Increasing Effectiveness and Ongoing Quality Improvement of Coordinated Entry

North Carolina Homeless Conference
2019

Overview

In this workshop we will:

1. Review the essential purpose of coordinated entry
2. Review common coordinated entry challenges associated with each of the four elements of coordinated entry: Access, Assessment, Prioritization and Referral
3. Identify strategies that can be used to overcome common challenges
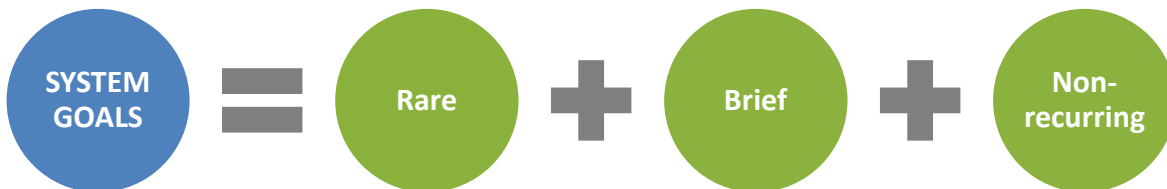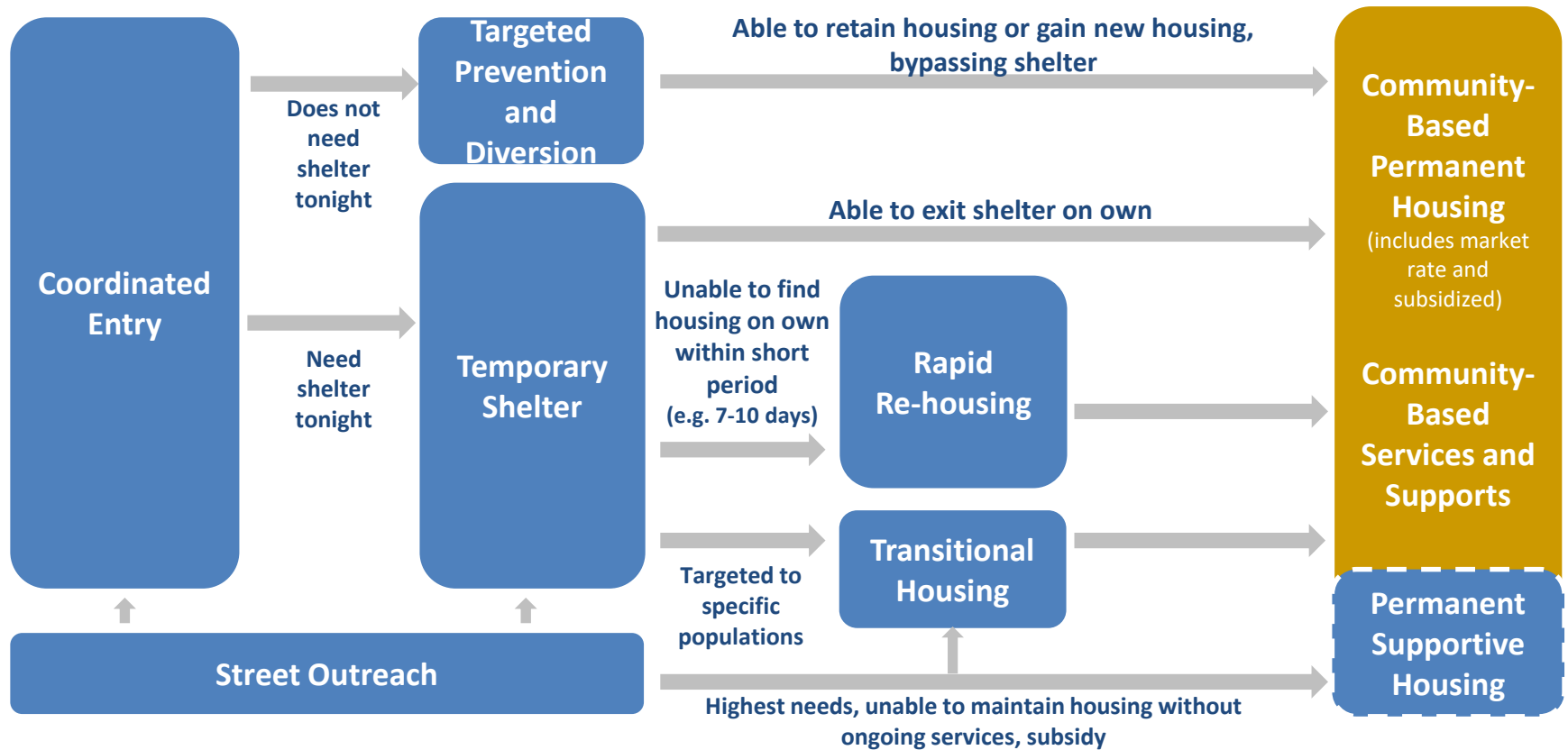
Why Coordinated Entry?

An effective **Coordinated Entry** approach:

- ✓ Ensures housing program openings are filled by the people who need them the most; and
- ✓ Implements strategies to serve the larger population that cannot immediately be assisted with available resources

HOMELESS CRISIS RESPONSE SYSTEM
General Components & Client Flow

Coordinated Entry

→ *Does not need shelter tonight* → **Targeted Prevention and Diversion**

Able to retain housing or gain new housing, bypassing shelter → **Community-Based Permanent Housing** (includes market rate and subsidized)

→ *Need shelter tonight* → **Temporary Shelter**

Able to exit shelter on own →

Unable to find housing on own within short period (e.g. 7-10 days) → **Rapid Re-housing** →

Targeted to specific populations → **Transitional Housing** →

Community-Based Services and Supports

Street Outreach

Highest needs, unable to maintain housing without ongoing services, subsidy → **Permanent Supportive Housing**

SYSTEM GOALS = **Rare** + **Brief** + **Non-recurring**

Core Elements of Coordinated Entry

ACCESS

ASSESSMENT

PRIORITIZATION

REFERRAL

Common Approach to Coordinated Entry

Standard coordinated entry approach:

- ✓ People present at coordinated entry access points

- ✓ Fully assess all households regardless of availability of targeted homelessness resources

- ✓ Assign/match to a waitlist for a specific intervention type using scoring ranges

- ✓ Prioritize based on highest level of need

- ✓ Referrals from prioritized list in prescribed order

Challenges with Current Approach

Majority of homelessness response systems do not have enough resources, resulting in:

- ✓ Number of persons matched to specific interventions exceed availability, increasing lengths of time homeless
- ✓ Fixed **sorting** approach results in lower need households being served more quickly
- ✓ Information collected is static becoming old over time
- ✓ Many people on waiting lists cannot be located
- ✓ Lack of confidence in validity of scores
- ✓ Eligibility not considered until too late in process

