



Sacramento County Coordinated Entry

DRAFT IMPLEMENTATION PLAN – FOR DISTRIBUTION AND COMMENT

July 25, 2013

I. INTRODUCTION: WHY COORDINATED ENTRY?

With the development of this Implementation Plan, Sacramento County joins other communities around the nation in launching a Coordinated Entry and Assessment (CE) system for individuals and families experiencing homelessness. A primary reason for this plan is the mandate from the U.S. Department of Housing and Urban Development (HUD) to all Homeless Continuums of Care (CoC's) to develop systems to more effectively engage, assess, prioritize and match homeless people with the housing and service interventions needed to end their homelessness. Under both the new Emergency Solutions Grant (ESG) and CoC Program rules, every CoC must establish and operate a coordinated entry system, and all programs receiving funding from these federal sources are expected to participate.

Developing Coordinated Entry, however, offers much more than a means of complying with a funder requirement. It is an unprecedented opportunity to undertake a system re-design that will have many benefits for clients, providers, planners, funders and the community at large. For a person in need of assistance, it will mean no longer having to contact each potential program one-by-one in search of housing and/or services and having to repeat his or her story – and complete intake paperwork – with each contact. Instead, one interaction with the CE system will lead to receiving quick and accurate information about the range of available options and referral to the most appropriate one(s).

For providers, it will enable staff to spend less time gathering intake information and evaluating eligibility and more time helping clients secure housing and meet their other needs. More appropriate referrals will also mean fewer instances of turning away people who don't qualify. For system planners and funders, it means scarce resources will be used as effectively and

efficiently as possible, because households experiencing or at risk of homelessness will be matched with the right, or “most nearly right,” intervention available. It also means that data entered into Sacramento’s Homeless Management Information System (HMIS) – or other data systems – will be used to drive informed decision-making. By tracking who enters the system, what they need, what they receive, and where they go, Coordinated Entry will provide all stakeholders with the information they need to prioritize how resources are invested to solve homelessness. For the community, this continuous quality improvement feedback loop will help ensure that appropriate housing and service assistance is being delivered to the highest priority households at the right time and in the right measure.

Given this federal mandate and the opportunity to further shape and refine Sacramento County’s housing and services system, in April 2013, Sacramento Steps Forward (SSF) engaged Focus Strategies to facilitate and guide a community process to develop an implementation plan for a HUD-compliant system of coordinated entry and assessment. The goals of the system, as articulated by the community, are to:

- (1) Align Sacramento’s CE system with ESG and HEARTH goals and regulations;
- (2) Assist homeless people to access services and supports in a timely way,
- (3) Quickly and accurately screen people for eligibility for homeless programs and refer to full assessment or other community resources;
- (4) Meet the needs of homeless people over the needs of individual homeless programs;
- (5) Use community resources and reduce a “line-at-the-front-door” as much as possible;
- (6) Reduce homelessness by appropriately prioritizing resources; and
- (7) Employ strategies to measure impact.
- (8) Invite counties in the region to the process as a step in exploring regional partnership.

After a very productive and lively four-month planning process, Focus Strategies is pleased to deliver this implementation plan for Coordinated Entry and Assessment in Sacramento County.

II. PURPOSE AND SCOPE OF THE IMPLEMENTATION PLAN

This document summarizes the planning process and analysis conducted by Focus Strategies and provides a set of implementation steps that will achieve the goals outlined above for a coordinated entry system. However, while the plan presents a framework for the decision-making that will underpin the new Coordinated Entry system, it is not a substitute for the decisions themselves. Focus Strategies has consulted the community, conducted research, gathered information, analyzed the pros and cons of various options, and mapped out key decisions to be made. Where there are choices to be made among different options, we have made recommendations about which options would best fit with the specific contours of Sacramento's system and the goals the community has articulated for Coordinated Entry. Yet in the end, making the key decisions is up to the stakeholders: SSF leadership, funders, and providers.

