

Coordinated Assessment-Centralized Intake System (CA-CI) for Homeless Services and Housing

Final Report & Recommendations for
CA-CI Implementation

Commissioned by 2-1-1 Orange County



February 2015

Contents

I. Introduction	1
A. Purpose of Report.....	1
B. Background on Coordinated Assessment/Centralized Intake	1
1. Defining CA-CI	1
2. Federal Policy Context for Coordinated Access	2
3. Components of Coordinated Intake, Assessment and Referral Systems	3
4. Shelter Diversion and Homelessness Prevention	4
5. Benefits and Limitations.....	5
II. Overview of work to date	6
III. Description of Orange County homeless population and existing homeless system	6
A. Numbers and Characteristics of Homeless People in Orange County.....	6
B. System Inventory	7
C. System Investment	9
D. HMIS Participation.....	10
IV. Analysis of system effectiveness and implications for CA-CI.....	10
A. Alignment of Program Inventory and Homeless Population Needs.....	10
B. Accessibility of Services and Housing	13
C. Capacity of System to Provide Appropriate Exits to Permanent Housing	15
D. HMIS System Functionality.....	17
V. Recommendations.....	18
Recommendation 1: Establish System-Wide Objective of Housing People With Greatest Needs.....	18
Activity 1.1. Establish CoC-Level Policies for Targeting and Prioritization of Existing Resources	19
Activity 1.2. Require Programs to Remove Entry Barriers	19
Recommendation 2: Re-Design Existing Programs to Align with New Policies.....	20
Activity 2.1. Invest in Shelter Diversion Capacity	20
Activity 2.2. Re-Design Permanent Supportive Housing to Effectively Serve Highest Need Households	21
Activity 2.3. Re-Tool Rapid Re-Housing, Transitional Housing and Emergency Shelter	23
Recommendation 3: Create CA-CI Processes and Tools to Facilitate Access to Re-Designed Programs	24
Activity 3.1. Design and Select New Entry Points.....	24
Activity 3.2. Adopt New Intake, Assessment and Matching Tools	25
Activity 3.3. Establish Strong Policies on Acceptance and Refusal.....	26
Recommendation 4: Develop Data Systems to Track Client Progress and Evaluate CA-CI.....	26
Activity 4.1. Shift to Data Sharing and Real Time Data Entry	26
VI. Implementation Steps and Timeline	27
Appendix A.....	32
Appendix B.....	35

I. Introduction

A. Purpose of Report

The Orange County CoC has engaged Focus Strategies to help design and implement a Coordinated Assessment/Centralized Intake System (CA-CI) for people experiencing homelessness. Orange County funders invest significant resources in a wide range of programs and services to address homelessness in the community. Over the past several years, community leaders, public and private funders and service and housing providers have been working to better understand the performance of the homeless system and develop strategies for system re-design, also known as “right sizing.” The objective of this work is to more effectively and quickly help families and individuals who are homeless secure housing and achieve a measurable reduction in homelessness community wide. As part of this effort, the Orange County CoC has adopted a policy of shifting investment away from underperforming transitional housing and investing in permanent supportive housing and rapid re-housing. Other funders are also considering how their investments can better support the overall system right sizing goals. Designing and implementing CA-CI is an essential component of this broader system re-design work, since it is the method for ensuring that system resources are most effectively targeted and that those who are most in need are able to access needed housing and services.

The work on CA-CI in Orange County is driven not only by local objectives, but also by federal requirements. As part of its implementation of the HEARTH ACT, the federal Department of Housing and Urban Development (HUD) released regulations in 2012 that require every Continuum of Care (CoC) to develop a centralized or coordinated system for intake, assessment and referral. In a centralized or coordinated system, there is a standardized tool and process for assessing each homeless person, as well as a standardized set of policies to determine which people are targeted for what kinds of assistance. As articulated in *Opening Doors, the Federal Strategic Plan to End Homelessness*, CA-CI is an essential piece of a broader housing crisis resolution system that rapidly returns people who experience homelessness to stable housing. The development of a crisis resolution system includes not only CA-CI, but also shifting investments towards interventions that achieve the best housing results, and removing barriers such that there is an appropriate and effective housing intervention for everyone who needs one. This larger system re-design work ensures that once there is a CA-CI that provides an accessible “front door,” that doorway leads to an appropriate housing exit for every homeless person.

211OC has engaged Focus Strategies to help with the development of a CA-CI that addresses the system issues that have been identified locally, aligns with the broader system transformation work already underway, and complies with HUD’s requirements. This report presents the results of Focus Strategies’ work to date and provides the framework for the creation of an implementation work plan that will lead to system launch by February 2015.

B. Background on Coordinated Assessment/Centralized Intake

1. Defining CA-CI

Coordinated assessment is a single concept that goes by different names in different places, including: coordinated assessment, centralized intake, coordinated entry, single point of access, or system front

door. A good working definition is “a single place or process for people to access the prevention, housing and/or other services they need.”¹

When services and programs are uncoordinated and there is no clear or systematic process for accessing assistance, the result is that clients perceive their experience to be like being a ball in a pinball machine – they bounce around a lot and then a few lucky ones hit the jackpot. Clients typically go from program to program, requesting assistance and completing an intake at each one. If a service isn’t available at one location, some people are referred to another service only to learn it too is not available. Upon hearing “no,” some give up, while others find the right staff person to say “yes” or keep trying until the answer eventually becomes “yes.” Which client receives what type of assistance is not always based on need, and the most intensive and costliest interventions are often not prioritized for those who cannot be housed without them.

A CA-CI is a way to ensure there is one clear and streamlined way to access assistance, as well as fair and transparent policies governing who receives what assistance. These policies are designed to ensure all homeless people are matched to the right intervention to meet their needs. All clients identified through an assessment process as having an appropriate need are served, not just those who are resourceful or persistent. This is especially important in communities like Orange County where a significant portion of the homeless population are chronically homeless people who have disabilities that make it difficult for them to seek and enter into programs, or who have extended histories of homelessness compounded by health concerns that make them more vulnerable for expensive hospitalizations or stays in jail, worsening health conditions, and even premature death.

2. Federal Policy Context for Coordinated Access

The federal HEARTH Act of 2009 and its implementing regulations (the CoC and ESG Interim Rules²) require all communities that receive HUD CoC and ESG funds must establish and operate a system for coordinated intake, assessment, and referral. The federal regulations specify that CA-CI systems must:

- Cover the CoC's geographic area
- Be easily accessible by households seeking housing or services
- Be well-advertised
- Use a comprehensive and standardized assessment tool
- Respond to local needs and conditions
- Cover *at least* all CoC and ESG-funded programs
- Include a policy to address the needs of those fleeing domestic violence

HUD has recently released additional guidance requiring communities to adopt a standardized assessment and prioritization tool and process for all Permanent Supportive Housing (PSH) projects that receive CoC funding, including Shelter Plus Care programs. These standardized assessment and prioritization policies must ensure that homeless people with the highest needs and who have been homeless for the longest periods of time are served first, rather than using a “first come first served” policy for admission into these programs. Assessment of service need must be based on an assessment tool such as a Vulnerability Index (VI) or review of service utilization data (such as use of emergency rooms, mental health crisis services,

¹ Cloudburst Consulting, White Paper on Centralized Intake

² Both the CoC rule and the ESG rule are currently interim. This means that they are in effect but have not been finalized.

jail, etc.) and may not be based on type of disability or type of mental health diagnosis. These rules apply to all PSH, not just to those beds that are dedicated to chronically homeless people.

The creation of systems for coordinated intake, assessment and referral are all part of a larger Federal push to transform homeless services from a collection of independent programs into crisis response system that rapidly returns people who experience homelessness to stable housing.

3. Components of Coordinated Intake, Assessment and Referral Systems

Systems for coordinated intake, assessment and referral generally have the following key elements:

1. One or more clearly defined points of access (i.e. “front door”) that is easily accessible
2. A standardized screening, intake, and assessment process for all homeless people conducted by the front door
3. An assessment tool that determines eligibility and identifies specific client needs that programs could be expected to address
4. A tool or process that matches people presenting with a housing need to the “best fit” intervention that is most likely to quickly resolve or prevent their homelessness
5. A set of standardized policies governing what criteria are used to determine which homeless people are eligible for which types of assistance. In a system that is not “right-sized” (meaning there is a lack of alignment between what housing interventions are needed and what is available) this includes policies for prioritization of resources (what criteria determine which people get which resource)
6. A single, shared data system that collects data at the front door and each subsequent referral point
7. Current and complete information about service and housing programs locally
8. A feedback mechanism that includes information from providers and users of the system that allows for continuous refinement and improvement

In communities that have implemented CA-CI, these systems often include:

1. An automated system for making bed reservations for shelters or program admissions.
2. Use of the Homeless Management Information System (HMIS) database to support CA-CI activities (intake, assessment, matching, bed reservation).
3. A diversion program component, in which people seeking shelter are screened to see if it might be possible for them to safely remain where they are currently living or move directly to other housing, rather than entering the homeless system. Diversion and how it differs from Homelessness Prevention is explained in the section below.

A CA-CI system does not necessarily have to have a single physical entry point. The most common models for the system flow are:

1. Centralized intake. A single location with walk-in or appointments with site-based staff.
2. Coordinated intake. Several locations using an identical Intake, assessment process, and assessment tool (e.g. at “front door” shelters and resource centers).
3. Call-In Only. A virtual location and phone line such as 211.
4. Mobile systems. After an initial call a mobile assessor is dispatched to meet the potential client, while mobile workers also identify persons on the street or other locations and assess and prioritize them.

5. Combinations/Hybrids. Many systems use both call in and physical location, typically having the client begin with an initial call but then move to a physical location for further intake and assessment. Some systems use a combination of a physical location for less vulnerable clients combined with outreach/mobile assessment for those considered most vulnerable or most disconnected from services.

4. Shelter Diversion and Homelessness Prevention

In many communities that have successfully implemented CA-CI there is a strong shelter diversion program. This system element is critical for ensuring that people who are still housed but on the verge of homelessness and likely have lower barriers to being housed can be diverted from entering costly emergency shelters and transitional housing programs and reserving those slots for those with higher needs.

Shelter Diversion is similar to but distinct from Homelessness Prevention; the line between them is narrow and can be confusing. The main activity of prevention programs is generally to provide rental subsidy and/or other supports at a level that will keep a very poor household in housing for a period of time. The main activity of diversion programs is generally to provide very limited assistance, just enough to keep or get people into permanent housing. The former tends to cost more and be less well targeted, so in general is more expensive with lower return on investments. The latter is focused, deeply targeted, and has strong evidence from a limited number of communities using this approach that it works well for very little investment. Below are definitions of prevention and diversion:

- Homelessness Prevention is a strategy for preventing homelessness in which people who are still housed may receive help to prevent eviction from their rental unit. Eligibility for prevention assistance is often limited to households that have their own rental unit, hold their own lease and have received a 30-day notice or other notice of impending eviction. Services provided typically include payment of back rent and/or legal assistance. While this form of assistance has been demonstrated to help prevent housing loss, there is little evidence it actually prevents homelessness as most households who are evicted will find alternative housing on their own rather than entering a homeless shelter or living outdoors.
- Shelter Diversion is a strategy for preventing homelessness that targets households at the point at which they contact the homeless system seeking emergency assistance. Typically households are only eligible for shelter diversion if they are already unsheltered (living in a vehicle or outdoors) or are imminently going to be homeless within one to three days. Generally these are households who do not have their own rental unit but are living informally with friends or family or in a motel. Shelter diversion programs provide problem solving, mediation, and small amounts of flexible financial assistance to help “divert” these households from entering shelter, either by: (1) helping them remain where they are currently housed (for example, by providing mediation services to repair relationships with family members in the household where the person has been staying); or (2) helping them move directly to alternative housing (for example, by helping locate a friend they can stay with and providing a small amount of money to help establish a shared living situation where the individual informally rents a room or rooms from his or her friend). The purpose of diversion is to prevent unnecessary entries into emergency shelter or other homeless housing programs by helping people retain or obtain a safe housing situation, even if only

temporarily. Diversion can also include some services to help diverted households with a plan to eventually transition to a different permanent housing situation (e.g. no longer doubled up, or more formally doubled up).

