Navigating the Coordinated Access Network

Person-Centered Planning for Individuals & Families Experiencing Homelessness

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Department of Housing

Presenters

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Agenda

What We Do
Brief background overview of the homelessness response system in Connecticut

The People We Serve
An introduction to the people and special populations served by the Connecticut homelessness response system

How Coordinated Access Works
How providers coordinate to identify, divert, assess, match, and house people experiencing homelessness

Housing and Support
Serving and supporting people in housing crisis

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What We Do

Brief background overview of the homelessness response system in Connecticut
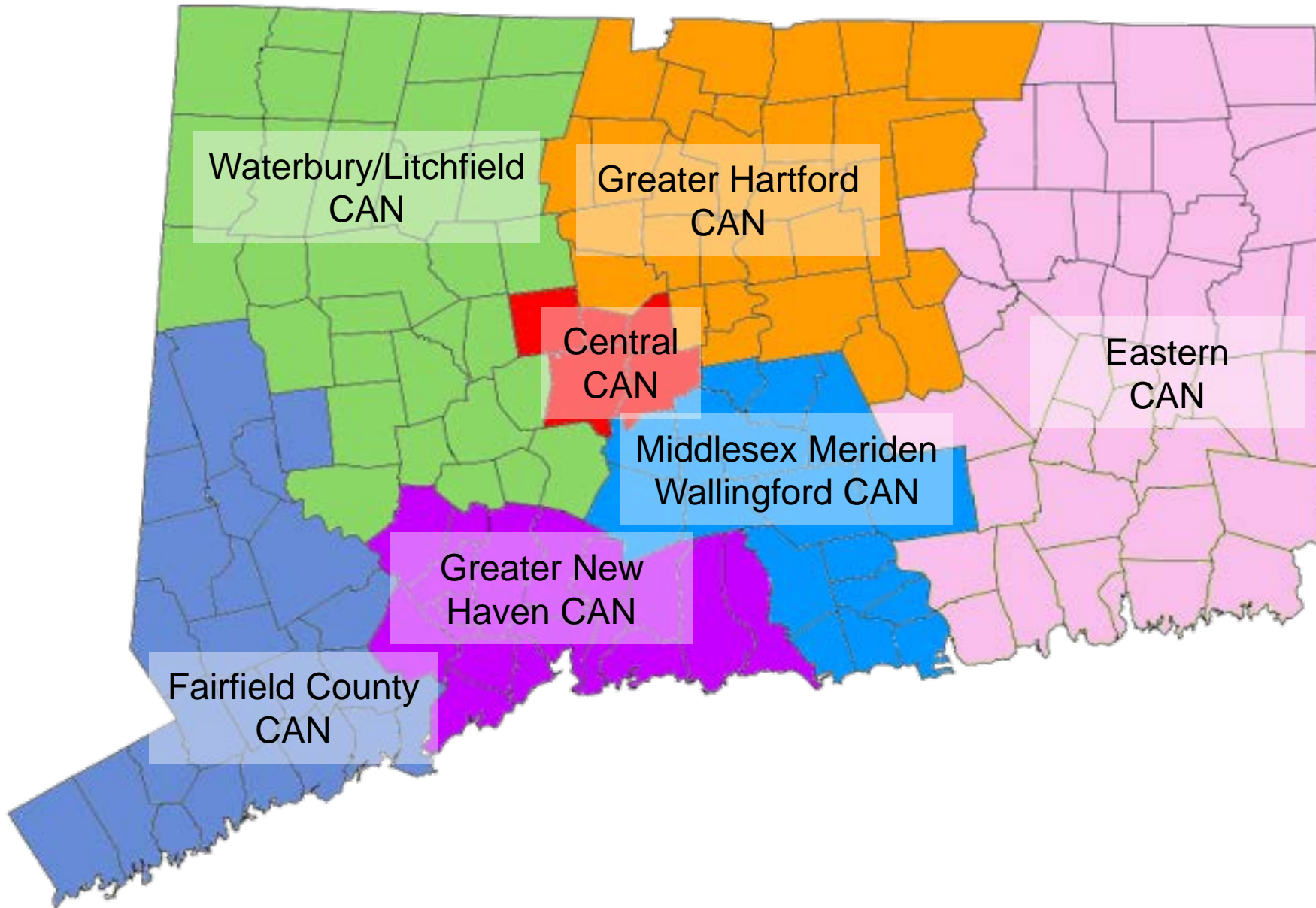
How we approach our work

The Connecticut homelessness response system is built on principles and practices that enable us to effectively end homelessness

- We use a **Housing First approach**, which removes barriers to help homeless individuals obtain permanent housing as quickly as possible, without unnecessary prerequisites.