Allowing space for further analysis and decision-making is essential not only to respect the community's wishes and ensure buy-in from all stakeholders, but also is the only way that a Coordinated Entry implementation can roll out. As described in detail in the Action Plan (Section IV), the process by its very nature must be tackled in phases, and the decisions made in each successive phase will inform those in the next. In particular, decisions about the scope of programs to include, how they are to be phased in, what data systems are to be used, how the CE system is to be funded, and negotiations with potential vendors will all shape the final structure of the system. We have mapped out key steps for each phase of the implementation process, but each step will have to be further fleshed out through additional information gathering, analysis, and decision-making before the next phase of implementation can proceed. For example, while we recommend the development of a "bed reservation" capability for emergency shelters that is driven by a standardized intake and assessment process, developing the criteria and process for this piece of the system requires a complete mapping and articulation of existing program requirements and eligibility criteria, as well as a thorough discussion of additional criteria (to be developed locally) to help ensure that those with the greatest need are prioritized for shelter admission.

As this implementation process moves forward, we would also urge the stakeholders to keep at the forefront an awareness of what Coordinated Entry is and is not. Coordinated Entry is best

understood as an element of a well-functioning crisis response system; it is not the system itself. In other words, developing coordinated entry and assessment is a necessary condition to having a system, but does not substitute for the constituent parts of the system (e.g. the development of a full array of housing and service programs, meaningful evaluation and feedback loops, and performance measurement). Coordinated Entry helps identify people who need assistance and provide the quickest possible pathway to link them to the “right sized” intervention. It helps a community better deploy the resources available, but it does not create new resources. It matches people to the right type of assistance, but it does not necessarily ensure that an intervention is available for every person who needs one. As such, it has to be viewed as just one essential part of a larger effort to measure results and expand housing and services to best meet identified needs.

III. PLANNING PROCESS AND RESULTS

A. Review of Examples from Other Communities

In preparation for the Coordinated Entry planning process in Sacramento County, Focus Strategies staff reviewed literature available on the implementation of Coordinated Entry systems across the country. This included a review of general policy materials and guidance (e.g. white papers, conference materials, webinars, etc.) generated by HUD, the National Alliance to End Homelessness, U.S. Interagency Council on Homelessness, and others describing the importance of developing a Coordinated Entry system and the many decisions that communities will face as they pursue this goal. Our research also included an environmental scan of communities farther along in the process to determine what steps they have taken to implement Coordinated Entry and lessons they may have learned along the way. A summary of the results of this literature review and research are described in *Coordinated Entry: Examples from Other Communities and Systems*, dated June 7, 2013 and posted on the Focus Strategies website (www.focusstrategies.net).

One major finding from Focus Strategies’ scan is that few communities have fully implemented their Coordinated Entry system. Among those who have begun the process, most are still in the planning phase, have only recently begun piloting some key pieces (e.g. testing assessment

tools), or are rolling out a fairly complete system, but with only a limited number of programs. Seen in this context, Sacramento County is on track to meet HUD's requirements, and perhaps may even be somewhat ahead of other comparable communities, most of which have not yet begun to develop a CE plan in earnest. Our major findings relating to how other communities are tackling the planning and implementation of coordinated entry and assessment include:

- (1) Each community has defined the issues and approached the system design based on the unique features and needs of the community.
- (2) In spite of these differences, almost all communities have undertaken a similar type of planning process, involving multiple stakeholders from across the homeless continuum and including representation from homeless people, service providers, shelter and housing providers, local government and funders.
- (3) Every planning process has grappled with the same key design questions: how to define the target population; whether to use a centralized, decentralized or combined approach; selection of an assessment tool; selection of a data system; and development of criteria and processes to refer people to the "right sized" available interventions.
- (4) Most communities have found it useful to map their current system to develop a clearer understanding of the services and housing currently available in the community and the criteria for participation. As part of reviewing the current system, communities were able to determine what services might be lacking, what services might be duplicated by multiple providers, and if so, what types of collaborations could be developed to reduce duplication in order to expand overall capacity.
- (5) All communities currently in the process of implementing Coordinated Entry noted a need for on-going evaluation of the system they ultimately develop and the ability to be flexible and make changes to the process as problems and improvements are found.

B. Community Input

Focus Strategies facilitated an extensive community input process designed to inform stakeholders and bring everyone onto the same page about the purpose and expected benefits of Coordinated Entry – as well as the challenges and trade-offs involved in implementing such a significant system change. This included using skilled facilitators to plan for and facilitate a

series of community meetings with the Coordinated Entry Subcommittee, housing and service providers, other community partners and stakeholders, and SSF leadership. Focus Strategies staff also conducted four focus groups with people with a current or previous experience of homelessness and three with Continuum of Care housing, healthcare and service providers.

