



How to Adapt Coordinated Entry and Rapid Re-housing for Youth Homelessness

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EXECUTIVE SUMMARY



With HUD's growing emphasis on allocating funding to rapid re-housing (RRH) over transitional housing, communities are determining how to best adapt coordinated entry to improve their RRH programs, especially for unaccompanied homeless youth.

Characteristics specific to homeless youth make the RRH model for this population more challenging. However, a **well-utilized coordinated entry and prioritization system** (especially when integrated within a community's HMIS) can ensure that this population is placed in housing swiftly and effectively.

Each step of the way — from street outreach, to individual case management, to prioritization and referral — it's important that communities are aware of the tools available to them in order to streamline this process and better serve teen homelessness.

The purpose of this white paper is to present:

- *an overview of a rapid rehousing program*
- *the role of coordinated entry in the RRH model, and*
- *three common challenges and their solutions in providing RRH for homeless youth.*

By the end of this white paper, you will have several practical steps to take toward adapting your coordinated entry system and rapid re-housing program for youth homelessness.

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OVERVIEW OF RAPID RE-HOUSING

Informed by the Housing First approach, rapid re-housing (RRH) is an intervention with the fundamental goal of reducing the amount of time a person is homeless.

A Continuum of Care (CoC) implements RRH by quickly connecting homeless persons with permanent housing through a client-focused package of financial assistance and supportive services to help them achieve long-term housing stability.

A rapid re-housing program is a critical part of a CoC's effective homeless crisis response system. For the past several years, HUD has been encouraging communities to implement RRH as a proven model and best practice to end homelessness.^[1]

HUD describes three core components to the rapid re-housing model:

1. HOUSING IDENTIFICATION

RRH programs help homeless persons through the entire process of obtaining housing, including locating rental housing, contacting and recruiting landlords, addressing potential landlord concerns, and completing tenant applications.

2. RENT AND MOVE-IN ASSISTANCE

RRH programs provide time-limited financial assistance to cover move-in costs, deposits, and rental and/or utility assistance.

3. CASE MANAGEMENT AND SERVICES

The unique needs, preferences, and financial resources of homeless persons are taken into account when helping them troubleshoot barriers to acquiring and maintaining permanent housing. Case management services typically include following up with a client's housing stability after placement, such as through home visits and landlord communication.

HOW DOES COORDINATED ENTRY WORK WITH RAPID RE-HOUSING?

As the purpose of rapid re-housing is to reduce the amount of a time a person is homeless, coordinated entry (i.e. coordinated assessment, centralized intake) is essential to this model.

The goal of coordinated entry is to connect homeless persons with assistance as effectively as possible, ensuring that shelter and services are easily accessible to any homeless person.^[2]

Following are the three distinct components of coordinated entry, according to HUD, and how they relate to the RRH model:

1. ACCESS

Coordinated entry requires a defined entry point in a CoC's system of care, such as a 2-1-1 hotline, central assessment center, or emergency shelters.

- ➔ When consistent service is easily accessible to a homeless individual no matter which "door" they enter, the time spent being directed from one shelter or provider to the next is reduced. Instead, the process of ultimately connecting that individual to housing is more efficient.

2. STANDARDIZED ASSESSMENT

With coordinated entry, CoCs are required to use a standardized, comprehensive assessment protocol and tool (such as the VI-SPDAT) to identify, document, and prioritize the needs of all homeless persons seeking housing or services.

- ➔ In regards to RRH, a standardized assessment tool allows for prioritization based on vulnerability and severity of service needs, ensuring that those with the highest need are connected with housing first.

3. REFERRAL

A coordinated entry referral system must be unified among service providers, maintaining a real-time accounting of available services and housing across various projects in a CoC's geographic area.

- ➔ A consistent and seamless referral system streamlines the process for connecting homeless individuals and families with the housing they need, supporting the rapid re-housing model.

CHALLENGES AND SOLUTIONS TO ADAPTING COORDINATED ENTRY AND RAPID RE-HOUSING FOR YOUTH HOMELESSNESS

While a well-developed coordinated entry system supports the rapid re-housing model, there are unique challenges to applying this system and model to youth homelessness. There are key characteristics that make homeless youth a more difficult population to serve compared to adult populations.

