Mid-Willamette Valley Homeless Alliance

CoC Collaborative Committee

Wednesday, June 16, 2021 * 10:00-11:30 a.m.

Zoom: https://us02web.zoom.us/j/82165607357?pwd=S0dKbk5hTDh1Y3JYazdrNEJtMndFZz09

AGENDA

1. **Welcome & Agenda Review** **Ian Dixon-McDonald, Committee Co-chair**
   Please type your name and affiliation (organization) in the chat box.

2. **Meeting Minutes (page 4)**
   Approval of 5/19/21 meeting minutes

3. **Marion County Consolidated Plan**
   Lisa Trauernicht, Marion County Policy Analyst will provide a brief overview of the plan, the planning process, and ways to weigh in.

4. **Voices of Lived Experience**
   An update from the group working on ways to better incorporate the voices of lived experience in the work of the CoC.

5. **Strategic Planning** **Kim Parker-Llerenas, Committee Co-chair**
   Last month we spent most of the meeting discussing ways to update the Alliance Strategic Plan. This month we will focus on two sets of recommendations.

   a. **Equity and Disparities Recommendations (page 8)**
      Recap of Board Discussion
      What actions could be taken by:
      Individuals?
      Agencies and Organizations?
      The Alliance Board and/or Committees?

   b. **System Performance (page 10)**
      Performance & Evaluation Committee Recommendations for Discussion
      Longitudinal System Analysis Insights
      Questions and Discussion

   c. **Other Groups that are Shaping the Strategic Plan**

      - Coordinated Entry Committee
      - Built for Zero Strategy Team
      - HMIS Users Workgroup
      - Youth and Young Adults Subcommittee
      - Voices of Lived Experience Workgroup
      - Veterans Subcommittee
      - Warming Shelters Subcommittee
      - Marion-Polk Community Health Improvement Plan (housing strategies)
      - Community, Education, and Business Leaders Consortium
      - Others? *Are there other groups we should be talking with to align plans?*

6. MWVHA Board, Committee, Subcommittee Highlights

a. Board of Directors
b. Coordinated Entry Committee
c. BFZ Strategy Team
d. HMIS Users Workgroup
e. Performance & Evaluation Committee
f. PIT Count Workgroup
g. Warming Shelters Subcommittee
h. Veterans Subcommittee
i. Youth and Young Adults Subcommittee
j. Lived Experience Workgroup

7. Agency Updates / Announcements

SPECIAL MEETINGS

- **CoC Coordinated Entry Rapid Re-Housing Meeting – June 22 – 10:30-11:30 a.m.**

Zoom Meeting: https://us02web.zoom.us/j/83009476916?pwd=NXVyWTlGRDR5N0FVRTJOaDlFeWZWZz09

- **CoC ESG-CV2 Partners Meeting – June 24 – 10:30 a.m.-12:30 p.m.**

Sign-Up Genius: https://www.signupgenius.com/go/10C0C4AA5AE29ABFEC70-esgcv23

REGULAR MEETINGS YOU MIGHT NOT KNOW ABOUT

- **Coordinated Outreach Meetings** every other Wednesday at 1:00 p.m. Contact Robert Marshall Robert.marshall@mwvcaa.org or Matt Herbert matthew.herbert@mwvcaa.org to be added to list

- **Street Outreach Managers Meeting** on the 3rd Thursdays, 9:30-10:30 a.m. Contact Jan Calvin jcalvin@yahoo.com to be added to list

Zoom Meeting: https://us02web.zoom.us/j/88304031357?pwd=d3I2TjFaODV1M2RZREE1VjJIRW1IZz09

- **HMIS Administrators Meeting** on the 1st Wednesdays, 10:00-11:30 a.m. Contact Hunter Belgard hunter.belgard@oregon.gov or Paul Haytas paul.haytas@mwvcaa.org to be added to list

