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May 21, 2013

**Coordinated Entry: Issues from National Coalition for the Homeless Board members**

**Who use a Single Point of Entry System**

***May 21, 2013***

***Themes/questions from observations below:***

1. What is the plan for singles vs families in Sacramento?
2. How to handle families--- same sex couples? Married? Unmarried? Long term relationship?
3. How will Sacramento handle possible urban vs rural differences?
4. What is plan to address transportation issues? need for identification? TB tests?
5. How will Sacramento address need for system to be 24/7?
6. How will Sacramento leveraging [as in MN] other sources of funding including Emergency Assistance/TANF funds? ESG? SHP Supportive Services funds? And any other sources of funding to help the coordinated entry system work well?
7. Big issue: if no beds the system doesn’t work. How will Sacramento address this?

**Cleveland OH:** We have had it in place for three years now—men first, women and kids started in 2012.  It has been horrible for families.  We have had no problem with the men’s central intake and the only complaints are not enough staff.  The problem is the “diversion” activities they are trying which only confuses people.   We still have guaranteed access to shelter in Cleveland so when they try to divert people, the individual thinks that they are being denied shelter. They try to convince you to go back with your family or stay with friends (anywhere but the shelter).  Most of the time families don’t understand what is going on or why they are phoning your relatives to come back to their house.   It has been good in that the transitional providers now have to accept difficult to serve people from Central Intake.

The big problem is that before families would shelter in place until the best shelter bed in the community for their kids opens up.  You can’t do that with central intake.  So, you have to line up to wait for shelter.  You have to be there in person or you lose your place in line.  In Columbus and Cleveland this has led to large numbers of families showing up requesting shelter.  We had 60 people sleeping outside the central intake in Columbus until they went to a phone only based system.  In Cleveland, we had to put people in motels because we did not have space (last night we had 12 families in the motels).   It has caused a huge increase in families compared to 2011 and 2010, and is way more expensive then having someone waiting for shelter somewhere else.   Finally, they never prepare for the influx of people.  There are never enough workers to help the huge number who show up for a central intake application.  Some people can get stuck and forgotten in the central intake system because so many people show up.

If it were for single adults I would not have a big issue.  Once you try to put families and all those issues (same sex couples, married, unmarried, long term boyfriend, children in custody of the county, etc) through a central intake model it does not work.  I cannot understand how you could ever get a central intake system to work for families.

**Hennepin, MN:**  I helped to set up Hennepin County point of entry in 1993. Basically the design to the County develops a shelter team- specific staff that are trained to do diversion by using Emergency Assistance or other community resources and contracted non-profit to do the screening. Elim Transitional Housing developed and performed that from 1994- 2012.. Staff were people who had experienced homelessness that used the screening tool in Rapid Re-0Housing Manual- see attached.

The Hennepin County systems was significantly supplemented with State Prevention, Rapid Exit, and Rent Subsidies as well as SHP Supportive Services only and then ESG - HPRP funding. We had more State than Federal funds as well as private funding. We also maintained Emergency Assistance in our TANF plan, so people were eligible for it too.

The single point worked ok especially for those in urban Hennepin- Mpls and first ring suburbs, there was great resistance from second- fourth ring suburbs to come through single point of entry and they were often times screened for prevention and HPRP services in suburban funded sites. I opposed the development of single point for rural areas, regional CoCs, and that while it worked somewhat in Hennepin County, the better approach is a community by community approach for example there are several suburban intake sites for services, and a quadrant approach in urban area that matches with transit system.

As several have mentioned. If there are no beds it doesn't work. Because we could expand our shelter capacity at peak periods, we tried to turn away no one. As many of you know Hennepin County experienced a 25% increase in homelessness in 2012. This was partially due to the significant loss ofrental property and displacement due to tornado in North Minneapolis in 2011 and  the de funding of Elim Transitional Housing which utilized over 2 million  dollars/year from Federal, State, Local, private and faith based communities to assist in preventing and rapidly re-housing people in Hennepin County, as well as providing transitional and rent subsidies to hundreds of households in Hennepin County.

We have done some good things in Hennepin County, and some things may be helpful in other areas; but in my opinion, HUD, the NAEH, and Heading Home Plans latch onto an idea and try to force everyone else into the same system; instead of allowing communities to develop their own appropriate response

**Atlanta, GA:**  We have had what the City of Atlanta calls a "coordinated entry" point at their facility for several years.  It has been a nightmare for us and other service providers.  What it does is control access, because there IS no access through that portal 24/7.  What it means is that when it is required, the "single point of entry," which coordinated entry easily becomes, forces homeless people to get to another place, the point of entry, only often to be turned away for lack of ID or tb tests or having used the access point before and "failed."   For whatever reason, they then have to find shelter on their own.  Or turn to us at the Task Force.  This process has often required people to walk over to the City's Gateway and then back to us, where they wait for us to find them a placement.

We at the Task Force have been the only 24/7 hotline and back-up facility for 17 years.  The Hotline dates back to 1989.  What we have always tried to do is to get people into a safe place at least until a more nearly stable placement is available.  If they get to a place on their own, they should never be turned away to begin again at a single point or have their immediate, emergency placement disrupted by a "coordinated system" controlled by another agency.  When the City's system says the individual has used that system too often or has failed or broken a rule or not "recovered" from homelessness and is back on the streets again, that person is frequently denied access and is deemed service resistant, or not homeless any more.

Our Task Force" coordination of entry"  means only that we try to know where the placements, resources and vacancies are by staying in touch with as many providers as possible, so we can assist people who are panicked and at the end of their rope/s, often, to get to safe lodging as easily and quickly as possible, and when, as is often the case, there is no "room at the inn" any place, we allow folks to stay with us until there is -- room at a more nearly stable place -- all in consult and with intake with the individuals.  This to us is "coordination" but not to the city.  Coordination means control of access, information and outcome.  Except that the outcomes are often dependant on the housing availability in a city where according to the HUD affordability definitions, an individual with a child would have to earn $17.00/hr to afford a two bedroom apartment.

**Fort Lauderdale, FL**

We have a single point of entry but it has not been effective because we don't have enough services.  One point of entry doesn't change the fact that there is no available shelter, it just means that everyone is calling one number and being told there is no shelter.  Also, there is stiff competition for available beds most of them being taken by mental health court/hospital discharge etc.  The only way to truly get someone into shelter is to go around the single point of entry which is just one big clog.