In this section, we'll take a look at three common challenges to using coordinated entry and the rapid re-housing model for youth homelessness. For each challenge, we'll discuss a few practical solutions as well as a few applicable HMIS solutions.

Definition

Unaccompanied homeless youth: An individual, 12-24 years of age, who is living on their own, without a parent or guardian, and lacks a stable or permanent address.^[3]

Challenge #1: Finding and Engaging Homeless Youth

Access is clearly a critical part of coordinated entry as housing can't be provided until providers have first connected with a homeless individual. But for homeless youth, access can be particularly elusive as it is not often pursued.

Many homeless teens and young adults are unaware they qualify as homeless — and if they are aware, they often refuse the label and the services associated due to embarrassment around peers. Depression, anxiety and associated histories of abuse and betrayal also intensify their distrust of adults, shelters and support services.

Practical Solutions

STREET OUTREACH

It is recommended to partner with organizations who work specifically with youth at-risk of or experiencing homelessness. Formerly or currently homeless youth volunteers will have special insight into where other homeless youth congregate.^[4]

Geographic Information Systems (GIS) technology is also a helpful tool in mapping and studying known locations of homeless teens to predict other locations where homeless youth may hang out.^[5]

Additionally, Janus Youth Programs provides a great resource ([accessible here](#)) for tips on engaging and interacting with homeless youth, including notes on cultural competency, brain plasticity, street names, question-asking, and the common stereotypical “profiles” youth have of adults.

DROP-IN CENTERS

Since homeless youth will often avoid shelters, drop-in centers provide an informal place for them to hang out with friends, do laundry, take a shower, get something to eat, and ask for help.

drop-in center offers a safe place for homeless teens to congregate and for outreach workers to build trust and connect with them.

HMIS Solutions

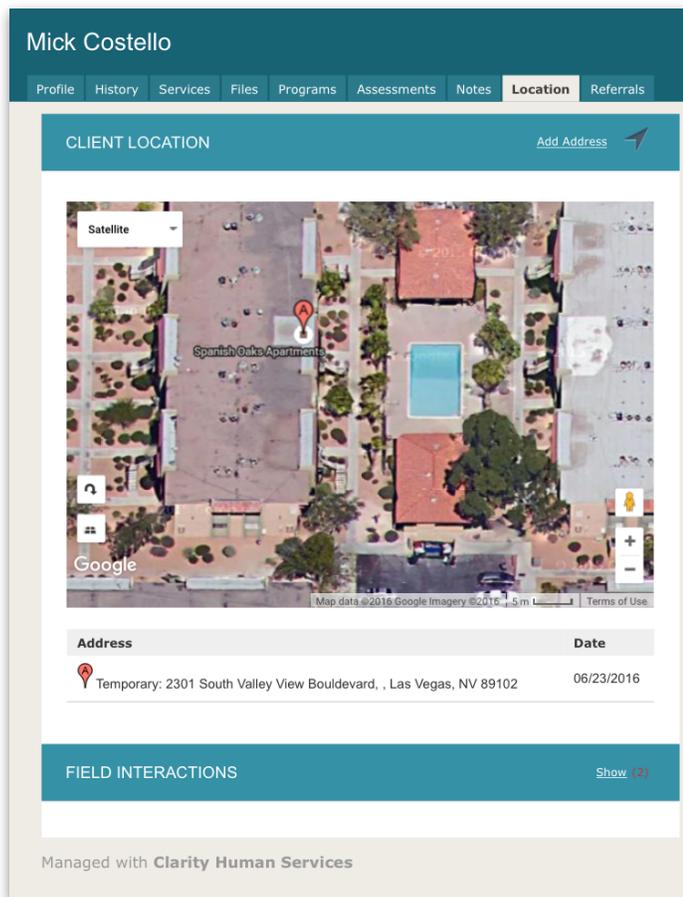
MOBILE CAPABILITIES

An HMIS with mobile capabilities is a valuable asset for working with homeless youth. Because this population is so mobile, it's important for outreach workers to be flexible and meet them where they are. Having access to your HMIS via mobile device makes this intake process (and case management) convenient.

