



Centralized  
Intake of  
Delaware

August 2015

Community  
Update

## Introduction

Centralized Intake is the process by which Delaware coordinates entry into the homeless response system, including access to emergency shelter as well as available resources to assist households stabilize in housing of their own. The coordinated entry process ensures that people have fair and equal access to homeless assistance, people with the greatest needs receive priority for homeless assistance, and communities have the information they need to understand gaps in available services.

Beginning in 2014 all communities receiving funding through the U.S. Department of Housing and Urban Development's (HUD) Continuum of Care<sup>1</sup> (CoC) and Emergency Solutions Grant (ESG) homeless assistance programs are required to have in place a process by which households experiencing homelessness are assessed and prioritized for homeless assistance. Centralized Intake was launched in Delaware in January 2014. Delaware has received annual funding awards from HUD for many years, and in 2014 Delaware was awarded more than \$7 million in CoC and ESG funding to provide housing and services to households experiencing homelessness.

The Homeless Planning Council of Delaware administers Delaware's Centralized Intake program on behalf of the Continuum of Care. Throughout the country new coordinated entry processes are being developed, implemented, and improved. As communities learn about the benefits and challenges of coordinated entry, one thing is clear: a high quality coordinated entry system requires high levels of partnership, communication, and participation across multiple programs, agencies and systems of care. The Homeless Planning Council looks forward to continuing to work with our partners throughout the state to ensure that Delaware has an effective, compassionate, and high quality coordinated entry system for our neighbors most in need.

In February 2015, HUD released a policy brief on coordinated entry in which they outline the primary purposes of a coordinated entry process and characteristics of high performing coordinated entry processes. The policy brief can be accessed here: <https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf>.

The National Alliance to End Homelessness ([www.naeh.org](http://www.naeh.org)) and the United States Interagency Council on Homelessness ([www.usich.gov](http://www.usich.gov)) have also published materials on coordinated entry. Please visit their websites for more information.

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<sup>1</sup> The Continuum of Care (CoC) is designed to promote communitywide commitment to the goal of ending homelessness; provide funding for efforts by nonprofit providers, and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; promote access to and effect utilization of mainstream programs by homeless individuals and families; and optimize self-sufficiency among individuals and families experiencing homelessness. Communities that receive CoC funding are required to develop local Continuums of Care to address homelessness.



## Overview

This report includes information about the following:

### I. Inquiries for Assistance

### II. Number of Unduplicated Clients Assessed by Centralized Intake (Jan 1, 2015 – June 30, 2015)

- Household type, Age, Gender, Residence prior to Centralized Intake assessment

### III. Number of Emergency Shelter Placements made by Centralized Intake (Jan 1, 2015 – June 30, 2015)

- Number of instances that emergency shelter placement was not possible (April 1 – June 30, 2015)
- Reasons for the inability to place clients in emergency shelter (April 1, 2015 – June 30, 2015)

### IV. Number of rapid re-housing referrals made by Centralized Intake (March 1, 2015 – June 30, 2015)

### V. Number of people who entered permanent supportive housing in Delaware (Jan 1, 2015 – June 30, 2015)

This information tells us about the households in Delaware reaching out for homeless assistance and describes some of their characteristics. It also describes the extent to which people who are experiencing homelessness in Delaware are able to access the homeless assistance resources available.

Additionally, Centralized Intake data can help us understand the homeless response system in Delaware in new and important ways. As the Homeless Planning Council works with others to improve the coordinated entry process, there are questions that we can begin to use Centralized Intake data to answer, such as:

- How does the need for emergency shelter, transitional housing, rapid re-housing (RRH), and permanent supportive housing (PSH) assistance compare to the supply and type of these resources available in Delaware? How can Delaware best utilize these resources to best meet the needs of people experiencing homelessness?
- How accessible is Delaware's homeless response system, particularly for those who are most in need of assistance?

The Homeless Planning Council looks forward to continuing to work with our partners to provide regular and up-to-date information about Centralized Intake, and to utilize the information to better understand and improve Delaware's homeless response system.



