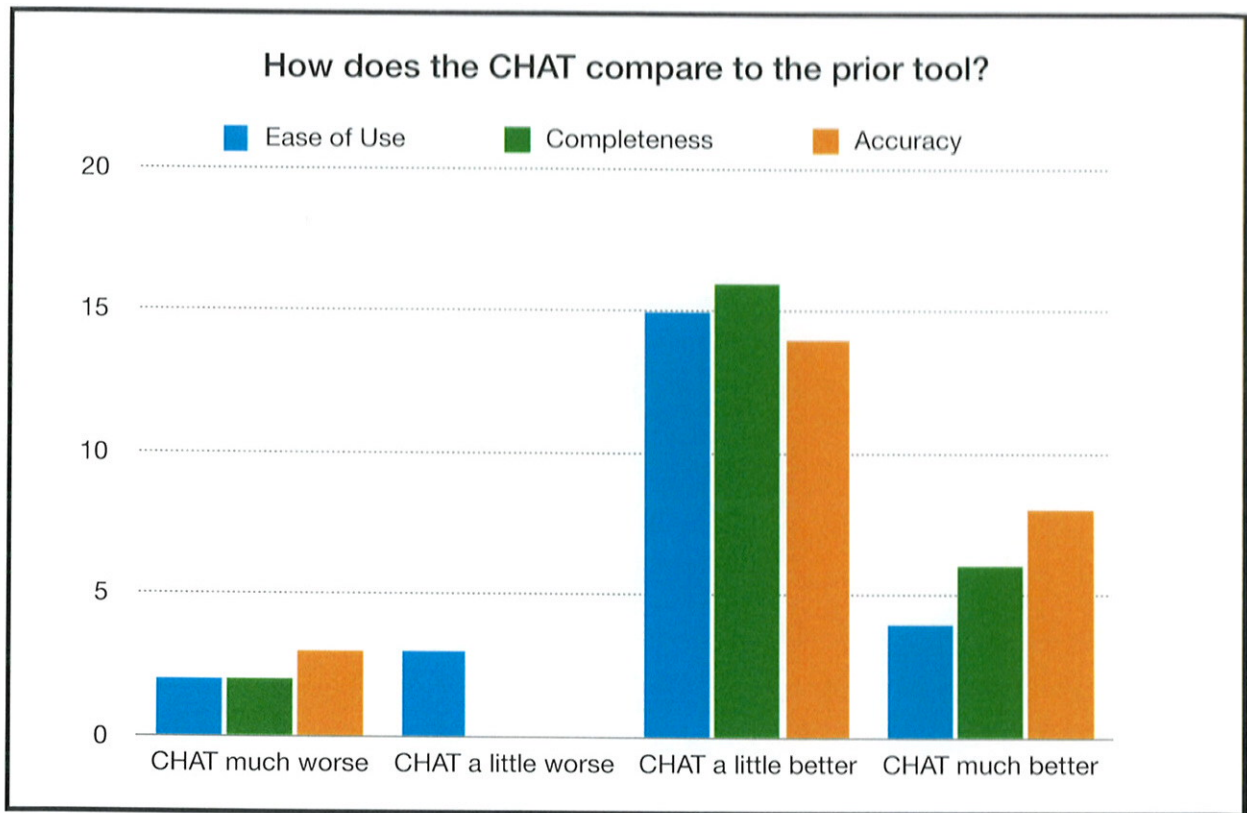
Survey Responses

In addition to the 31 stakeholders who attended one of six in-person focus groups, HomeBase surveyed 26 stakeholders via an electronic survey. Each survey respondent was asked to rate the CHAT in the categories of ease of use, completeness, and accuracy. The respondents were asked to rate the CHAT both on its own terms, and in comparison to the prior tool.

In general, the responses were extremely positive: considering all of the responses across all six categories, there were 120 favorable responses and only 26 unfavorable responses. On average, respondents rated the CHAT as “good” in all three categories, and as being “a little better” than the prior tool in all three categories.

Survey respondents were also asked to describe their favorite CHAT feature, to say what part of the CHAT they would most like to change, and to share any other information that HomeBase should know about the respondents’ experience with the CHAT. 23 respondents shared positive comments in response to these questions, compared to four respondents who wanted to add an additional feature to the CHAT and 14 respondents who had complaints.





User Satisfaction

31 stakeholders — including eligibility workers, assessment workers, outreach workers, and homeless clients — attended one of six in-person focus groups. At the focus groups, three assessors and all eight of the clients who attended said they thought the CHAT was “easy to use.” No assessors or clients said the CHAT was difficult to use. Attendees generally reported that administering the CHAT took between 15 and 20 minutes, although some participants noted that the CHAT could take as long as an hour to administer if the client either resisted the questions or repeatedly volunteered additional information.

Key Finding #1: Clients and assessors agreed that the CHAT was easy to use and that it typically takes only 20 minutes to complete.

The most common complaint regarding the usability of the CHAT was that some assessors had difficulty “saving” their results into the database or community queue, reporting that they had to either re-enter all of the answers on the computer, or re-ask all of the questions on the CHAT because data was lost. Two respondents suggested that the cause of this problem might be that “when you complete a CHAT, if there is [already] an evaluation on file from the previous tool, [then] it will not allow you to update [the client record or send] the client to the community queue.”

One respondent noted that “we don’t have a computer when we go out in the field, so we can’t pull up a written assessment tool to do the CHAT assessment in the field. We need a written form that we can print out and take to the field or the hospital – sometimes we lose contact with clients between when we see them in the hospital and when we can arrange to assess them with the CHAT.”

Several respondents noted in the comments section of the survey that the CHAT was more “accessible” because “you do not have to stick to a script” and because the questions have been “reworded” to be both “more concise” and “more detailed,” suggesting that the new questions do a better job of focusing on the issues that matter to assessors. However, there were still some complaints that the CHAT requires assessors to ask “similar questions that have already been asked” and that “some questions appear to be repeated.” One eligibility worker wrote, “I wish you could skip questions based on previous answers, such as asking if they use drugs or alcohol, and then [even if the client says no, going on to ask] if drug or alcohol use caused blackouts. Sometimes clients get upset when they think you aren’t listening.”

	Poor	Fair	Good	Excellent
How would you rate the CHAT for ease of use?	0	3	17	4

Of the 24 survey respondents who rated the CHAT for ease of use, 21 gave it a “good” or “excellent” rating compared to only three people who gave it a “fair” rating. No respondents gave the CHAT a “poor” rating for ease of use.

Similarly, 19 of 24 respondents said the CHAT was “a little easier” or “much easier” to use than the prior tool, compared to only five of 24 respondents who found the CHAT harder to use than the prior tool.

Good Match for Local Conditions

Respondents were generally positive about how the CHAT adapted the prior tool to local conditions, especially the addition of questions regarding gambling and heat stroke. Most respondents also approved of the switch from requiring assessors to “observe” whether a client appeared intoxicated to encouraging assessors to “confront” clients with outside evidence (e.g., admission records at detox facilities) to see if this changed the clients’ answers about sensitive questions. Assessors also appreciated that “the CHAT asks about pets and roommates.”

Key Finding #2: Assessors agreed that the CHAT reliably addresses conditions that are specific to Southern Nevada.