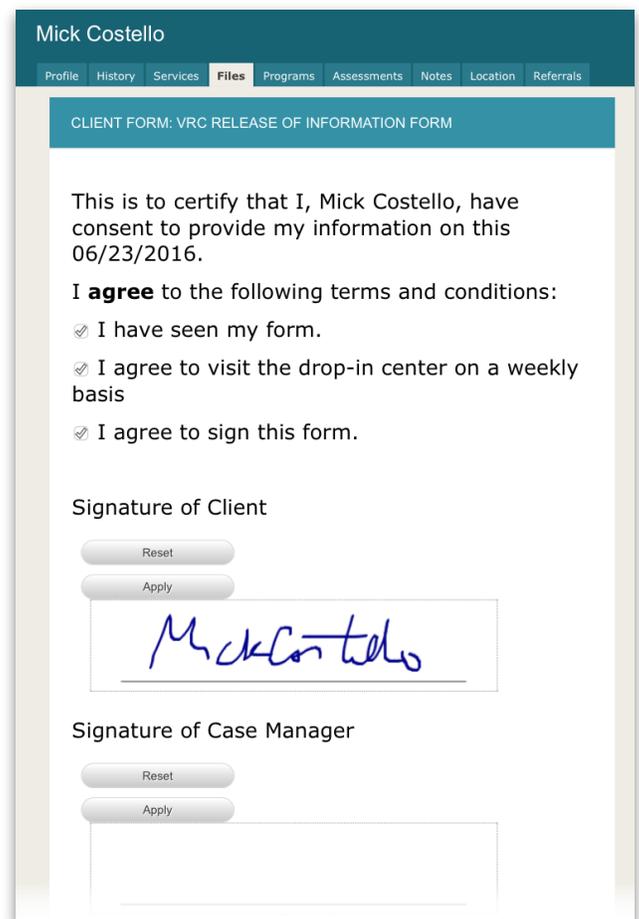


Such mobile capabilities are available through the Clarity Human Services HMIS, including:

- **GPS tracking:** Exact GPS coordinates for each interaction with a client can be recorded and stored progressively within the HMIS mobile application. (See screenshot above for an example.)
- **Photo capture:** Photos can be taken, cropped, and integrated directly from the HMIS mobile interface while in the field.
- **Finger signature:** During field and outreach efforts, clients can sign consent forms and other documents electronically, saving both time and resources. (See screenshot to the right for an example.)



Example of GPS tracking feature.



Example of finger signature feature on mobile.

Challenge #2: Assessment and Referral Systems Must Be Uniquely Adapted for Homeless Youth



The assessment and referral components of a coordinated entry system look different for youth than they do for adults. Homeless youth have unique social-emotional developmental challenges that make streamlined assessment and referral crucial to their success.

Many homeless teens encountered on initial outreach are often still in survival mode, carrying with them histories of trauma and broken family and support systems.^[6] Many homeless youth — 40 percent of which identify as LGBT^[7] — flee or are forced to leave their homes due to conflict, abuse, neglect or poverty. Others are exiting the child welfare, criminal justice, or mental health systems.^[8]

Not only have these youth experienced such difficult situations, but they are also teens and young adults who have not received the care needed to become independent adults. Fifty percent of adolescents aging out of foster care and juvenile justice systems will be homeless within six months because they are unprepared to live independently and have limited education and little to no social support.^[9]

If not connected with services and housing in a timely manner, these youth remain vulnerable to dangers such as sexual exploitation, labor trafficking, drug abuse, health risks, and resorting to crime that may lead to incarceration. The disconnect between homeless youth and the liaisons, state coordinators, policies and practices meant to help them is explored further in a 2016 report from America's Promise Alliance ([accessible here](#)).

Practical Solutions

COLLABORATION OF SERVICES

To prevent homeless youth from becoming the next generation of homeless adults, a comprehensive, developmentally appropriate menu of services is needed.^[10] To effectively cover the large range of needs this population has, it's important that CoCs meet regularly, inviting local liaisons for services related to homeless youth, such as education, residential services, and trauma counseling.

It's important to note that services for LGBT youth will also look different. This includes collaborating with LGBT community groups, and health providers who have been trained on the specific health needs of transgender youth.

With a robust system of services in place — as well as one clear point of entry into the system — communities can better connect the most vulnerable homeless teens and young adults with housing as quickly as possible.

HMIS Solutions

With an assessment and referral system directly integrated within the HMIS, CoCs are capable

Want more tips on collaboration?

Follow the below links.

