Housing First and Coordinated Entry

Chicago, IL
September 12-13, 2018
Who We Are

George Martin and Matt Olsson serve as HUD technical assistance providers for HomeBase, a San Francisco-based nonprofit public interest law firm dedicated to the social problem of homelessness.

We work at the state and local level to support communities in implementing responses to homelessness while fostering collaboration in addressing the socioeconomic causes of homelessness.
Today’s Agenda

**Housing First**
Housing First is an approach to preventing and ending homelessness utilizing proven methods to increase residential stability and address the root causes of homelessness.

**Coordinated Entry**
Coordinated Entry is an approach to coordination and management of a crisis response system’s resources that allows users to make consistent decisions from available information to efficiently and effectively connect people to interventions that will end their homelessness.
Housing First

Practical Implications of Housing First Principles
Housing First is an approach where homeless persons are provided immediate access to housing and then offered the supportive services that may be needed to foster long-term stability and prevent a return to homelessness. This approach removes unnecessary barriers and assumes that supportive services are more effective in addressing needs when the individual or family is housed – when the daily stress of being homeless is taken out of the equation.

Ann Marie Oliva
Director, Office of Special Needs Assistance Programs
August 21, 2016
Defining Housing First
What is Housing First?

• **Permanent housing is the necessary first step** in helping people address physical, mental, or behavioral issues.

• Treat these issues *after people are in stable housing*.

• Independent living empowers participants to meet personal challenges and fosters self-reliance.
Core Principles

1 Principle #1
Homelessness is primarily a housing problem.
Core Principles

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**Principle #2**
Housing is a basic human right to which all persons are entitled, without qualification.
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   Homelessness is primarily a housing problem.

2. **Principle #2**
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3. **Principle #3**
   Homeless persons should be returned to or stabilized in permanent housing as soon as possible and connected with the resources required to sustain that housing.
Core Principles

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3. **Principle #3**  
Homeless persons should be returned to or stabilized in permanent housing as soon as possible and connected with the resources required to sustain that housing.

4. **Principle #4**  
Underlying issues are best addressed once that person is in a stable housing environment.
Who Benefits from Housing First?

- People with complex service needs
- Those often turned away from other affordable housing options
- Those least likely to be able to proactively seek and obtain housing on their own
How is Housing First Applied?

- Target the **most vulnerable persons** for placement
- Move people into housing **without preconditions**
- Provide participants with **tenancy protections**, including leases
- Engage participants in **voluntary services**
- Embrace **harm reduction** for addiction treatment
Justifying Housing First
Why Housing First?

1. Residential Stability
2. Social Benefits
3. Cost Effectiveness
4. HUD Prioritization
Residential Stability

Housing First has been shown to lead to **increased housing stability**, meaning that participants in Housing First-oriented programs and systems have greater:

- Housing retention; and,
- Longer stays in housing
Social Benefits

Participants in Housing First-oriented programs and systems show improvements in **overall well-being**, including:

- Increased psychological well-being
- Increased sense of integration into the community
- Higher housing satisfaction
- Lower incarceration rates
- No greater rate of alcohol or substance abuse
Cost Effectiveness

Implementing Housing First is **cost effective** and has been shown to lead to:

- Reduced costs overall
- Declining costs over time
- Reduced strain on community resources
Reduced Costs

Nationwide Study

Central Florida Study

Unhoused
Housing First
Declining Costs

Year Prior to Entry  |  6 Months After Entry  |  1 Year After Entry

Cost/Month
Reduced Strain on Resources

Savings of $1.8 million at a cost of $14,000 per client

Before | After
--- | ---
ER Visits | 100% | 80%
Hospitalizations | 100% | 80%
Incarcerations | 100% | 60%
Arrests | 100% | 40%
HUD Prioritization

- Identified as a **core strategy** for ending homelessness in Opening Doors: The Federal Strategic Plan to End Homelessness

- Reinforced through program **grant competitions** and grantee **performance reports**
Applying Housing First
At the Project-Level
Key Characteristics of a Housing First Project

1. Few or No Barriers
   - Access to programs is not contingent on:
     - Sobriety;
     - Minimum income;
     - Lack of a criminal record;
     - Completion of treatment;
     - Participation in services; or,
     - Other unnecessary conditions
   - Programs or projects do everything possible not to reject an individual or family on the basis of:
     - Poor credit or financial history;
     - Poor or lack of rental history;
     - Minor criminal convictions; or,
     - Behaviors that are interpreted as indicating a lack of “housing readiness”
Key Characteristics of a Housing First Project