- Our successes are built on the foundation of **collaboration and cooperation** among state agencies, over 200 programs, and other stakeholders committed to ending homelessness

- **We use data** to track our progress, improve our practices, and maximize our efficiencies

Connecticut has seven service regions

Waterbury/Litchfield CAN

Greater Hartford CAN

Central CAN

Middlesex Meriden Wallingford CAN

Eastern CAN

Greater New Haven CAN

Fairfield County CAN

What are CANs?

CAN stands for **C**oordinated **A**ccess **N**etwork and CANs are how we organize the work within our statewide system.

The People We Serve

An introduction to the people and special populations served by the Connecticut homelessness response system

Literally Homeless

The population we serve are those who meet the HUD definition of literal homelessness, which is required for entry into homeless projects throughout the state.

- An individual or family is **literally homeless** if they lack a fixed, regular, and adequate nighttime residence meant for human habitation.

- Individuals and families who live in a public or private space not meant for human habitation are **literally homeless**.

- Individuals and families who live in an emergency shelter, transitional housing, or other temporary arrangement funded by a charity or government are **literally homeless**.

- Individuals who enter an institution (hospital, long-term care, incarceration, etc.) from literal homelessness and remain there for 90 days or less are **literally homeless**.

Chronically Homeless

All three of these criteria must be satisfied for a client to meet the HUD definition of chronically homeless.

Must be Literally Homeless
currently living in a place not meant for human habitation or an emergency shelter

Must have a qualifying disabling condition
clients need to have a disability that is or can be documented by a licensed clinical provider

Must meet Homeless History requirement
clients need to have been literally homeless for the past 12 consecutive months or have 4 episodes of homelessness in the past 3 years that add up to 12 or more months

Individuals and families experiencing chronic homelessness receive first priority for certain housing resources

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Qualifying Disabling Conditions

Physical, mental or emotional impairment – includes impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury

- Is expected to be long-continuing or of indefinite duration

  and

- Substantially impedes the person's ability to live independently

  and

- Could be improved by more suitable housing

Developmental Disability
HIV/AIDS

Other special populations served by our system

Our homelessness response system incorporates especially vulnerable populations into the process, ensuring that they can be prioritized and matched appropriately
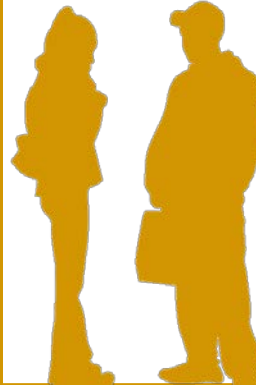
Veterans

People who served in the U.S. military and are experiencing homelessness

Youth

Young adults aged 18-24 who are experiencing and/or at risk of homelessness

Any person actively fleeing domestic violence can be considered literally homeless