- [Housing and Education Collaborations to Serve Homeless Children, Youth, and Families](#)
- [National Recommended Best Practices for Serving LGBT Homeless Youth](#)

of customizing and conducting assessments that will automatically generate accurate and timely referrals.

VI-SPDAT

The VI-SPDAT standardized assessment tool is integrated within Clarity Human Services. When caseworks conduct the VI-SPDAT, the HMIS will classify the client in relation to their VI-SPDAT score. This score provides an index of the urgency and intensity of the client's needs. A VI-SPDAT assessment specifically for youth will be available soon. (See screenshot below for an example.)

The screenshot displays the Clarity Human Services interface for user Mick Costello. The top navigation bar includes tabs for Profile, History, Services, Files, Programs, Assessments (selected), Notes, Location, and Referrals. The main content area is titled "PROGRAM ELIGIBILITY DETERMINATION" and features a "VI-SPDAT Score Summary" table. The table lists various assessment categories and their scores, with a total score of 11. Below the table are dropdown menus for "Category" and "Agency", and a "Search" button. The Clarity Human Services logo is visible in the top right corner of the interface.

VI-SPDAT Score Summary		GENERAL INFORMATION		0
HISTORY OF HOUSING & HOMELESSNESS	0	SOCIALIZATION & DAILY FUNCTION		0
RISKS	4	WELLNESS		7
VI-SPDAT PRE-SCREEN TOTAL				11

Example of VI-SPDAT score summary.

referrals system also shows how many referrals have been made, and how many were Denied, Completed, and Pending for the community in its entirety. (See screenshot on next page for an example.)

REAL-TIME FUNCTIONALITY

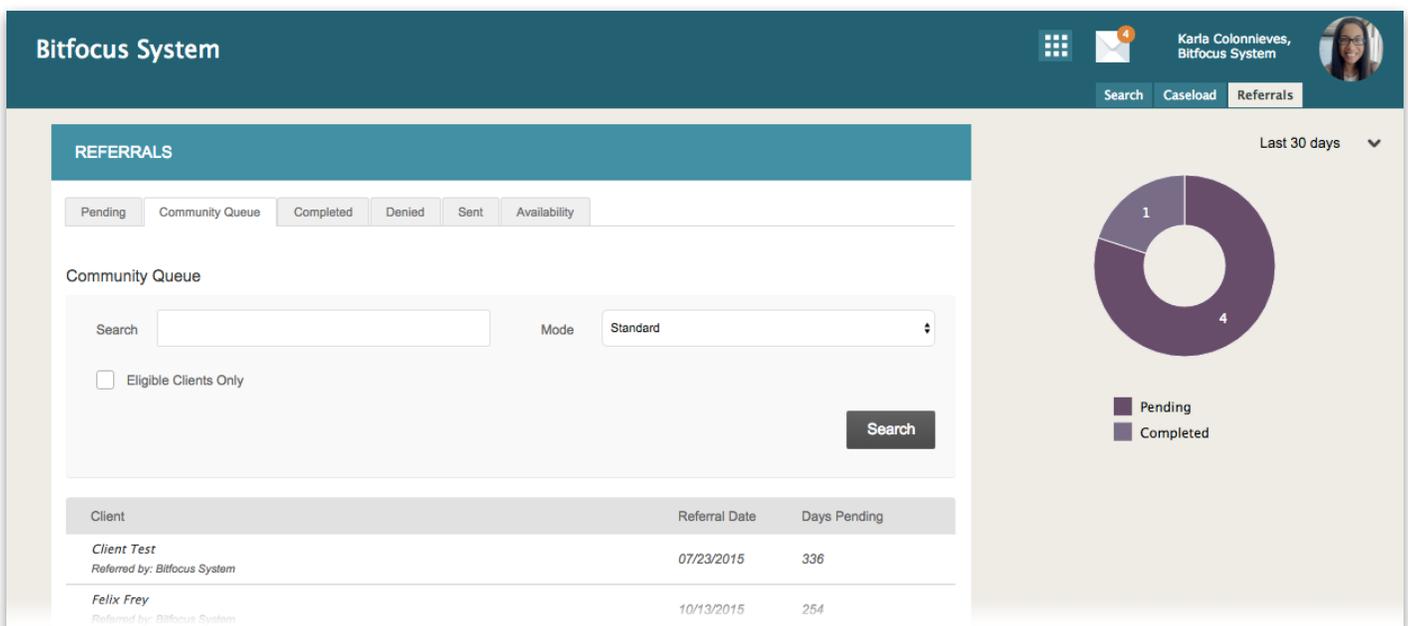
With a real-time referral and reservation system, you can automatically refer clients to eligible programs while simultaneously making bed/unit reservations, tracking communication, and tracking approvals/denials all through one interface. All chances to the system occur in real-time, ensuring that taken referrals and reservations cannot be given to another client.

