

Working with the CoC



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Agenda



- How and Why to Build a Relationship with your Continuum of Care (CoC)
- How to recognize where your program fits within the CoC and what you bring to the table for them
- How and why programs should integrate into Coordinated Entry Systems (CES)
- Data from DC
- Questions?

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How and Why to Build a Relationship with your CoC



- Be Present
- Learn about services in your community



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How to Recognize Where your Program fits within the CoC and What you Bring to the Table



- Veteran Work Groups
- Targeted Populations
- Creating Community Buy-In



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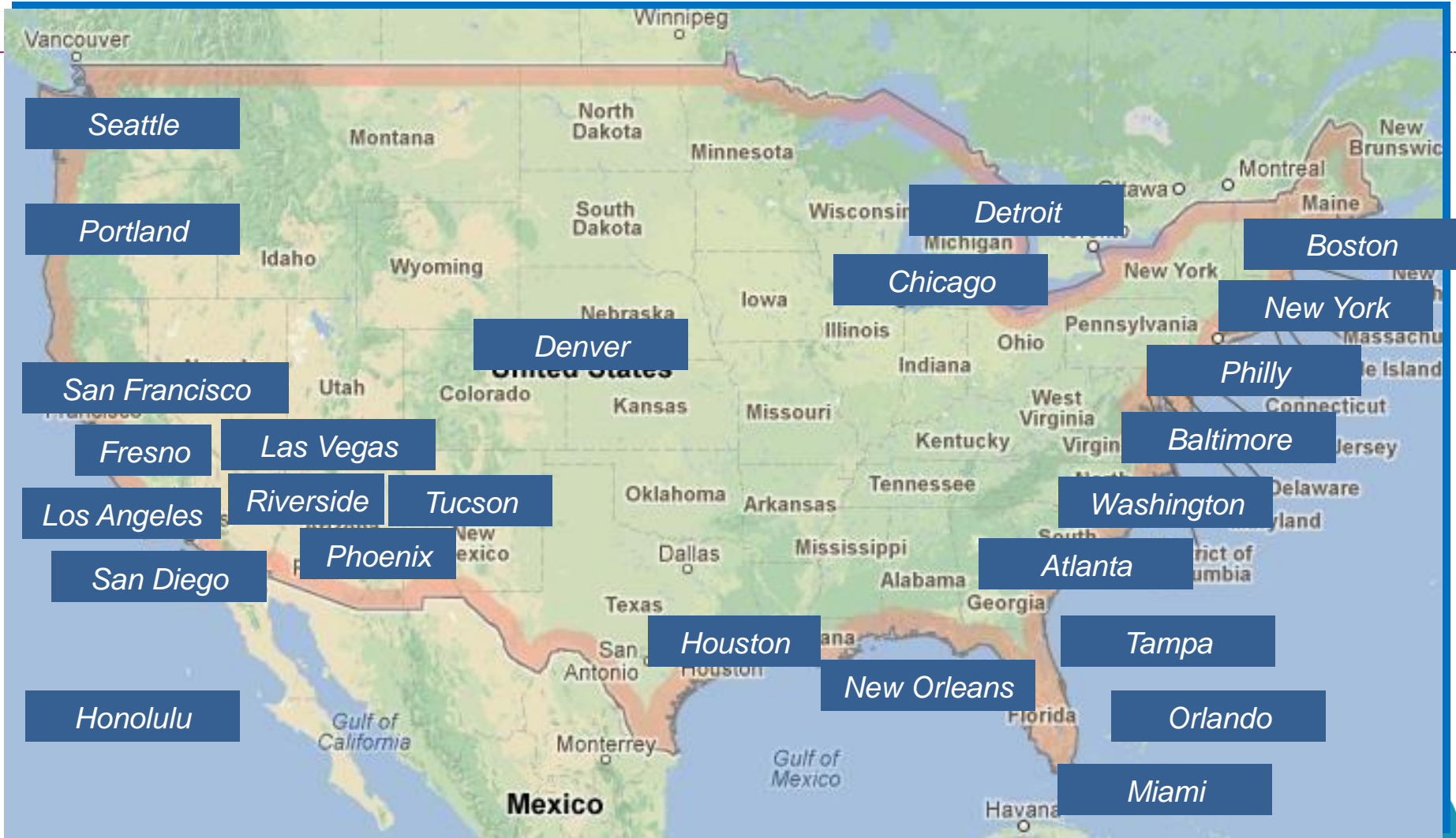
History of Coordinated Entry in DC



