Preparing for the System Design Clinic

A Systemic Approach to Ending Homelessness in Raleigh/Wake Co CoC

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Goal of a Homeless Response System that is Effective, Efficient, and Equitable:

Divert people from imminent homelessness whenever possible
House people experiencing homelessness as quickly as possible

Homeless Response System:
APPROACH

Use an equitable systemic approach to align interventions and resources across programs in a coordinated way around this common goal

Homeless Response System: **ENDGAME**

Homelessness is rare, brief, and one-time

- People in a housing crisis have access to immediate help, including a safe place to go
- People are not unsheltered
- People do not spend long periods of time homeless
- People exit homelessness quickly and do not quickly cycle back into homelessness

What a System Design Clinic?

Solutions, strategies and resource allocation to end homelessness

Design for a best practice crisis response system

Critical role of CoC Governance to implement practice standards and performance outcome targets

What is the System Design Clinic

Provides the opportunity for key CoC to stakeholders to come together to identify local strategies to determine make driven resource allocation and planning decisions to effectively end homelessness. Participants will…

- Understand and discuss aligning current system components with best practices
- Understand and discuss the importance of quality data collection and data-driven decision making to better allocation funds and resources towards effective and efficient interventions to end homelessness (including review of local qualitative and quantitative data)
- Identify priorities and actions

System Design Clinic Agenda

Day One – CoC System Leadership

1. Effective, Efficient, and Equitable Homeless Response System
2. Core Elements of the Homeless Response System and Right Sizing
3. System Performance and Measurement Standards
   a. Data and Performance Standards
   b. Effectiveness and Efficiency of Strategies – Local Data Analysis
   c. Right Sizing the System and Reallocation
4. Role of CoC Governance
5. Identifying Priorities

Day Two – CoC Governance and Lead Agency

1. Recap of Day One
2. Collective Impact Model
3. Governance Role in System Design
   a. Core Responsibilities
   b. Performance Standards and Evaluation
   c. Policies and Procedures
   d. Funding Priorities and Reallocation Process
4. Change Process Planning
   a. Resource Allocation
   b. Communication Plan
5. Priorities and Action Steps

Who Should Attend the Clinic

Day One Attendees

Key Stakeholders in your CoC Including:

- Homeless Provider Leadership - High Level Administrators (ES, TH, RRH, PSH)
- CoC Lead Agency Leadership
- Local Funders of Homeless Services (United Way, ESG)
- Local Government
- Mainstream Leadership (PHA, TANF, Mental Health and Substance Abuse Providers)
- HMIS Administrators
- Critical Community Leaders You Need - Educators, Faith Community, Corrections
- CoC Governance Committee – Decision Making Committee Membership

Day Two Attendees

- CoC Governance Board
- Lead Agency Leadership

Building on the Past to Plan for the Future

- **March 2020 – May 2021**: HUD TA (Whitney Patterson
- **February 25, 2021**: Governance Onboarding Retreat
  - Defined the purpose of a CoC to end homelessness, and roles and responsibilities of the CoC, Governing Board, and Lead Agency
- **May 10, 2021**: Wake County CoC Membership Meeting
  - Understand system performance measures, using data to define outcomes and targets
- **December 2021**: Lead Agency contacts the Alliance for next steps TA
- **June 2022**: Contract developed for TA
  - System Design Clinic, Diversion and Problem-Solving Training, Best Practice Emergency Shelter Training, Best Practice Rapid ReHousing Training
- **August 2022**: Planning (Material and Data Review) begins for SDC

