

Coordinated Entry Work Group – Work Group #1 [Held March 24, 2015]

Pierce County Community Connections

Context: In February, Pierce County held a Community Meeting, to share the results of Focus Strategies' analysis of our Centralized Intake System and their recommendations for improvement. As a part of implementing those recommendations, Pierce County sought to convene a work group to inform the implementation and re-design of Centralized Intake. Participation in the work group was by invitation and included a cross-section of providers and partners of the homeless response system. The work group was presented with a proposed framework to discuss and provide input.

Additional Materials from the February Community Meeting:

- [Executive Summary of the Focus Strategies Report](#)
- [Community Meeting PowerPoint](#)
- [Community Meeting Q & A](#)

Work Group #1: Why Prioritize & Determining How to Prioritize

Materials Sent in Advance [See Attachments]:

- Prioritization in Coordinated Entry

Desired Meeting Results:

1. Participants have shared understanding of what prioritization is and why it is an essential element of coordinated entry systems.
2. Participants agree on approach to defining need and criteria for determining need.

Summary of Results from Work Group #1:

Defining and Rating Methods for Assessing Need:

After discussing the options, the work group arrived at agreement on the following rank order for the methods of defining "severe housing need," with all agreeing on vulnerability and housing barriers as the most important. There was also recognition that these two categories are not always mutually exclusive. For example, being homeless and having a serious mental illness can make a person highly vulnerable to harm and is also a significant barrier to securing housing.

1. Vulnerability
2. Housing Barriers
3. Frequent User of Emergency Services (police interactions, jail, ER, crisis mental health services)
4. "Readiness" for Housing
5. Desire to be Housed

Suggested Prioritizing Criteria to Include:

- Length of time homeless
- Danger of experiencing violence
- Imminent risk to health
- Disability
- Criminal history
- Felonies (sex offender, arson, meth production)
- Inability to navigate system on own
- Age – old, very young
- Engaging in risk behavior to secure income (sexual exploitation, drugs, gang affiliation)
- Mental health status
- Substance abuse
- Lack of income to obtain & sustain housing
- Lack of education level
- Lack of rental history



Attachments for Work Group #1



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Prioritization in a Coordinated Entry System

I. Overview

Development and implementation of a Coordinated Entry System (CES) is a critical component of any community's efforts to end homelessness and is a federal requirement set forth under the CoC regulations. The purpose of CES, as articulated by HUD, is to allocate homelessness assistance as effectively as possible and ensure that it is easily accessible to those who need it the most. Developing a community-wide approach to prioritization of homeless people is an essential component of an effective CES. In a context in which there are not enough resources for all who need assistance, reaching community agreement on who will be prioritized for what kinds of housing interventions is a critical decision-making process that informs and shapes many of the key features of the coordinated entry system, including the selection of entry points/processes, the development or selection of assessment tools, how waiting or priority lists are structured, how referrals are made, and any needed changes to programs to lower barriers.

II. HUD Prioritization Requirements

With the passage of the HEARTH Act in 2009 and Opening Doors in 2010, HUD has been shifting its policy priorities and issuing new regulations and guidance to help local communities build more effective systems to end homelessness. One piece of this larger policy transformation is the requirement that communities adopt policies for coordinated entry system (CES). Below is a brief summary of HUD guidance on this topic.

- The CoC Interim Rule issued in 2011 requires that CoCs must establish a Centralized or Coordinated Assessment System “that provides an initial, comprehensive assessment of the needs of each homeless household.” CoCs must also develop written standards for providing CoC assistance, including policies and procedures for evaluating each household’s eligibility for transitional, rapid rehousing and permanent supportive housing, and policies and procedures for determining and prioritizing which eligible families will receive which kind of assistance.
- In July 2014, HUD issued CPD Notice 014-12 providing specific guidance on prioritization of chronically homeless people and other vulnerable homeless people in permanent supportive housing. The purpose of this notice is to ensure that people with the most severe needs are prioritized into permanent housing. The notice requires communities prioritize those with the longest histories of homelessness and most severe service needs.
- In February 2015 HUD issued the Coordinated Entry Policy Brief which further elaborates on their thinking about coordinated assessment requirements. This document explains that prioritization applies not just to Permanent Supportive Housing but to all components of the homeless system. People with the highest barriers should be prioritized for any type of housing in the CoC, including permanent supportive housing, rapid re-housing or other interventions. Prioritization does not mean that those with the highest needs languish in shelters because more intensive types of assistance are not available. If a person is assessed to need PSH but it is not available, that person should be prioritized for RRH or TH.” CES should impose low barriers and should not screen out people from assistance but rather adopt a housing first orientation.