1. Few or No Barriers

2. **Reasonable Accommodations**
   - People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy
   - Building and apartment units include special physical features that accommodate disabilities
Key Characteristics of a Housing First Project

1. Few or No Barriers

2. Reasonable Accommodations

3. Identification of Alternatives
   Programs or projects that cannot serve someone work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.
Key Characteristics of a Housing First Project

1. Few or No Barriers
2. Reasonable Accommodations
3. Identification of Alternatives
4. Voluntary, Client-Driven Services
   - Housing and service goals and plans are highly tenant-driven
   - Supportive services emphasize engagement and problem-solving over therapeutic goals
   - Participation in services or compliance with service plans are not conditions of tenancy, but are reviewed with tenants and regularly offered
   - Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants’ lives
   - Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices
Key Characteristics of a Housing First Project

1. Few or No Barriers
2. Reasonable Accommodations
3. Identification of Alternatives
4. Voluntary, Client-Driven Services
5. **Flexible Payment**
   Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements
6.
# Key Characteristics of a Housing First Project

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<th>Characteristics</th>
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<td>1</td>
<td>Few or No Barriers</td>
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<td>5</td>
<td>Flexible Payment</td>
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## Avoiding Eviction
- Substance use, without other lease violations, is not a reason for eviction and every effort is made to transfer from one housing situation, program, or project to another if tenancy is in jeopardy.
Key Characteristics of a Housing First Project

1. Few or No Barriers
2. Reasonable Accommodations
3. Identification of Alternatives
4. Voluntary, Client-Driven Services
5. Flexible Payment
6. Avoiding Eviction
Applying Housing First

At the System-Level
Housing First at the System Level

PRE-HOUSING FIRST

Homeless → Shelter → Potential Barriers
- Medical
- Behavioral
- Mental

Housing

HOUSING FIRST

Homeless → Coordinated Entry
- Connect
- Navigate
- Assess

Potential Barriers

✓ Medical
✓ Behavioral
✓ Mental
✓ Income
✓ Landlord Relationship

Housing Stability

Medical
Behavioral
Mental
Income
Landlord Relationship

Stability
Core Elements at the System Level

- Few or no barriers to housing entry
- Prioritization of persons with the highest level of need

Housing First
Key Characteristics of a Housing First System

1. **Systemic Alignment with Housing First**
   - The crisis response system is aligned with Housing First, engages in housing advocacy, and aims to rapidly connect clients to permanent housing.
   - Staff believes that all homeless persons are ready to be housed.
Key Characteristics of a Housing First System

1. Systemic Alignment with Housing First

2. Linkages to Permanent Housing
   - Strong, direct referral relationships exist between the crisis response system and permanent housing
   - Crisis response providers are aware of and trained to assist clients in the process of applying for and obtaining permanent housing
Key Characteristics of a Housing First System

1. Systemic Alignment with Housing First

2. Linkages to Permanent Housing

3. Unified Application Process
   - There is a community-wide process to apply for permanent housing, or other housing intervention that is: (a) unified; (b) streamlined; and, (c) user friendly
Key Characteristics of a Housing First System

1. Systemic Alignment with Housing First
2. Linkages to Permanent Housing
3. Unified Application Process
4. Coordinated Entry System

There is a community-wide coordinated entry process that:

- Matches homeless persons to the most appropriate level of housing and services
- Matches chronically homeless persons and other extremely high-needs individuals or families to permanent supportive housing
# Key Characteristics of a Housing First System

1. **Systemic Alignment with Housing First**

2. **Linkages to Permanent Housing**

3. **Unified Application Process**

4. **Coordinated Entry System**

5. **Data-Driven Approach**
   - The community has a data-driven approach to prioritizing the highest-need clients for housing assistance through:
     - Lengths of stay (HMIS)
     - Vulnerability indices
     - Frequency of use of crisis services
Key Characteristics of a Housing First System

1. Systemic Alignment with Housing First
2. Linkages to Permanent Housing
3. Unified Application Process
4. Coordinated Entry System
5. Data-Driven Approach

6. Collaborative Decision Making
   Policymakers, funders, and providers work collaboratively to:
   • Conduct planning
   • Raise and align resources to increase the availability of both affordable and supportive housing
   • Ensure that a range of housing options and models are available to maximize housing choice
**Key Characteristics of a Housing First System**

1. Systemic Alignment with Housing First
2. Linkages to Permanent Housing
3. Unified Application Process
4. Coordinated Entry System
5. Data-Driven Approach
6. Collaborative Decision Making
7. Policies and Procedures
   - Policies and procedures for permanent supportive housing, social and health services, benefits and entitlement programs, and other essential services support (and do not inhibit) implementation of the Housing First approach
8. 