Example of Current Approach

Hypothetical Scoring Tool

Example of Current Approach

Hypothetical Scoring Tool
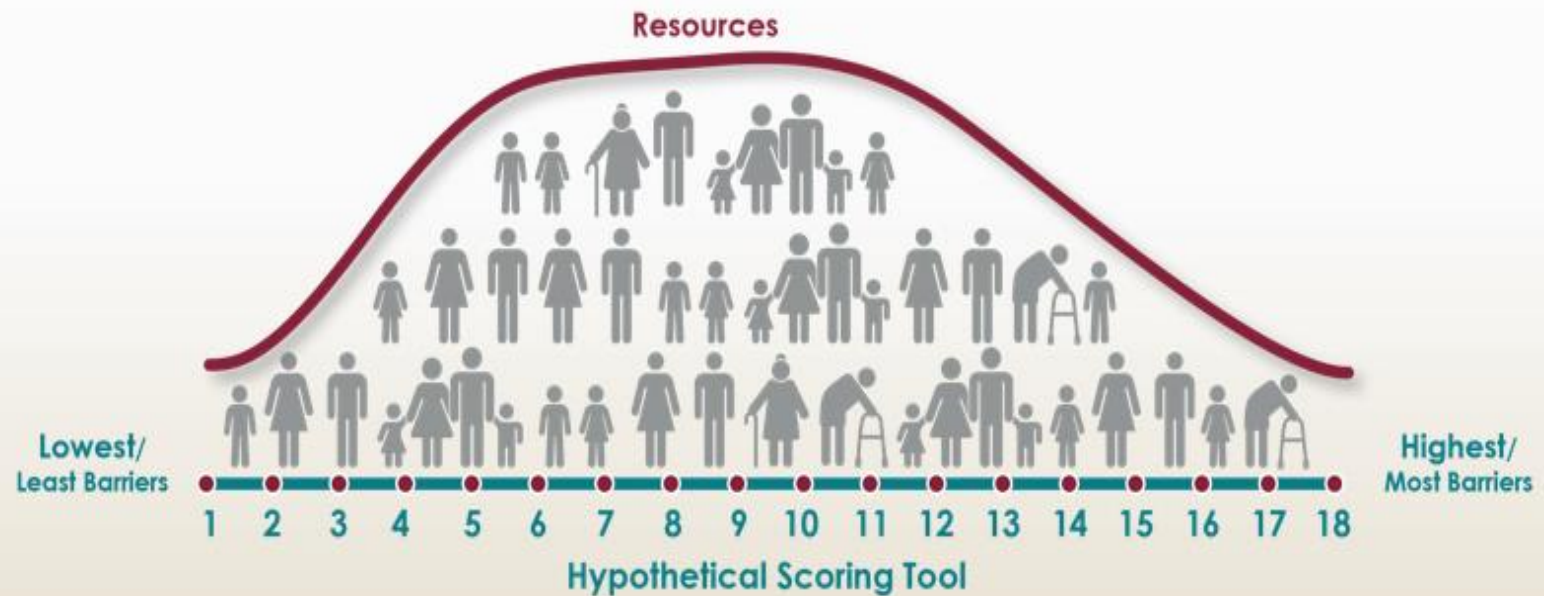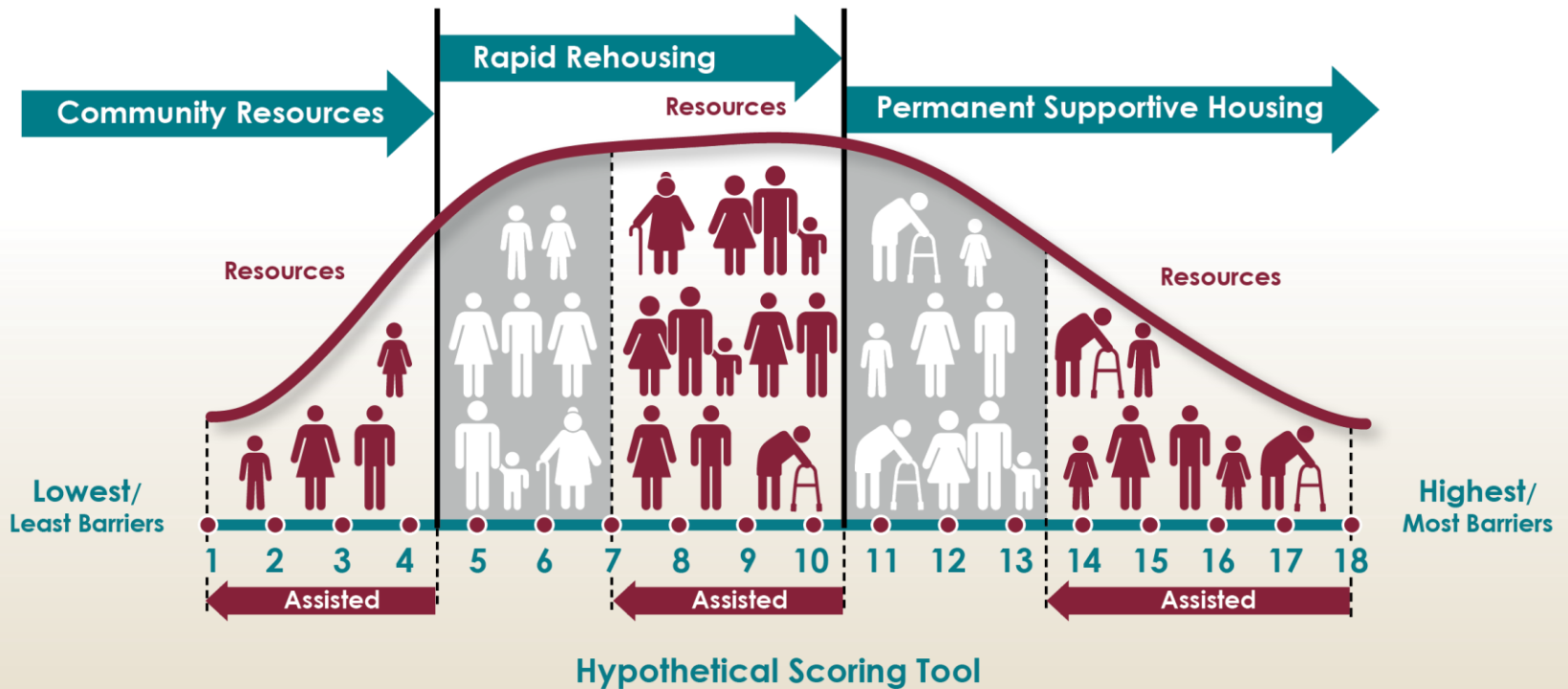
Outcome of Current Approach

HOMELESS SYSTEM IN DAYTON-MONTGOMERY COUNTY

Dayton-Montgomery County CoC

Homeless Solutions Community 10 Year Plan: A Blueprint for Ending Chronic Homelessness and Reducing Overall Homelessness in Dayton and Montgomery County, OH

Received ~$8 million in CoC funding from HUD

~1,000 homeless people in 2018 Point in Time Count

System Inventory – What projects exist?

