



MEMORANDUM

DATE: May 28, 2019
TO: Mayor and City Councilors
SUBJECT: Considering Low Barrier Shelters

Please find attached several documents to help facilitate the dialogue and consideration of a low barrier shelter in McMinnville.

Low barrier shelters are a housing first program, meaning that before anyone can access treatment for addictions, mental health, and other chronic issues they need to have safe and secure shelter. It has been successful in some communities and not successful in other communities.

The following questions should lead the dialogue of the consideration of a low barrier shelter in McMinnville.

- **Who is the shelter serving?**
- **How does the shelter respond to community need?**
- **Is this the best solution given the need and resources?**
- **Who will operate the shelter?**
- **What is the sustainable operating revenue for the shelter?**
- **What is the minimum standard for participation?**
- **Are there other communities of similar size to McMinnville with similar resources that have successful low barrier shelters? What can we learn from them?**
- **Are there other communities of similar size to McMinnville with similar resources that have not had successful low barrier shelters? What went wrong and what can we learn from them?**

Attachments:

Shelter Philosophy Matrix
Emergency Shelter Key Considerations
Housing First Program Checklist
Aligning Affordable Housing Efforts
Coordinated Entry Policy Guidelines
Everett, Washington Low Barrier Shelter FAQs

- **Do Low Barrier Shelters work well in communities with limited shelter opportunities? Is it a safe environment for vulnerable populations – women, children, disabled?**
- **What does success look like?**

	Low Barrier, Housing Focused Shelter Philosophy	Practices	High Barrier, Transitional Shelter Philosophy	Practices
Safety and Order	<ul style="list-style-type: none"> Consider the safety of household if unsheltered Believes excessive rulemaking and can be traumatizing to some survivors of domestic violence Violating rules not necessarily cause for discharge 	<ul style="list-style-type: none"> Very few criteria for people they will not accept Staff trained in conflict resolution and de-escalation techniques try to avoid discharge for out of control behaviors 	<ul style="list-style-type: none"> Consider the safety of clients and staff in shelter Addresses safety concerns by minimizing loss of control over environment Violation of rules are grounds for discharge 	<ul style="list-style-type: none"> Restrictive criteria that requires sobriety Clients discharged because they are not able to follow the rules, sometimes not allowed to return for long periods of time
Substance Use	<ul style="list-style-type: none"> Believe temptation for people in recovery is everywhere and that shelter cannot truly protect anyone from it Believes it is not necessary for households to be clean and sober to obtain or maintain permanent housing See people using substances as more vulnerable to harm if unsheltered 	<ul style="list-style-type: none"> Accepts people who are intoxicated Staff trained in harm reduction, recognize signs of a health crisis when people are intoxicated 	<ul style="list-style-type: none"> Believe allowing intoxicated people in shelter will threaten the sobriety of people in recovery Believe they are better able to help people who are clean and sober 	<ul style="list-style-type: none"> Does not accept people who are intoxicated, conducts breathalyzer or drug tests
Exit to permanent housing	<ul style="list-style-type: none"> Sees the primary purpose of entire organization, including shelter, as quickly exiting people back to permanent housing 	<ul style="list-style-type: none"> Resources are invested in, and reallocated to, rapid re-housing or financial assistance to expedite exit to housing Messaging to clients clear that the goal is to return to permanent housing as quickly as possible, the shelter is not your home Within a few days after entry, every person is assisted to create a plan 	<ul style="list-style-type: none"> Sees the primary purpose of shelter as supporting people to gain employment, increase income, and stay sober while resolving their own housing challenges 	<ul style="list-style-type: none"> Very few resources invested in rental subsidies, housing location, or financial assistance Messaging to clients is around the need for self-improvement, signage in shelter may say "welcome home"

		to rapidly exit to housing		
Case Management and Services	<ul style="list-style-type: none"> Case management in shelter is focused on connecting people to housing as quickly as possible 	<ul style="list-style-type: none"> Services in shelter are minimal and focused on obtaining housing, services once households exit to housing are home-based and focused on housing stability Clients drive their case plans and develop their own goals for obtaining housing Continued stay in shelter is not contingent on participation in case management 	<ul style="list-style-type: none"> Case management in shelter is focused on helping people obtain employment, increase income, and learn life skills 	<ul style="list-style-type: none"> Services in shelter are robust as funding allows, some “after care” services once households exit shelter, but these are minimal Case plans are standardized and may be linear regardless of client’s unique situation Clients may be discharged for not participating in case management or accomplishing goals on case plan
Access	<ul style="list-style-type: none"> Weighs the expense of longer hours of operation against the increased time to engage with clients and the safety of clients during the day Believe people who are more difficult to accommodate are least likely to find shelter elsewhere and more likely to sleep outside if not accommodated 	<ul style="list-style-type: none"> Shelter access is 24/7 Clients are not required to pay for shelter beds Allow people to store belongings People are not turned away because they have pets that are not service animals Couples without children can remain together 	<ul style="list-style-type: none"> Believe clients should be out working towards goals such as employment, and should not remain in the shelter Limitations on space, staff time, and other concerns make it impossible to accommodate everyone 	<ul style="list-style-type: none"> Clients must leave shelter during the day Cannot accommodate people with pets Sleeping areas are not conducive to couples without children remaining together



Key Considerations for Implementing Emergency Shelter Within an Effective Crisis Response System

Introduction

The [Federal Strategic Plan to Prevent and End Homelessness](#) calls on communities to transform their homelessness services into crisis response systems that prevent homelessness whenever possible and rapidly return people experiencing homelessness to stable housing. While some communities are documenting significant reductions in their annual Point-in-Time counts, others are faced with increasing numbers of people living unsheltered. Such communities are not only looking critically at strategies to address the immediate safety and health concerns of people experiencing unsheltered homelessness, but they are also working quickly to develop more pathways into housing people can afford and to better leverage mainstream workforce, housing, and health care systems to expand permanent solutions.

Emergency shelter can and must play an essential role within an effective, housing-focused crisis response system. However, it should not be assumed that every community in which there are currently people experiencing unsheltered homelessness needs to expand the supply of emergency shelter. Communities should also consider how a broad range of changes and improvements within their crisis response systems will impact the need and demand for emergency shelter and other crisis housing.

This document presents key considerations for ensuring that emergency shelters and similar crisis settings (referred to collectively as “emergency shelters”) are equipped to provide low-barrier access and to create quick and effective pathways to permanent housing. While the focus of this document is on the role of emergency shelters, they should not be thought of as the only part of a community’s crisis response system. An end to homelessness requires the **prevention of homelessness** whenever possible, **identification of and engagement** with people experiencing unsheltered homelessness or living in encampments to connect them to crisis services, as well as **pathways back to safe living arrangements or directly into housing** for people in emergency shelter, as well as for people who never enter emergency shelter.

We have identified specific areas of focus for strengthening the implementation and impact of emergency shelter. These are to:

- Promote **dignity and respect** for every person seeking or needing shelter
- **Divert people** from the homelessness service system when possible
- Adopt a Housing First approach and create **low-barrier access** to emergency shelter
- Equip emergency shelters to serve as a **platform for housing access**

This resource was developed in partnership with the Minnesota Office to Prevent and End Homelessness and the Minnesota Department of Education.

Emergency Shelter: An Essential Component of a Crisis Response

Responding effectively to homelessness requires a combination of strategies at the local level: preventing or diverting people from experiencing homelessness whenever possible; ensuring people transition rapidly from homelessness to housing and services; and providing immediate low-barrier shelter options for people experiencing homelessness who cannot immediately access permanent housing.

These strategies are reflected in the federal criteria and benchmarks, which set the vision for what it means for communities to end homelessness among [Veterans](#), [people experiencing chronic homelessness](#), [families](#), and [youth](#). Common across these criteria and benchmarks is the understanding that ending homelessness requires that people have immediate access to emergency shelter and other crisis settings when they need and want it.

Emergency shelter should support *flow* from a housing crisis to housing stability, in which the aim of the system is to produce the most rapid and effective permanent housing connections for individuals and families facing crises. Unfortunately, many communities are facing high numbers of people experiencing unsheltered homelessness—sometimes in the form of encampments—as well as the need to address long stays in emergency shelter. This can result in limited capacity to provide immediate emergency shelter access to everyone who needs it.

Additionally, high barriers to entering emergency shelter, too many rules within emergency shelter, curfews that make it difficult to maintain a job, and a lack of focus or capacity to rapidly connect people to permanent housing are a few other factors that contribute to a lack of flow within a community's crisis response system. Addressing flow into and out of shelter is critical to having an effective crisis response system and for ensuring that emergency shelters can improve their capacity and to play their role in connecting people to housing quickly.

Promote Dignity and Respect

For many people experiencing homelessness, emergency shelter is their initial contact with the homelessness crisis response system. This initial contact can significantly shape first impressions and convey the values of the community's response to homelessness and housing crises. People seeking shelter are often facing traumatic situations and crises. To establish trust and autonomy, and to de-escalate the stress and trauma resulting from the crisis people have experienced, it is critically important to: treat people with dignity and respect; provide safe, clean, and accommodating conditions; emphasize that the goal is to connect them back to housing; and focus on strengths rather than needs. Shelter staff and volunteers should receive training in trauma-informed care and support to work effectively and nonjudgmentally with people facing these crises. Emergency shelter policies and their mission, values, and expectations of staff should reflect a commitment to promoting dignity and respect.

Ensuring Equal Access, Addressing Disparities, and Promoting Cultural Competency. Homelessness disproportionately impacts people of color, people with disabilities, and lesbian, gay, bisexual, transgender, and questioning (LGBTQ) populations. Recognizing this disproportionality requires that all parts of the homelessness service system, including the crisis response system, directly address disparities in both access to programs and in program staffing and structure. Organizations must also develop and demonstrate cultural competency, defined by the National Center for Cultural Competence as “a set of congruent behaviors, attitudes, and policies that come together in a system or agency or amongst professionals and enable the system, agency, or those professionals to work effectively in cross-cultural situations.”

There are many ways that emergency shelters can exhibit cultural competence and responsiveness, and each provider should establish an approach to cultural competence that is informed by and reflects its community, the

people seeking shelter, and the people experiencing homelessness. In addition, emergency shelters must ensure that they do not contribute to unlawful gaps in access based on race, ethnicity, gender identity, sexuality, or other demographics, as defined by federal, state, and local laws and ordinances.

It is often helpful for organizations to couple stated values and policies about inclusion and cultural competence with specific measurable goals and actions. Such actions can include ensuring that staff reflect the population of those seeking shelter, analyzing data to determine if there are disparities in who is receiving access to shelter within the community, and monitoring the proportionality of shelter access and housing success rates across racial, ethnic, ability, gender identity, and sexual orientation differences.

Adapting Policies and Expectations. Operating an emergency shelter that safely and effectively meets the diverse needs of guests requires establishing clear expectations for staff, volunteers, and guests. Emergency shelters can foster an environment of trust and respect by ensuring that services are voluntary and that rules are reasonable, expressed openly and clearly, and that their enforcement is transparent and proportional. To ensure that these policies and expectations reflect changing circumstances and opportunities, emergency shelters can also create explicit ways for guests to participate in their development and updates, through consumer participation in organizational governance and regular feedback mechanisms. This can include consumer advisory boards or regular “house meetings”—where guests can provide candid feedback and input into how to support connections to permanent housing as well as shelter operations. This process of continuous review and adaptation is critical to ensuring that the diverse strengths and needs of guests are reflected.

