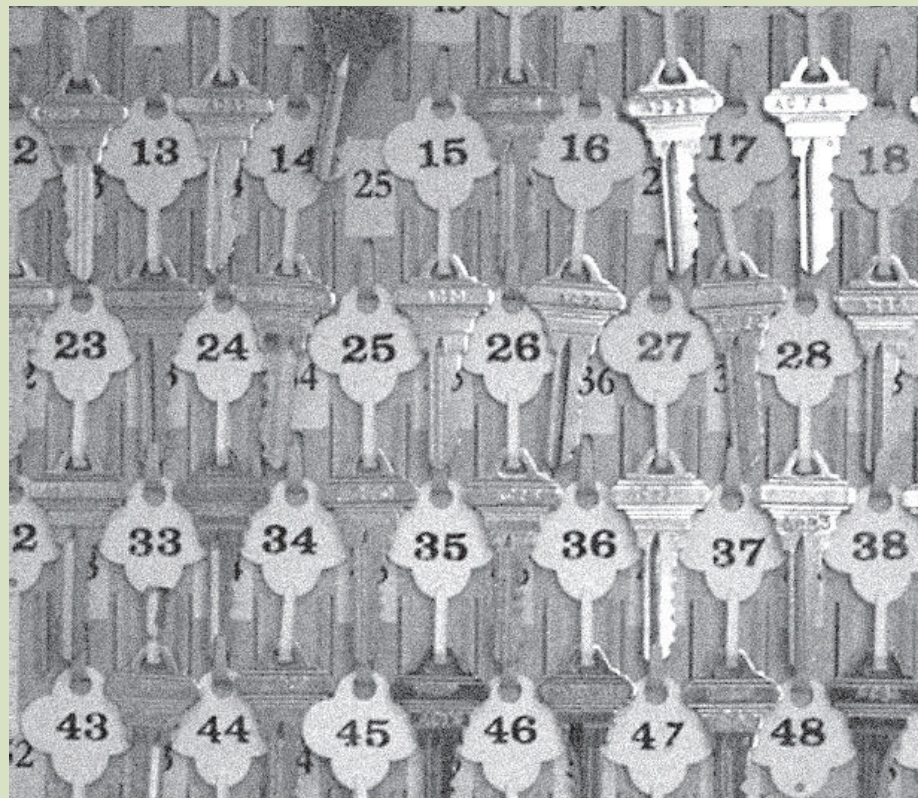


King County Committee to End Homelessness Coordinated Entry for Housing and Homeless Services



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Definitions, Background, and History

Defining Coordinated Entry

Communities implement coordinated entry systems to improve connections between people and the housing and services they need. However, coordinated entry systems can encompass a wide range of strategies and differ significantly among communities and by youth, young adult, single adult, or family population. Common elements in coordinated entry are structures and protocols that streamline and improve screening, assessment, and referrals, and electronic information systems that help agencies and clients share information.

In King County, coordinated entry can serve the interests of clients, by helping them locate the housing and services they need; providers, by minimizing time spent assessing people that are not right for their programs; and funders, by ensuring that the right housing and services and right people are connected at a community-wide level. A coordinated entry system should identify youth, young adults, single adults, and families who are homeless or at risk of homelessness, assess their housing and service needs, and quickly connect them to appropriate housing and services necessary for long-term stability.

Coordinated entry strategies must work with both the resources that we have now and the housing and services that we intend to create through the implementation of the ten year plan. While doing our best to plan for future needs, we will also need to incorporate flexibility to make adjustments and build on successes as we respond to a growing and changing system.

Key Issues

Coordinated entry strategies must address the key issues that currently impede connections to needed housing and services in King County:

- Clients and providers need better information about clients' eligibility for programs. Currently many clients find out that they do not meet programs' requirements after spending substantial periods on the wrong waiting lists. Clients are also not always connected to all of the programs for which they are eligible.
- Clients and providers need better information about the availability of resources in order to make good connections. Real-time data is desired.
- Housing placement processes are not transparent. Clients and providers need more information about what program requirements are and where they stand on waiting lists.
- Current entry processes are inefficient and repetitive. Streamlining the process should minimize redundancy in intake, assessment, and application questions and include early screening to ensure that people are placed on the right waiting lists.
- Clients' needs and service capacities are mismatched. While inadequate supply will continue in the near-term future, in the long run a coordinated entry system can provide information to support decisions about housing and service development based on need.