DAYTON-MONTGOMERY COUNTY HOMELESS ASSISTANCE SYSTEM   1-11

Prevention

Catholic Social Services - HPRP   Community Action Partnership - HPRP   Graceworks - HPRP   Homefull - HPRP

YWCA – Family Homelessness Prevention Pilot

Street Outreach/Inreach

AIDS Resource Center Ohio   Crisis Care   Daybreak   PATH   Samaritan Homeless Clinic   Homefull   VA Medical Center

Safe Haven

25 beds for singles
HomeStar Safe Haven

Gateway Shelter

331 beds for singles; 32 units for families

Daybreak   Gettysburg Gateway for Men   St. Vincent Gateway for Women and Families   YWCA Domestic Violence Shelter

Programmatic Shelter

70 beds for singles; 18 units for families

Red Cross Family Living Center   Salvation Army Booth House   Samaritan Clinic Respite Care   VA Domiciliary   YWCA WIN

Rapid Re-Housing

134 units for singles; 37 units for families
Homefull – HPRP RR

Transitional Housing for Homeless

158 units for singles, 81 units for families

Daybreak Community   DePaul Center   Holt Street VA Per Diem   Homeshare   Linda Vista   Mercy Manor

Opportunity House   St. Vincent Supportive Housing   Homefull Rapid Re-Housing CoC Demo   Homefull VA TH Per Diem   VOA VA TH Per Diem

Permanent Supportive Housing for Homeless

636 units for singles, 127 units for families

Belvo   Cobblegate   DePaul Center PSH   Glenbeck   Golden Villa   HUD VASH   Iowa Ave. SRO

McKinney I&II   N. Main Home   Ohio Commons   Red Cross Family Living Center PSH   River Commons   River Commons II*

St. Vincent Kettering Commons   Shelter+Care   Tangy   Homefull Fisher Square Family PSH   Westcliff*   YWCA SRO

Supportive Services

Opening Doors for the Homeless   Samaritan Clinic   YWCA Supportive Housing Program

KEY: * = Housing is under development   Program name highlighted in YELLOW = program opened after adoption of Homeless Solutions Plan

Background – How does the system operate?

System defined by program eligibility and intake decisions made by individual programs

Shelter case managers submit applications for every possible program a person could be eligible for

Lack of data on client need to make system planning decisions

System Strategic Plan – What are the improvement goals?

Rapidly exit people from homelessness to stable housing

Efficient and effective use of system resources – clients receive appropriate services

Ensure that all clients, including the hardest to serve, are served

Transparency and accountability throughout the assessment and referral process

Assessment & Referral Process – What strategies were used?

Assessment - conducted at all Front Doors

- Intake – goal is diversion, done within first 3 days
- Comprehensive assessment – done within first 7-14 days

Referral decision worksheet to identify most appropriate program type to help client move to permanent housing

- All eligibility criteria set by funding sources must be complied with
- Programs must remove additional barriers to entry
- Priority for PSH openings for long-stayers, elderly and medically fragile

Process to refer appropriate client to specific program when opening occurs

- Done by system staff for transitional housing, PSH and Safe Haven

Policies – What operational practices were adopted?

Require that programs accept 1 in 4 referrals

Eliminate all program entrance requirements except those required by funding (i.e. no drug testing)

All program vacancies must be filled through the Front Door process – close the 'side doors'

Development of program and system performance outcomes based on HUD System Performance Measures

Accomplishments – What did Dayton achieve?

- ✓ Closed 'side doors' into CoC programs so all homeless system resources used for people in shelter or on the street
- ✓ Half of long-stayers (more than 200 nights of homelessness in 2010) housed
- ✓ Established policies about expectations for people in shelter
  - • use income for housing
  - • expected to accept first appropriate referral
- ✓ Have client-centered data for system planning

Improvement Opportunities – What still needs to be fixed?

HMIS functionality and reporting issues limited data collection and management capacity.

Assessment process implementation not always followed consistently. Additional definitions for client history needed.

Front Door Assessment policies not uniformly adopted by all providers.

More Improvement Opportunities – What still needs to be fixed?

Front Door Committee

- Monthly meetings
- Provider forums

Development of forms, manuals, reports

Very intensive HMIS work

- Assessment in HMIS
- Programming reports

Case conferences

Process and referral reviews, esp. PSH referrals

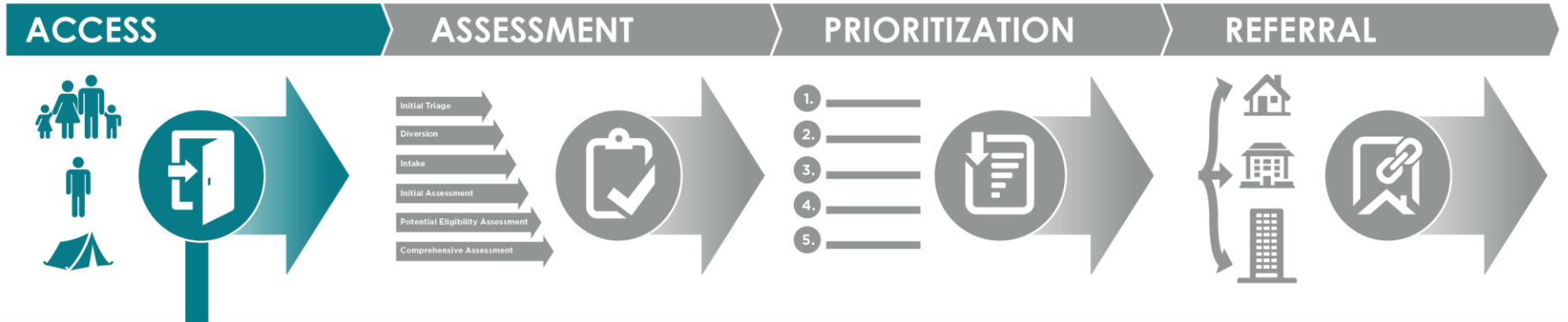# Strategies for a More Effective Coordinated Entry

Common Access Challenges

ACCESS → ASSESSMENT → PRIORITIZATION → REFERRAL

Initial Triage
Diversion
Intake
Initial Assessment
Potential Eligibility Assessment
Comprehensive Assessment

1. More people seeking assistance than have resources to assist

2. Highest-need people not getting access

1. System-wide problem solving

2. Access through mobile outreach

Strategies to Improve Access

ACCESS › **ASSESSMENT** › **PRIORITIZATION** › **REFERRAL**

Initial Triage
Diversion
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1. 2. 3. 4. 5.

