

Coordinated Entry System in Contra Costa County Evaluation of Phase I

In February of 2017, the Contra Costa County Homeless Continuum of Care (CoC) began implementation of a Coordinated Entry System (CES), a model to ensure that people experiencing a housing crisis have fair and equal access to services. Consumers are quickly identified, assessed for, referred, and connected to housing and assistance based on their strengths and needs.

The purpose of a Coordinated Entry System is to serve the right people at the right time with the right intervention.



YEAR ONE IMPACTS

An evaluation of Phase I of implementation was conducted to document outputs and system-wide changes during the first year. Below are key findings from the Year One Evaluation, using 2016 and 2017 calendar year data.

46%

one-year increase in seniors 62 or older

2/3

of family and veteran households exited to permanent housing in 2017

127 days

increase in number of days people remain homeless before getting housed (from 277 to 404 days)

699

more people accessed crisis programs (shelter, outreach, or service sites) in 2017 than previous year

21

more people enter into CES (in-flow) than exit (out-flow) each month (330 monthly average in-flow and 309 average out-flow)

34%

of households assessed for VI-SPDAT score at high-need range

OBJECTIVES FOR PHASE I OF CES IMPLEMENTATION

1. Communicate with stakeholders, consumers, and CoC partners about CES
2. Increase access to CES via 211, Warming Centers, CORE Outreach, and Housing Navigation
3. Identify households not actively engaged in services

Objective One: Communication

Communication with many partners and stakeholder was critical during Phase One of CES. There were many opportunities for communication, including:

- CES Kick-off;
- CES Oversight Committee meetings;
- Multiple sub-committees; and,
- Social marketing effort to launch the initiative.

Objectives Two and Three:

Access and Engagement

Understanding program utilization is the best way to measure access and engagement among populations using CES programs. Multiple initiatives and programs were implemented in 2017 to ensure greater access to consumers, with an emphasis on reaching more vulnerable populations.

Outcomes and feedback on the new CES programs implemented in 2017:

CORE	211	Warming Center	Housing Navigation
<ul style="list-style-type: none"> • Increased from 3 to 6 teams • Well-received by CoC partners, local PDs, and community agencies • Increased access for vulnerable populations 	<ul style="list-style-type: none"> • Total number of calls re: housing and homelessness increased by 11% • Data is not de-duplicated and no way to follow-up; hard to know impact of referrals 	<ul style="list-style-type: none"> • Busy and greatly appreciated by many • Served highly vulnerable consumers • Some stayed just for meals and did not stay through the night 	<ul style="list-style-type: none"> • People with lower VI-SPDAT scores more likely to seek Housing Navigation than those with higher • Challenges with documentation frequently delayed housing placements

2017 CONSUMER DATA

Demographic data and program utilization is provided below to identify the scope of work as well as the population served during Year One of CES.

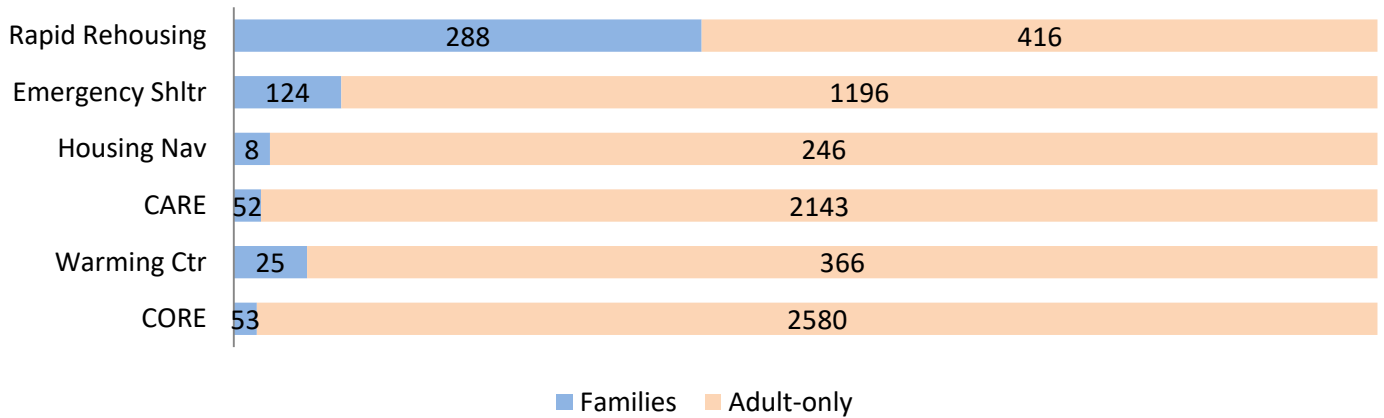
6,407 individuals experiencing homelessness
 4,972 adult-only households
 488 households with minors
 499 veterans

