

Coordinated Entry Work Group – Work Group #4 [Held August 20, 2015]

Pierce County Community Connections

Context: In February, Pierce County held a Community Meeting, to share the results of Focus Strategies' analysis of our Centralized Intake System and their recommendations for improvement. As a part of implementing those recommendations, Pierce County sought to convene a work group to inform the implementation and re-design of Centralized Intake. Participation in the work group was by invitation and included a cross-section of providers and partners of the homeless response system. The work group was presented with a proposed framework to discuss and provide input.

Additional Materials from the February Community Meeting:

- [Executive Summary of the Focus Strategies Report](#)
- [Community Meeting PowerPoint](#)
- [Community Meeting Q & A](#)

Work Group #4: Coordinated Entry Acceptance Policies

Desired Meeting Results:

1. Greater clarity regarding coordinated entry implementation
2. Understand phases of coordinated entry implementation timeline
3. Understand implications of CE referral acceptance policy on programs
4. Understand remaining opportunities for input and information

Summary of Results from Work Group #4:

Implementation at Shelter

Pierce County and Focus Strategies met with the same-day single-adult shelter providers and same-day family shelter providers (separately) to discuss the implementation of CE at shelter doors. Some of the key issues raised:

- Changing front door without changing the exits
 - True. Though we are not alone: most COCs following funder lead, and CE is a required component of any homeless system.
 - We will continue to align the exits with the need of the people coming through the front door through NOFAs and allocation of funds.
 - Every year will be a process of realignment.
- Funding for expanded Coordinated Entry – Do we have enough?
 - Won't know until we start to build it – and ultimately we will build what we can afford
- How do we build a Coordinated Entry that really helps us to assess the need – not just the need of people who think it's worth their while to come to us?
 - Mobile outreach will help with that
- What do we do with clients already in shelter – will they be prioritized? Evicted?
 - No one will be evicted – we'll start with people in shelter to identify an appropriate housing option, and make the referral to the appropriate program.
- How to deal with situations in which it's either necessary to NOT accept a client into shelter (e.g. medical care demands exceed the shelter's ability) OR when it's necessary to ask a client to leave shelter (e.g. for the safety of self and others)?
 - As we have discussed referral acceptance and decline we've been thinking more about permanent housing (RRH and PSH), transitional housing and non-same-day shelters. We need to further explore the impact on same day shelters.

- Prioritization may change the demographic of who is in shelter, and impact the shelter’s ability to support the new demographic.
- Concern that prioritization could potentially create a perception in the community that people won’t be able to get a bed, so they would stop trying.
 - Currently, a process that is straight-forward, understood and trusted (first come, first serve);
 - Prioritization is a much more complicated mechanism, not as easily understood, and *could* create distrust in the community.
 - Distrust or misunderstanding could result in people not even trying to enter shelter.
- Messaging with the implementation of prioritization will be critical: if people don’t understand how access to services and housing is being decided, they will naturally worry about fairness.
 - Communication will be critical to success and to keeping the trust of those we are serving.

These two conversations raised enough concerns and uncertainty that we have reconsidered the timing of implementing prioritization into same day shelters. **Therefore, we will start with prioritization for housing referrals and the non-same day shelters (that currently get referrals from CI), and address prioritization into same-day shelters at a later date, when we have more information.**

