2019 Rank and Review Gaps Analysis

Summary

In 2019, Community Alliance made the effort to switch vendors of its Homeless Management Information System (HMIS). We based the decision to do so around two key factors: end-user experience and reporting capabilities. In previous years, we experienced issues surrounding our data quality, and limited export capabilities that diminished potential for how we utilize our data and guarantee its veracity.

With the transition to a new database, we have improved both our analytics, and the frequency with which we can track clients and programs. In this and future gaps analyses, we will harness these capabilities and focus on assessing strategic resource allocation and community impact with regard to the CoC-funded programs.

Strategic resource allocation is a focus on each program's cost-benefit, by evaluating how funds are awarded compared to how the resources offered by that program are utilized. Indicators associated with this evaluation include the program's performance score, the number of people served by the program, and the population the program is designed to serve.

Community impact addresses how a program contributes to the overall mission of ending homelessness, including avid participation in the coordinated entry system; focused goal-setting, such as increased employment; and partnering with other agencies, such as the Memphis Housing Authority, to utilize targeted resources available to the community.

At this time, we are still using information that was organized inside our old system, and can only provide a partial view of both the community's gaps and its current successes. For this 2019 analysis, we are utilizing data representative of the January 2019 Point-In-Time count (PIT), the annual Housing Inventory Count (HIC), and the FY 2018 Longitudinal Study Analysis (LSA) submission.

Strategic Resource Allocation

Table 1 compares the number of individuals that were served on the night of the PIT count with the total number of beds that were available (occupied or unoccupied) on this same night, per our HIC.

Table 1: Permanent Supportive Housing (PSH) Bed Utilization (Total Population)

Population Type	Beds Occupied	Beds Available	Beds Unoccupied
RRH	387	387	0
PSH	1,171	1,409	238

Table 2 compares the number of veterans that were served on the night of the PIT count with the total number of veteran beds that were available (occupied or unoccupied) on this same night, per our HIC.

Table 2: PSH Bed Utilization (Veteran Population)

Population Type	Beds Occupied	Beds Available	Beds Unoccupied
RRH (Veterans)	65	65	0
PSH (Veterans)	620	640	20

What we must consider is that some of these beds may have been available in occupied units—meaning bed counts are not always the best way to determine utilization. In future analyses, we will focus on unit utilization, but were unable to this year, as our old HMIS precluded us from accurately tracking this information.

Youth (Ages 18-24)

At this time, the primary housing option for this population are Rapid Re-Housing (RRH) beds, of which there are only 10 available across our CoC. Over the last two years, all RRH beds have been filled during the PIT count, demonstrating a need for more youth-centered units.

Equally difficult has been the issue of serving LGBTQ youth, who face increased stigmatization, domestic violence, and unstable family supports. Additionally, youth comprising this population may have to conceal how they identify in order to gain access to shelter.

Families

Currently, there are only two CoC-funded organization providing PSH opportunities, but there is additional data we must work to gain from our coordinated entry system regarding families who are turned away from services. Likewise, there are only two CoC-funded programs providing RRH-opportunities to families, and one of these programs lost funding for 505 RRH beds the previous year. If these beds are not awarded funding this year, the need would again go unmet.

Ultimately, there is a clear need for increased PSH and RRH units that can benefit families, especially as we consider the average household size of Memphis/Shelby County to be 2.6 (per the American Community Survey). Additional barriers to housing

larger families are the availability of larger units, and the involvement in serving a family versus serving and placing an individual.

Veterans

Year-round VASH-funded PSH beds have been steadily added to the community since 2015, and, as indicated by the PIT/HIC over the last five years, these beds are occupied an average of >90% on the night of the PIT. The fact that more PSH beds veterans are added, but the utilization remains the same evidences the need for additional beds.

Community Impact

Aging Population

On average, 30% of PSH beds (consistent over the last 5 years) have been utilized by individuals ages 51 and older. This project type has a high retention rate (95%), and the population of over-50 individuals continues to grow steadily. Aside from VASH-funded PSH beds, the number of PSH beds has been slower to develop. With increased attention on this population at the federal level, it will become a priority to locate additional subsidized housing.

Coordinated Entry

Based on the housing prioritization list for single adults, as of August 15th, 2019, there are 10 individuals matched with a housing solution that will be available in the next two weeks. Of the total number of individuals with assessments[1] indicating a need to be housed in PSH, there are 63 individuals; 23 of those 63 are ready to be referred for housing, while the remainder are waiting on documentation.

Housing Choice Voucher Program

There are several CoC-funded programs that also participate in housing choice voucher programs focused on family unification, non-elderly disabled, and youth who have previously been in foster care. There are specific criteria involved around eligibility, and moving the eligible population through voucher stages swiftly has been improving. Projects B, C, D, N, O, P, and W have all contributed referrals to this process.

[1] In our CoC, we utilize a Vulnerability Index (VI) assessment in order to gauge which clients exhibit the highest need, so that we can prioritize how we're housing.

Conclusion

1) Based on the PIT/HIC analysis, we can conclude that the highest need is for RRH youth beds; secondarily, families and veterans constituted the next greatest need when evaluating which beds are reliably utilized.
2) Based on the current housing prioritization list, we can conclude that there are more vulnerable homeless individuals in need of housing than there are available PSH units at any given time.
3) Based on the difficulty in adding additional PSH units, utilizing other community resources, such as voucher programs, are necessary alternatives. Expanding partnerships in this area can help address this gap.