

Coordinated Access System for Homeless Services and Housing

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by
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City of Berkeley
Coordinated Access System (CAS) for Homeless Services and Housing
FINAL REPORT

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EXECUTIVE SUMMARY

INTRODUCTION

The City of Berkeley has engaged Focus Strategies and Aspire Consulting LLC to design and facilitate a planning process to develop a Coordinated Access System (CAS) for people experiencing homelessness. A CAS is a structure and process designed to provide a clear and streamlined way for homeless people to access the services and housing assistance they need, and incorporates standardized tools, policies and procedures governing who receives what types of assistance. The City of Berkeley is undertaking this planning process with the goal of addressing a lack of coordination within the existing array of programs and services in the City, which results in resources not being used to achieve the greatest possible impacts.

Implementation of a CAS is a Federal requirement for all Continuums of Care (CoC), established by HUD as part of the 2009 HEARTH Act. In developing and implementing CAS, the City will be coordinating and aligning its work with EveryOne Home (the CoC lead for Alameda County), which is responsible for guiding the implementation of a county-wide CAS that meets HUD's requirements. The timing of Berkeley's planning and implementation process is slightly ahead of the county process, so the objective of both City and CoC is to develop a system that best meets specific local needs within Berkeley, but that also can connect smoothly to the eventual county-wide CAS.

To develop the recommendations in this report, Focus Strategies has gathered and analyzed information from a variety of sources. We facilitated a two-month long community process that included a consumer focus group and four stakeholder meetings, analyzed data from a number of local sources, and researched effective practices from other communities. The analysis and recommendations are based on the information gathered during this process and are designed to assist the City to begin the process of transforming its existing set of programs and services into a more systematic approach to reducing homelessness in the community.

ANALYSIS

Berkeley has its own "mini continuum" of programs and services for homeless people, with entry points all along the continuum including drop-in centers, shelters, transitional, and permanent supportive housing, as well as a range of services to support people both before and after they are housed. While these existing programs all individually focus on serving homeless people and they partner and work collaboratively, they are not organized into a system in which all the parts work together to achieve a common objective of helping homeless people become housed. The primary findings detailed in this report stem from the same underlying issue: Berkeley is relatively resource-rich with homeless services, but it lacks a coordinated system for reducing homelessness.

1. Overlapping and Duplicated Services

Currently there are multiple places in the City where clients can receive help with securing housing, including the four main drop in centers (Multi Agency Service Center, Multi Service Center, Women's Daytime Drop In Center, Berkeley Drop in Center), emergency shelters, and transitional housing. All offer case management to help people who are homeless secure housing, and some clients receive case management simultaneously at more than one program. The availability of seemingly similar services makes it confusing for clients, who report that they are not sure where to go for help. Those who are the

most resourceful will seek out assistance at multiple locations, resulting in duplicated intakes and assessments—a poor use of staff time and frustrating for clients.

2. People with Highest Needs Are Not Being Effectively Targeted for Assistance

Compared to the rest of Alameda County, Berkeley has a very high number of chronically homeless people. The last point in time count conducted in the City in 2009 found that 46% were chronically homeless. Yet in 2013, only 30% of clients served in Berkeley programs were chronically homeless. The system is also serving a relatively large number of people who are not actually homeless (either living in a place not meant for human habitation or in a shelter). In 2013, about 21% who entered a program or service were living with family or friends and 12% were living in rental housing. This means that almost a third of the people receiving homeless services were not actually homeless. To effectively reduce homelessness, the system must more effectively target services to people who have the highest needs and have been homeless for the longest period of time.

3. City Investments Not Adequately Focused on Helping People Secure Housing

Currently the City invests almost \$3 million annually in homeless services, but relatively little is actually spent on housing or services that connect people to housing. About 57% is invested in drop in centers and shelters and another 20% on services not linked to housing (e.g. employment, legal assistance, alcohol and drug services). Only 16% is spent on rapid re-housing and services directly linked to housing. Within the funded programs, the number of staff who are housing specialists (housing locators, housing case managers) is relatively low compared to case managers and staff providing other types of services. Clients report that shelter staff are not well equipped to help them design a strategy to secure housing. Looking at the City as a whole, the overall rate of exit from programs into permanent housing is only 38%. This rate is even lower than it may seem as it includes many people who were already housed upon entry; in other words, people who were housed and maintained housing are included in the 38% figure. For some system components, the cost per exit is very high. Looking at all funding sources (City and leveraged resources) it costs almost \$17,000 for each person who exits shelter to permanent housing and \$19,000 per exit from transitional housing. System investments should be more tailored to effectively help people exit from programs into housing.

4. Lack of Real Time Information and Data Monitoring Impedes Effective Intake and Referral

While the City has set up a centralized shelter bed phone reservation system at the Berkeley Food and Housing Project (BFHP), it has had mixed results due to inconsistent updating of the bed availability. The programs still use fax and email communication for bed reservation and do not take advantage of the online shelter bed reservation software available through the Alameda County HMIS system. Clients also report they have been able to bypass the system and go directly to shelters (known as using “side doors”). Another issue is that while the HMIS allows programs to share data, the lack of real-time data entry means that no one can access the most up to date information about clients. Clients report frustration at having to repeat the same information over and over each time they have an intake for a program or service. Having up to date, “real time” information about clients and about bed and unit availability throughout the system will vastly improve the intake and referral experience for clients and give providers the tools they need to provide useful assistance.

RECOMMENDATIONS

Based on our analysis of the strengths and weaknesses of the current system, input from clients and stakeholders, and review of best practices from other communities, Focus Strategies makes the following recommendations for creation of a Coordinated Access System (CAS) in Berkeley:

- a. Centralize access into housing resources. Currently there are too many places where homeless people can access help with securing housing, resulting in a very ineffective use of resources and frustrating experience for clients. There is a cohort of clients continually “making the rounds” attempting to access help with shelter or a housing referral, in part because it is not clear exactly where and how to receive effective assistance. Centralizing access to create one front door into the system and closing access to housing services through other access points will reduce the amount of time staff spend fielding requests for housing assistance and conducting intake interviews, and free up time to more effectively deliver services.
- b. Establish and implement intake, assessment and referral policies to effectively target system resources to people with the highest needs, including those who are chronically homeless. Berkeley currently invests significant resources in a range of services that serve a large number of non-homeless people. This investment does not target system resources towards the objective of ensuring that people who are unsheltered or living in emergency shelters have a permanent place to live. To end homelessness, the CAS must support an overall goal of prioritizing those who have nowhere to live and effectively connecting them to a viable housing option. This includes developing standardized intake and assessment tools and criteria for housing referrals that are based on a client’s level of need and chronicity of homelessness, not their “readiness” for housing or ability to navigate the system. This report does not make a specific recommendation about what standardized tool to use, as this should be decided in conjunction with the county-wide process. We have recommended, and Everyone Home has agreed, that a working group should be established to select a tool and include representation from both City and County stakeholders.
- c. Establish a system to identify people who can be diverted from the homeless system and provide them with assistance to avoid entering shelter. Some people who seek homeless shelter and services are not yet literally homeless but on the verge of homelessness. Experience in other communities shows that some can be assisted to remain in place with some problem solving, mediation, and small amounts of flexible financial assistance. If even a portion of these “at risk” households are prevented from entering shelter, it frees up resources to assist those who have already lost their housing and have nowhere to go. We recommend that the City establish a shelter diversion program modeled on effective practices in other communities (e.g. Cleveland, OH; New London, CT), in which everyone seeking shelter receives a brief interview to determine if they might be able to safely remain in their current housing or move directly to other housing with some limited assistance. Those who can be diverted can receive some one-time services and financial assistance to preserve their housing situation, for example to help resolve a roommate dispute. Diversion can also provide connections to mainstream assistance to help people develop a longer-term solution to their housing instability, such as connections to employment programs, assistance with securing benefits, legal assistance, etc.
- d. Develop and centralize housing expertise. Currently almost every program in Berkeley has staff with some level of responsibility for helping clients develop and execute a housing plan,

including staff at drop in centers, shelters, transitional housing. While holding providers accountable for housing results is a key HUD and Alameda County objective, the unintended consequence is that all organizations have to become housing experts and most are not adequately equipped or funded to do so. We recommend that as part of the CAS, the City invest in building system-level expertise in landlord recruitment, housing location and placement, and helping people problem solve with their landlords, family and friends. Building this additional system capacity will also be more effective if it is not spread throughout the system but centralized as part of the CAS so that it can be accessed in a fair and transparent manner and used to best target help to those who need it most.

- e. Implement and Monitor a System for Real Time Data Entry. Effectively conducting intake, assessment and referral of homeless people requires the infrastructure of a data system and strong policies to require real time updating of both client data and information about housing availability. Additionally, there must be system in place to ensure that all end users are held accountable for conducting accurate and up to date data entry. This tool and protocols should also be developed in concert with countywide efforts.