However, many respondents felt that the changes to the CHAT did not go far enough in seeking detailed information about the duration and severity of clients’ health issues. As one assessment worker put it, “the question about a depression diagnosis needs more details — is the client thinking about suicide, or just having a bad day?” Another worker agreed, “if they were diagnosed with depression, does that mean they still have it? There’s no timeframe on the question.” Another respondent noted that “the list of medical conditions

in the script is not exhaustive – e.g. maybe a client does not have a kidney problem or a heart problem, but she is still sick and unable to work. A client's breathing issues might just be asthma – or it might be a 24/7 need for supplemental oxygen.”

Despite these frustrations, respondents repeatedly praised the CHAT's “more detailed questions,” “additional questions for clarification,” and “more open questions to get to know the client better and be able to assist.” Some assessors stressed that although the CHAT does not directly measure all of the behaviors that interested them, the CHAT fit into an overall framework of assessment and intake (including acuity questionnaires, case management, and review of medical records) that collectively provide a very detailed picture of the client's situation. Respondents were also generally happy with the ability to add notes from this conversational “flow” in the comment sections associated with the CHAT questionnaire.

	Poor	Fair	Good	Excellent
How would you rate the CHAT's completeness?	0	7	14	3

Of 24 survey respondents, 17 gave the CHAT a “good” or “excellent” rating for completeness, and 22 thought the CHAT was “a little better” or “a lot better” at completeness than the prior tool.

Accurate Measurement

The high-level feedback on the accuracy of the CHAT was extremely positive: of 25 survey respondents, 19 rated the CHAT as “good” or “excellent” for accuracy, and 22 wrote that it was “a little better” or “a lot better” at accuracy than the prior tool.

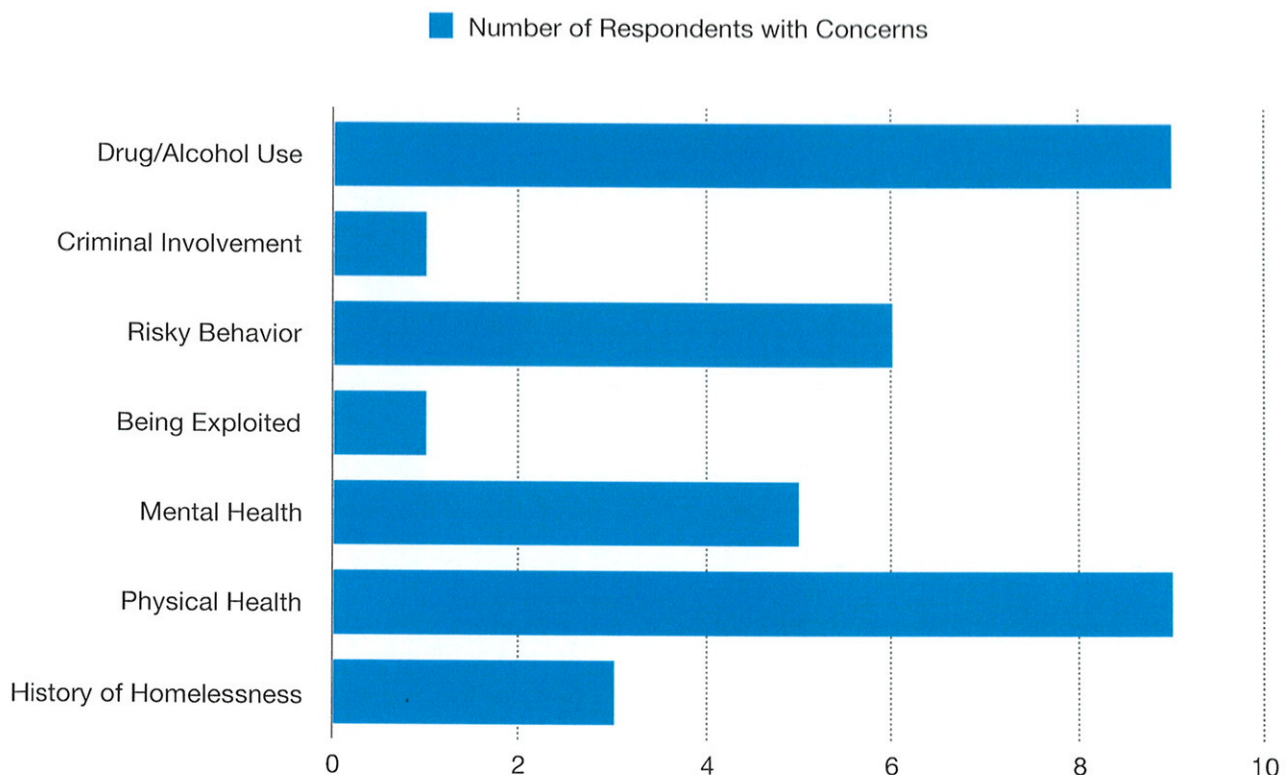
	Poor	Fair	Good	Excellent
How would you rate the CHAT's accuracy?	1	5	18	1

A few assessors went into more detail about their positive ratings of the CHAT's accuracy. One assessor at a focus group said that “with CHAT you find out more about the client's homelessness; for example, you find out if the homelessness was caused by a drug problem. You also find out more about the client's length of homelessness with the CHAT.” Another assessor pointed out that the CHAT allows her to get a good read on clients' medical conditions, whereas before, with the prior tool, she could not do so. Electronic respondents praised “the implementation of more options to assess client and determine vulnerability,” and the “additional questions and added drop-downs.” Seven respondents agreed that the CHAT is “more detailed” and “more in-depth” than the prior tool.

Key Finding #3: Survey respondents agreed that the CHAT was reasonably accurate and reliable.

However, there was some tension between the way respondents summarized their opinions about the CHAT's accuracy, and the specific feedback respondents gave about individual aspects of the CHAT's accuracy. Many respondents were concerned about inaccuracy caused by clients who were confused about either the facts or the relevant definitions. One focus group participant said that "some lower-functioning clients don't know how many times they've been homeless in the last 3 months." Another stated that a new client might not "even know what's wrong with them, so how can they tell us? They might say something like "I had that breathing problem..." which is hard to translate into a medical diagnosis. Even when a client has a good understanding of his or her situation, the client may struggle to express that situation in accordance with the definitions used by the Southern Nevada CoC. For example, "clients think of themselves as homeless when they are couch-surfing," but not when they're receiving temporary financial assistance and using it to pay rent on a short-term lease, "so we get the errors from both ends" based on who self-identifies as homeless.

Some of the most common concerns raised by respondents about the accuracy or honesty of clients' responses were drug and alcohol use, participation in "risky behaviors" (such as sex work), mental health conditions, and physical health conditions. Most of the concerns about physical and mental health related to the duration or severity of an illness.



Other, more sensitive questions prompt clients to lie or to shout out "No!" halfway through the question. "Clients hear the first part of the question, and then tune you out" because they "don't want to disclose any info on that topic." For example, the question "Is there anyone who makes you do something you don't want to do?" makes some men "uncomfortable," so many clients will "refuse to admit that they're being pushed around." Another assessor noted that "sometimes clients give inconsistent answers: [for example], they say they have used IV drugs in the last 6 months, but then they deny engaging in any risky behaviors." One

assessor pointed out that “half the time the clients think they’re going to get in trouble [for admitting to drug use or criminal activity] even if you tell them they won’t.” The clients figure that “they’re in a government agency and their name is going to end up on a list.” Another assessor observed that “when you ask personal questions in an open area...that limits people’s ability to come forth. They know a cubicle is not a private spot. [Assessors] try to talk as softly as they can, but everyone can overhear their neighbor.”