- DC Launched Coordinated Entry for veterans in August 2013
- Lessons learned from that allowed them to expand CE to all single individuals in February 2014
- DC joined the National 25 Cities campaign in May 2014
- Joined Built for Zero in January 2015

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National Context



SCOPE OF THE CHALLENGE

7,473 within D.C. this year (January 25, 2017) people experiencing homelessness on a single night

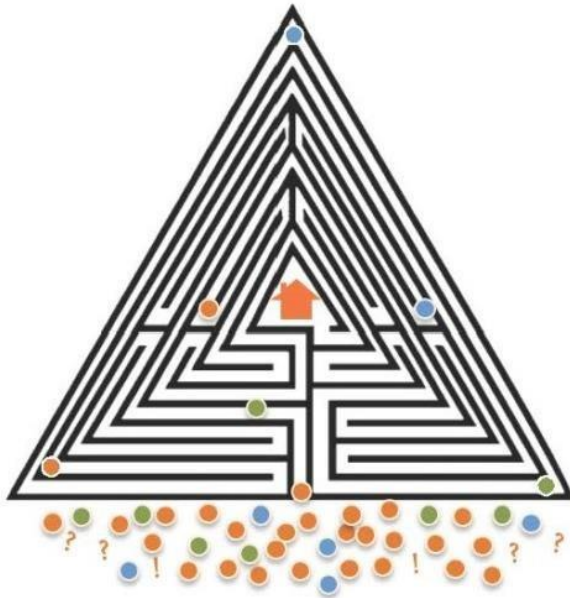
- **3,583** unaccompanied individuals (of whom 897 were sleeping outdoors)
- **1,166** families (containing 3,890 people)

Data from www.coordinatedentry.com

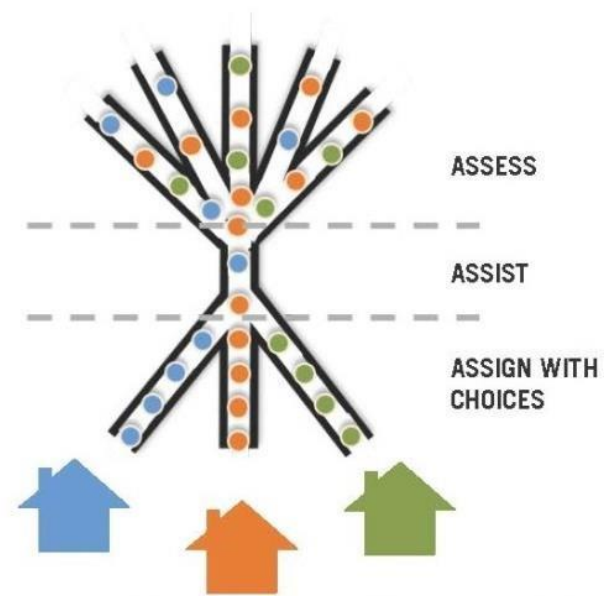
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LOCAL CONTEXT

WITHOUT
COORDINATED
ACCESS



WITH
COORDINATED
ACCESS



Courtesy of Chris Ko – Home For Good, Los Angeles

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COORDINATED ENTRY PROCESS

Front End / “Need”

Individuals experiencing homelessness assessed and universal registry, then prioritized by housing collected registry

Back End / “Supply”

Housing supply identified and entered into shared vacancies filled from shared universal need, and documentation for



Common Assessment

Coordinated Outreach

Prioritization

Case Conferencing

Housing Navigation

MATCHING!