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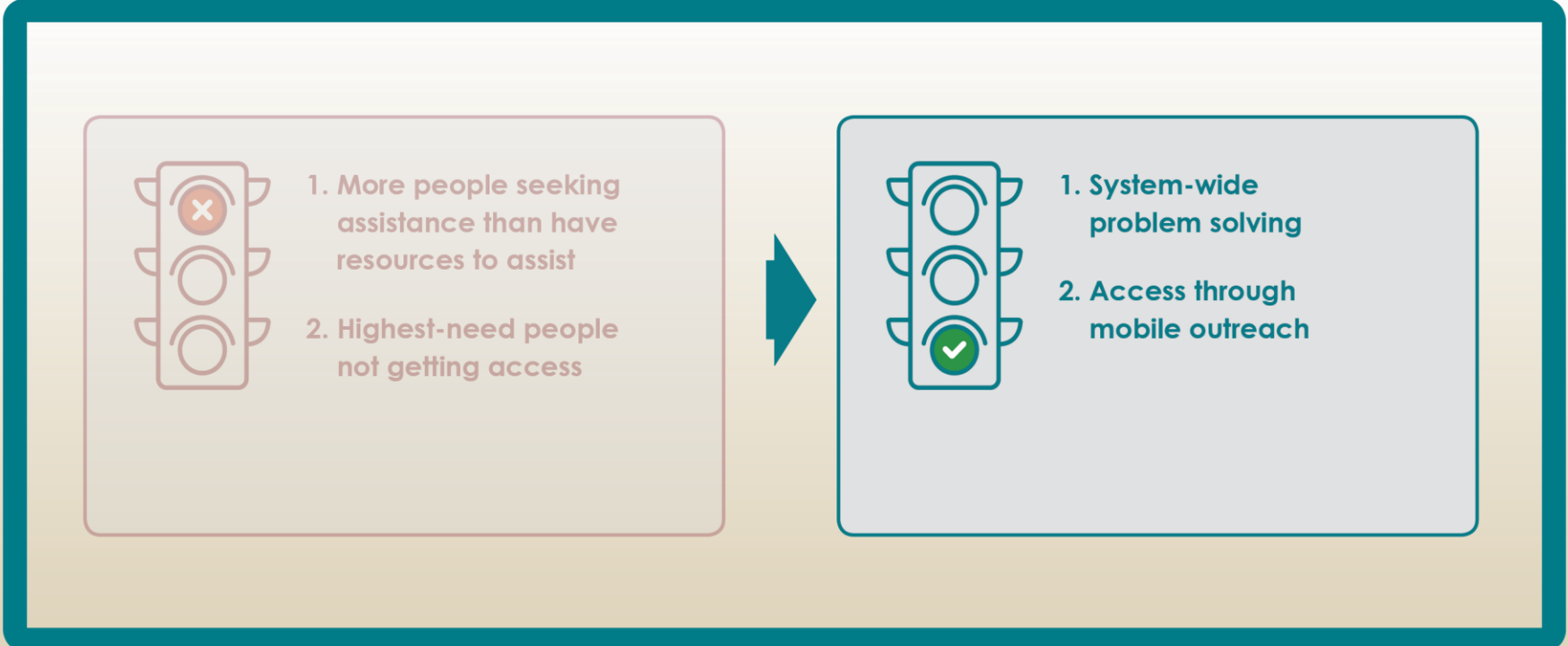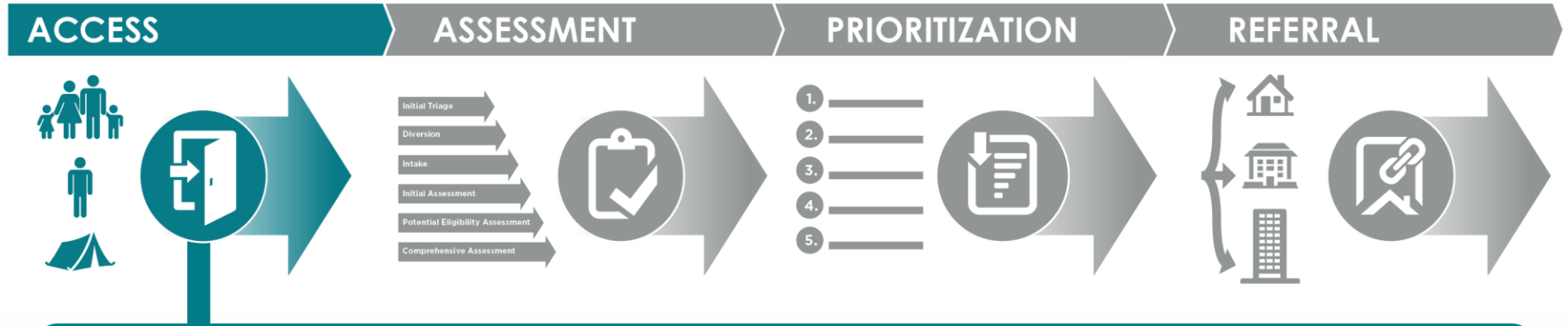
Strategy: Problem Solving Conversations

- Exploratory conversation that seeks to understand household's strengths and existing support networks

- Goal is to identify safe housing options and connect the household to community supports and services

- Should be attempted with everyone seeking assistance

Strategy: Mobile Outreach

- Mobile outreach as an access point can help connect people to coordinated entry who are less likely to seek assistance on their own

- Gives **clear housing focus** to mobile outreach staff

COORDINATED ENTRY WITH 2-1-1

WHAT IS NC 2-1-1?

- ✓ 24/7/365 information and referral service available by simply dialing 2-1-1

- ✓ Trained call center specialists access a robust database of resources to meet health and human service needs

- ✓ Staff are trained to assist callers with crises

- ✓ Ability to handle high volume of inquiries and re-direct as needed

CURRENT CALLS TO 2-1-1

Housing is the TOP Caller Need to NC 2-1-1

2019 (to date):
- 12,120 Calls with Housing Needs to NC 2-1-1
- 3,252 Callers Sought Emergency Shelter

2018:
- 36,187 Calls with Housing Needs to NC 2-1-1
- 9,887 Callers Sought Emergency Shelter

WHY JOIN FORCES WITH 2-1-1?

BENEFITS OF NC 2-1-1 FOR COORDINATED ENTRY

- ✓ 24-hour access

- ✓ Consistent, easy-to-remember number

- ✓ Help with additional health and human services needs

- ✓ One stop shop for clients – less lines and waiting

- ✓ Agency staff time focused

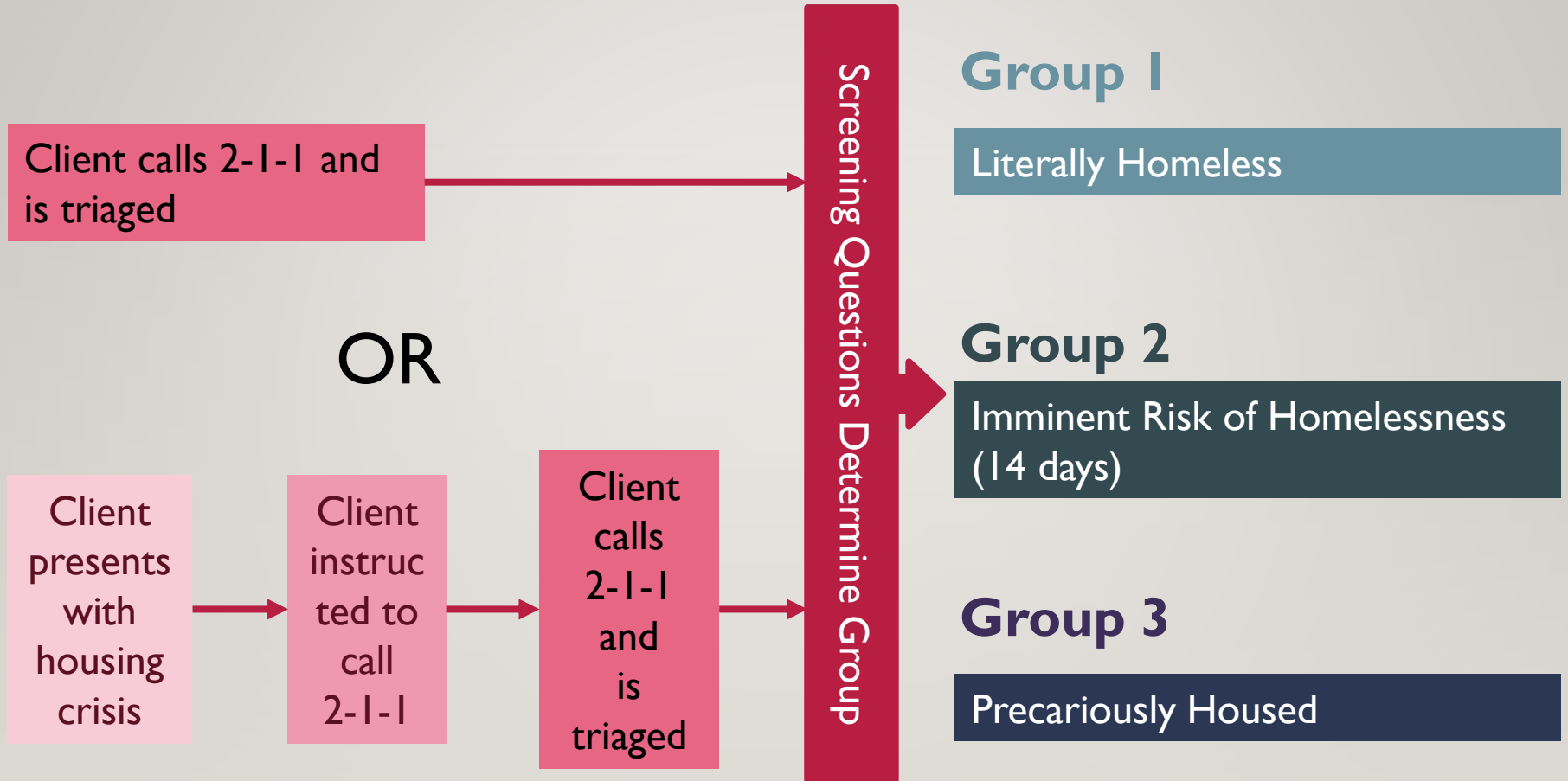- ✓ Centralized data on homeless community