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HomeBase / The Center for Common Concerns
Legal and Technical Assistance | Policy | Advocacy | Planning
870 Market St. | Suite 1228 | San Francisco, CA 94102
# Key Characteristics of a Housing First System

1. **Systemic Alignment with Housing First**

2. **Linkages to Permanent Housing**

3. **Unified Application Process**

4. **Coordinated Entry System**

5. **Data-Driven Approach**

6. **Collaborative Decision Making**

7. **Policies and Procedures**

8. **Avoiding Returns to Homelessness**

   Every effort is made to prevent eviction to homelessness, including transfer from one housing situation to another, if a tenant may lose housing
Key Characteristics of a Housing First System

1. Systemic Alignment with Housing First
2. Linkages to Permanent Housing
3. Unified Application Process
4. Coordinated Entry System
5. Data-Driven Approach
6. Collaborative Decision Making
7. Policies and Procedures
8. Avoiding Returns to Homelessness
Implementing Housing First
Implementing Housing First

1. **Infrastructure and Facilities**
   - Either scattered-site or project-based
   - Special physical features to accommodate persons with disabilities, such as:
     - Elevators,
     - Stove-tops with automatic shut-offs;
     - Wall-mounted emergency pull-cords; and,
     - ADA wheelchair compliant showers
Implementing Housing First

1. Infrastructure and Facilities

2. Policies and Procedures
   - Do not require either of the following for program entry:
     - Sobriety
     - Participation in services
   - Provide rent payment flexibility for permanent supportive housing
   - Permanent supportive housing should offer financial management assistance
   - Ensure that residents have leases/tenant legal protections
Implementing Housing First

1. Infrastructure and Facilities

2. Policies and Procedures

3. Staff and Training
   - Staff are trained in and actively employ evidence-based practices for client engagement
   - Services are informed by a harm reduction philosophy and staff receive ongoing training on strategies and tools
   - Tenants are offered education regarding risky behaviors
Implementing Housing First

1. Infrastructure and Facilities
2. Policies and Procedures
3. Staff and Training

4. Outreach and Intake
   - Accept referrals directly from coordinated entry (including those parts of the crisis response system that are frequented by the most vulnerable, such as emergency shelters, street outreach providers, etc.)
   - Accept clients regardless of sobriety, past treatment, agreement to participate in services, financial history, rental history, criminal background, etc.
   - Prioritize the most vulnerable clients
Implementing Housing First

1. Infrastructure and Facilities
2. Policies and Procedures
3. Staff and Training
4. Outreach and Intake

5. **Client Services**
   - Supportive services emphasize engagement and problem-solving over therapeutic goals
   - Services are predicated on assertive engagement – not coercion – and assist the client in the least restrictive environment possible
   - Staff prioritize respectful relationships with clients
   - Participants drive goal setting, service planning, and progress assessment
Implementing Housing First

1. Infrastructure and Facilities
2. Policies and Procedures
3. Staff and Training
4. Outreach and Intake
5. Client Services

6. Community Engagement
   - Policies and procedures, resources and planning processes, and staff align with or buy into Housing First
   - Participation in coordinated entry
Implementing Housing First

1. Infrastructure and Facilities
2. Policies and Procedures
3. Staff and Training
4. Outreach and Intake
5. Client Services
6. Community Engagement
Assessing Your System

HUD has developed a **Housing First Assessment Tool** that can be used to track your communities’ and projects’ implementation of Housing First over time:

Questions on Housing First?
Common Challenges and Solutions
Common Challenges and Solutions

Challenge

Landlord resistance to engaging with the program
## Common Challenges and Solutions

<table>
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<tr>
<th>Challenge</th>
<th>Solution</th>
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| Landlord resistance to engaging with the program | **Successful landlord engagement techniques often include:**  
- Meeting the landlord to view the property;  
- Explaining the benefits of working with the program and tenant; and,  
- Following up with the landlord to maintain an ongoing, positive relationship |
Inappropriate questions regarding a prospective tenant, as well as a client history of eviction, criminal background, and credit issues.
## Common Challenges and Solutions

