Alameda County
Coordinated Entry System
Initial Design Report

June 30, 2016
CES Overview and Context

• Coordinated Entry is a major component of our system redesign which launched in February of 2014
• Included a Community Planning Charette in July with over 200 stakeholders providing input into what would help our CoC respond to people without homes more effectively
• Consumers and providers strongly advocated for more streamlined access to services that were prioritized for the most vulnerable and better matched to people’s needs—that’s Coordinated Entry.
• The 2012 HEARTH Act Interim Final Rule also requires that all CoCs operate a CES.
What is CES? (from the CoC Regulations)

A centralized or coordinated assessment system:
• Covers the CoC's geographic area
• Is easily accessible by households seeking housing or services
• Is well-advertised
• Uses a comprehensive and standardized assessment tool
• Responds to local needs and conditions
• Covers at least all CoC and ESG programs
• Includes a policy to address needs of those fleeing DV but seeking service from non-victim service providers
What are key elements of effective CES?
(from HUD Coordinated Entry Brief)

<table>
<thead>
<tr>
<th>Element</th>
<th>Description</th>
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<tbody>
<tr>
<td>Highest Needs Prioritized</td>
<td>Low barriers at CES and in programs</td>
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<tr>
<td>Person-Centered</td>
<td>Housing First Orientation</td>
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<td>Fair and Equal Access</td>
<td>Emergency Services (e.g. all hour access)</td>
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<td>Standardized access and assessment</td>
<td>Inclusive (all populations addressed)</td>
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<td>Referrals fill all vacancies (no side doors)</td>
<td>Rejections rare and justified</td>
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<tr>
<td>Includes street outreach</td>
<td>Stakeholders included in planning and consultation</td>
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<td>CES informs local planning and system change</td>
<td>Considers physical and political geography</td>
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<tr>
<td>Incorporates Safety Planning</td>
<td>Utilizes HMIS</td>
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What should CES accomplish?

- Simplify access for clients
- Ensure fairness, consistency and transparency across the community
- Speed movement from homelessness to housing
- Prioritize most vulnerable for assistance
- Match households to most appropriate available intervention
- Target limited resources more efficiently
Process and Timeline

- EveryOne Home Charter Adopted October 2015
- Funders Collaborative established October and meeting continuously since
- CES Committee Design Meetings Jan-June 2016
- Community Meeting May
- Public Comment Period June
- CoC Committee Review and Approval June
- Leadership Committee June (Today)
- Implementation planning July – October, including written standards, tool development, protocols and performance measures
- Phased Launch County-wide
Initial Design Highlights

Alameda County Coordinated Entry
**Design Highlights**

**Access**

**Housing Resource Centers:** Alameda County will have multiple strategically-located housing resource centers to assist people experiencing a housing crisis. These regional access points will be similar to the HRC model developed with Homelessness Prevention and Rapid Rehousing Program (HPRP) funding.

Every HRC will include the key elements of triage, diversion, assessment, prioritization, housing navigation, and services connection.
Permanent Supportive Housing
RRH/Market Rental
Emergency Shelter
Transitional Housing
Coordinated Entry System
Outreach – Access - Referral
Triage
Literally Homeless
Diversion
Non-Homeless
Diversion and prevention
HRC/HUB
Housing
Prioritization & Matching
Housing Navigation Services
RRH/Market Rental
Permanent Supportive Housing
Subsidized Rental
Friends/Family
Connected Services:
Health, benefits, Behavioral Health, Substance Abuse, legal, Childcare, Education, Employment Services
Housing Resource Centers And Connections

Central Number, Pre-assessment/Screening, Coordination Among and Between HRCs, Hand off, Data, Oversight, and Learning

Solid Line to diamond shape = referral/connection to homeless services (i.e., ES, TH, RRH)
Dashed Line to oval shape = Referral/connection to non-homeless services
Van and purple lines = mobile outreach services that will also provide access to screening and service referrals
Design Highlights

Access

- **Phone Access:** There should be countywide phone access to direct people to the Hubs. The operators should conduct an initial screening for literal homelessness, then direct or transfer callers to the appropriate HRC.

- **Street outreach:** Street outreach should be connected to every Hub such that people who are living outside can be assessed, prioritized and connected to services while on the street.

- **Location of Hubs:** Hubs should be located near public transportation

- **Access at Hubs:** Hubs should be able to address multiple language needs and be culturally competent. People should be able to walk directly into a hub to receive assistance.

- **Virtual access:** People should be able to access the system via the web. This may be through case managers with virtual access, or outreach workers with tablets.
Design Highlights
Screening and Assessment

Access coordinated entry point (divert)

Assess the type and level of need

Determine eligibility and priority.
Design Highlights
Assessment and Prioritization Tools

- **Standardized**: Triage and assessment tool or tools will be the same across the system.

- **Succinct**: Tools will ask the fewest questions needed at each point to make the required determinations.

