

Coordinated Entry

Goals and Feasibility

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Introduction

This report describes Sacramento’s goals in creating a Coordinated Entry system and key decision points or options associated with each. This report is not an exhaustive list of design elements in a Coordinated Entry system, but rather a description of the fundamental objectives of the system and an outline of how Sacramento may integrate each characteristic in their unique local system. There are many models of Coordinated Entry systems throughout the nation and even locally which have informed this piece.¹ It expands on the work of others, while focusing on those critical path decisions important in Sacramento. The options presented may not always be exhaustive; they have purposefully been limited by local context and resources, recognizing that there is no “one-size-fits-all” approach, and that it is best to focus efforts on the issues of most importance in Sacramento.

This report is intended to aid the community in a meaningful discussion and the development of an implementation plan. It is the expectation that if understanding and agreement can be found on these six points, it will form the framework for a plan. Other decision points will need to be addressed at that time: task-oriented decisions on how to functionally do the implementation work. This report should serve as a resource guide and reminder of the process during both the creation of the plan and the initial implementation of the Sacramento Coordinated Entry System.

This report is organized purposefully such that each topic area can be read on its own, as an individual white paper, or together, as a piece of a larger document. As such, it is important to understand that topic are not mutually exclusive and that in some cases, the overlap is intentional. Where there is overlap in issues or impacts, the recommendations and conclusions are internally consistent – by having these repeated, it allows the reader to see this overlap and understand the interplay of the varying decisions.

¹ See the *Publications for Reference* section of Focus Strategies website for details on other systems. <http://focusstrategies.net/coordinated-entry/>.

Context for Implementation of Coordinated Entry

Coordinated Entry is best understood as an element of any functioning health or human services system. In other words, developing coordinated entry and assessment is a necessary condition to having a system, but it is not the system itself. Throughout this report, Coordinated Entry and Coordinated Entry system are used interchangeably; coordinated entry is an element of the overall system and needs to function systematically, so these terms make sense but should not be confused with the existence of a homeless services and housing system, which includes other system components as well (i.e. a full array of housing and service programs, meaningful evaluation and feedback loops, and performance measurement). Given that the need for homeless services exceeds the availability of those services, many Coordinated Entry programs seek to prioritize certain populations, typically those who are most vulnerable, those eligible for existing resources, or some combination.

In Sacramento, some programs serving people experiencing homelessness do not participate in HMIS and do not accept public dollars. These programs may be serving a subsection of the homeless population who are not served by the publicly funded system, and, if this is true, HMIS services data may not reflect a complete picture of who is homeless in Sacramento. If Sacramento seeks to explicitly target the most vulnerable homeless people, getting complete participation by all service programs is important and will allow Sacramento to have a truly coordinated homeless system. This approach would necessitate driving many of the implementation decisions for Coordinated Entry according to the needs of the non-participating providers, to incentivize participation. Such efforts would result in a more robust system and more options for consumers, but could be resource and time intensive.

Alternatively, Sacramento could choose to focus on creating a system that works for the publicly funded programs by integrating their intake and assessment processes and continue to improve their ability to move people to permanent housing. HUD has issued direction to create a complete homeless system – including Coordinated Entry, performance measurements and an array of housing options. Publicly funded programs serve the majority of the homeless people in Sacramento and are already working towards system improvements under this direction. Limiting the Coordinated Entry system (at least initially) to the publicly funded programs aligns their functions, meets funding requirements, and creates a fully compliant base from which to expand efforts to non-participating organizations.

Regardless of the approach, creating and operating a Coordinated Entry system does not mean that the size of the service delivery system is bigger than it is now. Therefore, even with a well-designed and implemented Coordinated Entry system, some homeless people will not access the resources they need. However, if well-run, Coordinated Entry can help ensure that the most vulnerable and program-eligible people will obtain shelter, housing, and services quickly. Other system improvement efforts, such as shortening lengths of stay in programs, investing in rapid rehousing and other effective system components, can complement the effects of Coordinated Entry. The result can be that homeless people are assessed, connected to programs, and housed as quickly as possible. By moving people through a system as quickly as possible, space is made for the next person or family who is staying outside to move to safety and, ultimately, to permanent housing.