The 10 Year Plan

The 10 Year Plan calls for the implementation of a coordinated entry system and provides broad suggestions about what the system might include. During implementation, the plan suggests the development of:

- Subregional networks of community-based human-service sites that respond with urgency to incidences of homelessness in the local area where they occur
- An expanded network of local points of access to assure prompt engagement and assessment of housing and human service needs for people who are homeless or at risk of homelessness in King County
- A client-centered approach -- making it easier for people to access the services they need through reconfigured entry points for treatment and benefits

After its implementation, the 10 Year Plan describes a strong network of critical response, "one-stop" human-service access points in each sub-region of the county, which provide:

- Outreach and engagement
- Assistance with accessing housing
- Housing stabilization support, such as assistance with budgeting and money management, anger and/or symptom management, and socialization skills
- Support and linkage to treatment and support services including mental health, chemical dependency, and primary healthcare
- Employment training and placement assistance

The 10 Year Plan also calls for future system improvements that will affect the coordinated entry system:

- Dramatic expansion of non-profit and private sector permanent housing capacity
- Conversion of many transitional housing units to permanent housing
- Creation of a limited number of interim housing beds
- Major reduction of shelter capacity
- Addition of coordinated jail and hospital discharge services

Previous Proposals

Coordinated entry is not a new idea. Agencies and funders in King County have previously considered initiatives to improve connections to housing and services. Within the past ten years, two key plans have recommended the development of a coordinated entry system. Although neither was fully implemented, many components of the recommended systems remain relevant today.

Human Services Roundtable: Proposed Service Improvements to the Continuum of Care for Homeless Children and Families (1999):

- Four subregional hubs perform coordinated intake, assessment, case management, and homelessness prevention
- Shared intake and assessment tools and placement criteria
- Shared database for service and shelter referrals
- Shared referral agreements for drug and alcohol, mental health, developmental disabilities, and other system linkages
- Linked to Crisis Clinic
- One countywide agency to coordinate the hubs and the overall continuum of care
- Funder incentives to encourage serving clients with substantial barriers

Safe Harbors Design Project (2001):

- Real-time information on availability and eligibility for services for consumers and providers
- Central information and referral agency accessible by phone or online access
- Service information for single adults and families that are homeless or near homeless
- Streamlined eligibility and referral processes
- Case management component (with client consent) to allow agencies to share information

The Current Picture

Existing Coordination

A good foundation for coordinated entry is already in place in King County. Providers have been working hard to collaborate and build connections in subregions throughout the county. The coordinated entry system should build on the current connections that are functioning well.

There are many examples of coordinated systems in place in King County today. They provide some insight into the types of strategies that are likely to work well in our area. In many cases, the connections have developed organically, between providers with good working relationships, and subregionally, due in part to King County's large size and diverse populations. At the same time, there are also examples of large-scale, county-wide initiatives, such as Solid Ground's (formerly the Fremont Public Association) Housing Stability Program and PRO Youth. Many providers have taken advantage of developments in technology that allow for easier sharing of information. Examples of different types of existing coordination are noted below:

- Community-wide information line: The 211/Community Information Line (CIL) provides information and referral to a range of services, including housing assistance. It includes interpreter services for non-English speakers.
- Web-based information systems: Providers are using their own information systems to track client information and real-time vacancies among their programs. For example, the Downtown Emergency Service Center (DESC) uses CHASERS and several agencies use ClientTrack.
- Negotiated agreements to coordinate intake: Providers have developed agreements to streamline intake to their programs. For example, to access housing through Plymouth Housing Group (PHG), Low Income Housing Institute (LIHI), or Archdiocesan Housing Authority (AHA), single adults can go to a central point, apply for any of the organizations' programs, be screened for eligibility, and fill out a pre-application. (In some cases, the pre-application is supplemented with additional questions when the client meets with the provider.)