Pierce County CES: Implementation and Phase-In Timeline

Quarter	Action Steps	Desired Results
July to Sept 2015	<ol style="list-style-type: none"> 1. Draft Prioritization tool (FS) 2. Draft written procedures for screening, diversion and prioritization steps (FS) 3. Draft implementation phase-in timeline (FS) 	<ol style="list-style-type: none"> 1. Tools and processes are ready to test by Oct. 1 2. Implementation steps are clear
Oct. to Dec. 2015	<ol style="list-style-type: none"> 1. Develop messaging scripts for clients, providers, general community, leadership on what will be changing (PC, FS, AP4H) 2. Data systems created to support CES testing phase (prioritization tool and priority pool built inside HMIS) (FS) 3. Culling and attrition of existing Placement Roster: interview existing PR households using new tool; offer diversion to those with lower barriers; keep higher barriers on PR and try to find placements using existing processes (DVT/match to vacancy) (AP4H) 4. Oct. 1 cut over to diversion and new prioritization tool for new callers to AP4H; only those with high scores go to Placement Roster (AP4H) 5. November 2015 – New CES provider selected and contract executed; TA and training begins on new systems (PC, FS) 6. November 2015 - HHP contracts awarded; providers begin process of revising eligibility criteria 7. Dec. 31, 2015 – What is left of Placement Roster becomes new Priority Pool 	<ol style="list-style-type: none"> 1. Everyone involved in roll out of new CES system is giving out consistent information and messaging prioritization interview data into HMIS, generate priority scores and create test priority pool. 2. By December 31, 2015, there are few or no households on the Placement Roster 3. Data is gathered from AP4H testing to refine CES tools, policies, systems
Jan. to March 2016	<ol style="list-style-type: none"> 1. Refinement of CES tools, policies, systems (FS) 2. CES learning collaborative convened (CES provider, same day shelters, PC) 3. Field testing of new system flow and tools at selected same-day single adult and family shelters – CES staff stationed at shelter door to conduct screening, diversion, prioritization; those with high scores go to priority pool (CES provider, same day shelters) 4. Same-day adult shelter access continues to be “first come first served” but all shelter residents receive prioritization interview 5. Ongoing coordination meetings between CES provider and same-day shelters 	<ol style="list-style-type: none"> 1. Additional data is collected to refine approach and prepare for April 1, 2016 cut over; 2. All CES functions can take place inside HMIS starting April 1, 2016 3. Same day shelters are ready for system switch over on April 1, 2016. 4. Programs are prepared to accept CES referrals on April 1, 2016
Jan. to March 2016	<ol style="list-style-type: none"> 6. New CES provider continues to implement screening, diversion, prioritization at central location, those with high scores added to priority pool 	



Quarter	Action Steps	Desired Results
(continued)	<ol style="list-style-type: none"> 7. HMIS system configuration completed including DVT and matching functions (FS, PC) 8. Providers of non-same-day ES, TH, RRH, PSH complete revision to eligibility criteria; submit new list of criteria to CES to upload to HMIS for matching process 9. Late March 2016 – community wide CES system launch meeting (PC) 	
April to June 2016	<ol style="list-style-type: none"> 1. Main features of new CES go “live” on April 1 at same-day shelter and at central CES location (screening, diversion, prioritization, matching and referral using streamlined criteria) 2. New acceptance and denial policy for providers begins April 1 (must accept 95% of referrals) but with some flexibility to work out issues 3. Learning Collaborative meets weekly to problem solve and adjust processes 	<ol style="list-style-type: none"> 1. Starting April 1, 2016, all households are either diverted or matched to a housing intervention within 30 days. 2. Additional information is collected for system refinement.
July to Dec. 2016	<ol style="list-style-type: none"> 1. Mobile outreach function launches July 1. Outreach staff begin proactively working with high need unsheltered people to connect them to shelter and housing; screening, diversion, and prioritization are conducted in the field; 2. Prioritization of same-day shelter beds begins July 1 3. PC begins tracking performance measures for both CES provider and programs funded through HHP on July 1 4. Continue refining tools and processes through end of Dec. 2016 	<ol style="list-style-type: none"> 1. Allow some time for system issues to be worked out before proactively trying to add more of the highest need clients to the system. 2. Allow time for system issues to resolve before holding CES or providers accountable for results.

Proposed List of Allowable and Unallowable Program Eligibility Criteria

Currently programs have a range of eligibility requirements that are imposed at the program level and that have the effect of screening out homeless people with higher housing barriers. The chart below shows the proposed list of criteria that programs would continue to use and those that would be disallowed unless there is a very clear justification, such as it being a funder requirement or related in some way to the physical configuration of the facility.

