

Greater Richmond Continuum of Care Coordinated Entry System Access Review

Greater Richmond Continuum of Care

The Greater Richmond Continuum of Care is a coordinated and compassionate network of homeless service providers in our region supporting our neighbors pushed into homelessness.

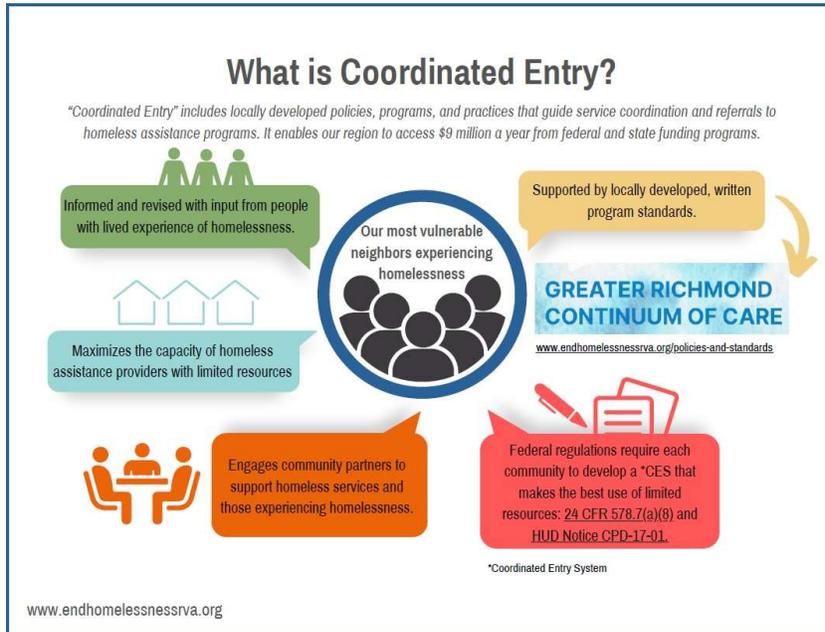
More than 34 mission-oriented agencies participate in the Greater Richmond Continuum of Care. These homeless service agencies develop and deliver trauma-informed programming, share data with system partners, provide extensive reports to federal and state funders, undergo audits and monitoring visits to ensure compliance, and commit to continuous quality improvement in order to meet the needs of our neighbors.

Our regional system's solutions to homelessness have evolved over the past 25 years because we learn from what works and what doesn't. Homeward and Greater Richmond Continuum of Care agencies adjust programs based on data and what we learn from individuals with lived experience.

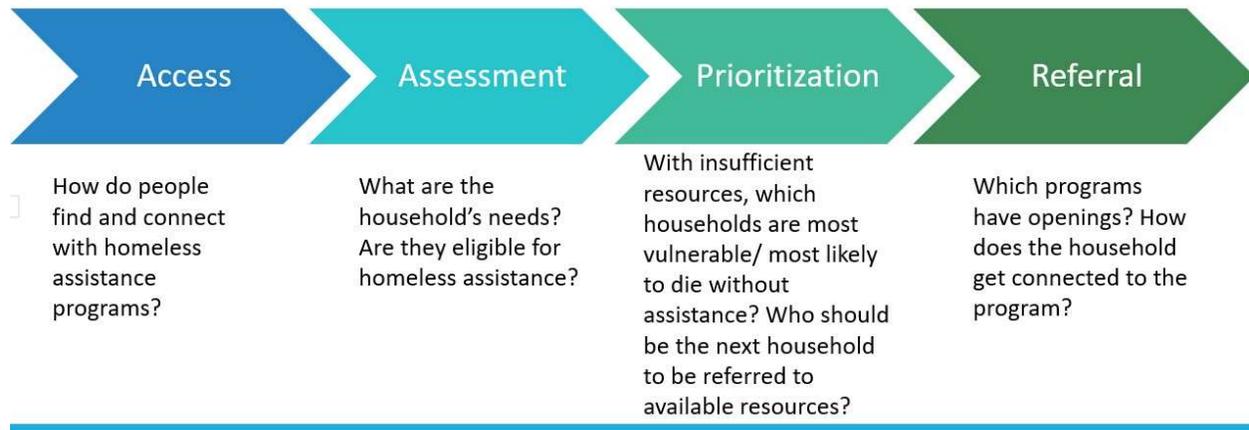
Providers in our regional homeless services system, the Greater Richmond Continuum of Care, serve approximately 1,000 people every day in emergency shelter and housing programs. Through partnerships with the coordinated and compassionate members of the Greater Richmond Continuum of Care, we have found permanent housing for more than 11,410 unique individuals in the past 10 years.

