

Understanding our system and
identifying areas of improvement

Assessment

Coordinated Entry Core Elements



Initial Triage



Diversion



Intake



Initial Assessment



Potential Eligibility Assessment

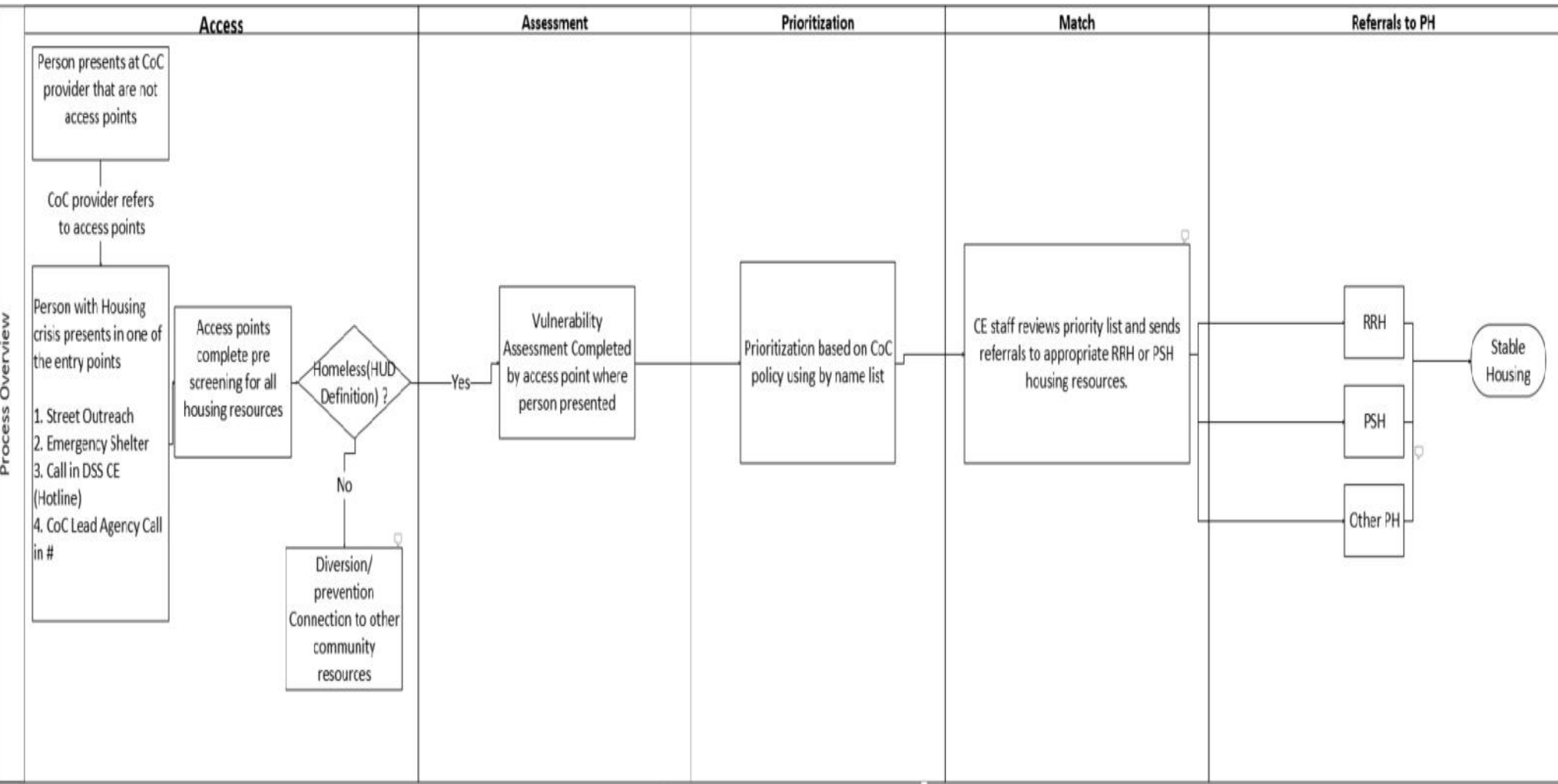


Comprehensive Assessment

1. _____
2. _____
3. _____
4. _____
5. _____



Process Overview



Access

Assessment

Prioritization

Match

Referrals to PH

Person presents at CoC provider that are not access points

CoC provider refers to access points

Person with Housing crisis presents in one of the entry points

- 1. Street Outreach
- 2. Emergency Shelter
- 3. Call in DSS CE (Hotline)
- 4. CoC Lead Agency Call in #

Access points complete pre screening for all housing resources

Homeless(HUD Definition)?

No

Diversion/prevention
Connection to other community resources

Yes

Vulnerability Assessment Completed by access point where person presented

Prioritization based on CoC policy using by name list

CE staff reviews priority list and sends referrals to appropriate RRH or PSH housing resources.

RRH

PSH

Other PH

Stable Housing

Review of “ACCESS” Session (7-7-22)

- During the ACCESS planning session, the group agreed upon the following:
 - Multisite Centralized Access model
 - Develop improvement strategies around
 - Emergency Services/After Hours
 - DV Access
 - Geographical Coverage
 - Breakout groups developed improvement plans for each strategy
- Review work plan with improvement strategies developed for “Access” (will be posted to website once complete)

ASSESSMENT

Initial Triage

Diversion

Intake

Initial Assessment

Potential Eligibility Assessment

Comprehensive Assessment

Upon initial access, CoC providers associated with coordinated entry likely will begin assessing the person's housing needs, preferences, and vulnerability. This coordinated entry element is referred to as Assessment. It is progressive; that is, potentially multiple layers of sequential information gathering occurring at various phases in the coordinated entry process, for different purposes, by one or more staff.

Coordinated entry process must collect sufficient information to make prioritization decisions consistently and facilitate access to housing and supportive services across the CoC's coverage area.