While a wide range of topics were discussed and many opinions expressed, several key messages emerged that reflect a strong consensus across the broad spectrum of stakeholders:

- Consumers and providers agree that the current system is quite fragmented and confusing. Consumers articulated how it is hard, if not impossible, to get all of the information they need to determine what programs they could be eligible for – and how to access them. All participants agreed that it is crucial for providers to offer consumers timely and accurate information about what their options are, how to navigate the system, and a realistic estimate of how long they may expect to wait before being served.
- While providers clearly articulated the need to streamline the intake, assessment and referral system, they also expressed concerns about preserving the unique characteristics and requirements of individual housing and support service programs.
- Providers also expressed a need to have more information about resources available. They specifically noted how difficult it is to maintain thorough and up-to-date knowledge about what other programs are available, their eligibility requirements, how much space they have available, etc.
- While providers expressed some concerns that entering client data into HMIS is time consuming, most acknowledged the importance of having a single, shared data capacity to reduce the number of intakes and assessments that homeless people have to endure in order to access services. Consumers likewise expressed the desire to be treated like people, not numbers to be captured and entered.
- Both consumers and providers expressed the belief that the intake and assessment tool should be as short as possible. All agreed that it would be ideal for consumers to only have to give personal information once if it can be shared between programs.
- Providers feel strongly that intake and assessment is most effective when conducted face to face rather than over the phone or online.

- Providers also noted that intake and assessment staff needs to be extremely knowledgeable and compassionate. This is not an entry-level job: “These should be our best people!”
- Many supported the use of a “Vulnerability Index” as a fair method for ensuring that those who are most in need get priority access to available resources.
- Finally, all participants expressed a caution that the new system should not just stop at coordinated entry, but should also include a standardized and coordinated method for referring people to opportunities, matching people to the right sized intervention.

A *Community Process Summary* including a complete description of the process and summary of the input received will be posted to the Focus Strategies website by August 15, 2013.

C. **Analysis and Recommendations Regarding Key Decision Points**

In addition to analyzing what has been done in other communities and gathering input on the concerns and priorities of community stakeholders, Focus Strategies was tasked with conducting an analysis of the existing local system, including where homeless people are located, how they currently enter services, what kinds of interventions they receive, and how this data is tracked in HMIS. Based on this analysis, we have produced a report outlining the six key decision points that Sacramento County must address in order to develop a Coordinated Entry system that meets the articulated goals. This analysis was presented in a document entitled *Coordinated Entry: Goals and Feasibility*, which is posted on the Focus Strategies website.

The sections below briefly summarize the six decision points identified in the Goals and Feasibility report and expands on our analysis of each one. As previously noted, this implementation plan leaves the final decision-making to the community. However, where possible we have provided recommendations on which choices and options best conform to the community’s goals and the realities on the ground. In making these recommendations, we have tried to balance the interests expressed by those who participated in the Spring 2013 community meetings and focus groups. Both consumers and providers are concerned with program access,

but providers also wish to preserve the unique features of their programs. Yet, from an analytical perspective, it is not possible to provide easier, faster and more streamlined access to services and housing AND have programs remain the same. There will inevitably be trade-offs involved; and we have tried to articulate what these are and which choices will produce the best outcomes for clients and the highest degrees of effectiveness and efficiency across the system.

The sections below describe the six main decision points described in the *Goals and Feasibility* document and are organized roughly in the order that they will have to be made. Additional intermediate decisions will also be needed, as described in the detailed *Action Plan* presented in Section IV.

1. Scope and Phasing of the Coordinated Entry System

Background:

The CoC Interim Rule¹ requires CoC's to develop: *“a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.”* This requirement is also incorporated in the Final ESG rules and applies to ESG-funded programs. However, the regulations do not address the timing of how and when the implementation must roll out, and leaves up to local CoC leadership to determine how broad and inclusive the system should be.