## I. Inquiries for Assistance

When a household<sup>2</sup> is seeking homeless assistance in Delaware there are 3 primary ways to access Centralized Intake: 1) Call 2-1-1, 2) visit a State Service Center<sup>3</sup>, or 3) call Centralized Intake directly.

Many households reach out for assistance because they are experiencing a housing crisis, such as being late on rent or utility payments, or perhaps they are unstably housed and temporarily living doubled up with family or friends.

Many of these households would benefit from community assistance to prevent them from becoming homeless, such as help paying back rent and utilities, assistance locating and accessing new affordable housing units, legal assistance, conflict mediation, or other kinds of housing assistance catered to meet their needs.

Other households that seek homeless assistance in Delaware are literally homeless, meaning they have no safe location to sleep and are therefore sleeping in temporary shelters, hotels or motels paid for with a voucher, or places not meant for human

<sup>2</sup> In this report, the term household refers to families as well as single adult households.

<sup>3</sup> The Division of State Service Centers (DSSC) administers a number of programs and services, as well as a statewide network of 15 centers. These centers serve as multi-service facilities in which various public and private agencies are collected. The goal of the centers is to promote access to Delaware's health and human service system.

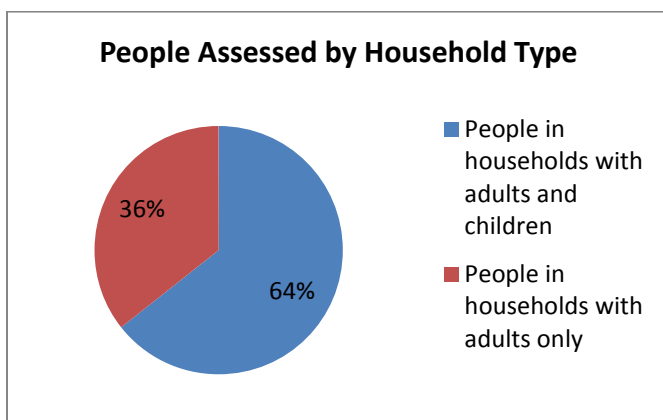
habitation, such as the street, cars, abandoned buildings, parks, etc. Other people are exiting institutions (detox, prison/jail, hospitals, etc.) and have nowhere to go upon release.

The homeless response system serves households who are without other safe living options, provides temporary shelter to keep those households safe from the dangers of the weather and the streets, and works to quickly re-house them in permanent housing. In most communities the number of people who are experiencing poverty and are unstably housed, or who are at risk of becoming homeless, is much larger than the number of people who become literally homeless and enter the homeless response system for services.

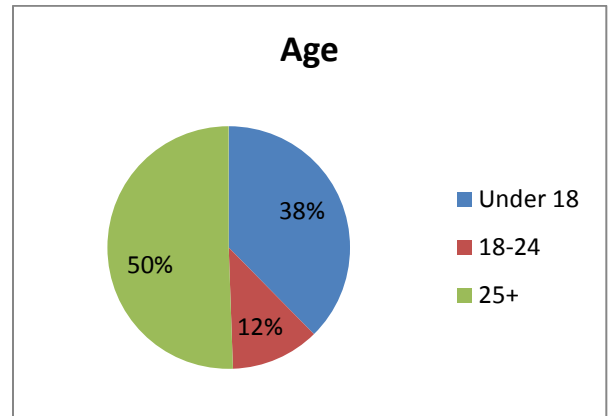
## II. Clients Assessed by Centralized Intake

When a household contacts Centralized Intake seeking homeless assistance a housing specialist gathers basic information needed to determine if the household is literally homeless. If the household is in need of shelter the housing specialist determines if there are available shelter beds that can accommodate the household. If shelter beds are available, the housing specialist briefly assesses the household and refers the household to the available shelter. If the household is not literally homeless, the housing specialist provides them with information about other services that may be better able to meet their needs.