- Shelter bed referrals: More than one agency helps to coordinate access to shelter, including Operation Nightwatch, which calls shelters after-hours to connect unsheltered single adults with open beds.
- Coordinated homelessness prevention funds: Multi-agency access to homelessness prevention funds is coordinated through Solid Ground's Housing Stability Program. The program offers a flexible array of services and addresses any issue that puts people at risk of losing their housing. 211/CIL screens for basic eligibility and sets appointments with partner agencies across King County, which dispense the funds.
- Outreach and case management: Case management, outreach, referral, and counseling services are coordinated through the PRO Youth partnership, which includes the City of Seattle and six providers serving homeless youth throughout King County.

Initiatives in Other Communities

Communities throughout the country are working to improve connections to housing and services, particularly as many are implementing 10 year plans to end homelessness. While some components of coordinated systems are quite common nationwide, such as electronic information systems, many other aspects vary substantially.

Each community must make its own decisions about what will work best, depending on existing housing and service systems and local priorities. Communities have found success with widely divergent approaches, ranging from New York City's centralized intake and placement system, to Portland's multi-faceted set of initiatives and highly touted housing locator, to San Francisco's housing and service access fairs. Every approach is different, reflecting the different priorities, resources, and barriers that each community must weigh in developing the most appropriate entry system.

In addition to general considerations about what a community already has in place, wants, needs, and can support, there are questions more specific to coordinated entry that are central in shaping communities' systems. These policy and design decisions include:

- To what extent will we build client choice and preferences into referral and placement processes?
- What level of autonomy in decisions about clients' referral and placement is appropriate for providers?
- Will a centralized system, with one or a small number of access points, or decentralized system, where there are many points to access housing and services, work best?
- Who will the system serve? Will we include youth, young adults, single adults, and families in coordinated entry and how will we meet their different needs?

Communities have responded to these questions differently. Some choices tend to be correlated; for example, systems that allow for little or no choice in referral and placement also tend to be highly centralized. New York City provides an example of a highly centralized system where homeless people are assigned directly to a shelter. On the other hand, Hennepin County placed a high priority on choice and is working to create an electronic system that will determine the best match for each client, but will also automatically provide alternatives. Clients and providers then meet to discuss whether the match is suitable, rather than automatic placement.

Entry Points:

Most communities have separate entry points for youth, single adults, and families. For example, all San Francisco shelters for single adults (excluding churches) are connected through a computerized shelter placement system. The system does not include shelter for families, who must go through central intake point rather than accessing family shelters directly. Many communities also have different entry points for different kinds of housing. For example, the Portland shelter system is separate from the permanent housing connections program, and access to adult shelter is wholly separate and different than the process for accessing youth shelter and service providers.

Communities vary considerably in the number of access points and how they function, ranging between one or a limited number of entry points to a more decentralized system with multiple access points to homeless service systems. There are pros and cons to each approach. While there are many exceptions, generally centralized systems can allow for greater accountability and more on-site services, while decentralized systems can facilitate broader access, particularly for people in different subregions or with specific needs, such as language or domestic violence service capacity.

Connections to Shelter, Homelessness Prevention, and Permanent Housing:

Access to the different types of housing and services that people need, such as shelter and subsidized permanent housing, is often separately located. However, many communities are in the midst of making or have already made changes to improve connections between shelter, permanent housing, and other service systems. For example, in New York, when people are assigned to a shelter, the shelter immediately screens them and places them on a list for appropriate permanent housing. In San Francisco, Project Homeless Connect convenes a bi-monthly housing and service fair that homeless people can visit to connect with public and private agencies of many types.

Housing Information Systems:

Many communities are using information systems to improve access to housing and services. Most are web-based and, while there are a range of software options, many communities use ClientTrack or ServicePoint. The systems vary in function and audience. For example, Portland's Housing Connections is a housing locator that anyone in the community can use to locate affordable housing. It does not include information such as real-time shelter bed availability. San Francisco has developed a database with real-time shelter bed availability information in order to coordinate referrals to shelter for single adults, but not for families. Some communities have housing information databases that developed separately historically, such as Hennepin County's HousingLink for housing search information and Direct Connect for county services, and are exploring how to develop connections between them for seamless access from the user's viewpoint.