ELIGIBILITY DETERMINATION ENGINE

After conducting an assessment (which is fully customizable to the System Administrator), the Eligibility Determination Engine will generate a list of eligible and ineligible programs in seconds within and across all CoCs. This allows for seamless transitions between each step of the intake, assessment, and referral process.

COMMUNITY QUEUE

The Community Queue serves as a community-wide waitlist and shows all pending referrals within the CoC's system. This tab in the



Example of the Community Queue.

Challenge #3: Rental Assistance and Case Management Looks Different for Homeless Youth

This is where we see the biggest difference between rapid re-housing for adult homelessness compared to rapid re-housing for youth homelessness. For homeless youth, they are transitioning to adulthood and independence, which is a time of trying things out, making mistakes, and learning from them.^[11]

Not only is this challenging for youth making this transition, but it is also tricky for caseworkers to find landlords who are willing to rent to tenants who can be unpredictable, irresponsible, and may have no (or negative) rental and/or credit histories.

For homeless youth who have previously experienced or are currently experiencing family-related abuse, trauma and instability, the safety and stability of the rapid re-housing program — while a good change — may be a tough adjustment.

Practical Solutions

This understanding of youth homelessness must inform the context in which service providers approach client relationships and case management.

LANDLORD ENGAGEMENT

As providers coordinate with landlords, it's important to include education on youth development, appropriate rental criteria specific to young people (e.g. accepting negative to no rental/credit history, not currently having steady employment, etc.), and how to address age-appropriate behaviors through programs as opposed to an eviction. Negotiations such as an extra security deposit can also be considered.

FLEXIBILITY AND INDIVIDUALIZATION

As with any client, the coordination of resources and services for each youth must be tailored to their specific needs. Additionally, goals and expectations need to be reasonably set and measured. Youth will most likely require more intensive case management up front, such as teaching them how to run their own household, understanding lease requirements, preparing a budget, how to interact with neighbors, and cooking healthy meals.

Overall, case management for this population may last longer on average compared to adults—especially as youth must be allowed to experiment, fail, and learn and grow in developmentally appropriate ways, without the threat of housing loss.^[12]

HMIS Solutions

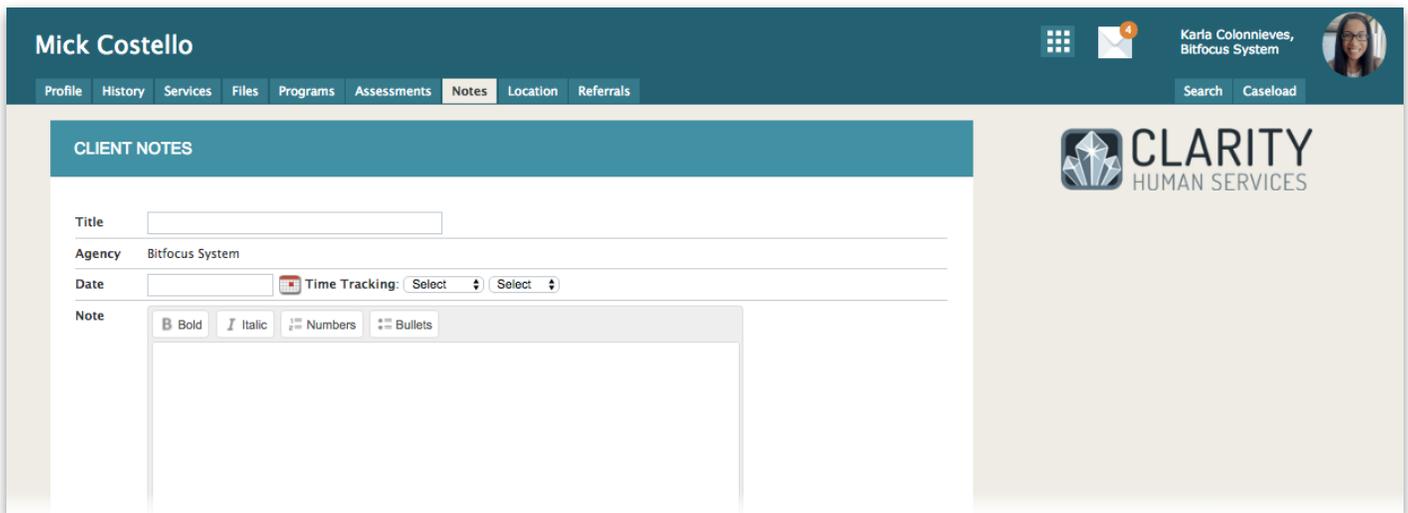
Because case management can be much more intensive and long-term for homeless youth, an HMIS system with the tools necessary to handle the job is extremely valuable. When case management features are comprehensive and easy to use, caseworkers are able to focus on their client and not on their software systems.