Key Finding #4: Focus group participants thought the CHAT needs to be combined with a more conversational interview to yield accurate information about sensitive topics like crime, drugs, and sex work.

Some questions are also difficult for assessors to score objectively. For instance, assessors noted that many clients do not consider marijuana use to be a substance abuse issue, even if they are high on marijuana for several hours every day. Similarly, clients will admit to drinking cough syrup recreationally, but then deny that they are engaged in substance abuse. Some assessors are not sure how to score these types of “Yes, but...” responses.

One important factor to keep in mind when interpreting assessors’ comments about the CHAT’s accuracy is that as of the date of this evaluation, assessors have not been able to see any of the actual scores generated by the CHAT, nor are they necessarily aware of what referrals (if any) were made on behalf of their clients. Instead, CHAT assessors are shown the estimated VI-SPDAT score that is supposed to correspond to the answers given by the client. This prevents assessors from seeing what the CHAT has to say about each client’s overall situation. Because the CHAT is designed as a tool that will be correct in the aggregate (i.e., as a tool that can convert a series of somewhat unreliable questions into a reasonably reliable overall score), the inability to see that overall score may be leading some assessors to question the CHAT’s accuracy, particularly when they see a particular question that does not appear to be yielding accurate results *for that question*. Most assessors would have no way of knowing (at this stage) whether the tool as a whole is yielding accurate results.

When assessors were shown the CHAT scores for specific clients during the review panel, assessors were much more confident that the CHAT was delivering accurate results. Of the six clients assessed by the review panel (three who had high VI-SPDAT scores and low CHAT scores; three who had high CHAT scores and low VI-SPDAT scores), all six were judged by the review panel to have reasonable CHAT scores that accurately reflected the client’s current vulnerability at the time that the CHAT was administered.

Key Finding #5: Review panelists confirmed that the CHAT accurately reflected clients’ vulnerability, even for “outliers” whose scores had changed significantly since their last assessments.

Review panelists looked at the following six clients, each of whom had been evaluated with both the CHAT and with the prior assessment tool. The review panelists themselves freely selected these clients from the list of 20 outliers provided by HomeBase.

	<u>Low VI-SPDAT, High CHAT</u>	<u>Date</u>	<u>Assessment</u>	<u>Total VI-SPDAT</u>	<u>Total CHAT</u>
#1	01715CF4C	2015-01-06	VI-SPDAT	9	
	01715CF4C	2016-11-19	CHAT		25.5
#2	3DN1SEYK8	2015-12-09	VI-SPDAT	4	
	3DN1SEYK8	2016-11-07	CHAT		24
#3	617C7FE19	2016-08-17	VI-SPDAT	6	
	617C7FE19	2016-12-01	CHAT		24.5
	<u>High VI-SPDAT, Low CHAT</u>	<u>Date</u>	<u>Assessment</u>	<u>Total VI-SPDAT</u>	<u>Total CHAT</u>
#4	86B9537CD	2014-06-25	VI-SPDAT	9	
	86B9537CD	2016-11-16	CHAT		3
#5	61794BCF2	2015-06-25	VI-SPDAT	15	
	61794BCF2	2016-11-15	CHAT		15
#6	645FB0FDC	2016-10-11	VI-SPDAT	15	
	645FB0FDC	2016-12-30	CHAT		15

For **Client 1**, the panel noted that there were many questions where the client denied having a problem on the prior tool, but where the client admitted to having a problem on the CHAT. In the 22 months that went by between assessments, the client could easily have developed additional medical conditions. The panel noted that based on the HMIS records, the client had received very few services during those 22 months, and that accordingly most of the client's medical and mental health issues were going untreated. In addition, the client developed multiple new substance use issues during those 22 months, such as drinking everyday, intravenous drug use, and blacking out after drug use. The panel concluded that the client's increased vulnerability score reflected an actual increase in vulnerability.

For **Client 2**, the panel noted that the client gave a long and implausible string of "no" answers to almost all of the questions on the prior assessment tool. One of the panelists indicated that Client #2 had been working with a case worker who had successfully persuaded the client to go into treatment for their substance use issues, and that this case worker had slowly gained the client's trust, which persuaded the client to give more honest "yes" answers on the CHAT during the second assessment. The panel concluded that the client's increased vulnerability score reflected the client's increased honesty in accurately describing his vulnerability.

For **Client 3**, the panel noted that the CHAT recorded 14 uses of emergency services, each of which was worth half a point on the CHAT, for a total of seven points compared to a single point on the prior tool. The client also answered "yes" to many of the victimization questions on the CHAT, but had previously answered "no" to victimization questions. Based on the client's case history, the panel concluded that the increased score was the result of a combination of increased vulnerability (due to increased victimization) and the community's decision to increase the priority for clients who are very frequent users of emergency services.

For **Client 4**, the panel noted that the CHAT recorded no risky behavior, no medical issues, no mental health issues, no substance abuse issues, no legal issues, no victimization issues, and the ability to perform activities of daily living and go to a medical clinic for care. By contrast, on the prior tool, the client admitted to being treated for substance abuse, to having problematic drug use, to suffering from heat stroke, to having poor hygiene, and to not having anywhere to go for medical care. This client went 17 months between

assessments. The panel concluded that this client either (a) was successfully connected to medical care and substance abuse treatment, which reduced his vulnerability, or (b) was unwilling to participate in a second assessment, and responded “no” to all questions on the CHAT. The consensus was that it “makes sense” that the client’s scores are so different from one assessment to the next.

For **Client 5**, the panel noted that although the client still had a variety of vulnerability issues across the spectrum, the client had recently been housed which could have contributed to some of their “no” answers on the CHAT. This client also has been prescribed medications that they are not currently taking and has difficulty concentrating. After completing the review, the panel concluded that this client’s answers on the CHAT may have been inaccurate due to mental health issues that prevented them from understanding the meaning of the questions, and put out a public alert asking case workers to refer the client for reassessment. However, the panel also concluded that any inaccuracies were unrelated to the nature of the CHAT, because the client would likely have experienced similar difficulties answering *any* questions.