Coordinated Entry System

Coordinated entry is the unified approach (policies and processes) that governs how people experiencing homelessness access the services available to them. The development and use of a Coordinated Entry System is a requirement for communities and programs to receive federal and state funding targeted to address homelessness.



Four Components of Coordinated Entry



All four components are how a community allocates homeless assistance resources and connects households experiencing homelessness to programs and interventions designed to solve their homelessness and to make connections to mainstream or community-based resources to maintain their housing stability.

No component of coordinated entry—alone or in combination with others—enables a community to serve MORE people or to provide resources which are not available. Coordinated entry allows a community or coalition of providers to make the *best use* of limited resources to serve the most vulnerable households and to reduce suffering caused by homelessness. **Homeless service providers maximize their limited resources so they can say yes to helping as many people as possible, but the reality remains that we can't give someone a resource that we don't have.**

Providers in the Greater Richmond Continuum of Care come together through Coordinated Entry to work through highly complex and interconnected challenges so they can have the biggest impact possible.

Access and Access Points in the Greater Richmond Continuum of Care

In order to review the Access Component of the Greater Richmond Continuum of Care Coordinated Entry System, it is first important to define Access (what it is vs. what it is not) and Access Points.

Access Points are avenues through which households experiencing homelessness complete the Coordinated Entry System assessment from which point they can be prioritized and matched to the most appropriate resource(s). The Coordinated Entry System Access is not synonymous with a referral to a homeless assistance intervention. While Access Points assist households experiencing homelessness (intake, safety screening, diversion, etc.) they do not make direct referrals to additional programs (e.g., emergency shelter). Thus, increasing capacity for intakes at Access Points will not, on its own, result in additional available shelter beds or housing interventions, nor will it decrease the amount of time it takes for these resources to become available to individual households in need.

Based on our community's geography and transportation options, the Greater Richmond Continuum of Care has multiple access points:

1. The Homeless Connection Line is a phone-based system accessible—at a minimum—during normal business hours. After hours and when the Line is closed for training or other operational necessities, information about available emergency services is provided via a recorded message. Voice messages can be left during operating hours; message are returned within 24 hours.
2. Coordinated Outreach staff cover the entire geographic area of the Greater Richmond Continuum of Care. When outreach is requested, staff should engage with the household within 2 business days. Evening and early morning outreach is used to find individuals and families who may not be seeking out services.
3. The EmpowerNet (Domestic Violence) Hotline is available during all hours on all days for individuals and families experiencing and at risk of sexual and/or domestic violence, dating violence, trafficking, or stalking.

The System Policy and Process Committee of the Greater Richmond Continuum of Care designates agencies—based on community need, capacity, willingness/interest, performance, and compliance with system standards—to serve as Access Points on an annual basis. This designation must be approved by the Greater Richmond Continuum of Care Board.

Coordinated Entry Governance and Processes

Policies and Procedures

The collective function of the Coordinated Entry System components is governed by the Greater Richmond Continuum of Care’s Coordinated Entry System Policies and Procedures document.¹ This document was developed in 2018 and most recently revised in 2022. The Policies and Procedures document is a tool to guide services, processes, and housing interventions for the Greater Richmond Continuum of Care, and to ensure that the local Coordinated Entry System is in compliance with the U.S. Department of Housing and Urban Development (HUD) Coordinated Entry regulations.² It is also meant to be used by providers and agency staff to ensure that services are consistent and streamlined across the Greater Richmond Continuum of Care. It may also serve as a guide for partner groups (funders, stakeholders, other communities) to illustrate the policies and functions of the Greater Richmond Continuum of Care Coordinated Entry System.