ANNOUNCEMENTS

June 26, July 24, August 28: Free QPR Trainings

Marion County Health & Human Services and community partners will be hosting free Question, Persuade, Refer (QPR) Suicide Prevention Trainings on the 4th Saturday of summer months from 10:00 - 11:30am. Like CPR, this virtual training provides basic knowledge on what to do for someone in a suicidal crisis. Everyone is encouraged to learn QPR! Sign up at https://signup.com/go/CHNhMSi

The 2021-2025 Marion-Polk CHIP has three priority areas, nine aims, eleven population health measures, and fifty-nine strategies. The priority areas are Substance Use, Behavioral Health Supports, and Housing. The new CHIP is currently in its final approval stages with the core CHIP partners: Marion County Health and Human Services, Polk County Public Health, PacificSource Marion-Polk CCO, Willamette Health Council, Salem Health, Legacy Silverton Medical Center, Santiam Hospital, and Kaiser Permanente. The PacificSource Marion-Polk CCO and Willamette Health Council Community Advisory Council formally adopted the new CHIP on May 27, 2021. On June 30, 2021 the CHIP will be posted online at: https://www.co.marion.or.us/HLT/chip

8. What's Next

Upcoming Collaborative Committee Meetings & Preliminary Agenda Topics:

July 21	August 18	September 15
• Gaps Analysis • Case Management Survey • Health & Safety Subcommittee • SOAR Training • HUD CoC Program NOFA & Local RFP	• Best Practices • Youth and Young Adults •	• New State HMIS Model •

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https://us02web.zoom.us/j/82165607357?pwd=S0dKbk5hTDh1Y3JYazdrNEJtMndFZz09
Meeting ID: 821 6560 7357
Password: 028983
One tap mobile
+16699006833,,82165607357#,,,,0#,,028983#

Staff Contacts
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Carla Munns - 503.539.3377, Carla@CSuiteNW.com

The Mid-Willamette Valley Homeless Alliance is pleased to comply with the Americans with Disabilities Act (ADA).
If you need special accommodations to attend this meeting, please contact Denise VanDyke at 503-588-6177
at least 48 hours prior to the meeting.
Hearing impaired, please call Oregon Telecommunications Relay Service, 7-1-1.

MID-WILLAMETTE VALLEY HOMELESS ALLIANCE
MOVING TO END AND PREVENT HOMELESSNESS

Mid-Willamette Valley Homeless Alliance

CoC Collaborative Committee

Wednesday, May 19, 2021 * 10:00-11:30 a.m.

MEETING MINUTES

1. **Welcome & Agenda Review**
   Chair Kim Parker-Llerenas welcomed the group and requested attendees type their name and affiliation (organization) in the chat box.

2. **MEETING MINUTES**
   Nichole Utz made a motion to approve the 4/21/21 meeting minutes. Jack Elliott seconded the motion. Minutes passed unanimously.

3. **STRATEGIC PLANNING**
   The Mid-Willamette Valley Homeless Alliance ("Alliance") Strategic Plan includes seven overarching strategies and nine goals that support its mission: *To develop an evidence-based system of services, including stable housing, designed to meet the unique and complex needs of adults, youth, children, and families in Marion and Polk counties who are at risk of orare experiencing homelessness.*

   Jan Calvin screen-shared a timeline and outline of preliminary updates for the strategic plan. Updates include compiled feedback from various Collaborative Committee discussions, CoC committee discussions, etc. Feedback provided on preliminary strategic plan updates included:

   - Carol Salter requested to add substance use disorder to mental health (slide 14, Goal 1)
   - Levy Herrera-Lopez offered to distribute any Spanish-language presentations to Spanish radio stations throughout the Mid-Valley; Levy highlighted the unique needs of each area in a community and public education will need to be tailored to those unique areas, while also realizing the impact that each area (and its leaders) in a community has on the rest of the region—something to keep in mind; he also noted that public education should include educating leaders and community partners for alignment
   - Treven Upkes noted that educating the public should be an ongoing task; continuing coordination and sharing of resources in the community has been beneficial and needs to continue for alignment and competitive opportunities at state-level and/or larger funding
   - Nicole Utz requested opportunities be shared that would help housing authorities meet needs given limited resources, and to bring affordable housing opportunities to region; Nicole also noted a navigation center is not stressed enough as it is a big need for the community and for getting individuals into affordable housing; navigation centers are a steppingstone to getting individuals housed and into programs
   - Jamie Gatewood agreed with Levy on leveraging community partners to align support with need; she highlighted community desire to keep working on improving stereotypes and social norms for those experiencing homelessness; she shared an article to help understand how affordable housing is built: The cost of affordable housing: Does it pencil out? https://apps.urban.org/features/cost-of-affordable-housing/
   - Cristina Korkow highlighted the importance of wraparound supports and peer support,

being critical for those seeking to remain housed—she asked where in the system can individuals find a community of support while transitioning from being homeless to housed

- Lisa Miller echoed Cristina's point on the importance of wraparound and peer support, noting for those experiencing homelessness, having peers available to walk alongside them as they transition along the continuum of housing is critical, attributing successes seen with LEAD Project clients to the support received by peers as clients start the journey to reach their goals
- Char Tong agreed with strategic plan's step to assess case management needs, noting many individual and organizational styles and those processes and procedures influence the success of case management; also agreed with the mental health and substance use supports as a target for improving, expanding, and redefining the community's homeless population
- An attendee mentioned the information platform Unite Us is used for case management throughout the CoC system. Jack Elliott noted ServicePoint is a case management tool and used throughout the state
- Sarah White agreed with efforts focused on case management, stating consistency in case management creates more equity; Sarah noted the need for more long-term inpatient mental health care options and recovery options
- Sarah White suggested the CoC work with smaller communities to develop culturally responsive sheltering options, noting geography as a barrier
- Lisa Miller echoed the need for a navigation center; agreed with public education being incredibly important as community perception and understanding of the issues is key to move forward
- Michael Livingston wrote in the chat: "With respect to 'affordable housing,' the elected city and county officials who are on the Alliance Board should take affirmative action in their official capacities to remove the zoning, permitting and other impediments its development."
- Jack noted excitement with case management and expanding the connection between housing and case management; Jack stated the barrier appears to be a capacity, training, and systems issues; Jack noted Housing First is a powerful philosophy and is evidence-based; and how NIMBYism is a remarkable barrier to being able to develop new shelter options
- Kristin Kuenz-Barber highlighted the need to pull cross-agency case managers together to coordinate the community's services; permanent staffing at shelters needs to be explored, volunteers are often not the ideal situation; Kristin questioned how funding night be directed toward prioritizing services and staffing in shelters, especially for those who are chronically and mentally ill—this was echoed by Jill Bird, Lynelle Wilcox, and others
- Jayne Downing announced Project Turnkey was awarded to Center for Hope and Safety in partnership with Grand Ronde, a 52-room motel/hotel for domestic violence and sexual assault victims; the goal is to transition into transitional housing eventually, especially after HOPE Plaza is developed; HOPE Plaza is in development stages to provide co-located services, which will include housing, mass transit, peer support, etc.
- Lynelle Wilcox noted unstable mental health conditions are a barrier to sheltering; Safe Sleep has to turn individuals away sometimes if unstable with mental health conditions, some individuals live in an alternative reality and don't know how to communicate their needs

- Sam Dompier typed in the chat: "two ways that we can consider for sustainable funding for PSH are through support services only (grants) through HUD CoC program that pair with the vouchered units and looking into partnering with Health Systems/Insurance providers and billing Medicaid for supportive housing services under the Medicaid transformation"
- Lisa Leno highlighted the lack of notation and indication in Coordinated Entry when someone is affiliated with a tribe, the only way to know now is through demographic information but tribal affiliation could indicate additional resources
- Equity and Disparities Report & Recommendations: PACE Team recommendations were provided from the Equity and Disparities Report. More discussion at the next meeting.