I. INTRODUCTION

A. Purpose of Report

The City of Berkeley has engaged Focus Strategies and Aspire Consulting LLC to design and facilitate a planning process to develop a Coordinated Access System (CAS) for people experiencing homelessness. Berkeley invests significant funding in a wide range of programs and services to address homelessness in the community. In recent years, there has been a growing recognition among City leadership, staff, and housing and service providers that the system lacks coordination and may not be utilizing resources to achieve the greatest impacts. There are multiple access points into the homeless service system which results in a confusing and fragmented experience for clients. Clients who access services are often those who reach them first or who are the most persistent, rather than those who have the highest needs. When a client is able to access assistance, it is not always the intervention that provides the best fit or is most likely to meet his or her needs.

As part of its implementation of the HEARTH ACT, the federal Department of Housing and Urban Development (HUD) released regulations in 2012 that require that every Continuum of Care (CoC) to develop a centralized or coordinated system for intake, assessment and referral. In a centralized or coordinated system, there is a standardized tool and process for assessing each homeless person, as well as a standardized set of policies to determine which people are targeted for what kinds of assistance. In developing and implementing CAS, the City of Berkeley will be coordinating and aligning its work with EveryOne Home (the CoC lead for Alameda County), which is responsible for guiding the implementation of a county-wide CAS that meets HUD's requirements. Berkeley's planning and implementation process is expected to be completed before the County's, so the objective of both parties is for Berkeley to develop a system that best meets specific local needs, but that can connect smoothly to the eventual county-wide CAS.

The City of Berkeley has engaged Focus Strategies to help with the development of a CAS that addresses the inefficiencies that have been identified locally, complies with the HUD requirements, and aligns Berkeley's efforts with the eventual Alameda County system, planning for which began in July and August 2014 as part of a series of system design charrettes. This report presents the results of Focus Strategies' work to date.

Opening Doors, the Federal Strategic Plan to Prevent and End Homelessness, suggests that every community should "transform their homeless services into crisis response systems that prevent homelessness and rapidly return people who experience homelessness to stable housing." Developing a CAS is an essential piece of that broader crisis resolution system. It reduces the burden on clients, streamlines access and improves system and program performance by making better use of existing programs and resources. However, even with CAS in place, clients may still experience long delays in gaining appropriate housing assistance. The development of a crisis resolution system includes not only CAS, but also shifting investments towards interventions that achieve the best housing results, and removing barriers such that there is an appropriate and effective housing intervention for everyone who needs one. This work is sometimes referred to as system re-design or "right sizing." While the scope of this project is limited only to CAS, the stakeholder process, data analysis work, and recommendations all have touched upon broader system re-design and rebalanced investments/right-sizing concerns. Focus Strategies encourages the City of Berkeley to view the CAS implementation as the first step in a multi-staged process to create a fully-realized housing crisis resolution system.

B. Background on Coordinated Access Systems

1. Defining Coordinated Access

Coordinated Access is a single concept that can go by many names, including: coordinated assessment, centralized intake, coordinated entry, single point of access, or system front door. A good working definition is “a single place or process for people to access the prevention, housing and/or other services they need.”¹

When services and program are uncoordinated and there is no clear or systematic process for accessing assistance, the result is that clients perceive their experience to be like being a ball in a pinball machine – they bounce around a lot and then a few lucky ones hit the jackpot. Clients typically go from program to program, requesting assistance and completing an intake at each one. If a service isn’t available at one location, some people are referred to another service only to learn it too is not available. Upon hearing “no,” some give up, while others find the right staff person to say “yes” or keep trying persistently until the answer eventually becomes “yes.” Which client receives what type of assistance is not always based on need, and the most intensive and costliest interventions are often not prioritized for those who need them the most.

A CAS is a way to ensure there is one clear and streamlined way to access assistance, as well as fair and transparent policies governing who receives what assistance. These policies are designed to ensure all homeless people are matched to the right intervention to meet their needs. All clients identified through an assessment process as having an appropriate need are served, not just those who are resourceful. This is especially important in communities like Berkeley where a significant portion of the homeless population are people who have mental health symptoms that make it difficult for them to seek and enter into programs, or who have extended histories of homelessness compounded by health concerns that make them more vulnerable for expensive hospitalizations or stays in jail, worsening health conditions, and even premature death.

2. Federal Policy Context for Coordinated Access

The federal HEARTH Act of 2009 and its implementing regulations (the CoC and ESG Interim Rules²) require all communities that receive HUD CoC and ESG funds must establish and operate a system for coordinated intake, assessment and referral. While this mandate falls specifically upon EveryOne Home as the CoC Lead for Alameda County, it also applies to any program or service within the City of Berkeley that receives CoC or ESG funds. The federal regulations specify that CAS 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

¹ Cloudburst Consulting, White Paper on Centralized Intake.

² Both the CoC rule and the ESG rule are currently interim. This means that they are in effect but have not been finalized.

HUD has recently released additional guidance requiring communities to adopt a standardized assessment and prioritization tool and process for all permanent supportive housing (housing programs that provide subsidized housing and supportive services for an indefinite period of time) that receives HUD funding. These prioritization policies must ensure that homeless people with the highest needs and who have been homeless for the longest periods of time are served first, rather than using a “first come first served” policy for admission into these programs.

The creation of systems for coordinated intake, assessment and referral are all part of a larger Federal push to transform homeless services from a collection of independent programs into crisis response system that rapidly returns people who experience homelessness to stable housing.

3. Components of Coordinated Intake, Assessment and Referral Systems

Systems for coordinated intake, assessment and referral generally have the following key elements:

1. One or more clearly defined points of access (i.e. “front door”) that is well publicized and easily accessible
2. A standardized screening, intake, and assessment process for all homeless people conducted by the front door
3. An assessment tool that determines eligibility and identifies specific client needs that programs could be expected to address
4. A tool or process that matches people presenting with a housing need to the “best fit” intervention that is most likely to quickly resolve or prevent their homelessness
5. A set of standardized policies governing what criteria are used to determine which homeless people are eligible for which types of assistance. In a system that is not “right-sized” (meaning there a lack of alignment between what housing interventions are needed and what is available) this includes policies for prioritization of resources (what criteria determine which people get which resource)
6. A single, shared data system that collects data at the front door and each subsequent referral point
7. Current and complete information about service and housing programs locally
8. A feedback mechanism that includes information from providers and users of the system that allows for continuous refinement and improvement

In communities that have implemented CAS, these systems often include:

1. An automated system for making bed reservations for shelters or program admissions
2. Use of the Homeless Management Information System (HMIS) database to support CAS activities (intake, assessment, matching, bed reservation)
3. A diversion program component, in which people seeking shelter are screened to see if it might be possible for them to safely remain where they are currently living or move directly to other housing, rather than entering the homeless system. Diversion programs typically offer some problem solving assistance, mediation and flexible funding to people whose existing housing situation can be maintained, such as by helping to mediate a conflict with a family member or roommate. Diversion prevents people who are not already on the streets or in a shelter from entering the homeless system and preserves resources for those who have nowhere to go. Diverting individuals and families from the homeless service system by offering assistance to prevent entry into shelter improves successful outcomes for these households and increases the system’s ability to serve people who are actually homeless.

A CAS system does not necessarily have to have a single physical entry point. The most common models for the system flow are:

1. Centralized intake. A single location with walk-in or appointments with site-based staff.
2. Coordinated intake. Several locations using an identical Intake, assessment process, and assessment tool (e.g. at front door shelters and resource centers).
3. Call-In Only. A virtual location and phone line such as 211.
4. Mobile systems. After an initial call a mobile assessor is dispatched to meet the potential client, while mobile workers also identify persons on the street or other locations and assess and prioritize them.
5. Combinations/Hybrids. Many systems use both call in and physical location, typically having the client begin with an initial call but then move to a physical location for further intake and assessment. Some systems use a combination of a physical location for less vulnerable clients combined with outreach/mobile assessment for those considered most vulnerable or most disconnected from services.

4. Benefits and Limitations

A CAS system has many key benefits, including simplifying and clarifying the access process for clients and speeding their movement through the system. It supports the goal of reducing homelessness by helping to decrease the amount of time clients spend homeless and to house more people over the course of a year by assisting more people to move through the system to permanent housing more quickly, freeing up bed and service space that can serve additional individuals. It prevents potential clients from having to make numerous calls and program visits to be told that the program is full or they do not qualify. In Seattle/King County Washington, before implementing a CAS for homeless families, families reported having to make 45 program inquiries on average before being assisted.

Additionally, when combined with a prioritization process, CAS can ensure that scarce resources are most appropriately targeted, by ensuring those most vulnerable are prioritized for services and housing, not those who are most persistent. As limited resources are targeted more efficiently and program resource are optimized (there is no unused capacity), it allows for more people to be served. There is also less duplication of effort across providers and program staff can focus more on providing services and access to housing rather than screening intake calls and filling out paperwork.