Age groups:
 903 minors under 18
 547 transition age youth (TAY)
 595 seniors 62 years or older

PROGRAM UTILIZATION DURING 2017

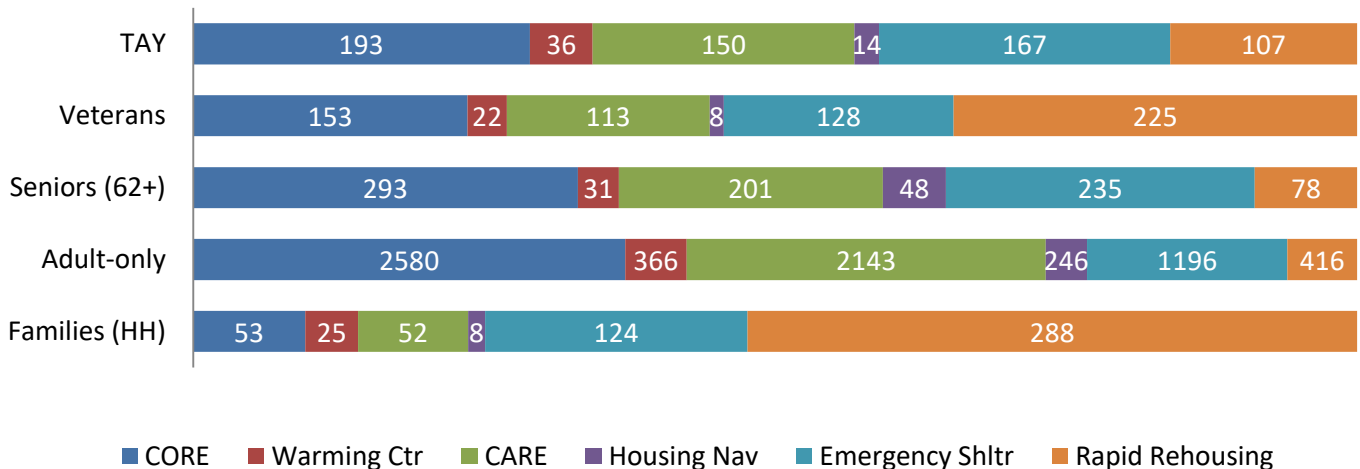
Different sub-populations tended to use different service types within the CoC. The number of adult-only households and families utilizing each CES project type is provided below. While 211 is an access point for CES, data is not included in the graphic because 211 does not collect consumer information to allow for de-duplication.

