

King County  
Family Coordinated Entry and Assessment:  
Assessment and Refinement Project

Community Meeting  
November 6, 2014

[www.focusstrategies.net](http://www.focusstrategies.net)



# Overview

- Scope of FHC Assessment and Refinement Project
- Steps Taken to Date
- Summary of Current FHC Process
- What we heard and what we observed

# About Focus Strategies

- Sacramento-based consulting firm
- Founded in 2011 to help communities implement HEARTH and improve use of data to reduce and end homelessness
- Presenting today: Katharine Gale, Principal Associate and project lead



# Purpose of FHC Refinement/Assessment

- Analyze strengths, challenges, gaps of system
- Assess efficiency and cost of approach
- Engage stakeholders in evaluation and problem solving
- Make recommendations to increase efficiency and effectiveness, including integration with other system changes
- Make recommendations for sustainability

# Work to Date

- Reviewed FHC planning and process documents
- Interviewed and observed 211 and FHC staff
- Attended diversion, referral and assessment team meetings
- Held focus groups with consumers/clients
- Met with housing providers at program sites around the county
- Held meetings with domestic violence, court, and immigrant and refugee organizations

# Work to Date (continued)

- Met with funders including County, cities and housing authorities
- Reviewed database functionality on-site at FHC and through virtual demo
- Reviewed Program Inventories for screening criteria
- In process, assessing current FHC data for system analysis
- In process, collecting information from other communities implementing Coordinated Entry

# Summary of Current Process – Client Perspective

- Call 211; get or don't get appointment
- Attend assessment; explore diversion potential and roster option
- If not diverted, assessment completed and told will be called when there is an opening
- Client goes to the bottom of the list and waits for a call....

# Summary of Current FHC Process – Client Perspective (continued)

- .....Client gets a call
- Phone screened for changes in circumstances and eligibility for this opening
- If deemed eligible after secondary assessment, FHC sends info to provider
- Provider contacts client, screens by phone, and schedules appointment for intake or further screening.
- May involve multiple levels of screening and appointments
- If program denies family, stay on roster
- If client rejects more than one offer, removed from roster

# Summary of Current FHC Process \_ Housing Provider Perspective

- Provider posts openings up to 30 days before
- FHC has 72 hours to send referral
- Provider waits for referral or moves to outside fill
- Unless warm handoff, provider contacts client, screens by phone and schedules appointment(s)
- If client doesn't show up, or rejects referral, or program denies client, program has to ask for new referral; process starts over

# Process lengthy and unpredictable\*

- Median time from “wait list date” to assessment is @ 14 days
- Approximately 50% of appointments are no shows
- Median wait from assessment to *first* referral is @100 days
- Median time until *last* referral is over 200 days (because more than half of clients require more than one referral)
- In August, more than 300 families had been on the list for 18 months or more
- More than 120 families on the roster have never received a referral

\* From 2014 data provided by CEH; information is still being analyzed/updated and may change

# 2014 Referral Results\*

Approximately half of all referrals are successful:

- In 2014, families refused 30% of referrals – highest for shelter
- Agencies denied 23% of referrals – highest for PSH/Service-enriched housing
- 47% of referrals accepted

\* From 2014 data provided by CEH; information is still being analyzed/updated and may change

# Things we heard from clients

- Took too long to get an appointment; had to keep calling back
- Assessor was nice, listened to me, but then I had to wait (still waiting)
- Process not clear; not sure where I am on the list
- I like that they came to assess me in shelter
- Missed a referral because couldn't call back or didn't reach someone
- Information is better; process quicker than when started

# Things we heard from providers

- Takes too long to fill openings; especially transitional housing/permanent units
- What assessment says and what client says/what we find out often differs; what we learn doesn't change their assessment information
- Concerns about family fit for program/housing referred to
- No way to do cross-program transfers
- Working better for some clients who we know previously wouldn't get in
- FHC staff working hard

# Things we heard from FHC and 211

- Diversion working well but adding time to process
- Finding families at the time of an opening is challenging
- Making the match is very difficult because so many criteria and they change
- Working with clients and providers to make something work is rewarding
- Discouraging when we can't find anything for a family
- Discouraging when we have to tell them there are no appointments and to call back

