Family Homelessness Coordinated Entry System Analysis and Refinement Project

Final report prepared for
Committee to End Homelessness King County

December 19, 2014

Table of Contents

I. Executive Summary

The Committee to End Homelessness King County (CEHKC) has engaged Focus Strategies to assess and make recommendations for refinement of the coordinated entry and assessment process (CEA) for families experiencing homelessness in King County, Washington. This analysis includes a summary of strengths, challenges and gaps in the current Family Housing Connection (FHC) approach, and recommendations for increasing the efficiency and effectiveness of the family CEA system.

Between mid-August and November 2014, Focus Strategies conducted a broad range of information gathering activities including interviewing and observing staff at the 2-1-1 call center and at the Family Housing Connection primary and satellite locations; meeting and interviewing FHC, County and housing provider staff; holding meetings with groups of providers focused on special populations; holding focus groups with consumers; reviewing a large number of documents, reports and data; and reviewing materials from and interviewing representatives of other communities with coordinated entry and assessment systems. Focus Strategies presented initial findings from this research in early November to the CEHKC Funders Group and at a Community Meeting held November 6, 2014 and attended by more than 170 people from 56 agencies. Participants in this meeting were asked to provide feedback in several key areas and this feedback has been considered in the recommendations proposed.

Background

Family Housing Connection (FHC) was the result of nearly two years of planning and research by the staff of the King County Family Homeless Initiatives and a committed Work Group of providers and funders. The final design, adopted by the Interagency Council (IAC) was for a centrally-operated assessment process using a locally developed assessment and screening tool, and managed through a dedicated database to capture information on the families, the programs to serve them, and make matches between families and openings. The primary operator of the system, Catholic Community Services, was selected through an RFP process to conduct assessments and make referrals. The 2-1-1 call center is also contracted as part of FHC to do initial screening and make assessment appointments.

King County was among one of the earliest communities to adopt a CEA structure for families after the passage of the HEARTH Act in 2009. FHC was launched in April 2012 and in its 2 ½ years of operations has gone through several changes and modifications in practice and policy. Most significant among these is the change of target population over time from families experiencing homelessness and those at risk, to prioritization of those reporting being unsheltered, to today's exclusive target population of literally homeless families, both sheltered and unsheltered. An additional important recent change is the addition of diversion assessment and support as an integral, and apparently successful, part of the process.

Summary of Current Process

FHC refers homeless families to openings in emergency shelters, transitional housing, rapid rehousing, rental assistance and permanent housing with services. Today 30 agencies and 91 programs take referrals through FHC. Families can be assessed either in a non-participating shelter, or at an FHC program site via an appointment scheduled through 2-1-1. Shelter based appointments currently happen within about a week, while scheduled appointments are often two to three weeks out. Scheduled appointments have an average 50% no show rate.

At the assessment stage, currently 30% of families are diverted, though some of these ultimately are added to the roster if diversion within approximately 30 days is deemed unsuccessful. Once on the roster, families are contacted in chronological order as openings come up that they appear qualified for. The median time from assessment to a first referral is approximately 100 days. However, less than half of referrals result in program and family acceptance. The median time from assessment to *last* referral is more than 200 days. These times frames vary significantly for families, however, as some families receive a referral much more quickly while some who remain on the roster have never received a referral. Currently the system has approximately 80 openings in a month and approximately 100 new families are added to the roster each month.

Strengths, Challenges and Gaps

Our review noted a number of strengths of the current CEA system that are both commendable and can be built upon. These include:

- The establishment and operation of CEA for families, which is acknowledged both locally by stakeholders and nationally as a best practice and a critical piece of an effective systems approach to reducing homelessness;
- Sustained utilization/occupancy of shelter and transitional housing resources between the period prior to and post launch;
- Intentional targeting of families that are staying in places not meant for human habitation and in shelter, including domestic violence shelters, for homeless resources;
- The addition of diversion services to the assessment process and successful diversion of hundreds of families;
- Examination of program barriers and fair housing requirements, which is still ongoing, but has resulted in some providers voluntarily reducing program entry criteria and several public funders encouraging these changes; and,
- A high level of flexibility and commitment demonstrated by FHC staff.

Our review also identified many challenges and areas of concern related to the operation and effectiveness of FHC, some of which are a result of the CEA design but many of which reflect broader system issues. These include:

- The governance and oversight of the CEA process and FHC is unclear to many stakeholders and appears to have resulted in some decisions being made without an established process to appropriately vet them. Data on how the CEA process is performing is not routinely shared with decision makers.
- Despite the intent to design a family-centered CEA approach, the referral process is primarily driven by the need to meet current program requirements. The process is effectively operated to fill program openings, which is not the same as meeting the referral needs of homeless families that have been identified as eligible for assistance from the family homeless system.
- Programs that take referrals through FHC have a very large number of screening criteria for entry and these criteria are not standardized, so the matching process cannot be automated and families cannot have clear expectations of their likelihood to be assisted. High barriers appear to result in some families never receiving referrals or being rejected multiple times.
- Once referred to a program, families often have to go through multiple levels of additional screening and paperwork which can include one or two interviews with a service provider, then with property management and ultimately approval or denial by a Housing Authority.

- The database designed for FHC's use has not been fully operationalized and is not integrated into HMIS. Users report it is difficult to get what they need from it. Our assessment is that this may be in part due to implementation decisions that do not take advantage of the database's full capacity. Key problems include the inability to do automated matches and difficulty with reporting.
- Families with the highest needs or greatest vulnerabilities are not currently prioritized for program openings.
- The assessment process and tool does not stratify families in a way that is meaningful for making referrals and does not capture information that is needed to make referrals to the existing set of programs.

System Impacts on Special Populations

- Special populations for whom specific programs have been designed and targeted, including survivors of domestic violence and families with child welfare involvement, do not get referred in a timely fashion to openings that are intended to support reunification or safety and recovery.
- Immigrant and refugee families may have difficulty getting access to the system and cannot be specifically targeted for openings in programs intended to meet their language and cultural needs.

Current Gaps

We also identified certain gaps in the existing system design, including:

- There is not designated capacity within FHC or in the community to specifically help families obtain needed documentation.
- FHC has no capacity currently for immediate crisis access for assessment or ability to conduct mobile assessments.
- Assistance with self-directed housing search is limited to families that get diversion assistance and doesn't exist globally for sheltered families or for families that are waiting on the roster.
- Links to mainstream services such as benefits advocacy or enrollment, employment services, and other supports are made through referrals only. Once a family is in diversion, rapid rehousing, or another program these links may be stronger but they are not linked to the CEA process which sees families first.

RECOMMENDATIONS

The scope for this project includes making recommendations for the refinement or significant reworking of the FHC system. We have broken our recommendations into four categories: a) short-term refinements to the current model that can be undertaken with the current model and operator; b) issues that must be tackled no matter what final model is chosen, but may take a little longer to enact; c) steps for improving access for special populations; and d) considerations for broader structural changes to the Family CEA model.

a. **Short-term refinements to the current FHC model**
1. Reorient referral approach and report on efforts to make effective referrals for families
2. Ensure diversion is explored with every family assessed and is a priority response
3. Explore methods to reduce no shows and make assessment more efficient
4. Keep the roster regularly updated
5. Run the WATCH background check and consider collecting and storing other documentation
b. Longer term changes needed under existing or new model
1. Define leadership and decision making for CEA generally and FHC particularly
2. Engage in a concerted effort to reduce program entry barriers - Remove as many program entry criteria as possible and standardize those remaining - Reduce number of application steps needed at program entry
3. Adopt explicit prioritization for high need and highly vulnerable families and revise or replace screening tool
4. Promote improved database use and HMIS integration and ensure system performance data is tracked and widely shared
5. Help families get document ready
c. Address access needs of special needs families
1. Remove DV transitional housing units and FUP vouchers from FHC process
2. Ensure that the needs of child welfare involved families are considered in the development of prioritization criteria
3. Assess system data to better understand the impact of the FHC system on access by immigrant and refugee families and continue to explore referral mechanisms that allow literally homeless families to be offered programs that are language and culture specific without running afoul of Fair Housing
d. Consider structural changes to the broader CEA model
1. Analyze the pros and cons of a more decentralized model of CEA for families, including via community based service sites and/or geographically dispersed shelters
2. Develop-decision making criteria and process to make decision
3. Plan for modifications/improvements to current model or transition to new model in 2016

CEA Relationship to Homeless System Improvement

The recommendations in this report should result in an improved coordinated entry and assessment capacity and experience for families and providers. However, as has been frequently acknowledged by community leaders, CEA alone cannot create an effective system to address and end homelessness, and without a focus on increasing diversion and/or program openings, any CEA model will continue to result in a wait list.

Our analysis of the data provided indicates a current average gap between new entries to the roster and openings of 17 per month. This does not consider the number of families already on the roster for whom a placement is needed, or that some families that may be eligible for assistance do not receive an assessment at this time due to limited access to appointments. It does, however, indicate that the real-time gap may be able to be reduced or even eliminated with an increase in program turnover and/or an improvement in diversion. Ongoing tracking of the real-time gap indicated by the CEA process, and program and system adjustment to close that gap is needed to improve the overall system impact.

Finally, we note that the long-term intent of FHC was to be the basis for a broader coordinated entry system serving all populations. Currently King County has separate systems for families and youth and is now developing one for single adults. In the future, the consolidation of these systems, at least at the data collection and matching level, should be considered.

II. Introduction

a. Purpose of the Project

The Committee to End Homelessness King County (CEHKC) has engaged Focus Strategies to assess and make recommendations for refinement of the coordinated entry and assessment process (CEA) for families experiencing homelessness in King County, Washington.

The scope of work calls for Focus to:

1) Analyze the strengths, challenges and gaps of the CEA system, including the efficiency, cost, and governance/oversight of the current process, how coordinated entry fits within the larger family homeless system, and how specialized populations participate in coordinated entry and assessment;
2) Engage stakeholders, including providers, funders and consumers, in evaluating and assessing the current approach and obtaining suggestions for changes or refinements; and,
3) Make formal recommendations for increased efficiency and effectiveness, including identifying promising practices in other communities, addressing the ongoing sustainability of the CEA system, addressing the needs of special populations, and aligning the CEA system with broader system goals.

The analysis and recommendations in this report are intended to be understood within the larger context of systems-thinking and system redesign taking place in King County. While Focus Strategies has focused this report on how the current CEA system is working, and recommended changes and refinements to the CEA process, we have also explored how the configuration of the larger housing and service system impacts the ability of FHC to function as intended.

b. Information Sources and Process to Date

This draft report is the result of a four month process that began in mid-August 2014. During this time Focus staff have gathered information from a number of sources and avenues to inform this process, including:

- Document review: We reviewed dozens of documents provided to us at the outset of the project by FHI and CCS staff and many additional documents provided or gathered during the fact-finding phase. These included current and prior policies and procedures for FHC, presentations and reports, and other documents related to FHC's establishment and operation (see Appendix A for a list of key documents reviewed).
- Site visits/observation: Katharine Gale, team lead for Focus Strategies for this project, visited the Crisis Clinic 2-1-1 call center site and FHC primary and satellite locations in September to interview staff and observe the phone screen, appointment, and assessment, and referral process. She also sat in on team meetings of the assessment and diversion staff and of the referral specialists.
- Key informant meetings and interviews: A total of 16 in-person meetings were held with individual agencies or with groups of stakeholders in September and October. These included:

- Meetings with provider agencies: We met with seven different organizations participating in FHC at their program sites. These meetings included between three and eight staff of the organizations who interact with FHC.

- Provider group meetings for special populations: We held three meetings with providers representing special populations that currently participate in the system: survivors of domestic violence, immigrant/refugee families, and families involved with the Court system, particularly those with child welfare involvement.

- Consumer focus groups: We held two focus groups with consumers of homeless services. Mark Putnam and Michelle Valdez of the Committee to End Homelessness held a focus group with clients at Bianca's Place and provided a written summary. In addition, two providers, Mary's Place and Family Treatment Court, forwarded notes and summaries from individual consultations with consumers about their experiences with FHC.

- Meetings with funders: We met with a small group of FHC funders at the start of the project and presented to the Committee to End Homelessness' regular funder meeting in November. We also spoke individually with five major funders of the FHC and/or FHI effort.

- Interviews/conversations with other knowledgeable community members and national experts: In addition to in-person meetings, Focus staff held calls with a variety of key informants including King County funders, national researchers, and other consultants working on coordinated entry.

A complete list of organizations and individuals who participated in the process is provided in Appendix B. Names of consumers who participated in focus groups were not collected and are not included to respect their confidentiality.

- Data and database analysis: Focus reviewed various data and reports provided from the FHC database by King County to assess system performance and FHC's performance. We also reviewed the FHC database matching and reporting functionality through a virtual demonstration to determine which database functions were used, how well, and what information can be reported.

- Research on coordinated and centralized intake systems: We reviewed models and practices from coordinated entry implementations in number of other communities. Focus staff conducted research on existing coordinated entry approaches in 12 communities across the country and held detailed phone interviews with seven of these communities.

- Community meeting: Katharine Gale facilitated a community meeting on November 6, 2014 attended by approximately 170 persons including consumers, funders and representatives from 56 agencies, as well as clients and community members. At this meeting she presented preliminary findings based on information gathering to date and participants were asked for their feedback. Participants were also asked to problem solve in small groups on key issues identified in the fact-finding process and report back on solutions. Notes from each small group conversation were gathered after the meeting and the results of these conversations were shared with the FHI Advisory Committee on November 12. These notes are included as Appendix C of this report.

A draft report was posted for public comment December 4, 2014 and presented for discussion at the FHI Advisory Committee on December 10, 2014. Comments on the draft from Committee members were

accepted through December 12. The majority of comments received expressed concurrence with specific recommendations, additional concerns, or implementation suggestions which have been shared with the Committee and did not result in changes to the report. However, some requests for clarification of findings or revisions to language have been made. This Final report will be presented to the Interagency Council (IAC) of the Committee to End Homelessness King County on January 12, 2015.

c. Terminology Used in this Report

For the purposes of this report, we refer to any project or program that offers a temporary or permanent housing unit or a subsidy through FHC as a "program" and the agencies that operate these programs are called "providers." Families that contact FHC are called "clients" or "families" and when a reference is made to "contacting a family" this typically means contact with the designated head of household. Unless otherwise modified, the term "funder" refers to public and private agencies that provide resources to any portion of the homeless system, not just the coordinated entry system. Funders include entities that provided initial support for the development of program sites (capital funding) and continue to exercise oversight of programs through regulatory agreements, as well as those that provide ongoing funding for services and program operations.

d. Brief History and Background on Family Housing Connection

King County is one of three Washington State Counties that are part of the Family Homelessness Initiative (FHI). FHI is an effort supported by the Bill and Melinda Gates Foundation and Building Changes, in partnership with the counties of King, Pierce and Snohomish, to transform the local systems that serve homeless families and to reduce family homelessness in the three county area. FHI is based on a theory of change that includes five primary "pillars" of an effective system for addressing family homelessness. One of the five is coordinated entry and assessment (CEA). The Initiative states that Coordinated Entry and Assessment (CE/A) establishes a common way for families to access homeless services and provides agencies with a consistent and ready source of appropriate client referrals. It also provides an opportunity to collect unduplicated data to better understand the need of families seeking services.

Since the establishment of FHI, coordinated entry and assessment has become a Federal and State requirement. Under the 2009 HEARTH Act, the US Department of Housing and Urban Development now requires all communities that receive HUD Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funds to establish and operate a system for coordinated intake, assessment, and referral. The federal regulations specify that coordinated assessment systems must:

- Cover the CoC's geographic area
- Be easily accessible by households seeking housing or services
- Be well-advertised
- Use a comprehensive and standardized assessment tool
- Respond to local needs and conditions
- Cover *at least* all CoC and ESG-funded programs
- Include a policy to address the needs of those fleeing domestic violence

The Washington State Department of Commerce has also made coordinated entry a requirement for its funding, and has provided guidance on how to develop such a system. Commerce's requirements are detailed in their Notice of Funding Availability for the Consolidated Homeless Grant. They require that by December 31, 2014, at a minimum, communities establish a coordinated entry lead agency; identify access point(s) for the coordinated entry system; develop a common intake tool; and maintain an up-to-date inventory of available housing resources, including capacity information and basic program eligibility requirements.[1]

Design and Launch

Family Housing Connection's design process was undertaken prior to the mandate from Commerce and as the preliminary guidance from HUD was just being released. FHC was designed and developed over the course of nearly a year and a half, led by a Work Group consisting of funders and providers who developed the design. The model was then shared with stakeholders for feedback, including providers of specialized populations including Immigrant/refugee population and survivors of domestic violence. Several meetings were held to discuss the design of the assessment tool and matching tool. Stakeholders agreed on guiding principles: the tool would need to be "strengths-based, housing-focused, brief, client-centered and to collect only the data needed to make a housing match and ensure that the process was fair." The tool/script was also reviewed by a local provider with a fair housing background and wording of questions was guided by this process. The design model was then approved by the IAC.

Once a basic model was developed for a centralized system, a competitive Request for Proposal process resulted in Catholic Community Services (CCS) being awarded the primary contract. CEA for families also includes a contract with the King County Crisis Center 2-1-1. The 2-1-1 function includes initial screening for basic eligibility and appointment scheduling. The 2-1-1 contract was sole sourced and not awarded through an RFP process.

Many of the initial parameters for FHC were determined in advance of the provider selection process, including the assessment tool, the need for geographic coverage, the software to be used and the programs to be included. After many months of research and planning, King County Family Housing Connection was launched on April 23, 2012.

Significant Changes

Since its inception FHC has undergone a number of design and practice changes. The most significant of these is the target population. Originally, callers were screened to determine if they were homeless or at risk of homelessness, defined as being 30 days from losing housing. This was later changed to 14 days from losing housing but that change did not result in a significant decrease in the number of callers or appointments.

Initially there was no priority based on living situation and unsheltered families were grouped within the FHC placement roster with doubled up families (based on initial date of entry into the system). In January

[1] http://www.commerce.wa.gov/Programs/housing/Homeless/Pages/ConsolidatedStateHomelessGrantProgram.aspx

2013, the IAC approved the decision to prioritize families living in their cars or other places not meant for human habitation for emergency crisis units within FHC.

At the start of 2014 the criteria were changed again to reduce eligibility for all FHC-referred programs to families that are literally homeless according to HUD's definitions. This change means that FHC now can only serve and refer families who are living in:

- A place not meant for human habitation such as the streets or a car (unsheltered)
- An emergency shelter or emergency motel program
- An institutional setting such as a hospital or treatment program, where the family has resided for less than 90 days, prior to which the family was unsheltered or in shelter.