Inventory of Available Housing Resources

Vacancy Notification

Eligibility Matching

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WHO'S PARTICIPATING? (TRAINED)

106 distinct agencies have received training on how to administer the common assessment through the District of Columbia's Coordinated Assessment and Housing Placement system

Access Housing	Echelon Community Services	Network for Victim Recovery of D.C.
AmeriHealth	Fair Girls	New Endeavors by Women
Andromeda Transcultural Health	Family Matters of Greater Washington	New Hope Ministries
Bread for the City	Far Southeast Collaborative	NOMA BID
Bright Beginnings	Friendship Place	Open Arms Housing
Calvary Women's Services	George Washington University Hospital	Operation Renewed Hope Foundation (ORHF)
Capital Community Services	Georgetown Ministry Center	OSSE Re-Engagement Center
Capitol Hill Group Ministries	Green Door	Oxford House
Carnevale Associates	Health Resource Service Intake Center	Pathways to Housing
Casa Ruby	Hillcrest Children & Family Center	Polaris Project
Catholic Charities	HIPS	PSI
Chesapeake Health Education Program (CHEP)	Homes for Hope	Psychiatric Center Chartered
Child and Family Services Agency (CFSA)	House of Prosperity Everlasting, Inc.	Public Defender Service
Christ House	House of Ruth	Sasha Bruce Youthwork
Coalition for the Homeless	Housing Counseling Services	So Others Might Eat (SOME)
Community Connections	Housing Up (Formerly THC) Howard	St. Matthew's Cathedral
Community Family Life Services (CFLS)	University Hospital	Street Sense
Community for Creative Non-Violence (CCNV)	Inner City (Family) Services	The Community Partnership for the Prevention of Homelessness (TCP)
Community of Hope	Institute for Public Health Innovation	The Mission Continues Volunteers The Salvation Army
Community Solutions	Interagency Council on Homelessness (ICH)	Thrive D.C.
Contemporary Services	Joseph's House	U.S. Vets
Cornerstone	La Clinica del Pueblo	Unity Health Care
Court Appointed Special Advocates (CASA)	Latin American Youth Center (LAYC)	University Legal Services
Courtney's House	Life Stride	Veterans on the Rise (VOTR) Wanda Alston Foundation
Covenant House	Mary's Center	Washington Hospital Center
D.C. Alliance of Youth Advocates (DCAYA)	MBI Health Services	Washington Legal Clinic for the Homeless
D.C. Court	McClendon Center	Way of the Word
D.C. Doors	McKinney-Vento Liaisons	West Side Park Fellowship
Department of Behavioral Health (DBH)	MedStar	Whitman-Walker Health
Department of Corrections (DOC)	MetroEd Solutions MetroHealth D.C.	Woodley House
Department of Health (DOH) HOPWA	Miriam's Kitchen	
Department of Health and Human Services (DHHS)		
Department of Human Services (DHS)		
Department of Veterans Affairs (VA)		

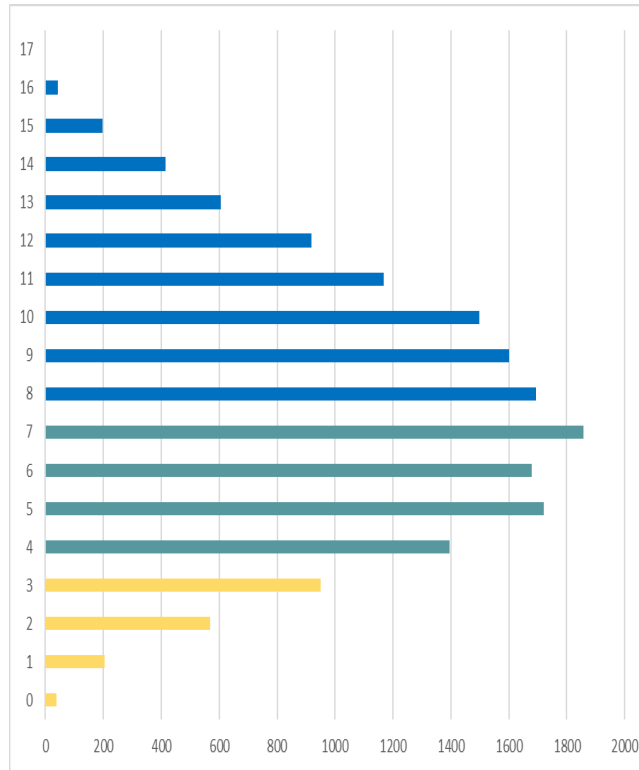
More information at www.CoordinatedEntry.com Department of Youth Rehabilitation Services (DYRS)

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WHAT ARE WE LEARNING?

