Family Housing Connection Assessment & Refinement Project

Executive Summary from Draft Report for Public Comment

Prepared for Committee to End Homelessness King County

December 3, 2014
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Executive Summary

The Committee to End Homelessness King County (CEHKC) has engaged Focus Strategies to analyze and make recommendations for refinement of Family Housing Connection (FHC), the county-wide coordinated entry and assessment system (CEA) for families experiencing homelessness in King County, Washington. This analysis includes a summary of strengths, challenges and gaps in the current system and recommendations for increasing the efficiency and effectiveness of the family CEA system.

Between mid-August and November 2014, Focus Strategies conducted a broad range in information gathering activities including interviewing and observing staff at the 211 call center and at the Family Housing Connection primary and satellite locations; meeting and interviewing FHC, County and housing provider staff; holding meetings with groups of providers focused on special populations; holding focus groups with consumers; reviewing a large number of provided documents, reports and data; and reviewing materials from and interviewing representatives of other communities with coordinated entry and assessment systems. Focus Strategies presented initial findings from this research in early November to the CEHKC Funders Group and at a Community Meeting held November 6, 2014 and attended by more than 170 people from 56 agencies. Participants in this meeting were asked to provide feedback in several key areas and this feedback has been considered in the recommendations proposed.

Background

FHC was the result of nearly two years of planning and research by the staff of the King County Family Homeless Initiatives and a committed Work Group of providers and funders. The final design, adopted by the Interagency Council (IAC) was for a centrally-operated assessment process using a locally developed assessment and screening tool, and managed through a dedicated database to capture information on the families, the programs to serve them, and make matches between families and openings. The primary operator of the system, Catholic Community Services, was selected through an RFP process to conduct assessments and make referrals. The 211 call center is also contracted as part of FHC to do initial screening and make assessment appointments.

King County was among one of the earliest communities to adopt a CEA structure for families after the passage of the HEEKTH Act in 2009. FHC was launched in April 2012 and in its 2 ½ years of operations has gone through several changes and modifications in practice and policy. Most significant among these is the change of target population over time from families experiencing homelessness and those at risk, to prioritization of those reporting being unsheltered, to today’s exclusive target population of literally homeless families, both sheltered and unsheltered. An additional important recent change is the addition of diversion assessment and support as an integral, and apparently successful, part of the process.

Summary of Current Process

FHC refers homeless families to openings in emergency shelters, transitional housing, rapid rehousing, rental assistance and permanent housing with services. Today 30 agencies and 91 programs take referrals through FHC. Families can be assessed either in a non-participating shelter, or at an FHC program site via an appointment scheduled through 211. Shelter based appointments currently happen within about a
week, while scheduled appointments are often two to three weeks out. Scheduled appointments have an average 50% no show rate.

At the assessment stage, currently 30% of families are diverted, though some of these ultimately are added to the roster if diversion within approximately 30 days is deemed unsuccessful. Once on the roster, families are contacted in chronological order as openings come up that they appear to be qualified for. The median time from assessment to a referral is approximately 100 days. However, less than half of referrals result in program and family acceptance. The median time from assessment to last referral is thus more than 200 days. These times frames vary significantly for the families, however, as some families receive a referral much more quickly while some who remain on the roster have never received a referral. Currently the system has approximately 80 openings in a month and approximately 100 new families are added to the roster each month.

Strengths, Challenges and Gaps

Our review noted a number of strengths of the current system that are both commendable and can be built upon. These include:

- The establishment and operation of CEA for families, which is acknowledged both locally by stakeholders and nationally as a best practice and a critical piece of an effective systems approach to reducing homelessness;
- Sustained and increased utilization of shelter and transitional housing resources between the period prior to and post launch;
- Targeting of families that are in places not meant for human habitation and in shelter, including domestic violence shelters, for homeless resources;
- The addition of diversion services to the assessment process and successful diversion of hundreds of families;
- Examination of program barriers and fair housing requirements, which is still ongoing, but has resulted in some providers voluntarily reducing program entry criteria and several public funders encouraging these changes;
- A high level of flexibility and commitment demonstrated by FHC staff.