The change to literal homelessness was accompanied by a change in the contractual assessment expectations of FHC which went from 540 assessments per month to 200. This dramatically reduced the numbers of families scheduled for appointments for assessment; it is unclear how the change in definition affected actual demand.

Two other significant changes were made in 2014: (1) the launch of the Diversion pilot; and (2) assessments at non-participating shelters.

Introduction of Diversion

At the start of 2014 a new diversion pilot was launched to try to better address the needs of families seeking assistance and further reduce the roster of families waiting for assistance. Diversion efforts are typically designed to identify people who are seeking shelter who might be able to safely remain where they are currently living or move directly to other housing, rather than entering the homeless system. Diverting individuals and families from the homeless service system improves timely outcomes for these households and increases the system's ability to serve other people with no safe alternatives to sleeping on the streets or other places not meant for habitation.

In King County, diversion is currently used only with families that are literally homeless and unsheltered, so it is not designed to help preserve existing housing situations but rather to help families become rehoused without entering a shelter or other program. In this sense, King County's family diversion is more akin to a light-touch rapid rehousing program.

The Diversion pilot targeted both families on the placement roster and new households attempting to access FHC. The objective was to use Diversion funds to assist families who could be helped identify and access housing on their own whenever possible. The FHC staff attempted to contact every family on the roster.

The result of this effort to both divert and to update the roster was to reduce the list from over 4,000 families to approximately 1,000. The process included providing 430 families with diversion services, but the majority of the reduction came from removing families that were no longer eligible due to their housing status, and families that could no longer be reached.

Once the first phase of addressing the wait list was done, Diversion became a regular part of the assessment process. While Diversion has been successful in helping prevent families from being entered

onto the placement roster, it has also resulted in CCS adding time to the assessment slots which went from 60 to 120 minutes, effectively cutting in half the number of assessments that could be conducted through the scheduling channel. This has significantly slowed down the intake and assessment flow.

Assessments at Non-Participating Shelters

At the end of August, FHC began a pilot of conducting assessments within non-participating general population shelters. (From launch FHC has done assessments within DV shelters.) These assessments are shorter because they do not include diversion screening, and can be scheduled within a week of entering shelter. This shift has made it easier for homeless families staying in shelter to receive an assessment and cut down on the number who have to travel long distances. It also has reduced the no show rate for assessment and appears to have increased the numbers of households going on to the roster.

Lean Process

Finally, in 2014 the King County Community and Human Services Department facilitated a "Lean" process for FHC. Lean is a "systematic, customer-approach to identifying and eliminating waste through continuous improvement."[2] A small group of providers, FHC and FHI Initiative staff participated in the Lean process, which was carried out over a period of weeks in February. The process focused primarily on improving the speed, success and customer experience of the FHC referral process. The result of the Lean process were a number of recommended changes in practice, including a) streamlining family communications with FHC during the period between assessment and referral, b) putting in place a policy to review denials and collect information on them, and c) piloting a "warm handoff" from the referral specialist to the provider agency when a client family is on the phone with the specialist. FHC also implemented a check list/next steps handout for families outlining the process and explaining the documents needed and resources to help families get them.

All of the Lean recommendations were implemented and most continue, though the warm handoff was not successful and has been discontinued. The Lean process did not specifically address other key barriers to program entry but it did identify that without addressing eligibility criteria and the multiple steps for families to access programs the process would continue to experience delays.

[2] From undated document provided by King County Coalition to End Homelessness

III. Description of Current FHC Flow

This section describes the process from first contact through referral. The diagram on page 16 illustrates this flow.

First Contact

As of the time of this report there are two ways a potential client can receive an assessment and get onto the FHC Placement roster. They can call 2-1-1 for an initial screening and possible appointment, or they can get into a non-participating shelter (including a domestic violence shelter or a private or faith based family shelter) where an FHC assessment specialist will complete the assessment onsite (they do not have to schedule through 2-1-1).

FHC notifies 2-1-1 every Wednesday of new appointments available. These appointments are given out quickly. In effect, potential clients calling 2-1-1 on any other day of the week who are deemed likely to be eligible from an initial screening by a 2-1-1 operator to determine homeless status are likely to be told to call back on Wednesday morning when new appointments will be available. In September, appointments were being scheduled for roughly three weeks from the time of the call. Not all callers were successful in getting an appointment.

Clients already in shelter work with the shelter provider to schedule an appointment with FHC when an FHC assessor will be on site. Callers from shelter were able to get an appointment the following week when an FHC assessor is on site.

Callers who report that they are experiencing domestic violence are provided with referrals to Day One resources (DV specific shelter and Community Action Programs) and are also offered an FHC appointment onsite at the DV shelter (if one is available) using an alias/identifier. If families are experiencing domestic violence and are not in shelter, they are scheduled through 2-1-1 to meet with an FHC specialist at one of FHC's community locations.

Assessment

At the time of the scheduled appointment the representative of the family meets with the FHC assessor. Assessments for unsheltered families are scheduled for 120 minutes to accommodate a diversion conversation. Currently unsheltered families attend approximately 50% of scheduled appointments.

The appointment begins with an open ended conversation about where the family is currently staying and what they are currently experiencing. Through this conversation the Housing Specialist is listening for opportunities to support the family in returning to an immediate housing solution which could be completed through light-touch support from FHC staff or result in a referral to a diversion partner who can spend more time with the family and explore opportunities in more detail. If a solution for immediate housing does not sound possible, the housing assessment will be completed and the family will be placed on the roster to wait for available shelter openings. Approximately 30% of families are provided diversion and do not enter the roster at that time (though if diversion is unsuccessful they are later put onto the roster with a wait list date dating back to their initial contact with 2-1-1.)

If not diverted, the assessment conversation and tool is completed and the client family is assigned a score of 1, 2 or 3 based on the number of "housing barriers" they report. The client is told they will be called when there is an opening, given information about the kind of documentation they are likely to need when they get a referral and urged to keep FHC posted if there are changes in their situation.

Families that report that they are fleeing domestic violence are enrolled in FHC without consenting to identifying information being included in the database. The assessment is completed and families are provided with DV specific resources including DV shelters and other support programs at the end of the assessment. Families are encouraged to explore all options including outside resources while they wait for resources from FHC.

Once the assessment is completed, the family is entered onto the roster by date of initial contact with 2-1-1.

Openings and Referrals

Providers post program openings in the FHC database up to 30 days before it will be available. Basic information about the opening is included in the posting but most of the detail information is provided in program inventories that detail all of the requirements and criteria for a program entry (more on this below).

When an opening is recorded in the database, a referral specialist at FHC begins to search the roster for a family that will be eligible for the program. The search is by wait list date, with families that have been on the list the longest being reviewed first.

When a client family is identified from the list that appears eligible for an opening, the head of household receives a call from the referral specialist to whatever number is indicated in their record. Most often this results in the specialist leaving a message that there is an opening the family may be eligible for. If the opening is within a transitional, permanent, rapid re-housing or rental assistance program, the family has six hours to respond to the message. If the opening is in shelter there is no grace period; referrals specialists call down the list until they reach a family that is eligible or one calls back.

The first family that is reached within these timeframes and expresses interest is screened for changes in circumstances and eligibility for this opening. Information provided at the initial assessment is updated and new questions are asked regarding background such as detailed criminal and eviction histories, with the questions dependent on the screening criteria for the particular opening.

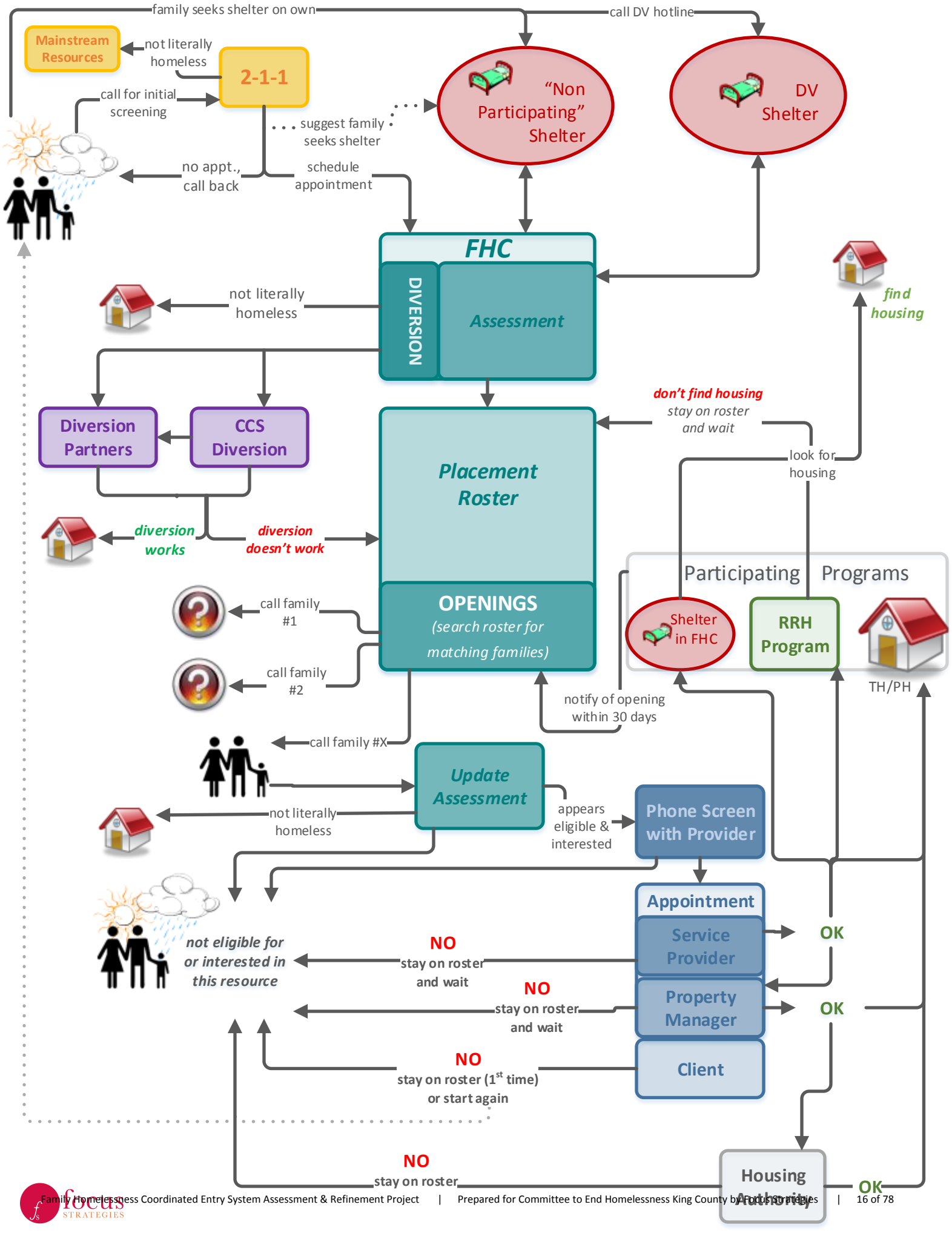
If the family is deemed eligible and continues to express interest after this secondary assessment, FHC informs the family of the documents that they will need and sends the screening result and contact information about the family to the provider. The provider then has 72 hours in which to contact the family to confirm the information and schedule an appointment. If the provider does not hear back from the family within 24 hours of their initial contact, the referral can be returned as "family refusal" and a new referral will be sent.

Screening and Disposition

For shelter and for rapid rehousing, this appointment is generally considered an "intake" and can result in an immediate admission. For other programs such as transitional, permanent housing and some rental assistance, the appointment may be the first of several steps prior to admission.

If after the program level screening(s) a program denies entrance to a family, the family remains on the placement roster. Any new information about the client discovered in the provider process does not change FHC's assessment information unless the client requests that it change. FHC referral staff follows up with families to confirm the new information gained, and it can be updated then with the permission of the family.

If at any point the client does not show up or rejects the referral, or the program denies the client, the program has to ask for new referral and the process starts over. If the client rejects more than one offer, they are removed from the waitlist. The current refusal policy also specifies that families cannot refuse a resource based on the type of housing offered.


family seeks shelter on own
call DV hotline
Mainstream Resources
not literally homeless
2-1-1
call for initial screening
"Non Participating" Shelter
DV Shelter
suggest family seeks shelter
no appt., call back
schedule appointment
FHC
DIVERSION
Assessment
not literally homeless
find housing
Diversion Partners
CCS Diversion
don't find housing
stay on roster and wait
look for housing
Placement Roster
diversion works
diversion doesn't work
Participating Programs
Shelter in FHC
RRH Program
TH/PH
OPENINGS
(search roster for matching families)
call family #1
call family #2
call family #X
notify of opening within 30 days
Update Assessment
not literally homeless
appears eligible & interested
Phone Screen with Provider
Appointment
Service Provider
Property Manager
Client
OK
NO
stay on roster and wait
not eligible for or interested in this resource
NO
stay on roster (1st time) or start again
NO
stay on roster
Housing Authority
OK

IV. Summary of Data on FHC Process and Results

FHC has a dedicated database that is used to record assessments, track program openings, and record dispositions of referrals. The database is in the same software as the broader Homeless Management Information System (HMIS) but it is not integrated into that system. Obtaining the reports that Focus Strategies sought from the FHC database was extremely challenging. Key informants told us that the data system and analysis has been challenging from the start of the program, and that time that would have been put into developing reports and analyzing and sharing data had to go into making sure the database could function as a repository of client and program information.

We made a number of data requests during the fact-finding portion of this project and have analyzed in detail the information we have been provided. Despite our concerns about the reliability of the data, our overall impression of the functioning of the FHC is that the process is lengthy, unpredictable for families and for providers, and has a less than 50% success rate at matching families in need to available resources.[3]

A detailed description of the data we received and our analyses can be found in Appendix D.

Current Roster Status

- 853 families were on the placement roster on November 4, 2014. Of these, 586 are currently recorded as unsheltered, while 267 are in an emergency shelter.

The roster was reduced dramatically in 2014, from more than 4,000 families at the start of the year to 1,010 at the start of August, through a combination of diversion and updating of entries. Since that time the roster has continued to shrink, despite the addition of new families each month.

- Of the 1,112 families on the roster as of September 12, 2014, nearly 70% (766) had been on it for more than 6 months and 30% (342) had been on the roster for 18 months or more.
- More than 130 families on the roster in October had never received any referral.

Event Time Frames

We requested information about the average time between key events in the referral process.

- The median time from first contact to assessment is about 14 days.
- The median wait from assessment to *first* referral is about 100 days.
- The median time from the referral to a disposition of that referral (accepted or denied by either the program or family) is 9 days.

[3] We present this summary of key data points with caveats; including: we did not review the underlying data quality, and we found on several occasions that the same data elements changed from one request to another.

- The median time from assessment until *last* referral is more than 200 days. That is twice as long as the time to first referral because many families require more than one referral before being accepted into a program.
- The total time elapsed for those who are exited from the roster from first touch to exit date is 315 days.

The data we were provided did not include time from openings being posted to a referral being made but it was reported that most referrals are made within 5 business days.

Referral Analyses

We reviewed the rate at which referrals are successful. Between January and November 6, 2014, 1,382 referrals were made. Less than half (47.5%) resulted in an acceptance.

- Families refused 418 (30%) of referrals made – the highest refusal rate was for shelter (123 of 301 referrals made, 41%)
- Agencies denied 313 (23%) of referrals – the highest denial rate was for permanent housing programs (31 of 69 referrals, 45%)

We reviewed in detail the screening criteria used by programs to determine whether families are admitted to the programs. We found a very high level of program screening criteria and that the criteria are not standard. We identified 77 different screening criteria related to criminal justice history and 26 related to eviction history.

We also reviewed one month of refusals and denials. We found that in May 2014, 58 referrals resulted in a denial or refusal. Explanations did not follow a consistent pattern and that in some cases an explanation by one provider for a program denial was used by another provider to indicate a client refusal. The single most common reason for of refusals or denials was that the provider failed to reach the client family or that the family did not show up for an appointment. (See appendices E and F for greater detail on these analyses).

Recent List Dynamics and Openings Analysis

Finally, we looked at the rate of monthly program openings and compared it to the number of new families added to the roster in a month. We limited our analysis to June – October 2014 in order to examine the dynamics during the period in which real-time diversion was in effect.

Table 1: New Roster Entries and Program Openings by Month

	June	July	August	Sept	October	Median
Total Roster after assessment/diversion	83	76	109	138	103	**103**
Number of Openings[4]	105	69	92	85	67	**85**
Surplus/Deficit of openings in month	22	-7	-17	-53	-36	**-17**

Source: FHC special report and monthly reports, June – October, 2014, calculations by Focus Strategies

The median number of households added to the roster in a month was 106 and ranged from 83 to 110. These figures include families that are added directly to the roster without attempting diversion, and families with whom diversion is attempted who are added to the roster.

The median number of program openings reported in a month is 85 and ranged from 67 to 105. The largest number of openings are in transitional housing and rapid rehousing. Openings in shelter are more limited and permanent housing openings are rare.

The current gap between new entries to the roster and openings is an average of 17 per month. This does not consider the number of families already on the roster for whom a placement is needed but it does indicate that the real-time gap may be able to be reduced or even eliminated with an increase in unit/program turnover and/or an improvement in diversion. This also does not consider that some families that may be eligible do not receive an assessment at this time due to limited access to appointments.

Detailed explanations of these findings and the data used are presented in Appendices D, E and F.

[4] We compared the number of openings reported by FHC to those provided to us by the County and found that the numbers did not match so we are uncertain about the accuracy of these figures, but it appears to be close.

V. Summary of Strengths, Challenges and Gaps

The scope for this project calls for Focus Strategies to summarize the strengths, weakness and gaps of the current FHC system.

a. Strengths

CEA establishment

The creation and operation of Family Housing Connection is a significant accomplishment. The community process that led to the launch involved a large array of stakeholders and was developed using the best knowledge available at the time, and moved system change forward in King County. For families experiencing homelessness, much of the redundant effort to find out about resources and to get access to housing and program resources has been reduced through the creation of FHC.

A recent survey of a wide range of local stakeholders by the evaluators of the Family Homeless Initiative found most informants see coordinated entry as a best practice and important for ending family homelessness. Our interviews confirm that many programs understand the need, though some were strong in asserting that they did not believe the experience had improved greatly for families. Families that we spoke with were primarily satisfied with the call and assessment experience, but dissatisfied with the wait for a referral and the loss of contact during the waiting period.

Increased utilization rates

According to data collected for the 2013 Federally-required Annual Homeless Assessment Report (AHAR) between the period before FHC and the first full year after its launch, shelter and transitional housing utilization rates rose slightly. This appears to have been especially true for transitional housing outside of the City of Seattle which showed an 8% improvement in average occupancy, from 81% to 89%.[5] (We heard from some programs had experienced very long vacancies recently but could not assess the extent of this problem, or whether the move to serving only sheltered and unsheltered families enacted in 2014 had changed occupancy trends.)