Survivors

Families who are experiencing and/or at risk of homelessness

Families
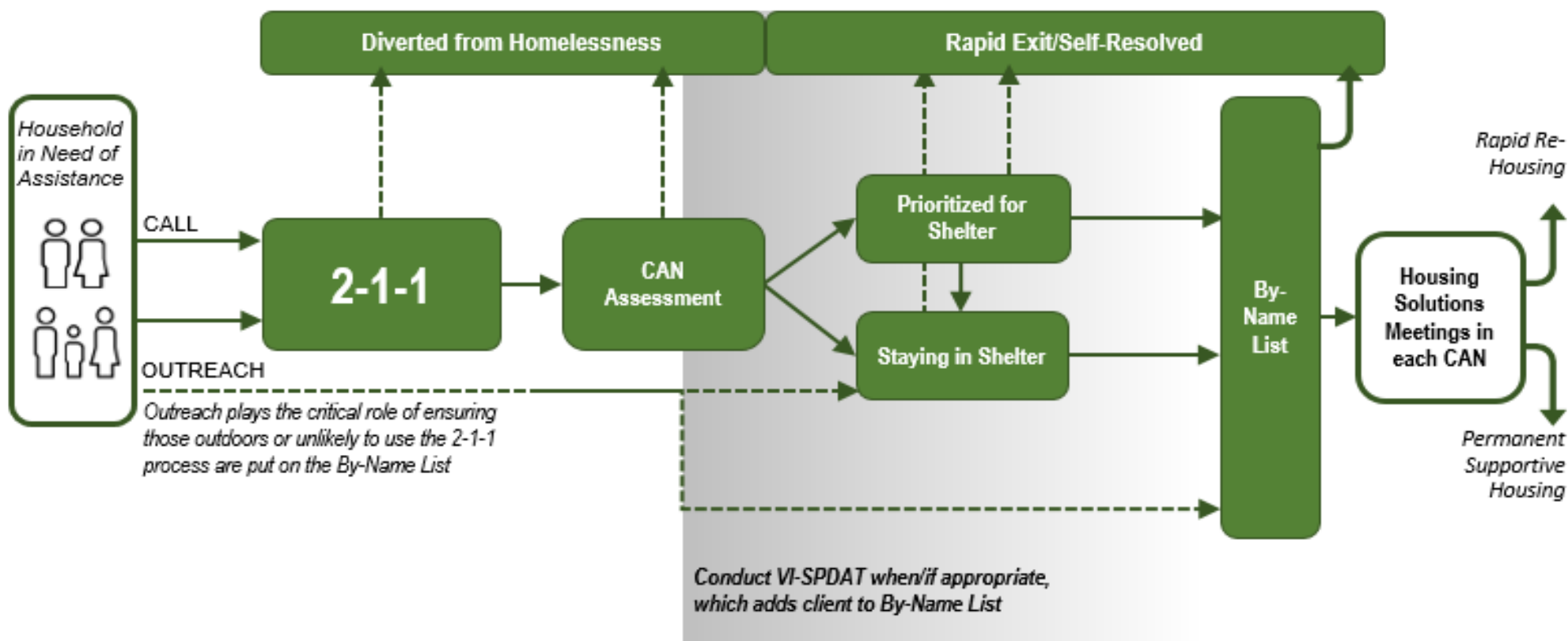
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How Coordinated Access Works

How providers coordinate to identify, divert, assess, match, and house people experiencing homelessness

CAN System Overview

A high-level diagram of the coordinated access process from entry to exit

CT System: Identify

Connecticut has a comprehensive outreach system, which is utilized in conjunction with coordinated entry to identify individuals in housing crisis

- The vast majority of those who may be chronically homelessness are identified through outreach, at Coordinated Access or shelter entry, through soup kitchens or interactions with other providers

- Our coordinated entry system, which includes partners such as 2-1-1, hospitals, and Local Mental Health Authorities (LMHAs) expands our reach

- We seek to identify clients through self report as well as observation

Connecticut★
2-1-1
Get Connected. Get Answers.

Diversion from Homelessness

CAN staff are trained to explore client strengths to reconnect individuals to natural supports, negotiate with landlords, and identify solutions to resolve housing crisis

Diversion is any strategy that prevents homelessness by helping people to identify immediate alternate housing arrangements and, if necessary, connecting them with services and financial assistance to help them return to or maintain permanent housing.

POSSIBLE DIVERSION OUTCOMES

| Permanently back living with friends or family | Return to their own residence | Temporarily diverted as they seek new housing | Relocating permanently to safe place out of town |

According to the best available data, 25-30% of all people in housing crisis are diverted from homelessness each month statewide.

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CT System: Assess

Coordinated Access Networks (CANs) assess the housing needs of all individuals experiencing homelessness

- Individuals identified through outreach and those who present at CAN appointment/shelter entry identifiable as potentially CH will be assessed with VI-SPDAT immediately

- Most individuals entering the CT system are assessed after 14 days (period of time during which the bulk of clients self-resolve their homelessness in CT)