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<td>Inappropriate questions regarding a prospective tenant, as well as a client history of eviction, criminal background, and credit issues</td>
<td>Staff should:</td>
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<td>• Continue utilizing landlord engagement techniques;</td>
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<td>• Maintain the tenant’s rights to privacy and provide limited information where appropriate; and,</td>
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<tr>
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<td>• Acknowledge rental, criminal, or credit history where necessary</td>
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Common Challenges and Solutions

Challenge

Poor prospective tenant presentation to the landlord
### Common Challenges and Solutions

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<td>Poor prospective tenant presentation to the landlord</td>
<td>Staff should provide the prospective tenant with appropriate coaching regarding:</td>
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<tr>
<td></td>
<td>• Hygiene</td>
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<td>• Clothing</td>
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Common Challenges and Solutions

Challenge

Lease violations, such as excessive noise, fighting with neighbor/guests, and non-payment of rent
# Common Challenges and Solutions

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| Lease violations, such as excessive noise, fighting with neighbor/guests, and non-payment of rent | Program staff should:  
- Encourage development and implementation of life skills and other coping skills, including tenancy training on rights and responsibilities  
- Support the maintenance of the landlord/tenant relationship |
Common Challenges and Solutions

Challenge

Lack of staff/agency accountability (e.g., landlord does not know who to contact or what to expect regarding staff intervention and rent payment)
# Common Challenges and Solutions

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<td>Lack of staff/agency accountability (e.g., landlord does not know who to contact or what to expect regarding staff intervention and rent payment)</td>
<td>The program should:</td>
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<td>• Establish clear agency protocols regarding staff responsibilities;</td>
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<td>• Communicate responsibilities to the landlord and be responsive to concerns in a timely manner;</td>
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<td></td>
<td>• Take necessary action to ensure the well-being of the tenant and community; and,</td>
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<td></td>
<td>• Preserve the landlord relationship</td>
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Coordinated Entry
What is Coordinated Entry? Why?

• **Streamline**: Streamline access and referral

• **Fair and Equal**: Ensure fair and equal access

• **Standardization**: Standardize tools and practices

• **Housing First**: Incorporate a Housing First approach

• **Prioritization**: Prioritize those most in need of assistance

• **Not just because HUD says we have to…**

• Provides an opportunity to **re-think and re-organize how and to whom housing and services are delivered**
Ad Hoc System

- Multiple programs with ad hoc processes
- Dozens of intake and assessment protocols
- Different eligibility rules resulting in duplication of services
- Lack of access to programs
- Inefficient uses of resources
Coordinated System

- Easier, faster access
- Increased focus on shared goals
- Increased exits to permanent housing, creating system outflow and reducing waiting lists
- No wrong door to access the services that best fit needs
- Maximizes resources by matching highest needs clients to the most intensive services
Key Components

- System Entry
- Assessment
- Prioritization
- Matching
- Referral
- Placement
Key Components

System Entry

Clients seeking housing or services first make contact with the CoC’s homeless response system, such as interacting with an outreach worker, calling 211, or showing up at a service provider site.
Key Components

Assessment

Clients’ needs and vulnerability are assessed in a uniform manner within the entire CoC.
Key Components

Clients are prioritized for housing/services within the CoC, based on factors agreed upon by the community, ensuring that a community’s limited resources are used in the most effective manner and that households that are most in need of assistance are prioritized for housing and services.
Key Components

Matching

Clients at the top of the community’s priority list are given a choice of housing, as it becomes available, for which they are eligible and which appear to meet their needs.
Key Components

Clients matched with an appropriate program are referred to that program, requiring communication between the entity in charge of matching, the client, and the program providing the housing/services.
Key Components

Clients are placed into the program.
Access and System Entry

The First Steps to Housing Placement
Background: Access & System Entry

**Purpose:** For any coordinated entry system to function, the community must successfully connect clients to the system. The system must successfully **identify, conduct outreach to, and engage** both those persons currently experiencing homelessness and those at imminent risk of homelessness.
Access and System Entry Elements

Key Components:

- Communication and Marketing
- System Entry Points
- Ensure Access to Emergency Services
Communications and Marketing

Effective communication and marketing is essential to:

- Promote awareness of the system
- Set clear expectations for clients and providers
- Provide consumers with the information necessary to successfully navigate the system
System Entry Points

Ensuring equal access across the CoC requires system entry points to be easily identifiable and well-advertised, including the following components:

- Fair and equal access
- Standardized access and assessment
- Full coverage
**Fair and Equal Access**

**Entry Points:** The coordinated entry system should be easily accessible to all persons, regardless of the manner in which the system is designed. If an entry point is a physical location, it should be accessible to persons with disabilities, easily accessible by public transportation, or accessible by another method (e.g., toll-free or 211 phone number).