Targeting literally homeless families

Since its inception, the CEA model has been adjusted from serving families both homeless and at imminent risk of homelessness, to prioritizing families in unsheltered situations, to serving exclusively families that are "literally homeless" – that is in shelter or living unsheltered. These changes have been challenging and in some cases controversial but they are consistent with purpose and intent of a CEA system to reduce the burden on families experiencing homelessness to have to find the help they need, and target Federal, state and local resources for ending homelessness to those families who have no other safe alternative.

[5] The 2014 AHAR data was not available to us at the time of this report.

Introduction of diversion

The addition of diversion in 2014 has worked well and initially removed hundreds of families from the roster and help them secure housing. Between June and October more than 100 families were successfully diverted from being added to the roster. Providers and funders involved in the pilot are excited about the effort.

Diversion appears to currently be attempted with 30% of families scheduled to be assessed. We did not interview any families that had been offered and accepted diversion services; we note that none of the families in the focus groups we conducted described having been offered diversion services or having a conversation as part of their assessment about alternatives to getting on the placement roster.

Reduction of program barriers among some program funders and providers

We noted above, and describe in more detail below and in the appendices, that there are a high number of program entry criteria which create barriers to entry for families. A number of providers have experimented with voluntarily reducing program entry criteria and some have removed all non-funder required criteria for entry. Several public funders have also supported and encouraged these changes and engaged in dialogue with FHC and provider staff about this topic.

Appreciation of FHC staff

People we spoke to said the staff at FHC are committed and hardworking and most were quick to say that they did not feel that the problem was with the FHC staff. Many informants recognized that FHC has a very difficult task and appreciated the effort and in many cases the flexibility and responsiveness shown.

b. Challenges/Findings and Concerns

Unclear governance and decision making

People we interviewed repeatedly asked how decisions were being made and who was making them. During the startup and most of the implementation phase of FHC there was a dedicated subcommittee but this committee no longer meets. We observed that some significant decisions appeared to have been taken at the staff or subcommittee level that had broader implications. As an example, the establishment of the external fill policy which changes some of the functioning and messaging about coordinated entry was vetted by the CEA subcommittee but not receive review of a higher oversight body.

Related to this is the concern that data is not broadly shared with funders, stakeholders and the community at large. Repeatedly we were asked about how the system was working and told that data we had been given was not shared.

Finally, we heard that because of the lack of clarity around governance and oversight that providers and funders at times act independently – we heard frequently that funders are not always “on the same page” with regards to the need for and/or prioritization policies of coordinated entry for homeless families. The

role of funders is extremely important in ensuring that the CEA process operates smoothly and fairly, in eliminating "side doors" and reducing barriers to entry (discussed below).

Referral process focuses primarily on filling vacant units rather than making effective referrals for families

While the stated intention in the initial design of the system was to focus on meeting family needs more efficiently, program needs and requirements appear to drive the process. The referral process is not set up to look for all the openings that might fit the next family on the list, or the family with the greatest needs – instead it is oriented to look for one eligible client family to fit each opening. When a provider posts an opening, the FHC referral specialist searches for the next family on the roster that appears to qualify. If a referral specialist is working on more than one opening at a time they may be thinking about who will be the best fit for multiple openings and be considering more than one family at a time, or consulting with their colleagues about the best options for a particular family, but the general approach is to look for a family to fit the unit. This results in several problems which were reported to us, including:

- Some families get no referrals
- Some families get multiple referrals but are repeatedly rejected
- Families that don't get back to FHC within the permitted time frame for a specific opening are frustrated and the opportunity to connect them to a resource when they do call in may be lost.

The performance measures in the FHC contract underscore this approach. The contract requires that FHC tracks referrals and their success, but not the rate at which families get housing.

It is important underscore that the lack of family-centered design is not just a matter of principle. This approach has significant practical impacts. When a referral specialist gets ahold of a family they are generally only getting information from them related to the particular opening they are attempting to fill. In addition, families must retell their story or present information and answer deeply person questions multiple times during the process – including on the phone to 2-1-1, to FHC assessors, to FHC referral specialist, and to providers, sometimes more than once.

Lack of buy in/misunderstanding of what FHC is

While the FHI Evaluation indicates that most stakeholders believe that coordinated entry is important, few providers we spoke with indicated that they viewed themselves as part of the team working on it or see it as a joint project in which they have a stake. Some funders also indicated that they saw FHC as something that was part of the FHI Initiative but not necessarily a critical part of the homeless system or something they had a strong stake in.

FHC is currently operated by a single non-profit organization. This may contribute to the feeling that CEA is not a system-wide responsibility. We identified in interviews and focus groups with families that some stakeholders have an impression that FHC is a "program." For example, a caller to 2-1-1 asked about getting into "the FHC program" and was told that "that program" it was only for families who are literally homeless. We picked up a flyer at one of our site visits that promotes FHC. The flyer does not make it clear that the purpose of FHC is to assess families for resources in the community. The language could be interpreted to mean that FHC has its own housing resources and you can apply to them.

Significant effort was made to brand FHC and to make sure that it was "well-publicized." The information website and materials are attractive and helpful, but may add to the impression of FHC as a one agency's program rather than a key element of the family homeless system to connect families experiencing homelessness to programs to serve them.

Amount and variety of program screening/entry criteria

As described above, programs serving homeless families in the FHC system have many additional program entry criteria. This results in several negative impacts on FHC's ability to refer and to place families with programs:

- More than one quarter of families that are referred in a month are denied access to an opening; some are rejected more than once.
- Families with barriers are skipped for openings and may remain on the list for a very long time without a successful referral.

The large numbers of screening criteria are not standardized which means that the FHC database cannot use the automation function to make matches. This creates a significant inefficiency in the process as matching is done through a laborious manual process, and does not always result in an appropriate match. In addition, program criteria can change whenever a program submits a new inventory worksheet, which means that even the benefit of staff learning over time about the requirements of different programs is limited.

Secondary/tertiary screenings at programs

In addition to the barriers created by the screening criteria themselves, the process of secondary and even third level screening at the programs significantly delays the process. We were informed that in some cases a family might have to pass through as many as six assessment or approval steps to get access to a transitional or permanent housing unit:

- Initial Assessment with FHC
- Follow-up phone assessment with FHC, including new information not previously collected (such as detailed criminal background)
- Pre-screen by service provider (typically by phone)
- In person screening/interview with service provider and preparation of application materials
- Screening/application process with property manager
- Submission of paperwork and approval by Housing Authority

At any stage during the last five steps of the process the family may be denied, and the potential for families to miss appointments or be unable to follow through increases.

Limited use of databases and data for analysis

There are a several issues with the use of the database and with the availability and utilization of data. As described above, the large number and variety of screening criteria means FHC is unable to use the

database developed to match clients with inventory. Our observation was that not only did the number of program screening criteria make true automation impossible, but the database was slow and more importantly, that it did not provide very much information that the referral specialist needed.

It is our understanding that the AdSysTech tool was designed for King County to respond to local needs and to automate the matching process. However, FHC is not using the power the tool possesses. Focus Strategies is vendor neutral so we make no recommendations about the relative merits of different HMIS software. Our finding relates instead to the need to use the power of the existing database to facilitate the work. Using a non-automated system to fill 80 openings a month within 91 programs is not practical or desirable. We have reviewed the AdSysTech tools' capacity in other settings and find that if a standardized set of matching/screening criteria is used, the matching software is capable of automating these functions in a fairly straightforward manner.

Additionally, the FHC database is not integrated with the rest of the HMIS system, despite the fact that the underlying software is the same. Some information is available in both systems, notably the basic client information. However, the result of referrals are not always recorded in the FHC database and are never recorded in HMIS. This means that it is impossible to determine what happens to people after they are removed from the FHC roster without special efforts to clean and integrate the two databases.

Further, reliability of data in the FHC database is poor because even when the results of referrals are entered, there appears to be a lengthy delay in the data entry. We were told, for example, that there are people still on the placement roster who are housed or in programs. The November 2014 "Communication to Partners" document posted by FHC indicates that of referrals made in October, 40% had not been updated with an outcome.

Additional issues with the database include:

- Some decisions were made that reduce the flexibility of the database. For example, appointments can only be made on the hour; staff do not have the option to select a start time of 30 past the hour.
- Important information for process improvement is not gathered in a useful fashion. For example, as described above, the categories for refusals and denials are not standard and are not explicit enough to be used to make changes.

Highest needs not prioritized

The planning for FHC recognized that the likely outcome of the creation of a placement roster was going to be long waits for assistance. Materials from FHI the system state "In the short term, it is expected that there will still be fairly long waiting periods for interim and permanent housing placement; limited resources to provide prevention services; and limited capacity to serve those households at high-risk of homelessness. Although it is not ideal, it is envisioned that the new system will operate initially using a form of "waitlist" for housing and or services. Since most programs operate at capacity and we know there is pent up demand, the system will likely not be able to provide real time referrals directly into programs for families at the time of their coordinated entry appointment."

Conversations occurred during the planning phase that considered and rejected a further prioritization process, beyond the creation of a set of barrier levels that would be generated by the assessment tool.

The intent was that priority be conferred based on length of time homeless and by virtue of the wait list date. This issue was revisited in 2013 when eligibility was narrowed to literal homelessness but the group again decided not to prioritize any further.

The result, however, is that families on the list are effectively prioritized based on 1) ability to be reached at the time of an opening, and 2) do not have, or did not self-report, barriers to entry that conflict with program entry criteria. Families with crisis needs, such as medical conditions, are not identified or prioritized.

Assessment information and tool not meeting need

The assessment is largely based on the tool designed for the process. The assessment tool was designed to capture information needed to make referrals and to stratify families into three levels of need, with higher scores indicating higher housing barriers and a presumed need for a longer and more service intensive intervention. There are 12 questions that actually contribute to creating the score and these are primarily about past housing barriers. We found that the thinking behind the tool was generally sound with what was understood at the time, and the questions were intended to be non-invasive, consistent with fair housing and based on self-report.

However, the result has proved less useful then intended. Virtually no families score a 3 and few score a 2, leaving most families undifferentiated, A higher score does not move a family up in the order, and while it was intended to match families to deeper resources, the high level of entry criteria for permanent and transitional housing has resulted in some level 2 families having more difficulty getting in and being referred to rapid rehousing programs which have fewer entry criteria.

In addition to the 12 questions that generate the score, additional information about the families' situation, resources and housing and service preferences is asked. Unfortunately, not all of the information is used for making referrals and providers generally do not rely on these aspects of the assessment for entry decisions or for service planning because 1) they are often out of date or the updated information is hard to understand, and 2) providers conduct their own intakes and assessments.

On the other hand, information that is needed to make a referral currently, such as detailed criminal or eviction histories or more specific information about medical conditions or service needs, is not collected in the assessment process. This type of information is gathered at the time of a referral, and the initial assessment is also updated. The update process is therefore somewhat lengthy and requires questions of a personal nature be asked over the phone and under pressure. Some providers mentioned that they believe families do not always answer these questions truthfully, as background checks reveal histories families did not mention. We note that it is hard to imagine a family wanting to give information at the moment of an apparent offer of housing that might disqualify them.

c. Special Populations

A specific area of concern for the King County community is whether FHC is serving special needs populations among homeless families for whom programs have been established. We were asked to look at the needs of three groups: survivors of domestic violence, child-welfare involved families and immigrant/refugee families.

Domestic violence (DV) shelters currently take referrals directly and do not go through FHC. FHC refers families that report imminent danger from domestic violence to DV services and shelter and offers them an assessment for FHC using an alias. Transitional housing for domestic violence survivors is currently included in the FHC system.

Because the assessment questions to distinguish needs ask families what kind of services they would like, we were told that many families that have had past DV say they would want or are willing to accept DV services, but this is not the same as a family that is actively fleeing domestic violence or has specific trauma needs related to DV, which is what these programs are designed to provide. The delay from the time of assessment to referral to a resource also means that families referred to transitional housing for survivors are not those with the most recent or pressing need.

Likewise, families involved with the child welfare system have complex needs that are also often time sensitive. Parents are required to meet many requirements established by the court and to meet specific time frames before regaining custody of their children. However, referrals through the CEA system typically require that parents have custody or are able to prove their ability to get custody, which is difficult without additional assistance and coordination. The ability to make these determinations in a timely fashion is difficult for an outside party such as FHC to make.

We also heard reports that the FHC system is particularly difficult for immigrant and language minority families to use. We note that King County has developed a number of specialized programs targeted to specific cultural groups. We have not found this type of program specialization to be true in other communities we have worked in.

Issues raised include that the system is not well-suited to immigrant/refugee families, and that referrals to the programs often were not families for whom the programs were created and for whom language and cultural capacity is available.

On the access side, we were able to see that language and interpretation services have been provided to families during the assessment process, but we recognize that this is not sufficient if families experience other access barriers to the system or feel unwelcome or uncomfortable. Each focus group that we held had one recent immigrant family (2 out of 12 families) who had participated in the FHC process, but again this is not evidence that no barriers exist that might specifically impact immigrant/refugee populations disproportionately. We requested an analysis of the FHC database that would look at this issue more closely, especially comparing those who receive a referral quickly to those who do not, but do not have the data at this time.

On the referral side, two things appear to impact the ability to make successful referrals to these programs. Firstly, Fair Housing law does not permit an offer of housing to be based on race or ethnicity. An offer of language-based services can be made but if a client family does not say this is important to them they cannot be refused entrance or "steered" to such housing. Likewise a family of another cultural or language group cannot be denied access to a program because of race or ethnicity. This has made coming up with a method to identify and refer homeless families these programs are intended to serve difficult. In 2013 the County undertook a significant Fair Housing Review and FHI worked with providers to further clarify their program eligibility criteria; coordinated training for providers and a second round of revisions to their criteria. Work on the impact of fair housing is ongoing at this time but interpretations of Fair Housing appear to have impacted how referrals are made.

Secondly, with the change to literal homelessness, fewer families are being assessed and fewer qualify for FHC-participating program referrals. This impact the numbers of immigrant families who are on the FHC list and may do so disproportionately relative to the rates at which such families were served in the past, depending on the prevalence of literal homelessness among the immigrant/refugee community. We are unable to determine this.

The change to literal homelessness was met with concern from many stakeholders, both those representing subpopulations specifically but also for families in general. Many expressed concern that this has reduced access to help for families who are doubled up or precariously housed which can have negative impacts on children, and may also be artificially increasing the number of families that either are either in shelter or unsheltered, or appearing to do so.

d. Gaps in the CEA System

In addition to the challenges laid out above we identified certain gaps in the current coordinated entry and assessment system.

Assistance with documents: For access to virtually every program families need some documents, including personal identification, which can include birth certificates for the children and documentation of income. Many of these documents can take time and resources to obtain, and sometimes the process to get them poses a significant barrier for the family to manage without assistance. No one is currently helping with assisting client families to get document ready. FHC provides families with information about the documents they will likely need at the time of the assessment and again when a referral is made, but there is no specific assistance offered to get the documents needed.

Limited coordination and loss of contact: Contact with clients once they are assessed is almost exclusively through clients getting back in touch directly and FHC reaching back out to clients at the time of an opening. Families in non-participating shelters are connected through the shelter provider and FHC and shelters are working more closely with the introduction of assessments at shelter sites but no specific method exists currently to work with case managers for unsheltered families that are connected to other services, such as the Family Treatment Court services or other service providers, while they await a referral. We understand that FHC does respond to providers questions and coordinate in some cases, but this is not a consistent practice.

No mobile and crisis access: FHC currently has no ability to provide assessments in the field for families for whom transportation is a significant barrier to access or for families that are in crisis or have extremely high barriers/needs (though, as we noted above, no such designation currently exists to identify highest need or most vulnerable families).

No self-directed housing support: Families that are assessed for diversion receive support to resolve their situation if possible within approximately 30 days. No similar service exists for families on the roster for whom diversion was never attempted.

Limited connection to other mainstream services: The current system provides families with referrals to a variety of other resources in the community at both the 2-1-1 step and the FHC assessment step. However, these referrals are primarily in the form of information about where a client family might go to

seek help or obtain benefits. Mainstream services are not directly linked to the process and no consistent record is kept as to whether families get the help to which they are referred. There are no direct connections with access to benefits (TANF, SNAP, SSI, etc.) and access to services that can help families find and gain housing, such as credit counseling, legal services and employment.

VI. Lessons from Other Communities

To understand better how coordinated entry and assessment (CEA) is operating in other communities and to extract promising practices, Focus Strategies conducted a scan of other CEA systems throughout the country. We reviewed materials that were available via the internet, in some cases posted by the systems themselves and some from case studies or presentations posted by the National Alliance to End Homelessness. We also spoke with the Continuum of Care leads of three communities and with the program operators for seven CEA systems. Finally, we spoke with two national technical assistance providers who had worked in five communities.

The systems we researched included both family-only and general population systems. The family-only systems included: Hennepin County, MN; New London, CT; Los Angeles, CA; Toronto, Ontario; Portland, OR and San Francisco, CA. The general population systems included: Pierce County, WA; Cleveland, OH; Dayton, OH; Whatcom County, WA; Charlotte, NC; and Montgomery County, PA. We also looked at the youth CEA system for King County. (For a comparative matrix of models from most of these communities, see Appendix G.)

a. CEA Models

Our survey found that CEA Models vary significantly from community to community but that for the most part they fall into some basic categories of approaches:

1. Centralized: Systems where there is a single place or a single provider operating in multiple places that is responsible for intake, assessment and referral. All homeless people (or all people in a specific subpopulation such as families or chronically homeless people) must pass through the single place or single provider to access assistance.

Centralized systems can include:

- A single physical point of entry such as a shelter, assessment center, or County office; or
- A single agency that conducts intake/assessments at multiple locations.

Communities that have set up single entry points into family shelter include San Francisco and Hennepin County, MN. Pierce County, WA has a single agency centralized intake agency that conducts assessments at multiple locations.

2. Decentralized: Decentralized systems typically have multiple points of entry operated by different providers but using a single standardized system for intake, assessment and referral. Communities that have a large geography to cover often elect a decentralized approach and typically each entry point serve a specific geography within the community, thereby ensuring homeless people don't have to travel long distances for assistance. Los Angeles, CA; Montgomery County, PA; and Charlotte, NC have all created de-centralized systems. In Los Angeles and Montgomery County the entry sites (called Family Solution Centers in Los Angeles and Housing Resource Centers in Montgomery County) provide a wide range of services to families experiencing homelessness including direct access to rapid re-housing and housing search support, and either co-located or closely linked connections to mainstream services including benefits enrollment and financial and employment counseling.