# Our Observations: Assessment

1. Appointment process results in many no shows
2. Assessment lengthy and does not collect information needed to match or enroll
3. Diversion working well but adding time, and may be increasing the delays for people who aren't diverted
4. Assessment tool does not effectively triage or prioritize
  - de facto priority: easiness to place and availability by phone

# Our Observations: Placement

6. High and multiple screening criteria that are not standardized lead to many unsuccessful referrals, and some families receive no referrals
  - Example: 78 differently worded criminal background criteria, 19 alone on history related to drugs
8. Clients often lack documentation needed for housing and no one is tasked with helping them get it
9. Data system not integrated with HMIS, impacting accuracy, reporting and inability to automate matching function

# Our Observations: Overall

8. Lack of clarity about governance and decision-making process; who decides what, and why?
9. **FHC is viewed as a “program” or someone else's thing, not the shared front door for family system**
10. **Referral process is set up to *try* to fill units/openings, not to house families experiencing homelessness**

# Questions and Answers, Comments and Clarifications

# Housing People vs. Filling Units



# Getting to a “No Wait” State

If referrals can be made in real time, and openings filled within 30 days, ending the roster *may be possible* even with current inventory. If not, we can see how many openings per month you are short.

$$\begin{array}{lcl} \# \text{ eligible in a month} & = & \# \text{ diverted} + \# \text{ of monthly openings} \\ \text{Month X: } 107 \text{ assessed} & \rightarrow & 34 \text{ diverted and } 73 \text{ openings} \end{array}$$

Three things that can change the right hand side of the equation:

- More successful diversion
- More programs/slots
- Higher rates of turnover in existing programs

**BUT**, data has to be accurate and referral success rate has to be high for this to work!

# Bottom Floor Things

System cannot be effective and efficient **unless**:

- Focus is on placing/housing families in need
- Assessment is streamlined and gathers key info needed to place *and enroll*
- Community has explicit prioritization and matching criteria for interventions
- Other program entry criteria are reduced and standardized

# Coordinated Entry System Models

# Learning from the Field

- Coordinated intake and assessment systems are complex and difficult to implement; bring about big changes in practice and philosophy
- Many “early adopters” are now re-designing their systems and evaluating and reflecting on their experience with their initial system design
- Implementation helps identify bottlenecks and leads to additional prioritizing and reducing barriers for hardest to serve

# Key Learnings

- New front doors that connect to the old set of entry practices do little to improve the overall system.
- Without policies requiring people with high barriers to be served, coordinated assessment can become a different way of saying “no.”

# Key Learnings

- Standardized assessment tools do not improve client or provider experience unless the assessment is used to make a referral, receiving programs accept the referrals, and subsequent paperwork is reduced.
- People with highest needs are not well served by systems requiring appointments and travel to entry points. Street outreach or mobile teams increasingly a component of an effective CES.

# Promising Strategies

- Shelter Front Door Systems
- Housing Resource Centers
- Mobile Teams
- Prioritization Policies and Processes

# Dayton, Columbus, Hennepin Shelter As “Front Door”

- Assessment done at single “front door” which is at County or at emergency shelter
- No other side doors in to programs
- Diversion approach to nearly all – continues into first days of shelter
- Next 7-14 days while in shelter = deeper assessment and rapid exit plan
- Expectation to be out of shelter within 30 days
- All receiving programs required to eliminate all non-funder driven eligibility requirements
- Referral refusal rates limited – 1 in 4, take 85%
- Case conferencing at least monthly around families not accepted

# Los Angeles: Family Solutions Centers

- Funded as part of broader, multi-pronged approach to system design in LA region
- Started with six, now 10 regionally-based centers, organized by Service Planning Area (SPAs)
- 211 refers by geography; FSC also handle walk-ins for assessment
- Use common assessment tool (F-SPDAT)
- Priority is to find immediate housing solution: diversion or rapid re-housing; Provide housing location and stabilization services
- Shelter placement intended as last resort
- Access to some Section 8 for highest-need families that come through the FSC process
- Also “one stop” on-site or through partners for mainstream resources (employment, benefits, school district liaison, etc.)