However, there are limitations to what can be accomplished with a CAS. Most significantly, alone it does not create any new housing units or housing resources. Clients will have more streamlined access to the programs that exist, but there will still be bottlenecks in the system unless there is a parallel effort to increase the rate of permanent housing placement. As the intake process is systematized and there are fewer front doors, the inefficiencies in the system can become more obvious in the form of long waiting lists. In addition, clearer information about how to access services and the ability to quantify the unmet need can appear to drive up demand.

Without enough appropriately targeted resources, clients may experience greater frustration as they are unable to do anything after being initially assessed. Providers and clients may feel that the CAS has created a problem that didn't exist before, when actually CAS has only illuminated the disconnect between need and appropriate response that previously existed but was invisible.

Developing a CAS creates a fair and effective way to match people to the existing interventions with the hope that these will be better suited to end their homelessness, but its utility will be limited unless the right interventions exist at the right scale, so that everyone can receive what they need. To accomplish a measureable reduction in homelessness requires transforming the existing collection of programs and services into a housing crisis resolution system organized to achieve the goal that no one is homeless for longer than 30 days. This is sometimes called “right-sizing” because it assumes that with analysis and reinvestment the system can be changed significantly to achieve these ends. Right-sizing generally means shifting investments away from any programs that are not designed to quickly move people into housing and investing instead in programs that do, as well as identifying any remaining funding gaps that need to be filled to meet the need. Ensuring that interventions exist at the level they are needed from such an analysis is often referred to as “going to scale.”

II. PROCESS SUMMARY

This report is the result of a ten week long planning process that included three main avenues for gathering information:

- A. A local stakeholder input process
- B. Analysis of local data
- C. Review of CAS systems in other communities

Below we have provided a brief summary of the methodology used to collect information and input. The results of the information gathering are incorporated into Section III – Analysis and Section IV - Recommendations.

A. Local Stakeholder Input Process

Stakeholder input was solicited through three methods for this process: (1) a consumer focus group; (2) a series of four planning meetings attended by a variety of stakeholders including providers and advocates; and (3) engagement with the Alameda County redesign process which was launched during the period of this scope of work.

1. Client Focus Group

Focus Strategies and Aspire Consulting LLC convened a Client Focus group on June 17, 2014 to gather input to inform the CAS planning process. The group was attended by 15 single adults: six women and nine men, 12 of whom were living in emergency shelters. About half had been homeless for more than a year and 43% were chronically homeless. All were single adults, but 64% reported having children under age 18 not living with them. Participants were divided into two groups, each with a facilitator and note taker. The group facilitators led a structured discussion in which participants were asked to share how they lost their most recent housing, what resources they tried to access, and whether any immediate assistance could have helped. Participants were then asked to talk about their experiences in accessing housing and services, identifying barriers, and suggestions about where the system could be improved.

2. Stakeholder Meetings

Focus Strategies and Aspire Consulting LLC designed and facilitated a series of four stakeholder meetings to solicit input on the design of a new CAS for the City. The meetings were held on June 19, June 29, July 14 and August 12, 2014. Approximately 30 people participated, with the majority attending all four meetings. All the City's homeless services, shelter and transitional housing providers were represented as well as some permanent housing providers. A complete list of participants is provided in Appendix A.

The goals of the process were for stakeholders to provide input to inform the design of a coordinated intake, assessment and referral system for the City of Berkeley in which:

1. There is more streamlined and efficient client access;
2. Clients matched to the "best fit" intervention;
3. Clients who are most in need are prioritized for assistance; and
4. There is an increased rate of housing exits to create flow through the system.

At each of the meetings, Focus Strategies and Aspire presented some information to help frame the discussion and provide a shared set of tools to help inform the planning process. This agenda included an introduction to coordinated intake and assessment, a summary of key data points on Berkeley's homeless population, lessons learned from local CAS efforts such as the Alameda County HPRP, a summary of client input from the focus group, and information about diversion and rapid re-housing best practices and evidence of effectiveness.

The bulk of the meeting time was spent in large and small group discussion designed to arrive at some consensus decisions about the shape of a new CAS for the City of Berkeley. Activities included:

- Sharing hopes and fears about coordinated entry and system re-design;
- Sharing views and lessons learned about change processes;
- A small group mapping exercise to design the general flow of a new system;
- Small group planning work on program specific topics (for example, design of a new front door, whether to have shelter waiting lists, how to serve special populations);
- Review, discussion and consensus voting on a proposed new system map and flow. At each of the meetings, decisions from prior meetings were integrated into a proposed map for discussion and "thumbs up/thumbs down" voting. Participants had the opportunity to block and discuss any aspects of the design they objected to.

The end result of the process was general agreement on some key elements of a proposed new system flow and system map. The description of the new system is provided in the Recommendations, Section IV.A. The system map is presented in Appendix 1.

At the end of the process participants requested a final input meeting to be held after the draft CAS report is completed by Focus Strategies to further discuss and understand the implications of the proposed CAS. This meeting has not been scheduled but is expected to take place in September 2014.

3. Coordination with Alameda County System Re-Design

Concurrently with the City's CAS planning process, EveryOne Home has been working with the Corporation for Supportive Housing to design and facilitate community planning and input process to develop recommendations for system re-design in Alameda County, including strategies for coordinated

access and assessment. City of Berkeley staff and representatives from Focus Strategies and Aspire Consulting attended the charrettes and the community de-brief. Additionally, Elaine de Coligny from EveryOne Home attended two of the Berkeley stakeholder meetings. We have noted in the recommendations sections where the suggested changes in Berkeley are aligned with the direction that Alameda County is heading, and how the two processes can continue to be coordinated.

B. Local Data Analysis

In addition to the input summarized above, Focus Strategies has also gathered and analyzed information about people who are homeless in Berkeley and the inventory of services and program available to meet their needs. This included data from the HMIS system, Alameda County Housing Inventory (HIC), Alameda County homeless point in time count, and the City of Berkeley's database of contracts with homeless providers. Results of this assessment is provided in Section III - Analysis.

C. Research on CAS in Other Communities

Focus Strategies has also researched examples of coordinated and assessment systems from other communities and incorporated these learnings into our analysis and recommendations as noted.

III. SYSTEM OVERVIEW

This section presents summary data on the population of homeless people in Berkeley, the existing programs and services in Berkeley, the City's financial investments in homeless services and supports, and the people served in the system.

A. Numbers and Characteristics of Homeless People in Berkeley

The table below presents data from the most recent point in time count (PIT), conducted in January 2013 with estimated the number of homeless people in Berkeley. Since the 2013 county-wide count did not include a city-specific component, we have taken the most recent Berkeley-specific count from 2009 and applied the percentages to the 2013 data. These estimates have a degree of uncertainty because it is difficult to know whether Berkeley's proportional share of the overall county homeless population has changed. The next city specific count is being contemplated for January 2015, which will provide more updated and accurate information about the magnitude in Berkeley and other cities.

The 2013 PIT estimate for Berkeley is 688 people in 508 households. The data shows that Berkeley's homeless population is largely single adults without children (92% of all households counted) and that a very large percentage (46%) are chronically homeless, defined as having been homeless for a year or more consecutively or four or more times within the last three years, and having a disability.

Table 1: 2013 Point in Time Count			
Combined Sheltered and Unsheltered	Alameda County 2013	Percentage of County Total in Berkeley (2009)	Estimated Number in Berkeley 2013
Households with Only Adults	2,246	20.80%	467
People in HH with Only Adults	2,912	19.80%	577
Households with Children	462	8.90%	41
People in HH with Children	1,342	8.33%	112
Households with Only Children (i.e. persons under 18 without adults)	7	0.00%	0
Total Households	2,715	18.72%	508
Total People	4,264	16.14%	688
Subpopulations	Berkeley 2013 Estimate		
Chronically Homeless (CH) Individuals	688	46.30%	319
Severely Mentally Ill	688	40.90%	281
Chronic Substance Abuse	688	40.00%	275
Veterans	688	19.60%	135
Persons with HIV	688	2.10%	14
Victims of Domestic Violence	688	20.10%	138

B. System Inventory and Investment

The City of Berkeley has a variety of services, shelter and housing for homeless people, which represent all parts of the range of primary interventions typical in most communities. The following table summarizes the main system components and their point in time bed capacity where applicable. A list of all programs in the City is provided in Appendix 2.

Table 2: Inventory of Services, Shelter and Housing	
Program Type	Point in Time Bed Capacity in 2013
Shelter/Housing/Rental Assistance	
Emergency Shelter	189
Transitional Housing	157
Rapid Re-Housing	14
Permanent Supportive Housing	509

Non-residential programs include outreach, drop-in centers, meals, employment services, alcohol and drug services, legal services, SSI advocacy, and domestic violence services. In addition to these interventions, the City has also invested funds in developing some additional infrastructure for system coordination. The Berkeley Food and Housing Project (BFHP) operates a centralized shelter bed reservation system through which clients reserve beds at the three major emergency shelters for single adults: BFHP's Men's Overnight Shelter (MOS), Women's Overnight Shelter, and BOSS Harrison House single adult shelter. Clients can call in during an afternoon and an evening window to access a bed in any of those three shelters. The call-in line also manages beds that have been contracted out to other agencies (12 beds for veterans and 10 beds for Alameda County Social Services for GA recipients).