It is important to note that currently available research demonstrates strong results from diversion approaches that help people to quickly resolve their housing situation, but there is little to no evidence that more expensive, service-rich strategies for assisting very low income people in unstable housing situations actually helps to prevent homelessness (see CA-CI meeting materials from June 2014 and National Alliance to End Homelessness website, search “diversion results”).

5. Benefits and Limitations

A CA-CI system has many key benefits, including simplifying and clarifying the access process for clients and speeding their movement through the system. It supports the goal of reducing homelessness by helping to decrease the amount of time clients spend homeless and to house more people over the course of a year by assisting more people to move through the system to permanent housing more quickly, freeing up bed and service space that can serve additional individuals. It prevents potential clients from having to make numerous calls and program visits to be told that the program is full or they do not qualify. In Seattle/King County Washington, before implementing a CA-CI for homeless families, families reported having to make 45 program inquiries on average before being assisted.

Additionally, when combined with a prioritization process, CA-CI can ensure that scarce resources are most appropriately targeted, by ensuring those most vulnerable are prioritized for services and housing, not those who are most persistent. As limited resources are targeted more efficiently and program resources are optimized (there is no unused capacity), it allows for more people to be served. There is also less duplication of effort across providers and program staff can focus more on providing services and access to housing rather than screening intake calls and filling out paperwork.

However, there are limitations to what can be accomplished with a CA-CI. Most significantly, alone it does not create any new housing units or housing resources. Clients will have more streamlined access to the programs that exist, but there will still be bottlenecks in the system unless there is a parallel effort to increase the rate of permanent housing placement. As the intake process is systematized and there are fewer front doors, the inefficiencies in the system can become more obvious in the form of long waiting lists. In addition, clearer information about how to access services and the ability to quantify the unmet need can appear to drive up demand.

Without enough appropriately targeted resources, clients may experience greater frustration as they are unable to do anything after being initially assessed. Providers and clients may feel that the CA-CI has created a problem that didn't exist before, when actually CA-CI has only illuminated the disconnect between need and appropriate response that previously existed but was invisible.

Developing a CA-CI creates a fair and effective way to match people to the existing interventions with the hope that these will be better suited to end their homelessness, but its utility will be limited unless the right interventions exist at the right scale, so that everyone can receive what they need. To accomplish a measureable reduction in homelessness requires transforming the existing collection of programs and services into a housing crisis resolution system organized to achieve the goal that no one is homeless for longer than 30 days. This is sometimes called “right-sizing” because it assumes that with analysis and

reinvestment the system can be changed significantly to achieve these ends. Right-sizing generally means shifting investments away from any programs that are not designed to quickly move people into housing and investing instead in programs that do, as well as identifying any remaining funding gaps that need to be filled to meet the need. Ensuring that interventions exist at the level they are needed from such an analysis is often referred to as “going to scale.”

II. Overview of work to date

This report is the result of a nine month long planning process that began in February 2014. Focus Strategies’ work to date includes several main avenues of information gathering and analysis:

- Interviews with the majority of homeless providers in Orange County, including providers of emergency shelter, transitional housing, rapid re-housing, permanent supportive housing, homelessness prevention/diversion, and outreach;
- Creation of a detailed bed inventory and analysis of program entry requirements, including identification of existing program barriers that impact the ability of homeless people with the greatest needs to access the existing system;
- Analysis of system performance data, including performance reports generated by Focus Strategies on the performance of projects, project types, and the system as a whole;
- Research on CA-CI systems and lessons learned from other communities, including sample intake and assessment tools;
- Conversations and demonstrations with Orange County’s HMIS vendor, Adsystem, about their CA-CI module currently under development, and analysis of the pros and cons of adopting this system in Orange County; and
- Facilitation of six meetings of the CA-CI Implementation Subcommittee to present key concepts of CA-CI and explore how it could work in Orange County.

Much of this work to date has been presented to the community and those reports and presentations have been delivered as separate documents.

III. Description of Orange County homeless population and existing homeless system

To inform our understanding of the existing homeless system, Focus Strategies has gathered some basic information about the population of homeless people in Orange County and the existing inventory of housing and services.

A. Numbers and Characteristics of Homeless People in Orange County

The table below presents data from the most recent point in time count (PIT), conducted in January 2013. The data shows that the homeless population in Orange County is largely single adults without children (83% of all households counted), and almost 19% are chronically homeless, defined as having been homeless for a year or more consecutively or four or more times within the last three years, and having a disability.

2013 Homeless Populations					
	Sheltered			Unsheltered	TOTAL
<u>Persons in Households with at least one Adult and one Child</u>	Emergency	Transitional	Safe Haven		
Number of Households	169	353	0	1	523
Number of Persons (Adults and Children)	514	1022	0	3	1,539
<u>Persons in Households with only Children</u>					
Number of Households	13	0	0	1	14
Number of Persons (Children)	13	0	0	1	14
<u>Persons in Households without Children</u>					
Number of Households	614	396	0	1,642	2,652
Number of Persons (Adults)	618	406	0	1,674	2,698
<u>All Households/All persons</u>					
TOTAL HOUSEHOLDS	796	749	0	1,644	3,189
TOTAL PERSONS	1,145	1,428	0	1,678	4,251

2013 Homeless Subpopulations			
	Sheltered	Unsheltered	TOTAL
Chronically Homeless Individuals	129	668	797
Chronically Homeless Families	9	1	10
Persons in Chronically Homeless Families	27	5	32
Veterans	177	269	446
Female Veterans	11	11	22
Severely Mentally Ill	104	376	480
Chronic Substance Abuse	233	753	986
Persons with HIV/AIDS	62	27	89

B. System Inventory

Orange County has a variety of services, shelter and housing for homeless people, which represent all parts of the range of primary interventions typical in most communities. A snapshot of the Orange County homeless system capacity and investments is provided in the table below.

System Inventory			
Program Type	Number of Providers	Number of Programs	Capacity (Beds)
Prevention	10	10	NA
Outreach	10	10	NA
Emergency Shelter	20	26	1393
Transitional Housing	34	57	1789
RRH	7	10	49
PSH	9	29	1483
Total	NA	122	4714

Prevention

The eligibility criteria for financial assistance for most Prevention programs includes having an ID, lease, and/or employment, or having received a pay or quit notice. Some also assist households that are doubled up with family or friends and do not have their own lease. There are many Prevention programs that offer other prevention services such as food, clothing and career coaching. Many have specific program rules about being able to continue paying rent if financial assistance is provided. Most programs provide services to families and try to connect people to other resources if needed.

Outreach

Outreach programs in Orange County provide an array of services to the community. Programs serve a variety of populations from Transitional Age Youth to families with school age children to those with a severe mental health diagnosis. Many of the Outreach programs are focused on a particular target population and try to link those they serve to other programs in the community. Some have formal relationships with other housing programs and try to connect families and individuals to housing however, they do not have the ability to directly link to housing.

Emergency Shelters

During the winter months, Orange County has a substantial number of emergency shelter beds, aligned to meet the needs of the unsheltered population, which is primarily single adults. Winter shelter capacity fluctuates, with 400 fixed beds at the Armory and the capacity for up to 500 additional beds through motel voucher programs for families. The latter programs are operated by Mercy House and Illumination Foundation, and represent approximately 70% of the potential shelter capacity in Orange County. Of the year-round emergency shelter capacity, approximately 40% is for survivors of domestic violence, leaving relatively few emergency shelter beds for the general homeless population.

Transitional Housing

The majority of beds available in Orange County are transitional housing projects, most of which serve families with children. These beds are scattered through over 50 programs ranging in size from five beds to almost 200 beds. The primary focus of many transitional housing projects is on the recovery or support programs they operate; the housing component of the projects is secondary to the mission of the organization operating them. Many described these programs as helping families obtain “self-sufficiency”, and have detailed and explicit rules about who they can and cannot serve and expectations for participation and behavior once a client is in the program. The County and the CoC are actively engaged in evaluating the performance of transitional housing projects as it relates to housing outcomes, and

recommending reallocation of lower performing projects and reduction of entry barriers for those that remain.

Rapid Re-Housing

With the County’s focus on reallocation of transitional housing projects, Orange County now has a few rapid re-housing projects. Most of these projects are relatively new and focused on housing families with children, having been funded with dollars shifted from similarly focused transitional projects. Because most of these projects are new to the community, there is not sufficient data to measure their performance, but operators report that clients are being housed quickly, require minimal financial support, and are not returning to homelessness. With time and increased focus on this program type, it is anticipated that Orange County will see significant reductions to the overall homeless count.

Permanent Supportive Housing

Orange County has a significant number of Permanent Supportive Housing units, mostly Shelter Plus Care and VASH vouchers operated by the Housing Authority. While the permanent supportive housing stock is relatively stable, with high occupancy rates, as with other Shelter Plus Care programs that were designed under different federal regulations and priorities, they may not be targeting as deeply as is recommended. Many of the current residents of Shelter Plus Care are no longer in need of the intensive support services, and could transition to an affordable housing unit without supports. Orange County is already creating plans to move such residents out of Shelter Plus Care and into a Housing Choice Voucher (Section 8) subsidized unit. With these moves, along with regular attrition, Orange County can re-focus on housing chronically homeless persons in Shelter Plus Care, per the HUD Prioritization Notice (CPD-14-012). A key implication of this Notice is that referral mechanisms and criteria for program enrollment will need to shift, which will require significant partnership and collaboration with the County Health Care Services Agency (the service partner), since the program model currently employed will likely need to be revised to comply with the Notice and to successfully house people with the longest homeless histories.

C. System Investment

As part of our work on performance measurement, Focus Strategies has collected extensive budget data on emergency shelter, transitional housing and permanent supportive housing in Orange County. We have less data on rapid re-housing, prevention and outreach, which have more diverse funding streams and many programs are not participating in HMIS, and so cannot estimate the volume of investment in those components. Given the size of the known inventory, clearly permanent supportive housing reflects the greatest dollar value and the greatest cost per participant served on average. A large amount of the system’s funds are also invested in transitional housing, although this is being reduced through re-allocation of CoC dollars.

System Investments		
Program Type	Investment	% of Investment
Emergency Shelter	\$3,774,219	8%
Transitional Housing	\$10,701,118	24%
Permanent Supportive Housing	\$30,787,152	68%
Total	\$45,262,490	

D. HMIS Participation

HMIS is the main data system that allows us to understand how the homeless system is performing. Currently many providers in Orange County are participating in the system, but there are many who do not, particularly among the emergency shelters and rapid re-housing programs. To fully understand how effectively the system is working, it is critical that 100% of the unit inventory is participating in the system.