Connections among Providers:

In addition to information systems, which can serve as a tool to help providers make better connections for their clients to access needed housing and services outside of their own programs, many communities have found that regular in-person communication is useful. For example, in Portland, youth and young adult providers convene weekly meetings organized by level of responsibility, such as meetings among directors and among front-line staff. In Hennepin County, providers meet monthly to share information and participate in cross-training.

Waiting Lists:

With limited housing supply that rarely meets all demand, some communities have found it useful to coordinate waiting lists rather than having a separate waiting list for each housing provider. For example, Chicago is developing a coordinated waiting list for housing vouchers. Snohomish County is developing a single waiting list for shelters, which adults and families will be able to get on by calling 211.

King County

Existing factors in King County are not precisely the same as in any other single community, but we do share common elements with many.

- Waiting lists are prevalent, due to inadequate housing supply.
- King County covers a large geographic area with significant distances between the north, south, and eastern parts of the county, as well as differences in perspectives and needs.
- Systems are fragmented. For example, the youth system is not well connected to adult and family housing and services, and the mental health system is not well connected with the housing system.
- Although there is no formal system linking providers, they report good working relationships within their regions and within their specialty areas. These organic connections are both good building blocks and opportunities to extend collaboration.

These factors tend generally to support a decentralized, multi-access point system. A highly centralized approach would likely be made more difficult by systems' fragmentation and King County's large span in area. Transportation barriers and subregional differences in approach may be better served by a decentralized, multi-access point system. Similarly, a direct placement system, such as those used in New York or San Francisco, requires a supply of emergency housing that is normally adequate to ensure that there will be an empty bed when someone needs it. King County does not currently have this supply and is focusing on increasing permanent rather than emergency housing stock.

