



CE RRH Prioritization Recommendation

Agenda

- RRH Reevaluation Guide
- CE Workgroup RRH Recommendations
- Recommendation Timeline
- RRH Performance Data Recap
- Option 1 Review
- Option 2 Review
- Option 4 Review
- Discussion and final recommendations



RRH Reevaluation Goals



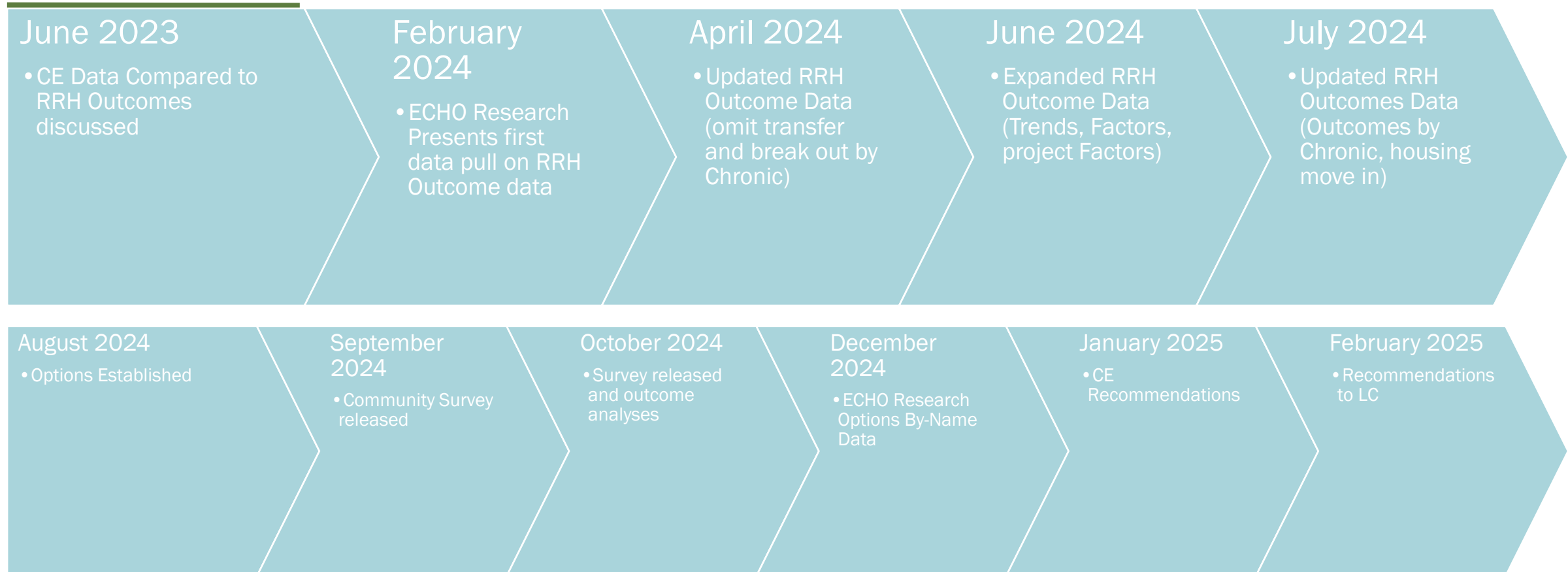
Utilizing the RRH exit data, the CoC's Coordinated Entry Workgroup has proposed the following changes to Prioritization for consideration by the community. These changes to prioritization hope to:

- Equitably support participants in connecting with resources that will support them in exiting homelessness
- Assist participants in connecting to a project which will meet their needs
- Reduce the number of rapid rehousing participants who return to homelessness
- Increase the number of participants who receive RRH support and exit successfully
- Increase access to RRH as a short-term support to end homelessness
- Creating a system of efficiency and effectiveness
- Recognizing the effectiveness of the actual intervention

Coordinated Entry Workgroup RRH Recommendations

- Households who meet the following criteria may be prioritized for rapid rehousing:
 - A) Households whose APAT Score is below a 10,
 - or
 - B) Households with an APAT Score above 10 AND who have a duration of less than 12 months in this current episode of homelessness at the time of assessment
- Enhanced Client Choice - Update the CE Scripts to inform clients of possible outcomes based on historical trends
- Dynamic Prioritization – Develop a data-informed process to prioritize those households who do not meet the above criteria but may be likely to resolve their homelessness with RRH