The City of Berkeley invests about \$3 million of local funds (general funds, CDBG, ESG, and others) annually in shelter, housing and services for homeless people. The table below shows the distribution of these local investments in the FY 2014-2015 funding cycle.

Table 3: City of Berkeley Investments		
Program Type	CoB Budget	% of Total
Drop in Center	\$861,648	28%
Emergency Shelter	\$794,649	26%
Rapid Re-Housing and Prevention	\$318,089	10%
AOD Services	\$241,839	8%
Permanent Housing Services	\$284,763	9%
Transitional Housing	\$165,452	5%
Homeless Coordinated Assessment Planning	\$74,667	2%
Meals Programs	\$87,009	3%
Employment Services	\$35,266	1%
Other Services (DV, SSI, etc.)	\$228,379	7%
Total	3,091,761	100%

The City's dollars are invested mainly in activities that respond to immediate needs, with the goal of connecting people to longer term services and housing. Drop in centers, and shelters receive 54% of the funds, with another 19% going to supportive services not connected to housing. Only 9% is for services linked to permanent housing and 10% for rapid re-housing and prevention.

C. People and Households Served by Program Type

The table below presents data from the HMIS system on the numbers of people served in all programs in the City of Berkeley. In 2013, over 4,400 people received assistance, comprising 3,500 households. Most of these are being served at the drop in centers (69% of all people served in the system) and shelters (16%). This distribution also aligns with where the City has invested funding (see above).

Table 4: People and Households Served 2013		
Program Type	Total Individuals Served 2013	Total Households Served in 2013
All Programs City-Wide	4,425	3,571
Drop in Centers	3,044	2,286
Emergency Shelter	700	700
Transitional Housing	280	166
Rapid Re-Housing	20	14
Permanent Supportive Housing	413	315
Prevention	19	12
Employment Services	392	392
Permanent Housing Services	182	163

IV. ANALYSIS

Berkeley has its own “mini continuum” of programs and services for homeless people, with entry points all along the continuum including drop-in centers, shelters, transitional and permanent supportive housing, as well as a range of services to support people both before and after they are housed. While these existing programs all individually focus on serving homeless people and they partner and work collaboratively, they are not presently organized into a system in which all the parts work together to achieve a common objective of helping homeless people become housed. The primary findings detailed in this report stem from the same underlying issue- Berkeley is relatively resource-rich with homeless services, but it lacks a coordinated system for reducing homelessness.

1. Overlapping and Duplicated Services

Currently there are multiple places in the City where clients can receive help with securing housing, including the four main drop in centers (Multi Agency Service Center, Multi Service Center, Women's Daytime Drop In Center, and Berkeley Drop in Center), emergency shelters, and transitional housing. All offer case management to help people who are homeless secure housing, and some clients receive case management simultaneously at more than one program. The number of places to request assistance

with housing makes it confusing for clients, who report that they are not sure where to go for help. Those who are the most resourceful will seek out assistance at multiple locations, resulting in duplicated intakes and assessments—a poor use of staff time and frustrating for clients.

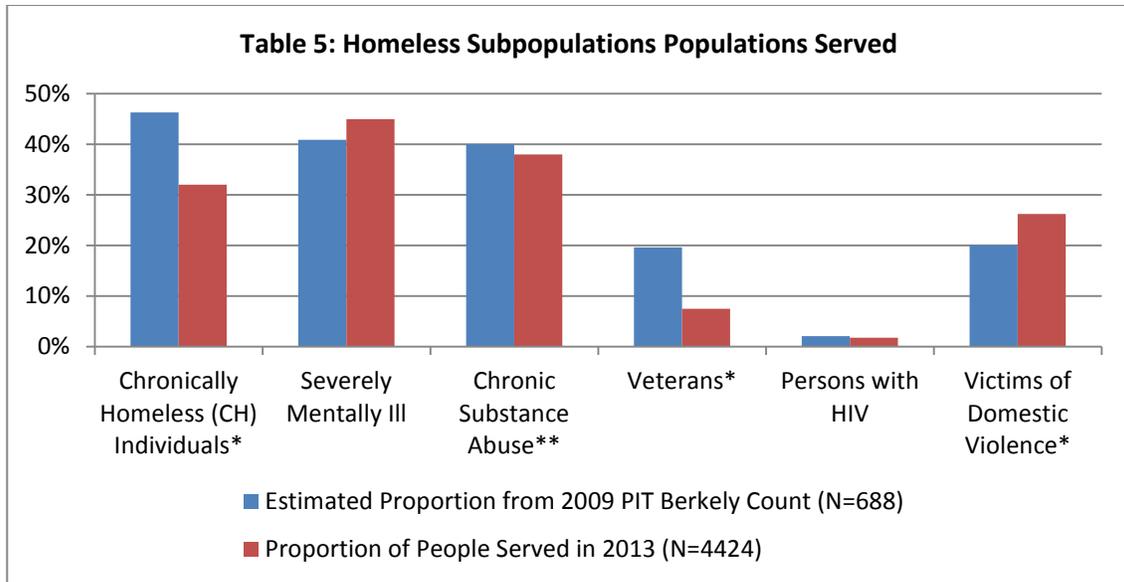
While Berkeley has implemented a centralized bed reservation system to provide a single point of access into shelter, clients in the focus group reported that there continue to be “side doors” that allow access into the shelter system. Bypassing the phone and going directly to a shelter can sometimes result in a bed being assigned, particularly if the client has a connection with a particular staff member. Some focus group members indicated they preferred the availability of side doors over a truly centralized system, as it gave them the ability to advocate on their own behalf. However, others felt that the existence of side doors was unfair. While there is little data available to analyze the impact of having side doors into shelter, one likely result is that people who are more resourceful and have greater self-advocacy skills are more likely to be served, while those who are the least able to navigate the system have more difficulty with access.

2. People with Highest Needs Are Not Being Effectively Targeted for Assistance

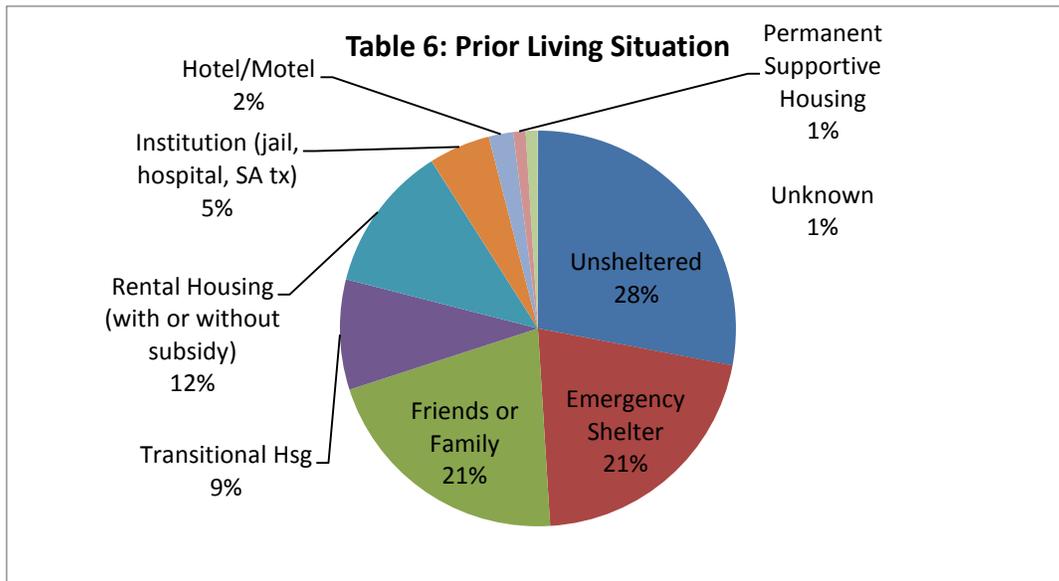
One key finding from our data analysis, also supported by input from consumers and providers, is that people with the highest needs, particularly those who are chronically homeless, are not effectively targeted for assistance and have greater difficulty accessing programs and services than those with lower barriers.

The table below shows the estimated proportion of homeless people in Berkeley broken out into key subpopulations (from the Point in Time count), compared to the people who are actually served in the programs (from HMIS data). This data suggests that certain populations are being underserved in the system, particularly chronically homeless people, who are 46% of the homeless population and only 30% of the people served. The system also appears to be underserving Veterans. Conversely, victims of domestic violence and people with mental illness are served in larger proportion than their representation the homeless population.

