

FHPAP 14-15 Prevention Targeting Strategy Implementation #3 for St. Louis County

(update Submitted to MHFA April 2014)

Purpose:

The [recommendations](#) of the FHPAP Re-design Work Group along with the Prevention Targeting Strategies and Evaluation questions within the 14-15 RFP point to the need to work together to test strategies on how to best target limited prevention dollars to households that are more likely to become homeless without public intervention (services &/or direct assistance). The lessons learned throughout this process will be shared and will inform the prevention target expectations for the 16-17 RFP.

Expectations:

1. Each grantee will need to determine which 1 or 2 strategy areas from options a.-c. the community will commit to working on during the 14-15 biennium. Strategy Area d. may be the second area that your community chooses to work on but cannot be the only option since each community is already expected to work towards improving their homeless response system.
2. Each community can determine the strategies and methods of implementation that best fits their needs. Consultation among participants in the strategy area is encouraged to share innovative/create ideas but also to share approaches/tools for communities to adopt and modify.
3. Participation, implementation, reporting, evaluation and applied learning will be part of the Performance Capacity/Compliance score in the 16-17 RFP. Elements of considerations will include the number of areas your community is committed to working on, participation in designated meetings by coordinator or designated rep for each grant, complete and timely reporting, implementation of identified strategies and evaluation and modification of strategies based on evaluation.
4. Reporting will include material preparation prior to and participation in (at least) the Quarterly Coordinator's meetings (10/28/13, 1/27/14, 4/28/14, 7/28/14, 10/27/14, 1/26/15).

Meeting 1: At the Oct. 28th Quarterly Coordinator's meeting, each grantee was asked to identify which strategy area(s) the community is committed to working on and to share:

- Initial ideas or identified activities that could or are currently being implemented for each selected strategy area

- Thoughts on formats (via ITV, conference call, written reports, website, etc.) to share what each community has learned.
- Questions, needs for data/technology/support

Meeting 2: In preparation for the next quarterly Coordinator’s meeting

Please complete the table & questions below and also send any draft tools that you have created so these can be shared with other grantees. Requested material should be submitted to [Kim](#) by **January 20th**. (*Submission #3 April 14th*)

Instructions (by Column)

Committed Area (Y/N): After the October Coordinator meeting and 12-13 report check-in, some grantees have decided to reduce the number of areas dedicated to work on. Indicate only the area that your community has decided to focus on in the chart below. Others stated that they’d like to indicate a primary and secondary focus area. If you would like to prioritize one strategy area, please indicate your primary strategy area in this column. Reminder: Strategy area d cannot be the only or the primary committed area.

Action Items: Build off of the originally submitted proposal (column titled initial ideas/activities/partners); please clarify/revise/fine-tune activities/action items. List main activities identified to implement. If you have developed a tool, please list a few of the top elements/indicators that the community predicts will assist in identifying the target population. After each main action item, please indicate the date of implementation.

*The activities associated with the designated primary strategy areas, in part or whole, should be implemented by the second meeting on 1/27/14.

Evaluation: describe initial ideas on evaluation process/methodology, tools and timing (regular increments).

Strategy Area	Committed Area (Y/N)	Action items	Evaluation
a. Developing diversion strategies in regions that have shelter.	Yes	1. After review of multiple best practice tools regarding a variety of diversion questions, provider task group worked through many of the documents to determine most appropriate questions to include on a Uniform Intake Application for St. Louis County. 2. Created a Uniform Intake Application based on questions	FHPAP providers will begin to use the intake application and track households diverted from shelter and FHPAP program if HH’s have other options available. Information provided will be

		<p>already required for HMIS documentation and incorporated several standard diversion questions.</p> <ol style="list-style-type: none"> 3. Presented tool for review to Provider Council and Homeless Response Committees on the Iron Range and in Duluth in March for further community evaluation of the developed application and recommendations. 4. Pilot of Uniform Intake Application tool to begin being used by all FHPAP Providers April 2014. 5. FHPAP providers will report on diversion application in 3 months to evaluate usage. 6. Begin discussions to determine if and how to incorporate Duluth's main shelter into prevention efforts. 	<p>used for further evaluation, not just "turnaways" due to insufficient HH income or lack of program funding. Initial questions are to determine where HH were diverted and how to evaluate the length or permanency of the diversion. FHPAP Coordinator will compile the available data quarterly to discuss with FHPAP group and continuum of care Homeless Response Committee meetings. Review of Ramsey County (and others) evaluation tools, efforts and lessons learned will be welcome as we work on St. Louis County tactics.</p>
<p>b. Developing diversion strategies in regions that do not have shelter.</p>	<p>No</p>		