ASSESS

ASSIST

ASSIGN WITH CHOICES
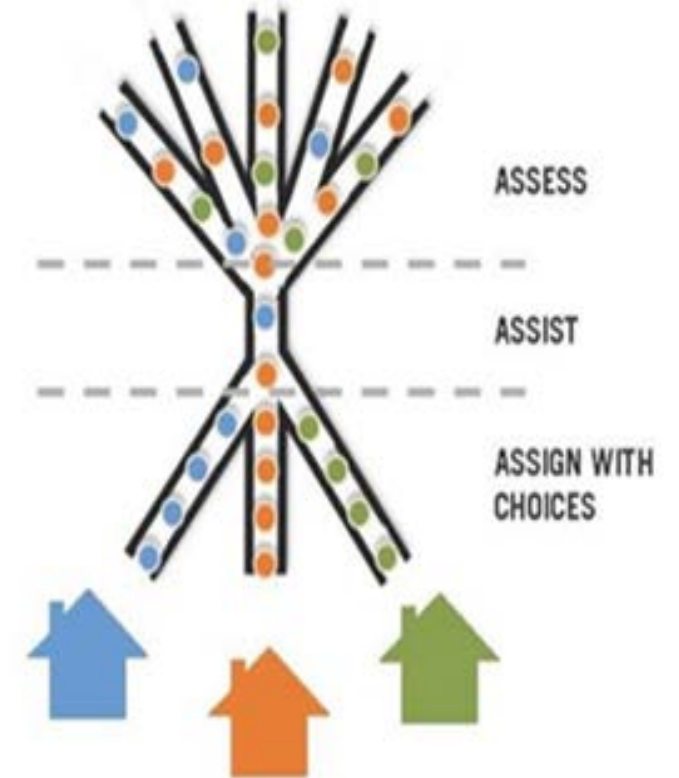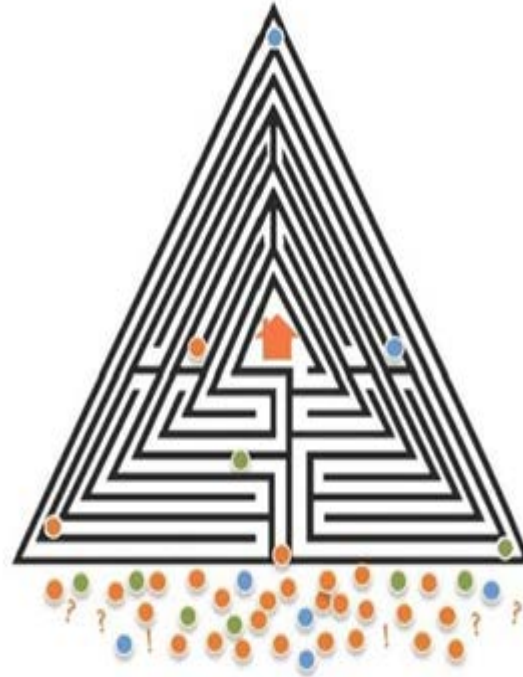
CT System: Match

CANs hold regular matching meetings to identify appropriate housing opportunities for clients on the BNL who have matched to a housing resource

- BNLs for all CANs are maintained in the statewide HMIS, and are updated in real-time

- CANs conduct bi-weekly case conferencing to prioritize and match individuals to housing interventions

- As of December 2016, **all Chronic (Verified) clients** in Connecticut have been matched to an appropriate housing resource
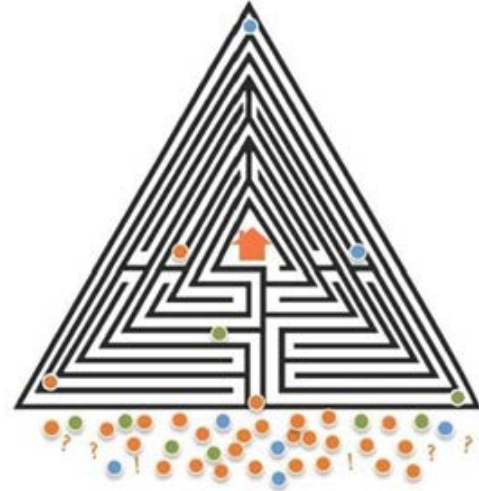
Housing

The housing and selection process has changed now that Coordinated Access has been implemented.

