Coordinated Entry

THE UPS AND DOWNS OF DEVELOPING A HIGH FUNCTIONING SYSTEM

Conference on Ending Homelessness
Wednesday, November 6, 2019
1:45 to 3:15 PM
Meet the Presenters

Trish Gregory
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Agenda

- Planning
- Access
- Assessment
- Prioritization
- Referral
- Data Management
- Next steps for our system
What is Coordinated Entry?

Coordinated entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.

HEARTH mandates that communities funded through Emergency Solutions Grant (ESG) and Continuum of Care (CoC) have a coordinated entry system.

ACCESS ➔ ASSESSMENT ➔ PRIORITIZATION ➔ REFERRAL
Planning
Before Coordinated Entry...

Affordable Housing

Fleetwood

Salvation Army

Emergency Overflow Shelter

Street

FMR Housing

Drexel Housing

Arbor Manor

Dread & Roses

got clarity?
History of Coordinated Entry in Thurston County

1992
FSCSS established Emergency Shelter Network with the goal to coordinate access to Thurston County shelter beds.

- Homeless Prevention & Rapid Re-Housing Program (HPRP) funds awarded to FSCSS and CYS; included requirement to focus on system coordination.

2009
- Establishment of a 24 hour shelter hotline to provide accurate information regarding shelter availability and placement for all populations experiencing homelessness.
- CYS emerged as natural point of entry for youth ages 18-24 experiencing homelessness.
- FSCSS became natural point of entry for families with children.

2011
- SideWalk created by a grant from City of Olympia to be the provider for single men, women, and couples without children experiencing homelessness.
- FSCSS, SideWalk, and CYS began to collaborate regularly to provide coordinated services to all populations experiencing homelessness.
- All 3 agencies worked on the local and State level to enhance and improve the overall system, and ensure compliance with evolving HUD and Consolidated Homeless Grant (CHG) requirements for Coordinated Entry.

2017
- Thurston County Public Health & Social Services contracted with FSCSS as the lead Coordinated Entry provider for Thurston County.
- FSCSS to serve families with children and survivors of domestic violence who are fleeing.
- SideWalk to serve single men, women, and couples without children.
- CYS to serve youth and young adults ages 18-24.

2019
- FSCSS announces that it will not be renewing the contract with SideWalk to serve as the designated entry point for single adults without children.
- After a community process, CAC is invited to serve as the designated entry point for single adults without children.
Know your guides!
Current Data

- Thurston County, Washington
  - 774 square miles
  - Est. population 280,289

- 2019 Point in Time states:
  - 800 homeless
    - 394 unsheltered
    - 236 sheltered
    - 170 transitional
Coordinated Entry Governance

Balance of State
Continuum of Care

Homeless Housing Hub
- Local CoC
- Meets monthly; direct service providers
- Reviews & approves CE policies & procedures
- Derek is Chair, Trish is Vice Chair

Coordinated Entry Committee
- Chair is non contracted CE provider
- Meets monthly
- Develops CE policies & procedures
- Helps to ensure high functioning system

VI Research Project
- Reviewing assessment tools with racial equity lens
- Make recommendations to CE Committee & Lead Agency about changes to tools
Access
Access Models per HUD

- Offer same assessment approach at all access points, and all access points are usable by all people who may be experiencing homelessness or at risk of homelessness

- If separate access points, initial screening at each access point allows for immediate linkage to the appropriate subpopulation access point
Current Coordinated Entry System

Thurston County allocates $250,000 per year for Coordinated Entry.
$25,000 is diversion set aside

FSCSS is Lead CE Provider, and access point for families with children & survivors of domestic violence.

Each provider offers at least 9:00 AM to 5:00 PM coverage Monday-Friday.

CYS is youth and young adult access point.

CAC is single adult & Veteran access point.
24-hour Access

- Utilize one phone number for the all populations to call when they’re seeking shelter and housing information
- August 15 to October 15 - approximately 800 calls to the hotline
  - 65% of calls were routed to Community Action Council
- Use Grasshopper as the provider; virtual phone system
- Family Support Center puts Grasshopper into annual CE budget
  - $24.00 per month
- Give 4 options for callers; select their population or non housing crisis

1-844-628-7343
Marketing & Accessibility

- Flyers widely distributed across County to housing and social service providers, first responders, businesses
- Coordinated Entry team provides presentations throughout community as needed
- Each provider is ADA accessible
- Staff trained in trauma informed care, harm reduction, cultural competency, client centered services
- Able to meet clients throughout the community if transportation or other challenges pose barriers
Coordinated Entry provides direct access to...

- Rapid re-housing
- HEN
- Permanent Supportive Housing Units
- Transitional Housing Units
- Shelter
  - Family shelter- Pear Blossom Place
  - Interfaith Works permanent beds
- Diversion funds
- City of Olympia sites

Coordinated Entry is not required to access...