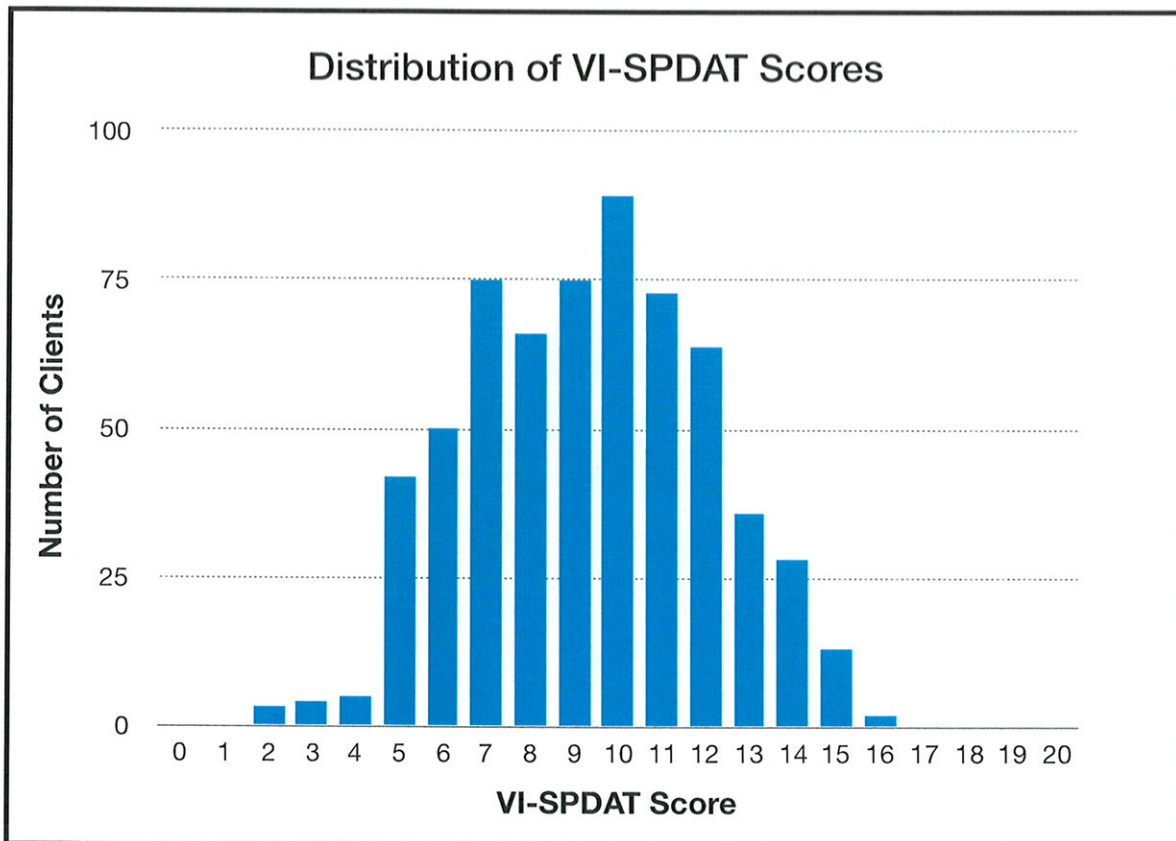
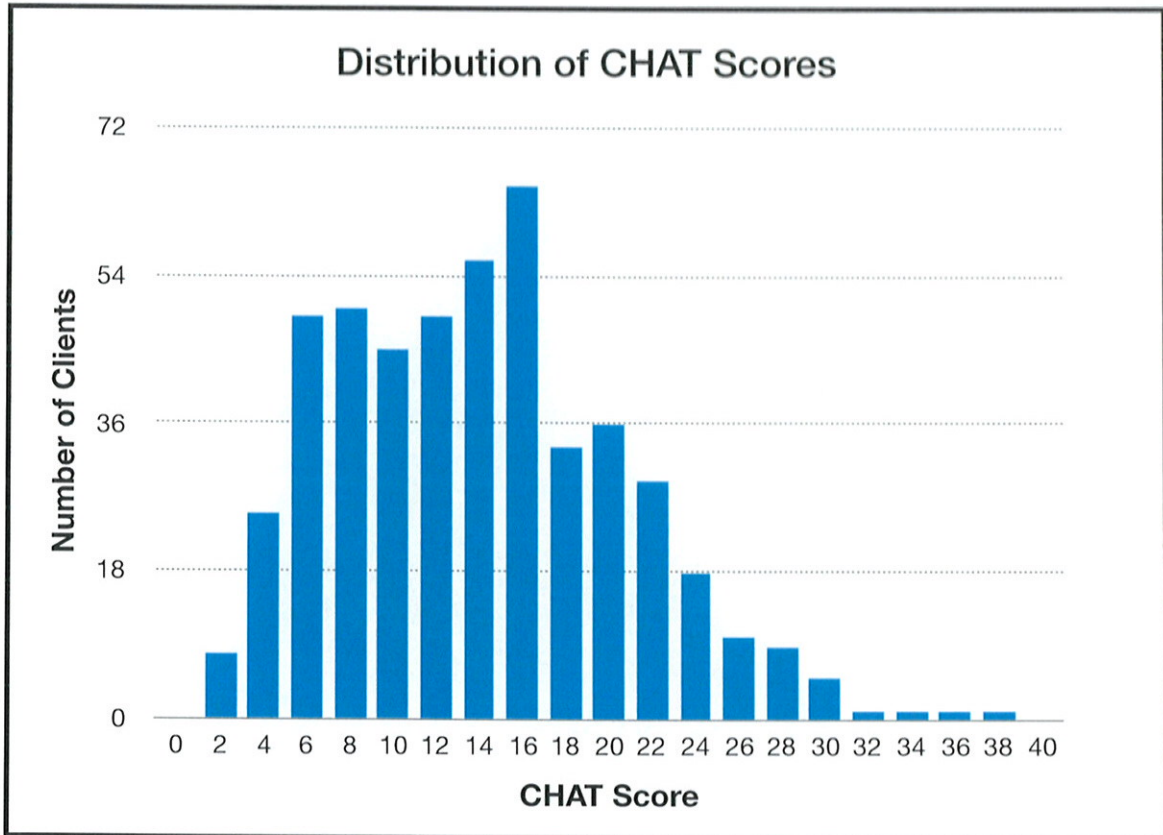
For **Client 6**, the panel noted that the client had smaller problems in almost every category measured by the prior tool, but that none of these problems were acute, intense, or severe. For example, the client consumes alcohol every day, but denies using mouthwash, using intravenous drugs, blacking out, or using synthetic drugs. Similarly, the client has been referred for legal issues, but only one time in the past four years. The client’s answers were generally similar on both assessments — but the CHAT gave the client a lower score (15 on a scale of 40 instead of 15 on a scale of 20) because none of the client’s problems were repeated or severe. The panel concluded that this was a classic example of how the CHAT is intended to function, and that it is appropriate for this type of client to receive a lower score.

In general, the review panel was thoroughly satisfied with the scores assigned to the outliers it reviewed and with the reasons why those scores were assigned. There were some individually concerning answers, but each of the six clients still seems to have received an accurate assessment based on the answers provided.

Evidence-Based Tool

There are limits to how thoroughly the CHAT can be tested given that it has only been in use for three months. For example, even if referring people who score highly on the CHAT to permanent supportive housing has a tendency to increase or decrease the rate at which clients return to homelessness, there is no reason to expect that tendency to show up in the statistics that are available so far, because most of the people accepting those referrals would only just now be *entering* permanent housing. Those clients would not yet have had a chance to attain stability in their new housing situations.

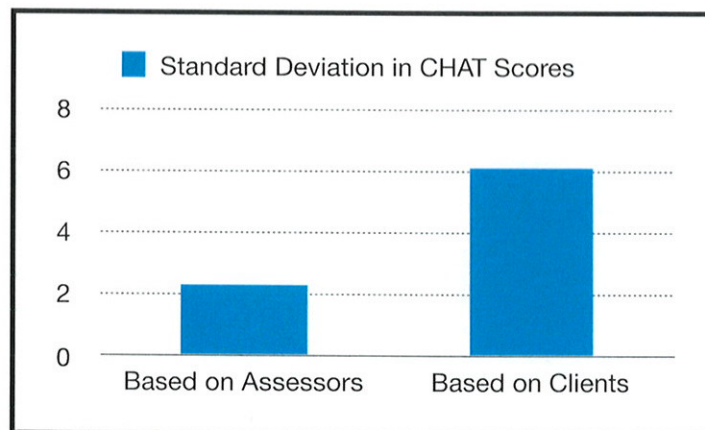
With that qualification, the CHAT shows every sign of being an evidence-based tool. As shown on the graphs on the next page, the distribution of scores on the CHAT approximates a Bell curve, with a long righthand tail. In other words, most clients fall somewhere in the middle of the CHAT score range, but there are a few very high-scoring clients who score much higher than their peers, so that you have to follow the graph far out to the righthand edge to ensure inclusion of all clients. By contrast, the VI-SPDAT scores form a standard Bell curve, with most scores falling in the middle of the graph and no noticeable righthand tail.