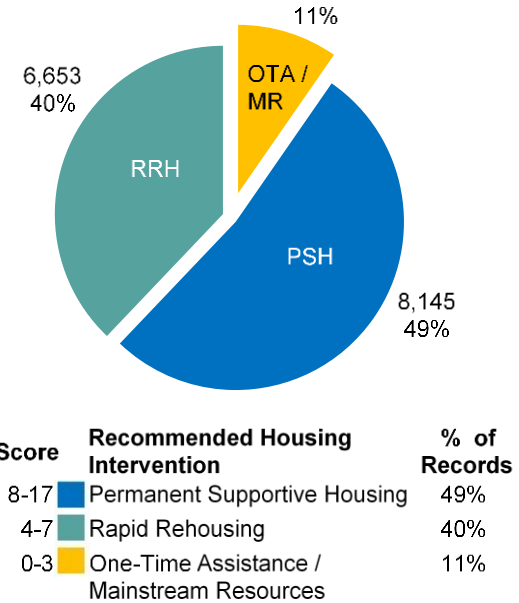
Assessments by Score Assessments by

Score	Total	%
17	2	<1%
16	44	<1%
15	198	2%
14	415	3%
13	606	4%
12	919	6%
11	1168	7%
10	1499	9%
9	1600	10%
8	1694	10%
7	1857	11%
6	1680	10%
5	1721	10%
4	1395	8%
3	950	6%
2	570	3%
1	204	1%
0	39	<1%
Total	16561	100%



(less vulnerable)

(more vulnerable)



These reflect all assessments conducted as of August 15, 2017

Housing Intervention Recommendation

1,763



HOW MUCH DOES HOMELESSNESS COST OUR SYSTEM?

Of the 6,173 VI-SPDAT assessments completed within the D.C. Metropolitan region from October 2013 through January 2016, in addition to experiencing homelessness, in the last six months, these individuals have:

- used the emergency room more than 11,521 times
- had interactions with police more than 4,496 times
- been taken to the hospital in an ambulance more than 5,679 times
- have been hospitalized as an in-patient, including hospitalizations in a mental health hospital more than 4,562 times
- used a crisis service, including distress centers and suicide prevention hotlines more than 4,006 times

Ending homelessness for everyone who has been assessed through our coordinated entry process would save millions of dollars system-wide.

A circular logo with a teal background and white text. The text reads "FRIENDSHIP PLACE" in a bold, sans-serif font, arranged in three lines: "FRIEND-", "SHIP", and "PLACE".

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2013-2014 HOUSING OUTCOMES

The District of Columbia launched its implementation of Coordinated Entry for our community's most vulnerable individuals experiencing homelessness by launching four 100 Day initiatives, beginning in August 2013.

This has included veterans, chronically homeless individuals, and other individuals who are targeted for both permanent supportive housing and rapid rehousing resources.