**Marketing:** Strategies may include direct outreach to people on the street and other service sites, informational flyers left at service sites and public locations, announcements during CoC or other coalition meetings, and educating mainstream service providers.
Standardized Access and Assessment

**Approach:** All coordinated entry locations and methods (phone, in-person, online, etc.) should offer the same assessment approach and referral process using uniform decision-making processes.

**Impact:** A person presenting at a particular coordinated entry location should not be steered towards any particular program or provider simply because they presented at that location.
Full Coverage

**Approach:** Coordinated entry systems must cover the CoC’s entire geographic area.
Four Models of System Entry Points

- Centralized
- Decentralized
- Shelter-Based
- Virtual/ Mobile

Or any combination of these models!
Access to Emergency Services

Enable Access: Coordinated entry should not delay access to emergency services, such as shelter.

Timing: The process should include a system for people to access emergency services at all hours (independent of the operating hours of the coordinated entry and assessment processes).

• For instance, people who need emergency shelter at night should be able to access shelter – to the extent that it’s available – and then receive an assessment in the days that follow, even if the shelter is the access point for the coordinated entry process.
Prevention and Diversion

**Diversion** is a strategy that prevents homelessness for people seeking shelter by helping them identify alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to permanent housing.
Intersection of Housing First & Coordinated Entry

High-functioning coordinated entry systems incorporate a Housing First approach in order to ensure that clients are able to access the full range of programs that would benefit them and simplify the matching and referral processes.

This means that...

- We need to lower entry barriers system-wide to ensure that we are able to prioritize the most vulnerable people for placement into appropriate programs

- We need to work with providers to reduce all entry barriers not imposed by funding requirements

- We need to work with local funders (e.g., local government, state government, and private foundations) to ensure that entry barriers are not imposed by funding requirements
Questions on Access and System Entry?
Assessment
Purpose: Standardize information gathering on service needs, housing barriers, and vulnerabilities. People presenting at a particular location should not be steered toward any particular program or provider simply because they presented at that location.

Components: Assessment should include:

- Uniform decision-making processes
- Common assessment tools used within those processes
What Should Be Assessed?

Under HUD policy, coordinated entry clients should be prioritized based on chronic homeless status and a standardized assessment of individual vulnerability and severity of need. Therefore, in order to be successful, a community's assessment process should, at a minimum, determine:

1. The length and duration of past and current episodes of homelessness (to determine chronicity);
What Should Be Assessed?

Under HUD policy, coordinated entry clients should be prioritized based on chronic homeless status and a standardized assessment of individual vulnerability and severity of need. Therefore, in order to be successful, a community's assessment process should, at a minimum, determine:

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2. The client's risk of illness, death, and/or victimization; and,
What Should Be Assessed?

Under HUD policy, coordinated entry clients should be prioritized based on chronic homeless status and a standardized assessment of individual vulnerability and severity of need. Therefore, in order to be successful, a community’s assessment process should, at a minimum, determine:

1. The length and duration of past and current episodes of homelessness (to determine chronicity);

2. The client’s risk of illness, death, and/or victimization; and,

3. The relative severity of the client’s need, including system utilization, access to shelter, and physical or mental health impairments.
Assessment Populations

At a minimum, your coordinated entry system should be built to handle the following populations, either through a single structure/access point/assessment or multiple structures/access points/assessments:

- Adults Without Children
- Families with Children
- Unaccompanied Youth
- Survivors of Domestic Violence
The assessment process can be completed in phases, using tools employed as a series of situational assessments allowing the process to occur over time and only as necessary.
Process Details

Written Policies and Procedures

Assessment should be done consistently, using standardized tools and processes. Communities should have written procedures outlining consistent processes for laying out when and how tools are administered and by and to whom. Procedures also should include the types of data to enter into HMIS and when to enter data.

Staff Training
Staff Training

Staff should be trained both in administering the tools used and interpreting the results. Staff training should help staff understand the overall purpose of the assessment process and the part of the assessment in which they’re involved (for instance, if a person has any other safe housing options besides shelter), as well as the relevant tools they’ll be using.
Consumer Choice

Consumer choice should be integrated throughout all assessment phases:

1. Assessment tools should be used in ways that take client preferences and choices into account.
Consumer Choice

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2. Communicate information about program models, wait times to get into programs, and average lengths of stay.
Consumer Choice

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1. Assessment tools should be used in ways that take client preferences and choices into account

2. Communicate information about program models, wait times to get into programs, and average lengths of stay

3. Potentially use results of scoring system to give clients choices for appropriate available programs (e.g., top 3 if there are openings) for their needs and circumstances
Prioritization

“Triage” in the Homeless System
Background: Prioritization

**Federal Goal:** Ensure that individuals with the highest needs are prioritized for the most intensive resources demonstrated to end their homelessness.