Recommendation Timeline

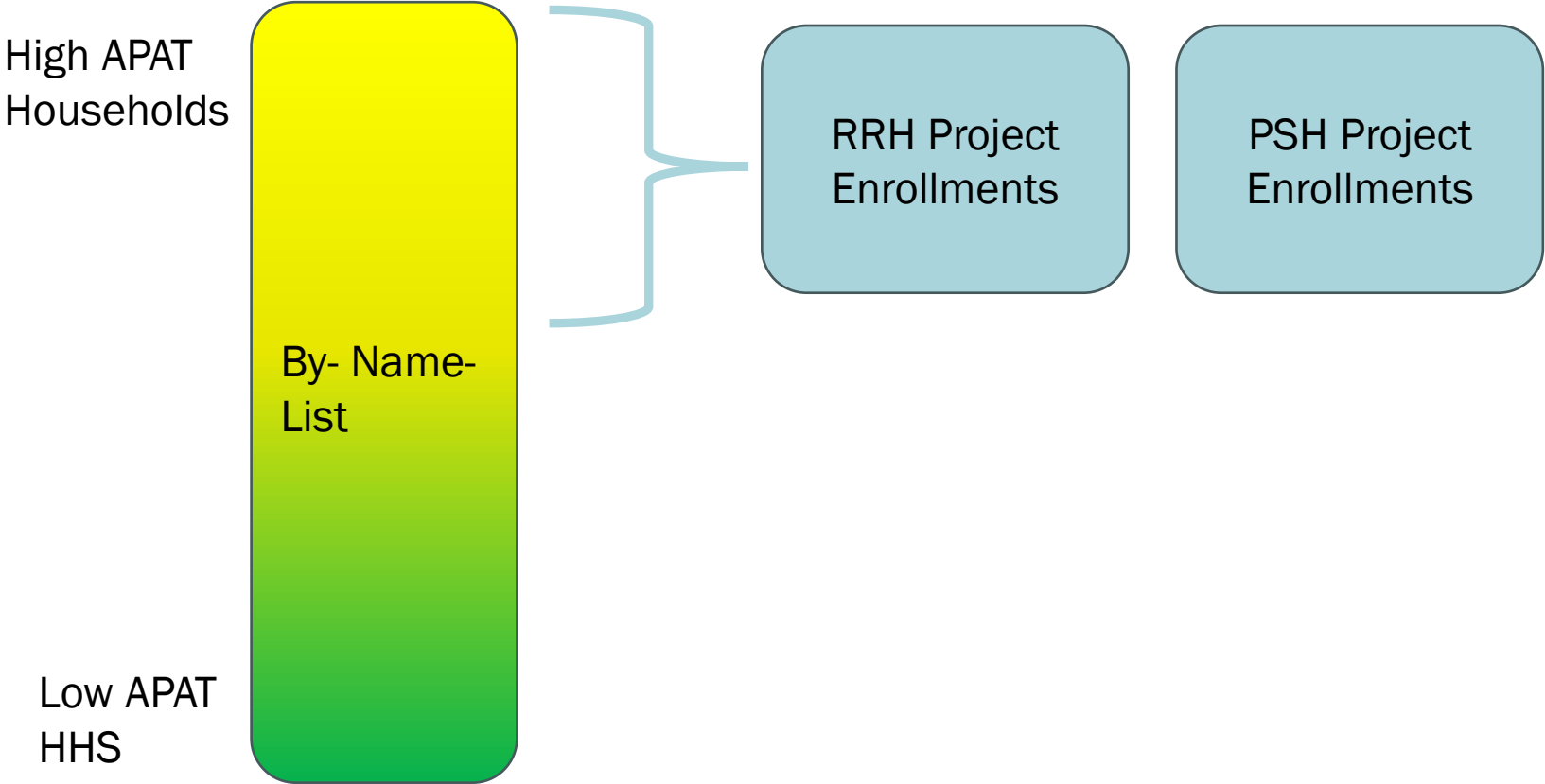


Current RRH Prioritization Process - Policy

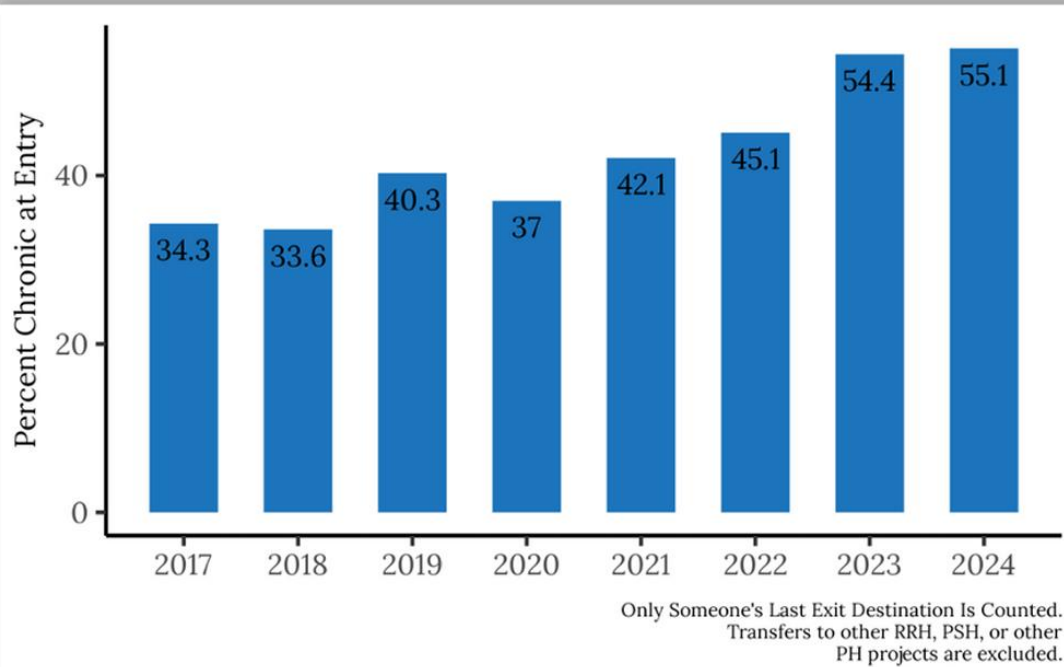
Households are prioritized for [Rapid Rehousing] intervention according to the following criteria:

- *Priority One: Clients with the highest vulnerability and severity of service need, as defined by their API score.*
- *Priority Two: Clients who meet the criteria for one or more of the four HUD-recognized Opening Doors Subpopulation Targets (Active Duty US Military Veteran, Household with Minor Children, Unaccompanied Youth, or Chronic Homelessness). Households that meet the criteria for multiple subpopulations will be prioritized according to total number of subpopulation definitions met.*
- *Priority Three: Clients with the highest Length of Time Homeless, defined as whichever of the following metrics is higher:*
 - *Total number of nights spent literally homeless in the prior year*
 - *Total number of nights spent continuously literally homeless*
- *Priority Four: If all the above criteria is identical, then whichever household first completed the vulnerability assessment will be prioritized (as having first presented for assistance).*