DRAFT

Goal 1: Alignment with ESG and HEARTH

The Interim Rule for the new Emergency Solutions Grant (ESG) program, formerly Emergency Shelter Grants includes the requirement that all ESG-funded programs in a community with a Coordinated Entry system must use that system.² The creation of a Coordinated Entry system is mandated in the Continuum of Care Interim Regulation, requiring that: “Each CoC must have a coordinated assessment system designed to coordinate program participant intake, assessment, and provision of referrals”.³ While the Notice of Funding Availability (NOFA) for the 2013 ESG funds has not yet been released, it is expected that one of the requirements for funding will be having an established Coordinated Entry system that includes all ESG-funded programs.

While compliance with ESG funding requirements is the most immediate impetus for Sacramento’s creation of a Coordinated Entry system, the impacts of such a system are much broader. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act sets a bold direction nationally to create systems and programs that emphasize rapidly moving people and families from homelessness into housing, coordinating systems of care for the most efficient and effective outcomes and measuring and building off of success.

Because Coordinated Entry is a funding requirement, the local option is in regards to how broad and inclusive the system should be. A minimally compliant system could be as little as a common entry point for ESG-funded shelters only. A more impactful and meaningful system could be inclusive and forward thinking, carefully considering:

- The array of services and programs currently available in the community
- The unmet needs within the homeless population
- The existing (and potential future) resources committed and available for efforts to end homelessness

² *Homeless Emergency Assistance and Rapid Transition to Housing: Emergency Solutions Grants Program and Consolidated Plan Conforming Amendments*. 76 Federal Register 233. (5 December 2011). pp. 75954-75994.

³ U.S. Department of Housing and Urban Development, Office of Special Needs Assistance Programs. *Developing System-wide Prioritization and Targeting Standards*. PowerPoint presentation. 2013 National Conference on Ending Family and Youth Homelessness. 21 January 2013.

Goal 2: Locate Coordinated Entry Resources to Ease Consumer Access

Centralized versus Decentralized Intake Systems

A fundamental distinction between many exemplary Coordinated Entry systems is the location of the point of contact for intake and assessment. Some communities choose a central intake system, in which there is one location – physical or virtual – for all homeless persons seeking shelter or services. Others choose a decentralized intake system, in which there are multiple locations. In either case, staff at intake location(s) are performing the same assessment and following the same referral protocols. Decentralized systems may choose to have multiple locations due to geographic constraints or may choose to have different locations to serve different populations (for example, individuals vs. families). Either approach, if configured with a strong assessment tool and clear referral process, can be efficient and effective. The decision of whether a centralized or decentralized system is best is dependent on the goals of the community, the types and locations of existing services, and the geography of the community.

The Sacramento homeless population is in line with national averages: 0.17% of the Sacramento population is estimated to be homeless as compared to 0.20% nationally. Approximately 31% of the homeless population is estimated to be unsheltered, the primary target population for the Coordinated Entry system.⁴ While data is not reported for specific locations within the County, the majority of unsheltered homeless people in Sacramento County are concentrated in a relatively small portion of the County. The County is geographically large, but the majority of people who will use Coordinated Entry are concentrated in the downtown core and along the American River Trail.

Existing Sacramento Referral Systems

The majority of emergency and basic necessities services for homeless people are located in the area with the highest concentration of unsheltered people. Most notably, Loaves and Fishes is a five-acre campus containing a variety of outreach programs and service organizations serving the homeless population. While Loaves and Fishes does not have an official systemic function as a referral program for shelters or other homeless housing options, staff and volunteers create relationships with homeless people and programs (such as emergency shelters) and make strong efforts to make resource connections. Loaves and Fishes is a well-established locus for the homeless population and is committed to ending homelessness, employing a non-judgmental,

⁴ Sacramento Steps Forward. 2013 *Countywide Homeless Count Report*. Retrieved 13 June 2013 from http://sacramentostepsforward.org/pdf/SSF_PITReport_06-07-13.pdf.