Of the two distributions, the CHAT's distribution is better suited to recommending a handful of high-vulnerability clients for high-intensity interventions with limited capacity, such as Permanent Supportive Housing. At least within the context of Southern Nevada's current population of clients, the statistical distribution of the prior tool tends to lump many individuals together at a score of 14 or 15, so that there is no way to differentiate between two persons with high levels of vulnerability or need. By contrast, the CHAT distribution improves this differentiation between those with the highest levels of vulnerability, allowing for more precise targeting of housing and services on the basis of levels of need.

Key Finding #6: The distribution of CHAT scores follows the correct curve for a tool that's meant to identify extremely high-risk individuals.

Another positive sign for the CHAT is that the standard deviation between two average clients is almost three times as high as the standard deviation between two average assessors, suggesting that who is **being evaluated** makes much more of a difference to a client's score than who is **doing the evaluation**. So far in Southern Nevada, there are 19 different assessors who have completed at least 10 CHAT evaluations each. When comparing one assessor to another, the standard deviation among each of these 19 assessors' average scores was only 2.34 points. On the other hand, the standard deviation within each experienced assessor's pool of clients was 6.06 points, a rate almost three times as significant. This is as it should be; an evidence-based tool should work regardless of who is doing the assessment, and the CHAT appears to work as intended regardless of which assessor is administering the tool.

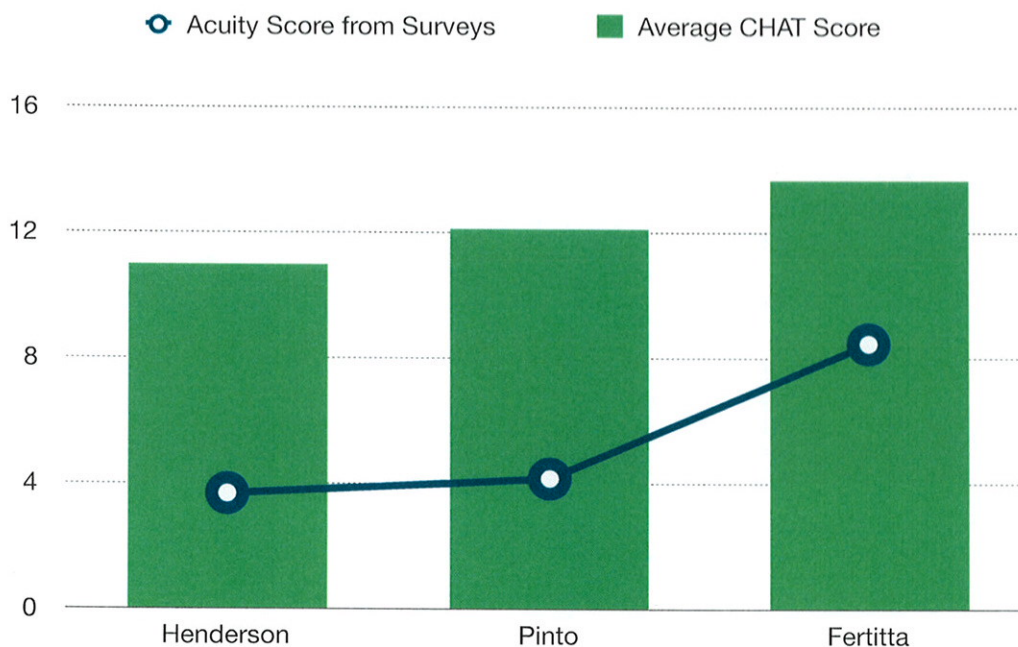


Moreover, even the modest deviation attributed to assessors may actually be the result of naturally arising differences in average acuity based on the different kinds of clients who present at the different hubs. To evaluate this possibility, HomeBase obtained complete lists of assessors from the Henderson, Pinto, and Fertitta hubs, and then asked survey respondents to rank the average acuity of each assessment center from highest to lowest. The centers that respondents thought were likely to see the most acutely vulnerable clients received a ranking of "1", and the centers that respondents thought were likely to see the least vulnerable clients received a ranking of "8". By totaling the reciprocals of these rankings, HomeBase was able to produce acuity ratings for each hub on a scale of 0 to 18, where 18 represents the "most acute" centers and 0 represents the "least acute" centers. Hubs with a higher acuity rating would be expected to have a higher

average CHAT score, not because their assessors are biased, but simply because the people in the neighborhoods that they draw their clients from are more distressed.

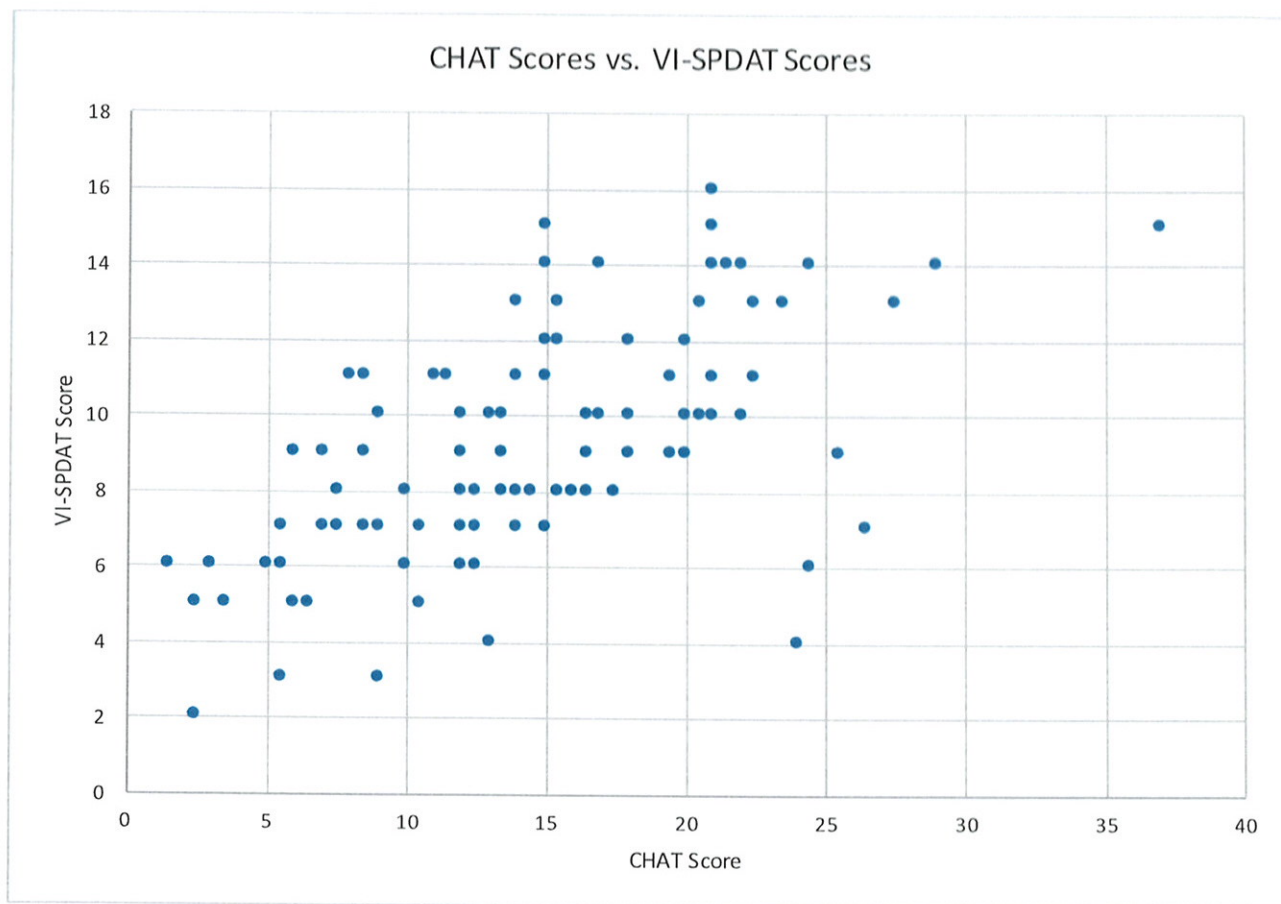
Key Finding #7: The CHAT's standard deviation shows that the differences between scores are mostly based on real differences between clients.