Current RRH Prioritization Process - Impact

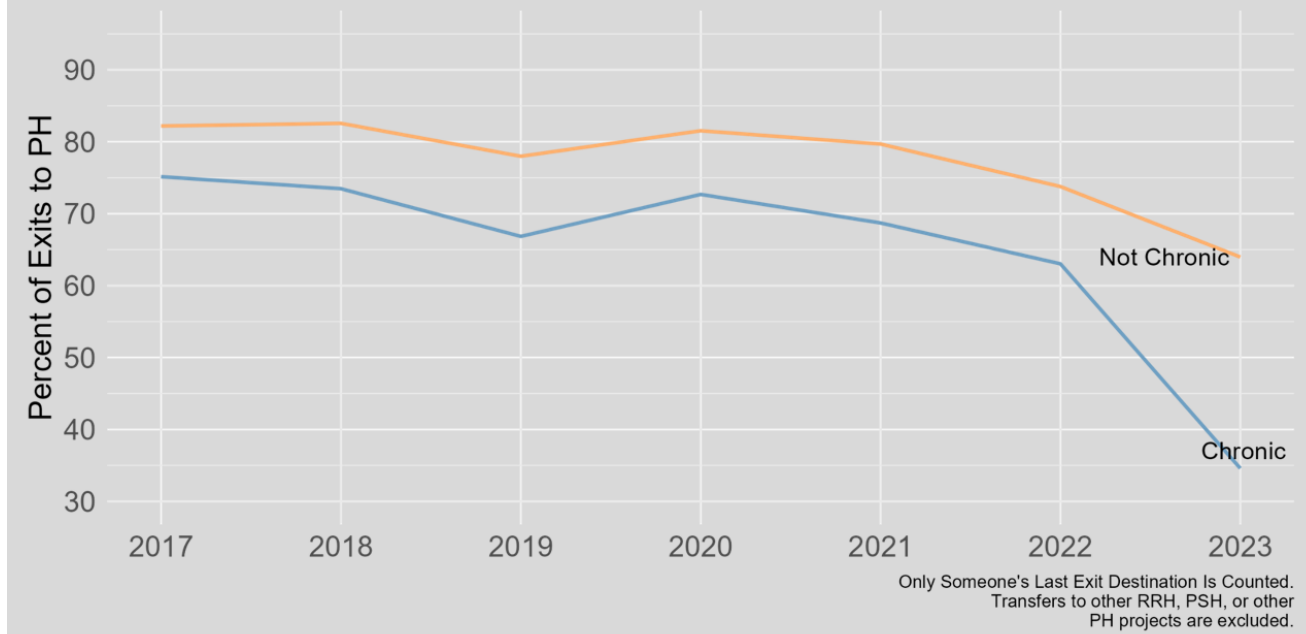


Percent of People Exiting Rapid Re-Housing Who Were **Chronically Homeless at Enrollment**



Rapid Re-Housing Exits to Permanent Housing, By Chronicity

All Exits, Heads of Household Only



RRH Performance Snapshot

[2023 RRH Data from the State of Homelessness Report](#)

[Data from 2017 - 2024](#)

RRH Cost Factors

A unit of RRH costs approximately
\$34,000 per year.

Survey Results

Do you feel the current RRH prioritization policies and processes are working for our system?

All:

- Yes = 18% (n=8)
- No = 68% (n=30)
- Maybe = 14% (n=6)

Excluding Anonymous

- Yes = 13% (n=5)
- No = 66% (n=25)
- Maybe = 21% (n=8)

Do you feel RRH projects are able to meet the needs of those currently referred for services?

All:

- Yes = 9% (n=4)
- No = 66% (n=29)
- Maybe = 25% (n=11)

Excluding Anonymous

- Yes = 11% (n=4)
- No = 68% (n=28)
- Maybe = 21% (n=8)

CE RRH Options

Option #1 Length of Homelessness Limitation

Draft Policy: Clients who report greater than 12 months of continuous homelessness will not be referred to RRH services.

More Than 12 Months Homeless Most Recently

MoreThan12Months	Count	Positive Exit Rate
No	1359	0.88
Yes	1820	0.77

If this RRH Prioritization was implemented, do you feel like this change would make the system more effective?

All:	Excluding Anonymous:
Yes = 43% (n=19)	Yes = 45% (n=17)
No = 30% (n=13)	No = 29% (n=11)
Maybe = 27% (n=12)	Maybe = 26% (n=10)

Do you support this RRH Prioritization option?

All:	Excluding Anonymous:
Yes = 43% (n=19)	Yes = 47% (n=18)
No = 36% (n=16)	No = 34% (n=13)
Maybe = 20% (n=9)	Maybe = 18% (n=7)

RRH APAT Broken Down by Chronicity (Total BNL Population)

Gender	Mean Score	Difference from Mean	Total Number of Individuals
Non-Chronic	7.7	-1.1	6690
Chronic	10.1	+1.3	5607

Option #2 Coordinated assessment Score Limitation

Draft Policy: Establish a "score limit" so that individuals who score higher on the CA are referred to PSH and individuals in the lower score range are referred to RRH.

Coordinated Assessment Score

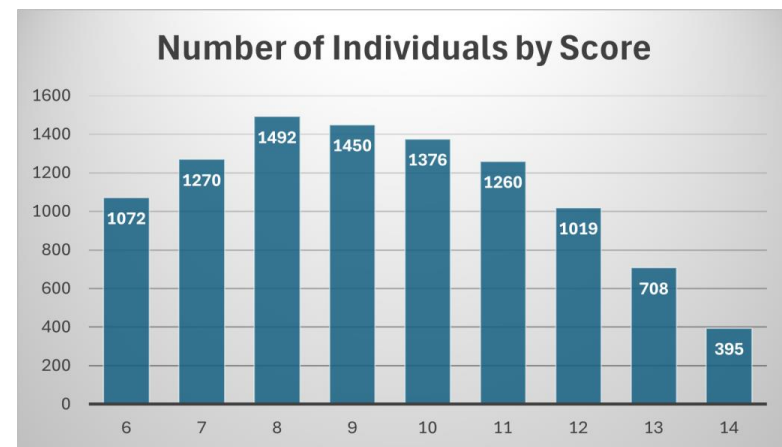
Destination	People	CA Score Above Avg
Negative or Unknown Exit	643	0.4
Permanent Housing	3018	-0.2

If this RRH Prioritization was implemented, do you feel like this change would make the system more effective?

All:	Excluding Anon:
Yes = 52% (n=23)	Yes = 50% (n=19)
No = 27% (n=12)	No = 29% (n=11)
Maybe = 20% (n=9)	Maybe = 21% (n=8)

Do you support this RRH Prioritization option?