HOW WILL IT WORK?

- Everyone who is homeless or at risk will be directed to call 2-1-1

- The 2-1-1 Specialist will ask screening questions

- Based on Client responses:
    - 2-1-1 directs client to in-person assessment at designated sites OR
    - 2-1-1 directs client to appropriate housing assistance options OR
    - 2-1-1 provides resources for rent assistance, job assistance and other basic health and human services needs.

HOW WILL IT WORK – VISUALIZED

Client calls 2-1-1 and is triaged

OR

Client presents with housing crisis → Client instructed to call 2-1-1 → Client calls 2-1-1 and is triaged

Screening Questions Determine Group

Group 1
Literally Homeless

Group 2
Imminent Risk of Homelessness (14 days)

Group 3
Precariously Housed

THE BUCKETS

LITERALLY HOMELESS

A

- Currently residing in a location not intended for human habitation

- Currently living in a shelter situation

- Is exiting a shelter environment where they resided for 90 days or less and resided in an emergency shelter or place not intended for human habitation prior to shelter

- Entered into HMIS by 2-1-1 specialist

IMMINENT RISK OF HOMELESSNESS

B

- Current residence will be lost within 14 days

- No subsequent residence has been identified

- Lacks the resources or support networks needed to obtain other permanent housing

PRECARIOUSLY HOUSED

C

- No permanent housing

- No lease, ownership interest, or occupancy agreement in prior 60 days

- Persistent instability resulting in two moves or more in last 60 days

- Continue to face barriers to securing permanent housing

SPECIAL POPULATIONS

DV

- Fleeing or attempting to flee domestic violence

- Has no other residence

- Lacks the resources or support networks to obtain other permanent housing

SPECIAL POPULATIONS

**Ve
t**

- Current or former member of the military

- Presents with a housing situation

- Special protocols can be followed

DATA REPORTING

DATA REPORTING

- NC 2-1-1 collects the following data and can share with local partners via monthly reporting:
    - Call Volume
    - Caller Location
    - Caller Demographics: Age, Gender, Military Status, Disability Status, Health Insurance Status, Ages of Children in the Home
    - Additional 2-1-1 Referrals Made to Callers
    - Outcomes of Callers (Literally Homeless, Risk of Homelessness, Precariously Housed, DV, Veteran, ROI Declined)

Questions

ASSESSMENT

Common Assessment Challenges
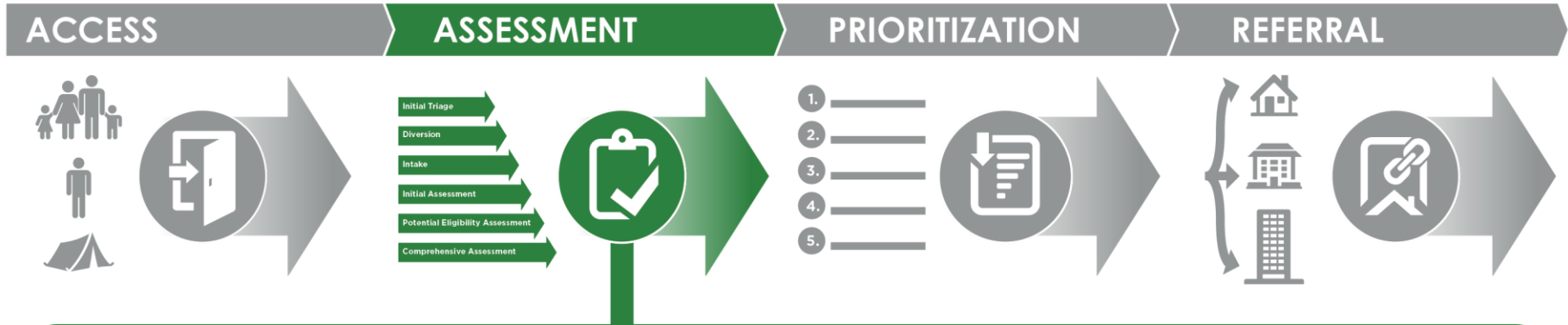
ACCESS → **ASSESSMENT** → **PRIORITIZATION** → **REFERRAL**

Initial Triage
Diversion
Intake
Initial Assessment
Potential Eligibility Assessment
Comprehensive Assessment

1. **Assessment process is long, time-consuming**

2. **Information quickly out-of-date**

3. **Assessment does not lead to assistance for many**

1. Phased Assessment

2. Ensure everyone gets a housing plan

Strategies to Improve Assessment

ACCESS → ASSESSMENT → PRIORITIZATION → REFERRAL

Assessment:
- Initial Triage
- Diversion
- Intake
- Initial Assessment
- Potential Eligibility Assessment
- Comprehensive Assessment

Prioritization:
1.
2.
3.
4.
5.

1. Assessment process is long, time-consuming
2. Information quickly out-of-date
3. Assessment does not lead to assistance for many

→

1. Phased Assessment
2. Ensure everyone gets a housing plan

Strategy: Phased Assessment

What about assessment tools?