3. Shelter-based: These systems can be either centralized (a single shelter acts as the entry point) or decentralized, with multiple shelters as entry points. Shelter based systems typically are found in communities where there is substantial shelter capacity and/or a "right to shelter." In these communities the shelters serve as the assessment points and the gateways into other housing interventions, particularly rapid re-housing. Dayton, OH, is known for its "gateway shelter" model in which all homeless people must first enter one of four gateway shelters, from which they receive a standardized Front Door Assessment and referrals to housing.

4. Mobile: Portland, Oregon has piloted **a** new, mobile model for Family CEA. This approach uses an initial phone screen by 2-1-1, followed by a mobile assessment. Families do not have to come to a physical location but instead the CEA can literally meet them "where they are at." Families assessed as eligible are assigned to a housing support team which can assist them to go from homelessness to housing, with or without entry into shelter or other temporary settings.

b. Lessons Learned

Avoiding waiting lists

One key insight we have gleaned from looking at other communities is that the success of a system depends less on how the entry points are designed and much more on whether is an adequate supply of exits so that the system does not simply result in a long and slowly moving waiting list. Some of the communities achieving the best results are those where there is either a right to shelter or an ample supply of shelter, so that the system is actually creating a coordinated and standardized way of ensuring families who have no other alternatives are able to enter shelter. From there, they are assisted with a plan to exit to permanent housing. Cleveland, Dayton and Hennepin County use this model. These systems do not have long waits for shelter because the supply is adequate and there is a strong effort made to divert as many households as possible (in Cleveland 60% are diverted and in Hennepin it is 75% or above).

In communities where there is no guaranteed access to shelter and where there is not a sufficient supply of rapid re-housing, transitional housing and permanent housing options, we found there generally are very long waiting lists for assistance. This is the experience in San Francisco, CA and in Pierce County, WA. One way to avoid long lists even in communities that are not right-sized is to set up the assessment and referral system such that only those with the highest needs are prioritized for access to homeless-dedicated housing programs. For example, Charlotte, NC does not have a long waiting list, but only those with the highest needs can be placed on a priority list for TH, RRH or PSH. Whatcom County, WA adds households to the "housing interest pool" list but makes it clear to them that only "Tier 1" household, those with the highest priority, are expected to get a referral.

Reducing program entry barriers

In many systems we examined, program entry barriers were either identified as an ongoing issue that is being addressed at this time, or as an issue at one time in the past that has been resolved or partially resolved. In systems where providers have not been required to lower their barriers to entry (e.g. Pierce

County, WA) the CEA is often not able to find placements for the highest need clients. A few communities said this was not an issue for them (Whatcom, WA; Bucks County, PA) and attributed that to a shared commitment among funders and providers to prioritize and serve the highest need households.

Methods communities have used to reduce barriers include a prohibition on screening practices that use criteria not required by the underlying funding sources, lower ranking in competitive funding processes for programs that have not reduced barriers, and/or contractual requirements that programs take a fixed percentage of referrals made through the CEA. Even in communities where providers have only been allowed to keep their funder-imposed eligibility criteria, continued entry barriers are still an issue and prevent many high need households from receiving assistance (e.g. Charlotte, Dayton).

Challenges integrating Domestic Violence programs

Our research indicates that few communities have made much progress in integrating domestic violence services and shelters well with coordinated entry. In most cases, domestic violence shelter runs through a different system and callers or clients presenting for assessment that identify as having active domestic violence issues are referred to the DV system for further triage and possible entry into DV shelter. Households that enter DV shelter or transitional housing may also be assessed for eligibility for homeless programs at the time they present, or at a later date they may come back through the CEA for a housing referral. One community that has had some success in integrating the two systems is Dayton, OH. In Dayton, one of the four "gateway" shelters that are the entry points into CEA is a DV shelter operated by the YWCA. Once DV clients enter this shelter they receive the same standardized "front door assessment" as those who enter the other three gateways and are able to access all the same housing waiting lists. However, unlike other households, their data is not entered into HMIS and a separate system has been set up to manage these clients on the waiting lists.

c. Cost Considerations

The cost of Coordinated Entry and Assessments systems vary widely, from communities in which the functions have been implemented at little to no additional cost through shared responsibilities and redirected staff, to communities where entirely new systems and programs have been established. Not surprisingly, our research indicated that larger communities typically have greater costs, but the range of what is included in those costs is wide and the models are so different it is virtually impossible to compare them. For example, Hennepin County, MN has an entire center staffed by County employees to handle intake, assessment and referral for families who are homeless and/or have other immediate needs. This 12 person shelter team is responsible for determining which families are able to enter shelter (many are diverted) but also does benefits eligibility and referral to a range of mainstream resources. It is difficult to pull out exactly which costs are specific to CEA in this system, though there appears to be only one dedicated staff person that does the actual assessments. Overall, the County spends $12.5 million annually on homelessness, but not all is for CEA, and much of it is for sheltering single who are currently not part of the CEA process.

San Francisco spends over $1 million annually for the Connecting Point program which serves as the centralized intake into most family shelter. Connecting Point not only assesses the families and refers to shelter, but provides case management to many families while they are on the list, assistance getting

documents, and drop-in services that provide for basic needs such as food and transportation. Additional resources such as diversion support and short-term rental assistance can be accessed through the case management process, some of which is included in the Connecting Point budget.

Los Angeles is currently investing nearly $10 million in eight Family Solution Centers (FSCs). These regionally based centers provide a comprehensive array of services to families, including not only intake, assessment, referral to shelter and housing, but also diversion, rapid rehousing, and access to employment services, benefits, and other mainstream resources. The County's funding leverages funds from other sources (e.g. First Five funding for children, Housing Authority vouchers) which can only can be accessed through the FSCs even though the funders of these services do not contract with them directly. The cost of coordinated entry and assessment portion of the FSCs is not broken out from the overall budget of each center. Each center has one or two staff focused on immediate crisis response who respond to calls and conduct assessments, but at some centers these responsibilities are shared with other staff.

Resources Used for Coordinated Entry

An additional question that King County has posed relates to the resources used for coordinated entry. The primary sources of CEA funding we identified were local general funds and in some cases State resources. Few communities use HUD CoC funding for this purpose. San Francisco's system previously relied in part on a HUD Supportive Services Only (SSO) grant but that was recently reallocated and the county has picked up the additional cost. Some communities supplement local public funds with private funding (Montgomery, PA for example) but the amount of private funding appears to be much smaller.

In addition, many CEA functions are an eligible activity connected to other programs. In Los Angeles, CA and Montgomery, PA, most of the CEA functions are covered by rapid rehousing resources, such as ESG, TANF, and local funds, and built into those budgets.

Our conclusion from looking at a variety of CEA models in other communities, particularly large ones, is that the overall cost of providing effective coordinated entry and assessment is not likely to be less than what King County currently invests, but that King County asks less from its CEA system and isolates assessment and referral activities from other kinds of supports for client families that could be covered by other resources under a more integrated model.

VII. Recommendations

The scope for this project includes making recommendations for the refinement or significant reworking of the CEA system. We have broken our recommendations into four categories: a) short-term refinements to the current FHC model that can be undertaken with the current model and operator; b) issues that must be tackled no matter what final model is chosen, but may take a little longer to enact; c) steps for improving access for special populations; and d) considerations for broader structural changes to the Family CEA model.

a. Short-term Refinements to Current CEA Model

1) Reorient referral approach and report on efforts to make effective referrals for families

The referral system should be moved as quickly as possible to one that focuses on referring families to the openings that meet their needs referral rather than finding a family to fill each opening. This approach means that the CEA process will consider all openings for the next family to be served and make the best referral for the family under consideration, rather than finding one family to fit each specific opening.

This change needs to be part of the longer term approach to the system as well. Many of the pieces needed to make this change most effective will require additional time, such as removal of program barriers, establishment of prioritization, and improvement of the database and matching functions, addressed below. Nonetheless, we recommend that this step be taken as quickly as possible and that challenges in implementing the change be recorded and discussed by the oversight body or leadership group recommended below.

2) Ensure diversion is explored with every family assessed and is a priority response

Currently diversion is only offered to families that report living in a place not meant for human habitation, and not families that have entered one of the non-participating shelters or motel programs. It is explored as part of the assessment process but it was indicated to us that it was only explored with some families and is offered as an option rather than a priority.

We suggest the diversion approach be expanded to include those families that have recently entered shelter who may also have opportunities to quickly resolve their housing crisis with assistance.

While the addition of diversion requires some additional conversation and interaction with client it is important to shorten the assessment portion. We also suggest that the diversion conversation become the primary purpose of the initial assessment and that information collected for placement on the roster be reduced to factual information likely to remain true over time, not information that is likely to change.

3) Explore methods to reduce no shows and make assessment more efficient

Approximately 50% of families with scheduled assessment appointments actually show up. At one time FHC was double-booking families for assessment but with the addition of diversion screening to this process, double-booking was stopped and assessments times were doubled.

Methods in place in other communities to address this include block scheduling (Pierce County), drop-in hours (Toronto, OT), and providing assessments that lead directly to some level of housing planning and search assistance (Montgomery County, PA). FHC should consider experimenting with one or more of these methods soon to learn if these can reduce the amount of dedicated time needed for the assessment function. King County may also wish to consider expanding assessment capacity by giving authority to complete the assessment to the other diversion providers, and having some families (perhaps those who through 2-1-1 are identified as most likely to be successfully diverted) sent directly to a diversion provider.

4) Keep the roster regularly updated

Research on the patterns of families that experience homelessness in the United States indicates that many families self-resolve their housing situation within a matter of days or weeks. In King County, average time on the placement roster until a referral is more than three months and it can be much longer. The list becomes stale very quickly and families become difficult to find, slowing down the referral process. When the roster was updated in 2014 it was reduced from nearly 4,000 to under 1000, with most of those reductions being because the families were no longer eligible, or were unable to be found. While keeping the list updated requires additional work, it reduces work later to try to reach families who are no longer in need, eligible, or whose contact information is out of date. Methods to update the wait list can include:

- Periodic calls or outreach by FHC staff combined with a set number of attempts before a family is made inactive;
- A requirement for clients to stay in touch to remain active, for example, weekly check in/messages by a certain date; and
- Ability of a client to appoint a case manager or other service provider as a contact person who can keep FHC informed of the family's status.

We recognize that a mandatory check-in may be burdensome for families but, unlike a daily call for shelter openings, this type of check in can be made less restrictive as it does not have to be at a specific time and can be done through a recorded message.

5) Run the WATCH background check

While we say below that the screening criteria of many programs are a significant obstacle to entry and must be reduced, background checks are currently standard for many programs in FHC. In addition, even when most such criteria are removed, some criminal background prohibitions will remain due to funding source constraints which means that background checks are likely to remain a requirement for the foreseeable future. Having FHC run this report on an experimental basis at the time of assessment may

provide important information that reduces time making unsuccessful calls or referrals later in the process. Running this report for a period of time will also allow FHC to determine 1) how many families have criminal background as a significant barrier to receiving help, which can be used to help determine how many criminal background criteria must be eliminated to increase access for families, and 2) get a sense of whether self-reporting is generally an accurate reflection of a family's history, at least in this regard. It will be important to assure families that a criminal background does not preclude them from getting assistance.

b. Longer-term Changes Needed Under Any Model

These recommendations are essential to the functioning of any CEA effort in King County but may not be able to be carried out immediately and require efforts by stakeholders other than FHC. They are essential to the functioning of any CEA effort, whether the structure remains the same or changes to a different model.

1) Define leadership and decision making for CEA

King County should develop a clear and well-understood oversight and decision-making process for CEA, not just for families but for all populations. This could be a single committee or a subcommittee on the different populations that meets together as well as separately. The committee should develop recommendations and clear guidance for what kind of decisions can be made at the operator level, at the committee level and at the IAC level for all types of CEA.

Once such a structure is in place, ensure regular reporting to the oversight committee on CEA and system performance (see below for recommended data elements).

2) Reduce program entry barriers

The number and range of screening criteria and steps in the referral/screening process are both extremely inefficient and result in families being unable to access the programs intended to assist them. A significant effort to remove barriers to entry is needed.

a. Remove as many criteria as possible and standardize those remaining

We recommend removing <u>all</u> screening criteria but funding-source required criteria, and both capital and program funders make the removal of these criteria a condition of their funding moving forward. An across the board removal of most criteria is the fastest and fairest way to remove barriers, as it makes all programs responsible for serving the needs of homeless families.

This may be a difficult step to take all at once, and many providers and funders continue to feel that there are programs and settings that are less appropriate for "higher-barrier" families. We suggest that any remaining criteria that are permitted are 1) based on an objective program design basis such as physical layout of the property or extremely low staffing, and 2) are consolidated into a single standard. For example, if after consideration it is felt that a restriction on felonies (other than those few that are a

funding source required) is needed in some programs to reduce risk to other residents or property, then the felony standard should be the same for all programs permitted to have one.

Participants at the community meeting were asked to provide feedback on what support programs would need to be able to reduce entry criteria. Frequent suggestions included:

- Incentive funding to providers with fewer barriers
- Greater funding for case management
- Risk mitigation funds
- Training in clinical services
- Become a learning environment/more sharing of successful strategies
- Flexibility to make a better decision with a family if a referral is not a good fit/circumstances change – being able to change programs

In our review of other communities we found that contractual expectations to accept referrals, and priorities in funding applications for programs with fewer entry barriers or higher rates of referral acceptance were most common. We did not identify communities that provided specific additional funding to programs in order to lower program entry criteria.

b. **Reduce number of application steps**

Once most entry barriers have been removed and all remaining have been standardized, the process for gaining entry to openings also needs to be streamlined. A family should not have to meet with a provider representative more than once to gain access and the review time for should be reduced to the shortest possible time – one business day would be desirable. This means that service providers, property managers and the Housing Authorities will have to work together to determine how they can streamline the process and collect and review the needed information.

A Lean process focused on this aspect of the system may be desirable or some other method could be used to identify options for streamlining the process.

3) Adopt explicit prioritization and revise or replace screening tool

As discussed above, the current tool and process does not prioritize families with the highest needs or vulnerability. This emphasis needs to change in order to better serve the most vulnerable families and also respond to new Federal guidance.

HUD recently released guidance requiring communities to adopt a standardized assessment and prioritization tool and process for all Permanent Supportive Housing (PSH) projects receiving CoC funding. Rather than use a first-come-first-served approach, admission to programs must use prioritization policies that ensure homeless people with the highest needs and longest periods of homelessness are served first. Assessment of service need must be made using an assessment tool (e.g., a Vulnerability Index (VI)) or review of service utilization data (e.g., use of emergency rooms, mental health crisis services, jail, etc.). Communities may not use disability or type of mental health diagnosis to determine priority for access to PSH.

We suggest developing or adopting an assessment tool that assesses for eligibility, including streamlined and consolidated program rules/barriers, and also assesses for vulnerability with a focus on length of time homeless. One option for consideration for prioritizing is the high-needs family screening tool (HNF) developed by Building Changes for the Washington Families Fund.

Before developing or adopting the assessment tool, however, we recommend giving consideration both to the performance metrics the community is most interested in assessing and the types of reports needed to provide data back to stakeholders. It is much more efficient to first develop performance metrics and then to develop a tool to capture the data needed to assess them. Implementation of the tool should not precede the definition of what the measurable outcomes are.

4) **Promote data use and HMIS integration**

To have an effective CEA process, especially with as many programs as King County has, the matching process must be automated. Automation cannot be achieved until the barrier reduction steps described above are carried out, a new prioritization process and criteria are established, and an assessment tool is either developed or adopted.

We recommend that a high priority be placed on integrating the CEA system into HMIS, because otherwise multiple data systems are needed. Often the result of multiple systems being used for one purpose is that homeless families fall through the cracks; this is the case because determining what is happening with families is based on reporting that cannot be automated. As noted above, the performance measures need to reflect the intention of the system and collect the data needed to report on them.

In addition to configuring data systems to achieve the needed reporting, regular reporting on performance measures and essential process measures needs to be required. Time and resources need to be focused on ensuring that the data are shared and that the decision making structure is reviewing results and setting targets.

The primary CEA measures should be the results for families, including:

- How quickly families are housed, including families with barriers to housing;
- Why families are denied program entry and what their characteristics are; and
- How many families do not receive a referral or are skipped in the order, and how long it takes to house those families.

Provider performance outcomes should also reflect this family-centered approach and should include requirements to accept referrals except in extraordinary circumstances. This shift toward a family-oriented system will help insure that the problems and solutions that are identified are about screening families in and housing all types of homeless families quickly.

5) **Help families get document-ready**

A gap in the current system is that there is no entity responsible for helping families to get the documentation they need to be admitted to the programs. While this is not a barrier for all families using the system, it is an issue that was reported by families and providers as a barrier to entry. It is not necessary that the CEA provider perform this function, though it is advantageous if the service can be

closely tied to the assessment process. Coordinated entry systems can also collect and upload copies of key documents to HMIS with clients' permission. This can help ensure that important documents are not lost while a family is unhoused.

c. Address Access for Special Needs Families

1) Survivors of domestic violence

As described above, domestic violence shelter is currently accessed through a parallel process from FHC but DV-specific transitional housing is not. We recommend that until final decisions are made on prioritization and the establishment of a new or refined approach to CEA for families, that transitional housing units specifically designated to serve survivors of domestic violence be removed from FHC. If TH-DV units are filled from DV shelters, this will increase the likelihood that families referred to the programs will need and want the specific services that are offered there, and this may also result in additional openings in DV crisis shelters which are critically needed.

However, access to these dedicated units will not be enough. Families that have recently experienced domestic violence who are also homeless should still have to opportunity to access the full range of programs for families that are homeless. Continued efforts will need to be made to ensure that eligible families can be appropriately assessed and referred through the CEA system.

On December 2, 2014 as we prepared the draft report we received a letter from the directors of domestic violence housing programs in King County stating that they intend to approach HUD for a waiver to establish a parallel coordinated entry system for domestic violence programs. We have shared this letter with the FHI Advisory Committee.

We have concerns about parallel systems and note that many families will end up in one or the other system based on chance or opportunity and many will likely end up going through both processes. Given the data collection prohibitions, the impact of this overlap will be extremely hard to track and understand. Nonetheless we know that this practice does happen in some communities and may be able to be implemented in a way that does not increase the burden on families that would be eligible under both systems.

2) Family Unification Program (FUP) vouchers and child-welfare involved families

FUP vouchers are intended specifically for families in the reunification process. In most communities, the determination of who should receive a FUP voucher is made by the child welfare agency. To be most effective, FUP's must be issued in keeping with the short reunification time line that families in the child welfare system are given to reunify. We recommend that the FUP vouchers be removed from the CEA process to support the more targeted use of these vouchers and to relieve FHC of the challenge of identifying eligible families in a timely fashion.