4. MWVHA Board, Committee, Subcommittee Highlights

- **Youth and Young Adult Subcommittee** is convening a youth advisory group to engage youth and integrate youth voices into the CoC.
- **Warming Shelter Subcommittee** has been discussing emergency shelters beyond the warming network, identifying best practices for each model (warming center, managed camp, or emergency shelter).

5. Agency Updates / Announcements

- **Salem Housing Authority -** SHA received 34 emergency housing vouchers (West Valley Housing Authority received 15) which include financial assistance to remove barriers and get into housing—will be available July 1, 2021, individuals will be pulled from Coordinated Entry list.
- **ROCC** conducts homeless camp outreach regularly, feel free to join groups, align, and go out together.
- **Salem Human Rights Commission** is doing an assessment on discrimination in Salem, identifying feasible ways to reduce discrimination.

6. What's Next

Upcoming Collaborative Committee Meetings & Preliminary Agenda Topics:

June 16	July 21	August 18
• Strategic Planning • Marion Co. Consolidated Plan • Voices of Lived Experience	• Case Management Survey Plans • NOFA & Local RFP • SOAR Training Information	• • •

MID-WILLAMETTE VALLEY HOMELESS ALLIANCE
MOVING TO END AND PREVENT HOMELESSNESS

Agency	Contact	Attended 5/19/21	# Agencies	# Indv
Catholic Community Services/ISN	Jacqueline Gould	1	1	
Center for Hope and Safety	Jayne Downing	1	1	
Center for Hope and Safety	Tara Stephen	1		
Church at the Park, Operations	Samantha Dompier	1	1	
City of Salem Police Department	Treven Upkes	1	1	
Confederated Tribes of Grand Ronde	Lisa Leno	1	1	
Curandi	Chris Barber	1	1	
Easterseals	Carol Salter	1	1	
Easterseals	Breanna Harig	1		
Family Promise	Doug Odell	1	1	
Family Promise	Kandyce Williams	1		
Habitat & Hope Village	Joe Dabek	1	1	
Mano a Mano	Levi Hererra-Lopez	1	1	
Marion County	Lisa Trauernicht	1	1	
Marion Co Health & Human Services, CHIP	Sierra Prior	1	1	
Marion Co Sheriff's Office, LEAD	Lisa Miller	1	1	
MWVCAA, ARCHES	Kaela Lombardi	1	1	
MWV Homeless Alliance	Jan Calvin	1	1	
MWV Homeless Alliance	Carla Munns	1		
NW Human Services	Kristin Kuenz-Barber	1	1	
PacificSource, Behavioral Health	Christina McCollum	1	1	
SafeSleep UNITED	Lynelle Wilcox	1	1	
Salem Housing Authority	Nicole Utz	1	1	
Salem Housing Authority	Jack Elliott Vermeer	1		
Salem Housing Authority	Lynette Brown	1		
Shangri-La	Robin Winkle	1	1	
Shangri-La	Dominique Schoessler	1		
Silverton Sheltering Services	Emily Neves	1	1	
Silverton Sheltering Services	Sarah White	1		
Veterans Affairs HUD/VASH	Salguera	1	1	
Willamette Health Council	Stephanie Jensen	1	1	
Willamette Workforce Partnership	Kim Parker-Llerenas	1	1	
unaffiliated	Donna Megy	1		1
		33	**24**	**1**

MWVHA EQUITY AND DISPARITIES STUDY

RECOMMENDATIONS

The Willamette University PACE Team provided seven evidence-based recommendations. The Alliance is comprised of many organizations that have varying capacities for change and resources available to them, some recommendations will be more useful than others. These recommendations are intended to address barriers identified in this report.

1. **Create a clearinghouse for information and professional services.**
    a. Language translator/interpreter services
    b. Cultural and DEI trainers
    c. DEI auditors
    d. A centralized talent acquisition system
    e. Grant writers

2. **Organize coaching opportunities, such as reverse-mentoring programs connecting BIPOC frontline workers with leadership.**
    a. A professional mentor program
    b. DEI coaches be tapped to bolster the professional development of leaders and managers, assisting them in developing culture and in defining the vision.