In this case, survey respondents gave Henderson an acuity rating of 3.68, Pinto an acuity ratio of 4.17, and Fertitta an acuity rating of 8.49, so we would expect Fertitta to have the highest CHAT scores and Henderson to have the lowest average CHAT scores. As shown in the chart below, this is exactly what happened. Henderson's assessors had an average CHAT Score of only 11, Pinto's assessors had an average CHAT score of 12.12, and Fertitta's assessors had an average CHAT score of 13.68. Note that the difference in average CHAT scores between Henderson and Fertitta (+2.68) is approximately the same as the standard deviation among assessors (± 2.34), suggesting that essentially all of the difference in average scores that was associated with differences in assessors can be attributed to appropriate variation based on variation in the kinds of clients who present at a given hub.



Other relevant statistics also fall within the performance benchmarks established by the community. Among the 195 clients who were assessed with both the CHAT and the VI-SPDAT, the correlation between scores on the two tests was 0.61, indicating that the two scores are strongly connected, but not perfectly connected. This is appropriate, because if the two scores had nothing to do with each other, then that would suggest that the CHAT is not picking up on important information, but if the two scores were perfectly connected, then there would be little point in switching from the VI-SPDAT to the CHAT.

One possible explanation for a difference in scores between the VI-SPDAT and the CHAT is that time passes between when the VI-SPDAT is administered and when the CHAT is administered. If a client has remained



homeless during the months that went by between the two assessments, then the client may have developed additional symptoms, or more intense symptoms, which would tend to raise the client's score. To test this hypothesis, HomeBase ranked each CHAT score and each VI-SPDAT score on a percentile basis. For example, a client who scored at the 75th percentile on the CHAT would have a score that's higher than 75% of the other clients, and lower than 25% of the other clients. On average, spending one extra month on the wait list was associated with an increase of 3.2 percentile points in vulnerability, which translates into an average difference of about 2 points on the CHAT or about 1 point on the VI-SPDAT. Unfortunately, the number of clients who were assessed with both tools is simply too small to establish that this “rate of decay” for people waiting on the Community Queue is statistically significant. Fortunately, the correlation between CHAT scores and the date on which the CHAT was administered is also not significant ($r = -0.07$). This indicates that CHAT results from November 2016 can be validly compared to CHAT results from January 2017, and it suggests that assessors will continue to use the CHAT consistently over time.

Key Finding #8: CHAT scores have a moderately positive correlation with VI-SPDAT scores, just as expected for two related but distinct tools.

To fully establish the CHAT as an evidence-based tool, the community will need to find a way to re-administer the CHAT to some of the same clients. This could happen naturally (as clients who were assessed with the

CHAT get re-assessed after waiting for 6 months on the Queue), virtually (as part of a second review panel), or scientifically (by assigning two case workers to sit in on the same client's assessment on the same day and then having each case worker submit an independent CHAT score). In the meantime, though, there is every preliminary sign that the CHAT is a valid, reliable tool for the purpose of identifying the most vulnerable people experiencing homelessness in the Southern Nevada region.

Conclusions

Key Findings of the January 2017 CHAT Evaluation

Key Finding #1: Clients and assessors agreed that the CHAT was easy to use and that it typically takes only 20 minutes to complete. Everyone who commented on the CHAT felt that the questions were organized in a reasonable order and that the number of questions was appropriate for the purpose of the assessment. Aside from occasional difficulties with saving the results of a CHAT for a client who had already received the VI-SPDAT, assessors found it easy to pull up the list of CHAT questions and record the answers in HMIS.

Key Finding #2: Assessors agreed that the CHAT reliably addresses conditions that are specific to Southern Nevada. Commenters praised the addition of questions about locally relevant topics like heatstroke and gambling. People also appreciated that the CHAT asks about family status and desire for roommates.

Key Finding #3: Survey respondents agreed that the CHAT was reasonably accurate and reliable. Over 80% of survey respondents rated the CHAT's questions as "a little more accurate" than the prior tool and gave it a rating of "good accuracy" on its own terms.

Key Finding #4: Focus group participants thought the CHAT needs to be combined with a more conversational interview to yield accurate information about sensitive topics like crime, drugs, and sex work. Assessors who came to the in-person focus groups were concerned that even though most of the CHAT's questions are well-worded, there are limits to how much any survey question can persuade a stranger to honestly share sensitive information. Assessors suggested that Southern Nevada try to (a) break up some of the questions into smaller segments so that clients won't rush to answer "No!" to a whole category of questions just because one of the items in the category was embarrassing, and (b) try to provide more privacy or sound-screening so that clients can't be overheard.

Key Finding #5: Review panelists confirmed that the CHAT accurately reflected clients' vulnerability, even for "outliers" whose scores had changed significantly since their last assessments. Review panelists felt that when a client's score changed from one assessment to the next, it was either because of a change in answers or a change in community priorities, rather than because of any problems with the CHAT's questions.

Key Finding #6: The distribution of CHAT scores follows the correct curve for a tool that's meant to identify extremely high-risk individuals. In the context of Southern Nevada's current client population, the prior tool generated concern that too many clients were being pushed together under a score of 14 or 15. By contrast, the CHAT provides a broad range of scores at the upper end of the spectrum, helping to distinguish between people with scores of 30, 31, 32, 33, 34, 35, 36, or 37.

Key Finding #7: The CHAT's standard deviation shows that the differences between scores are mostly based on real differences between clients. Assessors in different parts of Southern Nevada are all using the CHAT in a standardized way to yield reliable data. When two different assessors have different "average scores" for the clients they've assessed, those differences generally line up with people's pre-existing

expectations about which locations serve more vulnerable clients — on average, assessors at locations with a reputation for serving more vulnerable clients tend to assign their clients higher CHAT scores.