“whatever it takes” approach. However, the referral components of Loaves and Fishes are informal, meaning they are available for the consumer, but difficult to measure outcomes and may not always be consistent across their many programs – likely because they serve people with different family configurations and needs.

A more formal outreach and referral program is run by the Sacramento Downtown Partnership. The Partnership uses “navigators” to reach out and provide resource information, referrals and other assistance to homeless people in the 66-block central business district. Like Loaves and Fishes, the navigator program relies on establishing relationships with the homeless people in the community, and then using these relationships to better understand the homeless populations’ needs and challenges. The navigators are well respected and effective, but their scope is limited, both in geography and in access to resources. Coordinated Entry systems must be efficient to be effective, and may not be able to rely on personal connections in the same way a more limited approach, like the use of navigators, can.

In contrast to Loaves and Fishes and the Downtown Navigators, Sacramento 2-1-1 provides a more objective referral system, available more broadly, to anyone in the Sacramento region. 2-1-1 operators use a database containing information on hundreds of community programs and referrals, providing persons in need a “one stop” resource center. Because of the breadth of their scope, 2-1-1 operators are generalists, not experts in the homeless service world. While their assistance is accessible and quick, their inherent inability to forge a personal connection may make 2-1-1 not the best approach for targeting some of the most vulnerable in our community.

Another existing referral program is Guest House operated by El Hogar. Guest House functions as the intake, assessment and referral source into Sacramento County Division of Behavioral Health Services-funded permanent supportive housing programs. Homeless people with severe and persistent mental illnesses are assessed at Guest House and enrolled in the County-funded Full Service Partnership, which provides wrap-around services, including mental health support, case management and housing assistance. The Guest House model is an efficient and streamlined process for homeless persons with mental illness to access these specific resources and for which only a narrow group of people is eligible. While the program has not always operated to scale, it serves as an effective front door to mental health services and housing for this population. The relationship between Guest House and the broader homeless service system needs to be carefully considered as Sacramento develops a homeless Coordinated Entry system.

While each of the above systems assists homeless people in need and includes referral components to be considered in the design of Sacramento's Coordinated Entry system, there is an inherent contradiction in some of their differences. For example, the appreciation of face-to-face relationships and the streamlined efficiency of a call center. The scope of Coordinated Entry is larger than the services provided by the Downtown Navigators and Guest House, narrower than those provided by 2-1-1, and also more formal than those provided by Loaves and Fishes.

Local Decision Points in Locating the Referral System

Given Sacramento's expansive geography but relatively concentrated homeless population, the decision to have a centralized or decentralized system is key, and will drive funding and design decisions. The pros and cons of these two choices are outlined in the table below.

Develop a centralized intake system

Pros

- Less resource intensive
- Easier to manage, operate and maintain
- May be easier for consumers to understand

Cons

- May miss vulnerable populations who won't/can't use the central access point
- Likely creation of a long line at the central location
- If central location is physical, may be difficult for some to access

Develop a de-centralized intake system

Pros

- Mitigates the problem of one long access line
- Respects the variety of needs and comfort levels in the homeless community – “one size” does not fit all
- Doesn't put excessive strain on one access location

Cons

- Need to negotiate out-stationed work sites and staffing patterns
- Requires careful coordination to ensure each access point is operating consistently
- May be confusing to consumers, leading to duplication of service requests

Goal 3: Transparent Assessment that Prioritizes Clients' Needs

Currently in Sacramento, there is a variety of homeless service and housing options, ranging from basic outreach programs to permanent supportive housing. While having a variety of options available is generally positive, the resources are only add value to the extent they are accessible and available to the persons who need them most. Generally, homeless service programs have narrow and specific entry criteria, typically because the programs were developed to meet the needs of a particular target population (such as homeless people with mental illness, or homeless people in families with children, etc.). Without Coordinated Entry, consumers and their advocates do the best they can to gain access to limited service and housing opportunities. Coordinated Entry will assess everyone who is homeless, determine their level of priority (such as vulnerability ranking), and connect each person or household with the resource that best meets their needs given that priority.