Type of Criteria	Allowed	Disallowed
Household type and composition	May restrict based on: <ul style="list-style-type: none"> • Household type (TAY, single adult, family) • Household size 	May not restrict based on: <ul style="list-style-type: none"> • Gender of adults or children (except if required based on configuration of facility) • Age of children in household with adults and children • Gender identity or orientation • Any other protected class
Homeless Status	May restrict admission to: <ul style="list-style-type: none"> • Literally homeless people • Chronically homeless people 	May not screen out literally homeless people
Residency	If funder required	Unless funder required, may not restrict admission to: <ul style="list-style-type: none"> • Last known address in Pierce County • Last known address in particular area of County
Immigration Status	May restrict based on immigration status	
Veteran Status	May restrict based on: <ul style="list-style-type: none"> • Veteran status • Discharge status (if funder required only) 	
Disability	May limit admission to people with a specific qualifying disability	May not deny admission based on having a disability (e.g. “not employable”)
Domestic Violence	May limit occupancy to DV victims	
Income	May restrict based on maximum income	May not restrict based on: <ul style="list-style-type: none"> • Minimum income • Income source



Type of Criteria	Allowed	Disallowed
Employment	None allowed	May not restrict admission based on: <ul style="list-style-type: none"> • Current employment status; • Employability or history of employment; • Willingness to pursue employment
Education	None allowed	May not restrict admission based on: <ul style="list-style-type: none"> • Being a current FT or PT student • Willingness to pursue education
Criminal Background	If funder required or on program case-by-case basis, may restrict based on: <ul style="list-style-type: none"> • Violent felony • Sex offender registration • Arson • Drug Manufacturing 	May not restrict based on any criminal background except those specifically required by funder.
Sobriety	None allowed	May not restrict based on: <ul style="list-style-type: none"> • Current sobriety • Length of sobriety • UI Test
Rental and Credit History	None allowed	May not restrict based on: <ul style="list-style-type: none"> • Past evictions • Having no rental history • Poor credit history
Service Participation	None allowed	May not restrict based on willing to participate in: <ul style="list-style-type: none"> • Case management • Mental health services or counseling • Substance abuse treatment or counseling • Goal setting or service planning • Any other mandated services
Pets	Congregate settings may restrict pets, other programs must receive waiver	Housing programs (non-congregate facilities) may not restrict pets unless they receive a waiver.

Work Group Criteria Implication Questions

- Define “funder” in funder requirements – includes donors, churches?
- Clean & sober housing impacted – people in recovery
- Tension: zero service requirements **and** funders want see people in services (COC, CHG)
- How to show making progress? (Housing stability plan)
- After program entry, have set of rules ↓safety (sobriety)
- Fear/95% **all** referrals or **appropriate** referrals?
- Changes in age restrictions
- Multiple programs, client co-mingling = increases issues
- How to decrease fear? Knowledgeable trainers, flexibility
- Some programs already serving high barriers
- Criminal background: challenge with landlords
- At what point stop trying re-house (in RRH) = denial?
- Service animals & pets in shelter = good
- Repercussions for > 5% denials? → impact future funding
- Reasons to deny: Threats to safety (at acceptance)
- Acceptance at referral vs. program rules
- Current lease contract: units w/strict entry requirements
- Program **agreements**, not rules
- Medical needs that staff can/can’t handle
- RRH: support for client post-subsidy?
- 5% Denials and/or spending down funding (don’t cream)
- In accepting 95%, what is the impact on housing retention?
- Program accountability = exits to PH (e.g. shelter + RRH)

Continued Opportunities for Input and Updates

- Field testing
- Learning Collaborative (as part of field testing)
- 5th CE workgroup meeting, 1st Quarter 2016
- CES Launch, 2nd Quarter 2016
- Communications from PCCC
- 1:1 provider – PCCC mtgs.
- Website (with bells and whistles)