System Policy and Process Committee

The Greater Richmond Continuum of Care System Policy and Process Committee uses provider input and expertise to review and update Coordinated Entry policies and processes and program standards as required by federal and state funding and based on need within Greater Richmond Continuum of Care. Relevant policies include access, assessment, prioritization, and referral to emergency shelter, rapid rehousing, and permanent supportive housing, as well as other relevant interventions and should meet the needs of clients from all jurisdictions in Greater Richmond Continuum of Care. Committee members will review drafted documents, provide feedback on documents, and make recommendations for actions. The committee is staffed by the Coordinated Entry System Coordinator. Many policies endorsed

¹ [https://irp.cdn-website.com/b42b4d18/files/uploaded/Coordinated Entry System%20CES%20P-P%202022.pdf](https://irp.cdn-website.com/b42b4d18/files/uploaded/Coordinated%20Entry%20System%20CES%20P-P%202022.pdf)

² <https://www.hud.gov/sites/documents/17-01CPDN.PDF>

by the System Policy and Process Committee must be approved by the Greater Richmond Continuum of Care board.

The System Policy and Process Committee is comprised of one voting member representative from each provider type (e.g., emergency shelter, outreach, permanent supportive housing, etc.) and one non-voting Coordinated Entry (referrals) staff member.

Coordinated Entry System Coordinator

Homeward is the Greater Richmond Continuum of Care designated Coordinated Entry System Coordinator. In this role Homeward manages day-to-day operation of coordinated entry including facilitating referrals, recordkeeping documentation, technology, and other infrastructure that supports the implementation of coordinated entry at the CoC or homeless response system level.

The designation of the Coordinated Entry System Coordinator is governed by a Memorandum of Understanding established/renewed between Homeward and the Greater Richmond Continuum of Care Board.

Coordinated Entry as a Requirement for Funding

Coordinated Entry not only streamlines access to and ensures the fairness of the local homeless response system, it is a requirement in order to receive funding. The Greater Richmond Continuum of Care receives nearly \$9 million dollars annually in renewable federal and state funding for homeless services.³ Locally, each provider applying for funding through these annual coordinated grants must demonstrate that they participate in the Greater Richmond Continuum of Care Coordinated Entry System.

Participation in Coordinated Entry

Homeless service providers demonstrate participation in the Greater Richmond Continuum of Care Coordinated Entry System by executing a Coordinated Entry System Memorandum of Understanding. The Coordinated Entry System Memorandum of Understanding is an annual Greater Richmond Continuum of Care document designed to outline roles and responsibilities of homeless service providers in the Greater Richmond Continuum of Care. Updated and approved by the System Policy and Process Committee, the Memorandum of Understanding defines service coordination, Homeless Management Information System use, and the System Policy and Process Committee voting and membership eligibility. When considering approval, the System Policy and Process Committee reviews if the provider meets relevant program standards⁴, as well as demonstrates a commitment to complying with policies and coordinating services. Two staff members from each participating agency are required to attend a yearly Coordinated Entry System training before submitting the Memorandum of Understanding.

³The U.S. Department of Housing and Urban Development Continuum of Care Program and the Virginia Department of Housing and Community Development Virginia Homeless Solutions Program both establish Coordinated Entry as a threshold requirement for a CoC to receive funding. The Coordinated Entry System has secured approximately \$7.2 million and \$1.6 million of annually renewable funding through these programs, respectively.

⁴<https://www.endhomelessnessva.org/policies-and-standards>

Review of Coordinated Entry System Components: Assessment, Prioritization, and Referral

In 2022 and 2023, the Greater Richmond Continuum of Care contracted with a national technical assistance consultancy, OrgCode, to conduct a review of the Coordinated Entry System. A key recommendation for the Assessment, Prioritization, and Referral components of the Coordinated Entry System was that Greater Richmond Continuum of Care should establish prioritization criteria policies for access to shelter that reflects community priorities, household vulnerability, and safety needs, and support access to shelter by persons with severe service needs. These prioritization criteria are required because there are not enough resources to serve every household that might be eligible for homeless assistance. The Greater Richmond Continuum of Care Coordinated Entry System previously used length of homelessness to prioritize for shelter and housing.