We have concerns that FUP is frequently not used in a way that is consistent with a Housing First approach. In some communities, FUP is given as a "reward' to families who have been successful with meeting other requirements for reunification, instead of being offered on the basis of the family's housing need and as

a way to help families continue to make progress. This is a matter we suggest be further explored, but this question falls outside of the CEA process.

Not all families that have child welfare and court involvement will qualify for or receive FUP. For these families we suggest that a prioritization process based on needs and/or vulnerability, mentioned above, include the potential for reunification as a criteria for priority, and particularly consideration for transitional and permanent housing resources. Preventing the permanent removal of children from the home when this can be done safely is a high public policy benefit, both for the impact on families and children, and a reduction of taxpayer costs associated with long-term out of home placement. Collaboration with the County Child Welfare/Child Protective Services Division and the family courts to explore how best to make this determination will be an important step if this population is identified for priority referrals.

3) Units/programs for immigrant and language minority populations

We requested data on the characteristics of the families on the wait list including race and ethnicity but as we prepare the final report, we do not have the information needed to determine if the FHC system is having a disproportionate negative impact on immigrant/refugee and language minority populations in terms of receiving or accepting referrals or being excluded from access to assessments or the roster. We recommend that CEHKC evaluate the data on these programs and the populations they serve to determine if they are intended to serve families that meet the literal homeless definition, and review the families on the roster to see if families that do not receive successful referrals are disproportionately among this group.

If these conditions are true, steps must be taken to ensure that the coordinated entry system is able to work with members of these communities appropriately to ensure that they have access to the resources of the system. Some of the recommendations below for system changes, such as a more decentralized model, may assist with that. We also think that the Fair Housing questions here need to be addressed with regards to the specific programs in question rather than generally.

If providing housing to literally homeless families is not the primary intention of these specialized programs for specific language or cultural groups, then we recommend that they be removed from FHC or its successor CEA model. The question then of whether these programs should be classified as homeless programs and counted in the Housing Inventory Chart and eligible for homeless-targeted resources is a question to be addressed in the system realignment process.

d. Consider Structural Changes to the Broader CEA Model

i. Retain Centralized Model With Modifications

Undertaking the recommendations in Sections VI a. – c. will result in improvements to the system no matter what CEA model is and should increase efficiency significantly. In particular, if the barriers to program entry can be reduced and the database can be used to automate matching, this will reduce

workload considerably. Under the current model, FHC might consider a having a single person assigned to do matching using the automated functions who is highly skilled and comfortable with database work.

If the model remains similar to its current structure with a central provider conducting referrals at multiple sites, then the program should reduce locations where screenings are offered to no more than four – most likely South, central/ Seattle, North and East. We suggest that Seattle always be offered as an option since it is the location to which transit is possible. If there is great concern over the difficulty for families of having to travel long distances, mobile assessments can be offered on a case-by case basis as needed. We have identified communities that offer mobile assessment (e.g. Montgomery, PA) but in practice they rarely have to do mobile assessment.

If King County chooses to retain the centralized model, the functions should be expanded to include assistance with gaining documentation and housing search assistance. These could be offered without any significant structural changes by increasing links to diversion and rapid rehousing providers and expanding the capacities of these programs to serve families while they are on the roster.

The positives of this approach are that it builds upon what is already in place and would require the least amount of change. Staff are already trained and protocols in place for many pieces of the CEA process that would not have to be fundamentally re-designed.

The primary negatives of this approach are:

- The current system leaves all of the responsibility in the hands of a single agency;
- Integration of assessment activities with diversion and rapid rehousing may be harder in a centralized structure than through a more shared, decentralized system;
- Staff skill sets may need to be increased -- both as users and of the database and as assessors; and
- The limited funding available for CEA in the near future will necessitate reductions in dedicated staff, though the better incorporation of other functions such as diversion and rapid re-housing could generate additional funding that might preserve staffing capacity.

ii. Shift to Decentralized Model with Multiple Agencies/Sites Conducting Assessments

Another option is for King County to move to a decentralized CEA system in which the assessment function is conducted by a limited number of agencies located in places throughout the County geography. This model is similar to what is in place for families in Los Angeles, and for all people experiencing homelessness in Montgomery County, PA.

Within a decentralized model there are two options for how referrals/placement could be done:

1) There is one common list maintained for the entire community. All the assessment locations have the ability to place households on the central list. There is one centralized matching and referral process.
2) Each intake site is connected to a network of geographically connected programs, maintains its own list, and makes its own referrals.

The first option requires a real time inventory of openings and the ability for one entity to coordinate the waiting list and referral process with all the assessment centers. The second option, currently used in Los Angeles, may increase the likelihood that families will accept a referral because each center is linked to programs in its own geography. This also has the advantage of pointing out where there are gaps in crisis services, if particular sub-regions are documenting more families seeking help. Transfers between regions can be possible but a family is only eligible to be served within one sub-region at a time.

The positives of this decentralized option are that:

- It is much easier to cover a large geography;
- There is greater buy-in and shared responsibility for the system when it is by several entities or agencies;
- Resource centers can be linked to other services including mainstream services available in the community;
- In this model assessment and referral functions are integrated with other client-service responsibilities and may reduce the total cost currently associated with operating a separate assessment function and expand the resources that can be used to cover these functions; and
- Regionally based assessment locations may feel more welcoming to families and can have specialized language capacity if needed (e.g. if located in a community with a large number of people who do not speak English as their primary language).

The main negatives of this option are:

- The cost is difficult to determine because assessment functions are integrated with other activities;
- Database functionality must be improved and each agency that participates must have well-trained staff who can use the database to make matches or coordinate with a central referral specialist; and
- Start up and changeover time will disrupt the current system and a method for handling the transition from the current placement roster will need to be established.

iii. Shift to Shelter Based Model

Another alternative CEA method is to turn some, or even all, shelters into primary entry points. In some communities we reviewed, a set of shelters are designated as Front door or Tier 1 shelters that act as the entry point, assess and refer to other programs, including to other longer-stay shelters.

Positive attributes of this option are that:

- Shelters currently are staffed to provide case management and may be able to take on the task of assessment and document readiness without significant additional resources;
- Families may already know to come to shelters when seeking homeless assistance;
- Families that are not seeking shelter are automatically excluded from the process, thus prioritizing those families who have determined for themselves that they have no better options;
- Diversion can be incorporated as an activity linked to shelter-based assessment;

The primary negative is the lack of shelter and shelters opening, especially true of emergency shelter in King County.

A second negative is that placing the responsibility for case management and document readiness in shelters, shelters become more central to the system rather than being seen primarily as a temporary, safe place for families to stay only if needed while they are assisted to find housing. As the system shifts to one in which greater emphasis is placed on diversion, rapid rehousing and shorter lengths of stay, a shelter based system could have to opposite effect. Shelters may find it hard to divert families if they reach a point at which they have empty beds, or to encourage rapid departure from shelter. For these reasons we think it is a less desirable approach and a larger change for King County than either a modified centralized system or a decentralized, resource-center based system.

Two other structural models have been suggested in this process for consideration. We mention them here though we are not prepared to recommend either for consideration at this time.

Mobile model: Only one community that we are aware of has moved to an almost entirely mobile model for families, Portland, Oregon. This model is not just a CEA model but a significant change in service delivery. While many aspects of this model appear promising, the results of this system change are still unknown.

"No Wrong Door": No Wrong Door refers to a system in which any agency within the system can do the initial assessment, and either take the client family into their program immediately or add them to the centralized list. We don't recommend "no Wrong Door" with all providers doing assessment. No wrong door may be effective within smaller and rural communities with few providers and large geography but it is not a well-formed practice in larger and more urban communities.

Process Recommendation:

In whatever model is selected, diversion should be included as a key component built into the CEA process and much tighter links to rapid rehousing and mainstream resources should be developed.

To determine whether to modify the current model or adopt a different one:

- Establish a general decision making approach for all CEA, per the recommendation above;
- Decide on objectives for the system and establish relevant performance metrics;
- Develop a new prioritization method and consider the benefits of a centralized versus decentralized approach once prioritization criteria are established and tools investigated;
- Refine the database to work with the new tool and prioritization approach and ensure it is integrated into HMIS;
- Decide on a preferred CEA structure through a time-limited public comment and funder-informed process;
- Conduct any additional research needed to develop the model selected;

- Work with local funders to tie together the resources from the Diversion pilot, rapid rehousing programs, resources for document readiness assistance, and other sources to support the additional functions that will be needed in any model selected; and
- RFP the functions. Bidders for the work should bring to the table other resources such as providing assistance to families to get documents, and should be selected based in part on their connections to other services and ability to provide a fuller range of services to homeless families.

We suggest that even if the decision is made to modify the current system rather than adopt a new model that the CEA resources be awarded by RFP in 2016. This would allow time for many of the above recommended changes to be made in the system and for possible new partnerships to be developed that can improve either model.

e. Other Issues and Suggestions Raised

1) Adding Program Transfer Capacity

Several providers we interviewed spoke of the need to be able to transfer households to a different program if the original placement was not a "good fit". We cannot determine if that this is a significant issue or of great concern to families, but we believe that this can be done and is not a significant problem for the system to adopt. HUD has made it clear that a homeless household does not lose its eligibility for PSH while in a rapid rehousing program. Likewise, a family can move from one shelter or transitional housing program to another, though this is generally discouraged as a frequent practice because it is inefficient and often results in longer total periods of homelessness. The only prohibition currently from the Federal level is that families may not enter certain HUD-funded rapid rehousing from transitional housing.

We caution, however, that the strength of feeling around this recommendation as a solution to the referral issue may be fueled in part by a desire to retain program barriers. We would not recommend creating transfer capacity until a significant reduction in entry barriers is achieved, and any approved transfers should be based primarily on client needs or requests.

2) Providing Multiple Referrals and Individual Tenant Assessment (ITA)

A few providers and staff of the Seattle Office of Housing strongly encouraged a policy of making more than one referral at a time. We do not believe that this method conforms to the general expectations of coordinated entry as envisioned by HUD and made clear in its recent guidance for prioritizing for Permanent Supportive Housing.

Units that are vacant for more than 30 days are very problematic for programs that rely on rent for a portion of their operating budgets. A significant portion of the King County stock of transitional and permanent housing for homeless families was funded with traditional affordable housing resources, including Low Income Housing Tax Credits, which follow traditional application and screening practices including lotteries. We recommend implementing the changes we have recommended here first, particularly the reduction of screening criteria, to determine if vacancy periods are able to be reduced.

Along with the suggestion for multiple referrals was the suggestion that providers by able to use Individual Tenant Assessment (ITA) to determine whether to accept a family. While it is important to ensure that families are treated individually and can make a case for being accepted, we do not think this is the primary solution to ensure that families currently being screened out gain access to homeless-targeted resources.

We strongly recommend the adoption of protocols by affordable housing providers that would help homeless families gain greater access to non-dedicated units. We have provided reference materials to similar policies in place in Oakland, CA that reduce the barriers for families with histories of homelessness to gain access to affordable housing. For homeless dedicated programs, however, access should be based on homeless status and need and should not be based on additional criteria, however individually applied, that too often preclude families in need from the very resources developed to meet their housing needs.

3) External Fill Policy

In response to concerns from providers experiencing long wait times to receive referrals for program vacancies, an External Fill Policy was adopted in May, 2014 that permits providers to fill an opening outside of the FHC process if no families on the roster meet the opening's eligibility criteria. The policy gives FHC two business days to make this determination based on the roster, but does not speak to a maximum time to make a referral. Between June and September 2014, 21 external fills were approved, 13 of which were for Bianca's Place shelter, a congregate shelter that opened during that time and had a number of beds to fill quickly.

In our conversations with providers and funders we found the policy was not well understood. Some people were unaware of the policy while others reported different lengths of time that FHC had to determine if a referral is possible. There was also confusion as to whether the policy applied only when there were no eligible families on the roster, which appears to be the intent of the current policy, or if it also applied when presumably eligible families could be not be reached in a specified time period. Two providers shared that in order to be able to use the policy they either had or were considering creating their own "interest pool" of possible clients, which appears to be counter to the intent of the policy.

Two recommendations have been put forward by a provider during the time of this project: firstly that a 7-day maximum time for a referral be adopted, and secondly, that shelters with capacity to take late-night entrants be permitted to fill empty beds after hours.

In general, permitting external fills runs counter to the purpose of coordinated entry, as it increases the chances that families will go to multiple places to get help, and reduces the effectiveness of prioritization. However, at this time there is no effective prioritization policy in place and some qualifying families cannot get on the roster due to limited appointments. Additionally, the challenges of reaching eligible families on the roster in a timely fashion appears to have created unacceptably long vacancies in certain cases, and some congregate shelters reportedly have nightly vacancies. Thus, Focus Strategies recognizes that the external fill policy is needed, but we recommend it should be closely tracked and its application monitored as part of the enhanced oversight process.

We recommend:

1) While the policy is in place, a specified period of time for an initial referral to be made, such as seven business days, should be added.
2) When external fills are permitted, the analysis should include tracking information on *why* they were needed. If no family on the list matches the program's criteria, it should be made clear which criteria are posing the barrier, and immediate efforts to remove the criteria should be made before a next referral. If the issue is that no eligible family could be reached in a timely fashion, then the number of attempts should be documented. If families repeatedly refuse offers for a particular program, this should also be tracked and discussed.
3) Once the refined CEA system is functioning with lower program barriers, established prioritization and closer to real-time referrals, the external fill policy should not be needed. At that time, all openings that are not filled in a timely manner should be reviewed by the oversight body to determine if this is a result of a failure of the referral and matching system or evidence that there is no continued need or client interest in the program.
4) For congregate shelters with underutilized bed capacity, we recommend experimenting with one or both of two approaches to fill openings:
    a. Make real time referrals of priority families to shelter on the same day that they call 2-1-1 and/or are the day they are assessed. (This means having experimental priority criteria that can be put in place quickly– such as unsheltered households with infants under 2, pregnant women, or other easy to verify criteria.)
    b. Allow for external fills after normal business hours for empty beds from tent cities, and from motel programs and non-participating shelters, but not through families calling at specific times, lining up, or other program referrals that are based on a list.

We do not recommend removing all shelters or all congregate shelters completely from FHC at this time, as this risks reverting to an uncoordinated system with multiple entry points operating under different entry practices and criteria. If efforts recommended under item 4 above do not reduce unused shelter capacity then this question should be reconsidered. One of the three possible models to consider for the future CEA design includes using shelters as the primary point of entry. We have discussed some pros and cons of this model in Section VII.d. Structural Changes to Broader CEA Model.

VIII. CEA and Homeless System Improvement

As mentioned above, coordinated entry and assessment is an important piece of an effective homeless crisis response system but it is only one piece of the effort. It should reduce the time that clients spend seeking assistance, reduce provider time filling openings, and ensure improved targeting and better use of limited resources. But CEA on its own does not create any new resources and without other steps to ensure a right-sized array of exit opportunities, CEA results in a line or wait list. The data from a well-functioning CEA is useful to understanding the need and can be used to inform allocation decisions to make more opportunities to serve households in need.

System Realignment and Right-Sizing

King County is currently engaged in a process of system realignment that seeks to reduce shelter and transitional housing and to expand permanent and rapid rehousing in order to make greater strides in ending family homelessness. We have not reviewed in depth the specifics of this proposal for this project, but we understand that data from the coordinated entry process as well as other system and performance data have been used to establish the targets.

Our analysis of FHC's current performance (see Appendix D) confirms what community leaders have said since the inception of FHC - that King County's system for families does not currently have enough openings to provide a referral to every family. However, the apparent gap is not so large – currently averaging a difference of about 20 openings per month. This indicates that it may be possible to move to real time referrals with close to enough openings. We offer this suggestion with caution due to the difficulty of getting the data to make this assessment, and our inability to confirm its accuracy.

The ability to move to real time referrals depends on the balancing of the need and the inventory. "Equilibrium" can only be reached if either:

a) Fewer families are added to the roster – either by a screening process that eliminates some families that are likely to self-resolve from being added (as in Charlotte, NC) or successfully diverting more families; or
b) Creating more program openings on a monthly basis. Openings can be increased by adding new capacity, by shortening the time that families stay in existing programs, or by reallocating funds from programs that serve small numbers of families at time to programs that serve a greater number of families.

It appears that currently all King County family programs have on average of 80 openings per month, while approximately of 100 families are added to the roster. An increase of 10 more openings and 10 additional diversions could meet the current need to ensure that the list does not continue to grow. Of course, the existing roster of 853 families has to be addressed as well, which means both a regular need to clean up the roster and a larger number of openings will be needed in order to get to real time placement.

Bring Coordinated Entry Efforts Together

In the longer run, operating separate CEA systems for families, youth and singles may not be practical or desirable. The initial intent for the FHC model was that it would be able to be expanded to serve all populations. Currently a separate, though similar, system exists to serve youth and young adults, and a new decentralized model is now being developed to serve homeless single adults. It may be possible to achieve economies of scale by integrating some or all of these functions, especially on the database development and collection side.

IX. Project Team & Acknowledgements

Focus Strategies is a Sacramento, California-based consulting firm specializing in helping communities use performance data to improve systems for ending homelessness. For this project, Katharine Gale, Principal Associate, was the team lead consultant and conducted the majority of the on-the-ground work and analysis. Other staff, including Megan Kurteff Schatz, Kate Bristol, Tracy Bennett, Emily Halcon, Heather Carver, and Genevieve Heidenreich worked on the analysis of program entry criteria and referrals and assisted in the collection of information and review of CEA in other communities.

Focus Strategies wishes to thank the staff of the Committee to End Homelessness for their help in facilitating access to information, stakeholders and data sources used for this assessment, and particularly Michelle Valdez who scheduled all meetings and provided invaluable logistical support, Janet Salm who conducted special data draws and analyses for us as well as sharing her in-depth knowledge of the data system and history, and Debbi Knowles who provided critical background information and context about FHC and FHI. Emily Harris Shears of CCS-FHC provided access to herself and her staff, information about the process, responded to a range of questions, and produced a specific data summary at our request. We also thank all of the staff of 2-1-1 and FHC, clients of FHC who attended focus groups, and all of the funders and providers that met with us and shared their experience. We also deeply appreciate all of the other communities that spoke with us and sent us information for this report and effort. Finally, we are grateful to several national experts including Debra Rog, Matt White, Jason Alexander, and Cynthia Nagendra who shared their insights with us. A list of persons and organizations that we consulted with is presented in Appendix B.

