Alameda County Coordinated Entry

Initial System Design Recommendations

Once the key components were isolated, the next step was to look at how the HRC design will bring those components together. The design team identified the series of key decisions the county would need to make, and brought those decisions to the appropriate agencies and committees. The list below represents a point-in-time accounting in May of 2016 of what has been accomplished and what remains. These are initial policy recommendations. We expect things to change frequently as we move toward implementation and as funding is secured and better defined.

1. **Entry Points/Access/Outreach Recommendations**

☑ **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 have include the key elements of triage, diversion, assessment, prioritization, housing navigation, and services connection.

☑ **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.

☑ **DV:** The CE system will be linked to the DV system with agreements on referrals both ways and coordination across systems, but DV programs will remain separate and have their own access points.

☑ **Transition Aged Youth:** How youth-specialized access and programming will be integrated into CES is being considered in subcommittee work.

☑ **Veterans:** Coordinating across the system of care and coordinated access already in place for veterans and the CES will require careful consideration. A committee has been convened to address this work.

Remaining to discuss/recommend during Implementation

☐ How virtual access will work

2. Screening/Assessment

Once people have accessed the coordinated entry point, service providers will need to assess their type and level of need. First, they will have to determine what services a person or household is eligible for, then they will have to assess for priority, based on vulnerability and risk factors.

Recommended

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

☑ **Succinct tools:** Tools will ask the least questions needed at each point to make the required determinations.

☑ **Prioritization Tool**: A CES subcommittee was convened to consider the county's guiding principles and identified prioritization factors in a standardized tool. The committee recommended building a tool using re-worded HMIS questions and supplemental fields to reflect the factors below.

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

☑ **Continual Prioritized Matching:** Matching from the prioritization should be continuous, meaning that when the highest service level resource is not available (e.g. PSH) higher priority people will be matched with other system resources to address their homelessness.

- ☑ **Progressive Engagement Supported:** In order for continuous matching to be effective, steps to ensure transitions can be made when needed (e.g. RRH to PSH) must be adopted. The proposed policy is that Home Stretch eligible persons do not lose their eligibility and priority if rapidly rehoused until the program is over. Additional discussion will be needed about whether high-need individuals who are in rapid rehousing have priority for a transition to PSH if RRH is not working.
- ☑ **Matching Services to Need:** Additional support services may need to be attached to programs that take higher need individuals than they were initially designed to serve.
- ☑ **Shelter Prioritization:** While shelter referrals will be made based on location, they will also be prioritized within the area based on the prioritization tool.

3. Diversion/Problem Solving Recommendations

Coordinated Entry provider staff will have a conversation with all those homeless and at-risk people seeking services to try to find a way to keep them in a safe place if they have one. These conversations are efforts to prevent people from needing to enter the homeless system of care.

- ☑ **Prioritized for unsheltered/no options indoors:** Entry into services and housing intended for those who are homeless will go first to people sleeping in places not meant for human habitation and those with no safe indoor place to stay that night.
- ☑ **Access to help:** No one should have to sleep on the street before receiving some assistance. Have to consider prevention and diversion activities in thinking about a system of continuous matching, so that people are not forced to become worse off in order to get help.
- ☑ **Problem Solving:** Everyone who contacts the CES who is homeless or at risk of homelessness will receive a problem-solving conversation, and will be screened for possible diversion and/or prevention assistance.
- ☑ **Core Practice:** Diversion will be a core practice of the system, building on what has been developed and learned in Berkeley and Oakland.
- ☑ **Prevention:** For people who are not literally homeless, prevention funding will be prioritized based on evidence-based screening for risk of homelessness.
- ☑ **Tracking Prevention and Diversion:** Everyone assisted by the HRC will be entered into HMIS.

4. Referrals, Program Screening And Hand Off Recommendations

In the current system, each agency within the county may have a different set of guidelines for making and accepting referrals, and waiting lists are typically first-come, first served. In Coordinated Entry, program slots that are dedicated to homeless people

will accept referrals only through the HRC. Additionally, prioritization will take the place of a time stamp.

- ☑ **Participation:** All CoC, ESG, and MHSA funded programs will take referrals from CE. Additional programs have been identified that will be asked to participate in CE.
- ☑ **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.
- ☑ **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.
- ☑ **HRC Referrals:** Referrals for Housing Navigation Services and connected programs will be processed and notified promptly, by the end of the following business day.
- ☑ **Housing Navigators:** Assignment to Housing Navigators will use the adopted prioritization tool within eligibility categories. Housing Navigators may work within programs or may be stationed at an HRC. Qualifications, training, and access to available housing will be standardized for CES-approved Housing Navigator positions.
- ☑ **Housing Plan Coordination:** 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. When a consumer is in navigation services, the Navigator will coordinate with other providers working with the consumer on a weekly basis, and through HMIS notes. Consumer participation in weekly meetings may depend on consumer needs and capacity.
- ☑ **Declined Referrals:** In general, all referrals will be accepted. In rare circumstances, a referred consumer may be denied for documented violation of program or eligibility rules. Any denial will be governed by the approved grievance policy.
- ☑ **Data Collection:** Housing Navigation services, along with program support of housing plans will be tracked in HMIS.

<u>Remaining to discuss/recommend during implementation phase</u>

- ☐ How Rapid Rehousing slots are filled – regionally or county-wide?
- ☐ How will programs notify system of openings? (CE committee, Technology)

5. Oversight, Coordination And Training Recommendations

Creating a new way of accessing all homeless services will require a great deal of ongoing supervisions, monitoring, and analysis. Further, providers will need training on coordinated entry and on the standards being implemented.

- ☑ **Guiding Principles:** The Funders and CE Committee have agreed to and adopted Guiding Principles for CE design and implementation.
- ☑ **Coordinated:** Resources will be allocated to ensure the coordinated entry system is centrally managed, well-coordinated, and continually improving.
- ☑ **Data- driven:** Data will be used to assess the impacts and outcomes of the system to inform changes.
- ☑ **HMIS-based:** The CE system will operate within HMIS and not develop separate databases
- ☑ **Stakeholder input:** 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.
- ☑ **Stakeholder input:** Learning Collaboratives will be part of the continuing design and implementation.
- ☑ **Grievance Procedure:** There needs to be an established grievance procedure for CE.

Remaining to discuss/recommend

- ☐ What type of training will be needed/desired?
- ☐ How many learning collaboratives and how frequent? How should they be organized (by geography, by program type?)

6. Implementation

The work of implementation will require a renewed and sustained effort over the next year and beyond.

- ☑ Begin implementation in 4th quarter of 2016

Still to Work Out

- ☐ Will implementation be phased? If so, how?
- ☐ Will there be a soft start?
- ☐ How might changing HMIS systems impact CES roll out?
- ☐ How soon before implementation does all HMIS configuration need to be complete for beta testing and refinement?
- ☐ Training needed and timeline for training (HMIS, diversion, and other trainings)