3. **Use the Homeless Management Information System to standardize data.**
    a. Data for grant-writing
    b. All partner organizations use HMIS.

4. **Ingrain Diversity, Equity, and Inclusion (DEI) in all layers of an organization's statements, policies, and culture.**
    a. Leadership promotes DEI, then so will the rest of the organization.
    b. Take time, exposure, and dedication to remove bias from the workforce.
    c. Understand that it takes time to remove bias from our mindset and align ourselves with changing times promotes net gains for all organizations involved.
    d. Leaders and managers engage in identifying and measuring their current goals and culture in the implementation of Diversity, Equity, and Inclusion, and set quarterly goals for improvement.

5. **Conduct annual performance reviews/audits.**
    a. Organizations develop performance measures and create a clear path to attaining those goals.
    b. Set specific, measurable, attainable, relevant, and time-based (SMART) goals to improve the organization.
    c. Organizations annually audit themselves for performance or bring in DEI experts to help identify and measure growth opportunities.

6. **Prioritize the promoting and hiring of culturally and linguistically diverse staff.**
    a. Hire fluent speakers.
    b. Prioritize hiring racially and ethnically diverse staff that can provide invaluable assistance to people with shared experiences. This evidence-based method is similarly the single most consistent way to address barriers in a system.
    c. Support networks and mentorships for people from marginalized backgrounds as these staff are often overworked or expected to carry a heavier load.
    d. Hire culturally diverse housing navigators to help clients navigate the resource distribution system.

7. **Designate a seat at the table for diverse voices.**
    a. Implement leadership diversity schemes that would promote people from diverse backgrounds who understand the structural, cultural, and resource barriers into positions of power.
    b. Conduct consistent outreach to minority-run organizations.
    c. The Alliance establish a communication strategy for outreach to leaders from minority-run organizations, such as monthly check-ins, preferably in a direct form such as a phone call or a non-traditional method such as Facebook Messenger.

CoC Performance and Evaluation Committee

Marion-Polk Homeless Services System Improvement Recommendations for Discussion

PURPOSE

The Performance and Evaluation (PE) Committee of the Mid-Willamette Valley Homeless Alliance, the Continuum of Care (CoC) for Marion and Polk counties, is responsible for monitoring and reviewing community system-wide performance of the homelessness services continuum, per the Mid-Willamette Valley Homeless Alliance (MWVHA) CoC Governance Charter, which states:

> *"The Performance and Evaluation Committee shall also be responsible for monitoring and reviewing CoC-funded projects and general system performance. The Performance and Evaluation Committee shall make recommendations to the CoC Board to improve system performance with input from the CoC Collaborative Committee."*

SYSTEM IMPROVEMENT RECOMMENDATIONS

Homeless Management Information System (HMIS) data are analyzed to monitor system performance and identify areas for improvement. Recommendations for system improvement based on these data are made by the Performance and Evaluation Committee for discussion and consideration of the CoC Collaborative Committee and Board of Directors.

The 2020 SPM data identifies several trends and opportunities for improvement:

1. **Length of time in homeless programs is concerning: ES average of 79 days; TH average of 180 days; RRH average of 96 pre-move-in days; PSH average of 118 pre-move-in days.**
    - **Discussion:** It is likely the high number of individuals in 2019 who identified as being homeless for the first time, remain homeless and engaged with programs in 2020 (possible reasons: eviction moratorium, rental vacancies, unstable mental health, lack of housing supply, bottlenecks in permanent and transitional housing, etc.).
    - **1.1 Recommend:** Explore the appropriateness of placements into different types of shelter and housing services, identify the prevalence of inappropriate placements that may contribute to bottlenecks.
    - **1.2 Recommend:** Educate leadership and service providers on current utilization and capacity of behavioral health service providers to provide a rapid response to stabilize those living with mental health conditions so they may be successfully sheltered and remain sheltered.