All:	Excluding Anon:
Yes = 52% (n=23)	Yes = 50% (n=19)
No = 27% (n=12)	No = 24% (n=9)
Maybe = 20% (n=9)	Maybe = 26% (n=10)



Option #4 Enhanced Client Choice

Draft Policy: CA Assessor will share information about RRH outcome data with clients who indicate higher needs factors. Clients will utilize this information to determine their referral to RRH, PSH, or both.

If this RRH Prioritization was implemented, do you feel like this change would make the system more effective?

All:	Excluding Anon:
Yes = 41% (n=18)	Yes = 42% (n=16)
No = 23% (n=10)	No = 26% (n=10)
Maybe = 36% (n=16)	Maybe = 32% (n=12)

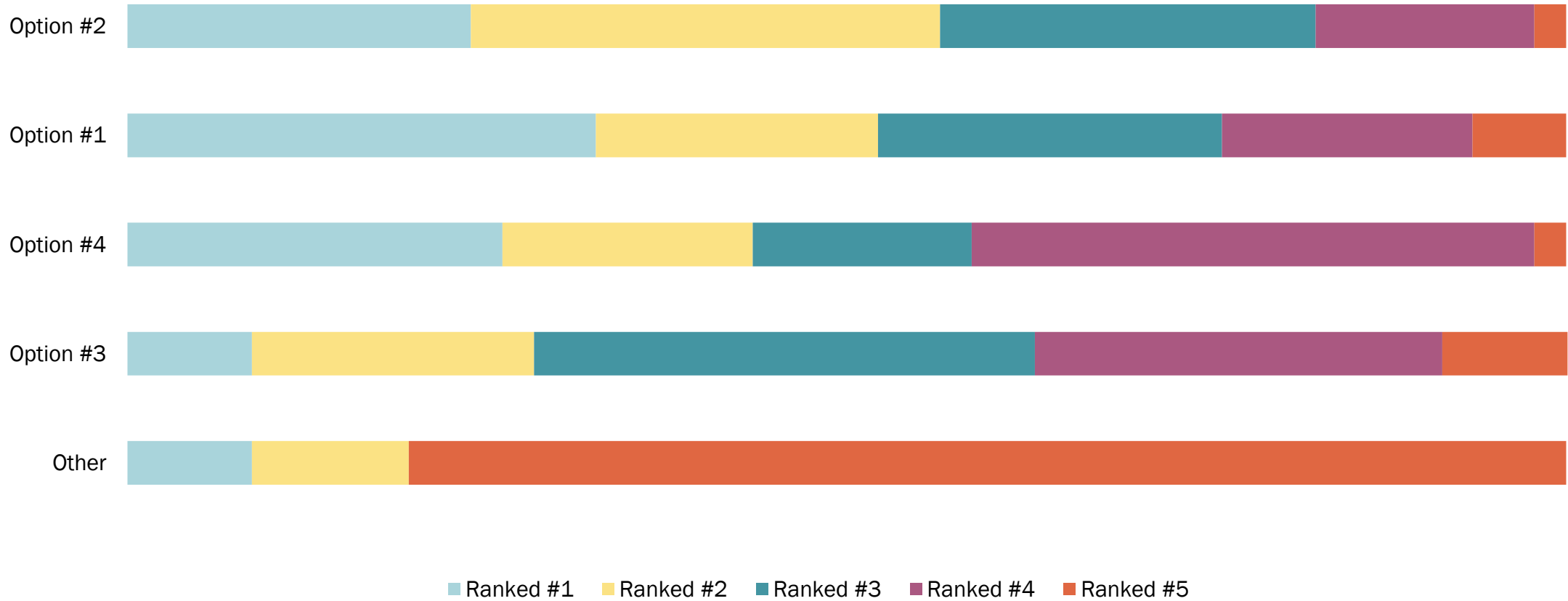
Do you support this RRH Prioritization option?