Process Before Coordinated Access

- First-come, first-served waitlist
- Lottery-based waitlists
- Eligibility based on self-report of homelessness
- Eligibility not verified prior to being added onto the waitlist
- Households may be on waitlist for years

Process With Coordinated Access

- No waitlists maintained for Homeless Special Populations units
- Vacancies are reported to CAN by the property manager
- CAN will use BNL to identify most vulnerable household that meets eligibility requirements
- Service provider will assist client through lease up

ASSESS

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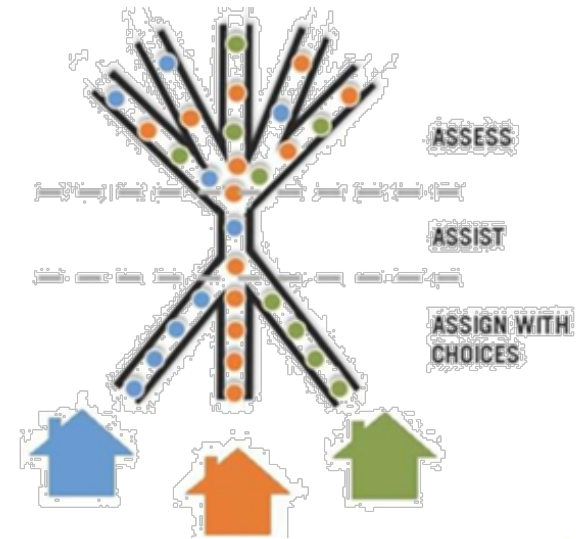
# Advantages (and Challenges) of Coordinated Access

Advantages

- Local coordination and implementation of homelessness response
- Fosters collaboration among providers, bringing everyone to the table
- Clearly defines responsibilities for people experiencing homelessness in the region – not *my* client, but *our* client
- Systems-based approach is fairer to those who are most vulnerable, least able to self-advocate

Challenges

- Long-term sustainability – CAN is sustainable, but it is also new and CANs are working through the specifics of long-term planning
- Diverse geography creates logistical challenges in CANs with regard to moving people to where resources and assistance are available
- Providers lost some autonomy in transition to CAN
- Information/education about CAN, and managing expectations about what CAN "should" do vs. the reality of what CAN does

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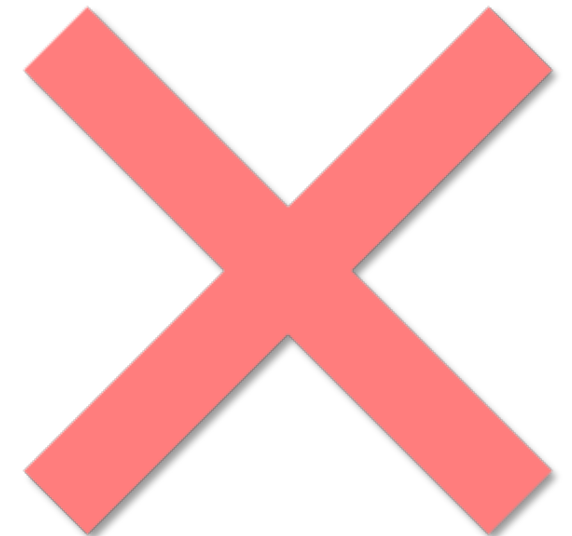
Next Steps for our homelessness response system

- Preserve Existing & Request New Funding in 2019
- End Family & Youth Homelessness by 2020
- Establish long-term sustainability for CT Homelessness Response System
- Improve coordination with other systems such as hospitals, corrections, mental health authorities, etc.
- Global understanding of performance using available data

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Additional Housing Resources

The resources designated for people experiencing homelessness are put to use via the coordinated access networks, so the information and resources listed below may be helpful in assisting people who have housing needs that are not within the scope of the homelessness response system.

- **2-1-1 Housing** – Includes links and information about a wide range of housing topics, and can also be accessed by dialing 2-1-1. http://uwc.211ct.org/categorysearch/housing/

- **CT Housing Search** – A free resource for finding housing anywhere in the state of Connecticut, updated daily. http://www.cthousingsearch.org

- **CT Housing Choice Voucher Program (Section 8)** – A list of all current housing choice voucher (section 8) waiting list openings in Connecticut. Users can register to receive free alerts when new postings are made. http://www.cthcvp.org

- **Youth-Help** – Information about resources for and the rights of youth who are unstably housed. http://www.youth-help.org

Questions

And answers.