Making homelessness rare, brief, and one-time across Wake County

Clinic Preparation
Local data and information to assess performance
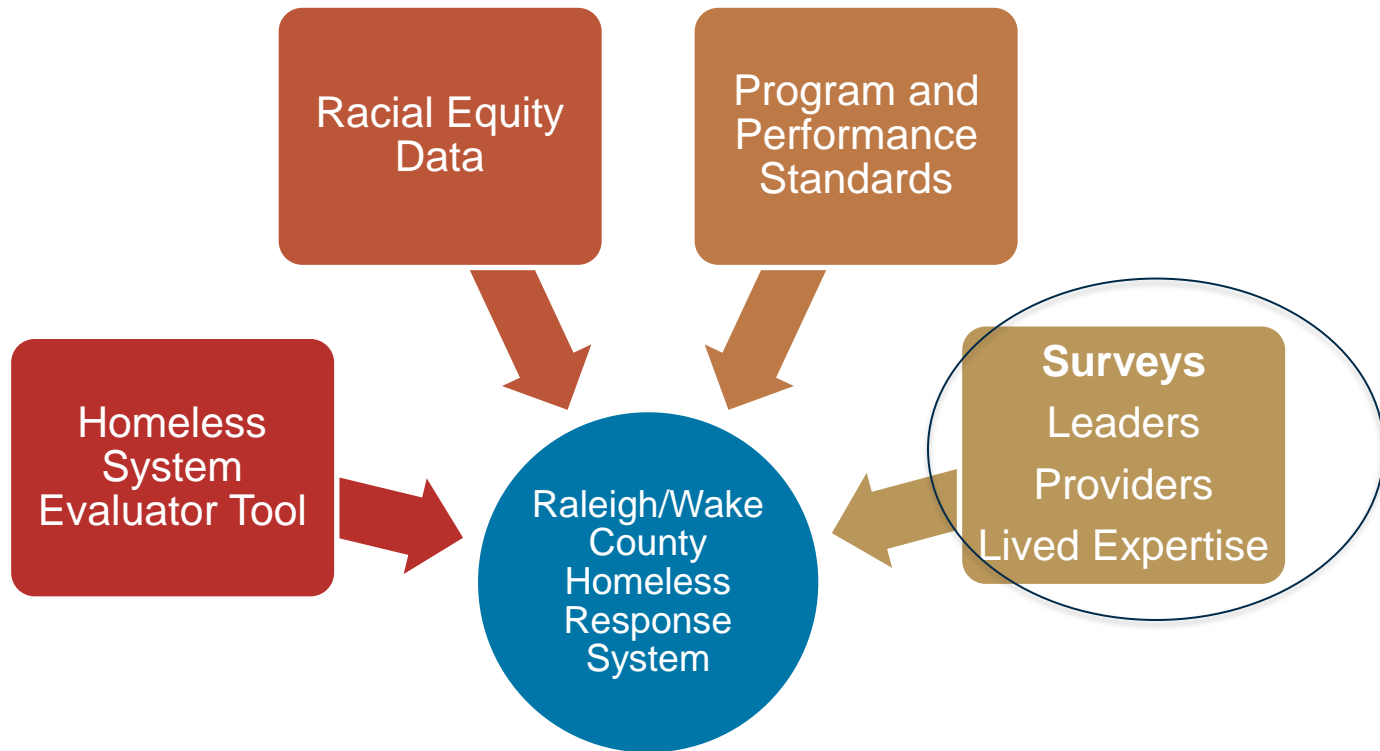
Surveys

Three Sets of Homeless System Qualitative Assessment

1. **Leader Survey**
   - Completed by homelessness system leadership. (Continuum of Care, ESG administrators, executive directors of homeless service organizations, foundations or funders, directors of partner agencies such as the Housing Authority, and local government officials).

2. **Provider Survey**
   - Completed by providers of homelessness services. (program managers, case managers, employment specialists, housing locators, HMIS staff, and other direct service staff.)

3. **Lived Expertise Survey**
   - Completed by people currently experiencing homelessness or formerly experienced homelessness.

All Surveys are anonymous.

Other Reviewed Materials

- Three years PIT Data
- Three years Housing Inventory Chart
- Three years of System Performance Measures
- 2021 Wake County Priorities
- 2021 NOFO Application and Debrief
- CoC Governance Charter, Membership, and Procedures
- CoC Planning Documents
- Approved CoC Written Standards
- List of Providers and Services Provided
- Coordinated Entry Policies and Procedures

National Alliance to End Homelessness

The Alliance Asks

1. Commitment for Provider staff to complete anonymous survey

2. Commitment to engage persons with recent/current lived experience to complete anonymous survey

3. Provider and Lived Experience Surveys completed by October 21, 2022

4. Establish date for clinic and commitment from Stakeholder Leadership (Decisions makers in their respective organizations) to attend

   • Suggest the weeks for November 28th or December 5

5. Next Training "Diversion and Problem Solving"

   • Suggested dates in mid-January

Questions or Clarifications

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