Updated PIT information would be needed to further validate these findings. However, input from providers during the stakeholder process anecdotally confirm that there are many people who are not seeking out assistance at any of the currently existing access points, and that these tend to be those who have the longest histories of homelessness and most severe disabilities. There are currently two mobile outreach programs, both funded by the City’s Mental Health Division. The City’s Homeless Outreach Team (HOT) was created in 1991, at one time had three mental health clinicians, but over time has been reduced to one person. BOSS was recently awarded \$100,000 in Mental Health Services Act funding to provide outreach primarily to Transition Age Youth and Older Adults in Berkeley and Albany. The primary purpose of the BOSS outreach contract is to engage people in mental health services. Neither the consumer focus group nor the stakeholders identified outreach programs as system elements that provide entry points into housing.



While the system is underserving chronically homeless people, it also appears that many of those who are being served are not literally homeless (meaning they are not living outdoors or in an emergency shelter). The table below shows where people reported they were living prior to entering any program in the City of Berkeley (using 2013 HMIS data). Many people served in Berkeley programs were not actually homeless at the time they entered: 21% were living with friends or family and another 12% were living in rental housing. In total, almost a third of people being served were not literally homeless at the time of entry into the homeless system. This chart also demonstrates the proportion of people going from program to program within the City, with nearly one third come from homeless serving programs (shelters and transitional housing) into other programs.



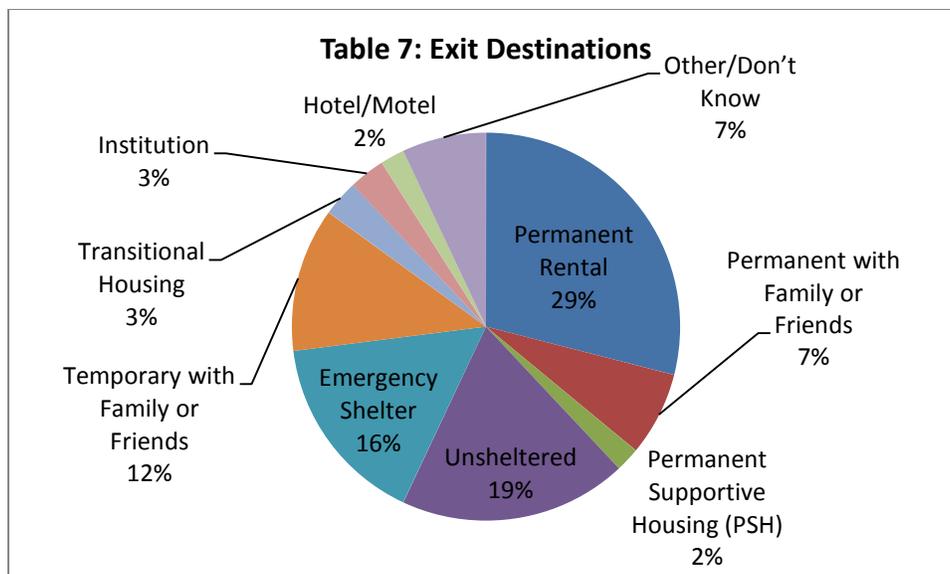
3. City Investments Not Adequately Focused on Helping People Secure Housing

Currently the City invests almost \$3 million annually in homeless services, but relatively little is actually spent on housing or services that directly connect people to housing. As shown in Table 3 (above), about 54% is invested in drop in centers and shelters and another 19% on services not linked to housing (e.g. employment, benefits advocacy, alcohol and drug services). Only 19% is spent on rapid re-housing and services directly linked to housing.

Within the programs funded by the City, there is a relatively small number of staff who are housing specialists compared to those who are general case managers or who provide other types of services. Housing specialists are individuals whose job is to help people locate housing, assist with completing applications, recruiting landlords, developing lists of available housing units, and generally being resource experts on how to access housing. Currently there is only one temporary Housing Navigator position for the entire City, which is funded as part of the City's Emergency Solutions Grant (ESG) program to help clients in the City's rapid re-housing program. There are also a few housing case managers at the drop-in centers, though some also are responsible for helping clients to remain housed once they have secured permanent housing. Overall, the system is under-resourced to effectively assist clients to locate and secure appropriate housing. This is supported by input received in the client focus group, where many participants expressed their frustration that shelter staff are not well equipped to help them design a strategy to secure housing and lack needed information and training to provide effective help with housing location.

The resources dedicated to housing expertise may partly explain the relatively low rate of exit from some types of programs into permanent housing. The table below presents data on the exit destination of everyone served in City of Berkeley programs in 2013. About 38% of people exit to a permanent destination, most of whom go into either subsidized or unsubsidized rental housing (29%). Another 7% move in permanently with family or friends and 2% enter permanent supportive housing. This table likely over represents exits to permanent housing since it includes data for people who receive permanent housing services at drop in centers and who were already housed upon entry to the drop-in service in HMIS.

While these permanent housing outcomes represent an improvement over prior years and reflect the work being done on performance measures by both EveryOne Home and the City of Berkeley, this is not a high enough rate of housing exit to significantly reduce the number of homeless people in the community. It is also below the rate of exit for Alameda County as a whole, which is 43%.

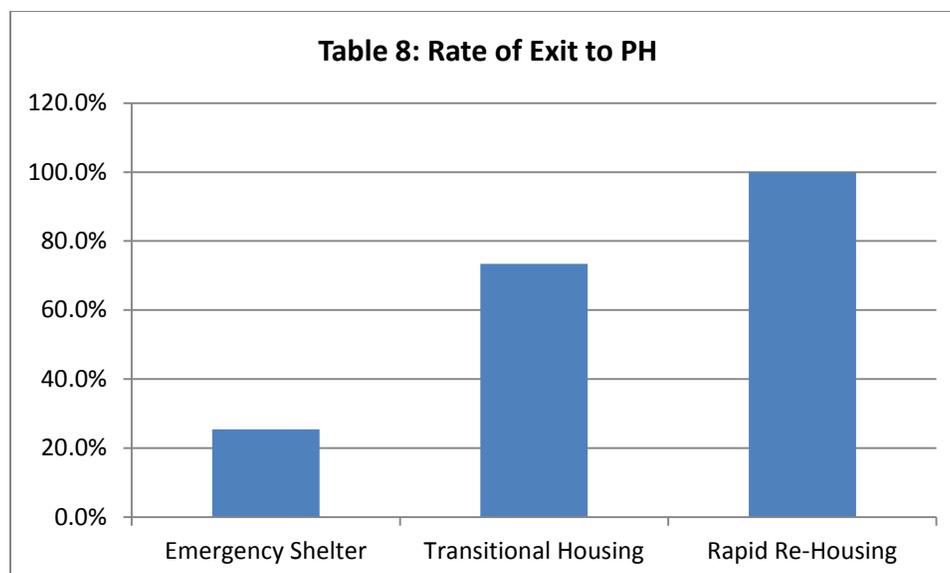


Only 2% of people exit to Permanent Supportive Housing and 3% to Transitional Housing, suggesting that these types of programs offer housing solutions to a very small number of the people who need housing in a program setting. Far more are able to exit to other rental housing (either subsidized or unsubsidized) or housing with friends and family than access housing targeted for homeless people. Use of the existing market rental inventory by providing rapid re-housing services and rental assistance is a critical strategy for effectively housing everyone with a crisis.

About 21% of people exit to family and friends, either in permanent or temporary situations. This is roughly equivalent to the number who enter the system from family and friends. This data supports strategies designed to help people who are living with family and friends but experiencing a housing crisis to remain in their current housing rather than entering shelter or even going to an unsheltered situation. If nearly 20% of clients are candidates for diversion to remain in their housing situations, successfully preserving their housing can free up resources for literally homeless people.

The table below shows the rate of exit to permanent housing for the three main program types in the City's system: emergency shelter, transitional housing and rapid re-housing. This table uses 2013 HMIS data. Rapid re-housing, which represents the smallest number of slots/beds in the system, has by far the best results, with 100% of clients in 2013 reported as exiting to permanent housing.³ Shelters have the lowest rate of permanent housing exit at only 25%.

³ It should be noted that the City's RRH program was just getting up and running in 2013 so served a very small number of clients (only 9 total exits).



The table below shows the average cost of each program exit and of each exit to permanent housing. The cost per exit is an average of the program budget divided by all clients who left during the year. The cost per permanent housing exit is the program budget divided by the number of persons who exited to a permanent housing destination. The first pair of columns shows investments from all sources while the second pair shows only the City's investments. This table uses budget data from FY 2013-2014 and HMIS data from 2013.

This data shows that both emergency shelters and transitional housing are much more expensive per exit to permanent housing, a finding that is highly consistent with results from other communities nationwide. In Berkeley, it costs an average of more than \$19,000 per permanent housing exit from transitional housing and almost \$17,000 from shelter, due to the fact that only one in four persons sheltered exits to permanent housing. By contrast, the City's ESG funded rapid re-housing program costs only \$5,188 per exit to permanent housing.