- Assessment tools are helpful to capture consistent information about clients; they should not dictate prioritization

- Assessment tools help identify housing and service needs – the score they generate can be used to inform understanding a person's severity of need

- There are no "HUD-endorsed" assessment tools and all should be used with caution

- Consult [HUD's 2015 Report](#) on what is known about assessment tools

Problem Solving in the CE System
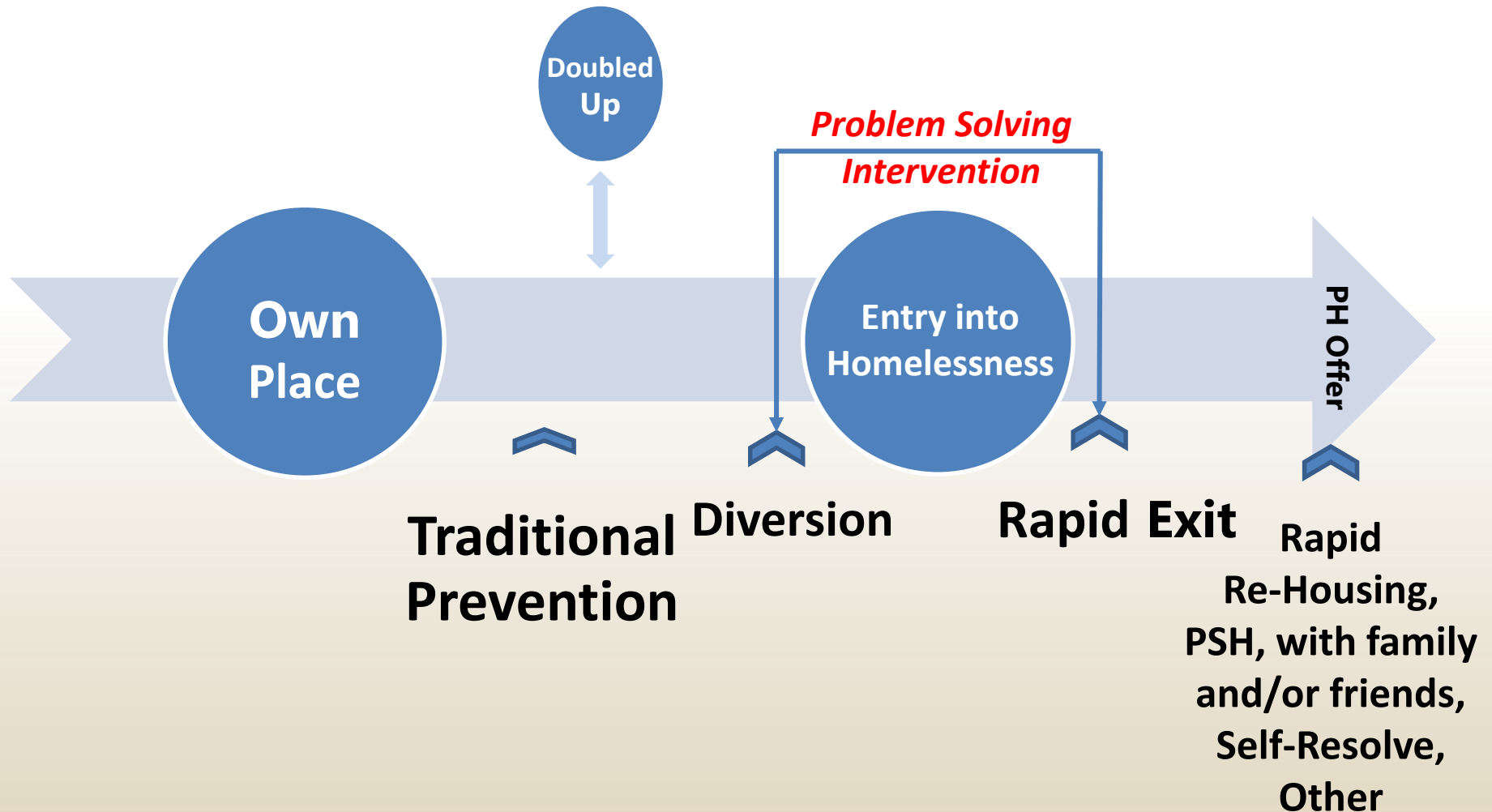
PRIORITIZATION

Defining Prioritization

Prioritization = person's needs and level of vulnerability are quantified *in relation to other people who are also seeking homeless assistance.*

✓ Uses information learned from assessment
✓ Manages the inventory of housing resources
✓ Ensures persons with the greatest need and vulnerability receive priority or accelerated access to the supports they need to resolve their housing crisis.

Prioritization Criteria

- Prioritization criteria may include any of the following factors:
  - ✓ Significant health/behavioral health challenges
  - ✓ High use of emergency services
  - ✓ Sleeping in unsheltered locations
  - ✓ Vulnerability to death or illness
  - ✓ Risk of continued homelessness
  - ✓ Vulnerability of victimization
  - ✓ Other locally determined factors

- May be different for families, single adults, survivors of domestic violence, and persons seeking homelessness prevention services

- Prioritization policies should not be seen as static and should be refined as resources and needs begin to shift

Aligning Prioritization with Federal Civil Rights Laws, including Fair Housing Act

- CoCs are prohibited from using the prioritization process to discriminate based on race, color, religion, national origin, sex, age, familial status, or disability.

- It would be a violation of federal civil rights laws if prioritization is based solely on a score produced by an assessment tool that consistently provides a higher score to persons with *specific* disabilities over those with other disabilities, or that provides scores that rely on membership in a protected class

- For more information, see HUD's FAQ: https://www.hudexchange.info/faqs/3464/my-coc-needs-to-prioritize-households-to-meet-the-requirements-of-hud

Common Prioritization Challenges

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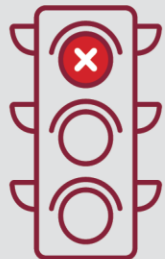
Initial Triage
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1. **List is static** *(conditions change, but list stays the same)*

2. **Stakeholders lack confidence in score/order**

3. **List is long** *(many people get nothing; list is out-of-date and then can't find high-priority people)*

1. **Dynamic prioritization** *(continuous adjustment of list)*

2. **Case conferencing, other information used besides score**

Strategies for Improving Prioritization

ACCESS > ASSESSMENT > PRIORITIZATION > REFERRAL

Left panel (static list problems):

1. **List is static** *(conditions change, but list stays the same)*

2. **Stakeholders lack confidence in score/order**

3. **List is long** *(many people get nothing; list is out-of-date and then can't find high-priority people)*

Right panel (dynamic improvements):

1. **Dynamic prioritization** *(continuous adjustment of list)*

2. **Case conferencing, other information used besides score**

Challenge: Static Prioritization

Hypothetical Scoring Tool
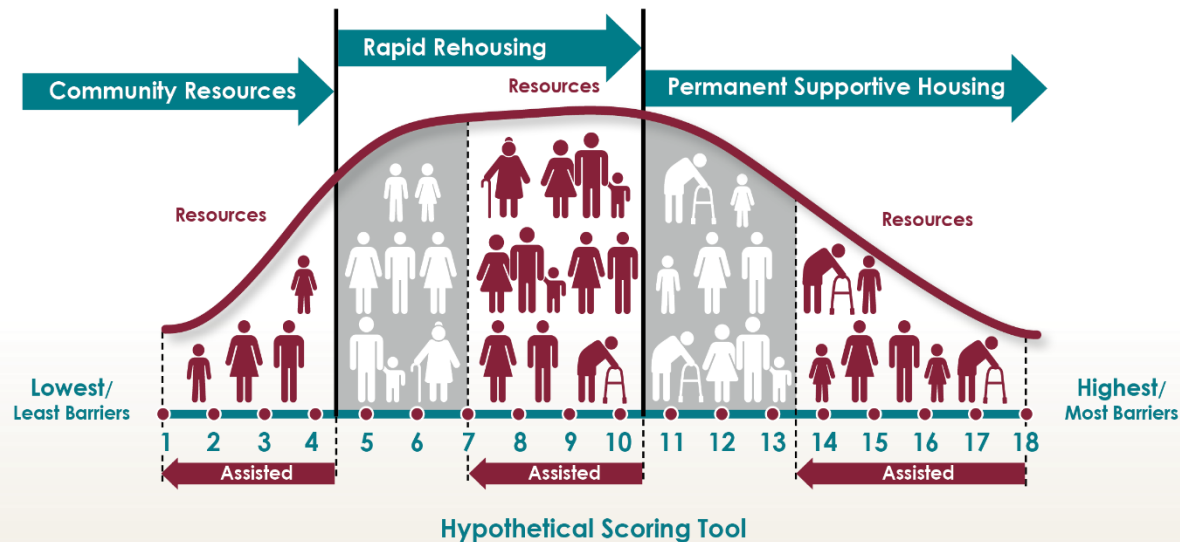
- ✓ *Doesn't consider actual resource availability*