Our review also identified many challenge and areas of concern related to the operation and effectiveness of FHC, some of which are a result of the CEA design but many of which reflect broader system issues. These include:

- Many aspects of the FHC model are not family centered. While the stated intention of the system is to “focus on the families”, what appears to drive the process is program needs and requirements. The referral process is designed to fill program openings rather than house homeless families, and the several steps in the application and screening process require families to repeatedly tell their stories and go through multiple levels of assessment before getting assistance.
- The governance and oversight of the CEA process and FHC is unclear to many stakeholders and appears to have resulted in some decisions being made without an established process to appropriately vet them. Data on how the process is performing is not routinely shared with decision makers.
- Programs that take referrals through FHC have a very large number of screening criteria for entry and these criteria are not standardized, so the matching process cannot be automated and families cannot have clear expectations of their likelihood to be assisted. High barriers appear to result in some families never receiving referrals or being rejected multiple times.
- Once referred to a program families often have to go through multiple levels of additional screening and paperwork which can include one or two interviews with a service provider, then with property management and ultimately approval or denial by a Housing Authority.
- The database designed for FHC’s use has not been fully operationalized and is not integrated into HMIS. Users report it is difficult to get what they need from it. Our assessment is that this may be in part due to implementation decisions that do not take advantage of the tool’s capacity. Additional problems include the inability to do automated matches and difficulty with reporting.
- Families with the highest needs or greatest vulnerabilities are not currently prioritized.
- The assessment process and tool does not stratify families in way that is meaningful for making referrals and does not capture information that is needed to make referrals to the existing stock of housing.

**System Impacts on Special Populations**

- Special populations for whom specific programs have been designed and targeted, including survivors of domestic violence and families with child welfare involvement, do not get referred in a timely fashion to openings that are intended to be provided in a timely fashion to support reunification or safety and recovery.
- Immigrant and refugee families may have difficulty getting access to the system and cannot be specifically targeted for openings in programs intended to meet their language and cultural needs.

**Current Gaps**

We also identified certain gaps in the existing system design, including:

- There is not designated capacity within FHC or in the community to specifically help families obtain needed documentation.
- FHC has no capacity currently for immediate crisis access for assessment or ability to conduct mobile assessments.
- Assistance with self-directed housing search is limited to families that get diversion assistance and doesn’t exist globally for sheltered families or for families that are waiting on the roster.
- Links to mainstream services such as benefits advocacy or enrollment, employment services, and other supports are made through referrals only. Once a family is in diversion, rapid rehousing or another program these links may be stronger but they are not linked to the CEA process which sees families first.

**RECOMMENDATIONS**

The scope for this project includes making recommendations for the refinement or significant reworking of the FHC system. We have broken our recommendations into four categories: a) things that should be undertaken immediately; b) issues that must be tackled no matter what final model is chosen, but may take a little longer to enact; c) considerations for improving access for special populations; and d) potential changes to the current broader CEA model.
Immediate Steps

1. Reorient referral approach to focus on housing families.
2. Ensure diversion is explored with every family assessed and is a priority response
3. Explore methods to reduce no shows and make assessment more efficient
4. Keep the roster regularly updated
5. Run the WATCH background check and consider collecting and storing other documentation

Essential Steps Under Any CEA Model

1. Define Leadership and Decision making for CEA generally and FHC particularly
2. Engage in a concerted effort to reduce Program Entry Barriers
   - Remove as many program entry criteria as possible and standardize remaining
   - Reduce number of application steps needed at program entry
3. Adopt explicit prioritization for high need and highly vulnerable families and revise or replace screening tool
4. Promote improved database use and integration and ensure system performance data is tracked and widely shared
5. Help families get document ready

Address access needs of special needs families

1. Remove DV transitional housing units and FUP vouchers from FHC process
2. Ensure that the needs of child welfare involved families are considered in the development of prioritization criteria
3. Assess system data to better understand the impact of the FHC system on access by immigrant and refugee families and continue to explore referral mechanisms that allow literally homeless families to be offered programs that are language and culture specific without running afoul of Fair Housing

Consider Potential Changes to the overall Family CEA model

1. Analyze the pros and cons of a more decentralized model of CEA for families, including via community based service sites and/or geographically dispersed shelters
2. Develop decision making criteria and process to make decision
3. Plan for modifications/improvements to current model or transition to new model in 2016

CEA Relationship to Greater System impact

The recommendations in this report should result in an improved coordinated entry and assessment capacity and experience for families and providers. However, as has been frequently acknowledged by community leaders, CEA alone cannot create an effective system, and without a focus on increasing diversion and/or program openings CEA will continue to result in a wait list.

Our analysis of the data provided indicates that the current real-time gap between families added to the roster in a month and program openings is around 20. It may be possible with concerted effort to increase turnover or reallocate from long stay to short stay programs and fill that gap. To do this will require a fully efficient CEA system and access to reliable and timely data.

Finally, we note that the long-term intent of FHC was to be the basis for a broader Coordinated Entry system serving all populations. Currently King County has separate systems for families and youth and is now developing one for single adults. In the future, the consolidation of these systems, at least at the data collection and matching level, should be considered.