Questions to consider about the values and orientation of your community’s emergency shelter:

- Does your emergency shelter consistently implement practices to meet people where they are, and provide person-centered care that focuses on personal strengths?
- What policies or value statements convey clear expectations that guests will be treated with dignity and respect, and how does the shelter monitor adherence to these expectations?
- Are expectations of guests clearly communicated and easily accessible for review by guests?
- What specific practices help ensure that the shelter exhibits cultural competency and provides appropriate protections for shelter seekers across demographic differences?
- Does the shelter set only minimal and reasonable requirements for guests, and does the shelter enforce these requirements in a fair and transparent way?
- Does the shelter involve guests in governance and operations?

Community Spotlight: Worcester, MA

The Greater Worcester Housing Connection, operated by the South Middlesex Opportunity Council, provides emergency shelter for up to 88 single adults, a capacity that allows them to offer shelter to nearly everyone who seeks it, using overflow capacity when needed. By focusing on individualized housing plans connected to the community’s coordinated entry process, shelter stays average only 30 days. Shelter seekers work with engagement specialists whose role is to assess the fastest housing outcome possible for each person seeking shelter. Their approach includes diversion services for people who may have a viable alternative to emergency shelter, and includes viewing every shelter stay as a bridge back to housing.

[Learn more about their work.](#)

Divert People from Emergency Shelters When Possible

Emergency shelters should be reserved for providing temporary housing for people facing crises who are seeking safety and/or have nowhere else to go. A growing number of communities are using targeted diversion strategies to decrease entries into homelessness and to quickly connect people who may be facing a housing crisis with a viable housing option *before* entering into emergency shelter. Effective diversion employs motivational

Community Spotlight: Hennepin County, MN

In 2014, Hennepin County launched the Stable Families Initiative to demonstrate successful strategies for creating housing stability among families who had repeatedly accessed emergency shelter. The initiative had three components: a prevention effort focused on supporting precariously housed families with at least two prior shelter visits to prevent their return to shelter; an enhanced form of rapid re-housing for young parents in emergency shelter; and improved access to county-administered mainstream benefits, including child care assistance and employment services connected with the state Temporary Assistance for Needy Families program. To identify families for the prevention initiative, the County reached out by mail to families who had previously accessed emergency shelter, offering support if their housing was in jeopardy. The initiative's evaluation used random assignment to identify treatment and control groups, and documented decreased returns to shelter, increased household incomes, and increased employment for the treatment groups. Hennepin County is subsequently adapting this approach across its shelter and human service system.

[Learn more about the initiative.](#)

interviewing strategies that focus on strengths and existing connections. If diversion is unsuccessful, these strategies can continue to be employed to connect people back to safe options quickly when possible.

Determining Other Viable Options. Diversion is a strategy that keeps people from entering emergency shelter, when possible, by helping them immediately identify alternate, safe housing arrangements (e.g., moving into a shared living arrangement with family members) and, if necessary, connecting them with services and financial assistance to help them return to permanent housing. Communities that are effectively employing diversion are often doing so with flexible financial assistance that allows them to quickly support pathways out of housing crises.

Some communities build diversion strategies into their coordinated entry processes as well as shelter intake procedures. Staff and volunteers are trained to emphasize the goal of helping people seeking shelter to find viable and safe housing options. Sometimes shelter diversion involves providing mediation and problem-solving support to determine if going back home is a safe alternative to emergency shelter entry. Other communities are proactively engaging people who have exited shelter and may be facing another housing crisis, offering targeted support and assistance before the crisis escalates to homelessness.

Connecting to Mainstream Resources. Effectively diverting people from homelessness often requires connecting people to other types of assistance, such as landlord mediation and/or other mainstream resources, like legal services, SNAP benefits, health and behavioral health care, early childhood development and education, Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI) and Social Security Disability Insurance (SSDI), and other resources. Some coordinated entry processes and emergency shelters co-locate staff who can assess and provide access to these mainstream resources for people as they seek assistance. Effective diversion can help people seeking shelter access financial assistance or other mainstream resources *prior to* shelter entry as part of the shelter screening and intake process, and can continue after shelter to prevent re-entry.

Questions to consider about your community's capacity to divert people from shelter:

- Does your community's process for accessing shelter assess options for diverting from shelter?
- Does your community's diversion approach include, when needed, financial assistance, mediation, housing location, legal assistance, or other supports?
- What role do mainstream programs play in supporting shelter seekers and diversion efforts?

Adopt a Housing First Approach and Create Low-Barrier Access to Emergency Shelter

Everyone seeking emergency shelter is facing a housing crisis. When a crisis cannot be immediately resolved, people will assess and choose options most consistent with their needs and preferences. If guests perceive that an emergency shelter stay requires conforming to rules or expectations that seem unreasonable, punitive, or that divide them from their defined family, they may decline the support they need. For an emergency shelter to achieve its intended purposes, the expectations placed on guests should be minimal, transparent, and reasonable. Intake, screening, and assessment processes should reflect the system's Housing First orientation to helping everyone seeking assistance connect quickly with permanent housing. Our [Housing First Checklist](#) helps communities consider how they can implement a Housing First approach at the project- and system-level. Additionally, in communities with large numbers of people living unsheltered where emergency shelter beds are limited, it is critical that access to those beds be as low-barrier as possible.

Providing Low-Barrier Access. Communities should ensure that there are low-barrier shelters available and accessible. For emergency shelters, using Housing First approaches means removing as many pre-conditions to entry as possible and responding to the needs and concerns of people seeking shelter. Historically, concerns about safety have prompted many shelters to limit access to people using substances or living with substance use disorders.

Innovative shelter programs across the country have been able to design their approach to accommodate people regardless of substance use or other perceived barriers to entry. Low-barrier shelters emphasize welcoming guests in as they are, while having clear and simple behavioral expectations that apply to anyone residing in the shelter. These expectations are narrowly focused on maintaining a safe environment for all. Staff are trained in trauma-informed care and de-escalation techniques in order to help residents understand and conform to these expectations. Some programs are also integrating restorative justice principles into their methods for ensuring that behavioral expectations are met.

Community Spotlight: Multnomah County, OR

Led by the Joint Office of Homeless Services of Multnomah County, the emergency shelter system in greater Portland is in the process of a significant expansion and transformation, one goal of which is to make emergency shelter work better for people who have historically avoided shelter. This includes operating shelters 24 hours per day and creating broader geographic distribution of shelter capacity throughout the county. The community has organized housing navigators that can support people seeking housing at any shelter or unsheltered location to promote continuity and increase housing outcomes. Intake processes have shifted in several of the community's shelters to encourage self-defined groups of friends or family members to access shelter together. Shelter locations no longer screen for drug or alcohol use and have created options for people to remain with their pets in shelter and keep their possessions with them. All new emergency shelters operate on a reservation system, and without fixed maximum stays, so that guests are able to maintain beds for as long as they need them.

[Learn more about the initiative.](#)

Engaging People with Barriers to Accessing Housing. Emergency shelters should also work closely with outreach teams to specifically and intentionally outreach to and engage people who are reluctant to access shelter or have high barriers to permanent housing. This will likely involve seeking to understand the reasons for their reluctance and, if possible, addressing those concerns through shelter and engagement policies.

Accommodating Partners, Pets, and Possessions. Many people seeking shelter report that being separated from their relatives, partners, friends or chosen family, pets, or possessions leads them to remain unsheltered. In some communities, new shelter models are identifying ways to reduce these barriers, inviting self-defined groups of friends and family to access and stay in shelter together, creating safe arrangements for pets within the shelter, and providing safe storage for possessions. Making these changes in existing shelter operations may require new resources.

Extending Hours and Ensuring Predictable Access. Emergency shelters can help people in crisis achieve stability by providing predictable and extended access. They can create reservation systems that allow people to confirm whether they continue to need their shelter bed, and to arrange for late arrivals, if needed. Some shelters remain open and available during all hours of the day, which can help shelter guests access work and other supports without having to transport their possessions. Additionally, shelters can consider providing meals or snacks at any time during the day rather than at set times to better accommodate differing schedules and needs of guests. Often, communities secure additional financial resources to support low-barrier policies and practices.

Questions to consider to help lower barriers to accessing your community’s emergency shelter:

- Does your emergency shelter have minimal expectations or requirements of people seeking shelter?
- Does your emergency shelter focus on addressing disruptive or dangerous behaviors rather than compliance to rules or case plans?
- Does your shelter welcome self-defined family and kinship groups to seek shelter together?
- Can your emergency shelter identify financial resources that can support the adoption of low-barrier policies and practices and support extended or flexible hours and adapted service-delivery models?
- Does your shelter accommodate pets and belongings?
- Do your shelter intake process and housing navigation services coordinate closely with community-based outreach services and coordinated entry?
- Does your shelter create flexible and predictable access for people seeking shelter?

Use Emergency Shelter Stays as a Platform for Housing Access

Perhaps the most critical service of an emergency shelter—beyond providing a safe place to stay—is to ensure that guests are connected to permanent housing opportunities. Services within emergency shelters should focus on facilitating quick access to permanent housing, which may reduce the need for other types of services, such as financial literacy, parenting education, and computer classes.

Creating Quick Connections to Permanent Housing. Emergency shelters should intentionally link people to permanent housing resources without assessing housing “readiness,” so that they can move through the system quickly. Throughout an emergency shelter stay, staff and volunteers should emphasize and maintain focus on assisting shelter guests to identify and connect to permanent housing. This focus can include: prominently

displaying information about how to access housing; linking people rapidly to local coordinated entry processes that can further assess their strengths, needs, and preferences; ensuring easy and rapid access to housing navigation services; and providing assistance with collecting documentation necessary for determining program eligibility. Some shelters have started this transition to supporting permanent housing outcomes by targeting and/or prioritizing “long-term stayers,” people who have been in shelters the longest, for permanent housing placements.

Providing Housing Navigation Services. Emergency shelters can make access to available housing resources as easy as possible for shelter guests by having on-site access to the community’s coordinated entry process and by connecting guests to housing navigation services. In some communities, these housing navigation services exist at a community level and support people experiencing homelessness in a variety of settings, including unsheltered settings, rather than being situated in each individual emergency shelter. Regardless of how they are configured, emergency shelters can contribute to a rapid flow into permanent housing opportunities by ensuring that everyone experiencing homelessness has quick access to sufficient supports needed to obtain housing. That will likely not be a “one size fits all” approach, nor can it be a purely “self-service” model, either.

Using Data to Improve Flow. Emergency shelter use patterns are not static. Shelters should maintain essential data—minimally defined by the Universal Data Elements for the Homeless Management Information System (HMIS)—about people using and seeking to access shelter. This information can help the community:

- understand shelter use patterns and detect changes in them,
- identify frequent users for more intensive follow-up or targeted interventions like supportive housing,
- reduce the length of time spent in shelter, and
- right-size emergency shelter capacity within the crisis response system.