Analysis

A range of options is available to meet HUD's requirements. A minimally compliant system could be as little as a common entry point for ESG-funded shelters only, since those regulations are the only ones that have been finalized and that require participation in a CoC-implemented Coordinated Entry system. Ultimately, however, all CoC-funded programs must be integrated. Therefore, a more impactful and meaningful system would include not only ESG and CoC-funded programs, but also all programs operating within the county that serve households

¹ CoC Interim Rule, Section 578.3 ([add hyperlink](#))

experiencing homeless, without regard to funding sources. It could include both HMIS-participating and non-participating programs. We believe that the decision of how broadly to cast the CE net should be driven by an analysis of the array of services and programs currently available in the community, the unmet needs within the homeless population, and the existing (and potential future) resources committed, and available, for efforts to end homelessness.

Recommendation:

Given the complexity of implementing a complete Coordinated Entry system, it is not feasible to roll out the full system at one time. Therefore, a phased approach appears to be the best choice. Just recently, HUD's Office of Special Needs Assistance Programs (SNAPS) issued some general advice to CoC's regarding preparation for developing Coordinated Entry and Assessment that advises communities to consider implementing CE in phases, for example, either by focusing on just one population (e.g. families) or by starting with a small group of providers (e.g. shelters). *"CoC's might start with a small group of providers willing to test a specific approach, and then include others after the early adopters have found their footing."*²

In Sacramento County, the first programs to clearly fall under the Coordinated Entry mandate would be the two shelters funded by ESG, both of which serve homeless single individuals. Given this, one possibility for phasing the implementation would be to begin with the single adult population and a small subset of programs serving them, including those funded by ESG.

2: Location of Intake and Assessment: Centralized, Decentralized or a Combination

Background

Every CoC has to determine whether a centralized or decentralized system, or some hybrid of these two options, will serve the community best. In Centralized Intake there is one location (either a physical location or a virtual location like a 211-system) for all homeless persons seeking shelter or services. A decentralized intake system, on the other hand, is one in which

² SNAPS Weekly Focus, July 18, 2013. <https://www.onecpd.info/news/snaps-weekly-focus-why-coordinated-assessment-is-critical-to-ending-homelessness-locally/>

there are multiple intake locations. In both cases, staff at intake location(s) is performing the same assessment and following common referral protocols. There are pros and cons to each approach. Centralized systems are less resource intensive, simpler to manage, and may be easier for consumers to understand. However, they are less convenient for those who cannot get to a single centralized intake point and can result one very long line at the “front door.” Decentralized systems mitigate the one-long-access-line problem and are generally easier for consumers to access. However, they require more oversight to ensure all access points are following consistent procedures, may require out-stationing work sites and staff, and can be confusing to consumers.

Analysis

Factors that may inform decisions regarding locating access points include: the location of homeless people in the community, the existing ways that homeless people access services, and the goals of Coordinated Entry. In Sacramento County, the majority of unsheltered homeless households are concentrated in a relatively small portion of the County – the downtown core and along the American River Trail. Most points of entry into services for unsheltered homeless are also located downtown, and include Loaves and Fishes, the Downtown Partnership, and Guest House. The 211-system also provides a virtual “front door” for general information and referral, though staff does not specialize in homeless resource information and referrals.

Recommendations:

Focus Strategies recommends developing a system that is a hybrid between centralized and decentralized. Given the very real concentration of unsheltered homeless in the downtown area, it does not make sense to create a broadly decentralized system with multiple access points throughout the community. However, creating a single point of entry would undoubtedly result in some access restrictions and make it more difficult to identify and prioritize those homeless people who are the most vulnerable and have the greatest needs. The hybrid approach would involve having intake and assessment workers stationed at a small number of central locations where homeless people are typically found (e.g. Loaves and Fishes, Guest House). The shelter bed “reservation” portion of the referral process would also mostly take place at these locations.

Further details on how this would work and the intermediate decisions involved are outlined in Section IV below.