Current System Design in Sacramento

The current provision of homeless services is de facto driven by each individual program's mission, design and eligibility requirements. It is often easier to understand who is not eligible for services than who is, and it is not altogether clear that available services are aligned with any measured needs in the community. Most homeless programs were born of a deep commitment to serving those less fortunate. The array of programs in Sacramento, and across the country, grew from these specific, local efforts. A goal of Coordinated Entry is to build from this passion and dedication, moving to a model that is purposefully directed by consumers' needs, but also respectful of individual programs' history and integrity. Making this shift will mean that Sacramento's homeless system prioritizes the needs of the clients over the structure and goals of the provider organizations and their programs.

Without this shift, the homeless "system" would remain as it is today: not truly a system, merely a collection of related parts. Each of the parts has the common goal of serving consumers and reducing homelessness. In order to pull the many parts together into a cohesive and smooth functioning whole, there will need to be less provider-driven differentiation between programs, and simplified program eligibility criteria, so that consumers can experience quicker and easier access to programs, resulting in shorter stays in homelessness. A corollary result can be that homeless programs serve more clients overall.

Common Assessment Tool

Prioritizing clients starts with a coordinated entry point (centralized or decentralized, described in Goal 3), but is also dependent on having a common assessment tool to be used at that entry point(s). The goals of establishing a common assessment tool are varied. At a broad level, it creates the opportunity to establish common community preferences and use them as the basis for system-wide eligibility requirements.

Having a singular assessment tool implemented at a single or multiple “front doors” reduces the trauma to consumers that comes with being required to reveal over and over their personal background and/or challenges to multiple intake staff at multiple programs. Additionally, a common assessment tool allows for transparency – all consumers and programs will understand program eligibility requirements and should know ahead of time what programs are available for a given consumer. A common assessment tool, while clearly beneficial for the consumer, may present some challenges for providers, the biggest being that programs will have to let go of their agency-specific admissions policies.

The use of a well-developed common assessment tool aids in the prioritization of local resources. Rather than the most resourceful, well connected or lucky consumer getting the services, the most vulnerable get priority access to services. And for the consumer, the services offered “fit” their needs – some may not need traditional services at all and can be diverted from ever entering the homeless system. Using contract requirements as a basis, a common assessment tool would move the Sacramento homeless system towards objective assessment and entry requirements that are transparent and easy to understand. The current system, where services offered and populations served are determined by programs’ history, may not make sense in a Coordinated Entry system where community needs drive the use of services.

Local Decision Points in Formulating the Intake and Assessment Process

The creation of a transparent and reliable intake and assessment process is critical to quickly moving people to the most appropriate services available. The intake and assessment process must include both basic eligibility requirements plus any local assessment measures of importance. Vulnerability indices are commonly used tools to target resources to the most needy, and have been suggested as a tool that could be a part of the Sacramento Coordinated Entry process. Alternatively, Sacramento could choose to develop a specific assessment tool that matches funder program criteria, or adapt a vulnerability index tool for that purpose. The pros and cons of these choices are outlined below.

Use an existing vulnerability rating tool, plus basic screening for program eligibility (limited to contract requirements)

Pros

- Several vulnerability rating tools have been field-tested and used for similar efforts
- May allow for comparison to national data

Cons

- May not capture the unique priorities or programmatic requirements for Sacramento
- Most tools were created specifically for chronically homeless persons and may not appropriately assess other homeless people
- Vulnerability questions and answers are currently not in the standard HMIS data set

Create a local assessment tool or adapt an existing tool

Pros

- Can be tailored to prioritize subpopulations of concern in Sacramento, to allow for funder eligibility criteria
- Intake and assessment would be seamless – could be drafted as one tool

Cons

- Requires development time and resources
- Not tested or comparable to other communities

Goal 4: Use and Expand Existing Community Resources (HMIS)

Why HMIS?

