Governor's Task Force on Housing Supports for Vulnerable Populations

*Data Brief II – **High Need Analysis** – Beacon Health Options*

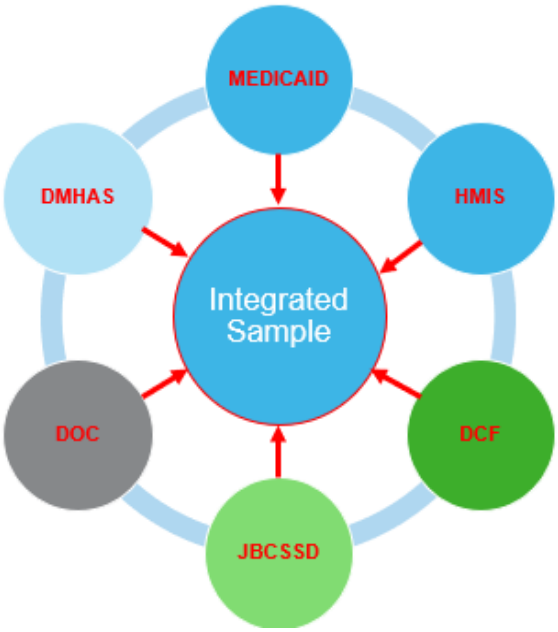
PROJECT GOALS

I. Conduct a multi-agency data match to better understand multi-agency involved individuals and families
II. Analyze the data to inform policy and service system design
III. Better serve multi-system involved high need homeless individuals and families by providing a trauma-informed, strengths-based, client-centered approach that is aligned and coordinated with the broader service delivery system.

I. Conduct Data Match → **II. Analyze Data** → **III. Develop Policy/Services**
DELAYED UNTIL 2021 DUE TO COVID-19

MEASUREMENT PERIOD: 9/2018 – 11/2019

DATA INTEGRATION - *COMPLETED*



HMIS – Housing Management Information System
DMHAS – Dept. of Mental Health & Addiction Services
DOC – Dept. of Correction
DCF – Dept. of Children & Families
JBCSSD – Judicial Branch Court Support Services Division

HIGH NEED SAMPLE COMPOSITION

HMIS

Individuals:
115+ days in shelter (during study period) and 3+ episodes
Families:
80+ days in shelter and 2+ episodes

Medicaid

Adults (**Individuals** and **Families**):
2+ IP and 3+ ED visits

DMHAS

Individual adults:
1+ IP and 3+ ED visits

DCF

Individuals, **Parents**, or **Children**: 1+ removal episode

DOC

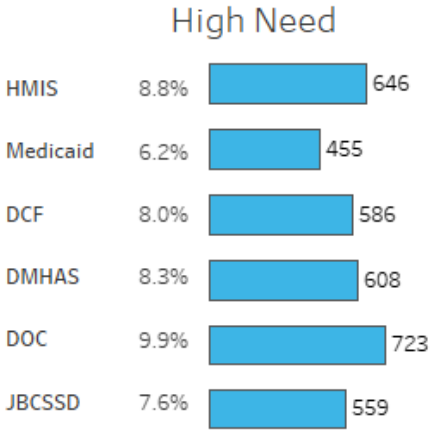
Adults (**Individuals** and **Families**): 2+ incarcerations (last 3 years) and 5+ lifetime incarcerations

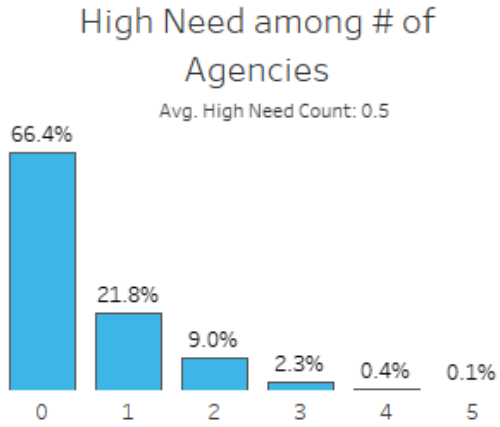
JBCSSD

Individual adults: 2+ arrests and 1+ probation violation (last 3 years)
Adult **Families**: 1+ arrest (last 3 years)

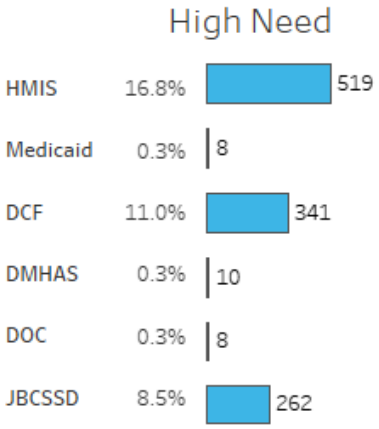
HIGH NEED SAMPLE

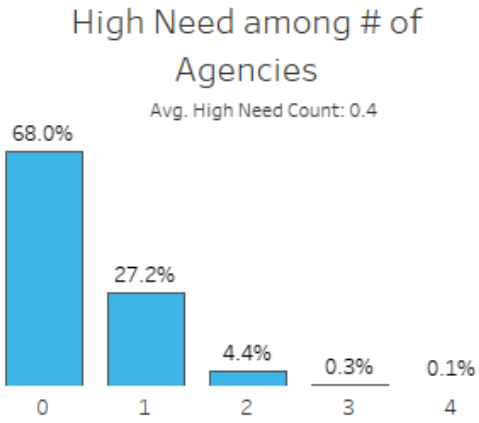
Individual High Need





Family High Need





Each individual or members of a family in the sample has the potential to have between 0 - 6 high need agency involvements for: HMIS, Medicaid, DCF, DMHAS, DOC, and JBCSSD. High need criteria may differ for those in families versus individuals not part of a family based on the differences between the demographics and care experiences of these two groups.

Of the total sample, 33.2% are identified as high need in regards to at least one agency. The majority of family members (68%) and individuals (66.4%) were not defined as high need within any agency high need category.

Among individuals, 33.6% are high need (average agency involvements = 5). Among those in a family, 32% are high need (average agency involvements: 3.5). 206 individuals were high need in relation to 3+ agencies and 147 family members were high need within 2+ agencies.

The vast majority (88.2%) of high need family members had some degree of involvement with DCF at some point in their history. Families are primarily female, young (average age: 20) and minorities (46% Black and nearly 40% Hispanic). In contrast, high need individuals are more likely to have been involved with DOC, DMHAS and JBCSSD, primarily male (76%), middle age (average age: 42), White (53%), and non-Hispanic (75%).

The significant differences between high need family members and individuals suggests different approaches to providing support and care coordination may be warranted.

NEXT STEPS

- Conduct high-level analyses to understand how individual demographics, agency involvements, individual high need status, and cross-agency high need status influence each other.
- Publish a final comprehensive report including the data integration process and the results of all analyses.