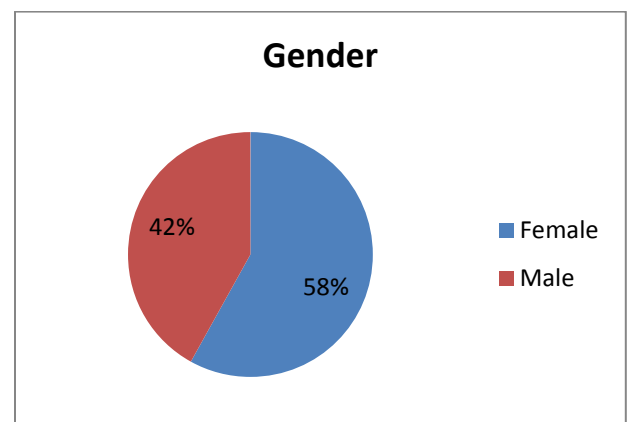
From January 1, 2015 – June 30, 2015, **1,647** unduplicated people in Delaware were assessed by Centralized Intake staff, including both adults and children. Of those people, **1,050 (64%)** were members of households with both adults and children, while **582 (36%)** were members of adult-only households.



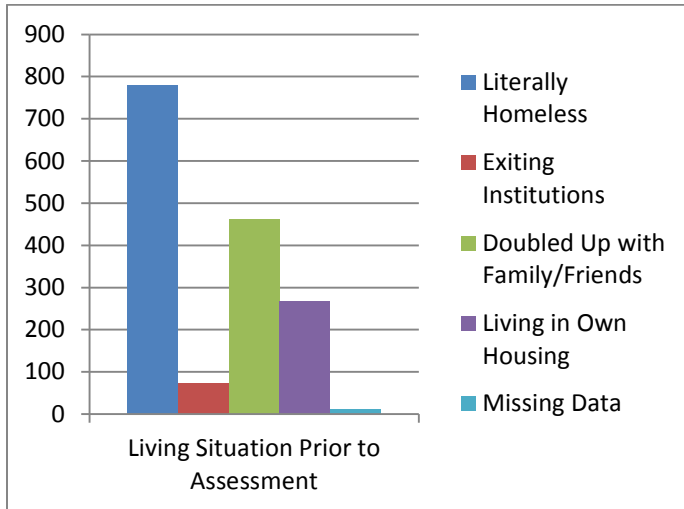
**814** of the people assessed were adults over the age of 24, **606** were children under the age of 18, and **190** were youth ages 18 – 24.



Approximately **57%** of people assessed by Centralized Intake during this time, including children, identified as female, while **43%** identified as male. One individual identified as transgendered.



Of the **1,647** people assessed by Centralized Intake from January 1, 2015 – June 30, 2015 **779 (47%)** people were coming from a literally homeless living situation, **74 (4.5%)** were exiting institutions, **462 (28%)** were coming from doubled up living situations with family and friends, and **268 (16%)** were coming from their own housing unit.



Of the 779 people who were coming from literally homeless living situations, **126 (16%)** reported living in places not meant for human habitation, **638 (82%)** reported exiting emergency shelters (including motels paid for by a voucher) and needing assistance locating other shelter options, and **10 (2%)** reported exiting transitional housing programs.

### III. Emergency Shelter Referrals

When a Centralized Intake housing specialist determines that a household is in need of emergency shelter they attempt to place the household in emergency shelter on the same day by sending a referral. Shelter providers inform Centralized Intake staff of their bed availability each day and Centralized Intake staff seek available shelter for the household in need. Centralized Intake makes referrals to 13 emergency shelters throughout Delaware, made up of a total of 359 emergency shelter beds.

From January 1, 2015 – June 30, 2015 Centralized Intake staff made **905** referrals to emergency shelter in Delaware for **767** unduplicated clients.

There are a variety of reasons why a household may not be placed in an emergency shelter. From April 1, 2015 – June 30, 2015 there were **1,199<sup>4</sup>** instances during which a Centralized Intake housing specialist was unable to place a client in emergency shelter anywhere in Delaware.