3: Intake/Assessment Tool Development and Processes

Background

An integral part of any Coordinated Entry system is developing standardized intake and assessment tools and processes that are consistently used by all access points/staff to:

- Determine which programs a homeless person/family is eligible for
- Prioritize households for referral (e.g. according to their needs/vulnerability)
- Connect them with the available resource that best meets their needs given their priority

In Sacramento County currently, there are a number of homeless service and housing programs, ranging from basic street outreach to emergency, transitional and permanent housing options. However, the full value of these resources is realized only to the extent that they are accessed by the persons who need them the most. The current utilization of homeless housing and services is controlled by each individual provider's mission, culture, program design, and eligibility requirements – some of which are self-determined, while others are required by funders. It is often easier to understand who is not eligible for a given service than who is, and it is not altogether clear that available services are matched with the homeless population in the community. Making the shift to a more coordinated and effective system would mean that Sacramento's homeless system prioritizes effectively and efficiently meeting the needs of the most vulnerable clients over the historical approaches and preferences of provider organizations and their staff.

Prioritizing clients starts with a coordinated entry point(s), as described above, and depends on having a common eligibility criteria for each different type of programs, as well as a common assessment tool that further refines program eligibility (e.g. identifies those homeless people who are the most vulnerable and which are most likely to succeed through rapid re-housing, need permanent supportive housing, or simply require support services for a limited-time intervention, etc.) Common tools and a standardized set of criteria and procedures for intake, assessment and

referral allow the community to establish and implement clear community preferences and use them as the basis for system-wide eligibility requirements and program admission. They also allow for greater transparency and reductions in the trauma many consumers experience when required to repeat, over and over, their personal stories and challenges with an ever-changing array of intake staff at multiple program sites. While clearly beneficial for the consumer, however, implementing the common tools and processes will present some short-term adjustments and challenges for providers – the biggest one being their letting go of historic agency-specific admissions policies and preferences.

Analysis

Sacramento County has already undertaken some discussion of using a “Vulnerability Index” assessment tool as part of the Coordinated Entry system. Focus Strategies has analyzed the pros and cons of choosing a commonly used Vulnerability Index³ customized with locally-defined eligibility criteria, compared to developing and using a more home-grown tool.

Using an existing vulnerability rating tool, plus basic screening for program eligibility (limited to contract requirements) has the advantage of already being field-tested and will allow Sacramento to compare local findings with national data. However, it may not capture the unique priorities or programmatic requirements identified by Sacramento stakeholders, and not all of the Index’s questions and choices are part of the standard HMIS dataset. Additionally, most of these tools were created specifically for triaging chronically homeless individuals and may not, without customization, appropriately assess the relative vulnerability other homeless subpopulations.

Creating a local assessment tool or adapting an existing tool is appealing because it can be tailored to prioritize subpopulations of concern in Sacramento County as well as to allow for funder-defined eligibility criteria. Intake and assessment would be seamless – they could all be part of the same tool. However, this approach would require the dedication of significant time and resources in developing such a tool and would not have the advantage of already being field tested. Further, there would be no direct method of comparing local data with that of other communities.

³ Insert citation

Recommendation

At this point in the process, Focus Strategies advises that a decision regarding intake and assessment tools should be reserved until after the community can undertake a process to map out the existing eligibility criteria of each program, including what is funder required and what is program specific. This would include such key items as: disability status, household composition, income level, literally or at risk of homeless, etc. This would also need to be coupled with the difficult process of deciding which non-funder-driven criteria will be dropped in developing common tools (i.e. those that some programs have chosen to use based on their mission and philosophy) and what additional criteria or prioritization programs will be required to institute as part of coordinated entry (e.g. will chronically homeless single adults get priority for shelter beds before non-chronically homeless single adults? Do families living in cars get priority before, or after, those living in the street? Who is referred to supportive housing versus short-term rental assistance?). The results of this mapping and prioritization process will then inform what intake and assessment tools are to be used, and how they are implemented.

4: Use of the HMIS System

Background:

To sustain success, every community must develop its data collection and reporting capacity to support Coordinated Entry. The data system(s) must have the ability to ensure that:

- Consumers only undergo a single intake, followed by a progressive assessment process
- Staff can quickly determine what programs and services each consumer is eligible for (online assessment, prioritization, and matching to program eligibility requirements)
- HMIS users can access online referral or bed “reservation” capacity (data sharing)
- The CoC can track, monitor and report results (housing and service outcomes)

Virtually all communities that are undertaking Coordinated Entry planning intend to use the HMIS for at least some of these functions. Most HMIS systems as currently configured,

however, do not yet have modules to support all the activities needed for successful Coordinated Entry.