All Continua of Care must have a Homeless Management Information System (HMIS) that stores and maintains data and produces reports on the performance of federally funded homeless programs. In Sacramento, 65% of all shelter, transitional housing, and permanent supportive housing beds are currently using HMIS. Given the role that HMIS already plays in the community, there is no other appropriate system to play the data and information technology roles required to operate a Coordinated Entry system, including the collection of data for the common assessment tool and assignment of consumers to appropriate beds/units. Any other system would require “real time” dual entry at the program level; providers will still be responsible for entry into HMIS and would need to be updating bed availability in the secondary system to ensure appropriate and timely referrals could be made. Creating a secondary system would also create additional costs: initial set-up and training, on-going maintenance of a secondary system and the cost to accommodate updates on one system and the impacts on the other.

Despite the reality that HMIS is the only realistic option for Coordinated Entry, there are some notable limitations of HMIS that must be considered. While HMIS is an established and generally understood data collection system, it is not currently configured to serve as an assessment tool. It is likely that any assessment tool that includes data points not currently collected in HMIS (such as one of the vulnerability indexes noted above⁵) would need to be completed outside of HMIS, in a paper format or using an electronic spreadsheet. Additionally, use of HMIS for bed reservation capacity in a Coordinated Entry system requires “real time” data entry at the program level. This would be a significant change in procedures for many providers, but also could create some technical challenges with HMIS. As currently configured, HMIS data collection screens do not have a logical flow that mirrors the typical intake process – providers would either need to modify their process to match HMIS or learn to jump around the HMIS configuration to match their processes. Finally, there could be challenges with slow processing speed, especially if multiple providers are entering clients at the same time (e.g. in the evenings when all the shelters open for the night).

⁵ National Alliance to End Homelessness. *Vulnerability Index: Prioritizing the Street Homeless Population by Mortality Risk*. Retrieved 13 June 2013 from http://www.endhomelessness.org/page/-/files/2061_file_Kanis_handout_vi101.pdf.

Use and Challenges of the Current Sacramento HMIS

Sacramento Steps Forward (SSF) is the HMIS administrator for the Sacramento County CoC, and uses the Clarity HMIS. SSF understands the value of data quality and integrity, and has implemented on-going data cleaning and user training to ensure that the data entered in HMIS is accurate, complete and reliable. While the quality of the data is generally good⁶, there may be some current operational challenges that could affect the effectiveness of a Coordinated Entry system.

First, there are 334 shelter beds and 266 transitional housing beds currently not participating in HMIS, or 33% of all shelter/transitional beds. While it is important to make efforts to include non-participating homeless services, it is unlikely that (at least initially) these programs will be included in Sacramento's Coordinated Entry system.

In the past, there have been concerns from HMIS end users on the speed of HMIS. It is not clear if this was related to problems with the former vendor's system, but it could become an issue again because Coordinated Entry requires "live" updating of bed availability. If there is not sufficient capacity to handle this, it could impede Coordinated Entry processing. Currently, this is not a problem, as most providers do not enter data "live" into HMIS. Rather, they use HMIS as a data collection, not an assessment or resource allocation, tool. Most shelters collect data on program entry and exit in paper files and input those data to HMIS at a later date. Providers are required to produce occupancy reports on a monthly basis, so the longest "lag" time is typically a month; for some providers it is as short as 48 hours.⁷ To ensure that consumers can be matched to the most appropriate resource (bed) in a timely manner, there must be real-time data on the number and type of beds available. This means that shelter providers will have to "exit" people in HMIS as they physically leave, potentially creating a situation where numerous providers are in HMIS entering real-time data simultaneously. An assessment of vendor/system capacity will be needed to determine the potential level of risk inherent in this model.

Making assessment and program entry an HMIS-centered task is a shift in the way that the Sacramento CoC programs currently operate. There will be a real cost to programs associated with this change, as staff will need to be available at the time of program entry and exit to input data into HMIS without delay – HMIS data entry will no longer be relegated to clerical staff and attended to when time is available. Additionally, moving the collection of intake data to HMIS

⁶ In addition to this report, Focus Strategies prepared the sheltered count data and performance data for Sacramento Steps Forward over the last two years.