HMIS Participation			
Program Type	Number of Providers	Number of Programs (% coverage)	Capacity (% coverage)
Emergency Shelter	8	12 (46%)	985 (71%)
Transitional Housing	20	39 (68%)	1,226 (69%)
Rapid Re-Housing	3	3 (30%)	11 (22%)
Permanent Supportive Housing	8	24 (83%)	1,377 (93%)
Total		78 (64%)	3,599 (76%)

IV. Analysis of system effectiveness and implications for CA-CI

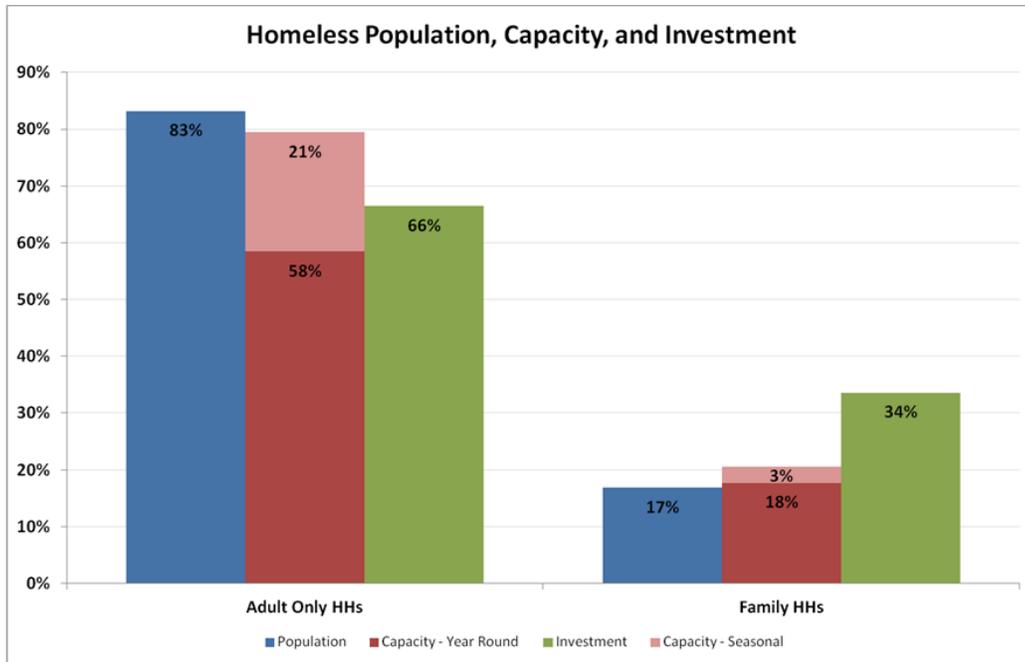
Focus Strategies has done extensive work with OC to understand the existing system and its effectiveness in helping people exit homelessness. Here we present some key analysis of the inefficiencies of the current system that could be improved through the implementation of CA-CI.

A. Alignment of Program Inventory and Homeless Population Needs

One measure of system effectiveness is whether the people being served in programs match the people who are homeless in the community. Our review of available data suggests the inventory in Orange County is not well aligned with the populations of homeless people.

1. Insufficient System Resources for Single Adults Relative to Size of Homeless Population

As shown in the chart below, Orange County currently has a higher proportion of units and dollars for families than their relative presence in the homeless population. This mismatch is even greater when considering that much of the inventory for single people is the seasonal shelter which provides relatively minimal services or opportunities to connect to permanent housing. Not including the Armory, the rest of the inventory is disproportionately targeted to families with children. A re-designed system will need to increase the supply of units for single adults, though units for families with children will still be needed.



Looking at total individuals served by program component, we see a huge number of adult only households served in emergency shelter, but far fewer are served in transitional or permanent supportive housing, which are the more intensive interventions that actually lead to stable housing.

Cases and HH Served 2013

Program Type	Total Individuals served in 2013	Total HH Served in 2013	
		Adult Only	Family
Emergency Shelter	15,903	10,931	173
Transitional Housing	2,592	600	544
Permanent Supportive Housing	1,073	642	137
Support Services Only	1,839	1,643	26

2. Investment in Services for People Who Are Housed Rather Than Literally Homeless

In the 2013 PIT Count, 51.5% of households in Orange County were unsheltered. Given this substantial unsheltered population, resources need to be prioritized to this population. However, HMIS data shows that many of families and individuals being served in existing programs are not literally homeless. The tables below present the prior living situation of people served in all system components (ES, TH, RRH, PSH) in 2013. While this shows that 60% of single adult households were unsheltered at the time of entry, almost all of these were served in the seasonal shelter, not in either permanent or even transitional housing. When considering the data just on transitional and permanent supportive housing, we see that only 31% of adult-only households and 9% of families were unsheltered at the time of program entry.

Many were actually housed upon program entry: 16% of adult households and 29% of family household were either living with friends and family or in subsidized or unsubsidized housing.

All Program Types				
Prior Living	Adult Only HH		Family HH	
	Number	Percent	Number	Percent
Unsheltered	7,993	60.0%	69	12.1%
Emergency Shelter	850	6.4%	140	24.5%
Transitional Housing	156	1.2%	73	12.8%
Hotel/Motel	1,078	8.1%	87	15.2%
Institutional	1,142	8.6%	48	8.4%
Perm. Supportive Housing	39	0.3%	1	0.2%
Family/Friends	1,499	11.3%	120	21.0%
Unsubsidized Housing	123	0.9%	19	3.3%
Subsidized Housing	150	1.1%	2	0.3%
Other/Don't Know/Refused/Missing	286	2.1%	13	2.2%
Total	13,316	100.0%	572	100.0%

TH and PSH Only				
Prior Living	Adult Only HH		Family HH	
	Number	Percent	Number	Percent
Unsheltered	172	30.9%	35	8.7%
Emergency Shelter	107	19.2%	112	27.7%
Transitional Housing	89	16.0%	70	17.3%
Hotel/Motel	22	3.9%	37	9.2%
Institutional	50	9.0%	24	5.9%
Perm. Supportive Housing	3	0.5%	1	0.2%
Family/Friends	72	12.9%	101	25.0%
Unsubsidized Housing	16	2.9%	14	3.5%
Subsidized Housing	4	0.7%	2	0.5%
Other/Don't Know/Refused/Missing	22	3.9%	8	2.0%
Total	557	100.0%	404	100.0%

In addition to the resources invested in emergency shelter and transitional housing for non-literally homeless people, Orange County also invests significant resources in prevention services for people who are housed but at-risk of eviction. While these programs likely do help people prevent housing loss, there is no evidence that any of those served would ever become homeless without rental assistance. Numerous

studies show that the majority of households that enter shelter do not come from their own apartment with a lease, but rather from informal living arrangements (sharing with family and friends) and most do not access prevention resources.³ A prevention pilot project is being put in place in Orange County to better target these resources, and these efforts will need to be aligned with planning for CA-CI.

B. Accessibility of Services and Housing

1. Lack of Standardized Policies and Procedures, Multiple Access Points, and Duplicated Intakes

Streamlined access to homeless programs and services is a significant issue in Orange County, as in many communities. There are hundreds of programs and services located throughout a very large geographic area. Currently there are no standardized rules or policies relating to which homeless people can access which types of programs and services. Each program establishes their own rules and procedures. To some degree this is driven by funders, but in many cases is based on provider mission and philosophy about who should be helped. The lack of standardization and need to seek services repeatedly at different programs can be highly frustrating and demoralizing for clients. It also means that those who are more resourceful are more likely to be served because they know how to navigate the system. They will seek out assistance at multiple locations until they find a program that will help them. Those who are less resourceful are not sure where to go for help and may give up after a few unsuccessful attempts.

2. Barriers to Program Entry

In Orange County, program rules can either intentionally or unintentionally make it harder for those with the highest needs to be served. Focus Strategies has conducted an analysis of program eligibility requirements in emergency shelter, transitional housing, rapid re-housing and permanent supportive housing programs in the community and found that many of them impose entry requirements that are not required by any funding source. These requirements have been adopted by the agency or program as a way of screening out people who are not viewed as “housing ready” or who are not capable of becoming “self-sufficient.” These program-imposed barriers include sobriety requirements, minimum income requirements or ability to become employed, and service participation requirements. The effect of these barriers is to screen out people who are likely have been homeless for the longest periods of time, have the greatest barriers to housing (including disabilities) and the greatest service needs. The table below details the percentages of program and beds that have imposed barriers to entry.

³ Mary Beth Shinn, Jim Baumohl, Kim Hopper. The Prevention of Homelessness Revisited. *Analyses of Social Issues and Public Policy*, 2001, pp. 95-127.

Criteria	All Beds/Units			
	ES	TH	RRH	PSH
Maximum Age Limit for Accompanied Children	0%	2%	0%	0%
Residency	0%	7%	0%	0%
Minimum Income	0%	33%	0%	1%
Sobriety	15%	82%	9%	12%
Criminal Record	4%	74%	9%	9%
Immigration Status	2%	41%	11%	4%
Rental History	0%	0%	0%	0%
Eviction History	0%	15%	0%	4%
Credit History	0%	6%	0%	0%
Pets	5%	23%	0%	10%
Program Participation	21%	88%	17%	65%

3. Permanent Supportive Housing Not Adequately Targeting Chronically Homeless People

In the 2013 PIT Count, Orange County found there were 797 chronically homeless single adults, representing 18.5% of the total homeless population. Many of these individuals are not able to access existing programs, either because they only serve families with children, or their entry requirements screen out people who are more likely to have behavioral health issues and long histories of homelessness. For many chronically homeless people, the most effective housing solution is permanent supportive housing, because it provides long-term housing subsidies coupled with intensive services. However, even the permanent supportive housing inventory in Orange County is not serving this population as effectively as it could. Of the 983 people currently occupying PSH units (based on HMIS data), only 330 or 34% are chronically homeless and only 263 or 27% entered PSH from an unsheltered location or an emergency shelter.

One reason for the low participation of chronically homeless people is that historically these PSH programs were set up to serve people with mental health disabilities, but not necessarily chronically homeless people. Most of the inventory is in the Shelter Plus Care Program, operated as a partnership between OCHA and the OC Health Care Agency to serve people in the mental health system. For those who are not already clients of the mental health system, accessing PSH can be very difficult. Many chronically homeless people who have been unsheltered for prolonged periods of time are reluctant to access services and do not actively seek out help from service providers. There is limited mobile outreach capacity in the community, and the existing outreach programs focus mostly on providing health care rather than connecting people to housing. For those chronically homeless people who try to connect to Shelter Plus Care, there are few services available if they do not qualify for mental health services through the Health Care Agency. Also, there is limited availability of help with the process of navigating the housing system (obtaining a voucher, finding an appropriate unit, negotiating with landlords, etc.).

As noted in Section I.B. (Federal Policy Context), HUD has recently issued a notice requiring that all CoC-funded PSH units must prioritize homeless people based on the severity of their service needs and length of homelessness. This includes both units that are required to serve only chronically homeless people and those that are not. The planning and implementation of CA-CI in Orange County will have to grapple with

how chronically homeless people with the most severe needs are located and helped to access PSH, as well as how to design ongoing services to help this very challenging population to remain housed.