Ideally, this information can also be connected to the community’s coordinated entry processes and, if appropriate, to agencies and programs that administer mainstream resources that can help resolve the underlying crises leading to homelessness.

Ensuring Safety and Tailoring Responses. Many emergency shelter models specialize in specific populations, such as single adults, families, youth, or people fleeing domestic violence. Shelters should tailor their responses to the needs and strengths of the populations seeking assistance. This tailoring could include special provisions to

Community Spotlight: Bergen County, NJ

As the country’s first community to end chronic homelessness, Bergen County’s approach to preventing and ending homelessness involves extensive coordination among partners. The county’s one-stop center, which is managed by the Housing Authority of Bergen County, provides shelter for 90 single adults and offers access to numerous co-located housing and mainstream resources. Shelter guests complete a coordinated entry assessment to guide needed referrals and create a housing plan, and the center promotes awareness among staff and guests that the emergency shelter is designed to promote movement into housing as quickly as possible. To demonstrate that their community had successfully reached an end to chronic homelessness, the community assembled community-wide data—including data on shelter users and use patterns—to confirm that every person experiencing chronic homelessness had been connected with housing and that the community was able to sustain these results.

[Learn more about the initiative.](#)

address safety and confidentiality risks for survivors of domestic violence or population-specific services designed to address the circumstances that triggered the housing crisis.

Planning as a System. Perhaps the greatest challenge is to ensure that every community's capacity for outreach, diversion, housing navigation, and shelter are sufficient to promote an effective flow through the system and to maintain continuous availability of an adequate supply of shelter beds. As mentioned above, communities have an opportunity to use their data to right-size the number of crisis beds available and staff needed to support them based on demonstrated need and the ability of programs to connect people to permanent housing.

In communities with little or no congregate emergency shelter, this may require providing financial assistance for rent, utilizing motel voucher models, or exploring other crisis housing models. Particularly in rural communities where shelters are often very long distances apart, these strategies are important for ensuring that people experiencing housing crises have access to safe accommodations while permanent housing is being secured.

Rather than positioning these different components of a community's crisis response system in competition with one another, the scale of outreach, diversion, housing support, and shelter capacity must be sufficient to ensure smooth flow from any homelessness situation rapidly back into housing. Determining the scale of the needed resources requires seeing emergency shelter in the context of a community's entire system to prevent and end homelessness, and to have strong partnerships and collaborations across these interventions.

Questions to consider to help your community's emergency shelter serve as a platform for housing access:

- Does your emergency shelter provide immediate assistance and link guests with housing options?
- Does your emergency shelter use data routinely to detect trends, identify frequent users, and monitor housing success and other performance measures?
- Does your emergency shelter provide population-specific supports, as appropriate, and how does it promote safety and reduce risk for all shelter guests?
- Does your emergency shelter coordinate with the broader homelessness service and housing systems in system-level planning?
- Does your emergency shelter assess and address the safety risks for people fleeing domestic violence?

Scaling and Financing Emergency Shelter

Every community faces the challenge of ensuring that shelter capacity is scaled to meet local need and that it is financed accordingly. Not every community in which there are currently people experiencing unsheltered homelessness needs to expand the supply of emergency shelter. In making projections and decisions regarding necessary capacity, communities should also consider how a broad range of changes and improvements within their crisis response systems will impact need and demand for emergency shelter, including: increased emphasis on diversion strategies and services; reductions in the length of time it takes for guests to move from shelter to permanent housing, including through expanded rapid re-housing interventions; removal of barriers to entry; and increased emphasis on long-term or frequent users of emergency shelter. Here are some specific options that communities could explore in that process:

Modeling and Using Data. Determining the right scale for emergency shelter requires understanding who is already experiencing unsheltered homelessness in the community, the inflow at which people enter the system, and the permanent housing (both targeted and mainstream affordable) units available for creating pathways out

of homelessness. Having sufficient outreach capacity to effectively identify and engage people experiencing unsheltered homelessness in the community will be a critical component. The communities' current capacity and balance of resources must be assessed systemically. Data about shelter stays, exits, and outcomes are essential to create a realistic and appropriate emergency shelter model.

Leveraging Federal Sources. While a few communities are able to finance emergency shelter development and operations using federal sources alone, many will need to braid and blend local, private, and federal funding sources to develop new emergency shelter. Communities should assess the potential uses of:

- HUD's Emergency Solutions grants
- USDA's Community Facilities program
- HHS' Runaway and Homeless Youth Basic Center program
- HHS' Community Services Block Grant program
- HHS' Temporary Assistance for Needy Families
- HHS' Family Violence Prevention and Services program
- DOJ's Office of Violence against Women program grants
- GSA's disposition of Federally-owned property

All have been used to support shelter development and operations in communities.

Building Local Public and Private Partnerships. Many communities rely on local revenues to support shelter development and operations. In addition to direct investments from state, local, or Tribal governments or philanthropic partners, some communities have fostered innovative public/private partnerships with local businesses providing funding or leading fundraising campaigns to support shelter development and operations.

Resources

The following resources may be helpful for communities seeking to increase the impact of their emergency shelters and creating an effective crisis response system in their communities:

- [Using Shelter Strategically to End Homelessness](#)
- [Housing First Checklist](#)
- [Ending Homelessness for People Living in Encampments](#)
- [HUD's Final Rule to Ensure Equal Access to Housing and Services Regardless of Gender Identity](#)
- [National Resource Center on Domestic Violence](#)
- [National Alliance to End Homelessness' Emergency Shelter Learning Series](#)
- [National Alliance to End Homelessness' Low Barrier Self-Assessment and Action Plan](#)
- [HHS' Early Childhood Self-Assessment Tool for Family Shelters and Related Resources](#)
- [National Alliance to End Homelessness' Closing the Front Door: Creating a Successful Diversion Program for Homeless Families](#)

Checklist for Implementing Emergency Shelter within an Effective Crisis Response System

This checklist can help your community maximize the impact of its emergency shelter capacity and strengthen its crisis response system.

Promote Dignity and Respect

- ☐ Does your emergency shelter consistently implement practices to meet people where they are and provide person-centered care that focuses on personal strengths?
- ☐ Do your policies or value statements convey clear expectations that shelter guests will be treated with dignity and respect, and does the shelter monitor adherence to these expectations?
- ☐ Are expectations of shelter guests clearly communicated and easily accessible for review by guests?
- ☐ Do you have specific practices that help ensure that the shelter exhibits cultural competency and provides appropriate protections for shelter seekers across demographic differences?
- ☐ Does the shelter set only minimal and reasonable requirements for shelter guests, and does the shelter enforce these requirements in a fair and transparent way?
- ☐ Does the shelter involve shelter guests in governance and operations?

Divert People from the Homelessness Service System When Possible

- ☐ Does your community's process for accessing shelter assess options for diverting from shelter?
- ☐ Does your community's diversion approach include, when needed, financial assistance, mediation, housing location, legal assistance, or other supports?
- ☐ Do mainstream programs play a role in supporting shelter seekers and diversion efforts?

Adopt a Housing First Approach and Create Low-Barrier Access to Emergency Shelter

- ☐ Does your emergency shelter have minimal expectations or requirements of people seeking shelter?
- ☐ Does your emergency shelter focus on addressing disruptive or dangerous behaviors rather than compliance to rules or case plans?
- ☐ Does your shelter welcome self-defined family and kinship groups to seek shelter together?
- ☐ Can your emergency shelter identify financial resources that can support the adoption of low-barrier policies and practices and support extended or flexible hours and adapted service-delivery models?
- ☐ Does your shelter accommodate pets and belongings?
- ☐ Do your shelter intake process and housing navigation services coordinate closely with community-based outreach services and coordinated entry?
- ☐ Does your shelter create flexible and predictable access for people seeking shelter?

Use Emergency Shelter Stays as a Platform for Housing Access

- ☐ Does your emergency shelter provide immediate assistance and link guests with housing options?
- ☐ Does your emergency shelter use data routinely to detect trends, identify frequent users, and monitor housing success and other performance measures?
- ☐ Does your emergency shelter provide population-specific supports, as appropriate, and does it promote safety and reduce risk for all shelter guests?
- ☐ Does your emergency shelter coordinate with the broader homelessness service and housing systems in system-level planning?
- ☐ Does your emergency shelter assess and address the safety risks for people fleeing domestic violence?



Housing First Checklist: Assessing Projects and Systems for a Housing First Orientation

Housing First is a proven approach, applicable across all elements of systems for ending homelessness, in which people experiencing homelessness are connected to permanent housing swiftly and with few to no treatment preconditions, behavioral contingencies, or other barriers. It is based on overwhelming evidence that people experiencing homelessness can achieve stability in permanent housing if provided with the appropriate level of services. Study after study has shown that Housing First yields higher housing retention rates, drives significant reductions in the use of costly crisis services and institutions, and helps people achieve better health and social outcomes.ⁱ

This checklist was designed to help you make a quick assessment of whether and to what degree housing programs — and entire systems — are employing a Housing First approach. Robust tools and instruments are available elsewhere to quantitatively measure program quality and fidelity to Housing First. This tool is not meant to take the place of those more rigorous assessments, but is intended to help Continuums of Care, individual housing and services providers, funders, and other stakeholders to communicate about, and quickly assess, alignment with key Housing First approaches.

Core Elements of Housing First at the Program/Project Level

For your homelessness service system to work the most efficiently and effectively, individual programs must embrace a Housing First approach. This portion of the checklist can help you assess the extent to which your local programs are implementing Housing First. You can use this tool for trainings or planning sessions, during a site visit or program audit, as a guide when reviewing funding applications, or for many other uses.

- ☐ Access to programs is not contingent on sobriety, minimum income requirements, lack of a criminal record, completion of treatment, participation in services, or other unnecessary conditions.
- ☐ Programs or projects do everything possible not to reject an individual or family on the basis of poor credit or financial history, poor or lack of rental history, minor criminal convictions, or behaviors that are interpreted as indicating a lack of “housing readiness.”
- ☐ People with disabilities are offered clear opportunities to request reasonable accommodations within applications and screening processes and during tenancy, and building and apartment units include special physical features that accommodate disabilities.

Quick Screen: Does Your Project Use Housing First Principles?

- 1) Are applicants allowed to enter the program without income?
- 2) Are applicants allowed to enter the program even if they aren’t “clean and sober” or “treatment compliant”?
- 3) Are applicants allowed to enter the program even if they have criminal justice system involvement?
- 4) Are service and treatment plans voluntary, such that tenants cannot be evicted for not following through?

- ☐ Programs or projects that cannot serve someone work through the coordinated entry process to ensure that those individuals or families have access to housing and services elsewhere.
- ☐ Housing and service goals and plans are highly tenant-driven.
- ☐ Supportive services emphasize engagement and problem-solving over therapeutic goals.
- ☐ Participation in services or compliance with service plans are not conditions of tenancy, but are reviewed with tenants and regularly offered as a resource to tenants.
- ☐ Services are informed by a harm-reduction philosophy that recognizes that drug and alcohol use and addiction are a part of some tenants' lives. Tenants are engaged in non-judgmental communication regarding drug and alcohol use and are offered education regarding how to avoid risky behaviors and engage in safer practices.
- ☐ Substance use in and of itself, without other lease violations, is not considered a reason for eviction.
- ☐ Tenants in supportive housing are given reasonable flexibility in paying their share of rent on time and offered special payment arrangements for rent arrears and/or assistance with financial management, including representative payee arrangements.
- ☐ Every effort is made to provide a tenant the opportunity to transfer from one housing situation, program, or project to another if a tenancy is in jeopardy. Whenever possible, eviction back into homelessness is avoided.