- ✓ *Long waitlists, no housing plan*

- ✓ *Assumes a single pathway out of homelessness*

- ✓ *Information becomes quickly out-of-date*

- ✓ *Lower need households exit homelessness more quickly*

Strategy: Dynamic Prioritization

Dynamic Prioritization is an approach to prioritization that considers information in real time and seeks to do each of the following:

- ✓ Ensures the most vulnerable persons are prioritized for all available dedicated resources
- ✓ Seeks to achieve housing placements quickly, preferably on average of 30 days or less
- ✓ Allows for flexible housing placement decisions that considers a variety of factors
- ✓ Continues to utilize problem-solving conversations to move those households not currently prioritized into housing

Static vs. Dynamic Prioritization
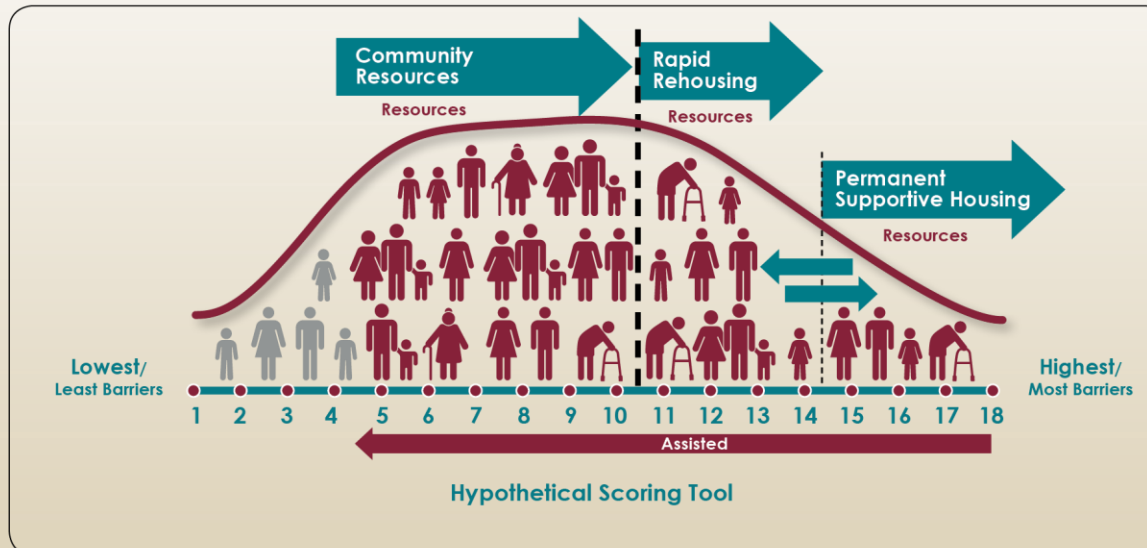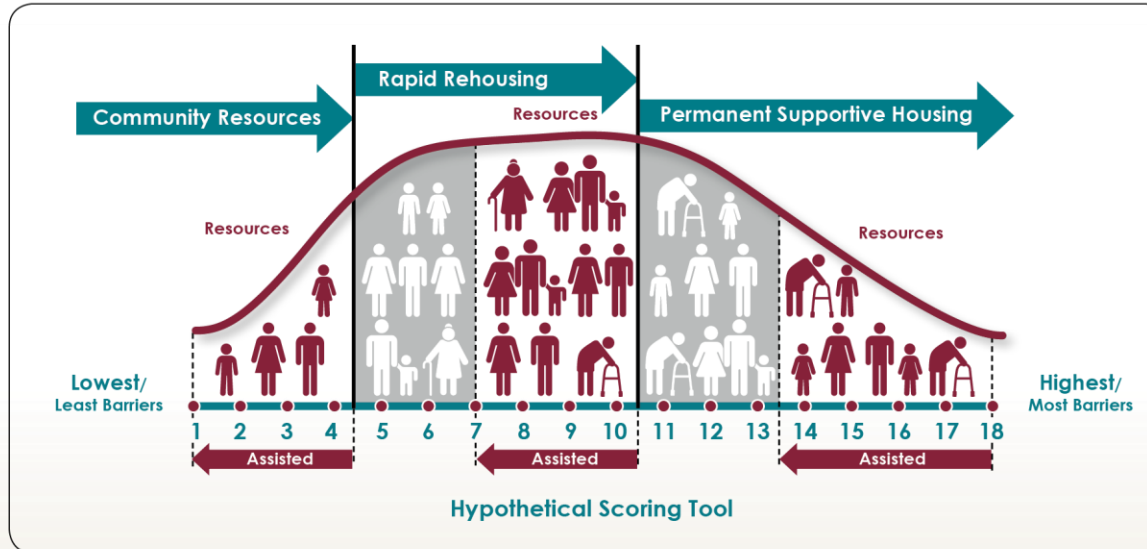
Using Dynamic Prioritization for Referral

- Dynamic prioritization works in real time based on available resources
- For each vacancy, start by considering the people at the top of the priority list
- Dynamic prioritization allows for more flexibility in referral decisions
  - PSH optimal for persons experiencing CH and highest needs
  - If PSH not available, RRH should be considered to be used to provide a bridge or flexible support
- Resources should limit population-specific eligibility criteria to ensure that resources can be used as flexibly as possible

Strategy: Case Conferencing

- Case conferencing is a meeting of stakeholders to discuss housing placement decisions on a case-by-case basis

- Use case conferencing to discuss:
    - What is vacant?
    - Who is 'ready'?
    - Of those 'ready', who is highest need <u>and</u> eligible for opening?
    - New or additional information collected on a household

What about By-Name Lists?

