

May 2010

Client Care Coordination Activities for Initiative to End Chronic Homelessness

1. **Client Care Coordination (CCC) Goals:** CCC goals include working with funders and providers to: 1) establish systems for identifying people for chronic homeless set-asides and associated services (through high utilization and through coordination with outreach teams to identify the most vulnerable who may not show up on “high utilizer” lists) such as emergency departments, Sobering Center, jail, and shelters; and 2) support development of coordinated service approaches through cross system collaboration.
2. **Client Care Coordination Council (C4) Purpose.** The purpose of the Council is to bring together supportive housing providers, service providers, outreach programs, institutions, and funders in King County and Seattle, working cooperatively to achieve C4 goals. The Committee to End Homelessness in King County, and the United Way of King County Campaign to End Chronic Homelessness (UWKC CECH) provide oversight to the C4 (established March 5, 2009).
3. **CCC Principles:**
 - a. Shared accountability for housing stability *and* health improvement outcomes of chronic homeless individuals;
 - b. Learning with and from each other, and with and from clients, and using lessons learned to improve programs and inform future investments;
 - c. Develop processes for tenant selection and housing placement that:
 - Are humane, and that honor individual choice and preference;
 - Take into account knowledge and opinions of case managers and housing staff;
 - Take into account the type and level of staffing and services to ensure safe and appropriate housing placements;
 - Provide access both to frequent users of public systems (e.g., jails and hospitals) and to highly vulnerable people living in shelters and on the streets; and
 - d. Meet the funders’ intentions and requirements.
4. **Development of Countywide Integrated Database:** Initial “high utilizer” lists for McDermott Place, Humphrey House, Sophia’s Home, Scargo, and Canaday House have been developed. The database structure for the ongoing production of high utilizer lists, as well as incorporating housing profile information is continuously updated. Initial high utilizer lists were built by querying the following regional data systems for homeless people and high utilization.¹
 - MHCADSD's mental health system for individuals who are enrolled in the RSN, coded homeless, and who have had psychiatric inpatient and psychiatric emergency services;

¹ MHCADSD, within King County’s Department of Community and Human Services, is a covered entity under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) qualifying as a health care plan for mental health services and as a health care provider for chemical dependency services. MHCADSD complies with HIPAA rules, 45 C.F.R., Parts 160, 162 and 164 Public Welfare regarding privacy and security of Protected Health Information (PHI) and electronic PHI (ePHI) and 42 C.F.R., Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records. Please see: (<http://www.kingcounty.gov/healthservices/MHSA/HIPAA.aspx>). These privacy and security practices will be applied to any and all data acquired for the Integrated Database and Client Care Coordination.

- King County Jail bookings (does not code homeless, but this allows for review of jail use among the homeless identified in the other systems). Municipal jails are not included in the query at this time;
 - Sobering Center; and
 - Psychiatric inpatient and psychiatric emergency services data systems.
5. **Defining High Need / Vulnerability:** High need individuals may be both the visible street homeless who are often not connected to services and live in encampments or on the street; and those who spend long periods of time in the emergency shelter system, and may experience significant medical problems and serious mental illness.² CCC seeks to house a balance of these individuals, and those with high levels of system utilization.
6. **Coordinate with Outreach Programs, Shelters, Hygiene Centers, Feeding Programs, and Interdisciplinary Case Staffing Teams to Identify High-Needs/Highly-Vulnerable Individuals for Potential Tenancy:** Partners include, but not limited to: HOST (Homeless Outreach, Stabilization and Transition), REACH, Mental Health Chaplaincy, Metropolitan Improvement District, Heroes for the Homeless, Compass Adult Service Center, Angeline's Day Center, Downtown Access Engagement & Transition Network (DAETN), Heroes for the Homeless; Life Long AIDS Alliance, Women's Wellness Center, High Utilizer Group (HUG), Outreach Coordination Group, South King County Outreach Oversight Group.
7. **Matching the Right Chronically Homeless Individual with the Right Services in Permanent Supportive Housing (Tenant Selection):** CCC is working closely with capital and service funders to ensure that tenant selection reflects funder priorities. To date, 63 tenants have been placed in housing via CCC. Seven new housing programs opening in 2010 will lease up through the CCC to ensure the neediest tenants are matched to appropriate service rich housing programs. Each new program will have an individually tailored database that reflects funder and sponsor eligibility criteria. The following projects are opening in 2010:
- East Side Interfaith Social Concern's Sophia's Home;
 - Plymouth Housing Group (PHG) Humphrey House;
 - PHG Scargo/Lewiston,
 - DESC Canaday House,
 - Catholic Housing Services Bakhita Gardens,
 - Compass Renton Veterans,
 - Valley Cities Landing.

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² Blueprint to End Chronic Homelessness In King County, Washington, at page 9