All:	Excluding Anon:
Yes = 41% (n=18)	Yes = 47% (n=18)
No = 23% (n=10)	No = 26% (n=10)
Maybe = 36% (n=16)	Maybe = 26% (n=10)

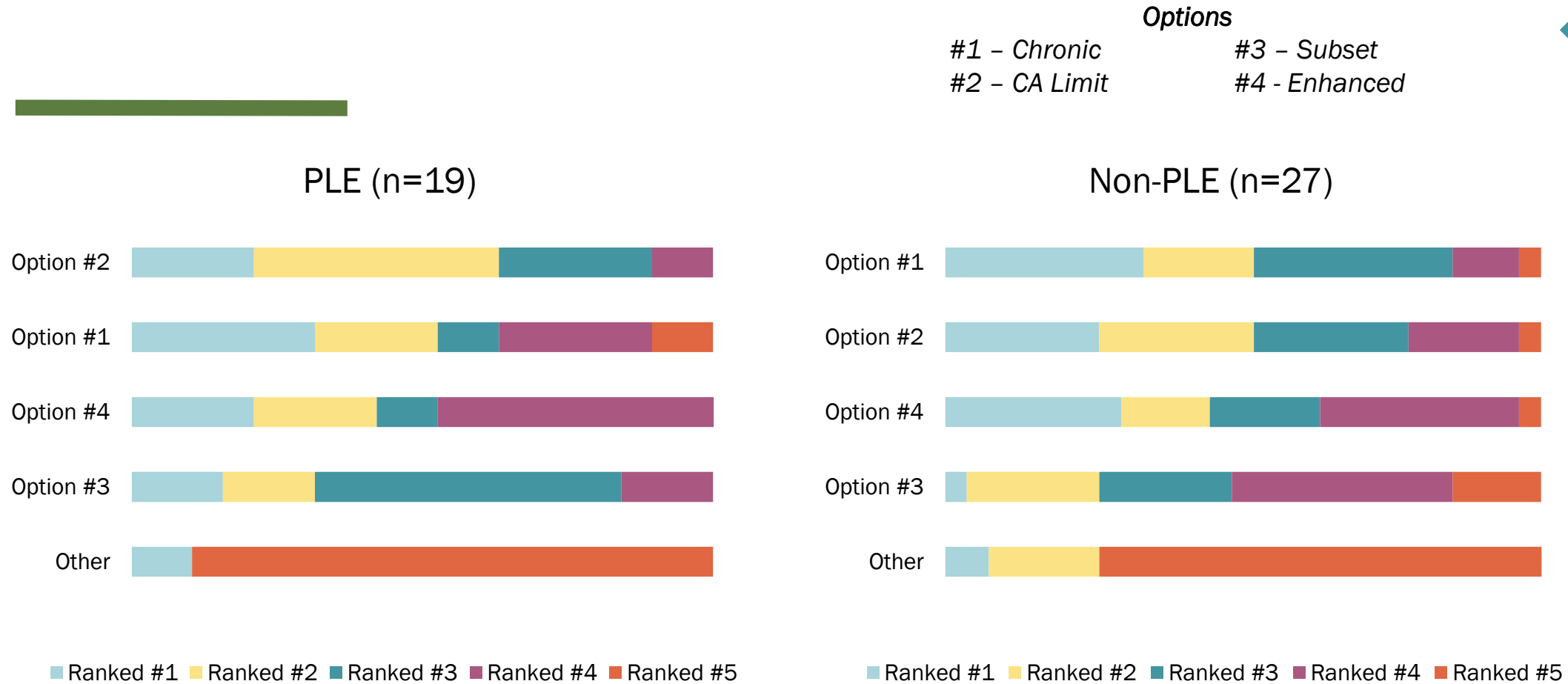
Priority List	Number of Individuals on the List (Latest CA)	Percent of Total on BNL
PSH Only	200	1.6%
RRH Only	1042	8.5%
Both PSH and RRH	11057	90%
TOTAL:	12299	100%*