**Limited Resources:** Don’t allow people who are more vulnerable or who have more severe needs to remain sheltered because more intensive assistance is not available.

**Coordinated entry** should ensure that people with the most severe service needs and highest levels of vulnerability are prioritized for housing and homeless assistance, including any type available in the CoC (e.g., PSH, RRH, and other interventions).
Federal Requirements: Prioritization

Components: At a minimum, the CoC should maintain written standards including policies and procedures on the following:

• Evaluating individuals’ and families’ eligibility for assistance
• Determining and prioritizing which eligible individuals and families will receive transitional housing, rapid rehousing, and permanent supportive housing assistance

CoCs are also encouraged to include in their policies and procedures governing their coordinated entry systems a requirement that all CoC Program-funded PSH accept referrals only through a single prioritized list that is created through the CoC’s coordinated entry process, which should be informed by the CoC’s street outreach.
HUD Prioritization Notice

Release: HUD CPD-16-11 superseded prior notice CPD-14-012, regarding prioritization of chronically homeless persons in CoC-funded PSH beds.

Contents: The notice establishes the following:

- An updated order of priority for PSH that is dedicated or prioritized for persons experiencing chronic homelessness
- A recommended order of priority for PSH that is not dedicated to or prioritized for chronic homelessness to prioritize those persons with the longest histories of homelessness and most severe service needs, and therefore who are most at risk of becoming chronically homeless
Dedicated/ Prioritized PSH

Prioritization for CoC-funded PSH beds dedicated or prioritized for persons experiencing chronic homelessness is to be decided by the CoC and based on the length of time homeless and the severity of the service needs.

Factors to Identify Persons with the “Most Severe Service Needs”:

History of high utilization of crisis services
(incl. emergency rooms, jails, and psychiatric facilities)

*May use alternate criteria used by Medicaid to identify high-need, high-cost beneficiaries if applicable
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Factors to Identify Persons with the “Most Severe Service Needs”:

- History of high utilization of crisis services
  (incl. emergency rooms, jails, and psychiatric facilities)

- Significant health or behavioral health challenges, substance abuse disorders, or functional impairments
  (requiring significant support to maintain PSH)

*May use alternate criteria used by Medicaid to identify high-need, high-cost beneficiaries if applicable*
Dedicated/ Prioritized PSH

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- **History of high utilization of crisis services**
  - (incl. emergency rooms, jails, and psychiatric facilities)

- **Significant health or behavioral health challenges, substance abuse disorders, or functional impairments**
  - (requiring significant support to maintain PSH)

- **High risk of continued trauma, high risk of harm, or exposure to very dangerous living situations**
  - (for youth and survivors of domestic violence)

*May use alternate criteria used by Medicaid to identify high-need, high-cost beneficiaries if applicable*
Additional Details: Prioritization

Locating Clients

Recipients are expected to exercise due diligence in locating clients fitting the established priority order and should document the efforts they have undertaken to locate people that would be considered highest priority (there is no specific time frame set out for holding a bed vacant).

Types of Assistance
Additional Details: Prioritization

Locating Clients

Types of Assistance

People who are prioritized for one type of assistance can use another type of assistance if the first intervention is unavailable.
Prioritization and Consumer Choice

• The highest priority clients (those with the longest length of time homeless and most severe service needs) should be given a choice of available housing options for which they are eligible, appear to meet their needs, and complies with evidence-based practices—to the extent that they are available.

• Choice can include: location, type of housing, level of services, etc.
Questions on Prioritization?
Matching and Referral

Connecting Clients to Housing and Services
**Matching**

**Purpose:** Connect individuals to appropriate and available housing and service interventions.

**Implication:** “Matching” is not meant to imply that there is only one “right” type of housing for a client based on the results of their assessment.
Making Referrals

**Focus:** Making effective referrals for clients (e.g., looking for all the openings that may fit the next family on the list or the family with the greatest needs).

**Eligibility:** Effective coordinated entry systems have the ability to identify prioritized individuals (e.g., chronic homeless, long history of homelessness, most in need based on assessment results) who also meet the eligibility criteria for housing programs.