Analysis:

Given the role that HMIS already plays in Sacramento County, there does not appear to be any other viable option for fulfilling the data system requirements for Coordinated Entry. HMIS is already the single centralized location for tracking client program entries and exits, as required by HUD, so it would not be possible to supplant this function. Building a separate system for the other elements (assessment, bed reservation, etc.) would require “real time” dual entry at the program level, which is something that all stakeholders seek to avoid. Providers would have to enter data into HMIS and would need to be updating bed availability in a secondary system to ensure that appropriate and timely referrals could be made.

Creating such a secondary system would also create additional costs: initial design and set-up of the secondary system, on-going maintenance and training, and the costs to accommodate reciprocal updates on one system and the impacts on the other. Using HMIS to support the full range of Coordinated Entry data needs will nonetheless require extensive re-tooling of that system. Reconfiguring it to add assessment, bed reservation, and referral modules will require significant information technology work, development of new procedures, training of providers and other start-up costs associated with data cleaning, report development, and system improvements. There could also be challenges with slow processing speed, especially if staff at multiple locations is entering data at the same time (e.g. in the early evenings when all the shelters are just opening up for the night while other providers are still wrapping up from the day’s activities).

Recommendation

In spite of the challenges of adapting HMIS for Coordinated Entry, Focus Strategies recommends that Sacramento County select this option rather than attempting to develop a new parallel system. While Clarity HMIS does not currently have an established coordinated assessment and referral module, the system definitely does have the capacity to include such

options in the standard modules that SSF owns and uses. We strongly advise working with the HMIS vendor to develop the needed modules. Please refer to the *Goals and Feasibility* document for additional details.

5: Measuring and Reporting On Impacts

Background

In order to secure and sustain community support for Coordinated Entry, it is essential to demonstrate that the re-designed system is having a positive impact. While success can be measured to some extent by gauging consumer and provider satisfaction, the true test is whether the overall system is doing a better job of matching people to the most appropriate housing and services as quickly as possible – and ideally, at a lower unit cost. Sacramento can accomplish this by establishing and adopting key system-wide performance measures and routinely tracking and monitoring performance as Coordinated Entry is implemented and refined.

Analysis and Recommendation

To determine if Sacramento County's Coordinated Entry system is working, Focus Strategies recommends monitoring and reporting on the following measures:

- Reductions in the length of time people remain without permanent housing. Clients should be referred to the most appropriate service at initial entry to the system and not have to jump from service to service while 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, recidivism should fall dramatically. The CE process tool must also appropriately divert many people from entry into the homeless system entirely.
- Fewer repeat stayers. As people are matched with the best services available to meet their needs, they will have a better likelihood of staying housed after leaving the system.

Sacramento has the capacity to track these measures (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 would be

extracted from HMIS and combined with results from the Coordinated Entry and Assessment to create customized reports that analyze whether CE is improving outcomes for homeless people in Sacramento County. Changes can then be made to improve performance over time.

6: Securing Funding for Development and Implementation

Background

Developing and implementing a Coordinated Entry system requires funds for start-up activities, including hardware and software development (e.g. customizing HMIS), development of policies and procedures, and staff training, as well as dedicated ongoing funding for intake and assessment staff and data collection and analysis. While implementing Coordinated Entry is a HUD requirement, HUD has not established any new funding sources to defray the costs to Continuums. They have, however, made it possible to use existing CoC funds through re-allocation of existing Support Services Only (SSO) grants. HMIS funds can also be used for some of the software development, equipment and license purchases, and training of end users.

Analysis

Every community must develop a strategy for funding Coordinated Entry. Sacramento's 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. Using existing funding resources, such as CoC funds, has the advantage of ensuring that the system: reflects community stakeholders' interests, is in full compliance with HUD requirements, and removes the need to deal with conflicting funder requirements. The disadvantage is that it will require a potentially arduous local process of re-programming existing funds. Finding another source, or sources, and designing a system to fit those funder requirements offers the possibility of bringing new dollars into the system and could also serve as a bridge until a permanent source is identified. However, it is crucial to assure that other funders' requirements align with HUD requirements and are sustainable.