Phased Assessment

- Joan...

Assessment Requirements

Client-Centered:

- Participants must be informed they are able to file a nondiscrimination complaints.
- How can this be improved? (Plan: Incorporate into training and evaluation/monitoring process)

Equitable process

Specific to assessment (apart from individual organizational policies)

*CoC grievance process

Client feedback process – collect grievance experiences

Provided in multiple formats in-person/phone, in writing (as part of the ROI?)

What is included in “non discrimination”? – Include in additional training

Grievance AND non discrimination policies

Assessment Requirements:

Participant Autonomy:

- Participants are freely allowed to decide what information they provide during the assessment process, to refuse to answer assessment questions and to refuse housing and service options without retribution or limiting their access to other forms of assistance. Written policies and procedures specify the conditions for participants to maintain their place in coordinated entry prioritization lists when the participant rejects options.
- How is personal autonomy requirement currently taking place? How can this be improved?

Missing information in referrals may be due to client choosing to not provide; ensure client understands that the more information provided results in more accurate referrals, but no retribution if they refuse

Comprehensive list of resources available – community resources outside of federally-funded resources

Assessment Requirements:

Privacy Protections:

- Privacy protections are written policies and procedures concerning protection of all data throughout the CE assessment process.
- CoC has established written policies and procedures establishing that the assessment process cannot require disclosure of specific disabilities or diagnosis. Specific diagnosis or disability information may only be obtained for purposes of determining program eligibility to make appropriate referrals.
- How are the privacy protection requirements currently taking place? How can they be improved?
 - Creation of script for consistent messaging about assessment and to connect to available resources.

Ensuring trust with clients.