Core Elements of Housing First at the Community Level

Housing First should be adopted across your community's entire homelessness response system, including outreach and emergency shelter, short-term interventions like [rapid re-housing](#), and longer-term interventions like [supportive housing](#). You can use this part of the checklist to assess the extent to which your community has adopted a system-wide Housing First orientation, as well as guide further dialogue and progress.

- ☐ Your community has a coordinated system that offers a unified, streamlined, and user-friendly community-wide coordinated entry process to quickly assess and match people experiencing homelessness to the most appropriate housing and services, including rapid re-housing, supportive housing, and/or other housing interventions.
- ☐ Emergency shelter, street outreach, and other parts of your crisis response system implement and promote low barriers to entry or service and quickly identify people experiencing homelessness, provide access to safety, make service connections, and partner directly with housing providers to rapidly connect individuals and families to permanent housing.
- ☐ Outreach and other crisis response teams are coordinated, trained, and have the ability to engage and quickly connect people experiencing homelessness to the local coordinated entry process in order to apply for and obtain permanent housing.
- ☐ Your community has a data-driven approach to [prioritizing housing assistance](#), whether through analysis of the shared community assessment and vulnerability indices, [system performance measures](#) from the Homeless Management Information System, data on utilization of crisis services, and/or data from other

systems that work with people experiencing homelessness or housing instability, such as hospitals and the criminal justice system.

- ☐ Housing providers and owners accept referrals directly from the coordinated entry processes and work to house people as quickly as possible, using standardized application and screening processes and removing restrictive criteria as much as possible.
- ☐ Policymakers, funders, and providers conduct joint planning to develop and align resources to increase the availability of affordable and supportive housing and to ensure that a range of options and mainstream services are available to maximize housing choice among people experiencing homelessness.
- ☐ Mainstream systems, including social, health, and behavioral health services, benefit and entitlement programs, and other essential services have policies in place that do not inhibit implementation of a Housing First approach. For instance, eligibility and screening policies for benefit and entitlement programs or housing do not require treatment completion or sobriety.
- ☐ Staff in positions across the entire housing and services system are trained in and actively employ evidence-based practices for client/tenant engagement, such as motivational interviewing, client-centered counseling, critical time interventions, and trauma-informed care.

Additional Resources

- [Implementing Housing First in Supportive Housing](#) (USICH, 2014) – discusses supportive housing and Housing First as tools for ending chronic homelessness and helping people with disabilities live independently in the community.
- [Webinar: Core Principles of Housing First and Rapid Re-Housing](#) (USICH, 2014) – describes the core components of the Housing First approach and the rapid re-housing model and how both work together to help end homelessness.
- [Four Clarifications about Housing First](#) (USICH, 2014) – clarifies some common misperceptions about Housing First.
- [It's Time We Talked the Walk on Housing First](#) (USICH, 2015) – advances our thinking on Housing First.
- [Housing First in Permanent Supportive Housing](#) (HUD, 2014) – provides an overview of the principles and core components of the Housing First model.
- [Permanent Supportive Housing Evidence-Based Practices KIT](#) (SAMHSA, 2010) – outlines the essential components of supportive housing, along with fidelity scales and scoresheets.

ⁱ Lipton, F.R. et. al. (2000). "Tenure in supportive housing for homeless persons with severe mental illness," *Psychiatric Services* 51(4): 479-486. M. Larimer, D. Malone, M. Garner, et al. "Health Care and Public Service Use and Costs Before and After Provision of Housing for Chronically Homeless Persons with Severe Alcohol Problems." *Journal of the American Medical Association*, April 1, 2009, pp. 1349-1357. Massachusetts Housing and Shelter Alliance. (2007). "Home and Healthy for Good: A Statewide Pilot Housing First Program." Boston.



Aligning Affordable Housing Efforts with Actions to End Homelessness



Introduction

[Home, Together](#), the federal strategic plan to prevent and end homelessness, emphasizes that housing affordability is essential for achieving the Plan's goals. However, [housing that is affordable to people at a wide range of income levels is in short supply across the country](#). And significant racial inequities in access to housing still exist, creating disparate impacts. Because housing costs are rising more quickly than incomes in many markets, renter households at the lowest income levels face the greatest challenges with housing costs.

Now is the time to prioritize expanding the supply of and access to housing that is affordable to people who are at risk or are experiencing homelessness. If we fail to focus on rental housing affordability, our homelessness service systems will become increasingly bottlenecked by the scarcity of decent housing at an attainable and sustainable cost – and achieving our shared goal of ending homelessness will remain out of reach.

In many communities, however, conversations on housing affordability and those about homelessness are happening in different places among different groups of people. The following strategies and resources will support communities in aligning those conversations and will improve progress on preventing and ending homelessness.

1. **Align Efforts: Develop and strengthen partnerships needed to align efforts.**

There are many entities working in the affordable housing and homelessness arenas, but they do not always share the same goals, priorities, and timelines.

For the most effective results, leaders and partners across sectors must work collaboratively to plan and implement policies and programs that increase the supply of and access to rental housing that is affordable to people across the full range of income levels. These partnerships can ensure that both shared and individual goals across agencies and jurisdictions are met.

Strategies for Aligning Action

1. **Align Efforts:** Develop and strengthen partnerships needed to align efforts.
2. **Set Goals:** Analyze local data, project needs, and set ambitious goals.
3. **Message Effectively:** Develop effective public messaging to mobilize awareness and support.
4. **Encourage Development:** Implement housing policies that temper rising costs and allow for affordable housing development.
5. **Engage Federal Programs:** Involve a broad range of federally funded housing programs.
6. **Target and Scale State and Local Funding:** Ensure that state and local financing and incentives support adequate development activity.
7. **Align Funding:** Synchronize financing by aligning capital, service, and operating funding.
8. **Link Health and Housing:** Align health and housing strategies and resources.
9. **Ensure Access:** Ensure access for people with histories of homelessness, low incomes, and other housing barriers.

Note About Recommended Resources: Tools and resources are linked within the text throughout the document and also listed by strategy starting on page 8.

Key partners include:

- Public Housing Agencies
- Multifamily affordable and subsidized housing owners and operators
- Elected officials
- Local Health Departments and Human Services Departments
- State and local Housing Finance Agencies
- State and local Housing and Community Development Departments and organizations
- Homelessness service systems and Continuums of Care
- Private market housing owners and operators
- Organizations focused on population-specific housing, such as for domestic violence survivors, Veterans, persons with disabilities, or seniors
- Business and banking leaders
- For-profit and nonprofit affordable housing developers
- Other funders with reasons to invest in affordable housing, such as hospitals, community foundations, financial institutions, private and corporate philanthropy

By strengthening partnerships among these entities, and setting unified goals and targets, communities can increase the supply of affordable housing, preserve existing units, and ensure access for people exiting or at the greatest risk of homelessness, including those with extremely low incomes and other barriers to housing. One approach for leveraging the power of stakeholder collaboration is the [collective impact model](#), which can be [used effectively to address homelessness](#) and housing costs. [An example of a cross-sector collaboration](#) aimed at addressing housing scarcity and costs, as well as homelessness, is the San Francisco Bay area's CASA Committee.



Strong relationships among affordable housing developers, housing owner/operators, and service providers are key for the planning, development, and operation of units that serve people exiting homelessness. For example, engaging service providers during the initial design of developments can help ensure that the living environment will serve the target population effectively, including any accessibility needs or dedicated space for any on-site services that might be offered. If a community does not have adequate capacity for such partnerships locally, targeted

training and technical assistance efforts and/or recruiting other organizations that may be interested in working within the geographic area can help.

2. Set Goals: Analyze local data, project needs, and set ambitious goals.

To create ambitious goals for scaling rental housing that is affordable, a community [must develop realistic projections](#), supported by data, of the number of affordable and supportive housing units needed. It is critical to project needs at varying affordability levels, not just the higher income affordability levels that are typically

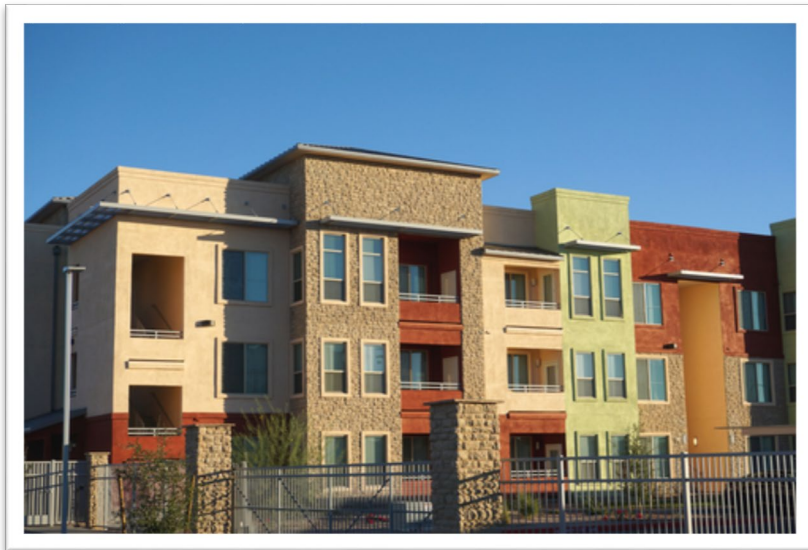
easier to develop. The [need is greatest for households at the lowest income levels](#), and [research shows](#) that not all units that are affordable to low-income households are available to them.

To support the community's data analysis, it is helpful to [maintain an active inventory](#) of all affordable housing rental units in your community, including new units in the development pipeline and existing units that may turn over. This inventory can be used to determine future investments needed for capital development, operating support, and services. It is also important to track when developments with [affordability sunset dates](#) are expected to convert to market-rate units, and to include [housing affordability preservation strategies](#) for those units.

Once the analysis of the community's housing needs is complete, it is important to set aggressive goals and to track progress. Those goals should help ensure that housing opportunities are distributed throughout the community, not only in certain areas or neighborhoods.

3. Message Effectively: Develop effective public messaging to mobilize awareness and support.

[Effective messaging](#) is necessary to generate and maintain public support, which is critical to the success of affordable housing efforts both for marshaling public resources and for overcoming objections to the zoning and locating of new developments. Recent recommendations from the [Frameworks Institute](#) highlight the importance of approaching public outreach and messaging strategically around housing needs and solutions. Community partners must be aligned behind a strategic communications plan and shared messaging that [makes the case for affordable housing and ending homelessness](#), clearly connecting community development efforts to the ability to address and end homelessness.



Messaging includes not only framing the issue well, in terms of equity and fairness, collective benefits, and regional interdependence, but also effectively communicating attainable goals and specific strategies. Beyond the initial messaging, progress should be consistently tracked and communicated, and “early wins” should be celebrated. The [City of Los Angeles](#) offers an example of effective tracking of their initiative to build 10,000 units of supportive housing to help end unsheltered homelessness.