Recommended Coordinated Entry Components for King County

Underlying Principles

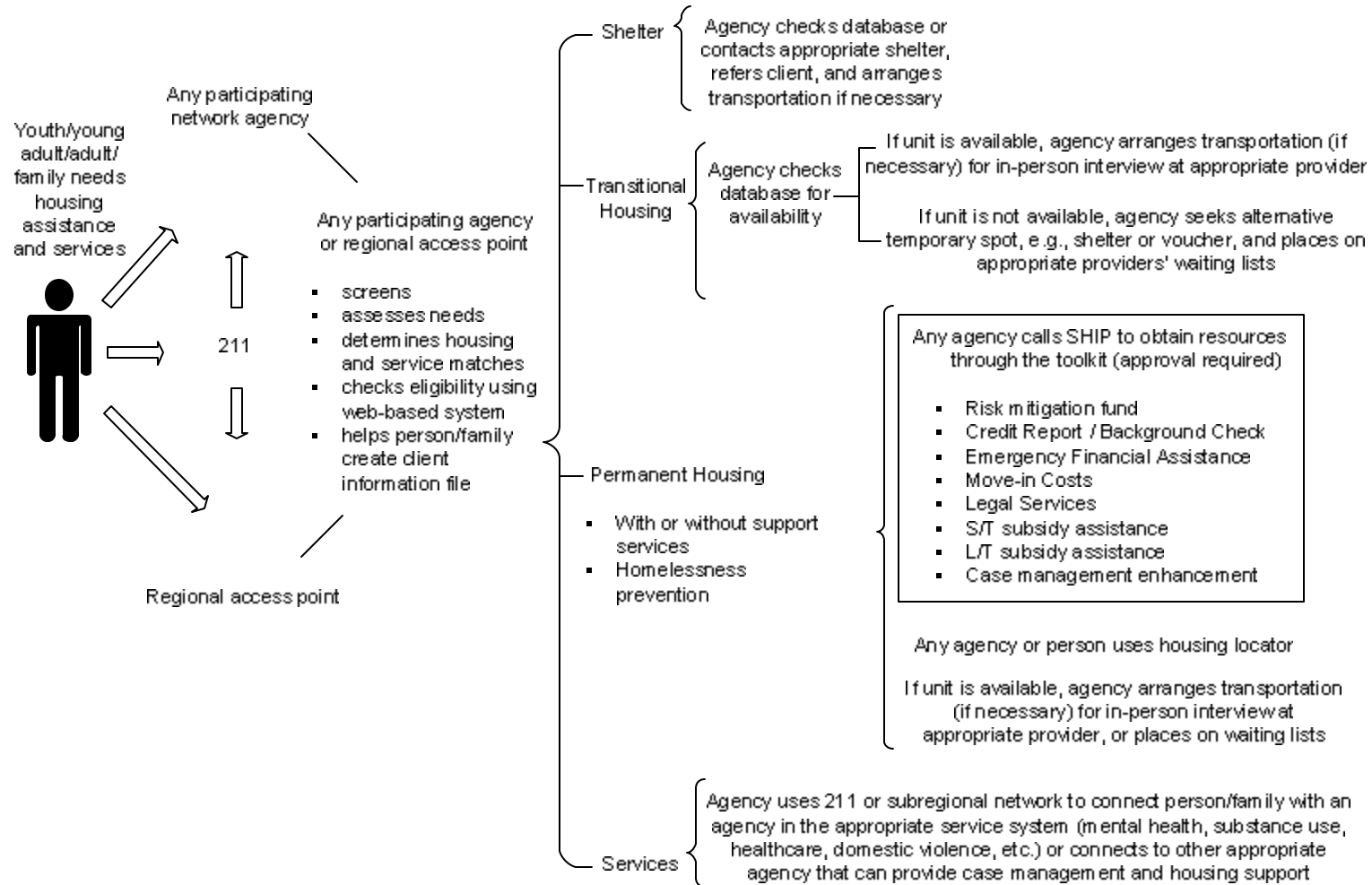
A coordinated entry system in King County should help providers connect people to housing and services as quickly and effectively as possible, without creating burdensome staffing and cost demands. Local providers and funders have voiced a number of key priorities about how connections between clients and providers should work. This input frames our recommendations for coordinated entry system components:

- Create maximum entry points to housing and services. Use a “no wrong door” approach that allows clients to work with the agencies that are right for them.
- Provide additional tools to help agency staff obtain housing and needed supportive services for their clients.
- Build in choice. Both clients and housing providers want a final say in whether a referral to housing and services is appropriate.
- Pay attention to cost. While coordinated entry would be useful, it should not divert large amounts of resources from direct services, or create unworkable financial burdens for small agencies.
- Reduce duplication of client and provider efforts. Streamline assessments, eligibility determinations, and housing and service connections.
- Effectively utilize the non-profit and for-profit housing markets. Connections will need to be made among different kinds of housing and services.
- Increase coordination of housing and service systems to benefit clients. Improve connections to the health care, mental health, substance use, developmental disabilities, and veterans systems.
- Take cultural and geographic differences into account in planning and implementing coordinated entry components.