Assessment Requirements:

Training:

- CoC provides training opportunities at least once annually to organizations and or staff persons at organizations that serve as access points or administer assessments. CoC updates and distributes training protocols at least annually. The purpose of the training is to provide all staff administering assessments with access to materials that clearly describe the methods by which assessments are to be conducted with fidelity to the CoC's coordinated entry written policies and procedures.
- CoC's coordinated entry process training curricula includes the following topics for staff conducting assessments:
 - Review of CoC's written CE policies and procedures, including any adopted variations for specific subpopulations;
 - Requirements for use of assessment information to determine prioritization; and
 - Criteria for uniform decision-making and referrals.
- How is the training requirement currently taking place? How can they be improved?
 - Trauma-informed
 - NEW training for ALL once CE refinement process is complete

Determine how training happens; who will track training completion; who will provide the training

LMS

Agreement w hubs and CoC to provide staffing updates to meet training requirements

General CoC orientation and basic training in CES; in-depth training around CES-specific topics, especially for HUB staff

General HMIS training vs. CES training (general users vs. assessment points) *training based on role in system

Evaluate Assessment Tool

- Implementation of a localized assessment to supplement or replace VI-SPDAT.
 - Best practices
 - Examples from other communities
- Analysis of current process to evaluate if current policies are working.

More information (ex: health, social services)

VI-SPDAT doesn't ask the right information; concerns about biases

Vulnerability AND referral/service matching

Clarification in case conferencing/BNL

Phased Assessment Discussion

- What are the group's thoughts about implementing phased assessment?
 - Pros?
 - Cons?
 - Decision on phased assessment – POLL

Pros and Cons of Phased Assessment

	Phased Assessment
Pros	<ul style="list-style-type: none">• More efficient, effective, comprehensive, targeted• Equitable• Triage to services quickly, but (con) client may need additional assessment for those services or may not be eligible and returned to “assessment” phase• Must have a “map”/comprehensive resource guide• “best practice”• Streamlined process for clients• Script provides clients consistent messaging and clear next steps• Transparency
Cons	<ul style="list-style-type: none">• More complicated to start; more work on the front• Slower?• Eligibility criteria so varied and ever-changing

Vote on Phased Assessment Implementation

Poll results:

Yes – 100%

No – 0%

Next Steps

Emergency Services/After Hours

DV

Geographical

Benefits of phased assessment – efficient for these high-priority areas

Next Meeting

Thursday, September 1st at 10:00AM.

In-person at the Council of Community Services and virtually via Zoom (link provided in meeting invitation to follow).

PRIORITIZATION

During assessment, the person's needs and level of vulnerability may be documented for purposes of determining Prioritization.

Prioritization helps the CoC manage its inventory of community housing resources and services, ensuring that those persons with the greatest need and vulnerability receive the supports they need to resolve their housing crisis.

COORDINATED ENTRY REFINEMENT STAKEHOLDER MEETINGS

STAKEHOLDER MEETING THREE – July 7, 2022

ATTENDANCE	P	Alison Jorgensen (CCS)		Heather Wood (Safehomes)		Phillip Priest (SA)
P = Present	P	Amanda Holcomb (2-1-1 VA)		Helen Ferguson (RM)		Kendall Hall (ARCH)
	P	Amy Shirkey (CCS)	P	Holly Sparks (CSH)	P	Sandy Peggins (City/CI)
	P	Ben Bristoll (CCS/HMIS)	P	Hope Browning (City/HUD)		Stacey Sheppard (TAP)
		Bill Duncan (BRILC)	P	Jaimie Goodman (SA)		Tanyia Jones (VAMC)
		Brian Burnette (CCS)		Laura Tidman (SA)		Tina Moore (FPGR)
		Brittany Huffer (BRBH/PATH)		Marie Beebe (FPGR)	P	Joan Domenech (CSH/HUD)
	P	Bruce Loving (RAM)	P	Matt Crookshank (City)		Kevin Liptrap (ARCH)
		Hannah Evans (BRBH/PATH)	P	Paula Prince (RUC/BRICH)	P	Evelyn Jordan (TAP SSVF)
		Hannah Jarrett (TAP)		Phil Anderson (ARCH)		Courtney Downs (ARCH)
		Jo Nelson (TAP)	P	Mariam DiPasquale (FPGR)	P	Lana Stewart (RM)
		Pat Trees (Safehomes)		Pam Milkowski (RM)	P	Phillip Priest (SA)
	P	Jeffrey Doyle (VAMC)	P	Matthew Wasikiewicz (VDH)		