Table 9: Cost Per Exit				
Program Type	Total Cost Per Person Per Exit	Total Cost Per Person Per PH Exit	CoB Cost Per Person Per Exit	CoB Cost Per PH Exit
Emergency Shelter	\$ 4,319	\$ 16,949	\$ 1,180	\$ 4,631
Transitional Housing	\$ 13,983	\$ 19,057	\$ 1,074	\$ 1,464
Rapid Re-Housing	\$ 4,849	\$ 5,188	\$ 4,849	\$ 5,188

4. Lack of Real Time Information and Data Monitoring Impedes Effective Intake and Referral

As discussed above, the City has set up a centralized shelter bed phone reservation system at the Berkeley Food and Housing Project (BFHP). This system has had mixed results in part due to inconsistent updating of the bed availability. The programs still use fax and email communication for bed reservation and do not take advantage of the online shelter bed reservation software available through the Alameda

County HMIS system. Clients also report they have been able to bypass the system and go directly to shelters.

The lack of availability of immediate, accurate information is also present throughout the system. The county-wide HMIS allows programs to share data, which means staff at a particular agency can see information about the client's previous entries into the system. This data-sharing functionality supports coordination between programs and is a major strength of the Alameda County HMIS system. However, while data is shared, there is currently no requirement that data be entered in real time, so what is known about a client at any given moment is rarely up to date. Clients in the consumer group reported frustration at having to repeat the same information over and over each time they have an intake for a program or service. They also noted that case managers and other program staff don't have access to up to date information about what beds or housing units are available in what programs. This issue was also expressed in the stakeholder meetings, with providers noting that the lack of real time information was an impediment to their service provision. Providers also noted that a major barrier to having real time data was availability of dedicated staff to perform these functions. While it is a difficult objective to achieve from a practical standpoint, having up to date, "real time" information about clients and unit availability throughout the system will vastly improve the intake and referral experience for clients and give providers the tools they need to provide useful assistance.

V. RECOMMENDATIONS

A. Summary Recommendations

Based on our analysis of the strengths and weaknesses of the current system, input from clients and stakeholders, and review of best practices from other communities, Focus Strategies makes the following recommendations for creation of a Coordinated Access System (CAS) in Berkeley:

- a. Centralize access into housing resources. Currently there are too many places where homeless people can access help with securing housing, resulting in a very ineffective use of resources and frustrating experience for clients. There is a cohort of clients continually "making the rounds" attempting to access help with shelter or a housing referral, in part because it is not clear exactly where and how to receive effective assistance. Centralizing access to create one front door into the system and closing access to housing services through other entry points will reduce the amount of time staff spend fielding requests for housing assistance and conducting intake interviews, and free up time to more effectively deliver services.
- b. Establish and implement intake, assessment and referral policies to effectively target system resources to people with the highest needs, including those who are chronically homeless. Berkeley currently invests significant resources in a range of services that serve a large number of non-homeless people. This investment does not target system resources towards the objective of ensuring that people who are unsheltered or living in emergency shelters have a permanent place to live. To end homelessness, the CAS must support an overall goal of prioritizing those who have nowhere to live and effectively connecting them to a viable housing option. Implementing CAS also requires developing standardized intake and assessment tools and criteria for housing referrals that are based on a client's level of need and chronicity of homelessness, not their "readiness" for housing or ability to navigate the system. This report does not make a specific recommendation about what standardized tool to use, as this should

be decided in conjunction with the county-wide process. We have recommended, and Everyone Home has agreed, that a working group should be established to select a tool and include representation from both City and County stakeholders.

- c. Establish a system to identify people who can be diverted from the homeless system and provide them with assistance to avoid entering shelter. Some people who seek homeless shelter and services are not yet literally homeless but on the verge of homelessness. Experience from other communities shows that some can be assisted to remain in place with some problem solving, mediation and small amounts of flexible financial assistance. If even a portion of these “at risk” households are prevented from entering shelter, it frees up resources to assist those who have already lost their housing and have nowhere to go. We recommend that the City establish a shelter diversion program modeled on effective practices in other communities (e.g. Cleveland, OH; New London, CT), in which everyone seeking shelter receives a brief interview to determine if they might be able to safely remain in their current housing or move directly to other housing with some limited assistance. Those who can be diverted can receive some one-time services and financial assistance to preserve their housing situation, for example to help resolve a roommate dispute. Diversion can also provide connections to mainstream assistance to help people develop a longer-term solution to their housing instability, such as connections to employment programs, assistance with securing benefits, legal assistance, etc.
- d. Develop and centralize housing expertise. Currently almost every program in Berkeley has staff with some level of responsibility for helping clients develop and execute a housing plan, including staff at drop in centers, shelters, transitional housing. While holding providers accountable for housing results is a key HUD and Alameda County objective, the unintended consequence is that all organizations have to become housing experts and most are not adequately equipped or funded to do so. We recommend that as part of the CAS, the City invest in building system-level expertise in landlord recruitment, housing location and placement, and helping people problem solve with their landlords, family and friends. Building this additional system capacity will also be more effective if it is not spread throughout the system but centralized as part of the CAS so that it can be accessed in a fair and transparent manner and used to best target help to those who need it most.
- e. Implement and Monitor a System for Real Time Data Entry. Effectively conducting intake, assessment and referral of homeless people requires the infrastructure of a data system and strong policies to require real time updating of both client data and information about housing availability. Additionally, there must be system in place to ensure that all end users are held accountable for conducting accurate and up to date data entry. This tool and protocols should also be developed in concert with countywide efforts.

B. Proposed New System Design and Flow

This section presents a new proposed system design and flow that not creates a CAS that not only provides a new pathway for clients to access housing assistance, but also streamlines and systematizes the process for referral to a housing intervention and exit from homelessness. Some of these system components go beyond CAS and begin to touch upon system “right sizing” and will likely need to be introduced in later phases as the City continues to consider further system re-design.

The proposed flow was informed by the input from the stakeholder process, much of which focused on large and small group work to design a more coordinated system. While it was not possible to process all the CAS design details in just four meetings with the stakeholder group, the process did identify some key design elements and principals about which there was strong group consensus. These included:

- Stakeholders agreed upon a need for fewer entry points into housing to streamline access for clients. There was not agreement about the exact number of entry points, with some participants advocating for just one point of entry and others preferring two or more.
- While all expressed a need for a more simplified structure, this was tempered with a caution to ensure that client choice is respected.
- All agreed the entry points should be accessible by phone and also be a physical location(s) allowing for walk in service.
- Given the large numbers of chronically homeless people, there was strong agreement on the need to more robust outreach efforts connected to the entry point(s) to housing.
- Stakeholders generally agreed that the existence of side doors was unfair and confusing to clients and should be closed.
- Consensus was strong that any intake or assessment tool should be brief to ensure the most streamlined experience for clients and should not ask unnecessary questions.
- In discussions about improving access to shelter, there was strong agreement on devising a system that would not create a shelter waiting list. Having people call in daily was a preferred option. It was also observed that having to hold beds for specific funders created access problems.
- There was general agreement on the importance of having case management or other services to follow people from initial intake through the system to ensure they don't fall through the cracks.
- All expressed a desire to have access to up to date and accurate information about resource availability, particularly housing.
- There was extensive discussion about how the new system should serve special populations (e.g. youth, seniors, people experience domestic violence, families). There was agreement that people actively fleeing domestic violence should be triaged and directed to emergency DV shelter and services before entering the homeless system. Concerns were expressed about having other populations such as youth using the same central entry point as other homeless people, and there was agreement about the need for further consideration of how they will be integrated into CAS.

The new system design described below incorporates these key ideas from the stakeholder process and was also shaped by Focus Strategies' analysis of the existing system strengths and weaknesses and the experience of other communities that have implemented CAS. While the major contours of the system have been defined in this description, some detail-level design decisions need to be made through a further process. These are noted in italics as *"further decisions needed."*

This description follows a client's flow through the system. An accompanying flow chart can be found at the end of the section.

a. Single Point of System Entry

Individuals and families seeking housing help will access housing resources at a new centralized single front door, which we propose be called the Housing Crisis Resolution Center (HCRC). The HCRC should be a physical location that will serve as the only point of entry to targeted services and housing assistance for homeless people. The HCRC will be accessible on a walk in or phone in basis. Individuals who are actively seeking shelter or housing help at drop-in centers, food programs, mainstream City services, or other points of entry will be directed to the HCRC. Chronically homeless individuals who do not seek help will be connected to the HCRC through existing outreach efforts.