- Emergency shelter
  - Cold weather shelter beds
  - Salvation Army
  - Union Gospel Mission
  - Rosie’s Place Young Adult Shelter
- Plum Street Village
Outreach

- Budgeted in a 1.0FTE CE Outreach Coordinator in current contract
- Employed by Family Support Center of South Sound to serve entire CE system and provide outreach to the various encampments throughout the County
- Goal to train and coordinate with all the various Outreach Teams in the County
- Building relationships, providing supplies, and connecting people to Coordinated Entry in order to get on master list and access shelter & housing
- Largely seeing single adult population
Current Access Challenges

- Educating housing providers about prioritization and eligibility
- Language access
- How to streamline a household that is eligible for multiple access points; different prioritization tools
- Recent change in single provider; continuing to educate partners and households of the change
- Needing second person for Outreach Coordinator
- Challenges for single adult provider
Assessment
Goals

- Gather information about a household experiencing a housing crisis
  - Needs, housing preferences, barriers to accessing housing, factors that might indicate vulnerability while homeless

- Standardized tool for assessment to help determine a strategy to solve the housing crisis as quickly as possible
Core values

- Participant choice
- Housing First
- Low Barrier
- Harm Reduction
- “Meet the client where they’re at”
- Evidence Based Practices
- Trauma Informed Care
Don’t forget diversion!

- Diversion is the first step, and is a conversation with the household; how can we divert the household from the homeless system?
- Client driven, strength based, creative solutions
- May or may not include small amount of financial assistance
- Contracted through FSCSS; $25,000 per year to serve all 3 populations
  - Providers agreed to split 3 ways, reviewed monthly with ability to move funds around based on population needs
- Diversion packet to be completed, includes CHG Targeted Prevention Screening Tool
  - ... but it’s diversion! Working on identifying better tool
Assessment Tools

- When diversion has failed, or is not an option, we proceed to assessment.
- Category 1 or 4 of homeless definition
- Population specific
  - Singles – VI-SPDAT (0-17)
  - Families – VI-F-SPDAT (0-22)
  - Youth – Youth assessment (developed by CYS, 0-8)
  - Survivors of Domestic Violence – Jackie Campbell Danger Assessment (0-39)

- They all have different scores; challenge to manage one master list for all populations
  - Challenge for household that’s eligible for multiple providers/resources
Sample questions on the VI-SPDAT

- In the past 6 months how many times have you-
  - Received health care at an emergency department
  - Taken an ambulance to the hospital
  - Used crisis service, including sexual assault crisis, mental health crisis, etc.
- Have you been attacked or beaten up since you’ve become homeless?
- Does anybody force or trick you to do things that you do not want to do?
- Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?
- Has your drinking or drug use led to you being kicked out of an apartment or program where you were staying in the past?
Sample questions on Danger Assessment

- Has the physical violence increased in severity or frequency over the past year?
- Do they (perpetrator) own a gun?
- Have they ever used a weapon against you or threatened you with a lethal weapon?
- Are they an alcoholic or problem drinker?
- Have you ever been beaten by them while you were pregnant?
- Do they threaten to harm your children?
- Do they ever try to choke or strangle you?
- Do you believe they are capable of killing you?
Sample questions on Youth Vulnerability Assessment

- Have you been homeless more than once?
- Has your current lack of housing been impacted by your perceived sexual orientation or gender identity?
- Have you recently returned from inpatient treatment?
- Do you have a physical or mental disability?
- Have you ever received anything in exchange for sex?
- Are you fleeing domestic violence?
Addressing disparities

Thurston County Equity Analysis
People of Color in poverty, experiencing homelessness, and experiencing unsheltered homelessness

![Bar chart showing percentages of People of Color in poverty, experiencing homelessness, and experiencing unsheltered homelessness in Washington State, Balance of State (WA-501), and Thurston County.]

Source
Washington State Department of Commerce 2019 Racial Equity Analysis Tool
Addressing disparities

- Assessment tools have gap in accounting for disparities faced by those experiencing homelessness
  - Race, ethnicity, sexual orientation, gender identity
- Sub group of Coordinated Entry Committee created to research other assessment tools that better address disparities in the populations
- Participation and leadership in Balance of State’s Racial Equity Sub-Committee
- Addressing racial disparities through strategies in the recently adopted Homeless Crisis Response Plan 2019-2024
Challenges with current tools

- VI-F-SPDAT misses key indicators for families with children
  - Newborn coming home from hospital, high risk pregnancy

- Danger Assessment looks at likelihood of death by perpetrator, so isn’t also looking at history of homelessness
  - Survivors often not scoring high on VI

- On average, BIPOC clients receive statistically significant lower prioritization scores on the VI-SPDAT*

- VI-SPDAT subscales do not equitably capture vulnerabilities for BIPOC compared to Whites – most subscales are tilted towards capturing vulnerabilities that Whites are more likely to endorse.*