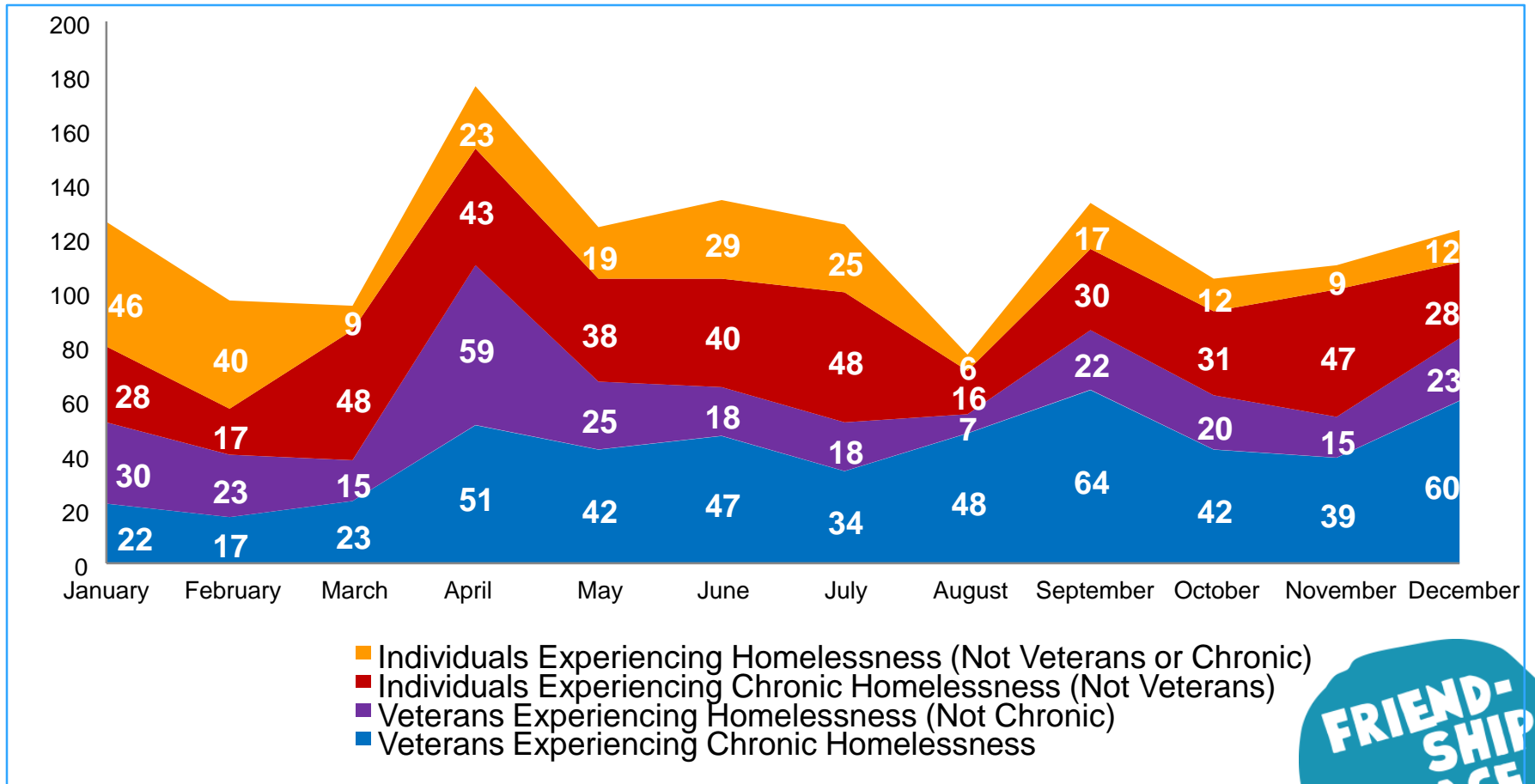
First 100 Day Initiative
207 formerly homeless veterans housed
Second 100 Day Initiative
202 formerly homeless veterans housed
Third 100 Day Initiative
340 people housed (including 126 veterans)
Fourth 100 Day Initiative
424 people housed (including 176 veterans)