Further Decisions Needed:

- *Focus Strategies recommends that the location of the HCRC be determined through an RFP process (see below under Implementation Phases) and could be either an existing drop-in center or a new location.*
- *Is a new mobile service team needed to ensure that individuals not currently seeking services are reached and connected to the system?*
- *How other homeless services currently funded by the City, such as employment, SSI advocacy, legal services, and substance use services are linked to the HCRC needs further consideration.*

b. Initial Intake and Triage

HCRC staff will conduct a brief initial intake and triage with those who phone in or walk in to the center. To ensure that the homeless system is effectively targeting people who are homeless and have the greatest needs, only those who are literally homeless (on the streets or living in shelter or transitional housing) will be served with housing resources through the HCRC. People who are at risk of homelessness will proceed to a diversion interview (see item c. below).

If the triage process determines clients are not safe in their current housing due to partner or family violence, they will be referred directly to the Domestic Violence system for emergency assistance and/or shelter. Clients who are not literally homeless or imminently losing their housing will be referred to 211 or other mainstream services. Referral partnerships for eviction prevention services should be formalized, including for self-help legal clinics, landlord-tenant education and advocacy, and perhaps a specialized partnership for people at risk of losing subsidized housing.

Clients who are literally homeless will have basic, minimal data collected and entered into the HMIS data system. The initial intake tool will include the HMIS universal elements. Clients who are unsheltered and cannot or do not want to come to HCRC can have intake/triage conducted in the field by mobile outreach.

Further Decisions Needed:

- *The specific data elements to be included in the triage tool have not been determined. It could simply include the HMIS universal elements or possibly a small number of additional questions. Deciding exactly what is asked at intake should be coordinated with the Alameda County system design process to ensure Berkeley is not using something incompatible with the rest of the county and there is only one set of questions programmed into the County's HMIS.*

- *The role of 211 in conducting initial triage should be explored as it would add language capacity, 24/7 coverage, initial data entry of a client into HMIS, a breadth of staff coverage in the start-up phase and in other busy times (early morning, inclement weather, etc.).*

c. Diversion

Once a client has had the initial triage and is determined to be at risk of homelessness, HCRC staff will conduct a brief interview to determine if diversion is possible and enter client information into the HMIS system. This interview will elicit information about where the client is staying, whether they can stay in place or move directly to other housing. Staff will use mediation and problem solving, active listening, and knowledge of housing/landlord connections to help the client explore and reality test options. Staff will also have access to small amounts of flexible funding for purpose of helping people to not enter the homeless system. Staff will assist client in accessing community and mainstream resources.

Diversion has been implemented very successfully in many communities, notably Cleveland Ohio, New London Connecticut, Seattle Washington and other places. Providers have found that small amounts of financial assistance, mediation with landlord or with family members, and problem solving can prevent 30% and upwards of people seeking shelter from ever entering the homeless system.

If a client is successfully diverted the resolution will be entered into HMIS system. If not diverted, they move on to assessment, prioritization and matching (see below).

Further Decisions Needed:

- *Criteria governing use of diversion assistance to ensure it is not sought after as a homelessness prevention program.*

d. Assessment, Prioritization and Matching:

For those not initially diverted or re-housed immediately, the HCRC will conduct an assessment to match to a “best fit” housing intervention: rapid re-housing, transitional housing, or permanent supportive housing. The goal of this process is to ensure people are matched to the least amount of assistance needed to end their homelessness (typically rapid re-housing) and reserve the most costly interventions (permanent supportive and transitional housing) for those with the highest needs and greatest barriers.

Further Decisions Needed:

- *Selection of a tool will be a key element of the CAS design. As part of the stakeholder process, there was some agreement reached that a working group be convened with representatives from Berkeley and Alameda County to review possible tools (including the option of a custom tool) and develop a recommendation for a tool, and the electronic platform for the tool, which can support both Berkeley’s CAS and the broader county-wide system.*
- *Focus Strategies recommends that the tool selected or developed should be limited to collecting the information needed to determine what programs a client is eligible to enter (e.g. family composition, veterans status), their housing barriers (e.g. credit issues, criminal record, rental history) and some assessment of the acuity of their needs (vulnerability). The experience of communities that have successfully implemented CAS shows that it is important to gather the least amount of information needed to identify (and offer, if available) an appropriate housing option. Communities that factor in additional criteria relating to “housing readiness” using psychosocial assessments have found that*

this only serves to screen people out of assistance and defeats the purpose of trying to ensure those with the highest needs are prioritized for assistance.

- *Prioritization criteria for transitional and permanent supportive housing should be developed in coordination with the Alameda County process.*

e. Housing Supports and Rapid Re-Housing

Once a new central front door is established, it will become more evident that there is insufficient system capacity to offer a housing intervention to everyone who needs one. One critical element of the new system design is to ensure that all those who are not eligible for transitional housing or permanent supportive housing (or are eligible but there are no spaces available) still receive an appropriate housing intervention. To make this possible, we recommend that the HCRC also serves as a housing resource center, in which people can receive various levels of assistance with housing search and placement depending on their needs. This system piece crosses over from CAS into system right-sizing and is essential to ensure that the HCRC does not just become a place that manages waiting lists.

The proposed housing activities that would take place at the HCRC will match people to low, medium or high intensity housing resources:

- **Low: Light Housing Resources.** This will include housing listings, shared housing tips, workshops on application assistance, and housing search, etc.
- **Medium: Connect to Housing Resources.** This includes one on one work with a housing specialist, landlord referrals, possibly one-time financial assistance for things like deposits and debt elimination where it is a barrier to housing.
- **High: Rapid Re-Housing.** This will include all the activities eligible under the CoC and ESG funded RRH programs: housing case management, housing plan, 3-6 months rental assistance, deposit assistance, and connection to ongoing mainstream services.

Further Decisions Needed:

- *Criteria and policies governing who is assigned to what level of housing support and whether this is integrated into the assessment tool or whether all assistance is provided using “progressive engagement,” meaning a process in which everyone starts with “low” service and then is offered medium or high intensity assistance only if not successful in securing housing.*

f. Shelter Access:

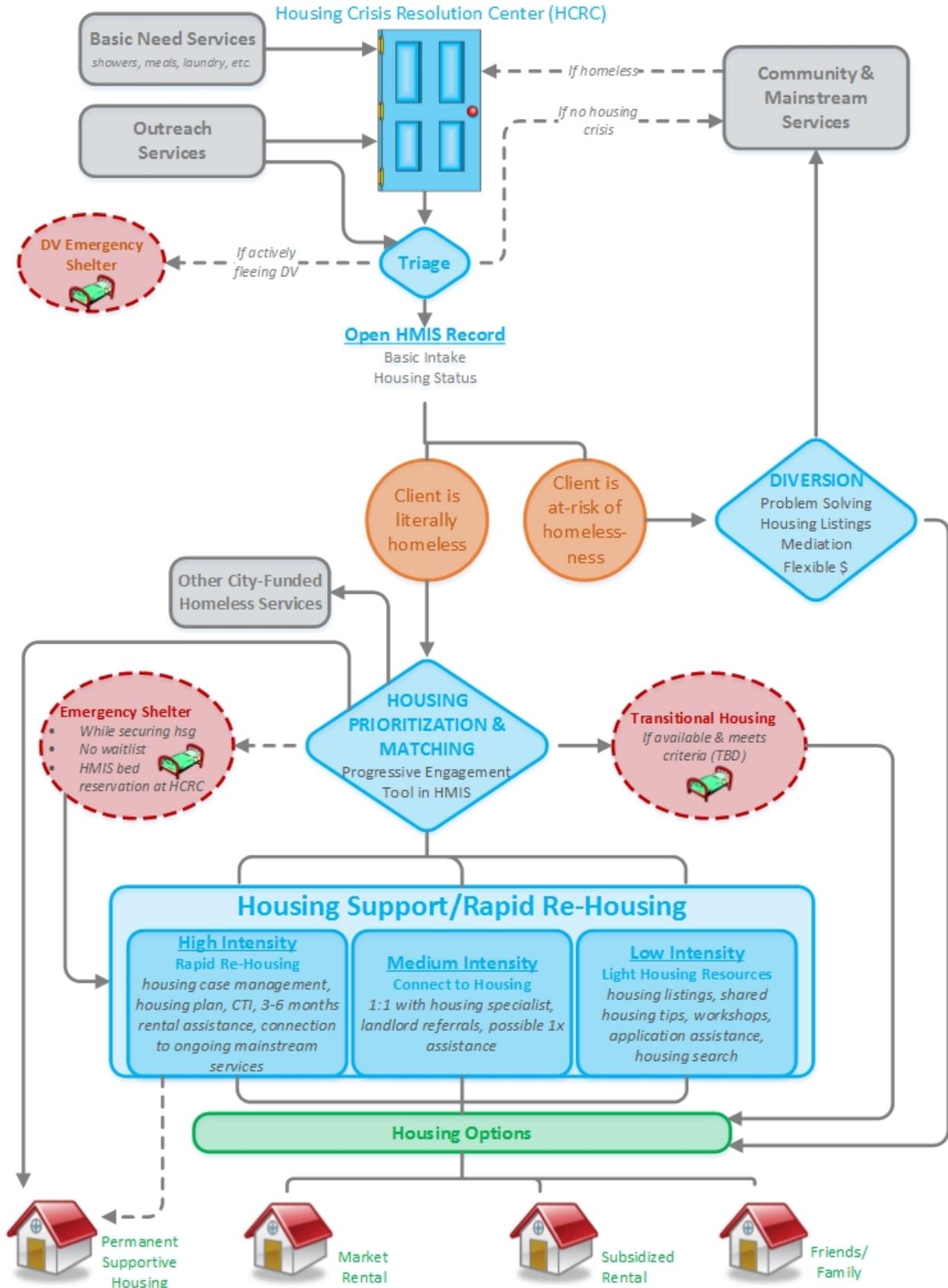
In addition to triage, intake, assessment and matching with housing resources, the HCRC will manage a “real time” shelter bed reservation system along the lines of the existing phone in system. Stakeholders participating in the input process felt strongly that since shelter is an emergency response to an immediate need, there should not be waiting lists. Rather, people should be able to call in twice daily (once in the morning and once in the evening for “no show” beds – those beds that were assigned in the morning but the client did not arrive to use them). Focus Strategies further recommends that there be prioritization based on acuity of need so that those who are the most vulnerable are more likely to gain shelter, rather than the most vocal and persistent.