CLIENT NOTES

The Notes section of the client record allows you to securely create, view, or edit client notes. Various settings ensure that client note management is secure and the client privacy protected. (See screenshot on next page for an example.)

CALENDARING

An HMIS-integrated calendar can be subscribed to through an external email client such as Outlook. The calendar feed also contains links directly to client programs and services. For example, a staff member can set a due date for re-assessment for a particular program. The link will automatically appear on the calendar when the re-assessment is due. When the link is selected, it will automatically direct the user to the requested location.



The screenshot displays the user interface for the Clarity Human Services HMIS. At the top, the user's name 'Mick Costello' is shown on the left, and a navigation menu includes 'Profile', 'History', 'Services', 'Files', 'Programs', 'Assessments', 'Notes', 'Location', and 'Referrals'. On the right, there is a search bar, a 'Caseload' button, and a user profile for 'Karla Colonnieves, Bitfocus System'. The main content area is titled 'CLIENT NOTES' and contains a form with the following fields: 'Title' (text input), 'Agency' (pre-filled with 'Bitfocus System'), 'Date' (text input), and 'Time Tracking' (two dropdown menus). Below the form is a rich text editor with buttons for 'Bold', 'Italic', 'Numbers', and 'Bullets'. The Clarity Human Services logo is visible in the bottom right corner of the interface.

Example of client notes.

TRACKING CLIENT PROGRESS

A truly effective treatment/service plan is often one that involves multiple agencies and providers. Within the Clarity Human Services HMIS, all assessments can be customized to assess mental health, substance abuse, and other special needs and create treatment/service plans accordingly. System Administrators can create customized assessments and goal plans that track progress over time for targeted variables.

FUNDING TRACKING

The Funding tool provides the ability to document and track expenses for both Primary and Sub-granted funding sources. Service transactions and non-cash assistance (i.e. bus passes, food stamps, etc.) are also easy to document and track. (See screenshot on next page for an example.)

Bitfocus System

Overview Services **Funding** Programs Employers Assessments Sites Staff Sharing Agencies Search Caseload

Karla Colonnieves, Bitfocus System

FUNDING

Fund Name: Samaritan House Fund

Fund Amount: \$ 50000.00

Status: Active

Direct Expenses: \$9.00

Sub Granted: \$15,000.00

Total Available: \$34,991.00

Save changes or Cancel

SUB-GRANTED FUNDING

Create Sub-Grant

Agency Name	Amount	Expended
Agency A	\$15,000.00	\$0.00

CLARITY HUMAN SERVICES

Agency Notification Contacts

Switch to email based contacts

Tauri Royce

Example of funding section.

CONCLUSION



While rapid re-housing—working hand-in-hand with coordinated entry—is proven best practice for ending homelessness, the implementation of this program must take into consideration the unique characteristics and challenges of working with homeless youth.

The process of 1) finding and engaging homeless youth, 2) assessment and referral, and 3) providing rental assistance and case management services to this population will look different. But the tools discussed in this article are available to communities, helping them effectively adapt their approach in addressing youth homelessness through both practical and HMIS solutions.

Despite the difficulties in serving homeless youth, there is great potential for CoCs to tailor their coordinated entry systems and rapid re-housing programs in order to appropriately aid and empower homeless teens and young adults.

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