Appendices

A: Key Documents Reviewed

B: Persons and Organizations Consulted

C: Themes Emerging from Community Meeting

D: Data Analysis of FHC Process and Results

E: Screening Criteria Analysis

F: Denial and Refusal Analysis

G. Matrix of Community Coordinated Entry Models

Appendix A
Key Documents Reviewed

Committee to End Homelessness CEA Planning, System Planning and Oversight

Application Guidelines, June 1, 2011
Coordinated Entry and Uniform Assessment for Families and Guiding Principles
Coordinated Entry for Families, presentation to IAC, February 2010
Duties and Responsibilities of CEH and its Advisory Bodies, June 2014
Family Assessment Tool
Family Homelessness Initiative (FHI) Advisory Group Charter, 2014
FHI Advisory Group Meeting Notes, November 2014
FHI CEA Subcommittee Proposal, December 2013
FHI Realignment Targets, June 6, 2014
New Family Homelessness System Assumptions, December 2013

Family Housing Connection (FHC) Budgets, Staffing Plans and Operational Policies

Agency Denial Policy/Procedure, March 11, 2014
Catholic Community Services, 2012 Contract Exhibit II, Revised July 14, 2014
CEA Budget, February 2, 2012
Coordinated Entry for Families, Matching and Scoring Process
Diversion Flow diagram version 4, April 1, 2014
Diversion One-Pager "No data", July 7, 2014
External Fill Policy, May 17, 2014
FHC Active Programs, July 25, 2014
FHC Appointment Schedule Process Change, August 2014
FHC Operations Manual, 2014 Edits, August 28, 2014
FHC Monthly Updates, May – October 2014
FHC Three Year Budget Overview
Inactive Placement Roster Status – Unable to Reach August 22, 2014
Process to Update Family Information
Program Inventories, various dates
Refusal Policies, Effective August 1, 2013
Safety Transfer Policy and Procedure, December 13, 2013
Various Lean project summaries, forms and tracking sheets, 2014

Data, Reporting and Performance Analyses

211 Monthly Stat Reports, 2014
211 FHC Call Stats, 2014
Clients Enrolled and Diverted, November 18, 2014

Evaluation Brief Literally Homeless Families, April 1, 2013
FHC Client Roster Summary, August 12, 2014
FHC Referrals Summary by Agency
Side by Side, Referral and Occupied
Various data analyses drawn from FHC database prepared at our request by King County staff, cited in report

Additional Materials

After Hours Policy for Empty Shelter Beds (proposed)
Department of Commerce, Guidelines for the Consolidated Homeless Grant, 2014-2015
Domestic Violence Waiver Proposal Revised, July 15, 2014
Fair Housing Review, May 22, 2013
Fair Housing 101 PowerPoint, March 2013
Findings from the Washington Families Fund Stakeholder Survey 2014
Guide to Fair Housing for Nonprofit Housing and Shelter Providers, 2013
HSD Recommendations on Screening Criteria, 2014
Miscellaneous materials related to the VA 25 Cities Coordinated Assessment and Housing Placement (CAHP) System Project
Proposed FHC External Fill Policy, LIHI, October 12, 2014
Public Comment on Draft Report Summary, December 10, 2014
Rapid Rehousing For Families Pilot Accommodations and Exceptions Policy
Seattle Office of Housing Recommendations for FHC System Improvements, October 13, 2014
Seattle Office of Housing Feedback - FHC Draft Report for Public Comment, December 12, 2014
SIG Proposal – Risk Mitigation Funds, June 24, 2014
SHA Housing Choice Vouchers Project-Based Program guidance
Various publically available materials and privately shared documents about Coordinated Entry Systems in other communities

Appendix B
Persons and Organizations Consulted

During the course of this project, we met or spoke with more than 100 people including representatives of King County providers and funders, and community representatives and experts from around the country. Most of these meetings were individual or in small groups. *Focus Strategies is extremely grateful to everyone who provided their time and information to the project and we apologize to any participants or interviewees we may have neglected to thank or list here.*

In addition to those listed below, 22 family representatives participated in three confidential focus groups. These adults represented a total of 20 families and 37 children experiencing homelessness or recently rehoused. Their participation assisted the project tremendously.

Name		Organization
Matt	White	Abt Associates
Joyce	McAlpine Probst	Abt Associates
Various Staff		Associated Ministries, Pierce County
David	Wertheimer	Bill and Melinda Gates Foundation
Nikki	Dally	Broadview
Alice	Shobe	Building Changes
Nick	Cobb	Building Changes
Declan	Wynne	Building Changes
Jason	Alexander	Capacity for Change, Montgomery PA
Bill	Hallerman	Catholic Community Services
Emily	Harris-Shears	Catholic Community Services - Family Housing Connection
Tatsiana	Kaptsiuh	Catholic Community Services - Family Housing Connection
Scott	Schubert	Catholic Community Services - Family Housing Connection
Various Staff		Catholic Community Services - Family Housing Connection
Ann Margaret	Webb	City of Seattle Human Services Department
Adreine	Easter	City of Seattle Human Services Department
Jason	Johnson	City of Seattle Human Services Department
Cheryl	Collins	City of Seattle Office of Housing
Sandra	Igo	City of Seattle Office of Housing
Joanne	Quinn	City of Seattle Office of Housing
Dan	Foley	City of Seattle Office of Housing
Laurie	Olson	City of Seattle Office of Housing
Ana	Rausch	Coalition for the Homeless of Houston/Harris County
Michelle	Valdez	Committee to End Homelessness King County
Debbi	Knowles	Committee to End Homelessness King County
Mark	Putnam	Committee to End Homelessness King County
Megan	Gibbard	Committee to End Homelessness King County

Triina	Tenello	Committee to End Homelessness King County
Amy	Price	Community Shelter Board, Columbus OH
Elizabeth	Perla	Compass Family Services
Leticia	Draper	Consejo
Dana	Easterling	Crisis Clinic 211
Various Staff		Crisis Clinic 211
Peg	Coleman	Domestic Abuse Women's Network
Denise	Perez	El Centro
Derek	Wentorf	Friends of Youth
Amanda	Launay	Friends of Youth
Angela	Parker	Friends of Youth
Mim	Daniels	Friends of Youth
Matthew	Ayres	Hennepin County
Christy	Becker	Hopelink
Meghan	Altimore	Hopelink
Kaitlin	Scott	Hopelink
Various Staff		Hopelink
Ann	Levine	Imagine Housing
Pradeepta	Upadlyay	Interim CDA
Carol	James	Interim CDA
Bill	Boyd	Join, Portland OR
Adreine	Quinn	King County
Janet	Salm	King County
Allison	Howard	King County Drug Diversion Court
Jill	Murphy	King County Family Treatment Court
Kristin	Winkel	King County Housing Authority
Kristy	Johnson	King County Housing Authority
Nancy	Whitney	King County Parent Child Assistnace Program
Sarah	Steininger	Lifewire
Sharon	Lee	LIHI
Lynne	Behar	LIHI
Cheree	Jones	LIHI
Jonni	Miller	Los Angeles Homeless Services Authority
Manuela	Ginnett	Multiservice Center
Tammy	Money	Multiservice Center
Diana	Vanetta	Multiservice Center
Cynthia	Nagenda	National Alliance to End Homelessness
Fartun	Mohamed	Neighborhood House
David	Moser	Neighborhood House
Ginny	Ware	New Beginnings
Jennifer	Change	Portland Ending Homelessness Initiative
Milla	McClahclan	Rapid Results Institute
Norene	Roberts	Salvation Army

Ciara	Murphy	Salvation Army
Lisa	Wolters	Seattle Housing Authority
Connie	Ritchie	Solid Ground
Kyra	Zylstra	Solid Ground
Dee	Hills	Solid Ground
Tamara	Brown	Solid Ground
Linda	Macer	Solid Ground
Karen	Ford	Solid Ground
Darlene	Finny	Solid Ground
Aden	Hussein	Somali Youth and Family
Hamdi	Abdulle	Somali Youth and Family
Sara	Levin	United Way- King County
Katy	Miller	US Interagency Council on Homelessness
Dan	McDougal-Tracey	Valley Cities
Mindy	Maxwell	Valley Cities
Rebecca	Laszlo	Valley Cities
Pemberly	Vander Linden	Valley Cities
Mary	Schwartz	Washington State Department of Commerce
Sara	Holbrook	Wellspring Family Services
Andrew	Greer	Westat
Debra	Rog	Westat
Greg	Winter	Whatcom Homeless Service Center
Jeanice	Hardy	YWCA
Gina	Yarwood	YWCA
June	Lovell	YWCA
Doris	O'Neal	YWCA

Appendix C

November 10, 2014

To: FHI Advisory Committee
CEH Staff

From: Katharine Gale, Consultant, Focus Strategies

Subject: Themes emerging from Community Meeting on Family Coordinated Entry/Assessment

The Community meeting held November 6, 2014 was very well attended with more than 100 people present. The first part of the meeting focused primarily on the findings of the first phase of our assessment, which have been shared with you in the PowerPoint. The final portion of the meeting was devoted to small group work around three key areas of our findings. Every attendee was able to participate in two small group conversations (except for table facilitators who stayed with the same topic for both rounds).

This memo summarizes key themes and ideas that were generated in the small group work, and concludes with a sense of our next steps.

1. Assessment Access and Process

Six groups were asked to brainstorm strategies to make assessment more timely and accessible including who should do the assessment, when and where, and how to keep in touch with families after they have been assessed and are waiting.

Emerging from the discussions was a strong push for decentralization to decrease both the burden on families and the wait time, and to utilize the resources in the community. Ideas floated included:

- Offer assessments at a number of particular locations throughout the community – locations to be data driven by where these is demand/need
    - Make sure assessments are available by drop in rather than appointment
- Do assessments at all locations/every agency with "no wrong door"– have a standard tool and FHC's role be to train all providers and be responsible for quality assurance
- Do assessments within shelters and use FHC to provide mobile capacity to meet with families outside of shelter – especially, use mobile assessment for highest barrier families
- Experiment with remote/camera based assessment from community centers, as can be done by hospitals

Several of these groups also mentioned that there needs to be support for getting families the documents they need, and that documents collected should be scanned and uploaded to HMIS so they are available when a program needs them.

These groups also emphasized the need for a less lengthy and more standard assessment tool that translates more directly to what is needed to access programs. Several also mentioned the need for greater HMIS integration and use of data.

2. Prioritization and Matching

These seven groups were broken up by intervention type and asked what information was needed to make the best matches, what information would increase the rate at which families accept referrals, and whether any families should be prioritized for particular interventions.

Frequent criteria that were mentioned as needed for best matching in nearly all categories included:

- Income and employment status/work history
- "Service needs"
- Health/Medical/mental health/AOD
- Safety planning/DV
- Language need
- Family size/structure/age of kids
- Geographic preferences and connections

Many mentioned that the information from families needed to be accurate and that truthfulness is a concern. Several groups felt a background check was needed for eligibility and/or to be able to work with landlords.

A few noted that an assessment is not a good way to predict success, and a few said that programs needed to remove screening barriers and not use the information to screen families out.

These groups were also asked which criteria would most likely result in families not rejecting the programs offered. On this question, every table said geography was important and some method for matching needs and family preferences to program referred. Some also mentioned language.

Finally, these groups were asked whether any families should be prioritized or 'fast-tracked' for program entry. This table summarizes the suggestions in each intervention type.

Suggestions for Families to Prioritize/Fast Track			
Shelter	Transitional	Rapid rehousing	Permanent Supportive
Medical Large families DV/safety Co-occurring disorders CPS involvement	Pregnant women Higher barriers Medically fragile	Employment history DV *Disabled* *Children receiving services* *CPS involvement* *Teen parents* **Italics: not sure if responses were for this category*	Higher barriers Disability + medical needs/medically fragile CD/MH needs Children with intense needs Hardest to shelter (i.e. family size, barriers above) Pregnant women Domestic violence

3. **Reducing Entry Barriers**

These six groups, focusing specifically on transitional housing and permanent supportive/service-enriched housing were asked to look at how to balance programs' concerns about changing entry criteria with the need to find openings for all families, and what type of support would be most useful for program to reduce and standardize criteria.

For the first question regarding balancing, many of the groups mentioned the concerns of property managers and that they felt they must be able to do some screening to protect other tenants. Specific concerns around sex offenses were noted.

Many tables mentioned that there should be efforts to make a better definition of what a "good fit" is, and perhaps tier the levels of support within different programs so that harder to serve families would be matched with higher services levels. The assessment tool would need to match the tiers. Many said standardization of the screening criteria was very important but also noted there had to be buy-in to what the standards are.

Some tables said that transitional housing should have the lowest barriers, while others though that referrals to transitional housing needed to keep in mind what the real exit potential of the family was going to be after the program.

Frequent suggestions for support to providers to be able to reduce barriers were:

- Greater funding for case management or incentive funding to providers with fewer barriers
- Risk mitigation funds
- Training in clinical services
- Become a learning environment/more sharing of successful strategies
- Flexibility to make a better decision with a family if it is not a good fit/circumstances change – being able to switch programs

Other ideas included mobile clinical supports and flexible funding for supporting family exit strategies.

Next Steps

We will be pulling together and summarizing all we have learned from our King County interviews and meetings, as well as examples of models from other communities that are relevant to the local situation. We will be filling in gaps on a few issues that have been raised or emerged during the last visit and then developing our report and recommendations.

We anticipate that the report will include some recommendations for immediate policy and practice changes that can be made while the system is structured as is and other longer-term suggestions for larger changes. We also plan to include pros and cons when more than one option is offered.

We look forward to working with your committee to shape the final report.

Appendix D
Data on FHC Process and Results

A. Database Functioning and Analytic Capacity

FHC has a database that is used to record assessments, track program openings, and record dispositions of referrals. The database is in the same software as the broader Homeless Management Information System (HMIS) but it is not integrated into that system. Reporting from the FHC database is extremely challenging. Key informants told us that the data system and analysis has been challenging from the start of the program, and that time that would have been put into developing reports and analyzing and sharing data had to go into making sure the database could function as a repository of client and program information.

Some basic pieces of information are tracked regularly by FHC such as households on the roster, numbers of appointments scheduled, monthly referrals made, and number of openings in a month. This information is posted on the FHC website in monthly reports. It was not clear whether this data came from the database or from FHC's own accounting, though we expect it is the latter because some reports we received that had been drawn from the database did not match the numbers reported by FHC for the same period.

Other critical pieces of information were much more difficult or impossible to get or to obtain in a fashion that was useful for analysis, including consistent information about wait time at different steps in the process, and referral results for different types of families. Data was not readily available to help us analyze the groups of families that received specific types of referrals or families that did not receive any referrals at all.

The fact that clients remain on the roster until they are given a referral and the list is not regularly updated means that, while there is an impression in the community that there is a long list of people actively waiting for assistance, a large number of those on the roster at any given time may have already resolved their housing crisis, and/or no longer be literally homeless. The current policy calls for FHC to attempt to reach families three times before making them inactive and then, after three months, remove them from the list. Reaching out to families is generally only done when a referral opportunity comes up, so families that are routinely skipped over may not be updated.

From the data we were provided, Focus Strategies has determined that the assessment and referral process is typically lengthy and unpredictable. We present the following data that was provided to us with caveats including that we did not review the underlying data quality, and that we found on several occasions that the same data elements changed from one request to another.

B. Placement Roster and Time Analyses

According to FHC's most recent monthly report, as of November 4, 2014, 853 families were on the placement roster. Of these, 586 were reported as unsheltered, while 267 were in an emergency shelter.

The roster was reduced dramatically, from more than 4,000 families at the start of the year, to fewer than 1,100 in August through a combination of diversion activities and updating of entries. Most of those removed from the roster were either unable to be reached or found to be ineligible under the

new policy to assess and serve only sheltered and unsheltered families. We note that since that time the roster has continued to shrink, despite the addition of new families each month.

Figure 1: Numbers of families on the roster by month

Prior to clean up	August	September	October	November
4036	1078	1010	1009	853

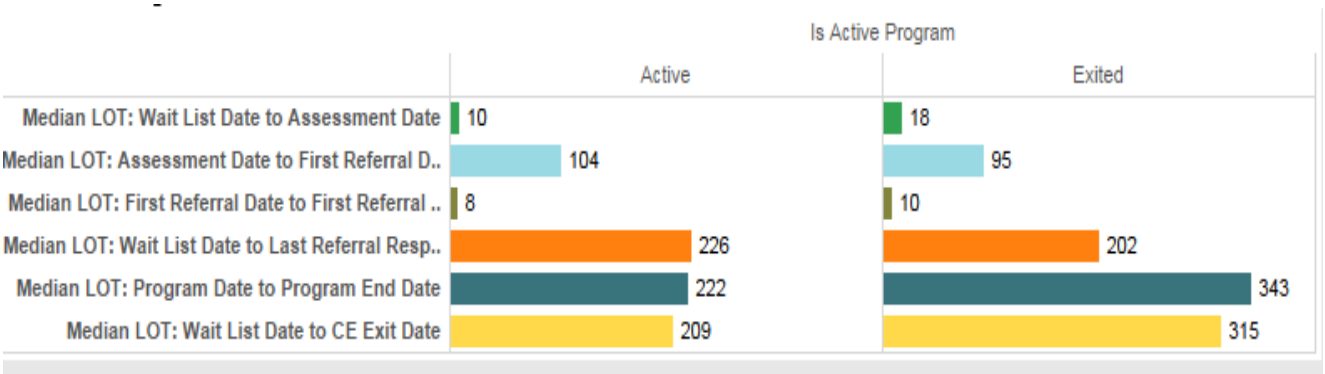
Source: FHC monthly reports, June – November, 2014

Time Analyses

We sought to learn how long the median time from first contact with FHC (via 211 or shelter) to placement was. Our summary below is approximate as the source data (below) is separated by those who are remain on the list and those who have been exited from the list.

- The median time from first contact (known as "wait list date") to assessment is about 14 days. At the time of our review the wait from the time of a call to 211 until assessment had grown to 21 days due to the reduction in assessment appointments. However, the number of assessments conducted at shelter sites was increasing and these are reportedly scheduled within one week.
- The median wait from assessment to *first* referral is about 100 days.
- The median time from when a referral is made to when it is accepted or denied is 9 days.
- The median time from assessment until *last* referral is more than 200 days. That is twice as long as the time to first referral because many families require more than one referral before being accepted into a program.
- The total time elapsed for those who are exited from the roster from first touch to exit date is 315 days.

Figure 2: Median Time Frames for FHC-related Events



Source: FHC database, pulled by King County staff, October 30, 2014

We were cautioned by staff that the range is very wide for several reasons, including 1) at the start of FHC families in shelter had their wait list date recorded as the day they first entered shelter which could

have been many months before the launch of FHC; and 2) some families were made "inactive" by moving their wait list dates into the future. We also observe that the time between final referral and exit date includes those who have been referred to a rapid rehousing program and are seeking housing.