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2015 HOUSING OUTCOMES

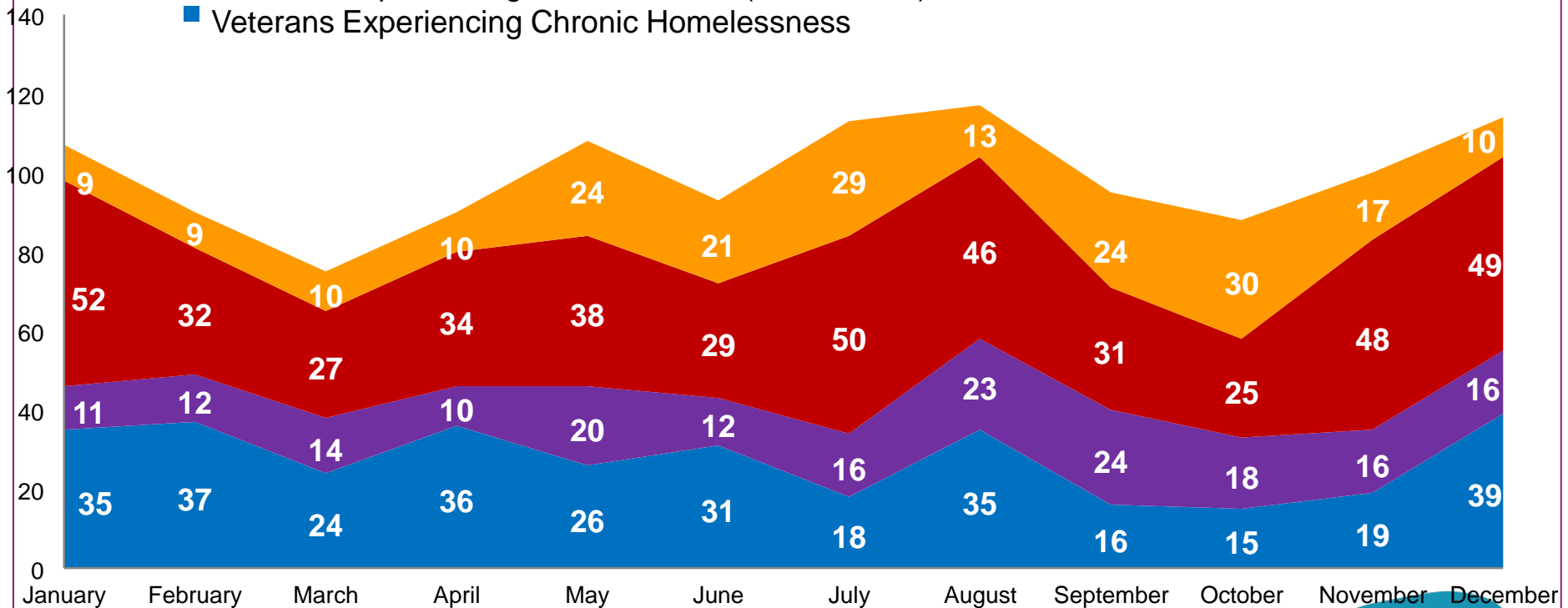
As part of the District of Columbia's participation in the Mayor's Challenge, Rapid Results' 25 Cities, Community Solutions' Built for Zero initiatives and our local Interagency Council on Homelessness, we report unaccompanied individuals permanently housed each month