C. Capacity of System to Provide Appropriate Exits to Permanent Housing

A major factor impacting the homeless system in Orange County is its ability to effectively help people exit to permanent housing.

1. Program Design and Staffing Not Oriented to Helping Clients Secure Housing

As part of Focus Strategies' analysis of program eligibility criteria, we asked providers to discuss their agency mission and goals and their philosophy of service delivery. What we learned from these interviews is that for many providers their primary goal is not to help clients secure housing, but rather to help people become more self-sufficient so that they can then secure housing on their own. For many programs this means they are only willing to work with clients who are able to become employed. This focus on "self-sufficiency" and "employability" means that many people with the greatest barriers to being housed (disability, active substance use, criminal histories) are screened out of assistance.

Another consequence of having programs focus more on self-sufficiency than on securing housing is that significant system resources are devoted to case management, education and employment, but relatively little is spent on activities that actually help clients find housing, such as housing locators, landlord recruiters, housing navigators, etc. Limited attention and resources are devoted to hiring and developing staff who are housing experts, as opposed to social service experts. To begin to re-orient the system more towards helping clients secure housing, Orange County will need to build system-wide capacity in landlord outreach and engagement as well as housing location.

2. Exit Rate to Permanent Housing Is Insufficient

Currently the existing programs in Orange County are not helping people exit to permanent housing at a rate high enough to make a significant impact on the numbers of homeless people. For adult only households, only **3%** of all households served in 2013 exited to PSH (309 out of 12,980 served). The rate of exit for families was much higher, though the exact rate is unknown due to the high rate of unknown or missing exit destinations. Currently about 47% of known exit destinations are to permanent housing.

Destinations Adult Only HHs			
Destination	Number	Percent of Total	Percent of Known
Unsheltered	706	5.4%	45.5%
Emergency Shelter	49	0.4%	3.2%
Transitional Housing	128	1.0%	8.3%
PSH	89	0.7%	5.7%
Hotel/Motel	55	0.4%	3.5%
Institution	88	0.7%	5.7%
Other/Don't Know	11,430	88.1%	NA
Temporary with Family or Friends	123	0.9%	7.9%
<i>Permanent with Family or Friends</i>	84	0.6%	5.4%
<i>Permanent Rental</i>	225	1.7%	14.5%
<i>Owned by client</i>	3	0.0%	0.2%
Total	12,980	100%	100%

Destinations Adult Only HHs			
Destination	Number	Percent of Total	Percent of Known
Unsheltered	24	5.4%	7.1%
Emergency Shelter	8	1.8%	2.4%
Transitional Housing	39	8.8%	11.5%
PSH	23	5.2%	6.8%
Hotel/Motel	14	3.2%	4.1%
Institution	18	4.1%	5.3%
Other/Don't Know	104	23.5%	NA
Temporary with Family or Friends	40	9.0%	11.8%
<i>Permanent with Family or Friends</i>	55	12.4%	16.2%
<i>Permanent Rental</i>	117	26.4%	34.5%
<i>Owned by client</i>	1	0.2%	0.3%
Total	443	100.0%	100.0%

3. System Resources Invested In Strategies That Are Too Costly

The Orange County system is spending resources on many investments that do not result in positive housing outcomes. The table below shows the average cost of each program exit to permanent housing. The cost per permanent housing exit reflects the average of the program budgets divided by number of clients who exited the program during 2013 to a permanent housing destination – housing with family and friends on a permanent basis, rental housing or ownership housing.

This data shows that both emergency shelters and transitional housing are very expensive per exit to permanent housing, a finding that is highly consistent with results from other communities nationwide. In Orange County, it costs an average of more than \$14,000 per permanent housing exit from transitional housing and more than \$19,000 from shelter. National data shows that Rapid Re-Housing is a much more cost effective and faster way to assist households to exit homelessness.

Cost Per Exit	
Program Type	Total Cost Per HH Per PH Exit
Emergency Shelter	\$19,455
Transitional Housing	\$14,192

D. HMIS System Functionality

The HMIS system is the key piece of infrastructure needed to track how the homeless system is performing. As noted in Section III, currently not enough of Orange County’s providers are participating to ensure there is complete coverage of all program components. Another major issue for CA-CI is that programs do not share data, nor do they enter data in “real time.”

Since the Orange County HMIS does not allow programs to share data, staff at a particular agency cannot see information about the client’s previous entries into the system. This means that any intake or assessment conducted at one program must be repeated at the next and the next. Also, there currently is no requirement that data be entered in real time, so what is known about a client at any given moment is rarely up to date. As a result, even if there were data sharing, clients would still have to repeat the same information over and over each time they have an intake for a program or service. In order for CA-CI to be effective at tracking clients as they move through the system and preventing clients from repeated intakes, the system will have to be opened to allow data sharing among participating agencies.

Currently there is also no HMIS functionality relating to bed availability. The bed inventory is not programmed into HMIS and there is no way to use the system to query what vacancies are available. In CA-CI workgroup meetings, providers have expressed concerns about the feasibility of real time data entry given the staff time required. While it is a difficult objective to achieve from a practical standpoint, having up to date, “real time” information about clients and unit availability throughout the system will vastly improve the intake and referral experience for clients and give providers the tools they need to provide useful assistance.

V. Recommendations

Many of the system inefficiencies identified in Section IV can be addressed and remedied through the implementation of a thoughtfully designed system for Coordinated Assessment-Centralized Intake (CA-CI), in conjunction with system right-sizing to ensure there is an appropriate housing exit for each person who enters the system. Currently, the system is not well suited to serve those homeless families and individuals who have the greatest needs. Before developing a new system for program entry, we strongly advise that Orange County work through a process of re-tooling the available exits -- re-designing existing programs and shifting system investments so that available shelter and housing programs are able to house families and individuals who are literally homeless and have significant barriers to securing housing. At the same time, housed households that are about to enter the homeless system must be assisted to remain housed, using the most efficient allocation of resources possible. Only after these adjustments have been made is it advisable to develop new system entry points and processes.

Below we have summarized four key recommendations along with action steps to implement a CA-CI system that will ensure resources are targeted more transparently and effectively and ensure the system is serving those with the greatest needs. To accomplish this ambitious agenda, we advise that 211OC staff present this CA-CI Plan to the C2EH for formal approval and adoption. We further recommend that C2EH identify a set of workgroups tasked to guide the work outlined in this plan, either by assigning work to existing committees or creating and seating new committees.

The activities proposed in these recommendations involve four parallel work streams, each of which would ideally be headed by a workgroup or other planning body:

1. Policy Work Group. CoC Leadership, 211OC staff, and other stakeholders tasked with developing overall policies that will drive the development of CA-CI.
2. Provider Training and Program Re-Design Work Group. Executive Director and Program Director level staff from providers, County agencies, and other stakeholders tasked with re-designing programs and ensuring providers have the training needed to implement new approaches.
3. Funders Group. Representatives from local public and private funders of the exiting homeless system, to develop and implement plans to secure the needed funding for CA-CI and oversee shifts in existing investments.
4. Tools and Technology Work Group. Staff from the HMIS Lead (211OC), Director level provider staff, and County agencies tasked with developing CA-CI tools and data systems.

In the recommendations below we note which group or groups should take the lead on which action steps. Additional detailed action steps for each group are laid out in Section VI (Implementation).

Recommendation 1: Establish System-Wide Objective of Housing People With Greatest Needs

As noted in the System Assessment, Orange County currently invests significant resources in a range of shelter, services and housing that are not well targeted to serve those homeless people who have the greatest needs. The system serves a large number of families and single adults who are not literally homeless and there are significant access barriers for people who have higher needs and longer histories

of homelessness. For the purpose of this document, literally homeless means people living in places not meant for human habitation and emergency shelter. Those who do have high barriers may receive some outreach and shelter services, but they are not being effectively connected to housing. To end homelessness, the CA-CI must support an overall goal of prioritizing those families and single adults who have the longest histories of homelessness and highest housing needs and connecting them to a viable housing option. To implement this recommendation, Orange County will need to establish system-wide policies on how existing resources will be targeted, and must also require providers to lower their barriers to program entry.

Activity 1.1. Establish CoC-Level Policies for Targeting and Prioritization of Existing Resources

Focus Strategies recommends that Orange County CoC Leadership convene a Policy Workgroup to develop and adopt system-wide policies governing which homeless people will receive which types of interventions. These types of policies are not only required under the CoC Interim Rule (578.7 (a) (8)), but are also essential for Orange County to set a course to end literal homelessness. While the specific details of the policy will need to be worked out locally, we recommend it include at a minimum the following key features:

- Any family or single individual who is not literally homeless (unsheltered or living in shelter) is not eligible to enter emergency shelter, transitional housing, rapid re-housing or permanent supportive housing;
- Families and individuals who are still housed and can remain in place or move directly to alternative housing should be offered Diversion assistance to prevent them from entering a shelter or homeless program (see Recommendation 2); and
- Families and individuals with the longest histories of homelessness and most severe needs have priority access to housing. The policy explicitly states how severe need will be defined, measured and documented, and there is community-wide buy-in to this policy.

Activity 1.2. Require Programs to Remove Entry Barriers

The existing array of programs in Orange County currently impose significant barriers to entry that disproportionately impact those households (both single adults and families with children) that have high housing barriers and service needs, including in particular those who are chronically homeless. While each program might have a strong set of reasons for imposing requirements relating to sobriety, service participation, criminal record, etc., the collective impact of all these criteria is that the system is inaccessible to large numbers of people who have been homeless the longest and have the greatest need for stable housing. Focus Strategies strongly urges Orange County to establish local policies designed to lower barriers and also help providers re-think how their programs need to operate in an environment where they are “screening in” not “screening out.”

In addition to a community-wide policy regarding which households are prioritized for assistance, Orange County must also adopt policies to require existing providers of emergency shelter, transitional housing, rapid re-housing and permanent supportive housing to reduce or remove any barriers that are not strictly funder required. This work can be conducted jointly by the Policy Workgroup and the Funders Group, since many of the providers receive local funding (e.g. United Way, CDBG, etc.) and these local funding contracts can include requirements relating to streamlining access to programs.

In our experience, providers generally require some sustained engagement and technical assistance to make the shift from a high barrier to a low barrier program. As part of this work, the Provider Training and Program Re-Design Workgroup will need to identify ways to help providers through training and ongoing capacity building. Key areas where many programs will need help include:

- Shifting from sobriety requirements, drug testing, and other substance abuse related barriers toward strict “no use on the property” rules.
- Replacing service participation requirements with strong client engagement practices and train staff on motivational interviewing and other strengths based approaches to service delivery.
- Removing minimum income requirements and strengthening policies to help participants develop a plan to increase income, including applying for benefits for which they may be eligible.

While this work is very difficult, experience from many early adopters of CA-CI shows that these systems cannot function effectively as long as each program is able to establish its own customized entry criteria.

Recommendation 2: Re-Design Existing Programs to Align with New Policies

Once new system-wide policies have been established, the existing array of programs must be re-configured to align with the new system objectives of serving higher need families and individuals. This will impact emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing.

Activity 2.1. Invest in Shelter Diversion Capacity

Orange County has a well-funded existing system of eviction prevention programs that have begun the process of re-thinking their approach to screening so as to better identify those households who are most likely to become homeless without assistance. However, data from many communities shows that it is very difficult to predict which households facing eviction are most likely to end up in shelter, and, in fact, the majority of families who enter shelter do not come from their own housing unit but have been doubled up with family or friends. Since some prevention programs do not serve these households (because they do not have their own lease or cannot show they have resources to sustain themselves in housing in the short run), the existing prevention system is not effectively keeping households from entering shelter.