- **1.3 Recommend:** Build relationships with local healthcare providers and offer training and safety net support for prescribing medications to stabilize those experiencing mental health crises.
- **1.4 Recommend:** Imbed health and safety into the CoC and county Community Health Improvement Plans, potentially forming a subcommittee of the Collaborative Committee.
- **1.5 Recommend:** Train street outreach workers for understanding individuals experiencing unstable mental health conditions.

2. **Data for transitional housing indicates disparities in several areas, data completeness, exits to positive destinations, capacity, etc.**
    - **Recommend:** Deep dive into transitional housing services and why experiencing disparities in data completeness, destination, capacity, etc.

3. **A significant proportion of individuals exiting the system to permanent housing destinations, return to homelessness at higher rates between 12-24 months.**
    - **Recommend:** Look individually at those who returned to homelessness in 12-24 months and identify trends.

4. **HMIS utilization decreased from 2019-2020 among permanent supporting housing and rapid rehousing service providers.**
    - **4.1 Recommend:** Identify reasons why HMIS utilization decreased among PSH and RRH service providers from 2019-2020.
    - **4.2 Recommend:** Continue efforts to increase HMIS utilization to 85%.

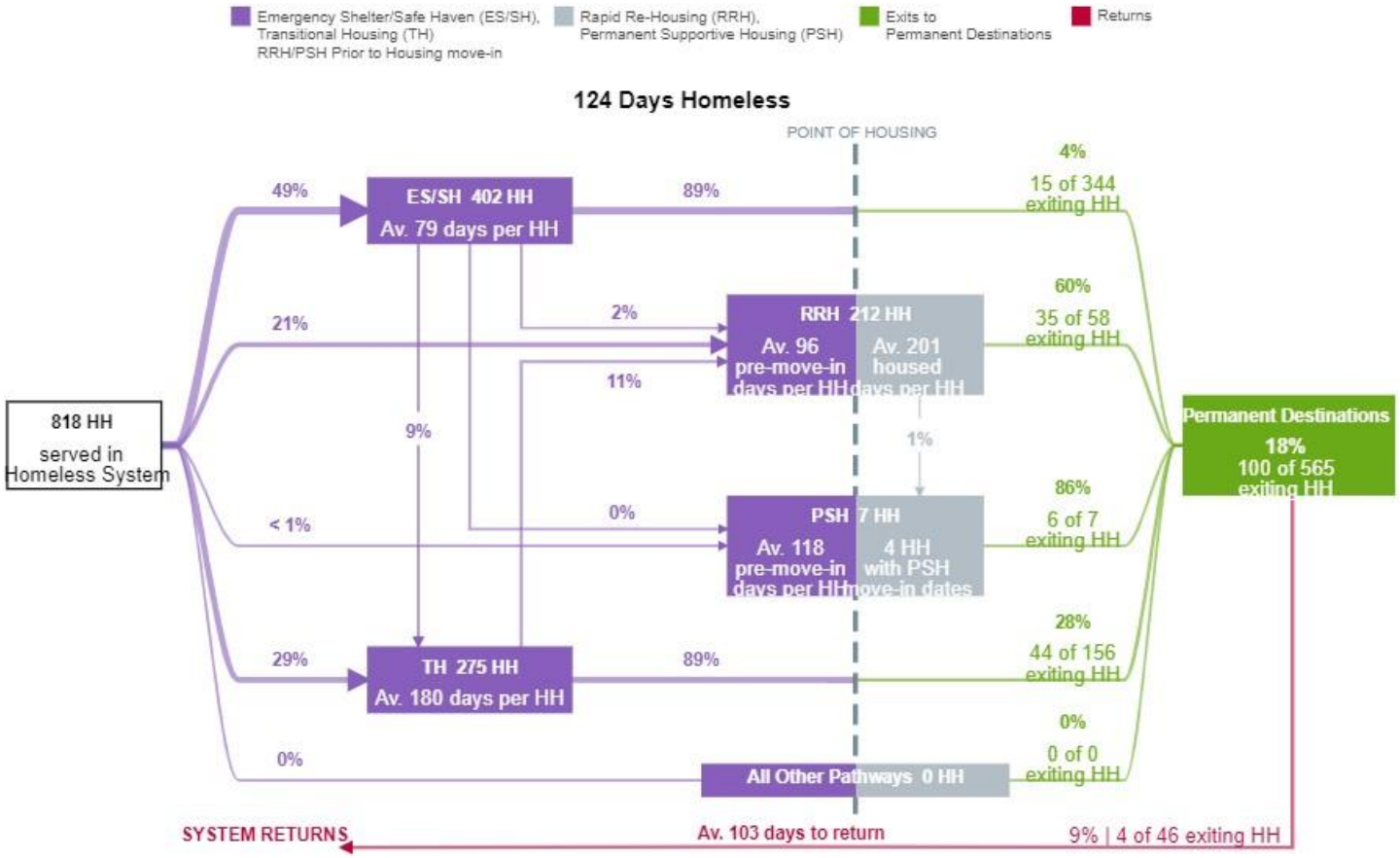
5. **Destination Error Rate among transitional housing service providers was 37% (lower is better)—more than 2x that of the next highest provider group. The next highest rate is 17% for emergency shelter providers.**
    - **Recommend:** Explore why Destination Error Rates occur within the system and what may be contributing to the high rate among transitional housing service providers.