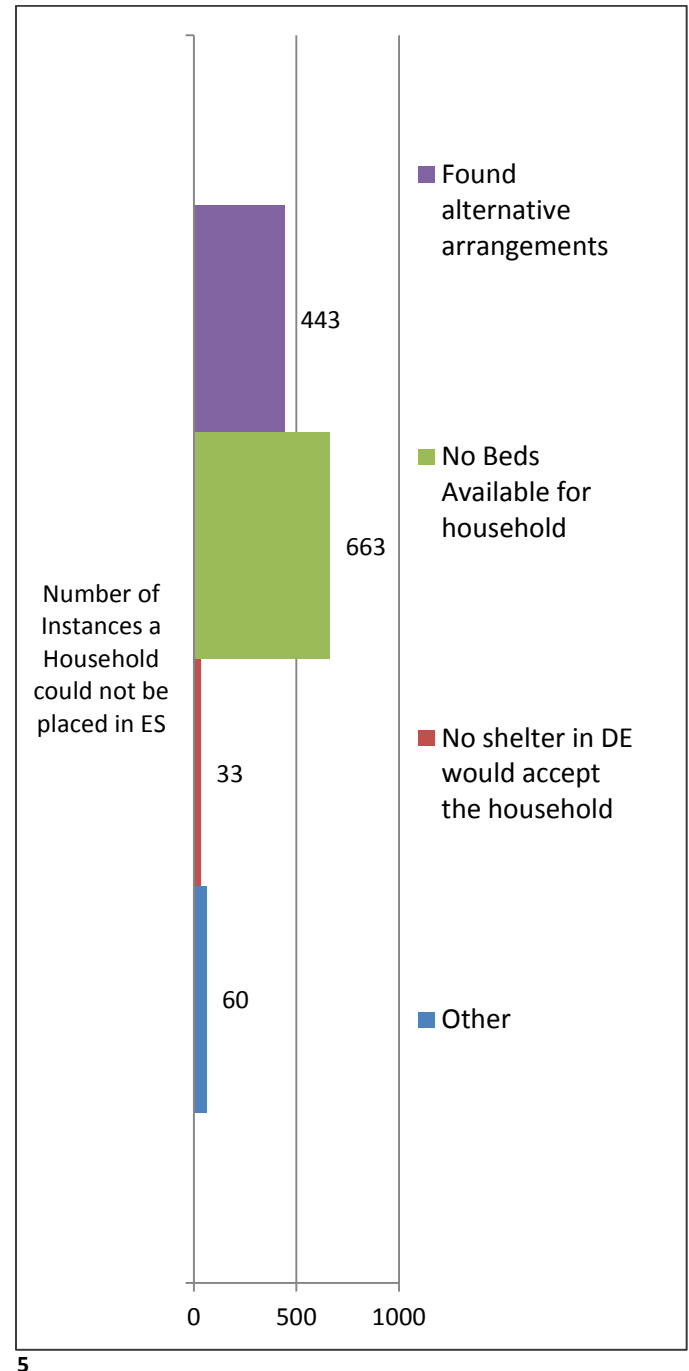
<sup>4</sup> This number is not unduplicated. A client may be counted more than once if there were multiple instances when the client did not access shelter.

In **443 (37%)** of the instances the household was offered available shelter but declined shelter entry. These clients indicated an ability to find alternative arrangements outside of the homeless response system.

In **663 (51%)** of those instances no shelter bed was available for the household. In some cases this is due to the household type or the size of the household. For example, there may be shelter beds available for single males but the household is a family with children. In other cases a shelter may have a room available that can accommodate a household size of three, for example, but the household in need of assistance is a household of five. On some nights all of the shelter beds in Delaware are full.

There were **33** instances when a household was unable to access available shelter because providers of shelter in Delaware declined to serve the household.