Project Type by Household Type



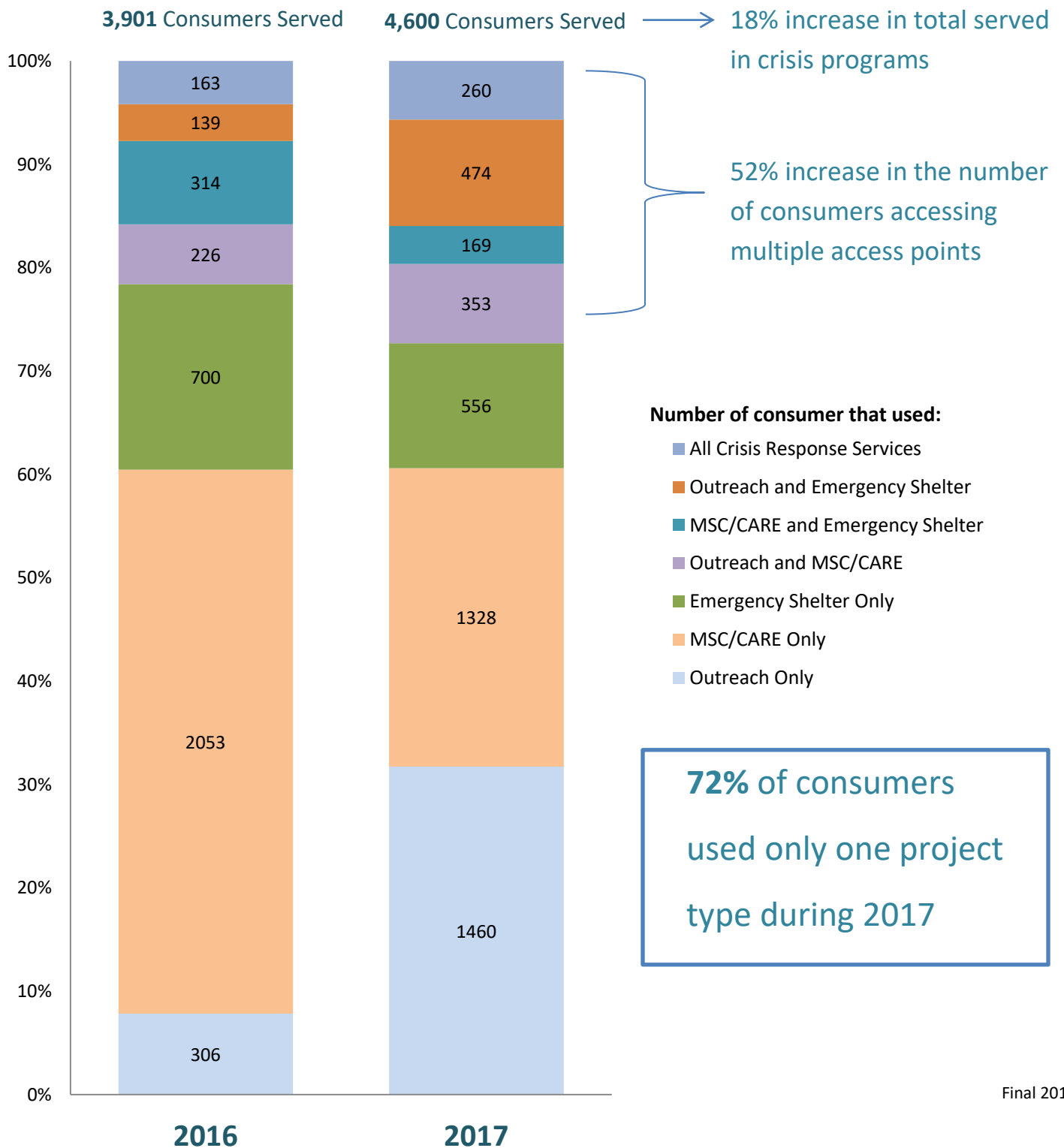
Adult-only households are more likely to use CORE and CARE Centers while families are more likely to use Rapid Rehousing Programs. This is significant because Rapid Rehousing programs have a higher rate of successful exits to permanent housing. Below, program utilization is separated by various sub-populations. Again, adult-only households, seniors, and TAY use Rapid Rehousing at lower rates than families and veterans. While the total number of adult-only households using Rapid Rehousing is greater than vets or families, only 8% of adult-only households used Rapid Rehousing while over half of families, and 45% of Veterans, use Rapid Rehousing programs.

Sub-Populations by Project Type



Consumers accessing CES are referred to multiple programs, either within the CoC or to external partners, based on each consumer's needs. The graphic below presents the number of people in 2016 and in 2017 that used one, two, or three crisis service types (Outreach, Multi-Service Center (MSC)/CARE, or Emergency Shelter). Ideally, consumers utilize multiple services within CES to navigate the lengthy housing placement process.