⁷ Conversation with Manjit Kaur, HMIS Analyst with Sacramento Steps Forward, 7 June 2013.

removes some of the human connection and interaction that may be related to accurate data collection from the client, and which many programs and consumers highly value.

Options for Coordinated Assessment and Referral Functions in HMIS

The Clarity HMIS does not currently have an established coordinated assessment and referral module. However, the system does have the capacity to include such tools in the standard modules that SSF owns and uses. Clarity allows the local HMIS administrator to configure a coordinated assessment tool by selecting the locally appropriate questions and answers. The sample “Centralized Intake” form, shown below is an example of how the local coordinated assessment tool could be configured in HMIS.

The screenshot shows the Clarity HMIS interface for a user named John Bolton. The main navigation bar includes Profile, History, Services, Programs, Assessments, Notes, Files, Location, Attendance, and Search. The 'Assessments' tab is active, displaying the 'Centralized Intake' form. The form contains the following fields:

- Assessment Date: 06/12/2013
- Housing Status: Literally homeless
- Residence Prior to Program Entry: Jail, prison or juvenile detention center
- Incarcerated Times: Select
- Date Incarcerated: (empty field)
- Race: White
- Ethnicity: Non-Hispanic/N
- Veteran Status: Yes
- Client has Cash Income (last 30 days): No

At the bottom of the form are 'Save' and 'Cancel' buttons. The Clarity Human Services logo is displayed on the right side of the form. The text 'Managed with Clarity' is visible at the bottom left of the form area.

Depending on the answers given in the “Centralized Intake” function, the HMIS will then display the service options available to the client. These options are determined by locally set and configured program “rules”. For example, the locality can indicate which programs serve individuals only, veterans only, etc. and will display only those services that match the answers given on the Centralized Intake screen.

Once the available options are displayed, HMIS users can select a certain program or programs and see the availability of beds in the program. The example below shows how these options are

displayed in HMIS. The “WCHA2 Permanent Supportive Housing Program” has been selected and expanded to see if any beds are available (circled in red). The program has 100 beds, and on the night of June 12th (the night of assessment in this example), three beds are occupied.

The screenshot displays the HMIS interface for John Bolton. The main content area is titled "Program Eligibility Determination" and lists several programs under "Agency Programs" and "Community Programs". The "WCHA2 Permanent Supportive Housing" program is selected, showing a description, service categories (Employment, Housing, Mental Health, Health Care), target population (Households with Children), and housing availability. A bar chart shows the number of beds available and occupied for each day from Thursday, 6th to Wednesday, 12th. The total number of beds available is 100, and 3 beds are occupied on Wednesday, 12th. A red box highlights the "100 Beds" label and the bar for Wednesday, 12th, which shows 3 occupied beds. A green circle highlights the "Make Referral" button at the bottom of the chart area.

Household Members Manage
Julie Bolton Wife [Edit](#)

Active Services
No active services

Active Programs
Baltimore Housing Assistance [Edit](#)

Recent Services
Substance Abuse Treatment... [Edit](#)
Obtained Employment: Job Placement... [Edit](#)
[BALT] Utility Assistance: Cable [Edit](#)
[BALT] Rental Assistance: Rental... [Edit](#)

WCHA2 Permanent Supportive Housing Permanent Supportive Housing [SHP, SHP-PH]
West Coast Homeless Agency DO NOT USE OR EDIT
Program Description:
Permanent Supportive Housing for families and individuals
Service Categories:
✓ [APR] Employment ✓ [APR] Housing ✓ [APR] Mental Health
✓ [APR] Health Care
Target Population:
Households with Children
Housing Availability:
WCHA2 Permanent Supportive Housing: Permanent Housing Individual beds 100 Beds
3 3 3 3 3 3 3
Thu, 6th Fri, 7th Sat, 8th Sun, 9th Mon, 10th Tue, 11th Wed, 12th
WCHA2 Permanent Supportive Housing: Permanent Housing Family beds 100 Beds in 10 Units
Print Directions Print Checklist **Make Referral**

100 beds available in the program.
On 6/12, three of these beds were occupied, meaning that 97 are available for referral/reservation.