2020 Longitudinal Systems Analyis - Insights for Action - Data Quality				
Priority	***Name***	***Description***	***Actions Taken Since 9/30/20***	***Next Steps as of 5/12/21***
High	**Major Data Quality**	The high level of missing data for the following variables may affect the accuracy or representativeness of the data shown in one or more panels, especially when examining data by household types and population groups. Keep the limitations on data quality in mind as you use these results. **RRH/PSH Move-In Date** **Destination** **Length of Stay**	Held HMIS training on RRH/PSH Move-In Date and Destination	Establish policy on program exits for Day Centers (HMIS Workgroup); Develop HMIS protocols manual (*A Local User's Guide to the HUD Data Dictionary*)
Medium	**Population Data Quality**	The high level of missing data for the following variables may affect the accuracy or representativeness of the data shown in one or more panels for population groups. **Domestic Violence**	Held HMIS training on completing HUD Universal Data Elements	Continue monthly monitoring of data completeness for HUD Universal Data Elements; present quarterly to HMIS Workgroup
Medium	**Demographics Data Quality**	The high level of missing data for the following variables may affect the accuracy or representativeness of the data shown in the demographics panels. **Months Homeless Last 3 years** **Times Homeless Last 3 Years** **Date to Street/ES/SH**	Held HMIS training on completing HUD Universal Data Elements	Continue monthly monitoring of data completeness for HUD Universal Data Elements; present quarterly to HMIS Workgroup

System Performance Map

Households use different combinations of project types during the time they are served in the homeless system. These project type combinations are referred to as pathways. Each pathway has different average cumulative days homeless, exits to permanent housing and returns to the homeless system. The system map shows performance for the main project types in the homeless system and can be filtered to show performance for the main pathways.