Crisis Response Services Utilized by Consumers

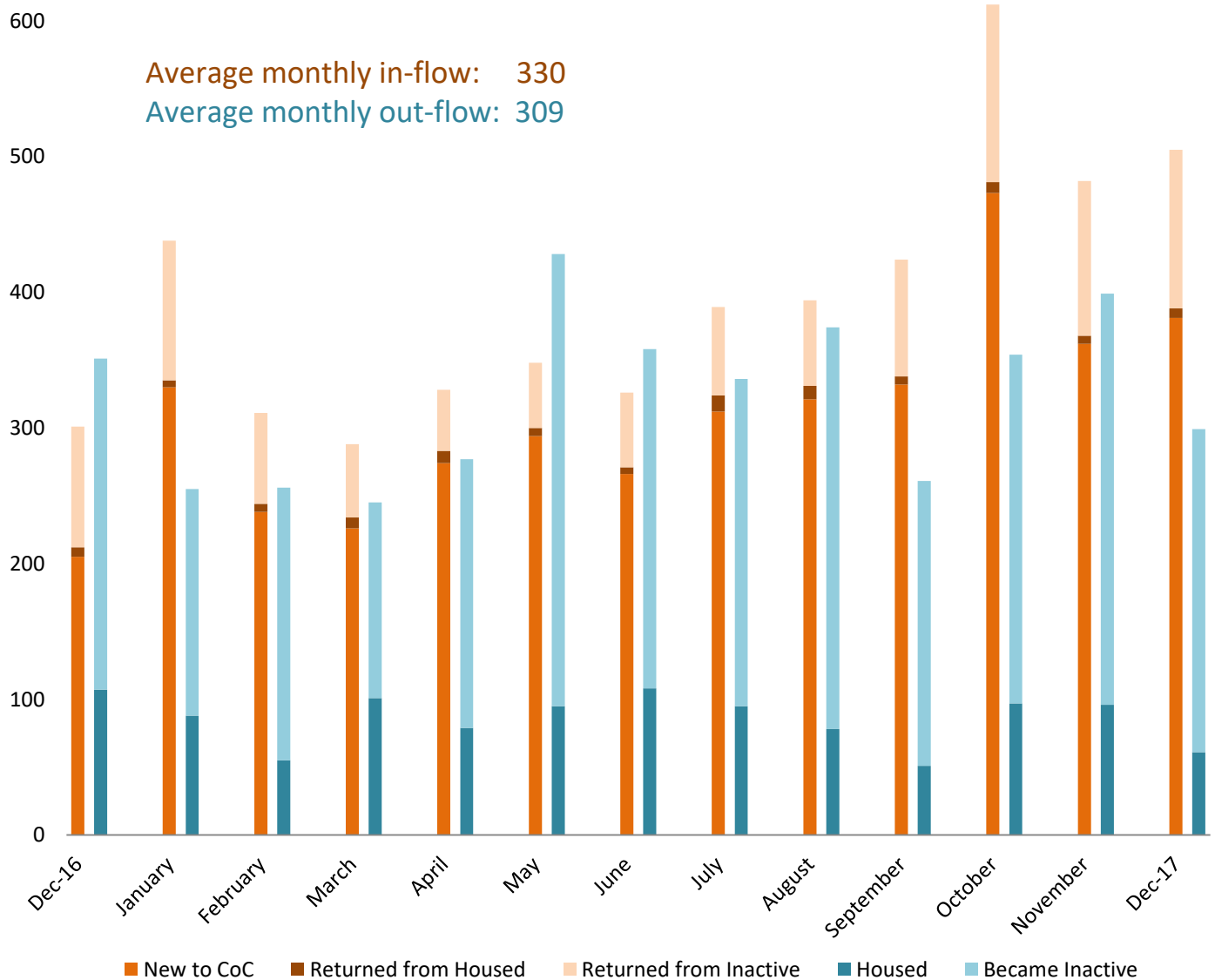


CES In-flow and Out-flow

Families and adult-only households that are new to the CoC (meaning they have not used homeless services in the past three years) tend to enter CES through different access points. Adult-only households are more likely identified by CORE while families more frequently enter via Rapid Rehousing and family shelters.