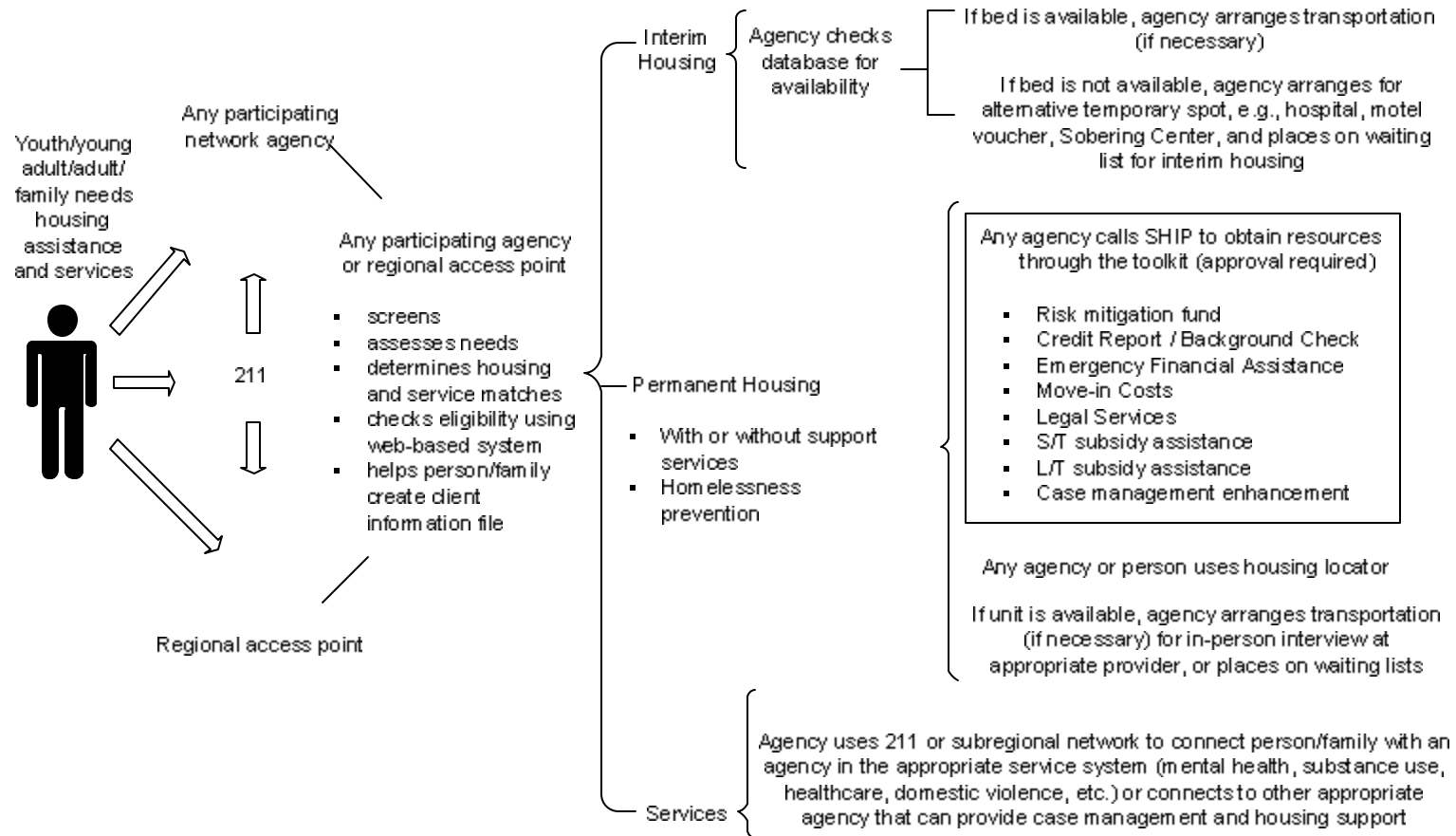
With these principles in mind, we recommend a no wrong door approach, where clients can access housing and services in various ways. While providers and clients with a relationship should continue to work with each other, unconnected individuals and families should be able to access resources through a regional access point or the community information line.

The following pages depict the overall design for the coordinated entry system. The first diagram shows how the system would work with our current resources, while the second shows the system after implementation of the 10 Year Plan

Connections to Housing and Services in 2007: Our Current Housing Resources



Connections to Housing and Services in 2015: After Implementation of the 10 Year Plan



Coordinated Entry Components

A decentralized, no wrong door approach will build on, rather than disrupt the relationships that have been established between organizations and clients, which are important to maintain engagement and avoid unnecessary handoffs of clients between agencies. This approach will also address safety issues, as youth and young adults can access the system through youth providers and domestic violence survivors can work with domestic violence agencies, rather than creating one central point for single adults, families, youth, and young adults.