Cumulative Ranking - No Anonymous responses

Options
#1 - Chronic
#2 - CA Limit
#3 - Subset
#4 - Enhanced



Persons with lived expertise vs. Non-PLE*

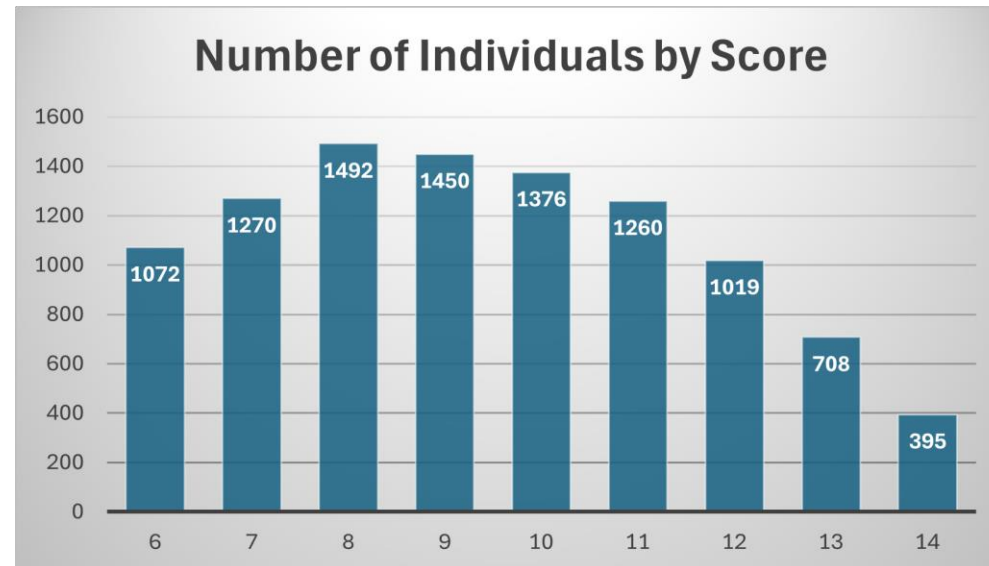
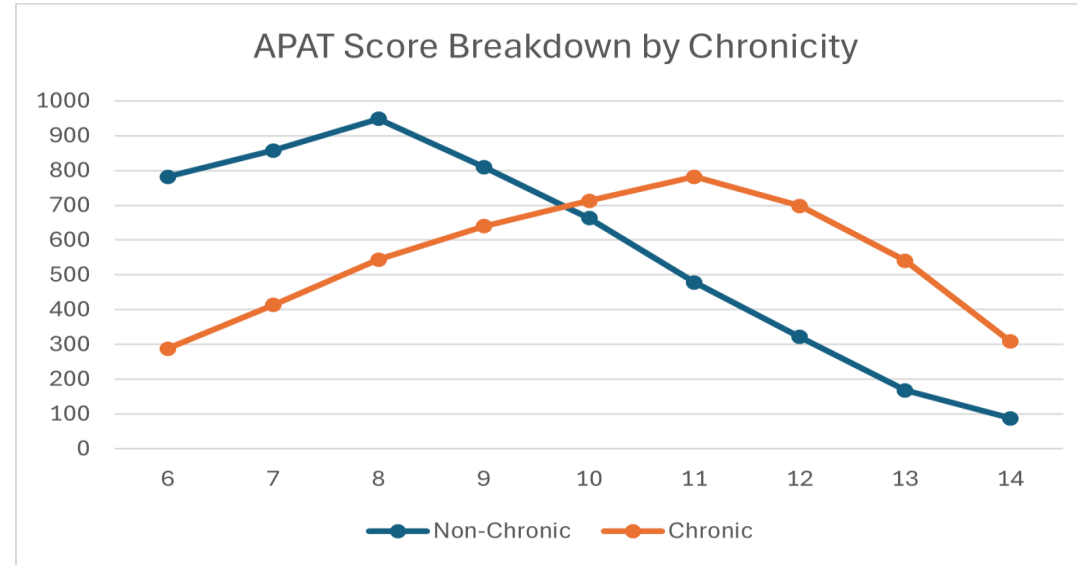


*Anonymous Entries Excluded, Respondents who identified as a PLE and with an agency affiliation were counted in the PLE group

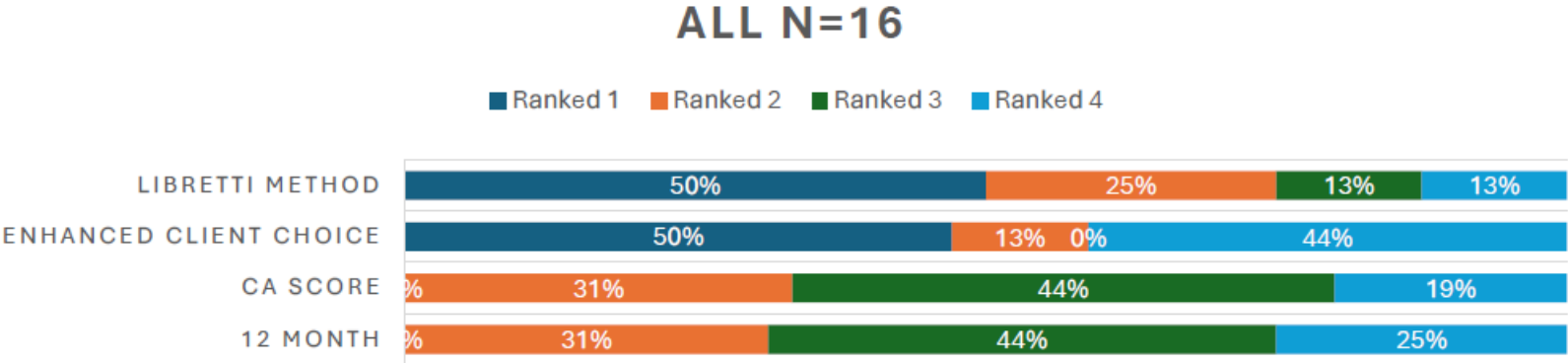
The Question of Prioritization asks, of the 585 units of RRH we may have next year, who within our By-Name-List should be offered those units?

