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



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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.

$\mathsf{ACCESS} \rightarrow \mathsf{ASSESSMENT} \rightarrow \mathsf{PRIORITIZATION} \rightarrow \mathsf{REFERRAL}$

Planning



History of Coordinated Entry in Thurston County

Partnership

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

SideWalk created by a grant from City of Olympia to be the provider for single men, women, and couples without children experiencing homelessness

Thurston County Public Health & Social Services contracted with FSCSS as the lead Coordinated Entry provider for Thurston County FSCSS announces that it will not be renewing the contract with SideWalk to serve as the designated entry point for single adults without children.

Collaboration

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 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 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

After a community process, CAC is invited to serve as the designated entry point for single adults without children.

Know your guides!

Coordinated Entry Process Self-Assessment

and functions.

Contents

A. Planning.

B Access

C. Assessment

D. Prioritization ...

as good practice but not required. Some unique design features of CE may

CoCs can use this Coordinated Entry Self-Assessment as a reference

management; compare this list against their existing CoC plans and/or practices to gauge the extent to which the CoC currently includes these

elements; and as a general outline for a set of policies and procedures a

19

24

CoC must adopt to support the ongoing management of CE processes

The U.S. Department of Housing and Urban Development (HUD) requires that Continuums of Care (CoC) establish and operate a condinated entry (CE) process—and that recipients of CoC Program and universally applicable across all CoCs; these are identified as Optional Emergency Solutions Grants (ESG) program funding within the CoC's The source document(s) for each Required item is noted in bold, and for area must use that CE process. The requirement was established in the 2012 CoC Program interim rule (24 CFR 578) and the 2011 Emergency Solutions Grants (ESG) interim rule (24 CFR 576). Details of the requirement, as well as additional policy considerations, are provided there to help them identify key aspects of CE design, implementation, and and in several documents issued by HUD since:

- HUD Coordinated Entry Notice CPD-17-01 Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System (2017)
- HUD Prioritization Notice CPD-16-11 Notice on Prioritizing Persons Experiencing Chronic Homelessness and Other Vulnerable Homeless Persons in Permanent Supportive Housing (2016)
- Coordinated Entry Policy Brief (2015)
- CoC Program interim rule: 24 CFR 578.7(a)(8)
- ESG interim rule: 24 CFR 576.400(d)
- HUD Equal Access rule: 24 CFR 5.105(a)(2) and 5.106(b)

E. Referral... Based on these documents, this tool identifies aspects of coordinated entry that HUD has determined are **Required**, as well as other aspects of CE F. Data Management..... functionality, operations, or management that it has Recommended G. Evaluation.

Coordinated Entry Process Self-Assessment (Ver. 1.1)











Washington State **Coordinated Entry** Guidelines

March 2019

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 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



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

Thurston County Homeless Housing And Shelter Hotline

If you or someone you know is currently experiencing homelessness and in need of shelter, housing, or other housing related resources call:



Line is answered 24/7 by our 3 providers

Thurston County's Coordinated Entry Providers are:







Population: Single individuals/couples without children Hours: Wed 2:00PM-5:00 PM, Thurs & Fri 8:30AM-5:00PM Location: Community Care Center @ 225 State Ave NE, Olympia Various Outreach Sites: Mon -Tues 8:30AM-5PM See website or call for location Phone: 360-915-1611 Website: www.cacImt.org

Population: Families with children & survivors of domestic violence <u>Hours:</u> Mon-Fri, 9:00AM to 5:00 PM <u>NEW Location:</u> 3545 7th Ave SW, STE 200 Olympia <u>Phone:</u> 360-754-9297 <u>Website:</u> www.fscss.org

<u>Population:</u> Youth & young adults to age 24 <u>Hours:</u> Mon-Fri 9:00AM to 5:00 PM <u>Location:</u> 711 State Ave NE, Olympia <u>Phone:</u> 360-943-0780 Website: www.communityyouthservices.org

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
 Mitigation site
 Plum Street Village

Coordinated Entry is not required to access...

- Emergency shelter
 - Cold weather shelter beds
 - Salvation Army
 - Union Gospel Mission
 - Rosie's Place Young Adult Shelter

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 43% 32% 30% 30% 26% 25% 23% 21% 18% 19% 17% Balance of State (WA-501) Washington State Thurston County ■ People of Color (%) Population Census ■ People of Color (%) Living in Poverty

People of Color (%) Experiencing Homelessness People of Color (%) Unsheltered Homelessness

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

*Wilkey, C., Donegan, R., Yampolskaya, S., Cannon, R. (2019) Coordinated Entry Systems: Racial Equity Analysis of Assessment Data.

Prioritization

What is Coordinated Entry? (Simplified)





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 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

Dynamic Prioritization



* 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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