All Households | **All Pathways**



2020 Longitudinal Systems Analyis - Insights for Action - System Issues

Priority	*Name*	*Description*	*Improving the following pathways would have the greatest impact on the system's overall days homeless for* ***All Households***	*Improving the following pathways would have the greatest impact on the system's overall days homeless for* ***AO Veteran***	*Improving the following pathways would have the greatest impact on the system's overall days homeless for* ***AO Non-Veteran 25+***	*Improving the following pathways would have the greatest impact on the system's overall days homeless for* ***AO 18-24***	*Improving the following pathways would have the greatest impact on the system's overall days homeless for* ***Adult & Child***	*Improving the following pathways would have the greatest impact on the system's overall days homeless for* ***Child Only***
High	**Days Homeless Pathway Impact**	Average days homeless for the pathway multiplied by the number of households who used that pathway to generate a measure of "unit-days." The number of unit-days for each pathway is then divided by the number of unit-days for all pathways, generating an "Impact Score" which indicates the relative impact that the pathway has on the Days Homeless performance for the specified household type. An Impact Score greater than 50 means that pathway group represents more than half of the CoC's Days Homeless for the household type.	1. TH Only pathway, days homeless impact score **39**	1. RRH Only pathway, days homeless impact score **37**	1. TH Only pathway, days homeless impact score **51**	1. TH Only pathway, days homeless impact score **64**	1. TH Only pathway, days homeless impact score **40**	1. ES/SH Only pathway, days homeless impact score **100**
			2. ES/SH Only pathway, days homeless impact score **28**	2. TH Only pathway, days homeless impact score **26**	2. ES/SH Only pathway, days homeless impact score **38**	2. ES/SH Only pathway, days homeless impact score **31**	2. RRH Only pathway, days homeless impact score **31**	2. TH Only pathway, days homeless impact score N/A
			3. RRH Only pathway, days homeless impact score **16**	3. TH + RRH pathway, days homeless impact score **21**	3. ES/SH + TH pathway, days homeless impact score **11**	3. ES/SH + TH pathway, days homeless impact score **6**	3. ES/SH Only pathway, days homeless impact score **13**	3. ES/SH + TH pathway, days homeless impact score N/A
High	**Exits Pathway Impact**	Adding the number of exits to temporary and unknown destinations for each pathway and dividing that number by the total number of exits to temporary and unknown destinations for specified household type. An Impact Score greater than 50 means that exits from that pathway group represents more than half of the system exits to temporary or unknown destinations for that household type.	1. ES/SH Only pathway, exits impact score **68**	1. ES/SH Only pathway, exits impact score **56**	1. ES/SH Only pathway, exits impact score **71**	1. ES/SH Only pathway, exits impact score **48**	1. ES/SH Only pathway, exits impact score **50**	1. ES/SH Only pathway, exits impact score **100**
			2. TH Only pathway, exits impact score **21**	2. RRH Only pathway, exits impact score **31**	2. TH Only pathway, exits impact score **21**	2. TH Only pathway, exits impact score **48**	2. RRH Only pathway, exits impact score **22**	2. TH Only pathway, exits impact score 0
			3. ES/SH + TH pathway, exits impact score **7**	3. TH Only pathway, exits impact score **11**	3. ES/SH + TH pathway, exits impact score **8**	3. ES/SH + TH pathway, exits impact score **4**	3. TH Only pathway, exits impact score **11**	3. ES/SH + TH pathway, exits impact score 0
High	**Returns Pathway Impact**	Taking the number of households who returned to homelessness after exiting to permanent housing for each pathway and dividing that number by the total number of households who returned to homelessness for the specified household typed. The impact score is based on the exit cohort of households that exited during the first six months of the current report period, regardless of which exit cohort is selected in the dropdown list. An Impact Score greater than 50 means that exits from that pathway group represents more than half of the returns to the homeless system for that household type.	1. TH Only pathway, returns impact score **50**	1. TH Only pathway, returns impact score **100**	1. TH Only pathway, returns impact score **100**	1. TH Only pathway, returns impact score **100**	1. ES/SH Only pathway, returns impact score 0	1. ES/SH Only pathway, returns impact score **100**
			2. ES/SH Only pathway, returns impact score **25**	2. ES/SH Only pathway, returns impact score 0	2. ES/SH Only pathway, returns impact score 0	2. ES/SH Only pathway, returns impact score 0	2. TH Only pathway, returns impact score 0	2. TH Only pathway, returns impact score 0
			3. RRH Only pathway, returns impact score **25**	3. ES/SH + TH pathway, returns impact score 0	3. ES/SH + TH pathway, returns impact score 0	3. ES/SH + TH pathway, returns impact score 0	3. ES/SH + TH pathway, returns impact score 0	3. ES/SH + TH pathway, returns impact score 0