4. Encourage Development: Implement housing policies that temper rising costs and allow for affordable housing development.

Financing and developing any housing, and especially affordable or supportive housing, is complex. The process involves multiple funding sources and timelines that must be aligned, and such alignment can be made even more difficult by local policies and processes that can hinder development.

[A variety of requirements and regulations](#) can impede a community's ability to respond quickly to the growing need for housing, including zoning restrictions, land use regulations, low density requirements, off-street-parking requirements, preservation or environmental impact regulations, and permitting processes, among other factors. Typically, such housing policies and processes are controlled at the local government level. Further, it is important to [analyze if and why local community stakeholders may object](#) to the development of housing that is accessible to lower income households. Analyzing where and how the development of affordable housing gets bottlenecked in a community, such as through [approaches recommended by the National Community of Practice on Local Housing Policy](#), can help identify changes that can speed up development timelines without sacrificing safety and quality.

There are many [policy alternatives to consider when designing a strong housing development strategy](#). Multifamily rental developments can be encouraged by reducing parking and setback requirements, as well as



[allowing for increased density](#). Affordable housing developments can be incentivized through [inclusionary zoning](#), local fee waivers, expedited permitting, and local government surplus lands policies. Local policies that allow for and promote [accessory dwelling units](#) and [community land trusts](#) offer additional opportunities for housing affordability. Such housing policies can help expand the stock of rental housing that is affordable at a range of income levels, a necessary first step in creating inclusive communities and ending homelessness.

[Reducing housing policy barriers](#) alone will not necessarily result in an increase in the production of housing units that are, and remain, affordable to households with lower incomes. To encourage long-term affordability in the face of rising housing markets, it is also important to require permanent affordability within an adequate supply of units through funding and other incentives. Without affordability requirements tied to subsidies or land use, [the cost of housing in the private market becomes a function of supply and demand within a housing submarket](#). As an example, local policies that provide for higher density (i.e., more units in a given space) may lead to the development of luxury apartments rather than affordable units. This addition of high-end apartments will not affect the availability of rental apartments that are affordable to those with low incomes. Therefore, the barrier-reduction approach must be complemented with incentives and/or requirements targeted directly to increasing the stock of housing that is affordable to lower income renter households, as well as ensuring ongoing affordability in the face of changing market conditions.

5. Engage Federal Programs: Involve a broad range of federally funded housing programs.

[Existing federally funded housing programs](#) can be engaged to increase supply and improve access, providing models for how other affordable housing programs can also be engaged in these efforts. Communities can expand access to housing for people exiting homelessness through partnerships with public housing agencies (PHAs), by [strengthening CoC-PHA partnerships](#) and using approaches described within the [PHA Guidebook](#)

[to Ending Homelessness](#). Further, stakeholders should work closely with operators of [HUD-financed multifamily housing](#), as well as [USDA-supported multifamily housing](#).

There are [many resources available to PHAs](#) that are collaborating with community partners to help end homelessness. As described in the PHA Guidebook, PHAs can establish “preferences,” providing for increased access to Housing Choice vouchers and public housing units by households experiencing homelessness. The same is true for [HUD-financed multifamily housing units](#). When these units and subsidies are connected to adequate supportive services, they can also provide supportive housing opportunities for chronically homeless households and/or other vulnerable households. Communities can also prioritize households exiting homelessness for special needs programs, such as HUD’s [mainstream voucher program to assist nonelderly persons with disabilities](#), the [Section 202 housing program for elderly households](#), the [Family Unification Program](#) vouchers, and [Housing Opportunities for Persons with AIDS \(HOPWA\)](#) assistance.

PHAs and multifamily housing owners can also [project-base Housing Choice vouchers](#) within existing or planned units, supporting the operation or development of units that are affordable for the lowest income households, and ensuring the long-term affordability of those units. PHAs may also designate Housing Choice vouchers or other affordable housing units in their portfolios for the [implementation of a “move on” strategy](#), providing housing opportunities for tenants of supportive housing who no longer need intensive services, thereby freeing up slots for others who are prioritized for supportive housing.

6. Target and Scale State and Local Funding: Ensure that state and local financing and incentives support adequate development activity.

Creating an adequate supply of affordable and supportive housing opportunities to support communities in ending homelessness requires federal, state, and local investments. Those investments must be structured to allow for developments to have little or no debt, which will ensure that they can remain affordable over the long term and be accessible to households with extremely low incomes. Targeting an appropriate scale of

those resources to address the housing needs of the lowest income residents is necessary for the creation of units that are accessible to people exiting homelessness and help prevent homelessness among the most at-risk households.



Recently, voters have supported ballot initiatives that provided for increased funding for affordable housing at both the statewide and local level. [States with new housing funding include Colorado, California, Washington, and Hawaii, and local jurisdictions such as Charlotte, Austin, and Portland also have new](#)

[measures in place to fund affordable housing](#). While interest in housing affordability among voters and elected officials is increasing, such measures are not new. For example, the State of Florida’s dedicated affordable housing trust fund, in place since 1992 and [championed by a broad coalition of advocates](#), is used in part to build affordable rental units, as well as preserve existing units. In many cases, cities and counties have also

passed local sales taxes, bonds, or other dedicated revenue sources to increase housing affordability. Across America there are [more than 800 such state and local housing trust funds](#).

A critical capital financing tool is the [Low-Income Housing Tax Credit \(LIHTC\)](#) that is used to secure capital investments for many affordable and supportive housing developments. The processes, policies, and priorities for awarding such tax credits are laid out in the LIHTC [Qualified Action Plans](#) (QAP), which are developed by states' [Housing Finance Agencies](#) and/or Housing Departments, and for which public input is regularly sought. Many of these QAPs [prioritize or incentivize permanent supportive housing](#) and/or other housing for special needs populations, and can be effectively aligned with other resources to expand the supply of units available to people exiting homelessness. Also administered at the state level are monies from the [National Housing Trust Fund](#), which helps create and preserve housing for the lowest income residents.

7. Align Funding: Synchronize financing by aligning capital, service, and operating funding.

Affordable housing developments rely on funding from a [variety of public and private sources](#). For a development to open on schedule, the capital financing, operating support, and services funding must be effectively synchronized. Often housing developers bear the burden of aligning all of the funding resources, which have divergent applications schedules and timeframes, slowing down development processes.

Public and private funders of affordable housing can reduce that burden, and speed up development timeframes, by taking responsibility for aligning their requirements and application and award timeframes. Some communities have created “funders collaboratives” – like the [Home for Good Funders Collaborative](#) in Los Angeles, CA – to ensure public and private investments for capital, operations, and services are well aligned. Such alignment also allows for the creation of a shared pipeline of affordable and supportive housing developments necessary to achieve local goals and helps to identify any delays or potential gaps in funding.

8. Link Health and Housing: Align health and housing strategies and resources.

Evidence continues to show that [housing and health are inextricably linked](#). To help people with the greatest needs achieve housing stability, affordable housing opportunities must be combined with a tailored package of consistent and effective supportive services, including health care services. Funding for those services can come from a variety of federal, state, and local sources, [not only through targeted homelessness programs and resources](#), but also through partnerships with federal, state, and local programs and services, including hospitals, and [health care and behavioral health care resources](#).

For example, Medicaid is one of the most important avenues to provide health insurance coverage for low-income populations, including people experiencing homelessness. Under their Medicaid plans, [states can also choose to use Medicaid to cover the costs of services that support housing stability](#), such as case management and services coordination, and Medicaid can be a key resource for [ending chronic homelessness and for tenants in supportive housing](#). Other health care resources, including targeted mental health and substance use resources, can also help support the services people need to succeed in housing. Close coordination in the development of housing and health care strategies at the state and local level can help ensure the most cost-effective use of resources, as well as ensure that both the health and housing outcomes for vulnerable populations are improved. Many [innovative models in connecting health care and housing](#) have been developed.

In some communities, such as [the example in Portland, OR](#), health care organizations have invested directly in affordable and supportive housing, in recognition of the critical importance of housing to both health

outcomes and health care costs. Communities can also foster expanded [partnerships between housing providers and health and behavioral health care providers](#), such as health centers, including co-location strategies and other efforts to improve coordination of resources and access to essential services.

9. Ensure Access: Ensure access for people with histories of homelessness, low incomes, and other housing barriers.

To follow through on public messaging that connects affordable housing efforts to the ability to end homelessness, it is essential that people experiencing or with histories of homelessness have genuine and meaningful access to existing and new affordable rental units. For there to be true access to housing for this population, there must be enough units that are both affordable and available to households at the lowest income levels and there must be concerted efforts to connect people experiencing homelessness to those units and to identify and remove barriers to such access.

Further, housing can be made more readily available to those with poor or no credit history, criminal records, and poor rental history through the [implementation of Housing First practices and principles](#). Such access is often not realized even within communities' existing affordable housing. Increased access can be promoted through ongoing education of housing operators (e.g., training on [fair housing laws and the rights of persons with disabilities](#)), as well as through requirements attached to state and local funding (e.g., requiring a tenant selection plan that includes [individualized consideration and limited “look back” periods for criminal histories and evictions](#)).

[Racial disparities in experiences of homelessness](#), as well as in access to decent housing, are stark, driven by a complex array of inequities within our systems and social dynamics—biases and prejudices, overt discrimination, systemic and institutional racism, and many other related and intersectional forces. Because of these historic and current racial inequities in housing and homelessness, all policies and resources must be intentionally vetted to ensure that access to stable housing is equitable across race and ethnicity. One example of the [consideration of racial inequities is that done by the CASA Compact](#).

Creating a centralized database or resources hub of all available units, and streamlining eligibility for entry into these units, will help ensure that those who most need affordable housing can access it. Directly [connecting mainstream resources](#), including deeply affordable units and Housing Choice vouchers, to your community's [coordinated entry system](#) can help simplify access, eliminate multiple waiting lists, and connect those best matched for units to the homes that will resolve their housing crisis quickly. At a minimum, efficiently tracking the supply of units, and turnover through which units become available, can help improve access and streamline lease-up timeframes.

[Engaging owners and landlords](#) consistently will result in improved access to available units, greater housing stability for tenants, and increased profitability for the owner/operator. Strong positive relationships between service providers and housing owners and operators are critical for ensuring that households with the greatest barriers have equitable access to housing units. Many communities have created landlord liaison programs to increase access to affordable and private market units. These programs typically centralize communication among tenants, landlords, and service providers. They assist with locating units, navigating the leasing process, and intervening to prevent an eviction if an issue arises. Some programs have access to [risk mitigation funds](#) to provide added insurance to an owner/manager who is willing to rent to someone who might otherwise be screened out.