In response to that recommendation the System Policy and Process Committee revised the standardized intake assessment and developed a new singles shelter prioritization process based on the new assessment criteria. The System Policy and Process Committee worked to develop a similar process that prioritizes based on community-identified vulnerabilities for family shelter, as well as Rapid Rehousing and Permanent Supportive Housing. Those processes will be implemented in 2024.

Review of Coordinated Entry System Access

To complement the previous review of other components of the coordinated entry system and to address stakeholder input on the need for additional resources, the Greater Richmond Continuum of Care has reviewed the Access component of the Coordinated Entry System. This review of Access included:

1. A review of compliance with federal requirements
2. The impact of “Access Points and processes” on service provision
3. How Access contributes to the maximization of limited funding and program resources
4. Whether modifications to Access are recommended to increase the impact on the needs of people seeking homeless assistance, to address compliance issues, and to respond to provider and partner input.

Methodology for Access Review

The framework for the Greater Richmond Continuum of Care Coordinated Entry System Access component review comes from HUD’s Coordinated Entry Core Elements guidebook.⁵ The guidebook lays out these “Access Fundamentals” to help Continuums of Care ensure compliance with HUD Coordinated Entry System regulations.

These Access Fundamentals were used to guide staff interviews with Access Point providers as part of this review. Homeward staff interviewed provider staff as listed from all three designated Greater Richmond Continuum of Care Access Points: Coordinated Outreach (Commonwealth Catholic Charities and Daily Planet Health Services), the Homeless Connection Line (Homeward as the program management entity), and the EmpowerNet (Domestic Violence) Hotline (YWCA).

⁵ <https://files.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf>

Two focus groups with people currently residing in Greater Richmond Continuum of Care Coordinated Entry System emergency shelters were conducted as part of the review. These focus groups allowed shelter participants to describe how they were connected to services through the Greater Richmond Continuum of Care Coordinated Entry System, and what additional assistance would have been helpful to them while accessing services. Homeward secured private funding to compensate participants of the focus groups for their time and experience in line with Homeward's compensation policies.

Homeward staff also reviewed Homeless Management Information System and EmpowerNet Network Access Point data across the system. This data is used to demonstrate how people access and are connected to homeless assistance programs.

Summary of findings

Overall, the Greater Richmond Continuum of Care Coordinated Entry System Access Component is compliant with all federal regulations. There are opportunities to strengthen and enhance the coordination between Access Points. Coordinated Entry System Policies documents also need clarification in some areas. Details on each component of the review are shared in the sections below.

Access Fundamentals

This section reviews HUD's Access Fundamentals in detail and assesses how the Greater Richmond Continuum of Care satisfies the regulatory guidance.

Full Coverage: The Continuum of Care must ensure that the crisis response system is accessible throughout its geographic area. Coordinated Outreach is regularly conducted in the City of Richmond and Chesterfield and Henrico Counties. It is conducted upon request in the outlying counties. The Homeless Connection Line and EmpowerNet Hotline are both phone-based Access Points and allow for access across the Greater Richmond Continuum of Care service geography.

Outreach: Written policies and procedures must ensure that persons engaged by outreach are prioritized for assistance in the same manner as any other person who accesses and is assessed through coordinated entry. The Greater Richmond Continuum of Care Coordinated Entry System Policies and Procedures, as well as Coordinated Outreach Program Standards⁶, and the Coordinated Entry System Memorandum of Understanding ensure that clients engaged through the Coordinated Outreach Access Point are assessed through the Coordinated Entry System standardized process.

Emergency Services: Written policies and procedures must document how persons are provided information to access emergency services during hours when the coordinated entry's intake and assessment processes are not operating. HUD's description of emergency services could encompass domestic violence and emergency services hotlines, drop-in service programs, and other short-term crisis programs. Information on how to connect to these resources is communicated to households at intake during safety screening and assessment.

Standardized Access and Assessment: The coordinated entry process must use the same assessment process at all access points. A Continuum of Care is prohibited from using multiple and different assessment processes, including completely different assessment questions or scoring criteria. Greater

⁶ [https://irp.cdn-website.com/b42b4d18/files/uploaded/Coordinated Entry System%20Outreach%20Standards%202022.pdf](https://irp.cdn-website.com/b42b4d18/files/uploaded/Coordinated%20Entry%20System%20Outreach%20Standards%202022.pdf)

Richmond Continuum of Care Access Points use the Greater Richmond Continuum of Care standardized assessment to review clients' situations and determine eligibility for services.