In this new system, since housing supports, housing search and housing placement work will be centralized at the HCRC, shelters will function as places for people to stay while they work on a housing plan, but the actual housing work will take place through the HCRC. To assist sheltered clients with

housing needs, staff can go to the shelter or shelter residents can go to the HCRC. The concept of shelters as just a place for safety and basic needs while searching for housing aligns with best practices in other communities with housing crisis resolution systems, including Charlotte, NC and Portland, OR.

Further Decisions Needed:

- *How shelter staff and HCRC housing staff work together to support clients' housing outcomes*
- *Identification of a tool to support bed reservation. Options include keeping the existing phone system, using ShelterPoint, or another tool.*
- *Policy for circumstances under which a client can lose/be involuntarily exited from a shelter bed (other than by getting housed or voluntarily giving up the bed or leaving the program).*
- *Prioritization criteria for shelter, if any.*
- *How to integrate a process for access to County-funded beds in the City's shelters (VA, CHAAS)*



C. Proposed Implementation Phases

The new system design proposed above will entail a significant re-structuring of existing programs and services as well as shifts in City investments. Given the magnitude of the recommended changes we suggest approaching the implementation in phases.

A. Phase I: FY2015 - 2016

We recommend the City use the FY 2016 funding cycle to shift and re-structure some of its current investments to build the new system. The RFP should present the system model and require applicants to proposed activities that align with specific system components, and provide definitions and parameters for what these will require. These components would include:

1. Housing Crisis Resolution Center (given the complexity of the work we would recommend this be divided into several sub activities)
 - Triage, intake, assessment, matching, shelter bed reservation
 - Diversion
 - Housing support activities (landlord recruitment, housing location, resource materials, workshops)
 - Financial assistance (deposits, rental assistance)
 - One on one housing search help, housing case management
2. Outreach and engagement
3. Basic needs (meals, showers, lockers, laundry, etc.)
4. Emergency shelter
5. Transitional housing
6. Case management in permanent supportive housing
7. Other services (employment, legal, SSI advocacy, DV, etc.)

In this initial year, the City can use the RFP process to identify a site and operator to establish an HCRC with services that include intake, assessment, resource matching, shelter bed reservation, a pilot diversion program, rapid re-housing services, and a team of housing specialists who can offer all those who access the HCRC some low level housing support (housing listings, workshops, applications, etc.).

During this initial year, use data gathered from the HCRC process on demand and flow to help inform a system rightsizing analysis and set objectives for developing capacity to provide either medium (connect to housing) or high (rapid re-housing) interventions for everyone who needs them. Develop a funding plan to start bringing these interventions to scale. As the Countywide system re-design is further developed, this initial year will be the time to refine the system design to align with the rest of Alameda County.

B. Phase II: FY 2016 – 2017:

In the second phase, focus on continuing the implementation of the changes described above while also beginning to expand housing options as new resources become available. Specific year two activities will include:

- Evaluating how the CAS is working and making adjustments to tool and policies;

- Analyze data from the diversion pilot and rapid re-housing programs, assess effectiveness and make adjustments. If data supports its effectiveness, identify funding sources to bring these programs to scale;
- Explore need for expanded outreach functions and develop plan to fund mobile outreach team if indicated; and
- Develop connections between the HCRC and other city funded homeless services provided outside the HCRC whereby the HCRC will be able to prioritize and match people to these other services.

Appendix A: List of Participants in Stakeholder Process

Agency	Attendees	Number of Meetings Attended by Agency
Alameda County Homeless Action Center	Patricia Wall	1
Alameda County Network of Mental Health Clients	Katrina Killian, Emmitt Hutson, Christina Murphy	3
Berkeley Food & Housing Project	Terrie Light, Lara Tannenbaum, Raija Freeman, Sharon Alford	4
Bonita House	Leslie Taylor	1
Building Opportunities for Self-Sufficiency	Donald Frazier, Robert Barrer	4
Family Violence Law Center	Samantha Burrows, Tenisha Keys	4
Fred Finch Youth Center	Carmen Pellerin, Linease Buckner	4
Lifelong Medical Care	Lydia Apple	4
Options Recovery Services	Davida Coady, Kristina McGovern	1
Rubicon Programs	Anna Kelleher, Rick Wood, Diane Jesus	4
Toolworks, Inc.	Sarah McKinney, Troy Ward	4
Women's Daytime Drop-In Center	Roshone Atkins	2
YEAH! (Youth Engagement Advocacy Housing)	Bob Offer-Westort	1
Youth Spirit Artworks (YSA)	Danielle Gibbins	2
City of Berkeley Aging Division	Jeff Buell	4
DPOP	Dan McMullan	1
Homeless Commission	Ken Peterson, Kathy Gresher, Carole Marasovic	4
Ambassadors Program	Lance Goree	1
Everyone Home	Elaine DeColigny	2

Appendix B: City of Berkeley Funded Homeless Programs

Outreach

City of Berkeley - Public Health/Mental Health Outreach
BOSS – Mental Health Outreach

Drop-In Services and Centers

Alameda County Network of Mental Health Clients - Berkeley Drop In Center (BDIC)
Berkeley Food and Housing Project (BFHP) – Multi Service Center
BOSS – Multi Agency Service Center (MASC)
Lifelong Medical Care (LMC) – Acupuncture Drop-In Clinic
Women’s Daytime Drop in Center (WDDIC)
WDDC and BFHP - Homeward Bound Program
United for Healthcare – Youth Suitcase Clinic
Youth Spirit Art Works – BUSD Homeless Student Program

Emergency Shelter

BFHP – Men’s Overnight Shelter
BFHP – Dwight Way Women’s Shelter
BOSS – Harrison House Single Adults Shelter
Dorothy Day House – Berkeley Emergency Storm Shelter (BESS)
YEAH – Emergency Shelter
City of Berkeley – Winter Shelter and Motel Voucher Programs

Transitional Housing

BFHP – Dwight Way Transitional Housing
BFHP – MOS VA GDP Transitional Housing
BOSS – Harrison House/Ursula Sherman Village – Family Transitional Housing
BOSS –Ursula Sherman Village/Sankofa Transitional Housing
BOSS - Housing Stabilization
Fred Finch – Turning Point
Women’s Daytime Drop In Center – Bridget Transitional House

Rapid Re-Housing (RRH)

BFHP – Support Services for Veterans Families (SSVF) RRH
City of Berkeley/BFHP – Priority Home Partnership (ESG RRH)

Permanent Supportive Housing

BFHP – Russell Street Residence
Bonita House – Supported Independent Living
Bonita House – Channing Way Apartments
City of Berkeley Shelter Plus Care Program (multiple grants, including tenant and sponsor based assistance)
City of Berkeley – Square One
RCD – Erna P. Harris Court, BIST/UA Homes, Oxford Plaza, Stanley, Regent Street House

Prevention

BFHP – Housing Retention Program (HRP)
BFHP – SSVF Prevention
BFHP – PRCS Housing Stabilization
City of Berkeley - ESG Prevention

Permanent Housing Services

BFHP – S+C Housing Retention, COACH
Lifelong Medical Care (LMC) – Shelter Plus Care, COACH, Square One
Lifelong Medical Care (LMC) - BIST Erna P. Harris, MLK and UA Homes
Toolworks Supportive Housing

Other Services

BFHP – Quarter Meal
Dorothy Day House – Trinity Church Breakfast
Family Violence Law Center – Legal/DV services
Housing Action Coalition – PCEI Project and SSI Advocacy
New Bridge – Residential Substance Abuse Treatment
Options Recovery Services – Substance Abuse Treatment, Dual Diagnosis Clinic, Housing Advocacy
Rubicon Programs – Employment Program