- **Prioritization Tool**: CES Tools committee recommended building a tool using HMIS questions (re-worded if needed) and supplemental fields to reflect prioritization factors.
Design Highlights
Prioritization Factors

Factors Identified for Households without children
- Current housing situation
- Chronic homelessness (HUD definition)
- Health, disabilities, extreme medical needs, self care needs
- Specific housing barriers

Factors Identified for Households with children
- Safety
- Current housing situation
- Child’s needs
- Chronic homelessness
- Extreme medical needs
Design Highlights
Diversion and Prevention

- Diversion and Prevention work seek to prevent people who have a place to stay from entering the homeless system.
- Diversion will be a core practice of the system.
- Everyone who contacts the CES who is homeless or at risk of homelessness will receive a problem-solving conversation, and be screened for diversion and/or prevention.
- For people who are not homeless, prevention funding will be prioritized based on risk of homelessness.
Design Highlights

Referrals

In Coordinated Entry, program slots that are dedicated to homeless people will accept referrals only through the HRC Assessment process.

✓ **Participation:** All CoC, ESG, and MHSA funded programs will take referrals from CES. Additional programs have been identified that will be asked to participate in CES.

✓ **Timeliness:** Referrals for Housing Navigation Services and connected programs will be processed and notified promptly, by the end of the following business day.
Design Highlights

Referrals

- **Hub-based referrals:** Referrals to shelter and to transitional housing that is intended to be short-stay crisis housing will be done by Hub on a geographic basis.

- **Countywide referrals:** Referrals from Home Stretch to housing will be on a countywide basis. Any longer-term transitional for specific populations will also be accessed countywide.

- **Rapid Rehousing** resources will be linked to Hubs and most likely accessed regionally (TBD)
Design Highlights

Referrals

- **Housing Navigation:** Housing Navigators will be the primary creators/keepers of housing plans. If Housing Navigation caseloads are full, Assessors and other HRC or program staff may work with consumers to prepare documents, work on credit, or begin housing plans.

- **Housing Care or Case Management:** Once people are placed in rapid rehousing or permanent housing, services will be available (through the housing program or from the HRC) to assist people maintaining their housing.
Design Highlights 
Integrating Subpopulations

- **DV**: The CE system will be linked to the DV system with agreements on referrals and coordination across systems, but DV programs will remain separate as needed for safety.

- **Transition Aged Youth**: Homeless youth will be included in CES system but may have separate access points; tool will need to reflect TAY realities or have separate questions for TAY

- **Veterans**: Veteran process through Operation Vets Home needs to be integrated with CES effort – may include coordination with a Vets Annex or entry point
Design Highlights
Oversight and Coordination

- Resources will be allocated to ensure the coordinated entry system is centrally managed, **well-coordinated**, and continually improving.

- The CE system will operate within **HMIS** and not develop separate databases. Data will be used to assess the impacts and outcomes of the system to inform changes.

- **Stakeholders** — including service providers, funders, and people with lived experience of homelessness — will have an ongoing role in the oversight and refinement of the Coordinated Entry System.

- Learning Collaboratives will be established for ongoing implementation and learning work
Design Highlights
Training Needs

- About the HRC, coordinated entry, and purpose of CES
- Problem Solving, Diversion, and Prevention
- Assessment Techniques, Motivational Interviewing
- Empathy, De-Escalation, Mediation, Conflict Resolution
- Housing Resources and Housing Barriers
- Legal education on community living, fair housing, etc.
- Mental Health topics
- Domestic Violence protocols
- Staff Self-Care
- Cultural Training: LGBTQ, Racial, Language, Special needs
- Customer Service
- HMIS and Data-Sharing Protocols
- Public Benefits 101
Funding Plan: Sources

- **Already in place**
  - Berkeley Hub
  - Oakland Family Front Door
  - Home Stretch
  - Some outreach and/or housing navigation in all regions

- **Other Sources**
  - Boomerang – Countywide
  - Boomerang – Local
  - Whole Person Care Application
  - CoC Potential Application
  - Other new funds
  - Other reallocation
Funding Plan: Needs

HRC Ongoing Operations
3 Large Centers @ $1,000,000/year = $3,000,000
3 Small Centers @ $500,000/year = $1,500,000
Call Center plus Central Coordination @ $1,025,000/year
**Total = $5,525,000**

Additional Access Points and Housing Navigation
22 Additional Housing Navigators through HCSA = $1,650,000
10 Additional Outreach/Assessment Positions = $750,000
**Total = $2,400,000**

**Total projected annual cost**
HRC Operations: $5,525,000
Additional Housing Support: $2,400,000
**Total Annual: $7,925,000**
Funding Plan: Next Steps

- Regions review all resources
- Health Care submits Whole Person Care
- Boomerang Funds become available for proposal
- CoC NOFA published
- Funders continue to meet and plan
Next Steps and Timing

- Ask Questions
- Approve/Adopt Initial Design Today

Next Phase
- Funding for HRC’s and CES functions identified and made available, and operators identified
- Design further developed and refined, esp. once new HUD Guidance is issued ("imminent") including more subpopulation refinement
- Tools, policies and procedures developed and tested
- New System Performance Measures developed
- Learning Collaboratives begin
- Staged launch county-wide
Motion:

1) Approve and adopt the Initial Coordinated Entry System Design

2) Direct EveryOne Home to move forward with next phase of design development

3) Commit in your own professional and personal capacity to support the successful design, funding and implementation of Coordinated Entry