Recommended Resources

The following resources are linked to from within the text above:

Introduction

- [Out of Reach: The High Cost of Housing](#) (NLIHC)

1. Align Efforts: Develop and strengthen partnerships needed to align efforts.

- [Overview of the Collective Impact Model](#) (Kania and Kramer, Stanford Social Innovation Review)
- [Harnessing the Power of Collective Impact to End Homelessness](#) (Destination: Home)
- Community example of aligned efforts: [CASA Compact: A 15-Year Emergency Policy Package to Confront the Housing Crisis in the San Francisco Bay Area](#) (CASA Committee)

2. Set Goals: Analyze local data, project needs, and set ambitious goals.

- [SHOP Tool to Estimate the Need for Supportive Housing](#) (USICH)
- [Overview of the Worst Case Housing Needs](#) (USICH)
- [Mind the Gap](#) (Enterprise)
- Example of online affordable housing inventory: [SocialServe](#) (socialserve.com)
- [National Housing Preservation Database](#) (NHPD)
- [Preserving Affordable Housing: What Works](#) (Treskon and McTarnaghan, Urban Institute)

3. Message Effectively: Develop effective public messaging to mobilize awareness and support.

- [Communicating Effectively About Ending Homelessness](#) (USICH)
- [Multiple resources focused on messaging about housing](#) (Frameworks Institute)
- [Webinar: Making the Case for Affordable Housing and Ending Homelessness](#) (USICH)
- Community example of communicating housing initiative progress: [Tracking HHH](#) (City of Los Angeles)

4. Encourage Development: Implement housing policies that temper rising costs and allow for affordable housing development.

- Several “[Evidence Matters](#)” articles on local zoning and land use barriers to housing development (HUD PD&R)
- [Overview and resources on Not in My Backyard \(NIMBY\)](#) (HUD)
- [Multiple resources and tools on local solutions to housing affordability](#) (LocalHousingSolutions.org)
- [Housing Development Toolkit](#) (The White House)
- [Zoning Changes to Allow for Higher Residential Density](#) (LocalHousingSolutions.org)
- [Questions to Consider Regarding Inclusionary Zoning Policy](#) (USICH)
- [Overview and resources on Accessory Dwelling Units](#) (American Planning Association)
- [Overview of Community Land Trusts](#) (Grounded Solutions Network)

- [“Why Not In Our Community?”: Removing Barriers to Affordable Housing](#) (HUD PD&R)
- [Why Voters Haven’t Been Buying the Case for Building](#) (Jacobus, Shelterforce)

5. Engage Federal Programs: Involve a broad range of federally funded housing programs.

- [Advocates Guide: A Primer on Federal Affordable Housing and Community Development Programs](#) (NLIHC)
- [Public Housing Authorities and Continuums of Care: Establishing and Maintaining Powerful Teams](#) (USICH)
- [PHA Guidebook to Ending Homelessness](#) (USICH)
- [HUD Homelessness Assistance Resources for Multifamily Housing Owners and Managers](#) landing page with numerous resources (HUD)
- [USDA Multi-Family Housing Programs](#) overview (USDA)
- [Resources for CoC and PHA Collaboration to End Homelessness](#) (HUD)
- [Opening Doors Through Multifamily Housing: Toolkit for Implementing a Homeless Preference](#) (HUD)
- [HUD Mainstream Voucher](#) landing page (HUD)
- [HUD Section 202 Supportive Housing for the Elderly Program](#) landing page (HUD)
- [HUD Family Unification Program](#) landing page (HUD)
- [HUD Housing Opportunities for Persons with AIDS](#) landing page (HUD)
- [Policy Basics: Project-Based Vouchers](#) (CBPP)
- [Webinar on Move-On Strategies for PHAs and CoCs](#) (HUD)

6. Target and Scale State and Local Funding: Ensure that state and local financing and incentives support adequate development activity.

- [Overview and Database of State and Local Housing Trust Funds](#) (Housing Trust Fund Project)
- Example of state housing trust fund and advocacy: [Sadowski Housing Trust Fund](#) (Sadowski Coalition, Florida Housing Coalition)
- [Fact Sheet on the Low-Income Housing Tax Credit \(LIHTC\)](#) (NLIHC)
- [A Primer on Qualified Action Plans \(QAPs\)](#) (ChangeLab Solutions)
- [Contacts and Other Information about State Housing Finance Agencies](#) (NCSHA)
- [2017 Low Income Housing Tax Credit Policies Promoting Supportive Housing & Recommendations for 2018 & 2019](#) (CSH)
- [National Housing Trust Fund](#) landing page with multiple resources (HUD)

7. Align Funding: Synchronize financing by aligning capital, service, and operating funding.

- [Financing Affordable Rental Housing: Defining Success](#), including case studies (Wilson Center)
- Community example: [Home for Good](#) in Los Angeles

8. Link Health and Housing: Align health and housing strategies and resources.

- [Housing is Health Care](#) (Werthheimer, USICH)
- [Services in a CoC Program: A Guide to Assessing Value and Finding Funding Alternatives](#) (USICH)
- [Integrate Health Care](#) (USICH)
- [Coverage of Housing-Related Activities and Services for Individuals with Disabilities](#) (HHS CMS)
- [A Primer on Using Medicaid for People Experiencing Chronic Homelessness and Tenants in Permanent Supportive Housing](#) (HHS ASPE)
- [A Quick Guide to Improving Medicaid Coverage for Supportive Housing Services](#) (CSH & USICH)
- [Innovative Models in Health and Housing](#), including community case studies (Bamberger et al.)
- [6 Portland Health Organizations Pledge \\$21.5million for 33 Low-Income Housing Projects](#) (Portland Business Journal)
- [Partnering with Hospitals to End Homelessness](#) (USICH)

9. Ensure Access: Ensure access for people with histories of homelessness, low incomes, and other housing barriers.

- [Housing First Checklist](#) (USICH)
- [Fair Housing](#) landing page with numerous resources (HUD)
- [Application of Fair Housing Act to the Use of Criminal Records](#) (HUD)
- [How to Start Addressing Racial Disparities in Your Community](#) (USICH)
- Community example of racial equity perspective: [Racial Equity Analysis for the CASA Compact](#) (CASA Committee)
- [Enhancing Coordinated Entry through Partnership with Mainstream Resources and Programs](#) (USICH)
- [Coordinated Entry Policy Brief](#) (HUD)
- [Multiple Resources on Landlord Engagement](#) (USICH)
- [Engaging Landlords: Risk Mitigation Funds Community Profiles](#) (USICH)

COORDINATED ENTRY POLICY BRIEF

An effective coordinated entry process is a critical component to any community's efforts to meet the goals of *Opening Doors: Federal Strategic Plan to Prevent and End Homelessness*. This policy brief describes HUD's views of the characteristics of an effective coordinated entry process. This brief does not establish requirements for Continuums of Care (CoCs), but rather is meant to inform local efforts to further develop CoCs' coordinated entry processes.

Provisions in the CoC Program interim rule at 24 CFR 578.7(a)(8) require that CoCs establish a *Centralized or Coordinated Assessment System*. In this document, HUD uses the terms *coordinated entry* and *coordinated entry process* instead of *centralized or coordinated assessment system* to help avoid the implication that CoCs must centralize the assessment process, and to emphasize that the process is easy for people to access, that it identifies and assesses their needs, and makes prioritization decisions based upon needs. However, HUD considers these terms to mean the same thing. See 24 CFR 578.7(a)(8) for information on current requirements.

HUD's primary goals for coordinated entry processes are that assistance be allocated as effectively as possible and that it be easily accessible no matter where or how people present. Most communities lack the resources needed to meet all of the needs of people experiencing homelessness. This combined with the lack of well-developed coordinated entry processes can result in severe hardships for people experiencing homelessness. They often face long waiting times to receive assistance or are screened out of needed assistance. Coordinated entry processes help communities prioritize assistance based on vulnerability and severity of service needs to ensure that people who need assistance the most can receive it in a timely manner. Coordinated entry processes also provide information about service needs and gaps to help communities plan their assistance and identify needed resources.

HUD has previously provided guidance regarding prioritization for permanent supportive housing (PSH) in Notice CPD-014-12 [Notice on Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing and Recordkeeping Requirements for Documenting Chronic Homeless Status](#). This brief builds upon that Notice and provides guidance for using coordinated entry to prioritize beyond permanent supportive housing (PSH).

Qualities of Effective Coordinated Entry

An effective coordinated entry process has the following qualities:

- **Prioritization.** HUD has determined that an effective coordinated entry process ensures that people with the greatest needs receive priority for any type of housing and homeless assistance available in the CoC, including PSH, Rapid Rehousing (RRH), and other interventions.
- **Low Barrier.** The coordinated entry process does not screen people out for assistance because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record. In addition, housing and homelessness programs lower their screening barriers in partnership with the coordinated entry process.

- **Housing First orientation.** The coordinated entry process is Housing First oriented, such that people are housed quickly without preconditions or service participation requirements.
- **Person-Centered.** The coordinated entry process incorporates participant choice, which may be facilitated by questions in the assessment tool or through other methods. Choice can include location and type of housing, level of services, and other options about which households can participate in decisions.
- **Fair and Equal Access.** All people in the CoC's geographic area have fair and equal access to the coordinated entry process, regardless of where or how they present for services. Fair and equal access means that people can easily access the coordinated entry process, whether in person, by phone, or some other method, and that the process for accessing help is well known. Marketing strategies may include direct outreach to people on the street and other service sites, informational flyers left at service sites and public locations, announcements during CoC or other coalition meetings, and educating mainstream service providers. If the entry point includes one or more physical locations, they are accessible to people with disabilities, and easily accessible by public transportation, or there is another method, e.g., toll-free or 211 phone number, by which people can easily access them. The coordinated entry process is able to serve people who speak languages commonly spoken in the community.
- **Emergency services.** The coordinated entry process does not delay access to emergency services such as shelter. The process includes a manner for people to access emergency services at all hours independent of the operating hours of the coordinated entry intake and assessment processes. For example, people who need emergency shelter at night are able to access shelter, to the extent that shelter is available, and then receive an assessment in the days that follow, even if the shelter is the access point to the coordinated entry process.
- **Standardized Access and Assessment.** All coordinated entry locations and methods (phone, in-person, online, etc.) offer the same assessment approach and referrals using uniform decisionmaking processes. A person presenting at a particular coordinated entry location is not steered towards any particular program or provider simply because they presented at that location.
- **Inclusive.** A coordinated entry process includes all subpopulations, including people experiencing chronic homelessness, Veterans, families, youth, and survivors of domestic violence. However, CoCs may have different processes for accessing coordinated entry, including different access points and assessment tools for the following different populations: (1) adults without children, (2) adults accompanied by children, (3) unaccompanied youth, or (4) households fleeing domestic violence. These are the only groups for which different access points are used. For example, there is not a separate coordinated entry process for people with mental illness or addictions, although the systems addressing those disabilities may serve as referral sources into the process. The CoC continuously evaluates and improves the process ensuring that all subpopulations are well served.