Marketing: Continuums of Care must affirmatively market their housing and supportive services projects to eligible persons who are least likely to present for homeless assistance. Homeward as the designated Coordinated Entry System Coordinator develops and manages websites, marketing materials (flyers, cards, infographics), and conducts training and information sessions on the Coordinated Entry System.

Non-Discriminatory Access: Continuums of Care must ensure that all populations and subpopulations in the Continuum of Care's geographic area have non-discriminatory access to the coordinated entry process. All Access Point Providers annually renew a Coordinated Entry System Memorandum of Understanding with the Greater Richmond Continuum of Care in which they agree to adhere to all Coordinated Entry System Policies and Procedures, as well as Program Standards. These combined documents require that Greater Richmond Continuum of Care providers comply with Fair Housing Laws, including the Fair Housing Act (protected classes include race, color, national origin, religion, sex, disability, and familial status), the Americans with Disabilities Act and the Virginia Fair Housing Law.⁷

Safety Planning: The Continuum of Care's access process must prioritize the safety of persons who are fleeing, or attempting to flee, domestic violence (as well as dating violence, sexual assault, trafficking, or stalking). If a household is identified by any component of the Greater Richmond Continuum of Care Coordinated Entry System to be fleeing domestic violence that household is transferred to the Domestic Violence Access Point, the EmpowerNet Hotline, immediately. If the household does not wish to use Domestic Violence-specific services, the household will have full access to the Coordinated Entry System and can be connected to alternative community-based services.

Privacy: The coordinated entry process must ensure adequate privacy protections are extended to all participants from the first point of access. The Homeward Community Information System Policies and Procedures lay out all privacy and client confidentiality requirements for Homeward Community Information System end users.⁸ The EmpowerNet Network uses a comparable database that adheres to all Violence Against Women Act privacy standards.

Measuring Access with regional, person-centered data

The single most compelling measure of the Access component of the Coordinated Entry System is the volume of callers and people seeking homeless assistance. Call volume to the Homeless Connection Line and the EmpowerNet Hotline and the number of contacts with street outreach providers along with demographic data, locality of last residence, and vulnerabilities including health-related social needs suggests that the Greater Richmond Continuum of Care Access Component of the Coordinated Entry System fulfills the requirements of HUD and is aligned with community need. Taken alone, this data on the number of households accessing homeless assistance indicates the need for **additional assistance and resources such as housing navigation, rapid re-housing, and permanent supportive housing as well as community-based resources such as community-based case management, flexible financial assistance, and income supports.**

⁷ Coordinated Entry System Coordinated Entry Policies and Procedures, 2022; Pg. 27

⁸ Homeward Community Information System Policies and Procedures, Revised 01/09/23; Pgs. 11-12.

Recent regional data: From 7/1/23 – 9/30/23, 2,905 people sought assistance from the Coordinated Entry System through the Homeless Connection Line or through Coordinated Outreach. In the past 30 days (11/23-12/23), the Homeless Connection Line answered 4,430 calls where a Diversion Specialist was able to have a live conversation to access, divert if possible, and provide resources. Live calls are a priority along with returning voicemails. Voicemails are returned the same day or within 24 hours.

Data collected on the locality indicated by callers experiencing homelessness to the Homeless Connection Line as the location of their last stable housing. This data is gathered from callers by asking about the “locality of last residence” and represents the place the caller last had permanent housing. 80.7% of callers reported having their last stable housing within one of the localities of the Greater Richmond Continuum of Care. This is relatively consistent over time. The total number of callers represented in this data set is 1,364

In the last year, YWCA’s EmpowerNet Hotline managed 13,219 contacts, including texts and web chat connections for care coordination, requests for resources, and referrals to other types of service. Included in that number are 1,785 calls for advocacy for victims of domestic violence from first responders including forensic nurses, police departments, regional social service agencies, and the survivor of violence themselves. across the region.