After seeing what programs a client is eligible for and which one(s) have beds available, Coordinated Entry staff can then make a referral by selecting the option below the capacity

graph, circled in green in the screen shot above. Once this referral is made, the program that is receiving the referral is notified in HMIS, and the system can provide detailed information to the consumer on location of the program, driving/walking/public transit directions and a list of any documentation required by the program.

The Clarity HMIS module is designed to allow referrals to appropriate programs, and not necessarily bed reservations. As imagined by Clarity programmers, the program staff would still have ultimate control over admittance and could choose from a number of referrals – in other words, more people could be referred to the program than there are slots available. A true Coordinated Entry system requires more than just a common assessment tool and referrals; it hinges on homeless people moving immediately into shelter or housing after determination of eligibility. While the Clarity module is not explicitly designed for this, the module does track both available beds and referrals made, allowing the user to calculate beds available. Future improvements to the Clarity module may make bed reservation more streamlined in HMIS.

Local Decision Points on Using HMIS

Local decisions regarding HMIS include whether to work to expand the reach of HMIS to programs currently not reporting and whether to use the current referral capacity only (meaning that bed reservation capacity is external to HMIS) or seek to expand the HMIS functionality to a bed reservation system. The pros and cons of these two choices are outlined in the table below.

Expand HMIS to include currently non-participating programs

Pros

- Easier access to more programs for consumers; consumer outcomes improved
- Establishment of a more authentic homeless service system with more robust data

Cons

- Difficult if not impossible to get to 100% participation, will require significant time and resources
- Most non-participating providers purposefully avoid government funding and involvement; would need to identify and offer incentives for their participation

Expand current HMIS to incorporate bed reservation

Pros

- Critical component of a true Coordinated Entry program; more logical to be contained in same database where all homeless data collected
- Less complexity for Coordinated Entry staff – one software performing multiple functions
- Complies with cost allocation rules

Cons

- Requires additional training for staff and on the spot calculations of bed availability. May be difficult during high volume service times.

Goal 5: Measure and Report on Impacts

The introduction of Coordinated Entry changes the ways that consumers access and receive services and the ways that programs operate. It is difficult to measure the impacts of Coordinated Entry on the consumer, as there is not data on the consumer experience before Coordinated Entry. However, the expectation is that Coordinated Entry will better match homeless people to the services that are most appropriate for them, allowing them to move to shelter, services, and housing quicker. It also should free up staff time at the programs currently used for intake and assessment, and allow more targeted case management services aimed at securing permanent housing.

If these expectations are true, there are measurable outcomes influenced by the introduction of Coordinated Entry that Sacramento should monitor and report on periodically.⁸ These include:

- Reduction in the length of stay as people should be referred to the most appropriate service at initial entry to the system, and not jump from service to service waiting for an opening at a preferred program.
- Reduction in new entries into homelessness as people are matched to the most appropriate service and those services can better focus on housing outcomes. The common assessment tool should also provide the opportunity to divert people entirely from the homeless system.
- Fewer repeat stayers, in that people will be matched with the best services available to meet their needs and will have a better likelihood of staying housed after exit.

Sacramento has the capacity to calculate outcomes – changes in lengths of stay, new entries and repeat users – using HMIS data. It is important to establish a baseline measure of these outcomes with which to measure post-Coordinated Entry outcomes. Moving forward, this data can be extracted from HMIS and combined with results from the Coordinated Entry assessment tool to create customized reports that analyze whether Coordinated Entry is improving outcomes for homeless people. Changes can then be made to improve performance over time.

⁸ National Alliance to End Homelessness. *One Way In: The Advantages of Introducing System Wide Coordinated Entry for Homeless Families*. Retrieved 13 June 2013 from http://b.3cdn.net/naeh/3707099be028a72f67_06m6bx6g9.pdf.