At the same time, these different doors into the system need to be tied together with shared screening, assessment, and connection tools and criteria. Creating a shared set of criteria and questions will decrease unnecessary duplication and frustration. Housing and service agencies and access points should also be knit together with subregional networks to provide an interconnected set of resources. The following components will support good connections and a streamlined process for clients and providers:

Participating agencies: Participating agencies will serve as the front line in getting people housed and maintaining housing for those at risk of homelessness, as they will accept primary responsibility for helping clients obtain housing and services. Participating agencies serving youth, young adults, adults, and/or families should be able to provide case management and housing search support. In return for increased access to resources for their clients, participating agencies agree to share information and to use a common screening and assessment process and tools. While many participating agencies will be housing groups, other service agencies should be included as well, especially organizations serving communities of color and agencies with language capacity.

Regional access points: An entry point for people not connected with an agency. Like participating agencies, the regional access agency screens, assesses needs and barriers, connects to housing and case management, and provides case management until the person or family is connected with case management at an appropriate agency and/or permanent housing. Regional access points would function within subregional networks to coordinate and take on additional assessment, referral, and case management responsibilities for people

unconnected to an agency who are homeless or at risk of homelessness. Regional access points should be culturally competent and have language capacity on-site and/or connections to interpreter and translator services.

Subregional networks: Groups of providers, organized by geography or population (e.g., South County, East County, Rural East County, youth/young adult, domestic violence) to provide access to housing and services. Organizations in subregional networks share information, use common screening and assessment tools, and provide services to referred clients. Networks should incorporate organizations from other service systems such as mental health. Networks should also include cross-training so that agencies trust that other providers will provide quality services to their clients.

Electronic information system: Provides real-time availability and eligibility information for housing and service resources. Information is accessible by regional access points and participating agencies and, to some extent, directly to clients. The system should be easy to use in order to accommodate a range of computer skills and should either connect to or host information about various types of housing and services for multiple populations and audiences. Real-time information on the availability of permanent, transitional, and interim housing units should be a higher priority than shelter bed availability.

Web-based client accounts: Modeled on electronic health information accounts, clients can voluntarily create and control an electronic information file to store application materials, required documentation, and client history. Ideally, the client account would connect with the information system to find good housing and service matches.

Common screening and assessment tools: Participating agencies and regional access points will draw on common screening and eligibility tools for youth, young adults, single adults, and families in order to assess primary needs and eligibility and to make good referrals to appropriate housing and services.

Shared pre-application: Participating and regional access agencies will develop a common set of questions that apply to all or most housing programs. This pre-application may be supplemented with additional questions that are specific to a particular agency if needed.

Waiting list management: Waiting lists are likely to dominate King County's housing in the immediate future. However, clients' sense of disconnection, uncertainty, and frustration

with waiting for programs for which they are not eligible can be mitigated. The information system should provide clients with information about where they stand on waiting lists. This period of time can also provide a valuable opportunity for organizations to work with clients to address barriers to housing placement that are identified during the initial screening.

Case management: Occurs in the appropriate system. People continue to work with the case managers that they have. For clients who do not have a case manager and enter the system through a regional access point, the regional access point provides temporary support until it can connect the person with a more appropriate agency for case management or secures housing for the individual or family. The system will also need to allow access for clients who do not want a case manager, who do not need case management, or who are on a waiting list for case management.

Transportation: King County spans a wide region and public transportation can be difficult outside of the central city. While subregional networks can help to minimize the number of long trips required to access housing and services, some transportation assistance will be necessary.

Language capacity: The system will need to reach out to agencies currently serving non-English speakers and encourage them to join subregional networks. Regional access points will likely need interpreter services. When drafting questions for the eligibility and assessment tools, careful attention should be paid to translatability and cultural competence.

Populations

We recommend that coordinated entry include housing and services for youth, young adults, single adults, and families. While youth and young adults' needs and relevant government regulations are significantly different, it makes little sense to wholly segregate the systems when youth may need adult services as they grow older, single adults may become families, and families may break up and become single adults. At the same time, while the underpinnings of the coordinated entry system (e.g., networks, shared assessment and eligibility tools, information systems, participating agencies, and regional access points), should work for various populations, the physical access points will need to be separate for safety, and the screening, assessment, and referral tools will need to be formulated

specifically for each population. In addition, subregional access points may not be needed for youth and young adults, as they are a specific population more likely to enter services at an agency equipped and with capacity to serve them.