Key Finding #8: CHAT scores have a moderately positive correlation with VI-SPDAT scores, just as expected for two related but distinct tools. A client with an above-average VI-SPDAT score will also tend to have an above-average CHAT score, but the connection is not exact...sometimes when a client undergoes both types of assessment, one score is significantly higher than the other. This makes sense: if the two assessments always yielded the exact same results, there would be little reason to switch tools, but if the two tools had nothing in common with each other, then at least one must be malfunctioning, because a person's vulnerability at the start of a year will usually be at least *somewhat* similar to the person's vulnerability at the end of the year.

These seven key findings address all four of the goals set forth in the beginning of the Evaluation, as shown in the chart below:

Goals and Performance Benchmarks			
	Description	Benchmark	Key Findings
User Satisfaction	Are assessors, matchers, and clients comfortable with the use of the tool? Is the CHAT at least as user-friendly as the VI-SPDAT?	On average, administering the CHAT should take no more than 20 to 40 minutes, and internal staff should report 90+ % rates of satisfaction with the tool, especially with respect to how well the tool helps ensure that the appropriate people get housed.	#1
Good Match for Local Conditions	Does the CHAT accurately reflect community concerns, including the need for detailed medical triage and flexible wording?	The CHAT should make it easier to identify appropriate referrals (e.g., chronic homelessness, mental illness, substance abuse, location of jurisdiction, dual diagnosis).	#2
Accurate Measurement	Do clients' CHAT scores appear to correspond to real-life vulnerability, so that the clients with the highest CHAT scores are typically the clients who actually have the strongest need for Permanent Supportive Housing?	The review panel will determine how many of the cases it examines should be adequately explained by the data in order to register a success. In this case, all of the cases reviewed (six out of six) appeared adequately explained.	#3, #4, #5
Evidence-Based Tool	Does the structure of the CHAT data, including its degree of correlation with data from other tools such as the VI-SPDAT and independent review panels, support the conclusion that the CHAT is an evidence-based tool?	Correlations between CHAT assessments administered at different times, at different places (after allowing for predicted variations in the severity of local caseloads), or by different case workers should be in the 0.6 to 0.8 range. Correlations between CHAT assessments and VI-SPDAT assessments should be in the 0.4 to 0.6 range, because the CHAT is intended to prioritize a somewhat different group of people (people who have both a high diversity and a high severity of disability).	#6, #7, #8

Recommendations

Recommendation #1: Continue using the CHAT for Coordinated Intake

HomeBase recommends that the Southern Nevada CoC continue to use the CHAT to assess unaccompanied adults for referral to housing and homeless services. This first evaluation of the CHAT has established that assessors are using the CHAT in a reliable, reasonable manner that is statistically likely to produce meaningful results. A solid majority of the people using the CHAT gave it a positive review for accuracy, completeness, and user-friendliness, while also specifically describing the additional features of the CHAT that helped address the concerns of the Change Advisory Team. Initial data on the CHAT is fully consistent with the status of the CHAT as an evidence-based tool. Under these circumstances, there is every reason to continue using the CHAT for all intake assessments.

Recommendation #2: Plan for Future Evaluations with Long-Term Data

HomeBase recommends that Southern Nevada plan on conducting at least two future evaluations of the CHAT. Although the initial results are almost entirely positive, the ultimate test of any assessment tool is whether that tool produces good long-term results. Therefore, Southern Nevada should consider conducting a second evaluation of the CHAT after data becomes available on:

- (1) the rate at which people with low, medium, and high CHAT scores enter permanent housing;
- (2) the rate at which people with low, medium, and high CHAT scores return to homelessness;
- (3) the average length of time that people with low, medium, and high CHAT scores wait for a housing referral after receiving their first assessment;
- (4) the average length of time that people are homeless in Southern Nevada; and,
- (5) other metrics that may be of interest to the community, such as the average cost per successful exit from homelessness.

Like this initial study, the second evaluation should plan on examining both quantitative data (by pulling statistical results from Nevada's HMIS records) and qualitative data (by surveying frontline case workers and conducting case studies on individual clients). The quantitative data provides a reliable indicator that the test is performing as expected and the qualitative data can help provide context that makes sense of the overall performance statistics and helps bring those statistics to life. The second study should probably begin sometime in December 2017 or January 2018, so that a full year of data would be available to use in studying the outcomes encountered by people who were assessed with the CHAT.

The most important purpose of the second study would be to confirm that the CHAT is actually helping Southern Nevada to achieve the best possible housing outcomes. If the first study is primarily a test of the CHAT's **reliability**, then the second study would primarily be a test of the CHAT's **accuracy**. This first study has clearly indicated that the CHAT is measuring real-world differences between clients; the differences in

CHAT scores are not the result of random noise. However, even knowing that the CHAT is measuring something real, we still want to find out what that real thing is. Is the CHAT measuring the right kind of vulnerability? If so, then taking the people who scored high on the CHAT and referring them to high-intensity interventions like Permanent Supportive Housing should improve system performance measures. If not, then system performance measures would remain stable or decline. If the CHAT is applied primarily to unaccompanied individuals for its first year or so of operation, with other subpopulations continuing to be evaluated with the prior tool, then the second study will be easier to conduct. Southern Nevada will then be able to compare system performance for unaccompanied individuals to system performance for families and youth. If system performance improves more quickly among the group that is using the CHAT, then that strongly suggests that the CHAT is (a) accurate, and (b) helping to drive improvements in system performance.

Southern Nevada should also consider conducting a third study to take place one or two years after the Nevada HMIS begins to integrate objective data from hospitals, law enforcement, and emergency services. The third study could begin in 2019, 2020, or 2021, depending on what kind of data is available, and how long the community is comfortable waiting for the final round of testing. The purpose of the third study would be to determine how well a score on the CHAT correlates with objective data, such as third-party medical diagnoses and criminal records. Closely examining a client's entire case file can take many hours, and so it is not necessarily appropriate to review every document in the file during a routine intake, when clients must be assessed quickly so that they can be referred to appropriate services before they lose contact with their case worker. However, if the third study shows that the self-reported data on the CHAT closely correlates with the objective data found in third-party records, then that is a sign that the CHAT can be trusted to accurately reflect a client's true vulnerability, even though administering a CHAT is, by design, much faster than a total review of a complete case file.

	Timeframe	Data Source	Key Findings
First Study	Winter 2016 - 2017	Early CHAT scores, focus groups, and surveys	Reliability; Validity
Second Study	Spring 2018	1+ year of CHAT scores, plus program and system performance measures	Accuracy
Third Study	2019 to 2021	2+ years of CHAT scores, plus HMIS data from hospitals and law enforcement	Objectivity; Cost-Effectiveness

Finally, during the second study, or during the third study, or both, it would be advisable to try to gather at least some records from clients who were evaluated with the CHAT more than once. One likely source of such records is clients who remained in the system for more than one year after the CHAT was launched, and who were therefore re-evaluated as part of a routine annual check-in. The point of this exercise would be to triangulate the three different potential sources of variability (different clients, different times, and different assessors) to try to demonstrate that the CHAT is appropriately stable when used on the same person by (a) different assessors at (b) different times.

Naturally, some difference in score is to be expected based on changed circumstances; a client who has been homeless for an additional year will probably have additional symptoms. It will be possible to estimate how much of the change is being driven by the differences in clients' situations as opposed to differences in how any individual client is perceived by assessors by comparing the "difference in difference," between:

- (1) the change in the same client's scores as measured in two different years; and,
- (2) the difference between two different clients as measured in two different years.