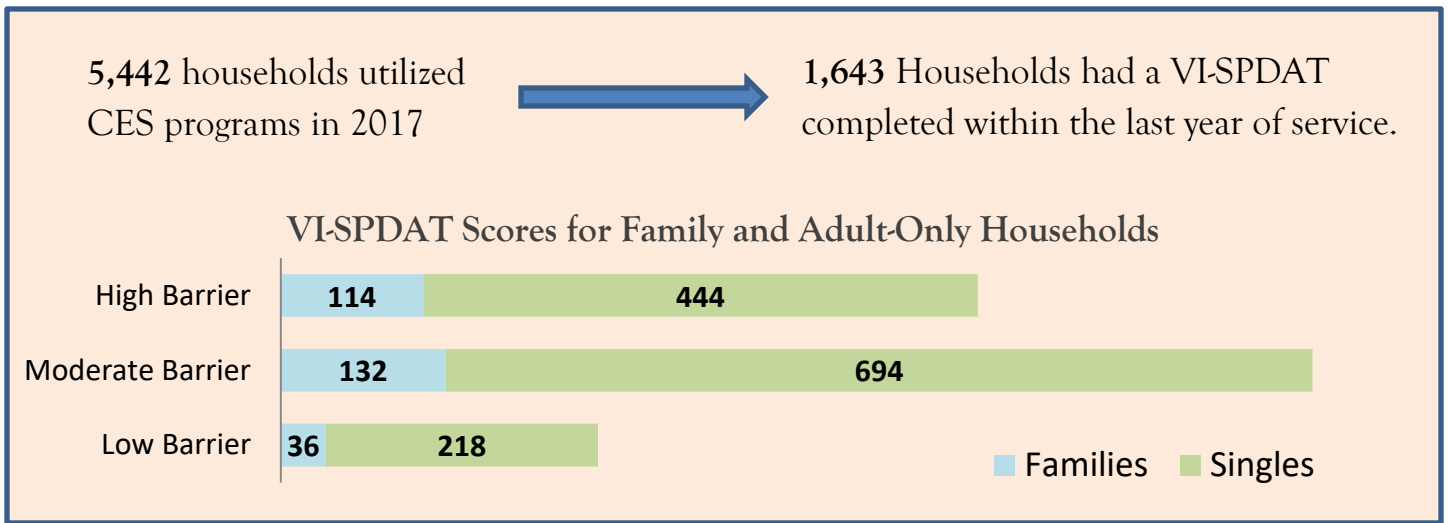
Program Types Enrolling Adult-only Households			Program Types Enrolling New Families		
Project Type	N	%	Project Type	N	%
CORE Mobile Outreach	1175	58%	Rapid Rehousing	98	59%
CARE and CARE Capable	386	19%	Emergency Shelter	43	26%
Emergency Shelter	147	15%	CORE Mobile Outreach	21	13%
Rapid Rehousing	142	7%	CARE and CARE Capable	3	2%

CoC In-Flow and Out-Flow 2017



Movement through CES: Access to Housing

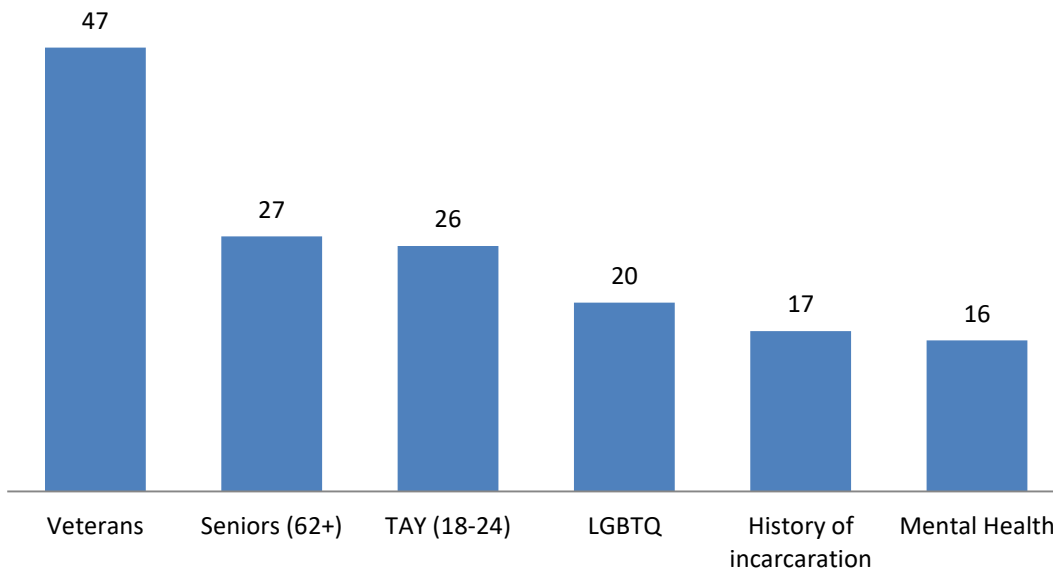
One-quarter of adult-only households, and 58% of families, had a VI-SPDAT completed in the last two years. Most households that had a completed VI-SPDAT scored in the “moderate barrier” range.