Implementation

Implementation should build on existing positive connections in the community, starting with low-cost strategies that will be effective in both our current system and after implementation of the 10 Year Plan. Additions should then occur gradually, guided by housing capacity and services. There is a risk that rapid implementation of a large-scale coordinated system without matching increases in housing capacity could both divert tight resources away from direct housing supply and discourage participating clients and providers who may grow resentful when their efforts do not result in housing placements due to insufficient supply. Early efforts must be clear and realistic in their communication about immediate benefits of coordinated entry strategies, which will in many cases be quick and efficient placement on waiting lists for appropriate housing and services.

First Steps:

The following steps are low cost, popularly supported, and can be relatively quickly implemented:

- Development of shared assessment and eligibility tools for agencies interested in participating in the coordinated entry system
- Creation of subregional networks
- Design and implementation of waiting list management protocols
- Implementation of Safe Harbors improvements
- Coordination with other service systems and initiatives, including veterans, discharge planning, asset building coalition, housing authorities, and DSHS, to coordinate questions and processes

Second Stage:

These initial steps can be built on with efforts to improve connections with other service systems:

- Identification of sites for regional access points, including investigation of co-locating with DSHS offices
- Engagement of mental health and chemical dependency providers in the network
- Outreach to smaller service providers, particularly with language and cultural capacity, that may not provide housing
- Development of cross-training on services and cultural competency
- Expansion of assessment and eligibility tools

Third Stage:

The first and second stages of implementation create a solid, well-connected foundation for entry to housing and supportive services. Once well established, more clients can be served with:

- Expansion of aggressive outreach (when housing capacity is sufficient)

Implementation and development should be flexible and build in regular feedback from consumers, providers, and the system-level viewpoint.

Policy and Design Questions for the Interagency Council (IAC)

Questions remain for the IAC to consider about how coordinated entry should work and how it will be supported in King County. While this report provides a framework for the structure of a coordinated entry system, the IAC may want to consider the following issues.

Subregional Networks

Subregional networks generally prompt broad support from providers, but there are design questions to consider, such as how many would be needed in the county and whether funding would be provided to support them.

Shelters

Many providers contend that it would be difficult to maintain real-time information on available shelter beds, due to the quick turnaround time, scarcity of vacancies, different cut-off hours, and lack of infrastructure at many shelters. Providers also describe the difficulty in turning people away while holding a shelter spot for a person who may not arrive or who may be deemed inappropriate once they meet in-person. As the system moves toward permanent housing and away from shelter beds, it may not be worthwhile to devote a large amount of resources and political will into incorporating shelters in the system.

At the same time, the current uncoordinated shelter system can be difficult for both clients and providers to navigate. Shelters, such as the Family and Adult Service Center, report receiving as many as 10 to 15 calls for each opening and not all have policies in place to determine which client gets the spot. They report that it can be difficult to determine how to take in the most appropriate client.

Nationally, communities have split on the issue. Most do not incorporate real-time data on shelter, but there are significant examples of communities, such as San Francisco and New York, that do coordinate entry into shelter. San Francisco co-locates some of its system entry points at shelters. All city-funded shelters, but not churches, participate in a computerized reservation system. They find the system to be efficient, user friendly, and helpful, particularly for smaller shelters that can save administrative time.

While there are benefits and drawbacks to both approaches that are worth the IAC's consideration, we recommend a compromise strategy: including shelter information about eligibility and intake processes in the unified information system, but not aggressively pursuing real-time data on bed availability for shelters that choose not to supply this information.

Funding

The IAC will need to determine the amount of funding that can be applied and which system components most need it. For example, regional access points will require funding for staffing, while funding for participating agencies, which will need training, is less clear cut. Small organizations may have infrastructure needs; if their participation is desired, it may be worthwhile to provide funding. Safe Harbors funding may be an opportunity for infrastructure development.

Voluntary or Mandatory Participation

The IAC will need to consider which, if any, components should be required. Local providers and other communities have consistently given feedback that funder requirements are one of the most effective ways to make changes happen. At the same time, the system can offer significant incentives to elicit voluntary participation and providers' good will may give the system more momentum.