Recommendation #3: Provide Additional Training for New Assessors

During focus groups, assessors indicated that their training on the CHAT capitalized on near-universal familiarity with the prior assessment tool, the VI-SPDAT. The training session was non-participatory and lasted for only one hour. Because assessors were already familiar with how to administer the VI-SPDAT, it was relatively easy for them to learn to administer the CHAT. However, even with this extra experience to draw on, some assessors still experienced confusion around how to safely store CHAT data in the Community Queue, and on how to obtain and document client consent forms.

As the CHAT remains in use for longer periods of time, more assessors will be working in Southern Nevada who do not have prior exposure to the VI-SPDAT, and some of these workers may require additional training. Using a two- or three-hour training that includes time for assessors to practice administering a CHAT and saving the results in the database will help maintain a consistently high level of quality in the evaluations.

Recommendation #4: Invest in Sound Barriers and Privacy Walls

HomeBase recommends that the Southern Nevada CoC invest in sound barriers and privacy walls for the use of assessors and clients who are completing CHAT evaluations. At least ten assessors noted that clients were often reluctant to share information about sensitive topics, and that this reluctance sometimes led to answers that appeared inaccurate, incomplete, or dishonest. Any assessment tool is only as powerful as the data that goes into it, and one of the best ways to improve data quality is to help clients feel confident that their privacy will be fully respected. Even when assessors verbally reassure clients that their answers are confidential, this assurance rings somewhat hollow when assessments are occurring in adjacent cubicles that are in relatively easy earshot of other clients receiving the same assessment.

HomeBase recognizes that limited resources make it unrealistic to expect most assessment interviews to take place behind closed doors. However, within the means available to the CoC, Southern Nevada should strive to screen off each client's comments from other clients. Techniques to address this issue could include: adjustable privacy curtains, mats or wall coverings that are designed to muffle sound, small speaker systems that can be used to produce an appropriate level of ambient background noise so that a client's verbal communications can only be understood at close range, and providing an option for clients to silently point to one of a handful of notecards with pre-printed responses for the more sensitive questions.

Recommendation #5: Setup Automatic Alerts for Sharply Different Scores

During the review panel, some panelists expressed concern that certain VI-SPDAT responses were missing from the database, perhaps because they had been overwritten or because they had not been copied over from an older edition. This led to discussion about the usefulness of directly comparing a client's answers on an older assessment to the client's answers on a more recent assessment. For example, if a client denies having any substance use or mental health issues in one assessment, but then admits to using multiple substances and having multiple mental health issues only one year later, this raises concerns about whether it is possible for both sets of answers to be accurate, and may spur caseworkers to attempt to gather more information about the client, or to try to confront the client with evidence that the client was more vulnerable in the recent past, to try to see if the client's vulnerability has actually decreased.

HomeBase therefore recommends that Southern Nevada attempt to create an "automatic alert" that will flag case records where one assessment is significantly different from the previous assessment, after accounting for the difference in scale between the two scoring systems. One way of implementing this alert would be to say that, if, after doubling a client's VI-SPDAT score, that score is still more than 12 points higher or lower than the client's CHAT score, then the client's records should be flagged for further attention. The hope is that such alerts will help to "catch" clients who may be extremely vulnerable but who, for one reason or another, are not accurately describing their vulnerabilities during their most recent assessment.

Appendix A: Focus Group Questions

December 12-15, 2016

General:

1. About how many CHATs have you administered thus far?
2. How long does it take you to administer a CHAT? How many CHAT assessments are you able to administer each day?

Questions and Content

3. Do you always understand exactly what the CHAT questions mean?
4. Do clients always understand exactly what the CHAT questions mean?
5. Do clients answer the CHAT questions honestly?
6. Do you use any outside information besides the clients' self-reported answers?
7. Are there any questions that you feel uncomfortable asking?
8. Are there any questions that seem to make the client uncomfortable?

User Experience

9. Is the CHAT easy or hard to use? Why?
10. How much CHAT training did you receive? What kind? Do you feel confident that you have the skills you need to administer the CHAT?
11. What do the clients tell you about their experience with the CHAT?
12. Do the clients who seem to be very vulnerable and needy score higher than those who seem less vulnerable/needy?

Comparison to VISPDAT / Last Year

13. What are the CHAT's biggest strengths? Its biggest weaknesses?
14. Is the CHAT an improvement on the VI-SPDAT? Why or why not?
15. Compared to last year, is it any easier to fill out consent forms?
16. Compared to the VI-SPDAT, are the questions less confusing?

17. Compared to the VI-SPDAT, are you collecting more accurate information?
18. Compared to the VI-SPDAT, are you getting a good read on clients' medical condition?
19. Is there anything else you'd like to share with me about your experience administering the CHAT?
20. Which center(s) would tend to get the most vulnerable clients who should wind up with the highest scores?

Appendix B: Survey

December, 2016-January, 2017

Provider Survey

Thank you for taking the time to fill out this quick survey about the CHAT! Your responses will be used to help figure out whether a client's score on the CHAT matches up with case workers' individual opinions about the client's vulnerability. We are sincerely interested in your thoughts and opinions about all aspects of how to improve the CHAT, but please keep in mind that the CHAT already reflects the compromises made by experienced practitioners after many hours of careful study and debate, so we will not be able to incorporate every suggestion we receive about, e.g., new questions that you would like to see on the CHAT. We look forward to reviewing your feedback.

1. What is your role in the Coordinated Intake system?

- ☐ CCSS CHAT Assessor (Eligibility Worker)
- ☐ CCSS CHAT Assessor (Social Worker)
- ☐ VA CRRC Assessor
- ☐ Outreach Worker (MCIT)
- ☐ Outreach Worker (Caridad)
- ☐ Other (please specify)

2. Where would you typically administer a CHAT?

- ☐ At the Pinto hub
- ☐ At the Henderson hub
- ☐ At the Cambridge annex hub
- ☐ At the Fertitta hub
- ☐ At the CRC hub
- ☐ At the VA CRRC
- ☐ In the field
- ☐ Other (please specify)

3. About how many CHATs have you administered?

- ☐ 0
- ☐ 1-3
- ☐ 4-9
- ☐ 10-49
- ☐ 50 or More

4. How would you rate the CHAT compared to the VI-SPDAT?

	The VI-SPDAT was much better	The VI-SPDAT was a little better	The CHAT is a little better	The CHAT is much better
Accuracy	☐	☐	☐	☐
Completeness	☐	☐	☐	☐
Ease of Use	☐	☐	☐	☐

5. How would you rate the CHAT on its own terms?

	Poor	Fair	Good	Excellent
Accuracy	☐	☐	☐	☐
Completeness	☐	☐	☐	☐
Ease of Use	☐	☐	☐	☐

6. What's your favorite thing about the CHAT?

7. What part of the CHAT would you most like to change?

8. Where do you think the most vulnerable clients are most likely to be assessed? Please drag and drop these bars so that the locations that get the neediest clients at the top of the list, and the locations that get relatively stable clients at the bottom of the list. If you don't know enough about other centers to have an opinion, please drag "I have no opinion" to the top of the list.

	Pinto
	Henderson
	Downtown
	MCIT
	CRC
	Cambridge Annex
	Fertitta
	VA CRRC
	I have no opinion

9. What else would you like us to know about your experience with the CHAT?

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