Goal 6: Secure Funding for Development and Implementation

Types of Funding

The amount and type of funding needed to develop and implement a Coordinated Entry system needs to reflect the chosen model, and, it is advisable to use funds that are closely aligned with both Continuum of Care (CoC) and Emergency Solutions Grant (ESG) requirements as described in the regulations for each. Using a funding source that is intended for providing services for homeless people is preferred over an external funding source, because funding sources come with expectations. If the source is not a HEARTH or HEARTH-aligned source, the focus, goals, timing, or duration of funding may not match with the goals and requirements of Coordinated Entry. Trying to use non-homeless grant funding or other external sources may create a time and resource issue that negates the value of the grant itself.

Because Coordinated Entry is not a new program in the homeless system, but is a fundamental component of a homeless system per HEARTH goals and regulations, the most aligned source of funding is from existing homeless grant resources. Because HUD is not providing new resources to communities creating Coordinated Entry systems, Sacramento should look towards re-allocation options within the existing Continuum of Care funding. While the ESG program requires that ESG grantees participate in a Coordinated Entry system, ESG funds can only be used for implementation of specific types of emergency shelter, rapid rehousing, and other programs.⁹ Conversely, the Continuum of Care (CoC) can be used to fund a Coordinated Entry initiative. Within the CoC, there are two potential ways to re-allocate existing dollars:

1. In the 2012 Notice of Funding Availability (NOFA), HUD gave continuums the option of creating new Coordinated Entry projects by re-allocating some or all of one or more existing Support Services Only (SSO) grants. While the 2013 NOFA has not yet been released, it is reasonable to expect that HUD may make this re-allocation available again in 2013, given the HUD requirements that CoCs establish Coordinated Entry systems.
2. Outside of the competition cycle, it could make sense to reallocate from one type of system development grant (such as an HMIS grant) to another. This type of amendment requires a good deal of negotiation with HUD, but may be possible either within the context of the application or outside that process as a grant amendment.

⁹ *Emergency Solutions Grant (ESG) Program Factsheet*. Retrieved 12 June 2013.
<http://www.easybib.com/reference/guide/apa/website>.

Cost Components Associated with Coordinated Entry

The following table details some of the costs typically encountered when creating a Coordinated Entry system. The actual costs for Sacramento cannot be known until the implementation plan has been finalized, the number and type of participating programs is complete, bids are requested, and contract negotiations are conducted.

	Cost Type	Cost Detail
One Time Costs	Hardware/Software	Customization of HMIS. <i>* Note that customization of HMIS is not a preferred option. See Section X on the use of HMIS for details.</i>
		HMIS staffing time for configuration of new screens
		New licenses for Coordinated Entry staff
	Adapting Assessment Tool and Developing Referral Procedures	Staff/consultant time to analyze current program rules
		Staff/consultant time to develop referral system
		Customization of assessment tool to meet Sacramento needs
	Training of current and new HMIS users	Transitioning to real time entry of bed availability as required by Coordinated Entry
		Adaptation of policies/procedures related to the use of HMIS
On-going Costs	Staffing of intake system	
	Data collection/measurement	

Local Decision Points on Funding

Sacramento cannot create a Coordinated Entry system without new or re-allocated funding, both up front for development and on-going for operations. Local decisions regarding funding revolve around whether to design a system and fund it with existing resources or to secure new or related funding and then use those funds to develop the system. The pros and cons of these two choices are outlined below.

Develop fully compliant system and fund with existing resources

Pros

- System reflects the interests of community
- Ensures full compliance and congruence with funding and requirements of program
- Not restricted by external requirements/factors

Cons

- Requires potentially difficult local decisions to reprogram existing CoC funding

Find funding and design system to fit the available resources

Pros

- Optimistically, possible to obtain new funding source that adds resources to the homeless system
- May offer bridge until more permanent source can be obtained

Cons

- Funding source requirements may not align or align fully with community/consumer needs or goals
- Will need to comply with external funding requirements
- May not be sustainable