Time on the Roster

We were provided with summary information about how many families are on the wait list and when they first were added to it. This data showed that as of August 2014, nearly 70% of families on the roster (766) had been on it for more than 6 months and 30% (342) had been on the roster for 18 months or more.

Figure 3: Time on Roster as of September 12, 2014

Time on Roster	Families
1 week or less	17
1-2 weeks	17
2 weeks - 1 month	33
1 -2 months	69
2-3 months	61
3-6 months	149
6 months - 1 year	234
12 to 18 months	190
18 to 24 months	170
25 to 28 months (max time)	172
Total	**1112**

Source: FHC database, pulled by King County staff, August 12, 2014

We note that to be still on the roster as of August presumes that during the clean-up period (Jan-May 2014) the family was contacted, reached and reported still being eligible due to being literally homeless, either unsheltered or in emergency shelter.

Never Referred

More than 130 families on the roster have never received a referral, including more than 60 who have been on the list since 2013 or before. However, it is not clear if that is because they could not be reached or they could not be referred because they did not meet any program eligibility criteria.

Figure 4: Status of Households on Roster

Source: FHC database, pulled by King County Staff, October 22, 2014

In addition to those who have never received a referral, more than 750 households are reported as "Referral in process". This status may mean that a referral is currently in process but more often indicates that the family received a referral in the past that was denied or refused and they are awaiting another referral.

C. Recent List Dynamics and Openings Analysis

We requested information on the rate of assessments, diversions and program openings. Our intent was to determine the ratio of households assessed to the number of successful diversions and program openings to address their needs. This information was unable to be drawn from the database and was provided to us through a manual count conducted at our request by FHC staff.

Figure 5: New Roster Entries and Program Openings by Month

	June	July	August	Sept	October	Median
Appointments scheduled by 211	185	175	155	163	143	**163**
Appointments completed	107	106	100	110	83	**106**
# Referred for Diversion in month	43	45	33	38	33	**38**
# Added directly to FHC Roster (no diversion) in month	71	71	88	103	95	**88**
# Added to FHC roster after trying diversion	12	5	21	35	8	**12**
Total Roster after assessment/diversion	83	76	109	138	103	**103**

Number of Openings[1]	105	69	92	85	67	**85**
Number of referrals made	202	163	154	152	131	**154**
Referrals per opening	1.9	2.4	1.7	1.8	2.0	**1.9**
Surplus/Deficit of openings in month	22	-7	-17	-53	-36	**-17**

Source: FHC special report and monthly reports, June – October, 2014, Calculations by Focus Strategies

While in June there were more program openings then there were families added to the roster, the ratio has switched since that time, and more families are currently being added then there would be openings for, even if there were not families already on the roster. This confirms what has been asserted in the planning process, that the supply of openings is lower than the need. However, it also provides some information that can be used to determine how much turnover or additional supply of program openings there needs to be to meet the need on a real-time basis. An average gap between new entries and available openings of 17 may be able to be closed by increasing program turnover and/or increasing the number of families successfully diverted. This gap will likely widen, however, if access to assessments increases, as some eligible families currently do not get an appointment.

The County provided us with an average of openings during 2014 indicated 79 opening on average per month.

Figure 6: Average Monthly Openings in 2014 through October

	Service Enriched Housing / PSH	Transitional Housing	Rental Assistance	Emergency Shelter	All types combined
Average Monthly Openings	5.5	35.6	23.4	14.4	78.9

Source: FHC database, pulled by King County staff, October 2014

D. Referral Analyses

Focus Strategies also received data on the numbers of families on the roster who received one or more referrals to a program opening during 2014. Analysis of this data indicates that fewer than half of all

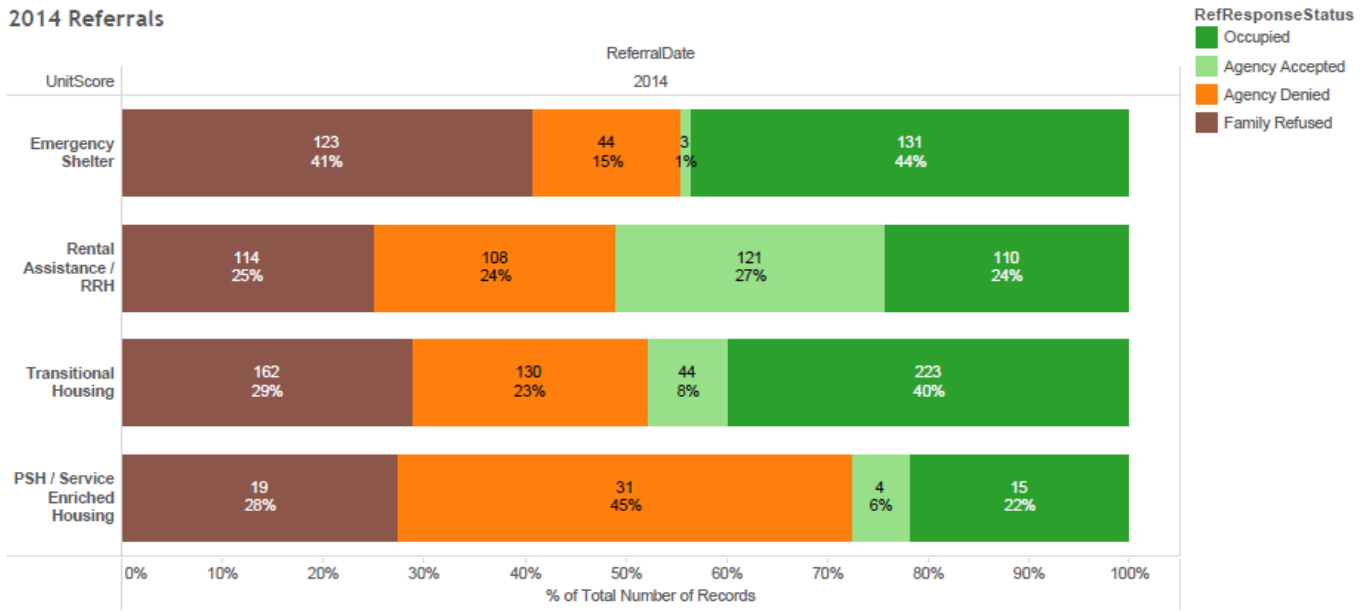
[1] We compared the number of openings reported by FHC to those provided to us by the County and found that the numbers did not match, so we are uncertain about the accuracy but believe it is close. This table presents the monthly openings reported by FHC.

referrals made by FHC in 2014 resulted in program enrollment or occupancy. Between January 1 and November 6, 2014, 1,382 referrals were made. Of these

- Families refused 30%– the highest refusal rate was for shelter (123 of 301 referrals, 41%)
- Agencies denied 23% of referrals – the highest denial rate was for PSH/SEH (31 of 69 referrals, 45%)
- 47.5% of referrals, 657, resulted in a program acceptance and/or occupancy.[2]

The overall ratio of referrals to acceptances in 2014 was 2.1; FHC had to on average make slightly more than two referrals to fill an opening.

Figure 7: Result of all referrals between January 1, and November 6, 2014



Source: FHC database, pulled by King County Staff, November 6, 2014

Because of the high rate of refusals and denials, Focus Strategies did a more in depth analysis of program criteria and system dynamics. This work is summarized here and more detail is provided in Appendices E and F.

E. Further Analysis of Program Screening Criteria

An important part of the coordinated entry process is the ability to match the families in need of a program with the program openings. To make an appropriate and efficient match, certain basic criteria

[2] We note that for rapid rehousing programs, an opening is not considered "occupied" until a household has found and moved into housing. The larger number of acceptances and lower percentage occupied in rapid rehousing reflects this practice.

such as family size and unit size must match. The greater the number of criteria that exist in the array of program openings, the more difficult it is to efficiently match families to an available vacancy. Some criteria are established by a program's funding source and not easily changed (for example, programs receiving VA funding must serve Veterans). However, many programs also impose their own additional criteria and these include many requirements that may cause a family to be rejected for participation or occupancy.

In other communities where Focus Strategies has analyzed homeless system effectiveness and worked on assessment or planning of coordinated entry systems, we have conducted detailed reviews of program criteria and prepared frequency tables and summaries of the most common criteria and how many programs have them. This type of analysis turned out to be impossible to do for King County within the budget and time frame of this project due to the number of programs, number of criteria used by programs, and the high degree to which these criteria are non-standardized (for example, there are literally dozens of variations just of requirements relating to past criminal activity).

Programs participating in FHC provide information about their entry criteria through a document called the "Program Inventory." The document contains a series of criteria categories with responses provided by the provider in a narrative format. Providers may update and resubmit their program inventory at any time.

Focus Strategies conducted an analysis of the information in the program inventory. Our analysis indicated that in addition to "standard" criteria which would be expected to be present in programs serving homeless families – such as prior living status (literally homeless, at-risk); household size, population requirements (veterans, domestic violence survivors), maximum income permitted and required immigration status-- there are ten additional categories of criteria that King County programs use to screen and accept or refuse applicants:

1. Minimum income required
2. Deposits or other payments required
3. Prohibitions on debt to landlords
4. Prohibitions on debt to housing authorities
5. Additional population criteria
6. Eviction History
7. Criminal Background
8. Documentation requirements
9. Residency requirements
10. Additional program or service participation criteria

There is no standard wording for any of these categories – a program fills in its policies or practices in each of the above areas, and lists what the source of the criteria is. Some are cited as the result of the funding source used to pay for the housing or services, including a limited number of specific criminal background requirements and a prohibition on unpaid debt to housing authorities. The vast majority of the requirements, however, are cited as coming from "program design" or from "property management."

Focus selected two of the more frequent screening criteria categories to review: eviction history and criminal background. We found:

Eviction: Forty-nine percent of programs (44) had some screening criteria related to the applicant's eviction history. We found 26 differently worded requirements. In most cases these categories were mutually exclusive – that is, programs had only one requirement related to this criteria.

Criminal Background: Eighty-four percent of programs (75) had some criteria relating to the applicant's criminal background; only 14 had no requirements. We identified 77 differently-worded criteria in this category, and most programs had multiple requirements. Most frequent were prohibitions on convictions for sex offenses, methamphetamine production, and arson, but a very large number of requirements covered others areas of criminal history, especially felonies and drug-related activity.

The full analysis and a listing of these barriers was presented in summary form and distributed to the Funders Group of the Committee to End Homelessness on November 3, 2014 and is included as Appendix E to this report.

F. Analysis of Reasons for Unsuccessful Referrals

As stated above, fewer than 50% of referrals currently result in occupancy. Focus set out to analyze the primary reasons referrals are not successful. Again, a complete review was not possible, because the FHC database does not collect this information in a manner that allows for a quantitative analysis. Provider denials can be categorized in one of three ways:

- Ineligible upon referral
- New information obtained that make family ineligible
- Change in family circumstances

Client refusals are captured simply as Family Refused and have no further distinction.

We requested and received the denial and refusal fields for the month of May 2014 and manually analyzed the frequency of reasons given. Our analysis found 58 referrals within that month that resulted in a denial or refusal (excluding families that were unsuccessful in diversion):

Client refusals: Thirty-one (31) referrals made in May 2014 resulted in a refusal by the family. 68% of these refusals (21) were noted as either client couldn't be reached (11) or didn't make appointment (10). Of the remaining 32% (10) eight different reasons were noted including family didn't have documents, family had gotten housing elsewhere, family was unfamiliar with and concerned about the area.

Provider Denials: Twenty-seven (27) referrals resulted in a denial by the program. Nineteen different reasons were noted to explain the denials including client did not show up, was not a good fit, didn't have needed documents or deposit, and clients work schedule does not fit with shelter schedule.

In several cases, a disposition that one provider had recorded as a client refusal was categorized in another case as provider denial and vice versa. For example, "client didn't show up" was sometimes listed as an explanation for a program denial, though more frequently as a client refusal. "Family didn't have required documents" and "family got housing elsewhere" also appeared under both types of explanations.

The denial rate does not capture the number of families during the month who were not given a referral to any program due to program screening criteria. In addition, we do not have information on how many calls FHC made to families that did not return the call or did not do so within the permitted time frame.

The analysis of unsuccessful referrals for May 2014 was presented and distributed to the Funders Group of the Committee to End Homelessness on November 3, 2014 and is included as Appendix F to this report.

G. Client Characteristics Analysis

FHC and King County have previously prepared demographic data on the families on the wait list and has shared this in other publications. Focus Strategies requested a specific comparative analysis of the families on the roster for the longest periods compared to those that received a successful referral.

It is important to understand whether the families that are more readily referred are different from those who are not and in what ways. For example, if the failure to get a successful referral is a result of a systemic barrier, such as requirements relating to criminal background, or that there are few units for larger families, this has implications for system-design decisions and investments moving forward. Given the reports that the CEA system does not work well for immigrant and refugee populations, it is important to examine if there are language or ethnic differences between those who are successfully referred and those who are not which would point to needed changes in the assessment process as well as possible disparate impacts of current screening criteria on certain classes of families. We were unable to conduct this assessment for the report and recommend that the Committee undertake this analysis.

Appendix E

FHC Assessment and Refinement Project

Analysis of Specific Screening Criteria in Use by Programs Participating in Family Housing Connection

Program entry criteria are provided by each program to FHC in what is called the Program Inventory. Focus Strategies intended to conduct an analysis of these criteria to determine which program entry requirements and prohibitions may be most frequently preventing homeless families from successfully entering programs. However, the planned analysis is not possible because of the number and variations among the criteria and the lack of a data collection method that can aggregate them.

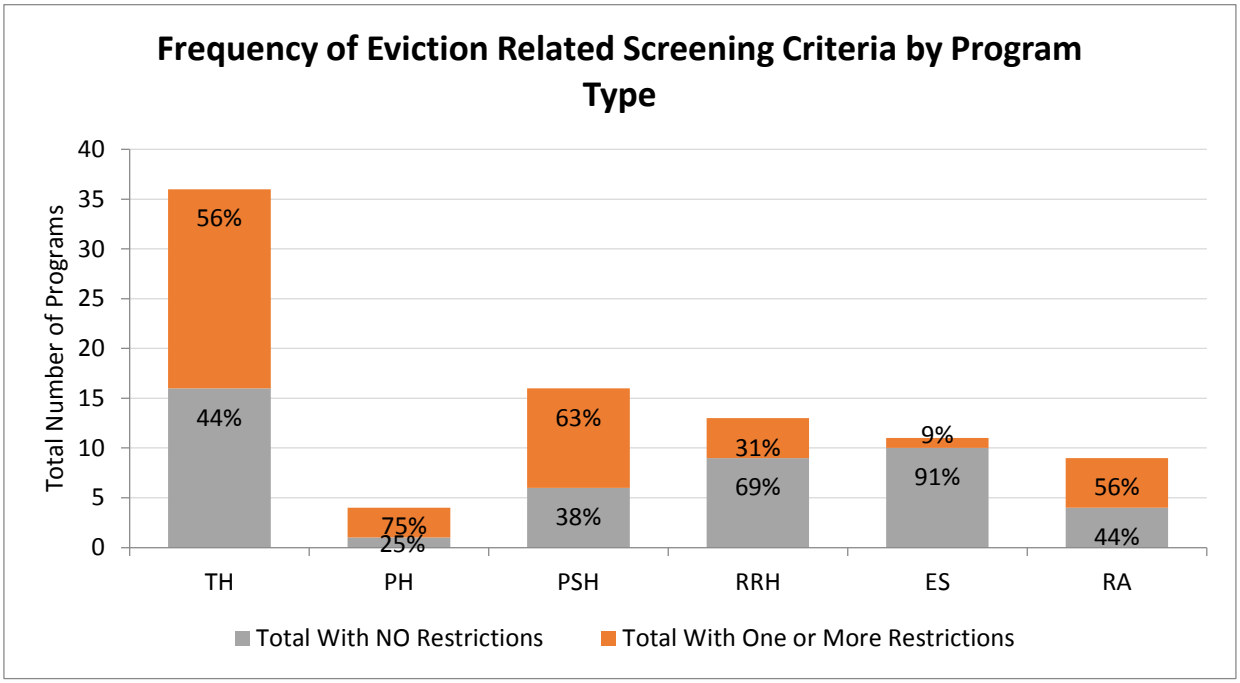
Instead, this analysis offers a glimpse into the magnitude and range of criteria under two categories within the current portfolio: history of evictions and criminal history. In carrying out this analysis, we have also identified issues in both system design and data collection that will inform recommendations. This analysis is based on criteria listed in narrative form in Program Inventories provided electronically on September 4, 2014.

Programs Included in Analysis by Type			
Program Type Listed	**Collapsed Program Type**	**# programs**	**% of all Programs**
TH	Transitional Housing	36	40%
TH-VETS			
TH-DV			
TH-DV/IR			
PH	Perm Housing (Non time-limited housing)	4	4%
PSH	Perm Supportive Housing	16	18%
SEH			
RRH	Rapid ReHousing	13	15%
RRH-DV			
ES	Emergency Shelter	11	12%
RA	Rental Assistance	9	10%
		89	**100%**

1. Frequency of Eviction-Related Screening Criteria by Program Type

There are 26 differently-worded criteria related to evictions listed in program inventories that appear between one and eight times across the programs with such restrictions. Not all categories are mutually-exclusive and some programs may have more than one requirement.

			ALL	TH	PH	PSH	RRH	ES	RA
			# of Programs Reporting Criteria						
most frequent	1	No more than 2	8	7	1	0	0	0	0
	2	No more than 1	7	2	1	1	1	0	2
	3	None in last year	4	2	1	0	0	1	1
	4	OK if Non-payment for unaffordable housing	3	0	0	3	0	0	0
	5	Evictions less than 3 years need payee and repayment agreement	2	2	0	0	0	0	0
	6	No evictions w/in 5 years	2	1	0	1	0	0	0
	7	No more than 3	2	1	1	0	0	0	0
	8	Previous evictions from this agency	2	2	0	0	0	0	0
	9	See TSC	2	0	0	2	0	0	0
	10	Vary based on property	2	0	0	0	1	0	1
	11	Verified eviction	2	2	0	0	0	0	0
	12	Case by case basis, if we see recent history, might not be a good fit for the program	1	0	0	0	0	0	1
	13	Case by case. If family not housed in 3 months, we can exit them.	1	0	0	1	0	0	0
	14	Drug Related Eviction (3 years, Fed assist housing)	1	0	0	1	0	0	0
	15	Evictions less than 5 years need written statement	1	1	0	0	0	0	0
	16	HUD guidelines	1	1	0	0	0	0	0
	17	No evictions for criminal in 7 years	1	0	1	0	0	0	0
	18	No evictions for lease violations (except non-payment) - last 5 years	1	0	1	0	0	0	0
	19	No evictions from HA	1	0	0	1	0	0	0
	20	No evictions from HA in 3 yrs	1	0	1	0	0	0	0
	21	No more than 1 in 3 years for non-payment	1	0	1	0	0	0	0
	22	No more than 2 in last 5 years	1	0	1	0	0	0	0
	23	No more than 3 in 3 years	1	1	0	0	0	0	0
	24	Only non-payment evictions-3 years	1	0	0	1	0	0	0
	25	Related to prop damage	1	1	0	0	0	0	0
least frequent	26	Unlawful detainer action	1	1	0	0	0	0	0



PH, PSH, RA, and TH programs are much more likely to have a number of screening criteria related to evictions.