Exit rates to permanent housing vary by program type and sub-populations, with Rapid Rehousing having the highest housing rates. Families are more likely to use Rapid Rehousing, and have higher rates of obtaining housing (65% for families and 15% for adult-only households).

Housing Placements and Returns to Homelessness -- 2017			
Program Type	Number of Exits	Exited to Perm. Housing	Returned to homelessness
CARE and CARE Capable	1776	82 (4%)	5 (6%)
Emergency Shelter	1359	510 (38%)	120 (24%)
Rapid Rehousing	980	778 (79%)	62 (8%)
Transitional Housing	95	57 (60%)	8 (14%)
Housing Navigation	210	16 (8%)	0 (0%)
Totals	4210	1427 (34%)	195

Percent of Sub-Population that Exited to Permanent Housing in 2017



Impact Measured During Phase I of CES Implementation

The implementation of CORE and increasing access to services through CES access points resulted in a much more vulnerable population served by the CoC. Without more resources to increase consumers' incomes or generate more housing opportunities, vulnerable populations "get stuck" in the homeless system of care. Length of time homeless increased from 277 days in 2016 to 404 in 2017 (45% one-year increase).



One-year increases in population served

Adult-only households: 13%

Adults with disabilities: 14%

Adults with Mental Health condition: 10%

Seniors (62+): 46%

* These increases are reflected in PIT data as well

Successes

- 18% increase in number served at crisis response programs; CORE Outreach engaged many consumers not previously engaged
- 52% increase in the number of consumers that utilized more than one CES Access Points
- More than 2/3 of families, and almost half of veterans, exit to permanent housing
- Service providers reported that adoption of CES was a joint effort with everyone setting the same objectives and contributing to the larger goal of ending homelessness
- Service providers and consumers believed that communication around access to CES services was clear
- The CoC has adapted programming based on lessons learned and provider feedback

Challenges

- Some sub-populations have poorer housing rates than others, raising questions about access to appropriate programming for specific populations
- There was a significant increase in more vulnerable populations across the CoC
- Many consumers use only one crisis response service and may not receive the case management necessary to navigate the lengthy housing placement process
- Housing Navigation required some programmatic changes during Year One to obtain better outcomes
- 211 data is limited, hindering evaluation of how 211 referrals influence consumers' outcomes
- CoC agencies felt the burden of serving more adults with mental illness and those over 61 years of age
- Housing capacity remains a top concern: in-flow into the CoC out-paced out-flow

Glossary of Terms

Acronyms and Definitions	
CES	Coordinated Entry System
CoC	Continuum of Care; a Federal grant program to assist people experiencing homelessness
HMIS	Homeless Management Information System
HUD	U.S. Department of Housing and Urban Development
VI-SPDAT	Vulnerability Index-Service Prioritization Decision Assistance Tool

CES Program Descriptions	
CORE	Outreach program to serve unsheltered: one of the key CES Access Points
CARE and CARE Capable Centers	Drop-in support services for unsheltered: one of the key CES Access Points
211	Crisis Center hotline for people needing housing and health resources: one of the key CES Access Points
Housing Navigation	Support services and case management to help people obtain permanent housing
Emergency Shelter	Short-term shelter for homeless individuals
Transitional Housing	Short-term housing with supports to help obtain permanent housing
Crisis Response Program	Programs that act as an Access Point for CES (CORE, CARE and CARE Capable Centers, Emergency Shelters, and 211)

Sub-populations	
Minors	Children under the age of 18 years
TAY	Young adults, ages 18 to 24
Adult-only	Adults in households with no minor children
HH with minors	Households with minor children
Seniors (62+)	Adults 62 years of age and older

For more information, contact Contra Costa's Health, Housing & Homeless Services at homelessprograms@cchealth.org. Other reports on Contra Costa County's Continuum of Care on Homeless can be found at <https://cchealth.org/h3/coc/reports.php>