- Many CoCs have developed by name lists to record information on all persons experiencing homelessness

- Can be a helpful tool to galvanize community action and improve street outreach

- Creating and maintaining can be very burdensome and utility becomes less as the 'list' grows

- Having a quality by-name-list in and of itself often does not increase housing placements

- Avoid creating a separate database for collecting and storing information on persons experiencing homelessness outside of HMIS

Prioritization Order Table Example

Priority Order	Subpopulation	Ordering Criteria
1	High-Acuity Families	
2	High-Acuity Youth	
3	High-Acuity Adults	1. Transition age youth (TAY) families
4	Mid-Acuity Families	2. In need of a program transfer
5	Mid-Acuity Youth	3. On LA County 5% List
6	Mid-Acuity Adults	4. Veterans not eligible for VA services
7	Low-Acuity Families	5. Length of Time Homeless
8	Low-Acuity Youth	6. Date of Assessment
9	Low-Acuity Adults	

*** with Proportional Cohort Matching/Referral Staging***

REFERRAL

Common Referral Challenges

ACCESS › ASSESSMENT › PRIORITIZATION › REFERRAL

Assessment steps: Initial Triage, Diversion, Intake, Initial Assessment, Potential Eligibility Assessment, Comprehensive Assessment
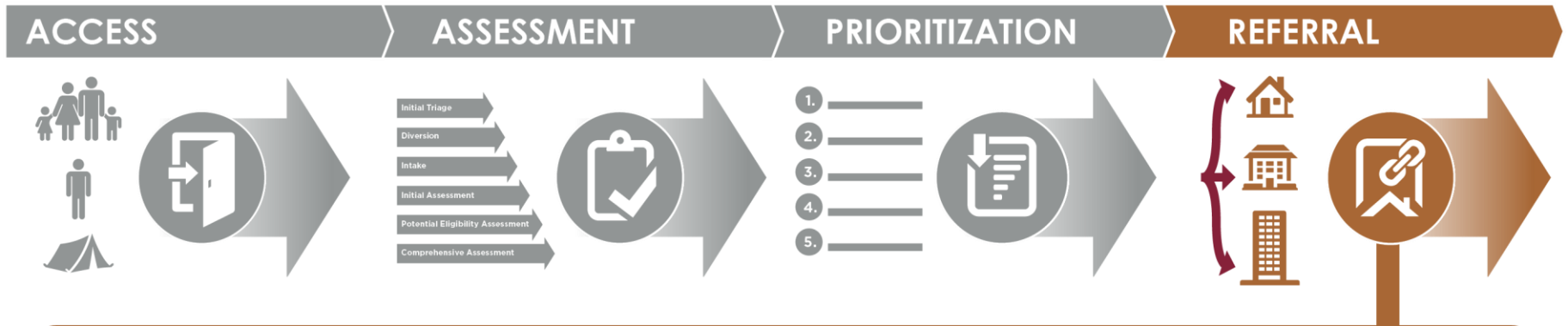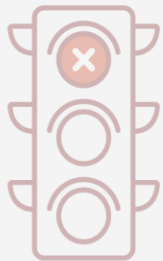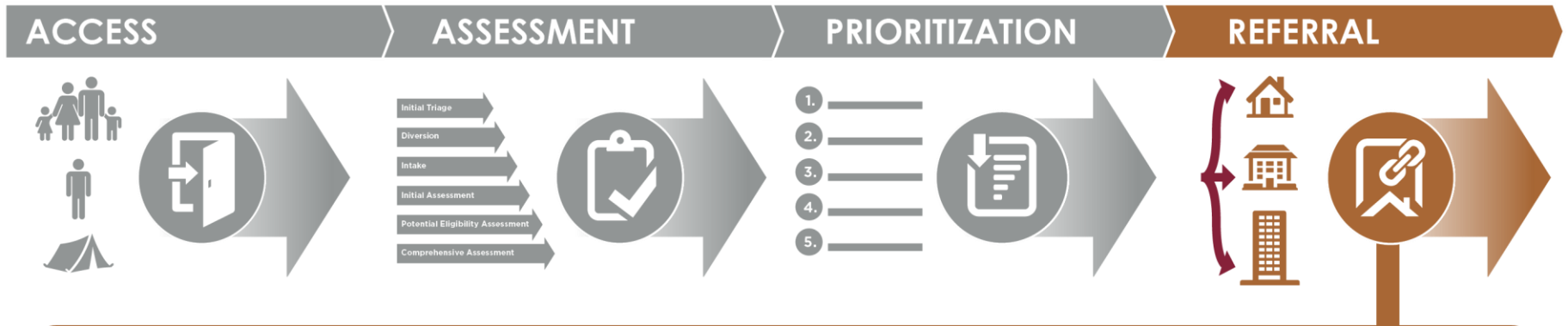
Challenges (red light):
1. Prioritized people not document ready
2. Prioritized people not eligible
3. High-priority people rejected by programs
4. Referral process is slow/cumbersome

Solutions (green light):
1. Use navigators for highest priority
2. Ensure using eligibility information with priority
3. Reduce program entry barriers/screening
4. Include response times in performance measures

Strategies to Improve Referrals

Strategy: Using Housing Navigators

- **Housing Navigation** is a type of supportive service that can be offered to**:**
  - ✓ Help to secure the documentation the participant will need for program enrollment;
  - ✓ Help to access services that will be needed prior to housing, including applying for benefits, transportation support, and other immediate services;
  - ✓ Assisting with housing search and enrollment;
  - ✓ Performing outreach to local landlords; and,
  - ✓ Preparing household to maintain housing

- Navigation services may be provided by outreach workers, CES assessors, dedicated case managers or others connected to the CES

Strategy: Consider Eligibility Prior to Referral

- Programs receiving the referrals have final responsibility for ensuring the people they admit are eligible
- Coordinated Entry should seek to minimize referrals that do not meet required eligibility criteria
- Goal should be to make successful referrals quickly and have them accepted quickly

Strategy: Limit Additional Eligibility Criteria

- CoCs should avoid making the eligibility criteria for a project too narrow

- Having programs that are flexible and able to meet the needs of *all* populations will enable the CoC to house prioritized households more quickly

Strategy: Increasing Accountability

- What happens to high need people
  - Do they get admitted into openings?
  - How many are skipped
  - How many are rejected
  - How many are lost before getting housed?
- Track time frames
  - From prioritization to referral
  - From referral to point of approval or denial
- Reasons for denials or refusals by clients
  - Set targets and review progress

Strategies for More Effective System Management

- All or most resources are included in the Coordinated entry system

- CE Processes are effectively managed and documented

- Data and feedback from consumers and providers are used to evaluate effectiveness and support continuous improvement

- All stakeholders receive clear messaging about the system and its purpose

Core CE Policy & Management Roles

Evaluation Responsibilities:

- Plan annual CE evaluation
- Collect data
- Evaluate CE implementation process for effectiveness and efficiency
- Identify policy and process improvements

Management Responsibilities:

- Establish day-to-day management structures
- Establish clear, accessible communication plan
- Promote standardized screening and assessment processes
- Develop and deliver training
- Conduct monitoring

Policy Oversight Responsibilities:

- Establish participation expectations
- Determine local data collection and data quality expectations
- Define data sharing protocols
- Select a Data System for CE

Core CE Evaluation Considerations

Establish a CE Evaluation Plan
- which parts of the CE process and system will be measured
- which aspects evaluated for fidelity to CE P&Ps
- what data will be gathered
- coordination with partners (ESG, SSVF, PATH, etc.)

Basic Compliance
- Compliance with HUDS's CE Notice
- Compliance with VA's DUSHOM Memo Requirements
- CoC's CE Process Self -Assessment

Effectiveness Measures
- Reach of CE, participation among providers, does current inventory meet demand?
- Screening length, accuracy, linkage to next steps
- Implementation consistency and access issues

Process Measures
- Is process fair, effective, clear, efficient, reasonable
- Are collaborations effective, participatory, inclusive

It's Complicated, But We Can Do It!