

Family Homelessness Coordinated Entry and Assessment Analysis & Refinement Project

Report to Committee to End Homelessness King County
Interagency Council (IAC)
January 12, 2015

www.focusstrategies.net



Overview

- What is Focus Strategies?
- Scope of Assessment & Refinement Project
- Issues and Findings
- Recommendations

About Focus Strategies

- Sacramento, CA-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 CEA Refinement/Assessment

- Conduct analysis of 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 system changes

Scope of Activities

- Reviewed planning and process documents
- Interviewed and observed 211 and FHC staff
- Held three focus groups with consumers/clients: on wait list, placed in housing, and in shelter
- Met with seven housing providers at program sites
- Held three provider meetings with organizations representing DV, Courts and Immigrant and Refugee populations

Scope of Activities (continued)

- Spoke with several funders, individually and together
- Reviewed database system functionality through virtual demo
- Reviewed Program Inventories for screening criteria
- Assessed FHC data for analysis
- Reviewed information from other communities implementing coordinated entry
- Presented findings and consulted with stakeholders at community meeting

Summary of Current Process

- Appointment-based assessment process; through 211 or at a non-participating shelter
- Assessor explores diversion potential and placement roster option; if not diverted, assessment completed;
- Client household goes on list and waits for call
- When an opening matches client profile, family referred
- Each program does own screening (may be multi-step)
- Family enters program or remains on list for new referral
- As of November, 853 families on list

Process lengthy and unpredictable

Median time frames *

- First contact to assessment ~ 14 days
- Assessment to *first* referral ~100 days
- Referral to disposition of referral is ~ 9 days
- Assessment to *last* referral is > 200 days
- Assessment to leaving the roster ~ 315 days

- In August, more than 300 families had been on the list for 18 months or more
- More than 120 families have never received a referral

* From 2014 data provided by CEH; unable to independently confirm

2014 Referral Results

Approximately half of all referrals are successful

- Families refused 30% of referrals –highest for shelter
- Agencies denied 23% of referrals – highest for permanent housing programs
- 47.5% of referrals resulted in occupancy

* From data through Nov. 6 provided by CEH; unable to independently confirm

Strengths

1. Established CEA process
2. Increased utilization of shelter and transitional*
3. Targeting literally homeless families
4. Introduced diversion
5. Reduction of some program barriers
6. Appreciation of FHC staff

* Based on previous AHAR information provided; we did not verify separately.

Challenges/Findings

1. Lack of clarity about governance and decision-making
2. Process is set up to fill units/openings rather than making most effective referrals for families
3. Lack of buy-in/understanding of what FHC/CEA is
4. High amount of non-standardized screening criteria
5. Secondary/tertiary screenings at program level
6. Limited use of database and data for analysis
7. Assessment information and tool not meeting need for prioritization or to make referrals

Gaps in System and Special Populations

1. Lack of assistance for families to get documentation
2. Loss of contact
3. No mobile or crisis access
4. No self-directed housing search support if not in diversion
5. Limited links to mainstream resources
6. Domestic Violence and child welfare-involved families not well served currently due to time lags and challenges with assessment tool/process
7. Immigrant and refugees families reportedly impacted by system, but unclear whether CEA impedes access or primarily fair housing and program design issues

Recommendations

Short-term refinements

1. Reorient referral approach to referring families*
2. Ensure diversion is priority; explored with every family
3. Increase appointment efficiency
4. Keep the roster updated
5. Run the WATCH report and consider collecting other documentation
6. Update and clarify external fill policy and allow for same day shelter entry in specific circumstances

* This is a key long-term goal as well but should be started as soon as possible and tracked

Longer-term changes under any model

1. Define leadership and decision-making for all CEA
2. Reduce program entry barriers
 - Remove and standardize criteria
 - Reduce application steps
3. Adopt prioritization and revise/replace screening tool
4. Integrate into HMIS and promote data use
5. Help families get document ready

* This is a key long-term goal as well but should be started as soon as possible and tracked

Special Needs Families

1. Remove DV transitional housing from CEA for the moment;
 - Ensure cross referrals and coordinated with DV system
 - Revisit when refinement completed
2. Remove Family Unification Program (FUP) vouchers from CEA system
3. Consider child-welfare involvement/risk in prioritizing families for other housing resources
4. Conduct data-informed analysis of immigrant/refugee families access to CEA and continue fair housing analysis

Options for changing overall model

1. **Centralized:** Retain centralized system, increase efficiency, add documentation assistance, and greater integration with other services
2. **Decentralized:** Multiple, geographically dispersed entry points, integrating diversion and rapid rehousing activities with these centers

Other:

- Shelter-based CEA
- Mobile CEA



System Realignment

- No CEA model creates more program capacity; more capacity created by reducing lengths of stay, increasing diversion, adding programs, and/or reallocating to higher volume programs.
- Currently, program openings and families assessed are not that far apart, @20 average per month (though actual gap could be higher due to current lower number of assessments)
- System should continuously examine the data of need and openings as changes are made to CEA and to overall system, with intent to close gap and get to real-time matching

System Realignment

- Consideration should be given to unifying CEA processes for different populations
- May be possible to achieve economies of scale by integrating some or all functions, especially on the database development and collection side.