# Multnomah County, OR: Mobile Housing Teams

- Part of Homeless Family System of Care approach
- Family calls 211
- Mobile team can be dispatched to meet family “where they are” (literally and figuratively)
- Can conduct intake and assessment in the field
- Offer diversion, housing location, stabilization services
- Housing focused – minimal mandates and directives
- Team connection stays with family until housed, whether enter shelter or not

# Mecklenberg County, NC

- Mecklenberg, County includes City of Charlotte (2.3 million metro area)
- Five entry points at five different community agencies
- Standardized and brief assessment tool (16 questions)
- Each household color coded based on level of need (green, yellow, orange, red).
- Highest need are placed on priority list for TH, RRH or PSH. All others are referred to mainstream resources.
- Participating providers required to accept referrals except in very limited circumstances

# World Café

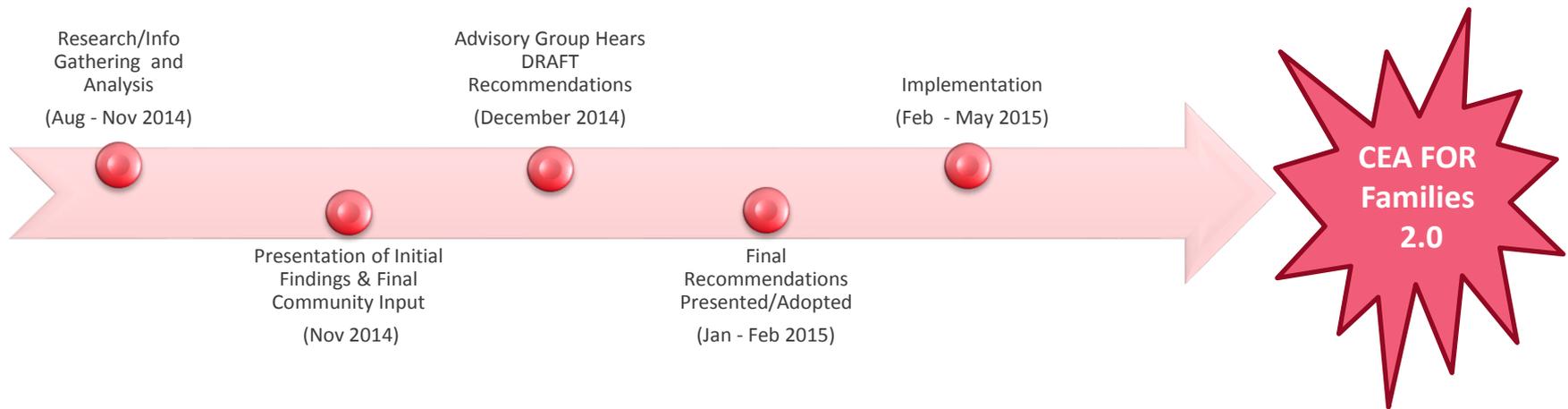
# Small Group Discussions – Two Rounds of Conversation

- 1. Assessment Access/Process:** Making assessment more timely, and geographically accessible - who does the assessment, when and where? How keep in touch with families waiting?
- 2. Prioritization and Matching Criteria:** What families targeted for what interventions? should there be a fast lane for highly vulnerable? For certain populations? What's asked and what's collected? Making sure information gathered is used and families least burdened. (ES, TH, RRH, PSH/SEH)
- 3. Reducing Entry Barriers:** Facilitating program enrollment and “screening in”- what approach to use to reduce the barriers? To standardize? what support do providers need? (TH, RRH/RA, PSH/SEH)

# Report Back



# Coordinated Entry for Families: Refinement Process



- Family Homelessness Advisory Board will review draft recommendations, provide feedback & guidance on the consultants final report and oversee the development of an implementation plan.
- The IAC will approve final recommendations and implementation plan

Thank you!