**Multiple Options:** Target matching high-priority persons to more than one offer of housing.
Accepting Referrals

**Acceptance:** Participating programs should accept all eligible referrals, unless the community has a documented protocol for rejecting referrals.

**Rejections:** Referral rejections should be justified and rare.

**Alternatives:** The system should have procedures in place to ensure participants whose referrals have been rejected are able to identify and access another suitable program.
Referral Process

**Built into Written Standards:** The community should have written policies and procedures governing the coordinated entry referral process, including eligibility for all interventions and low-barrier/Housing First-oriented processes.

**Updated Eligibility Criteria:** Providers must commit to maintaining updated eligibility criteria for coordinated entry staff to make appropriate referrals.

**Documenting Eligibility:** Programs have a responsibility to complete and keep program eligibility documentation.

**Minimize Barriers:** Providers must work to minimize or eliminate screening barriers and/or eligibility criteria that are not tied to funding requirements.
Questions on Matching and Referral?
HMIS and Coordinated Entry

The Advantages of Using HMIS for Coordinated Entry
Using HMIS for Coordinated Entry

No Requirement: CoCs are not required to use their HMIS as part of their coordinated entry process.

Benefits: Many CoCs recognize the utility of incorporating HMIS into coordinated, however, and HUD encourages communities to consider using HMIS.

Drawbacks: Other systems might be better or more quickly able to meet the community’s coordinated entry needs, which is acceptable so long as the community’s coordinated entry system meets HUD’s requirements.
Why Use HMIS?

Data is necessary to accurately measure outcomes and determine client need:

- Coordinate housing services
- Improve available programs and services
- Improve access to services
- Reduce inefficiencies and duplication of services
- Ensure consumers receive the amount and type of services that meet their needs and preferences
- Advocate for policies and legislation
- Understand the nature of homelessness in the community
- Evaluate performance
What are the Benefits?

Utilizing HMIS for coordinated entry allows for:

- Simplified, updated data collection that meets HUD requirements
- Immediate access to current data, including service history, intake, assessment, and referral information
- Secure data sharing that protects consumer privacy
- Advanced reporting on performance and outcomes
Questions on Using HMIS for Coordinated Entry?
Questions?
Contact Information

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Matt Olsson
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(415) 788-7961 x314
Thank You!
Chicago’s Coordinated Entry System
Chicago’s Coordinated Entry Community Vision

Chicago’s community vision for coordinated entry is to create a system that ensures an accessible and navigable set of entry points; a universal assessment for all person requesting assistance; and effective and appropriate connections to housing and services for all populations.

Chicago’s CES will include a data driven approach to ensure that the system is able to measure and respond to current needs with a transparent framework of sharing progress.
CES System Roles

- Matching and System Administration
  Catholic Charities

- Housing System Navigation
  Heartland Alliance Health
  Facing Forward
  Featherfist
  Broadway Youth Center
  La Casa Norte
  Teen Living Program

- Project Management
  CSH

- Manages Outreach Coordination
  Center for Housing & Health

- HMIS Administrator
  All Chicago
Lessons Learned & Planning

2012-2017 - Years of Planning & Testing!

2017 - Year of Implementation and HUD Compliance!
  • April 2017 – Youth
  • June 2017 – Individuals
  • August – Families

2018 - Year of Refinement!
  • March 2018 Refinement Lab Report
  • September 2018 Refinement Lab Status Report
Areas of Refinement

Access
- Fewer locations; all Monday through Friday, 9am-5pm hours
- Plan for Call Center
- Include connections for diversion, income supports, etc.
- Public awareness/marketing

Assessment
- Exclusionary questions
- Scripted
- Fewer Skilled Assessors who receive more training with higher quality assessments

Assignment/Matching
- Move towards a more automated HMIS system
- Account for high decline rates

Housing
- Close side doors
- Expand housing options receiving matches, i.e. affordable housing
Match & Housing

Chicago CoC System Goals
1. All individuals and families resolve their homeless crisis in 90 days
2. The amount of time from match to housing is 30 days for all populations

How are we doing?
• Average days from identification to housing: 187 days
• Average days from match to housed: 94 days
  • Average days from match to enrollment: 26 days

1,233 households matched and housed through CES since April 2017
• 798 households currently connected to a housing provider
• 368 households currently matched, awaiting enrollment
• 430 households currently enrolled in housing programs, awaiting housing placements