Focus Strategies recommends that the Funder Group and the Provider Training and Program Re-Design workgroups work together with the existing prevention collaborative to develop strategies to expand system capacity to provide shelter diversion assistance to those families and individuals who are still housed but are on the brink of homelessness and seeking emergency shelter. Unlike the existing prevention programs, the diversion resources will specifically target those who no longer have a lease, are living informally with friends or family, or staying in a motel, and are within a day or two of losing their housing. The goal of the diversion program will be to help them remain in their current housing situation or move directly to another housing situation without having to enter shelter or transitional housing.

Diversion has been implemented very successfully in many communities, notably Cleveland Ohio, New London Connecticut, Seattle Washington and other places. Providers have found that small amounts of financial assistance, mediation with landlord or with family members, and problem solving can prevent 30% and upwards of people seeking shelter from ever entering the homeless system. Additional information on diversion and prevention is also provided in Section 1.B.4 (page 4 of this report).

In these Diversion models, every household seeking shelter or transitional housing receives a brief interview to determine if they might be able to safely remain in their current housing or move directly to other housing with some limited assistance. Those who can be diverted can receive some one-time services and financial assistance to preserve their housing situation, for example to help resolve a roommate dispute. Diversion can also provide connections to mainstream assistance to help people develop a longer-term solution to their housing instability, such as connections to employment programs, assistance with securing benefits, legal assistance, etc.

Activity 2.2. Re-Design Permanent Supportive Housing to Effectively Serve Highest Need Households

As noted in the System Assessment, programs in Orange County are not currently set up to effectively work with households who have the longest histories of homelessness and most severe service needs. Most chronically homeless people in Orange County are single adults, yet single adults with disabilities are not able to access transitional housing due to the high entry barriers and because most of the programs only serve families with children. These individuals can access the seasonal shelter at the Armory, but currently only 3% of those who access the shelter exit to permanent housing. So this resource is accessible but is not helping to reduce homelessness among this population.

The intervention that is currently best meeting the needs of chronically homeless people is permanent supportive housing (PSH), where HUD requires that CoC-funded programs must serve people with disabilities and some of the existing inventory is dedicated to serve chronically homeless individuals. However, even with these requirements, currently less than a third of the existing PSH units are occupied by formerly chronically homeless people. The program currently is not effectively outreaching to people who are hardest to serve, is not making available units accessible to this population, and does not offer the right mix and intensity of support services to ensure this population can remain in a unit once housed.

Like all other CoCs, Orange County must begin developing a plan to comply with CPD Notice 14-012 on the Prioritization of Chronically Homeless People (see Section I.B.2) which requires that all CoC-funded permanent supportive housing must be operated under a single coordinated system in which there is a standardized method for assessment and prioritization. Units that are dedicated to serve chronically homeless people must prioritize those with the longest histories of homelessness and most severe service needs, as determined using a Vulnerability Index or based on service utilization data. Even units that are not dedicated to serving the chronically homeless population must similarly prioritize those with longest chronicity of homelessness and the greatest needs.

To meet these requirements, the Orange County CoC and the permanent supportive housing providers (including the Orange County Housing Authority (OCHA) and non-profit housing providers operating PSH developments) will need to undertake some significant program re-design. This work should be headed by the 211OC as the CoC Lead and be coordinated through the Provider Training and Program Redesign Workgroup.

Key features of the re-designed PSH programs will include:

- Revamped outreach efforts building upon existing mobile outreach programs. There are currently a number of mobile health and behavioral health outreach teams operating in the community, but none of them have the capacity to conduct intake, assessment, and referral to housing. A mobile housing access function needs to be added onto the existing programs or an entirely new

outreach program developed. Additionally, the Armory program should become a key entry point into permanent housing for people who are chronically homeless. (See also Recommendation 3, Activity 1 – Entry Points). A strength in the community to build on is the active C2EH committee on outreach that convenes and regularly works with many of key outreach providers.

- Adoption of a new standardized assessment tool that assigns a priority to each homeless person based on length of time they have been homeless and their vulnerability. Focus Strategies recommends a set of custom designed questions that result in a prioritized list; this set of questions will reflect compliance with the HUD Prioritization Notice 14-012 as well as match the array of programs available. Using this strategy, referrals would be made based on deep targeting for each intervention type, according to the availability of beds/units in that program component for each household. This strategy also allows for editing of the tool and criteria to match inventory available, so that inefficient waitlists are not created. Instead, we recommend a streamlined assessment composed of no more than 20 questions that reflects the capacity available in OC and fits within the Adsystem system (more on this tool in recommendation 3.1 below). Examples are posted at www.focusstrategies.net/System-Design. In no case should the assessment and prioritization be based on the applicants diagnosis or type of disability as these are specifically not allowed under CP Notice 14—012 and do not help to identify those individuals with the greatest needs.
- Once a standardized tool has been adopted, all identified intake points (mobile outreach, Armory, others) should be trained to conduct assessments and make direct referrals to PSH providers to fill available vacancies. Existing program-by-program, “first come first served” application processes will no longer be HUD compliant and will have to be modified. However, any new process must ensure that referrals are consistent with any funder-required eligibility restrictions (e.g. programs that are required to serve those with mental health disabilities must continue to do so) and work within the context of the publicly funded systems that provide many of the services in PSH.
- Experience from many communities shows that often people who have severe service needs and long homeless histories are not able to easily make the transition from the mobile outreach worker through a PSH application process and then into housing. They need significant help with securing needed paperwork, attending appointments, looking at units, etc. that many housing organizations are not well equipped to provide. As part of the program re-design, Orange County must consider how to develop additional service capacity to help “hold” chronically homeless people from the time of initial outreach/assessment up until they actually move into a housing unit. This could be additional services staff stationed at a County Agency, Housing Authority, or other location, or a separate standalone program operated by a non-profit provider with strong expertise in providing housing focused case management services to people with behavioral health disabilities.
- Once housed, people with significant behavioral health disabilities and lengthy histories of homelessness need intensive and ongoing supportive services, particularly mental health services and supports. While the Orange County Health Care Agency currently provides ongoing services to many existing permanent supportive housing tenants, it is not clear whether these service are adequate for those clients with the greatest barriers. Successful permanent housing programs serving very hard to serve populations typically leverage significant Medi-Cal funded behavioral health services for case management, housing stabilization, and crisis services. It will be essential that PSH providers leverage all available MHSA funds, re-alignment dollars and any other system resources dedicated to meeting the needs of under- and un-served populations; and, this system

of care has its own stakeholders and sets of priorities with which the homeless system needs to collaborate. Partnerships with other systems to tap into potential funding streams such as re-entry dollars, substance abuse treatment services, or new services available through California's Section 1115 Medicaid Waiver (to be submitted in 2015) should also be explored.

- To increase the rate of turnover of existing permanent housing units, Focus Strategies strongly advises that OCHA continue to graduate as many existing S+C tenants into HCV funded units as possible.

Activity 2.3. Re-Tool Rapid Re-Housing, Transitional Housing and Emergency Shelter

Once the majority of very low barrier families and individuals are diverted from the system using Shelter Diversion resources and the highest barrier households are served using permanent supportive housing, the system will be left with a large number of households (mostly single adults and some families) with moderate level barriers to housing. The most appropriate intervention for these households will be either transitional housing (TH) or rapid re-housing (RRH).

Orange County currently does not have sufficient capacity in either of these program types to serve everyone who needs either RRH or TH, nor is there sufficient shelter capacity to offer a bed to everyone while they are waiting for RRH or TH. While system right sizing efforts continue, Orange County in the short term should adopt policies to prioritize those families and individuals with higher barriers for these interventions. The assessment tool used for permanent housing can also be designed to identify those households with moderately severe barriers to housing who are most in need of a transitional housing or a rapid re-housing unit.

In order for the existing inventory of RRH and TH to effectively serve this population, some significant re-design will be needed. We recommend that the Provider Training and Program Re-Design Work Group focus on the following key action items:

- Identify concrete strategies to more deeply target existing RRH programs, such as by shifting service delivery models to provide more services after clients are housed rather than requiring a particular level of "stability" or savings/income before clients move into housing.
- Identify concrete strategies to reduce the lengths of stay in transitional housing. Also explore which programs could transition some of their units to target single adults instead of families since the majority of the homeless population is single adults.
- Increase system-wide expertise in landlord recruitment, housing location and placement, and helping people problem solve with their landlords, family and friends. Currently most RRH and TH programs each have to develop this expertise in-house. A community-wide landlord outreach/liaison program would be more effective. It would also allow for these resources to be accessed in a fair and transparent manner and used to best target help to those who need it most.
- Continue work to expand year-round emergency shelter capacity with the objective of making shelters the place where people stay briefly while they are being rapidly re-housed. The concept of shelters as just a place for safety and basic needs while searching for housing aligns with best practices in other communities with housing crisis resolution systems, including Charlotte, NC and Portland, OR.

Recommendation 3. Create CA-CI Processes and Tools to Facilitate Access to Re-Designed Programs

Once new system-wide policies to target families and individuals with the greatest needs have been adopted and programs are being re-shaped to provide housing interventions for these households, the next steps are to create the processes and tools needed for CA-CI. Focus Strategies does not recommend implementing any new policies relating to intake, assessment, or referral until these broader systemic issues have been tackled. Simply creating a new front door that leads to the same existing set of programs and services will not help to reduce homelessness. It will just create a different entrance into services for the individuals and families who are already being served (those with low barriers who are not literally homeless) and will not improve access for those who are not being well served (those who are literally homeless and have greater service needs).

To accomplish this recommendation, Focus Strategies recommends three key activities: (1) creating a new set of entry points; (2) adopting a standardized intake, assessment and “matching” tool; and (3) developing a referral, acceptance and refusal policy that minimizes opportunities for providers to deny access.

Activity 3.1. Design and Select New Entry Points

The Orange County homeless system currently has many entry points located throughout the County. The main points of entry are safety net programs (food, clothing, financial assistance, eviction prevention), year round emergency shelters, the seasonal shelter at the Armory, transitional housing for families, and mobile outreach. As noted in the system assessment portion of this report, many of these programs are set up to prioritize people who are still housed and screen out those who have the greatest needs. Those that do work with literally homeless people (such as mobile outreach and the Armory) are not well-equipped to link them to housing.

As part of CA-CI, Orange County must create a new set of entry points with the goal of making housing assistance as accessible as possible for those families and individuals who are literally homeless, while offering diversion assistance to those who are still housed. We recommend that the Funding Group and the Policy Work Group issue an RFP to select a new set of entry points that have the following characteristics:

- Are geographically distributed throughout the County;
- Have capacity to handle call-in and drop-in clients who are seeking assistance to resolve a housing crisis;
- Have willingness to be trained and to implement shelter diversion in place of traditional homelessness prevention (active listening, problem solving, mediation);
- Have expertise in conducting intake and assessment with people who are literally homeless or nearly so; and
- Have capacity to provide rapid re-housing assistance, including conducting landlord outreach, housing navigation, and housing-focused case management.

We strongly advise that the entry points not use appointment based systems in which homeless people call or walk in and then receive an appointment for intake/assessment at a later date. Experience from

other communities shows that these tend to have very high no-show rates prioritize help to people who are the most resourceful, not the most needy.