Recommendations

Focus Strategies believes it is most advisable for Sacramento County to use funds that are closely aligned with both Continuum of Care (CoC) and Emergency Solutions Grant (ESG) requirements. Using a funding source that is intended for providing services for homeless people is preferred over an external funding source, because other funding sources might come with requirements that are not consistent with what HUD has established. Additionally, HUD homeless funding is generally a reliable and renewable source, compared to foundation grants, which typically will only fund the initial phases of a project but cannot be relied upon for long-term ongoing support. We would recommend that SSF explore the option of re-programming SSO funds, as well as identifying whether some of the system costs could be covered using existing or new HMIS grants. It is not likely that all the costs of Coordinated Entry could be paid using HMIS, however, mainly because many budget activities (such as intake and assessment staff) would not be allowable HMIS costs.

IV. Conclusion

Coordinated Entry presents an extraordinary opportunity to ensure that homeless people have a clear and streamlined pathway from the street into an appropriate and “right sized” housing situation. The community has begun the difficult work of determining how to make this vision a reality. We have come together to embrace this new approach, recognizing the need to modernize how we do business and affirming that everyone is prepared to do what is needed to move forward. The analysis and suggestions that stakeholders have contributed throughout the planning process have helped Focus Strategies to design and articulate an implementation roadmap. We hope this document provides the Continuum of Care, providers, consumers, funders and other community leaders with the tools they need to complete the journey to full implementation of Coordinated Entry and Assessment in Sacramento County.

Action Plan to Implement Coordinated Entry in Sacramento County

Based on the analysis conducted, we have developed the following recommended action steps, including a detailed list of tasks, identified responsible entities and timeline. To accomplish this work, we are recommending that SSF establish two key working groups:

- ***Coordinated Policy and Procedures Subcommittee***: this group will be responsible for overseeing the mapping of existing program eligibility requirements, facilitating a community process to determine additional criteria that will help determine which homeless households are prioritized for which kinds of housing and services, how to incorporate an assessment process (e.g. vulnerability index) into the assessment and referral process, and where to locate the “front doors” of the system. SSF staff or consultants with the appropriate analytic skills and time available should complete the work under the guidance of the Subcommittee.
- ***Coordinated Entry Data Subcommittee***: this group will be responsible for overseeing the design and/or selection of intake and assessment tools as well as the wiring of the HMIS system to support Coordinated Entry.

The action plan presented on the following pages suggests phasing the decision-making in a logical order to arrive at the desired goals. Based on our review of the literature, considering extensive community input, and a thorough analysis of the pros and cons of different options, we have provided a recommended approach for each step and the associated tasks.

ACTION STEP	RECOMMENDED APPROACH	TASKS	RESPONSIBLE ENTITIES	TIMELINE
Map existing intake, eligibility & referral criteria for all system components (ES, RRH, TH, PSH and Prevention)	Gather information from all providers and programs, prioritize analysis of high volume programs serving the largest numbers and those receiving CoC and ESG funding.	<ul style="list-style-type: none"> • Develop list of programs and collect intake/ eligibility criteria from each • Determine which criteria are funder/contract driven, which are provider driven, and which are dictated by physical structure limitations (e.g. unit size/configuration) • Review existing contracts for eligibility screening & other requirements • Hold individual provider meetings to review contract requirements and to understand program imposed requirements 	CE Policy and Procedure Subcommittee	September 2013
Determine intake, eligibility, assessment and referral criteria	<p>Develop standardized intake, eligibility, assessment and referral processes that incorporate existing contract/funder/physical limitations, as well as community-wide priorities. This will include using a standardized assessment tool at some point in the process to prioritize those who have highest needs. Initial criteria and process will determine which homeless people are identified for prevention/diversion versus referral to shelter, TH or housing.</p> <p>Intake and assessment could be a one-step or two-step process. Some may have intake and assessment be referred directly to PSH or RRH. Some may be referred to ES/TH and then assessed for referral to PSH/RRH/housing. Assessment can also be used to prioritize people for ES/TH beds.</p>	<ul style="list-style-type: none"> • Community discussion on intake and prioritization criteria for all system components. • Develop decision/recommendation on addition of any intake criteria (beyond contract provisions) • Develop decision/recommendation on assessment to determine vulnerability/need and match to housing option. What factors should be considered and what kinds of questions should be asked? 	CE Policy and Procedure Subcommittee	Oct/Nov 2013