*data as of 9/11/18
Prioritized Population: Chronically Homeless

- **Youth** - 259
- **Individuals** - 1,803
- **Veterans** - 139
- **Families** - 302

*Data as of 9/11/18*
Resources to help verify chronic homeless status

- All Chicago’s training [course catalog](#)
- Defining "Chronically Homeless" Final Rule
- HUD Webinar & Fact Sheets
- FAQ from HUD on Chronic Homelessness Documentation
- Chicago Coordinated Entry Website
- Chronic Homelessness Flowchart
- CH Verification Packet
- Instructions: How to Upload the Chronic Homelessness Verification Packet to HMIS
- Video: How to Upload the Chronic Homelessness Verification Packet to HMIS
- ES/TH Projects
- Housing History Tool
- Google Drive Housing History Tool
## Resources to help verify chronic homeless status

Print CES match email with HMIS record of client’s homeless history as 3rd party verification of homelessness!

<table>
<thead>
<tr>
<th>ClientID</th>
<th>Provider</th>
<th>Program Type</th>
<th>Project Entry Date</th>
<th>Project Exit Date</th>
<th># Days Enrolled</th>
<th># Months Enrolled</th>
<th>Exit Destination</th>
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<td>Cornerstone Community Outreach - Naomi Interim - Women's Program(1285)</td>
<td>Emergency Shelter (HUD)</td>
<td>4/17/2018</td>
<td></td>
<td>114</td>
<td>3</td>
<td></td>
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<td>123456</td>
<td>Heartland Health Outreach - PATH Program(1163)</td>
<td>Street Outreach (HUD)</td>
<td>11/29/2017</td>
<td></td>
<td>253</td>
<td>8</td>
<td></td>
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<tr>
<td>123456</td>
<td>Sarah's Circle - Interim Housing(1039)</td>
<td>Emergency Shelter (HUD)</td>
<td>7/6/2015</td>
<td>4/16/2018</td>
<td>1015</td>
<td>33</td>
<td>Emergency shelter, including hotel or motel paid for with emergency shelter voucher (HUD)</td>
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<tr>
<td>123456</td>
<td>Cornerstone Community Outreach - Naomi Interim - Women's Program(1285)</td>
<td>Emergency Shelter (HUD)</td>
<td>2/13/2015</td>
<td>7/13/2015</td>
<td>150</td>
<td>4</td>
<td>Client refused (HUD)</td>
</tr>
</tbody>
</table>
Resources to help verify chronic homeless status

Healthcare providers will be trained this month on how to help patients sign an HMIS consent and then securely send disability documentation to Catholic Charities to be uploaded into HMIS.

The webinar will be recorded for future use and instructions will be placed on the CES and All Chicago websites.

This will help in cases where people presumed to be facing chronic homelessness are matched to housing.
Roles of verifying chronic homelessness

- Skilled Assessors
- Housing Providers
- Housing System Navigators
- Outreach Providers
- Shelter Providers
- Other?

How do PSH providers request housing system navigator support?

HMIS Needs Status:
**Client Engaged, Housing System Navigation Needed**
- PSH providers that have located a household and need additional support for the household to be able to attend an intake or other housing related appointment/s due to the household facing significant barriers. The household must be thought to be facing chronic homelessness and can be located.
Transfers

People can be moved when necessary. Let’s talk about it.

More details about who and how on [www.csh.org/chicagoces](http://www.csh.org/chicagoces) under Materials.
Putting Housing First Principles into Practice

Let’s chat about the barriers and solutions!

• System Support Needed?
• Agency Support Needed?
• Questions?
• Concerns?
Chicago CES Website [http://www.csh.org/chicagoces](http://www.csh.org/chicagoces)

<table>
<thead>
<tr>
<th>Access Points</th>
<th>Training</th>
<th>Documents &amp; Materials</th>
<th>CES Resources</th>
</tr>
</thead>
</table>

The CoC ACTION Agenda
Additional CES Resources

• CES Newsletter

• Action Agenda Coordinated Entry Line or Work and Workgroups
  • https://allchicago.org/continuum-care/action-agenda/ces

• Trainings
  • https://www.csh.org/chicagoces
  • https://allchicago.talentlms.com/catalog

• HMIS HelpDesk
  • https://hmis.allchicago.org/hc/en-us

• Chicago’s Dashboard to End Homelessness
  • https://allchicago.org/dashboard-to-end-homelessness
Contact Us!

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ChicagoCES@allchicago.org

Catholic Charities
ChicagoCES@catholiccharities.net

Center for Housing and Health
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