In designing these entry points, Orange County should consider the model of the Housing Resource Center, which has been successfully implemented in many communities (Alameda County, CA; Los Angeles, CA; Hennepin County, MN). Housing Resource Centers are a service-delivery model for addressing the needs of people experiencing homelessness or at risk of losing housing through a coordinated network of geographically-dispersed centers that offer a common core set of housing-related programs (e.g. shelter diversion, rapid re-housing, intake/assessment/referral to transitional or permanent supportive housing). Housing Resource Centers may offer some virtual or phone-based assistance and may connect people through referrals to other services, but they are primarily intended to provide an easily located and identifiable location where potential clients can receive a host of housing-related services and be assisted to directly access a variety of other programs that meet their needs through co-location or close partnerships. Los Angeles has created a set of Family Solutions Centers for homeless families with children following this model.

While HRCs could serve as the entry point for households who are actively seeking assistance, they are not a good solution for those chronically homeless people who are unconnected to existing service systems and not likely to seek out assistance. As noted under Activity 2.2 (Re-Design PSH), access points for these households should be based on mobile outreach to locations where unsheltered people live (e.g. encampments) and also to the Armory when open. The mobile outreach, intake, and assessment can be connected to the HRCs but does not need to be co-located there, nor should chronically homeless people be required to go to an HRC in order to enter the system.

Activity 3.2. Adopt New Intake, Assessment and Matching Tools

To ensure that everyone who enters the system is matched to the “best fit” housing intervention, the Orange County CA-CI system should implement an automated tool for assessment, matching and referral that is integrated into HMIS (see Recommendation 4). The purpose of the assessment and matching tool is to ensure families and individuals are matched to the least amount of assistance needed to end their homelessness (typically rapid re-housing) and reserve the most costly interventions (permanent supportive and transitional housing) for those with the highest needs and greatest barriers. It is not to gather information that will be used to determine if a household is “housing ready” or to screen people out of services.

The Tools and Technology Workgroup should be tasked with reviewing and testing the custom assessment and matching tool. Focus Strategies advises the tool meet the following criteria:

- It should be brief and limited to collecting the information needed to determine what programs a client is eligible to enter (e.g. family composition, veteran status), their housing barriers (e.g. credit issues, criminal record, rental history) and some assessment of the acuity of their needs (vulnerability). The experience of communities that have successfully implemented CAS shows that it is important to gather the least amount of information needed to identify (and offer, if available) an appropriate housing option. In Charlotte, NC, for example, the entire assessment tool consists of only 16 questions, about 4 of which help determine acuity of need and the rest relating to eligibility criteria.
- The selected tool must be programmed into Adsystem.

- The selected tool must be capable of matching a client to an available unit (or place them in a prioritization list if no unit is available).

Focus Strategies has evaluated the Adsystem CAS module and it appears to have the flexibility to allow a range of assessment questions to be programmed in and also allows the local implementation to decide on a system for categorizing available vacancies so that people can be matched to units (e.g. units can be coded as suitable for families or single adults at different levels of need).

Activity 3.3. Establish Strong Policies on Acceptance and Refusal

To ensure that people who are matched to an available vacancy are able to access it, the CA-CI policies and procedures must require programs to accept households who are referred except under very limited circumstances. The Policy Workgroup should develop these policies in collaboration with providers to determine an appropriate set of criteria and process for refusing to accept a referral. In some communities, providers are allowed a certain number of refusals in a given time period, but Focus Strategies does not advise this approach as it can lead to people with the greatest barriers being shut out of the majority of programs. Another option is to require referrals be accepted unless the provider can demonstrate the person has previously been enrolled in the program and has actively posed a danger to other residents or staff. Many communities also have a non-biased Denial Committee that reviews all instances where referrals were denied and is empowered to sanction providers who have a pattern of not accepting appropriate CA-CI referrals.

The acceptance and refusal policy should also address the issue of client choice, and ensure families and individuals have the option to refuse a referral if it does not meet their needs (for example, if the unit or program is located too far away from their support systems). However, while respecting client choice is an essential element of CA-CI, there also needs to be some limits placed on the number of times a household can reject a referral, or the process can become very difficult to manage.

Recommendation 4. Develop Data Systems to Track Client Progress and Evaluate CA-CI

Activity 4.1. Shift to Data Sharing and Real Time Data Entry

Effectively conducting intake, assessment and referral of homeless people requires the infrastructure of an HMIS system in which client data is shared among programs and providers. This ensures that homeless people do not have to repeat their story each time they transition from one program to another. The initial CA-CI intake and assessment can be viewed by all programs and updated as needed. Additionally, as a client moves from shelter to rapid re-housing or permanent supportive housing, the program they enter will not have to re-collect universal HMIS data elements or other information already gathered in a prior program stay. Since the Orange County HMIS is currently a closed system, opening it up for data sharing will be critical if CA-CI is to be effective. This work most likely will be a joint effort of the Policy Work Group and Tools and Technology Group.

In addition to data sharing, effective CA-CI also requires that information about clients and available vacancies is updated in real time. In order to make timely and appropriate referrals, CA-CI staff must be able to quickly access up to date information about each client they work with and about units that are

available. To ensure that real time data entry is implemented, the Tools and Technology Group will have to create systems and practices to ensure that all end users are held accountable for conducting accurate and up to date data entry.

VI. Implementation Steps and Timeline

The chart below presents the recommendations and activities from Section V, along with more detailed action steps and timelines. This table is organized according to the four work flow “streams” identified at the beginning of the recommendations. For each action step we have provided a suggested timeline. Items in red are most urgent and will need to be completed between February 2015 and April 2015. Items in blue will take place in May and June 2015 and items in green between July and September 2015.

Due to the extensive amount of work to be undertaken, this timeline does not envision complete system roll-out by February 2015 (211OC’s original timeline). However, we have proposed an accelerated timeline that will frontload the work on PSH and bring Orange County into compliance with the HUD Prioritization Notice as quickly as possible, ideally by July 2015, with the rest of the system operational by September 2015

Recommendations	Activities	Action Steps and Timeline			
		Policy	Provider Training & Program Re-Design	Funding	Tools & Technology
CA-CI Plan Approved by C2EH (Jan. 30, 2015)	Establish Work Groups	Policy Work Group Identified or Created/Seated (Jan 30, 2015)_	Provider Training and Program Group Identified or Created/Seated Jan 30, 2015)_	Funder Work Group Identified or Created/Seated Jan 30, 2015)_	Tools and Technology Work Group Identified or Created/Seated (Jan 30, 2015)_
1. Establish Community Wide Objective of Housing Families and Individuals with Greatest Needs	1.1. Develop CoC-Wide Policies for Targeting and Prioritization	Policy Group drafts prioritization policy and distributes to community for input (March) C2eH approve policy (April)			
	1.2 Require Programs to Remove Access Barriers	Policy Group drafts access/barriers policy and distributes to community for input (March) C2eH approve policy (April)	All providers (ES, TH, RRH, PSH) receive training and TA on removing barriers and modifying service delivery (May - June) All providers adopt revised admission policies and program rules to align with new barriers policy. (July-August)	Funders Incorporate barriers policies into contracts (May)	

Recommendations	Activities	Action Steps and Timeline			
		Policy	Provider Training & Program Re-Design	Funding	Tools & Technology
2. Re-Design Programs to Align with New Objectives	2.1 Invest in Shelter Diversion Capacity		<p>Interested providers of prevention and other services receive training on Diversion (April)</p> <p>Workgroup develops diversion program design (June)</p> <p>Diversion program launches (Sept)</p>	<p>Funders develop plan to secure resources for diversion (May - June)</p> <p>New contracts executed with diversion programs (Sept)</p>	<p>Tools work group develops brief Diversion screening questionnaire (May)</p> <p>Diversion workflow integrated into HMIS (intake, screening, outcome) – (Sept)</p>
	2.2 Redesign Permanent Supportive Housing	<p>CoC will develop and C2EH will adopt policy that all turnover PSH units are prioritized for chronically homeless people and allow existing PSH tenants to “move up” to HCV program. (Feb-April)</p> <p>Review and test Assessment tool based on recommendations from Tools and Tech group (May)</p>	<p>Review existing PSH program policies and service plans and identify changes needed to serve CH households with most severe needs, including role of County-funded behavioral health services. (February - March)</p> <p>Assess existing mobile outreach programs and identify needed enhancements to “bridge” from outreach work to PSH entry. (February - March)</p> <p>Develop plan for re-design of PSH policies and services, including outreach, intake, housing location, services. (April- June)</p>		<p>Review and test assessment tool that meets HUD requirements and present to program group, including existing or customized tools. (March-April)</p>

Recommendations	Activities	Action Steps and Timeline			
		Policy	Provider Training & Program Re-Design	Funding	Tools & Technology
			Launch re-designed program with intake using newly adopted assessment/prioritization tool. (July)		
	2.3 Re-Tool Emergency Shelter, Rapid Re-Housing and Transitional Housing	<p>Policy for prioritization of ES, TH and RRH developed and approved by C2EH (May)</p> <p>Develop policies for TH and RRH programs to support deeper targeting and faster rates of exit. (May)</p>	<p>Survey existing TH and RRH and identify strategies to serve households with higher barriers and switch from families to single adults where possible. (May)</p> <p>Train providers on housing focused services, progressive engagement, motivational interviewing, etc. (June)</p> <p>Providers to develop new policies and program designs. (July -August)</p> <p>Launch retooled TH and RRH programs (September)</p>	<p>Identify funding sources to support expanded system-level housing services, including landlord recruitment and housing navigation. (May-June)</p> <p>Incorporate policies re: targeting and housing outcomes into contracts with providers (July-August)</p>	

Recommendations	Activities	Action Steps and Timeline			
		Policy	Provider Training & Program Re-Design	Funding	Tools & Technology
3. Create CA-CI Processes and Tools to Facilitate Access to Re-Designed Programs	3.1 Design and Select New Entry Points	<p>Adopt vision and criteria for new entry points into homeless system (May)</p> <p>Estimate costs and develop funding plan for new entry points (in Collaboration with Funder Group) – (June)</p> <p>Develop RFP to identify new entry points (in collaboration with Funder Group) – (July)</p> <p>Select new entry points (August)</p>	<p>Work with identified new entry points to develop and integrate policies and procedures for intake, assessment and referral; diversion; and other housing related activities. (August)</p> <p>Launch new entry points (September)</p>	<p>Estimate costs and develop funding plan for new entry points (in collaboration with Policy Group) – (June)</p> <p>Develop RFP to identify new entry points (in collaboration with Policy Group) – (July)</p>	<p>Work with new entry points on integration of new intake, assessment and matching tools. (Sept)</p>
	3.2 Adopt New Intake, Assessment and Matching Tools	<p>Edit intake, assessment and matching tool based on recommendations from Tools and Tech group (June)</p>	<p>Work with identified new entry points to integrate new tool into intake, assessment and referral process (August)</p>		<p>Review draft intake, assessment and matching tool integrated into HMIS (including existing or customized tools); present to program group. (May)</p>
	3.3 Establish Strong Policies on Acceptance and Refusal	<p>Policy group to draft policy on admission and refusal for review/adoption by C2eH (May)</p>	<p>Hands on technical assistance with existing TH & RRH and identify strategies to serve households with higher barriers rather than screening them out, per funder requirements. (May)</p> <p>Train providers on housing focused services, progressive engagement, motivational interviewing, etc. (June)</p>		

<i>Recommendations</i>	<i>Activities</i>	<i>Action Steps and Timeline</i>			
		Policy	Provider Training & Program Re-Design	Funding	Tools & Technology
4. Develop Data Systems to Track Client Progress and Evaluate CA-CI	4.1 Shift to HMIS Data Sharing and Real Time Data Entry	Policy group to draft and C2EH to approve policy requiring open HMIS and real time data entry. (May)	Providers trained on new HMIS requirements (July-August)	Funders incorporate new HMIS requirements into contracts (July - August)	Tools group to revise HMIS policies and procedures to include data sharing and real time data entry (June) Data sharing and real time data entry goes live (Sept)

Appendix A

Orange County Coordinated Assessment & Centralized Intake System

How Can My Agency Prepare for CA/CI? January 27, 2015

To successfully implement CA/CI requires a number of changes at both the program and system level. These include not only changes in how homeless families and individuals initially enter the system, but also in how they then move from system entry to a housing referral and an exit from homelessness. Entry points have to be designed to effectively target those families and single adults who are literally homeless and have the greatest needs, while diverting those who are not homeless and have lower needs for assistance. Shelter and housing programs must eliminate access barriers so that they can accept referrals of literally homeless people from the entry points. At a system level, the inventory of units has to shift to better match the population of homeless people. It is also essential for a smoothly functioning CA/CI that all programs shift to real time data entry on both their clients and their bed availability. The system can only function effectively when the entry points can access up-to-date intake and assessment information for all clients and see what vacancies are available in what programs.