2016 HOUSING OUTCOMES

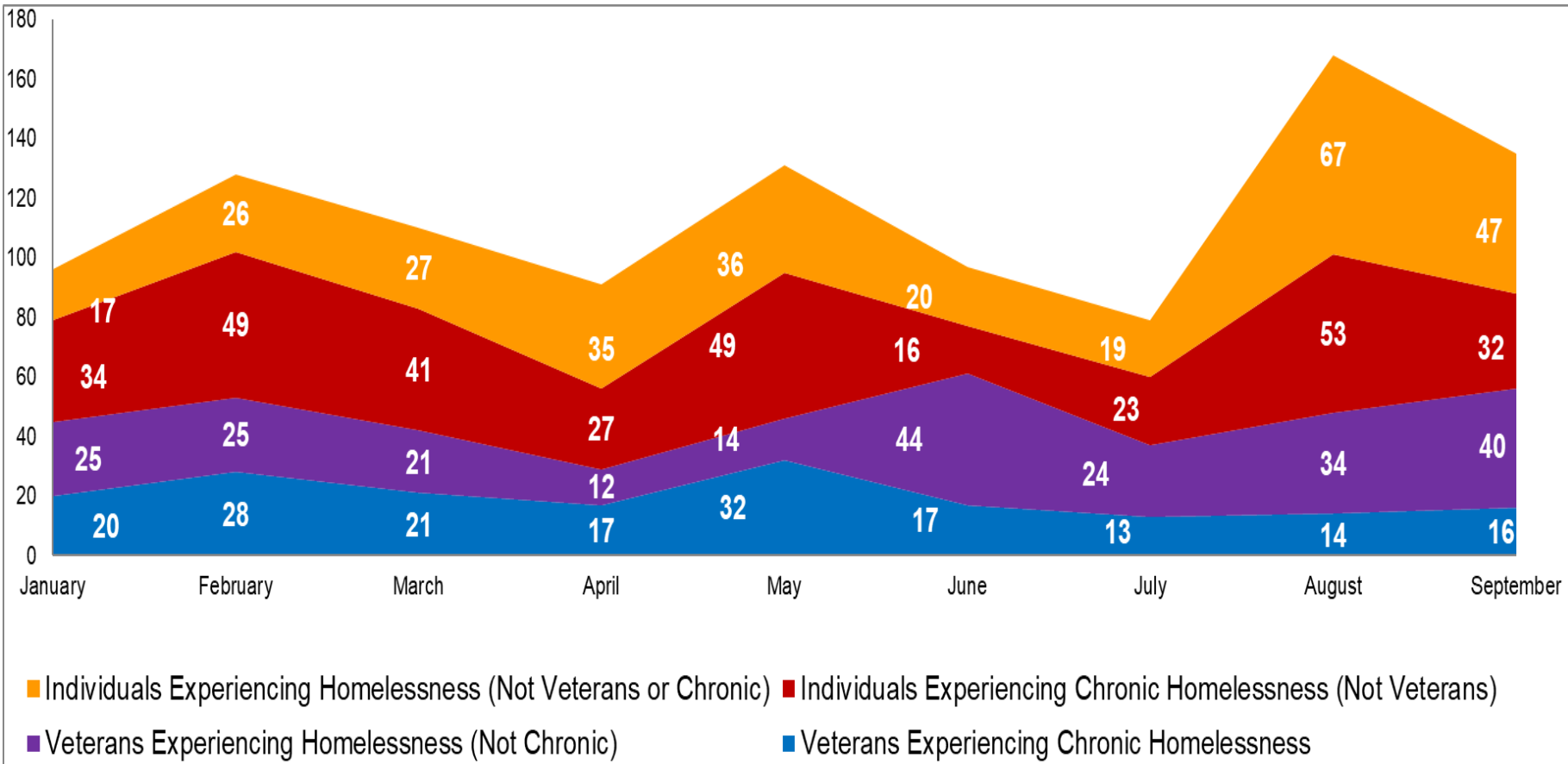
As part of the District of Columbia's participation in the Mayor's Challenge, Rapid Results' 25 Cities, Community Solutions' Built for Zero initiatives and our local Interagency Council on homelessness we report unaccompanied individuals permanently housed each month

- Individuals Experiencing Homelessness (Not Veterans or Chronic)
- Individuals Experiencing Chronic Homelessness (Not Veterans)
- Veterans Experiencing Homelessness (Not Chronic)
- Veterans Experiencing Chronic Homelessness



2017 HOUSING OUTCOMES

As part of the District of Columbia's participation in the Mayor's Challenge, Rapid Results' 25 Cities, Community Solutions' Built for Zero initiatives and our local Interagency Council on Homelessness, we report unaccompanied individuals permanently housed each month



HOW HAVE WE ACHIEVED THESE OUTCOMES?

To accomplish these goals, our community has:

- Utilized a Common Assessment across all providers
- Trained 761 staff on the process during FY 2016.
- Adopted a HIPAA-compliant Release of Information (enabling the Department of Veterans Affairs and healthcare providers to input assessment information directly into the system)
- Developed a Universal Registry to prioritize individuals based on vulnerability (for housing as frequently or infrequently as it arises)
- Implemented a Housing Navigator and Case Conferencing Process to move people from assessment and engagement to housing move-in
- Successfully advocated for additional funding to match unmet need
- Developed a Policy & Procedures Manual to ensure fidelity to practice
- Built a website (www.CoordinatedEntry.com) to store all documents

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Sources



- www.coordinatedentry.com

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Questions?



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