- **Referral to projects.** The coordinated entry process makes referrals to all projects receiving Emergency Solutions Grants (ESG) and CoC Program funds, including emergency shelter, RRH, PSH, and transitional housing (TH), as well as other housing and homelessness projects. Projects in the community that are dedicated to serving people experiencing homelessness fill all vacancies through referrals, while other housing and services projects determine the extent to which they rely on referrals from the coordinated entry process.
- **Referral protocols.** Programs that participate in the CoC's coordinated entry process accept all eligible referrals unless the CoC has a documented protocol for rejecting referrals that ensures that such rejections are justified and rare and that participants are able to identify and access another suitable project.
- **Outreach.** The coordinated entry process is linked to street outreach efforts so that people sleeping on the streets are prioritized for assistance in the same manner as any other person assessed through the coordinated entry process.
- **Ongoing planning and stakeholder consultation.** The CoC engages in ongoing planning with all stakeholders participating in the coordinated entry process. This planning includes evaluating and updating the coordinated entry process at least annually. Feedback from individuals and families experiencing homelessness or recently connected to housing through the coordinated entry process is regularly gathered through surveys, focus groups, and other means and is used to improve the process.
- **Informing local planning.** Information gathered through the coordinated entry process is used to guide homeless assistance planning and system change efforts in the community.
- **Leverage local attributes and capacity.** The physical and political geography, including the capacity of partners in a community, and the opportunities unique to the community's context, inform local coordinated entry implementation.
- **Safety planning.** The coordinated entry process has protocols in place to ensure the safety of the individuals seeking assistance. These protocols ensure that people fleeing domestic violence have safe and confidential access to the coordinated entry process and domestic violence services, and that any data collection adheres to the Violence Against Women Act (VAWA).
- **Using HMIS and other systems for coordinated entry.** The CoC may use HMIS to collect and manage data associated with assessments and referrals or they may use another data system or process, particularly in instances where there is an existing system in place into which the coordinated entry process can be easily incorporated. For example, a coordinated entry process that serves households with children may use a system from a state or local department of family services to collect and analyze coordinated entry data. Communities may use CoC Program or ESG program funding for HMIS to pay for costs associated with coordinated entry to the extent that coordinated entry is integrated into the CoCs HMIS. A forthcoming paper on Coordinated Entry and HMIS will provide more information.

- **Full coverage.** A coordinated entry process covers the CoC's entire geographic area. In CoCs covering large geographic areas (including statewide, Balance of State, or large regional CoCs) the CoC might use several separate coordinated entry processes that each cover a portion of the CoC but in total cover the entire CoC. This might be helpful in CoCs where it is impractical for a person who is assessed in one part of the CoC to access assistance in other parts of the CoC.

The remainder of this brief clarifies a few aspects of the coordinated entry process that deserve further explanation and emphasis, including how communities prioritize people in their coordinated entry process, how communities think about and address waiting lists, and considerations for the assessment tools and processes that communities implement. This document also clarifies some of the considerations to be made at the local level as communities further develop their process.

Prioritizing people who are most vulnerable or have the most severe service needs

One of the main purposes of coordinated entry is to ensure that people with the most severe service needs and levels of vulnerability are prioritized for housing and homeless assistance. HUD's policy is that people experiencing chronic homelessness should be prioritized for permanent supportive housing. In some cases PSH projects are required to serve people experiencing chronic homelessness and in other cases, HUD provides incentives for projects to do so. HUD is strongly encouraging communities to fully implement the prioritization process included in Notice CPD-014-12.

In addition to prioritizing people experiencing chronic homelessness, the coordinated entry process prioritizes people who are more likely to need some form of assistance to end their homelessness or who are more vulnerable to the effects of homelessness. When considering how to prioritize people for housing and homelessness assistance, communities can use the following:

- Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing;
- High utilization of crisis or emergency services, including emergency rooms, jails, and psychiatric facilities, to meet basic needs
- The extent to which people, especially youth and children, are unsheltered
- Vulnerability to illness or death
- Risk of continued homelessness
- Vulnerability to victimization, including physical assault or engaging in trafficking or sex work

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. This prioritization ensures that across subpopulations and people with different types of disabilities, those most vulnerable or with the most severe service needs will be prioritized for assistance. The prioritization may not target a category of people with a particular disability. However, individual programs, including CoC funded projects, may restrict access to people with a

particular disability or characteristic. In these cases, the coordinated entry process should ensure that people are only referred to projects for which they are eligible. At the same time, providers should ensure that eligibility criteria are limited to those required by Federal or local statute or by funding sources.

Communities should take care to ensure that their prioritization process does not allow people who are more vulnerable or who have more severe service needs to languish in shelters or on the streets because more intensive types of assistance are not available. Evidence indicates that one of the most important factors to successfully ending an episode of homelessness is the speed with which the intervention is made available to the person (see discussion of assessment tools below and HUD's February 2015 [report on assessment tools](#)). This means that if a person is assessed as being highly vulnerable, that person may be prioritized for PSH, but if PSH is not available or the PSH has a long waiting list, that person should be prioritized for other types of assistance such as RRH or TH. CoCs should not assume that because a person is prioritized for one type of assistance, they could not be served well by another type of assistance. However, CoCs should be aware that placing a household in transitional housing can affect their eligibility for other programs. For example, people coming from transitional housing are not eligible for most rapid re-housing funded under the ESG and CoC Programs and placement in transitional housing can affect a person's chronic homelessness status.

Addressing waiting times through coordinated entry

Long wait times make homeless assistance less effective and reduce the overall performance of a community's homeless assistance system. When a community faces a scarcity of needed resources, they should use the coordinated entry process to prioritize which people will receive housing assistance rather than continuing to add people to a long waiting list. For example, if a community has enough permanent supportive housing to serve 10 new households per month, but 30 households are assessed as needing PSH every month, the coordinated entry process should be adjusted to prioritize approximately 10 households for PSH each month. The other 20 households should be prioritized for other resources available in the community, such as RRH, TH (taking care to consider the impact of placement in TH on an individual's chronically homeless status or future eligibility in other programs), housing subsidies, or other mainstream resources. Short waiting times of a few days or weeks might be necessary to properly manage utilization, but waiting times for homeless assistance of several months or years should be eliminated whenever possible. Although PSH is almost always the most effective resource for people with high levels of vulnerability and high service needs, including those experiencing chronic homelessness, the lack of available PSH should not result in people languishing in shelters or on the streets without further assistance.

Most communities face a gap between need and availability based on limited resources. Communities should be proactively taking steps to close these gaps that are identified through the coordinated entry process. For example, if there is insufficient PSH available in the community, the CoC should be working with PHAs, other affordable housing providers, and Medicaid-funded agencies to increase the supply of PSH. To the maximum extent possible, existing PSH should be targeted to chronically homeless people based on the severity of their service needs (as described in Notice [CPD-014-12](#)). Where there are individuals in PSH who no longer need a high level of services, the CoC should pursue "move up" strategies that help those individuals shift to another form of housing assistance, freeing up the PSH assistance for another prioritized household.

Implementing effective assessment tools and processes

HUD does not endorse any specific assessment tool or approach, but there are universal qualities that any tool or criteria used by a CoC for their coordinated entry process should include. HUD outlined some of these qualities in the Notice [CPD-014-12](#) and is building on those qualities in this brief. HUD recognizes the need for guidance as both the process and the tools continue to evolve, so some of the qualities have remained the same, while others have had changes and additions that reflect HUD's evolving understanding of the assessment process and what is most effective. Please refer to HUD's February 2015 [report on assessment tools](#) for further information.

At its core, the assessment process is not a one-time event to gather as much information about a person as possible. Instead, assessments are performed only when needed and only assess for information necessary to help an individual or family at that moment. Initial assessments happen as quickly as possible regardless of where households are residing—streets or in shelter, and the assessment process uses tools as a guide to start the conversation, not as a final decision-maker. Following are several principles that communities can use to ensure an effective assessment process:

- **Phased assessment.** The assessment tools are employed as a series of situational assessments that allow the assessment process to occur over time and only as necessary. For example, an assessment process may have separate tools that assess for each of the following:
 - Screening for diversion or prevention
 - Assessing shelter and other emergency needs
 - Identifying housing resources and barriers
 - Evaluating vulnerability to prioritize for assistance
 - Screening for program eligibility
 - Facilitating connections to mainstream resources

These assessments will likely occur over a period of days or weeks, as needed, depending on the progress a homeless household is making. The different assessments build on each other so a participant does not have to repeat their story. There will also be instances where a participant should be reassessed or reprioritized, particularly if they remain homeless for a long period of time.

- **Necessary information.** The assessment process only seeks information necessary to determine the severity of need and eligibility for housing and services and is based on evidence of the risk of becoming or remaining homeless. For example, a coordinated assessment process would only assess for a particular disability to determine if that household could be referred to a program that requires a particular disability as part of its eligibility criteria.
- **Participant autonomy.** The protocol for filling out assessment tools provides the opportunity for people receiving the assessment to freely refuse to answer questions without retribution or limiting their access to assistance.

- **Person-centered.** The assessment process provides options and recommendations that guide and inform client choices, as opposed to rigid decisions about what individuals or families need. The process also incorporates participants' strengths, goals, and protective factors to recommend options that best meet the needs and goals of the people being assessed.
- **Cultural competence.** Staff administering assessments use culturally competent practices, and tools contain culturally competent questions. For example, questions are worded to reflect an understanding of LGBTQ issues and needs, and staff administering assessments are trained to ask appropriately worded questions and offer options and recommendations that reflect this population's specific needs.
- **User-friendly.** Tools are brief, easily administered by non-clinical staff including outreach workers, minimize the time required to utilize, and easy for those being assessed to understand.
- **Privacy protections.** Privacy protections are in place to ensure proper consent and use of client information.
- **Meaningful recommendations.** Tools are designed to collect the information necessary to make meaningful recommendations and referrals to available housing and services. Participants being assessed should know exactly what program they are being referred, what will be expected of them, and what they should expect from the program. The coordinated entry process should avoid placing people on long waiting lists.
- **Written standards and policies and procedures.** The CoC has written standards describing who is prioritized for assistance and how much assistance they might receive, and the policies and procedures governing the coordinated assessment process are approved by the CoC and easily accessible to stakeholders in the community.
- **Sensitive to lived experiences.** Providers recognize that assessment, both the kinds of questions asked and the context in which the assessment is administered, can cause harm and risk to individuals or families, especially if they require people to relive difficult experiences. The tool's questions are worded and asked in a manner that is sensitive to the lived and sometimes traumatic experiences of people experiencing homelessness. The tool minimizes risk and harm, and provides individuals or families with the option to refuse to answer questions. Agencies administering the assessment have and follow protocols to address any psychological impacts caused by the assessment and administer the assessment in a private space, preferably a room with a door, or, if outside, away from others' earshot. Those administering the tool are trained to recognize signs of trauma or anxiety.

Integrating youth into the coordinated entry process

CoCs with a network of youth serving programs should consider whether they would better serve youth by creating coordinated entry access points dedicated to underage and transition aged youth. These access points can be located in areas where homeless youth feel comfortable and safe. They can be staffed with people who specialize in working with youth. CoCs should take care to ensure that if they use separate coordinated entry points for youth, that those youth can still access assistance from other parts of the homeless assistance system and that youth who access other coordinated entry points can access assistance from youth serving programs.

Regardless of whether a CoC uses youth dedicated access points, the coordinated entry process must ensure that youth are treated respectfully and with attention to their developmental needs.

Serving people fleeing domestic violence

CoCs must work with domestic violence programs in their communities to ensure that the coordinated entry process addresses the safety needs of people fleeing domestic violence. This includes providing a safe location or process for conducting assessments, a process for providing confidential referrals, and a data collection process consistent with the Violence Against Women Act.