Some steps providers can take now to begin preparing for CA/CI are described below.

1. Identify and Reduce Program Barriers

When CA/CI is implemented, programs will have to remove access barriers that prevent homeless families and individuals with the greatest needs from entering shelter and housing. To begin preparing for this shift, providers can:

- Review agreements and contracts with funding sources to identify those eligibility requirements that are required and those that are internally established by your agency.
- Begin thinking about what sorts of policy or programmatic shifts will be needed to lower barriers. For example:
 - Shift from sobriety requirements, drug testing, and other substance abuse related barriers toward strict “no use on the property” rules.
 - Replace service participation requirements with strong client engagement practices and train staff on motivational interviewing and other strengths based approaches to service delivery.
 - Remove minimum income requirements and strengthen policies to help participants develop a plan to increase income, including applying for benefits for which they may be eligible.

2. Assess Feasibility of Target Population Shifts

Currently the OC system has a mismatch between its homeless population and bed inventory, with a relatively larger proportion of beds for families than for single individuals and people who are

chronically homeless. Over the next several years, the system will be “right-sized” to better match needs. Steps providers can take now include:

- Review your existing mission, funding sources, and physical plant (if applicable) and assess feasibility of shifting existing units from family use to single use or to serve people who are chronically homeless or have high housing barriers;
- Identify any needed policy and programmatic changes this will involve, such as changes to your outreach strategy, eligibility requirements, staffing ratios, staff training, etc.
- If you have a Rapid Re-Housing program, consider whether this program could be more deeply targeted and serve more families or individuals. Would your agency be able to house people with a lower amount of funds per household if you had specialized training on working with landlords, mediation between clients and their family members, or other topics? Could you shift your service delivery model to provide more services after clients are housed rather than requiring a particular level of “stability” or savings/income before they move into housing? What other programmatic shifts would be needed?

3. Implement Diversion

A key element of CA/CI is to reduce the flow of people entering shelter or other temporary housing by diverting those who can be helped to remain in place or move directly to another housing situation. To prepare for a system-level emphasis on diversion, providers that offer safety net services and/or who refer households to shelter and transitional housing can begin with the following activities.

- If you currently provide safety net services and/or prevention assistance, conduct a review of the program to assess current targeting and whether people with the greatest likelihood of becoming homeless are being served. Data from other communities shows that most people who enter shelters do not have their own lease but rather are living informally with friends or family. If you require families to have a lease in order to receive prevention assistance, you are likely screening out those most likely to become homeless.
- If you are an entry point that refers families and individuals to shelter, evaluate the implications of adopting a diversion model in which you explore whether these households could stay in place or be re-housed at very low cost rather than entering shelter or transitional housing.
- See above in regards to rapid re-housing. Can your existing rapid re-housing program expand to include diversion? Many of the activities and forms of assistance offered in rapid re-housing can also be used to divert people who are homeless but can quickly secure other housing with a small amount of help.

4. Real Time Data Entry

The CA/CI implementation group discussed real time data entry in the spring, and will be prioritizing this topic in the fall. Focus Strategies has analyzed a number of CA/CI tools both inside and outside HMIS and it is clear the most workable approach is to use tools inside the AdSystech system (along with excellent

training and policies that match system goals). Implementation will require real time data entry and sharing of both client information and bed availability.

- Assess your agency's current resources and policies relating to data collection and data entry and evaluate what it will take to shift to real time data entry. What conversations do you need to have with your board and staff? What additional resources might be needed?

Appendix B

Orange County Coordinated Assessment & Centralized Intake System

Focus Strategies received a number of comments from the provider community on the draft CA-CI plan. We have summarized the feedback received in the chart below. In many cases we received similar feedback from multiple reviewers, so we have synthesized and summarized the main points. This is not a literal transcription of the comments. We have also grouped comments into topic areas for ease of review. We have omitted comments related to typos and copy editing.

Many of the comments and suggestions will be incorporated into our final report. However, some of the input, while very thoughtful, was either too broadly framed to be addressed within the parameters of the plan, or were outside the scope of the plan’s purpose and goals. We have responded to these more general comments in the table below.

Comment	Response
1. Timing of Implementation Steps	
The proposed timing of the plan is very ambitious.	Focus Strategies recognizes that the proposed timeline is ambitious and some adjustments will be made in the final plan. However, in order to meet HUD requirements and accomplish local system redesign objectives, it is critical to move forward as efficiently as possible while also ensuring the system created is workable and responsive to local needs and conditions.
Re-shaping programs to better accommodate literally homeless people will take time. This will require a significant culture shift. Executive Directors will need to work with their Boards to build buy-in, acquire new funding, etc.	See above. It is important to move forward as quickly as possible, while also being careful to ensure the new system put in place is able to meet local needs.
Rollout of new prioritization system and new program design for Permanent Supportive Housing (PSH) by March 2015 is too fast.	The timeline for the new PSH prioritization system has been pushed out to July 2014 in the newly revised plan.
2. Workgroups	
Existing planning groups can be used for some of the proposed work groups. For example, the Executive Committee of C2eH can serve as the Policy Group.	The C2eH is responsible for determining the structure and membership of the work groups. Where possible and appropriate, existing groups may be asked to serve as CA-CI work groups.
Given the complexity of the work, it is very important for the four proposed work groups to be well coordinated.	All the proposed work streams will be coordinated by 2-1-1OC with support from OCCS and oversight by C2eH.

Comment	Response
3. Included Programs	
<p>Are all homeless-serving programs in the community expected to be part of CA-CI even if they don't receive HUD CoC or ESG funding?</p>	<p>All CoC and ESG funded programs are required by HUD to participate in CA-CI. Local funders may require that programs receiving their funds must also participate. This could include both public and private funding sources.</p>
4. Right Sizing	
<p>We have concerns about implementing CA-CI before the system is fully right sized. Clients will still not have anywhere to go until there is sufficient system capacity (shelter, rapid re-housing, PSH).</p>	<p>The report recognizes the need for system right-sizing and expanding the supply of emergency shelter, rapid re-housing and permanent supportive housing for both families with children and single adults (and particularly for single adults, given the limited system capacity for this population). The community should be working on CA-CI in parallel with system right sizing efforts.</p>
5. Focus on Literal Homelessness/Housing First Approach	
<p>It is confusing to say that the new system will only serve literally homeless people. What about prevention?</p>	<p>The report has been clarified to explain that in order to end homelessness, OC's emergency shelter, transitional housing, rapid re-housing and permanent housing all should be designed and targeted to serve people who are literally homeless, which can include both families with children and single adults. This does not mean that those families and individuals who are still housed cannot be served, but the more appropriate intervention for these at-risk households is shelter diversion and/or homelessness prevention. We have added additional information about diversion and prevention to the report.</p>
<p>We have concerns that putting people into housing without having them first address service needs will result in "burning" landlords and people cycling directly back to homelessness. There is a need for mandatory service participation to make programs successful.</p>	<p>Housing chronically homeless people and those with high barriers is difficult work. Engagement and recruitment of landlords, and ongoing management of landlord relationships, is essential to success. Research strongly supports the effectiveness of Housing First approaches when compared to mandatory participation in services as a condition of accessing housing.</p>
<p>Is there local data on the rate of return to homelessness from Rapid Re-Housing?</p>	<p>Focus Strategies has not analyzed the rate of return to homelessness from currently operating RRH programs in OC because the programs were too new in the latest round of performance reports to have sufficient data and/or programs do not have their data in HMIS so performance assessment is not possible in the same way as other CoC programs.</p>

Comment	Response
<p>We need to focus on employment for people who are able to work, otherwise rapid re-housing will not work.</p>	<p>Rapid re-housing does not have to be limited to families and individuals that have employment. However, being able to secure an income, whether from a job or from public benefits, is an important element of housing stability.</p>
<p>We have concerns that the Rapid Re-Housing and Permanent Supportive Housing providers in this community are not ready to make this shift. Many people will not be accepted into these housing programs and could languish in shelter and transitional housing, causing increased lengths of stay.</p>	<p>Providing housing to families and individuals with high barriers and severe service needs is complex and challenging work. Typically providers of emergency shelter, rapid re-housing and permanent supportive housing need some technical assistance and training to effectively serve these households.</p>
<p>We are concerned that clients will “game” the system by saying they are literally homeless when they are not.</p>	<p>In any service system there will always be some small number of people who will attempt to secure services for which they are not eligible. A variety of policies and procedures can be put in place to help prevent abuse of the system, including strict requirements for verification of homeless status. Attempting to divert ALL households at the point they contact the homeless system, using a structured interview format, also helps line staff to gain an accurate understanding of the household’s situation and whether they have other housing options.</p>
<p>We would like to see flexibility in defining literal homelessness. For example, people being discharged from recuperative programs should count as literally homeless.</p>	<p>Most of the housing programs in OC receive HUD CoC or ESG funding, and therefore are required to adhere to the HUD definitions of homelessness and chronic homelessness. Focus Strategies would not advise broadening the definitions of homelessness beyond the HUD definitions and also recommend carefully aligning program eligibility criteria with the highest and best use of the beds in the system.</p>
<p>6. Program Barriers</p>	
<p>The report states that many eligibility criteria are imposed by provider but in our experience most of the barriers to program access are imposed by funders.</p>	<p>Focus Strategies conducted extensive phone interviews with the majority of OC providers of shelter, transitional, and permanent housing. We documented a significant array of eligibility criteria being imposed by programs based on mission, service philosophy, and assumptions about who can and cannot be successful in housing. These results were presented to the CA-CI workgroup and documented in a report provided to 2-1-10C.</p>