Consideration

	Frequency Units Available Each Year	New Units Utilized Each Year
RRH	0.87	585
PSH	0.25	327



CE Workgroup Voting Outcomes

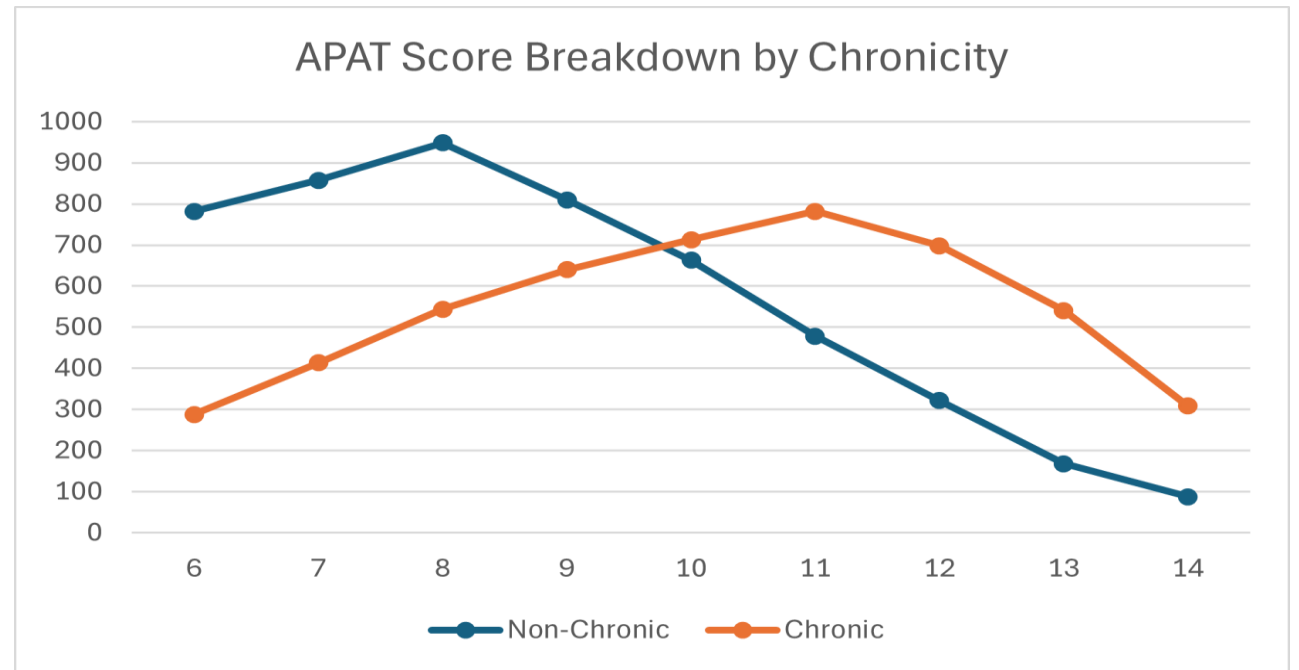


50% of members voted for the Libretti Method and 50% voted for the enhanced client choice as the top choice. The “Libretti Method” was ranked within the top 3 options by a greater number of participants.

Final Recommendations

Mixed Approach

- Combined Option #1 (History of Homelessness) and Option #2 (CA Score)
- Enhanced Client Choice – Update CA Scripts



Projected Policy Impacts

- Increased number of positive exits from Rapid Rehousing due to increased needs services appropriateness matching
- Decreased number of overall households “aging” into chronic homelessness
- Shorter wait-times for services for mid-APAT score clients, longer wait-times for services for higher – APAT score clients
- Increased risks to high APAT clients, due to longer wait-time for services

Additional Recommendations

- **Coordinated Entry System**
 - Increased Client Informed Consent
 - CE Assessor Quality Controls
 - Housing and Income Plan Process
- **System Wide**
 - Increased Crisis Response Resources to High Acuity Households
 - Active Performance Monitoring
 - Increased System Capacity

Thank you!

Questions, comments, concerns?

Andrew Willard – Andrew.Willard@austintexas.gov