If the CoC's coordinated entry process uses separate access points for people fleeing domestic violence, CoCs should take care to ensure that people who use the DV coordinated entry process can access homeless assistance resources available from the non-DV portion of the coordinated entry process and vice versa. Many people experiencing homelessness have a history of domestic violence, and should be able to access appropriate DV services even if they are not accessing it through a DV coordinated entry point. Similarly, people fleeing domestic violence often have housing and homeless assistance needs that should not be limited by their decision to access a DV coordinated entry access point.

Defining coordinated entry roles in the homeless assistance system

Diverse stakeholders have different roles in a coordinated entry process. In some cases, these roles are clearly defined. Often, the roles are challenging to define and can change over time.

Homeless assistance organizations

All homeless assistance organizations should be involved in the coordinated entry process by helping people access the system and receiving referrals. Homeless assistance organizations may also provide assessments or provide space for assessments to be conducted. Emergency shelter, transitional housing, rapid re-housing, and permanent supportive housing programs should only receive referrals through the coordinated entry process.

Mainstream housing and services

Affordable housing and mainstream services are crucial tools for ending homelessness and should be involved in the coordinated entry process. As a CoC's coordinated entry process is developed, mainstream providers can act as a source or receiver of referrals. For instance, sources of referrals could include mental health service providers, substance abuse service providers, Department of Veterans Affairs (VA) Medical Centers, jails, or emergency rooms. Receiving agencies could include public housing authorities, multifamily properties (like Section 8 PBRA, 811, and 202), mental health service providers, and substance abuse providers. Organizations acting as receiving agencies will determine the extent to which they will rely on referrals from the coordinated entry process. In some instances, certain services could be co-located with a physical access point, or a virtual access point, like a telephone service such as 2-1-1. The more mainstream programs and resources that are connected to your coordinated entry process through the coordination of referral, application, and eligibility determination processes, the more effectively your community can consistently connect homeless individuals with housing resources and the community-based supports that they need to maintain that housing.

How a provider or program is integrated into the coordinated entry process will depend on a number of factors including the makeup of the local homeless population, the patterns of service use in the community, and whether the coordinated entry process has been folded into an existing mainstream service system or if it stands alone. These decisions evolve as communities build their processes, and communities might decide to incorporate certain mainstream services over time—as a referral source, a receiving agency, or both.

Prevention and Diversion

There are many more people who qualify for homelessness prevention assistance than homeless assistance. In developing coordinated entry processes, CoCs should consider how much capacity they have to manage prevention assistance. At a minimum, ESG funded prevention assistance should be incorporated into the coordinated entry process. Communities should decide to what extent they include additional non-prevention programs and how they are incorporated.

A Note on Future Guidance

As more communities implement coordinated entry and more research on the topic is conducted, HUD is learning more about what makes an effective coordinated entry process, and the Department will continually modify its guidance and recommendations to communities. This is challenging for communities, who have to adjust their processes to stay up to date. Nonetheless, HUD believes it is important to act on the best available evidence known at the time, while also recognizing that communities need time and resources to keep up with new guidance.

In the coming months, HUD anticipates releasing the following materials related to coordinated entry:

- Summer 2015: Notice on the requirements for development and implementation of a CoC's coordinated entry process. This notice will establish requirements for coordinated entry and timelines for implementation.
- Ongoing: Technical Assistance products
 - Meeting HUD expectations and requirements
 - Special considerations for youth
 - Special considerations for people fleeing domestic violence
 - Compliance and monitoring
 - Options for funding coordinated entry
 - Advanced approaches for coordinated entry processes and systems
 - Deciding on community-specific assessment tools
 - Planning and implementation
 - Data sharing
 - CoC written standards
 - Using progressive engagement

Additionally, HUD intends to release the Emergency Solutions Grant (ESG) and CoC Program interim rules for public comment in 2015. During this time, HUD encourages CoCs, ESG recipients and subrecipients, and CoC Program recipients to submit comments on the requirements contained in the interim rules related to coordinated entry.

Resources on Coordinated Assessment

HUD's Office of Policy Development & Research February 2015 Summary Report: [Assessment Tools for Allocating Homelessness Assistance: State of the Evidence](#)

HUD's requirements for a *Centralized or Coordinated Assessment System* in CoC Program Interim Rule ([24 CFR 578.7\(a\)\(8\)](#)).

HUD's Office of Special Needs Assistance Programs (SNAPS) July 2013 [Weekly Focus on Coordinated Assessment](#)

HUD's [Overview of Coordinated Assessment Systems Prezi](#) and [Video](#)

Community Solutions' [recorded one hour conference call with slide deck: Overview of Coordinated Assessment and Housing Placement System.](#)

Community's Solutions' [CAHP System Overview - Zero: 2016](#)

Corporation for Supportive Housing's January 2015 Report: [Improving Community-wide Targeting of Supportive Housing to End Chronic Homelessness: The Promise of Coordinated Assessment](#)

National Alliance to End Homelessness [Coordinated Assessment Toolkit](#)

United States Interagency Council on Homelessness [Coordinated Assessment: Putting the Key Pieces in Place](#)

EVERETT, WASHINGTON LOW BARRIER SHELTER FAQ SHEET

1. What are Housing First principles?

Homelessness is first and foremost a housing problem and should be treated as such. Housing is a right to which all are entitled. People who are homeless or on the verge of homelessness should be returned to, or stabilized in, permanent housing as quickly as possible, and connected to resources necessary to sustain that housing. Issues that may have contributed to a household's homelessness can best be addressed once they are housed.

2. Who is homeless in Everett?

In 2016, during the annual homeless census, 286 people were found without housing in Everett. More than half (153 people) had no access to shelter- 14 of them were veterans, 25 were youth under the age of 25, and 114 were identified as chronically homeless individuals.

3. Why are they homeless? Do they choose to be homeless?

Most people without housing are not homeless by choice. Homelessness results from the interaction of complex and dynamic circumstances. The most commonly cited reasons for homelessness in Snohomish County were job loss (31%), a family break-up or crisis (25%), alcohol or drug use (22%), mental illness (14%), eviction (14%), and medical problems/illness (11%). Nationally, additional reasons for homelessness include lack of affordable housing and high enough living wage.

4. Will people move to Everett because they want to take advantage of this housing?

Research has shown that people without housing move to various locations for many of the same reasons, and at similar rates, as non-homeless people. In most cities, approximately 60-80% of people experiencing homelessness had their last permanent residence in that same city. About two-thirds of people experiencing homelessness stay in the same city after becoming homeless there. For those who did not become homeless in the city they were residing in, commonly reported reasons for moving to their current city included having family or friends in the area, or hopes of obtaining employment.

5. Why is chronic homelessness so prevalent?

Despite some reductions in the total number of people experiencing homelessness, we are observing increased rates of homelessness among certain groups of people. The largest of these groups is unaccompanied, single males. There is very limited funding (and hence few housing programs) for this population, so there has not been significant positive progress in reducing homelessness among this group.

6. Why do we need low-barrier housing in our community?

Many supportive housing programs require sobriety (some require substantial clean time) for adults with chronic substance use issues and/or require people with a mental illness to be taking psychotropic medications. Many others will not take people coming directly from the streets, people with criminal histories, or people with poor credit. With an estimated 40-60% of chronically homeless people having a chronic substance use issue, or a severe and persistent mental illness, and more than 40% having a history of incarceration, these requirements make

permanent supportive housing out of reach for a huge number of vulnerable people who are chronically homeless.

7. What are the requirements for low-barrier housing?

Admissions policies for permanent supportive housing are designed to “screen-in” rather than screen-out applicants with the greatest barriers to housing, such as having no or very low income, poor rental history and past evictions, or criminal histories. Housing programs may have tenant selection policies that prioritize people who have been homeless the longest or who have the highest service needs as evidenced by vulnerability assessments or the high utilization of crisis services.

People experiencing homelessness are offered permanent housing with no programmatic preconditions such as demonstration of sobriety, completion of alcohol or drug treatment, or agreeing to comply with a treatment regimen upon entry into the program. People are also not required to first enter a transitional housing program in order to enter permanent housing.

Many people experiencing chronic homelessness may experience anxiety and uncertainty during a lengthy housing application and approval process. In order to mitigate this, Housing First permanent supportive housing models make efforts to help people experiencing homelessness move into permanent housing as quickly as possible, streamlining application and approval processes, and reducing wait times.

8. Why did Everett select this model (single-access point) and not tiny house village or something else?

‘Tiny homes’ are one model for subsidized permanent supportive housing. Everett has considered a variety of housing ideas including ‘tiny homes’ and determined that focusing on a single-access facility would be the most effective goal to address the necessary utilities, supportive services, and 24-hour-a-day safety measures that are critical for low-barrier supportive housing. Discussions with local low-income housing developers helped determine that the best long-term strategy for Everett is to build a permanent, secure, supportive apartment building.

9. What will the facility look like?

The brand new high-quality facility will be designed by the selected housing developer with the local neighborhood in mind. At this point, no design plans have been made nor has it been finalized where the final site will be located on the property. The facility will have a secure entrance with access for residents and professional staff only.

10. What do the units look like? What’s in them?

Most permanent supportive housing facilities are equipped with studio and one-bedroom units that look like any other apartment unit you would see elsewhere in the community. They are sturdily built with safety features in mind.

11. How are we choosing who gets housed and who doesn’t?

The county utilizes the Coordinated Entry System for all who are seeking housing. It has criteria for measuring an individual’s risk of illness and harm, which helps identify who is in greatest

need for housing. In addition, CHART, the Chronic Utilizer Alternative Response Team, will prioritize the individuals who have been identified as our highest users of multiple systems and who need a supportive living environment to become stable.

12. What types of supportive services are in Housing First sites?

Supportive services are voluntary, but will be used to persistently engage tenants to ensure housing stability. While supportive services are proactively offered to help tenants achieve and maintain housing stability, tenants maintain their choice to participate. Encouragement and support with substance abuse and mental health treatment will be offered at all stages of tenancy. Best practices such as harm reduction and motivational interviewing for individuals who are treatment resistant are also useful.

13. What kind of rights do tenants in low-barrier facilities have?

Tenants have full rights, responsibilities, and legal protections. The ultimate goal of the Housing First approach is to help people experiencing homelessness achieve long-term housing stability in permanent housing. Permanent housing is defined as housing where tenants have leases that confer the full rights, responsibilities, and legal protections under federal, state, and local housing laws. Tenants are educated about their lease terms, given access to legal assistance, and encouraged to exercise their full legal rights and responsibilities. Landlords and providers in Housing First models abide by their legally defined roles and obligations.

14. What about providing housing for youth and families?

There is a wide range of housing needs in Everett and Snohomish County and many local organizations are working to increase available housing stock for everyone who needs it. This facility will house individual adults; other local agencies such as Housing Hope and Cocoon House provide services for families and youth.

15. How is this different than unregulated “clean and sober” housing?

This housing will have 24/7 trained staff on site to monitor and provide case management support. Many “clean and sober” homes do not have any staffing or support services on site. The provider that will be selected to manage and operate the permanent supportive housing facility will meet the qualifications set forth by the City and will have direct experience in the financing, development, construction, and operation of low-barrier housing. The organization will be required to follow all regulatory statutes.

16. Is this a treatment center?

No, this is a housing facility – but services that directly support the residents, such as addiction support groups or medical screenings, may take place at the site. The facility is not intended to become licensed as a treatment center or medical facility.