Comment	Response
<p>We are concerned about being expected to remove sobriety requirements from our screening procedures. Will programs have to accept people who are clearly under the influence?</p>	<p>Serving people with either recent or currently active substance use in a shelter or housing setting can be very challenging. However, there are many best practices that can help providers make this shift. One key change is to remove requirements that clients must demonstrate a specific period of sobriety prior to program entry (e.g. 30 days, 90 days of sobriety). These requirements effectively screen out a very large segment of homeless people, given the difficulty of documenting sobriety when you are living outdoors and not in a treatment program. Instead of requiring sobriety as a condition of admission, programs can establish strong rules prohibiting clients from having any illegal substances on the premises. Leases or house rules that focus on behavior (i.e. not engaging in behavior that disturbs other residents) rather than sobriety provides a framework for removing those whose substance use is causing property management problems but does allows those who are following the rules to be housed and potentially be engaged in substance abuse treatment.</p>
<p>Even as barriers are lowered, we still have to be sure the CA-CI system has good information about eligibility criteria. Currently lots of bad referrals are made by existing providers, with people being referred to programs they clearly are not eligible for.</p>	<p>A key feature of the new CA-CI system is that there will be one standardized tool used to determine eligibility and prioritization for all programs (ES, TH, RRH, PSH) using a brief and streamlined set of questions. This tool will also be built into HMIS and the process of matching families and individuals to programs for which they are eligible will be automated. This should significantly reduce if not completely eliminate the problem of inappropriate referrals.</p>
<p>7. Other Systems</p>	
<p>How will other systems fit in to CA-CI? Behavioral Health is mentioned but what about other systems? The slow rate of SSI application processing is a huge problem in terms of helping people access housing.</p>	<p>How other local systems of care (e.g. child welfare, CalWORKS, health system, etc.) intersect with CA-CI is one of the operational issues still to be determined. However, some issues impacting providers of services to homeless people is not within the scope of CA-CI to address. However, SSI processing rates can be addressed in partnership with CA-CI efforts through specialized training in SOAR or SMART strategies.</p>

Comment	Response
8. Client Choice	
<p>The report does not discuss client choice or acknowledge the need for client self-determination. Will clients be required to accept any referral they receive even if it is geographically far from where they are located?</p>	<p>This is an excellent point and this issue will be addressed in the final report. Experience from other communities suggests that clients should have some choices and have the ability to reject a referral for legitimate reasons. However, there must be some limits on the number of referrals that can be declined.</p>
9. Prevention/Diversion	
<p>The report indicates existing prevention mostly serves people who have their own lease, but actually many prevention programs serve people who are doubled up.</p>	<p>While some existing prevention programs are serving some people who are doubled up, the larger systemic issue noted in the report remains the case. The resources the community is currently spending on prevention are likely not resulting in many people being prevented from entering homelessness, as the resources are not being targeted to those who are on the verge of housing loss and/or seeking emergency shelter; <i>this is true even if they are in unstable or inappropriate housing and seeking assistance.</i></p>
<p>How does the Prevention pilot fit into CA-CI?</p>	<p>The prevention group recently presented their proposals to C2eH and invited Focus Strategies to a future meeting. Systems change efforts need to be aligned to maximize impact; Focus Strategies strongly supports these efforts working together.</p>
10. Emergency Shelter	
<p>There is not much discussion in the report about the role of emergency shelter in CA-CI.</p>	<p>Currently OC has a relatively small inventory of year round emergency shelter, so this system component does not feature prominently in our report. However, shelter is an essential component of a right-sized system, in that it provides a short-term housing situation for those who have no other options (e.g. cannot be diverted) while they are waiting to enter permanent housing, either via rapid re-housing assistance, permanent supportive housing, or finding housing on their own.</p>
<p>We are concerned that the lack of shelter in the community makes Rapid Re-Housing difficult.</p>	<p>The issues relating to the lack of shelter are noted in the report. Focus Strategies supports the efforts underway in OC to expand the supply of year-round shelter.</p>

Comment	Response
<p>How will existing “same day” shelter beds be allocated in the new CA-CI system?</p>	<p>Ideally the CA-CI will include a system for same day shelter bed reservation. Shelter beds will be allocated to families and individuals who are literally homeless and have nowhere else to go (i.e. cannot be diverted). Beds would be prioritized to some degree for highest need families and single adults.</p>
<p>Can emergency shelter be used as a “bridge” for chronically homeless people who are unsheltered while they are in the process of securing permanent supportive housing?</p>	<p>Yes, this is an excellent use of shelter bed capacity within a right sized system. However, experience from many communities shows that some chronically homeless people do not want to go to shelter and willingness to access a shelter bed should not be made a precondition for accessing PSH. Outreach and mobile service teams can help support people who are unsheltered with the process of moving directly to permanent housing (e.g. eligibility paperwork, housing search, etc.) without them having to enter shelter.</p>
<p>11. Permanent Supportive Housing (PSH)</p>	
<p>The report focuses on OCHA’s tenant-based S+C vouchers and misses a lot of other kinds of permanent supportive housing, including site-based developments.</p>	<p>The report does focus on OCHA as the main provider of PSH in Orange County. However, all CoC-funded PSH is required by HUD to be part of CA-CI and will be included in implementation planning.</p>
<p>As permanent supportive housing becomes more deeply targeted to those with most severe needs, how can we tackle the constraints of “bricks and mortar” developments, which have regulatory agreements and legal requirements governing who can be served.</p>	<p>HUD’s recent notice on prioritization in permanent supportive housing makes clear that the Department expects all providers of CoC funded PSH to serve people with the most severe needs, as determined by a standardized assessment process and administered through a coordinated system for intake, assessment and referral. The notice makes clear that HUD does not expect PSH providers to violate the terms of any funding contracts they have in place relating to eligible target populations. For example, projects that are obligated by their funders to serve people with serious mental illness will still be required to serve this population and cannot be required to serve households that do not have serious mental illness.</p>
<p>We are concerned about the property management issues associated with having “high barrier” households living in permanent supportive housing complexes.</p>	<p>There is ample evidence from all over the country that clients with long histories of homelessness and other barriers to housing (e.g. substance use, criminal background, minimal housing history) can be successful in permanent supportive housing when provided with the appropriate services and supports.</p>

Comment	Response
<p>We recommend doing more master leasing programs as a way to ensure good relationships with landlords.</p>	<p>Master leasing is an effective way of quickly creating new permanent supportive housing capacity. The OC CoC submitted two applications for 2014 CoC funding for new PSH programs that will use the master leasing model. Both of these applications were awarded funding and will be implemented in 2015-2016.</p>
<p>Does HUD allow current recipients of S+C vouchers to graduate to the HCV program? We are concerned that graduating S+C clients to Housing Choice Voucher (Section 8) means they will lose services they need.</p>	<p>HUD has issued guidance specifically encouraging Public Housing Authorities to allow PSH residents who are stable and need only mainstream services to “move on” to the HCV program. These tenants would continue to receive the supports they need to remain housed, since their service eligibility will not change based on housing subsidy source.</p>
<p>Which permanent supportive housing programs are covered by the HUD PSH Prioritization Notice?</p>	<p>All CoC-funded PSH is covered by the Notice.</p>
<p>If the HUD Notice does not allow a person’s type of disability or diagnosis to be used as a basis for prioritization, can programs that serve people with specific types of disabilities still target those specific populations?</p>	<p>The Notice states that PSH program must comply with existing restrictions on targeted disabilities established by their funding sources (i.e. If funded to serve people with mental illness, they must continue to do so). The CA-CI can only refer people who meet the applicable criteria for the specific project. However, among those who meet the criteria, those with the highest service needs and longest histories of homelessness must be prioritized.</p>
<p>12. System Entry Points</p>	
<p>In selecting system entry points, we should consider a “no wrong door” approach in which every provider has the ability to conduct the same standardized assessment and referral process.</p>	<p>Given the large number of existing entry points in Orange County and the complexity of ensuring a standardized use of a single tool and process, “no wrong door” is probably not a feasible approach.</p>
<p>The Armory should be an entry point during the months when it is open. When the Armory is not open the entry point could rotate among the year round shelters or other safety net programs.</p>	<p>The report advises that entry points be selected through an RFP process. Many existing CA-CI systems use shelters as entry points, so this is a possible option to consider.</p>
<p>13. Data/HMIS</p>	
<p>We have concerns about open HMIS and data sharing. How is client confidentiality protected?</p>	<p>Most system that are having success with CA-CI have found open HMIS and real time data entry are essential. Confidentiality can be handled through strong client privacy policies that are strictly enforced and monitored.</p>

Comment	Response
<p>We support data sharing from the perspective that it makes it much easier for the client by preventing duplicated intakes and duplicated services.</p>	<p>Data sharing and real time data entry are essential if CA-CI is to accomplish its goal of improving clients’ experience of accessing services and housing.</p>
<p>We are concerned that that the existing HMIS implementation in OC is old and has been “patched” many times. Would it be better to adopt a new system?</p>	<p>Focus Strategies believe the Adsystem CAS module is well suited for the type of CA-CI approach Orange County is considering, and no system has a flawless track record.</p>
<p>We think that the data system design questions relating to CA-CI should be tackled first, not at the end.</p>	<p>We are evaluating the timing of the data system work and agree this should begin as quickly as possible.</p>
<p>We are concerned about the staff time needed for real time data entry.</p>	<p>Real time data entry will require a shift in the workflow for some organizations, how it impacts staffing depends on the current staffing pattern, so this concern may be justified. Unfortunately, a coordinated system cannot function without real time information that flows between the parts of the system.</p>
<p>It sounds like a decision has already been made to use Adsystem for CA-CI. Are other options being considered? What about the LA system?</p>	<p>In 2011, the community carefully assessed the HMIS options and decided to stay with Adsystem, in part because it would be very expensive to make a change. Focus Strategies was given the direction to determine a recommendation for technology to use to operate HMIS as part of this CA-CI planning effort. We found from our review of other communities’ CA-CI implementations that collecting the CA-CI information outside of HMIS (regardless of software application) is inefficient and universally results in lack of clarity about what is happening in the system and how the households that enter HMIS relate to those who were served in CA-CI. We carefully reviewed Adsystem’s module and believe it will meet the needs of the OC’s CA-CI system and therefore recommend that approach.</p>

Comment	Response
14. Funding Needs	
<p>The report identifies a number of new program elements that don't currently exist in OC and don't have any organization or funding:</p> <ul style="list-style-type: none"> • Diversion, • Landlord outreach/navigation, • Services for PSH tenants, • Services to support chronically homeless people from time of engagement to entry into housing, • HMIS data entry, and • Training/TA for providers. 	<p>2-1-1OC is working with local funders to secure as much funding as possible, as quickly as possible.</p>
<p>Securing funding for CA-CI should be fast tracked so that we don't end up designing things that there is no funding to implement.</p>	<p>The funding work is moving as quickly as possible and will roll out in coordination with the system design elements.</p>

List of Respondents:

1. Gary Frazier, Acacia Housing Advisors
2. Kathy Tillotson, Build Futures
3. Marsha Burgess, Families Forward
4. Jean Wegener, SPIN OC
5. Dawn Price, Friendship Shelter
6. Andrew Donchak, Anamark Capital Advisors (2-1-1OC Board)
7. Sharon Wie, Interval House
8. Paul Cho, Illumination Foundation
9. Julia Bidwell, OCCS
10. Laura Miller, OCIS
11. Brenyale Toomer-Byas, Orange County United Way
12. Pathways of Hope (no name attached to document)