Reported Source for Eviction Criteria	Frequency
Funder (16% of Total)	
Seattle Housing Authority, King County Housing Authority, or Renton Housing Authority (No specification)	8
Funder (FUSION)	1
Funder (unspecified)	2
MOU (KCHA & Y)	1
Program (77% of Total)	
Property manager	24
Program Design	33
Other (7% of Total)	
RRHF Pilot	4
Varies by housing provider	1

2. Frequency of Criminal History-Related Screening Criteria

There are 77 differently-worded criteria related to criminal history listed in program inventories for 75 programs; 14 programs have no restrictions. These criteria appear between one and 32 times across the programs with such restrictions. Many categories are not mutually-exclusive and most programs have more than one requirement.

#	Criminal History Related Criteria	Frequency
1	1st degree assault	1
2	Active warrants	12
3	Any conviction	2
4	Any drug misdemeanor = EXTENSIVE documentation/support	2
5	Arrests in last 6 months	6
6	Arson	26
7	Assault	2
8	Assault –within last 2 years	1
9	Burglary/Robbery	1
10	Child sex abuse	8
11	Class "A" felonies	1
12	Client terminated if felony criminal activity (old or new) that would compromise safety of staff is revealed after enrollment	1
13	Conviction felony involving a child	1
14	Conviction involving a weapon	1
15	Conviction Violent felony	1
16	Crimes against children	4
17	Crimes against older adults	1
18	Current illegal drug use	1
19	Drug distribution	2
20	Drug Distribution - last 2 years	1
21	Drug distribution – last 5 years	6
22	Drug production	4
23	Drug related – within 1 year	1
24	Drug-related criminal activity	2
25	Domestic violence - 5 years	7
26	Domestic violence w/ currently live-in partner	1
27	Felonies (property only) less than 3 year AND no active case management	1
28	Felonies intent to sell or manufacturing b/w 1-5 years AND no case management	1
29	Felonies intent to sell or manufacturing less than 1 year	1
30	Felony - assault/DV within 3 years AND no counseling	1
31	Felony (specific) – within 1 year	2
32	Felony - 3 years	1
33	Felony against persons	1
34	Felony Assault	2
35	Felony Assault - within 1 year	1
36	Felony Assault with a deadly weapon	
37	Felony burglary/robbery/theft - last 5 years	1
38	Felony convictions	3

#	Criminal History Related Criteria	Frequency
39	Felony convictions - 1 year	1
40	Felony crimes against persons - 1 year	1
41	Felony Drug manufacturing or distribution - 5 year	1
42	Felony Robbery	1
43	Felony theft/burglary - 3 years	2
44	Felony violent/sexual	9
45	Felony w/in 5 years = EXTENSIVE documentation/support	2
46	Kidnapping	11
47	Lifetime registry sex offender	2
48	Manslaughter	9
49	Manufacturing /Selling illegal drugs	11
50	Meth - sales	2
51	Meth delivery	1
52	Meth production	21
53	Meth production in public housing	1
54	Misdemeanor - manufacturing , possession w/ intent, distribution - 12 months	1
55	Murder	3
56	No misdemeanors > 1.5 years	2
57	**No restrictions**	**14**
58	Non-violent felonies (persons) less than 3 year AND no case management	1
59	Non-violent felonies against persons 7 years	1
60	Open criminal cases	6
61	Open domestic violence charges	6
62	Open/Active court cases	2
63	Outstanding/un-adjudicated felony - 5 years	7
64	Pending felony - 6 months	2
65	Possession less than 3 years AND no rehab program	1
66	Property damage	1
67	Prostitution	2
68	Repeat offenders (5 or more-misdemeanors or felonies)	2
69	Sex offender conviction	32
70	Sexual assault	2
71	Sexual offenses	6
72	SHA Project Based criteria	4
73	Vandalism	1
74	Vary based on property	3
75	Violation of the Uniform Controlled Substances Act	1
76	Violent criminal history	9
77	Violent Felony – last 3 years	1
78	Violent felony – last 5 years	8

3. Frequency of Criminal History-Related Screening Criteria Specific to Drugs

There are 19 differently-worded criteria related to criminal history specific to drugs listed in program inventories that appear between one and 21 times across the programs with such restrictions. Some categories are not mutually-exclusive and programs may have more than one requirement.

	Screening Criteria - Criminal Drug Related	
#	**Specific Drug Related Criteria**	**Frequency**
1	Any drug misdemeanor = EXTENSIVE documentation/support	2
2	Current illegal drug use	1
3	Drug distribution	2
4	Drug Distribution - 2 years	1
5	Drug distribution - 5 years	6
6	Drug production	4
7	Drug related - 1 year	1
8	Drug-related criminal activity	2
9	Felonies intent to sell or manufacturing b/w 1-5 years AND no case management	1
10	Felonies intent to sell or manufacturing less than 1 year	1
11	Felony Drug manufacturing or distribution - 5 years	1
12	Manufacturing/Selling illegal drugs	11
13	Meth – sales	2
14	Meth delivery	1
15	Meth production	21
16	Meth production in public housing	1
17	Misdemeanor – manufacturing, possession w/ intent, distrib - 12 months	1
18	Possession less than 3 years AND no rehab program	1
19	Violation of the Uniform Controlled Substances Act	1

14 of the 19 criteria (almost 75%) are related to drug sales, production and distribution – grey rows indicate those that are not.

Appendix F
One Month Analysis of Agency Denials and Family Refusals

When a program denies a referral sent from FHC or a family refuses the referral, the explanation is recorded in the database. As with the screening criteria above, few standard categories exist, so an analysis of the type and frequency of reasons given can only be conducted manually. This means that reports on denials cannot be generated from the database and regular review of the reasons referrals do not succeed is nearly impossible at FHC. (In addition, we cannot see how many families were not offered a referral to a particular opening because they did not meet the stated program criteria in the program inventory.)

We reviewed the denials and refusals recorded in the database for the month of May, 2014. There were 27 agency denials and 31 family refusals.* Categories in the database are limited to:

- Agency denied – Ineligible upon Referral (7)
- Agency denied – Change in family circumstance (1)
- Agency denied – New information obtained that make family ineligible (19)
- Family refused (31)

Explanations that appear in the notes field of the database are summarized here.

Agency Denied		
#	Explanation for Denial	Frequency
1	Client got housing	2
2	Criminal history/active warrants	2
3	No show	2
4	Not first time homeless – program requirement	2
5	Not good fit (one noted: *Referred to program outside FHC that is better fit*)	2
6	Not literally homeless	2
7	Program does not have an opening	2
8	Client doesn't "endorse" two service needs	1
9	Didn't have deposit	1
10	Didn't have required documents	1
11	Family being pursued by abuser	1
12	Landlord debt	1
13	No reason listed	1
14	Been in agency's TH programs before	1
15	Children not staying with parent	1
16	Over-income	1
17	Recent eviction	1
18	Parent's work schedule doesn't fit shelter schedule	1
19	Wrong family size	1

Family Refused		
#	Explanation of Refusal	Frequency
1	Couldn't reach/no contact	11
2	No show for appointment or intake	10
3	Family will wait for another program	2
4	No reason given	2
5	Family didn't have needed documents	1
6	Family declined	1
7	Family got housing elsewhere	1
8	Family unfamiliar with/uncomfortable with area	1
9	Missed contact deadline	1
10	Transportation/family couldn't get to site	1

*This analysis does not include diversion programs that were unsuccessful at diverting families, which are also recorded as denials.

Appendix G: Matrix of Community Coordinated Entry Models

Community	Type of System	Population	Entry Points/Initial Contact	Assessment Tools/Process	Matching, Referral, Prioritization	Use of HMIS	Staffing and Funding Sources	Successes	Challenges
Charlotte, NC (Mecklenburg County) Community Population = 792,862 2013 PIT = 3,993	Decentralized, prioritized access to TH, RRH, PSH	All populations Must be literally homeless or 72 hours from being homeless	Clients can call 211, any provider for brief pre-screen; referred to designated assessment center. Only clients who have been through assessment center can access TH, RRH and PSH.	Five designated assessment centers (shelter and safety net providers with an MOU with CoC) Locally developed Housing Prioritization Tool generates score (letter, color). Highest need also get Vulnerability index to see if eligible for PSH.	Clients who have high needs placed on priority lists for TH, RRH, PSH. Lists are kept very short. Lower barriers clients do not go on any list. Client called when opening available in program for which they meet eligibility criteria.	Clients entered in HMIS at point of contact with Coordinated Assessment but HMIS not used for matching	No information.	Community buy in to serving highest need clients. Tool developed that does prioritization of hardest to house.	Inventory of units available for higher need clients is not right sized. Many who need assistance are not able to get on a list.
Dayton, OH (Montgomery County) Community Population = 141,359 2013 PIT = 1,041	Standardized assessment and referral based in emergency shelters	All populations Clients must be in emergency shelter	Point of entry are the four “gateway” shelters (families, single men, single women, DV).	Initial intake done within 3 days of shelter entry. HMIS data elements collected; diversion screen. Front Door Assessment conducted 7-14 days after entry. Locally developed, comprehensive tool looks at housing barriers. Generates “low, medium or high” score.	Using assessment results, shelter does referral decision work sheet and makes referral to TH, RRH or PSH. Providers must accept 1 out of 4 referrals. Programs not allowed to have non-funder imposed barriers.	Clients entered into HMIS by shelters. Not clear whether matching and referral done in HMIS.	No Information.	Closed side doors; housed many “long stayers”	System does not have sufficient RRH and PSH inventory to ensure all clients receive “best fit” referral.

Community	Type of System	Population	Entry Points/Initial Contact	Assessment Tools/Process	Matching, Referral, Prioritization	Use of HMIS	Staffing and Funding Sources	Successes	Challenges
Hennepin County, MN Community Population = 1,185,000 2013 PIT = 3,481	Centralized access to family shelter. "Right to shelter" for families in this community	Families only Must be literally homeless	County service center. Clients can call or make apt. Center staffed by county. Unit also handles WIC, SNAP, other county funded services.	No formal assessment. More problem solving, designed to divert as many as possible. 75% of callers diverted. 25% enter shelter.	Once in shelter, families work with Rapid Exit provider (one nonprofit) that works with them to identify best housing option. Rapid exit assessment done within 72 hours in shelter. Uses modified VI SPDAT. Most clients go to RRH. Manual matching process (paper list of vacancies).	Shelter assessment at County center entered into HMIS. Rapid Exit Assessment not yet in HMIS. Working on fixing this (Abt contract).	County funds the County service center, which has 12 FTEs. This team does more than just shelter access. Looking to add 3 FTEs (housing referral coordinators, HMIS admin)	Shelters like the system. Agencies accepting referrals from shelters are more resistant. Don't like giving up control over who they take; having to take families from rapid exit.	Data disconnect between County service center and rapid exit. Lack of automation of referral process. Hennepin now also trying to figure out how to adapt model to singles, youth

Community	Type of System	Population	Entry Points/Initial Contact	Assessment Tools/Process	Matching, Referral, Prioritization	Use of HMIS	Staffing and Funding Sources	Successes	Challenges
Houston, TX Community Population = 2,196,000 2013 PIT = 5,351	Coordinated access into permanent supportive housing (and into RRH starting March 2015)	Only chronically homeless households. Both single adults and families (if CH).	One main "hub" Beacon Day Shelter conducts screening and assessment. Most clients go through this hub. Clients can be assessed at a few other locations. There is a call-in line for frequent users of jail or hospital. Also some outreach programs can do assessment.	Assessment includes HMIS data elements, criminal history (for matching to programs), VI for prioritization. Clients line up at Beacon Day Shelter at 7 and assessments begin at 9. Each assessment takes 15-60 minutes.	Clients who are eligible (chronically homeless) are matched to available vacancies based on results of VI (highest need have priority) and also program screening criteria (criminal record, household type). Once matched, unit may not be available immediately (some programs have waiting lists). Clients call in regularly to stay in touch. Community has little shelter and most clients will not enter shelter anyway while waiting for unit.	Assessment entered into HMIS. Providers enter bed availability into HMIS daily. Matching done through HMIS. But data is not fully shared across whole system.	9 FTEs (4 assessors—staffed at shelter, 2 assessor/navigators, 2 navigators, 1 coalition staff). Beacon Day Shelter has $150,000 CoC grant for assessment work. Other assessment agencies use own funds.	Overall highly successful. Since Feb. 2014, 600 assessments, 175 housed.	Some problems with getting PSH programs to adopt Housing First approach, reduce barriers, but situation improving.

Community	Type of System	Population	Entry Points/Initial Contact	Assessment Tools/Process	Matching, Referral, Prioritization	Use of HMIS	Staffing and Funding Sources	Successes	Challenges
Los Angeles County, CA Community Population = 10,017,068 2013 PIT = 53,798	Decentralized, regionally based access to all shelter and housing programs through 8 Family Solutions Centers (FSC).	Families only Homeless by HUD definition (includes Category 2, imminently homeless).	211 is initial point of entry. Initial screening for DV, homelessness, need for housing. 211 schedules appt. at FSC. FSCs are regionally based and each has a unique service planning area (SPA).	FSCs use one or more standardized assessment tools, F-SPDAT, or locally created tool. Family Crisis Team member does the assessment. Attempt diversion using mainstream resources. If not diverted, develop housing plan, including placement into "next step" or permanent housing. Plan also addresses benefits, income, employment, behavioral health	Matching is done at the FSC level, not a system wide approach. Each FSC has RRH resources. They also are responsible for maintaining an inventory of housing referrals (e.g. shelter, TH, PSH, etc.) in their region.	FSCs enter clients into HMIS, including universal data elements. Currently matching and referral is not done using HMIS but plan is to do so.	System is funded through a variety of City and County including TANF, ESG and general funds. $10 million for all functions including rapid rehousing. @15 FTE's on Family Crisis Team which includes assessment function.	Diversion rates as high as 85%. Focusing deeper resources such as permanent subsidies on highest need families.	Working differently in different parts of the County depending on the relationships between providers and the range of services available.

Community	Type of System	Population	Entry Points/Initial Contact	Assessment Tools/Process	Matching, Referral, Prioritization	Use of HMIS	Staffing and Funding Sources	Successes	Challenges
Montgomery County, PA Community Population = 812,376 2013 PIT = 438	Decentralized, regionally based access to rapid rehousing through three Housing Resource Centers	All populations Currently for literally homeless by HUD definition, Category 1. Will add imminently homeless next year, as add diversion component.	"Your Way Home" call center, operated by 211 organization, is initial point of entry. Pre-screen for DV, homelessness, mainstream resources. Call Center schedules appointments at HRC. How soon appointment is set based on pre-screen score.	Call center uses SPDAT pre-screen tool, and HRCs use full SPDAT. Assessment appointment includes full SPDAT and development of Housing Assistance Plan. "Coaches" do assessment, housing planning, manage subsidy and exit clients.	Each HRC has RRH resources; operate on a progressive engagement model. They can also make referrals to shelter and keep a central list of openings. Also link to career and financial counseling, legal services, etc.	Call Center starts HMIS record. HRCs complete record. Use "Smartsheet" software for SPDAT scores and openings. HMIS system is open to all providers; exploring opening it to other organizations that serve the clients	System is county and privately funded. Call Center about $125K a year. Three HRCS about $2 million including seven FTE "coaches", housing specialists, rapid rehousing funds	Community agreement to prioritize based on highest need. Standardized method for delivering rapid rehousing. Very low no show rates for appointments.	Concerns that pre-screen information not accurate, self-reported. Shelters uncomfortable at first at not being assessors but now working. Doesn't currently include diversion or PSH.
Pierce County, WA Community Population = 819,743 2013 PIT = 1,997	Centralized intake system for access to all system components	All populations Literally homeless (or within 72 hours)	Access Point for Housing (AP4H) operates a call in line and also conducts in person assessments. (211 and other providers refer to AP4H, with some minimal pre-screening.) Callers to AP4H who are literally homeless receive appt. for assessment within a week.	90 minute "strengths" assessment. Includes eligibility criteria for programs. Locally developed tool. Clients are put on Placement Roster in order in which they were assessed. Currently the roster has over 700 households.	As vacancies are available at participating ES, TH, RRH, and PSH, AP4H will search Roster for household that meets eligibility criteria, try to contact, make referral.	AP4H enters results of assessment into HMIS and also into Access database. Database used for semi-automated matching process	System is funded by Pierce County and Gates Foundation. Call center has 10 FTE staff who handle initial calls, diversion screen, and conduct assessments.	More transparent and streamlined method of accessing programs for clients.	Long waiting list. Lack of prioritization or removal of barriers means more difficult clients may never be referred. Many providers would prefer to take referrals from their own referral networks.

Community	Type of System	Population	Entry Points/Initial Contact	Assessment Tools/Process	Matching, Referral, Prioritization	Use of HMIS	Staffing and Funding Sources	Successes	Challenges
San Francisco, CA Community Population = 837,442 2013 PIT = 7,350	Centralized access to family shelter	Families only Literally homeless, must receive benefits in SF or be willing to transfer to SF.	Families call Connecting Point for initial 10-15 min. screening. Based on initial screening get on list and wait for appointment. Some get appointment right away, depending on work volume. Those with active DV referred to DV system.	Use locally developed tools for phone screen and for in person assessment. Lengthy in person meeting for assessment, gather information, explain shelter rules. Once on list, clients must call or come in once per week to stay on list. Those who don't are made inactive and ultimately removed from list.	Main purpose of Connecting Point is to get families into longer-term shelter. Shelter priority for families with medical or mental health needs and those on list > 5 months. Provide case management while family waiting for shelter referral. Also help get people on waiting lists for permanent housing, do some diversion work. Connecting Point does not refer into TH or PSH.	Not using HMIS. Provider has own database.	12 FTEs total (6 CM, 3 Housing Specialists, 3 Admin). City/County funded (SF is both a City and a County).	More standardized and fair way of using shelter resources. Households can get access to case management and sometimes rental assistance while on list.	Only provides access to some longer-term shelters, not to crisis beds, rapid rehousing or permanent housing options. Not integrated into HMIS. Fairly long wait times to access shelter.