ACTION STEP	RECOMMENDED APPROACH	TASKS	RESPONSIBLE ENTITIES	TIMELINE
Determine location(s) for Coordinated Entry front door(s)	Hybrid model with one central intake location and multiple "branches" (either physical or virtual).	<ul style="list-style-type: none"> • Scope all potential physical locations, considering: <ul style="list-style-type: none"> ○ Current services/use by homeless people ○ Access and physical space available ○ Staffing available and/or needed ○ Determine interplay of multiple doors, how to ensure that the same people are not served at multiple locations • Staffing, logistics and cost for various options • If intake and assessment is a two-part process, are front-door workers out stationed at ES to do assessments? • Series of community meetings to discuss detailed options 	CE Policy and Procedure Subcommittee	Nov/Dec 2013
Determine Phasing of CE Roll Out	Begin with small subset of providers or programs, including ESG-funded shelters in initial roll out.	<ul style="list-style-type: none"> • Series of meetings to identify a priority population (e.g. single adults) or subset of programs ready to "test" the CE system. 	CE Policy and Procedure Subcommittee	Nov/Dec. 2013
Develop procedures for Shelter Bed "Reservations"	Design a first-come, first-served bed reservation system for homeless people who meet intake/eligibility/assessment criteria for shelter/TH.	<ul style="list-style-type: none"> • Determine on what basis (if any) that ES/TH providers can reject referrals? <ul style="list-style-type: none"> ○ Limited numbers per day/week, etc.? ○ How does current "no serve" list fit in? ○ Establish HMIS oversight and monitoring of timeliness of bed availability ○ Weekly (?) reports to ensure that capacity is always up to date • Establish what to say to consumers when no space available • Establish what to say to consumers who try to access at programs – how to redirect 	CE Policy and Procedure Subcommittee	Nov/Dec. 2013

ACTION STEP	RECOMMENDED APPROACH	TASKS	RESPONSIBLE ENTITIES	TIMELINE
Develop standardized intake and assessment tools	Design initial intake questionnaire to determine basic eligibility for different program components (diversion, ES, TH, PSH, RRH, etc.). Use existing vulnerability index or design customized assessment tool to add assessment of need and match homeless people to right type of intervention.	<ul style="list-style-type: none"> • Internally review available tools and used in other communities; assess how well they match identified intake and assessment criteria; • Community discussion pros and cons of using an existing tool versus developing custom tools; • Select or design preferred tool • Review selected tool questions/answers against fields available in HMIS • Draft paper tool, modifying questions/answers to match available HMIS fields (when applicable) • Create a crosswalk between paper tool and HMIS fields 	Data Subcommittee	Nov/Dec. 2013
Wire intake and assessment tools to HMIS	Use HMIS to collect intake and assessment data and to direct CE staff to appropriate program(s). Bed reservation functionality is key to a transparent and efficient system.	<ul style="list-style-type: none"> • Review of intake and assessment tools/process in the context of HMIS <ul style="list-style-type: none"> ○ Availability of intake/assessment questions and answers in HMIS ○ Mapping to universal data elements whenever possible (to reduce double entry) ○ Back end data mapping and reporting requirements – begin planning for customized reporting needed • Community discussion on importance of data sharing • Adjustments to current HMIS screen process flow (if possible) to better reflect CE intake and assessment process • Roles of local HMIS vs. Clarity staff <ul style="list-style-type: none"> ○ Creation of any new questions/answers and process flow ○ Maintaining/updating intake and assessment screens • Produce reports 	Data Subcommittee	TBD

ACTION STEP	RECOMMENDED APPROACH	TASKS	RESPONSIBLE ENTITIES	TIMELINE
Launch with Initial Set of Programs	Quiet, "soft" opening. Keep low key. Goal of CE is to match people to needed services – don't want to inadvertently increase the size of population by advertising. Allows slow ramp up/change in processes for programs.	<ul style="list-style-type: none"> • Training for providers and CE staff: <ul style="list-style-type: none"> ○ Policy and goals of CE ○ System changes and integration ○ HMIS 	CE Policy and Procedure Subcommittee	First Quarter 2014

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