- Youth and young adult assessment tool examples are not readily available

Prioritization
What is Coordinated Entry? (Simplified)

- Youth Young Adults
- Single Adults & Veterans
- Families with Children

- Emergency Shelter
- Transitional Housing – Youth
- Emergency Mitigation Projects
- Permanent Supportive Housing
- Affordable Housing

Diversion out of the Homeless Crisis Response System

Assessment and Intake

By-Name List
Bypass of the list

- Effective CE system must have process by which households seeking assistance and the household’s service providers are given an opportunity to give additional information to be considered in prioritization decisions.
  - Assessment tools alone may not capture all of the necessary information to determine need and vulnerability.

- Bypass of the List process established
  - Move a household who has other critical factors that may not be accounted for in the assessment tool used to the top of the list for the next available resource.

- In practice, bypass is typically happening when a resource becomes available, rather than at time of assessment
Questions asked

- FSCSS has established Google Form for staff working with families and survivors to complete when requesting bypass
- How many households will be skipped?
- What resources have the skipped households been offered?
- What other resources has the household requesting a bypass been offered?
- What did the assessment tool miss?
- What resource is being requested?
Bypass Reporting

- Each provider reports back on any bypass requests to the monthly Coordinated Entry Committee regardless if approved or denied.

- Each provider has the ability to approve or deny; discussed at Committee level to identify gaps in tools, bigger picture considerations, and to better understand the need.
Dynamic Prioritization

- CE providers cannot use a “bucket” approach to prioritization
  - Households placed on one wait list based on intervention determined through assessment process

- Dynamic Prioritization considers a household’s prioritization status and current resource availability
  - CE has to anticipate upcoming resource availability

- Understand those with the highest VI need and deserve permanent supportive housing, but when only 12 referrals available per year, need to consider other options for the households

- Challenges us to work creatively, comprehensively, and responsively to the needs
* chart taken from Department of Commerce Coordinated Entry Guidelines, March 2019. Pg 20
Referral
Goal of referral

- Get households experiencing homelessness connected to the available resources in which they are interested and eligible for as quickly as possible
- Responsibility of the CE providers to be knowledgeable of the programs in which they refer to so correct referrals are made
  - Availability of units
    - Shelter, permanent supportive housing, transitional housing, rapid re-housing, HEN
  - Eligibility requirements
- Asking households what they are interested in
Participating Projects

- Per CHG guidelines-
  - Housing providers who receive CHG, HUD McKinney, ESG, TBRA, local housing funds must participate in Coordinated Entry as an access point or by accepting referrals.
  - Participating projects accepting referrals must fill openings exclusively through the CE system and eliminate all side doors
Referrals from master list

- Each CE provider manages their own master list(s)
  - Community Action Council - adults, Veterans
  - Family Support Center – families with children, survivors
  - Community Youth Services – youth & young adults

- When a resource becomes available, provider refers next eligible and interested household to the resource
Timing of referrals

- Households who have not engaged with CE provider for 60+ days will be moved to "inactive", thereby removing them from the master list
  - Simply need to have contact with CE provider at any time to become active again; resumes place on master list

- CE provider will wait a minimum of two, maximum of 5, business days to gain contact with household before moving to next household on master list

- Households may refuse a referral and maintain place on master list, and may be offered same referral in future
Denial of Referrals

- Anytime a referral to a participating housing provider is denied, CE provider should receive written documentation of reason for denial

- Discuss denied referrals at monthly Coordinated Entry Committee
  - Incorrect referral made?
  - Provider not following own stated eligibility criteria?
  - Gaps in system?

- Households who are denied a referral maintain their place on the master list
Circumventing the Master List

- When housing providers fill units independently, not using Coordinated Entry, it results in confusion and distress for those experiencing homelessness.
- Can cause distrust and frustration between providers.
- System is designed to screen in, prioritizing services for those who are most vulnerable.
- Eligibility criteria can and should be established, ensures correct referrals are made.
Data Management
Data systems utilized

- HMIS
  - Not all CE providers are using HMIS to complete the assessments or log VI scores

- Ragic
  - Single adult population

- Apricot
  - Families with children & DV master lists

- My Evolve Electronic Health Record from Netsmart
  - Youth & young adults
  - In development
Confidentiality

- Critical to ensure whatever system you’re using meets all of HUD’s data management requirements
- Clients should have informed decision making and confidentiality across all systems
- Providers utilized release of information to share referrals and other personally identifying information across the system
  - Time limited, specific
  - Do not use universal releases! One size does not fit all.
Next steps
What we need

- Core things we need to have a high functioning system
  - Funding! An additional 2.0 FTE Outreach Coordinator
  - Additional intake staffing
- Meaningful partnerships and conversations
# Contact information

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<tr>
<th>Name</th>
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