Feedback from Program Participants

Two focus groups were conducted in November 2023 to learn about shelter participants’ experiences in seeking homeless assistance. The focus groups were held at two GRCoC emergency shelter programs.

In total, there were 16 participants, 10 participants from the singles shelters and 6 from the family shelter. Of those participants, a majority (73.3%) identified as Black, 13% identified as Native American, and 6.7% identified as White and other. Participants ranged in age from 19 to 69 years old, with the majority (53.3%) being between the ages of 45 and 65. There were 7 females and 9 males in attendance.

Most participants indicated that they connected with the Homeless Connection Line as an Access Point. The remaining participants connected with the Coordinated Outreach Access Point. Focus group participants shared that they connected with a number of GRCoC agency programs and community-based resources centers such as CCC’s Housing Resource Center, DPHS clinic, Youth Hub, and other places in the community. The GRCoC has piloted a program acknowledging these community resources as Connection Points.

Connection Points provide light-touch assistance and connections for individuals experiencing or at imminent risk of homelessness. Any organization/agency in the Greater Richmond area is eligible to become a Connection Point, regardless of funding stream or other homeless services participation. Connection Points will (at minimum):

- Provide an indoor space for individuals experiencing or at risk of homelessness.
- Provide a means for individuals to connect with an Access Point, such as a phone that can be used or charging station for individuals’ own phone.
- Provide accurate, up-to-date information about services and providers in the GRCoC, including information about Access Points, emergency services, and meal programs.

Participants shared the need for additional resources to meet their needs and advocated for additional shelter resources to more quickly support households facing unsheltered homelessness. The primary concern reported was not getting the actual resource (e.g., emergency shelter and housing) fast enough – while this is not an Access component issue it highlights the importance of funding solutions to homelessness. The participants indicated that the availability of outreach staff was important and that more outreach staff would likely be helpful. Additional staffing support on the Homeless Connection Line would also support quicker connections to information on available resources.

Process and Compliance Review

After reviewing the Access component of the Greater Richmond Continuum of Care Coordinated Entry System it was found to be federally compliant and to be aligned with community need and resources. As stated in the Summary of Review there are opportunities to link and align Access Points and clarify language around the assessment at the domestic violence Access Point in Greater Richmond Continuum of Care policy documents. The chart below summarizes the review of those opportunities at each of the Greater Richmond Continuum of Care’s Access Point.

Table 1. Compliance Review of Greater Richmond Continuum of Care Access Component

Access Fundamental	Homeless Connection Line	Coordinated Street Outreach	EmpowerNet	System overall
Full Coverage	Yes	Yes	Yes	Additional resources would enable more support for people seeking homeless assistance.
Outreach	Yes	Yes	Yes	The GRCoC can continue to develop the coordination of services with unsheltered households.
Emergency Services	Yes	Yes	Yes	N/A
Standardized Access and Assessment	Yes	Yes	Yes	Opportunity to differentiate between assessment of DV and homeless services in Coordinated Entry Policies and Procedures document.
Marketing	Yes	Yes	Yes	The GRCoC could formalize its marketing and community engagement plan to reduce stakeholder confusion about the role of the Coordinated Entry System and to

				clarify that more access does not provide additional resources.
Non-Discriminatory Access	Yes	Yes	Yes	Compliant and continue to offer system-wide training to support vulnerable populations.
Safety Planning	Yes	Yes	Yes	Compliant and continue to support the cross-training among Access Points

Final recommendations

Based on this process and policy review, the recommendation is to continue to enhance the operations of existing Access Points and the alignment between and among Access Points. This could include:

- increasing the staff capacity of Coordinated Outreach
- engage with community partners to enhance HCL processes that ensure calls are answered and returned as quickly as possible

There is no recommendation to add new Access Points. Rather, the GRCoC should continue to endorse an investment strategy to secure additional assistance and resources for shelter operations, coordinated street outreach program staff, housing navigation staff at GRCoC partner agencies, rapid re-housing program capacity, and permanent supportive housing units and capacity. Additional advocacy efforts should highlight the need for community-based resources including community-based case management, flexible financial assistance, and income supports for households facing or experiencing homelessness.