<p>c. Improve our ability to distinguish who will become homeless without help and who will be able to stabilize with limited prevention assistance (previously 2 separate groups).</p>	<p>Yes- (secondary) to keep this discussion ongoing as an important part of our prevention program.</p>	<ol style="list-style-type: none"> 1. New Eligibility Guidelines were established based on data evaluation of households served through the FHPAP program in the past and consideration of other funding stream requirements. 2. Ongoing discussion for our community to learn from SLC data, other best practices and statewide FHPAP Coordinators. 3. Work with other community homeless/housing funding programs (primarily ESG) to develop collaborative evaluation standards for prioritizing households. 	<p>SLC is working to gain understanding of return to shelter and return to FHPAP program data to evaluate characteristics of households most likely to return for services, and learn targeting strategies for the most effective system priorities.</p>
<p>d. Identifying FHPAP's role in the broader homeless prevention system (coordination with EA, developing prevention/diversion portion of Coordinated Assessment, etc.).</p>	<p>Yes- Coordinated Access task force created, FHPAP Coordinator is involved as staff and attends all CA meetings.</p>	<ol style="list-style-type: none"> 1. The CA task force was created and is meeting twice monthly. The task force is made up of 15 committed members including several Leadership Council Advisory members, and Provider representatives from several FHPAP sub grantee providers. 2. A work plan has been drafted for determining CA policies and procedures, system mapping, communication and marketing, program standards, assessment process, data evaluation and priority determination. 3. Prevention funding and activities are included in the homeless system mapping and planning 	<p>MICH rep is involved in keeping SLC apprised of best practices across the state as we move forward with CA planning and implementation. Providers from both South and Northern St. Louis County, Leadership Advisory, County and City of Duluth staff and community advocates are working together to understand the</p>

		towards a Coordinated Assessment System for St. Louis County.	overall continuum of care and how to develop an effective homeless response system.
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1. Describe how your evaluation will test the effectiveness of your communities targeting strategies.
The FHPAP pilot Uniform Intake Application will allow for an initial group of providers currently receiving FHPAP funding to test the application and come together to check on real world use. As diversion data is gathered, providers will identify what types of diversion are most effective and what the characteristics are of the households in most need of prevention services.

2. What barriers/challenges/hurdles have you encountered in your planning and implementation? *(besides weather conditions?!)*

For Strategy A- One big challenge discussed was for providers to determine how to follow up on diverted households to identify how successful diversion tactics are. Previous follow up requirements were challenging because of the transitional nature of households applying for the FHPAP program. Cell phones are often temporary or passed around. Email follow up is often unsuccessful. Many providers indicated that follow up was often random, running into clients at community events or at the grocery store was often the only follow up that was effective.

Another challenge is to determine best use of Matrix data to define HH barrier levels, and determine program standards. Since FHPAP program participants are not usually enrolled long term, it is difficult to follow up and re-assess participants.

For Strategy D- the homeless response community is working towards understanding and identifying the FHPAP program role as how it relates with ESG and CoC activities. St. Louis County is in the beginning stages of the Coordinated Assessment process and providers and community advocates are coming together with County and City staff and Leadership Advisory Council to gain an understanding of our continuum of care for homelessness prevention and housing. System mapping and awareness of all entities related to stable housing is essential to the process of developing a solid CA system.

3. What's your preferred method of exchanging thoughts, tools, lessons learned?
Email, Box.com, MN Housing web page, Google/Yahoo group, additional meetings/phone calls, other ideas? St. Louis County

FHPAP Coordinator and service providers prefer direct Email, additional meetings and phone calls.

Next Steps: assess initial lessons learned and develop a defined evaluation plan.

Further direction will be provided prior to the April 27th Coordinator's meeting.