The “Other” category is comprised of multiple types of reasons. There were **21** instances where a household indicated that they lacked the needed transportation to access available shelter. There were **15** instances where a household was unable to enter shelter because of accessibility issues, including lack of wheelchair accessibility or the inability for a person with a disability to sleep on an available top bunk.



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<sup>5</sup> These numbers are not unduplicated. These numbers do not represent the number of households, rather the number of times households in DE could not be placed.

#### IV. Rapid Re-Housing Referrals

Rapid re-housing (RRH) is a permanent housing intervention for households experiencing homelessness. RRH is a housing first model of service delivery that has as its primary goal to re-house households as quickly as possible without preconditions, and provide supportive services to help them stabilize in housing. RRH provides time-limited financial assistance, such as security deposit and rental assistance, along with light-touch supports tailored to meet the needs of the household. The supports provided in rapid re-housing are centered on what the household needs to remain stably housed.

Centralized Intake housing specialists assess households that are literally homeless for rapid re-housing eligibility and priority using a tool called the VI-SPDAT (Vulnerability Index Service Prioritization Decision Assistance Tool). This tool is used in communities throughout the country to determine what type of permanent housing intervention may be best suited to meet a household's housing and service needs.

From March 2015 – June 2015 Centralized Intake housing specialists assessed households for RRH and referred **40** households with children, and **6** adult-only households to RRH. Referrals to RRH are sent to providers of RRH based on the amount of assistance available.

#### V. Permanent Supportive Housing Entries

Permanent Supportive Housing (PSH) is a permanent housing intervention for households experiencing homelessness who have high service needs. PSH is a housing first model of service delivery that includes a permanent housing subsidy and access to intensive and ongoing supportive services. Most PSH assistance in Delaware is prioritized for utilization by households who experience chronic homelessness.

Chronically homeless households are those that have experienced literal homelessness for 1 year continuously or 4 or more times in 3 years, and can be diagnosed with a disabling condition.

From January 1 2015 – June 30, 2015, **63** adults ages 18+ entered PSH units in Delaware, along with **3** children under the age of 18 as members of a family. **24 (37%)** of the people who entered PSH had been living in emergency shelters prior to entering the PSH unit, while **23 (35%)** came directly from the streets or other places not meant for human habitation. The remaining households came from a variety of other locations.



**Reference 1. Project Types**

<b>Project Types in the Homeless Response System</b>		
Temporary Shelter	Emergency Shelter (ES)	ES provides temporary, short term sleeping accommodations to persons experiencing homelessness. This category includes year-round ES, weather-related or seasonal ES (such as Code Purple sanctuary), and vouchers for hotels and motels paid for by the state or local charitable organization.
	Transitional Housing (TH)	TH is a medium-term temporary accommodation where a person experiencing homelessness can typically stay for no more than 24 months.
Permanent Housing	Rapid Re-Housing (RRH)	RRH is a permanent housing intervention for homeless households. RRH provides short to medium term financial assistance to help the household quickly access permanent rental housing (such as security deposit, utility assistance, rental assistance, etc.), and access to supportive services to help the household stabilize and retain housing.
	Permanent Supportive Housing (PSH)	PSH is a long term housing intervention that includes a permanent housing subsidy and ongoing access to intensive supportive services. PSH is provided to homeless households with the highest needs, many of whom have disabling conditions and meet the HUD definition of chronically homeless <sup>6</sup> upon entry. PSH includes beds that are funded by the HUD-VASH program for Veterans.

<sup>6</sup> An individual who (a) i. Is homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and ii. Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and iii. Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability. (b) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

**Reference 2. Literally Homeless Housing Status**

Residence	Housing Status
Emergency shelter for homeless persons	Literally Homeless
Places not meant for habitation, including streets, train stations, bus stops, parks, woods, cars, abandoned buildings, etc.	
Transitional housing for homeless persons (including homeless youth)	
Hotel or motel paid for with a voucher or other charitable organization	
In an institution (such as hospital or prison) for 90 days or less, and was residing in a literally homeless location prior to entering the institution	