III. Defining “Most Severe Need”

The concept of prioritization articulated by HUD is very similar to what happens in an Emergency Room to identify which people will be given priority access to emergency medical care. In the ER, people with life threatening emergencies are prioritized ahead of those with less acute medical issues. In this example, the goal of prioritization is to identify and help those most in need of assistance. A variety of data is collected and assessed to predict who is most at-risk of harm and ensure they receive the help they need.

In the homeless system, defining “most severe need” for assistance is somewhat more difficult than in an ER. When a person is homeless or on the verge of homelessness, who has the “greatest need” for assistance? There are a number of ways to answer this question and no one correct answer. Homeless people with the most severe needs could be those who are:

- Most at-risk of immediate physical harm/death (highest vulnerability)
- Most at-risk of long-term negative impacts (high risk of institutionalization, incarceration, chronic health conditions, etc.)
- Most at-risk of continued homelessness/inability to become housed on their own (high housing barriers);

While any of these can be used to define “severe need,” all involve some level of prediction. How can we know who is most at-risk of death or continued homelessness? There are a variety of factors that can be considered in trying to assess need or predict risk:

- Demographic factors (such as gender, age, race)
- Proximal factors (what is happening with the person right now, such as their current income, current health status, people they are close to who could pose a risk)
- Historical factors (what has happened in the past that could impact the future, such as how many times the person has been homeless, their behavioral health history, their history of contacts with police)

While other fields have a robust base of research and evidence to draw upon that informs the design of a variety of predictive tools, the homeless system has relatively little data to draw upon. Very little is known about what factors predict continuing or future homelessness or a successful housing outcome. HUD has recently released a summary of current evidence on this topic: [Assessment Tools for Allocating Homelessness Assistance: State of the Evidence](#)

IV. HUD Suggested Prioritization Criteria

In the Coordinated Entry Policy Brief, HUD provides the following list of suggested criteria that communities can use for prioritization. These options are fairly broad and give communities a range of options to think about in considering how to prioritize.

- Chronicity of homelessness (this is a required criteria for PSH)
- Significant health or behavioral health challenges or functional impairments which require a significant level of support to maintain housing;
- High utilization of crisis or emergency services (e.g. jails, ERs, psychiatric facilities)
- The extent to which people are unsheltered, particularly youth and children
- Vulnerability to illness or death

- Risk of continued homelessness
- Vulnerability to victimization

These specific criteria are not prescribed and HUD's document makes clear that "communities should decide what factors are most important and, to the greatest extent possible, use all available data and research to inform their prioritization decisions. The coordinated entry process is meant to orient the community to one or two central prioritizing principles by which the community can make decisions about how to utilize its resources most effectively."

V. Developing Prioritization Principles

Given the fairly broad latitude that HUD has given in selecting prioritization criteria and the absence of strong evidence to guide decisions about prioritization for homelessness assistance, communities should identify a few key prioritization principles that:

- Comply with HUD guidance and requirements to serve those with highest needs;
- Support a transition to a system in which homelessness is rare, brief, and one-time;
- Are informed as much as possible by local and national data.

Prioritizing principles, once articulated, form the basis for the community's approach to coordinated entry. A community's locally-developed approach to prioritization is, in a sense, the vision or mission statement that puts in writing the community consensus about how scarce resources will be allocated to most effectively reduce homelessness.