) **Review decision points from previous meeting**

- Group chose to utilize “Multisite Centralized Access” model
- Group chose to develop improvement strategies around Emergency Services/After Hours, DV Access and Geographical Coverage
- Breakout groups developed improvement plans for each strategy
- Review work plan with improvement strategies developed for “Access” (post to website?)

) **Review Assessment** (slide 5 from this meeting’s presentation)

) **Brief presentation on phased assessment** (Joan)

- Examples of entry-point assessments or plans:
 - <https://suburbancook.org/wp-content/uploads/2019/02/Entry-Point-Operations-Manual.pdf>
 - http://www.endhomelessnesstoday.org/MACCH_Assessment_PP_FINAL_5-30-18.pdf

) **Client Centered:**

- How are client-centered requirements being met?
 - Are grievance procedures being offered to clients at all entry points in our system?
- Are participants being informed they are able to file nondiscrimination complaint (see Self-Assessment for specific requirements)? How can this be improved?
 - Ben Bristoll – We’ve had clients who filed grievances, but the process wasn’t resolved in a client-centered manner. It had an agency favorable resolution.

- Amy S – How can we ensure grievance policies are shared when only doing over the phone interviews?
 - Hope B – We need a comprehensive list of all resources and eligibility requirements made available to all partners. Include non-Federal and State resource options.
- Incorporate into training and evaluation/monitoring process.
 - Hope B. – Training on good non-discrimination policies and practices should be provided to all CoC agencies.
 - Matt C. – We do have HUD requirements to carry out services in non-discriminatory way.
 - Brian B. – We need a consistent client-feedback system that could capture if clients we offered a grievance policy by agencies.
 - Joan D. – We should provide a training for our CoC partners on non-discrimination & grievance policies.
 -) Sample website with a ND and grievance policy:
 - <https://tchelpspot.org/coordinated-entry-homeless-assistance/>
 -) Other samples:
 - https://wakecoc.org/wp-content/uploads/2021/06/2021-Anti-Discrimination-Policy_Draft-revised-6.28.21.pdf
 - <https://files.hudexchange.info/resources/documents/Virtual-Binders-At-A-Glance-Non-Discrimination-Related-to-Disability.pdf>

) **Personal Autonomy:**

- How is personal autonomy requirement currently taking place (see Self-Assessment for specific requirements)? How can this be improved?
 - Amy S – Missing info in referrals may be due to client choosing not to provide.

) **Privacy Protections:**

- Written policies and procedures concerning protection of all data throughout the CE assessment process. Our Coc has policies that prevent requiring disclosure of specific disabilities or diagnosis, but can be obtained to determine program eligibility or to make referrals.
- How are the privacy protection requirements currently taking place? How can they be improved?
 - Amy S – Overall, they are going well. But sometimes it is an issue with prioritization when we collect the info to use to move people to the head of the line to receive services sooner.
 - Ben B. – HIV status is enforced inconsistently. For example, we hide participation in HOPWA programs, but HIV status is an option in the disability checklist on all our basic program enrollment forms.

- Paula P – How can we reassure clients that any shared info won't be used against them?

) **Training:**

- Ensure comprehensive training on assessment process is provided at access points at least annually to create better consistency of assessment and adherence to CoC's CE policies and procedures.
- Topics should include:
 - Review of CoC's written CE policies, including any adopted variations for specific subpopulations.
 - Requirements for use of assessment info to determine prioritization
 - Criteria for uniform decision-making and referrals.
- How is the training requirement currently taking place? How can they be improved?
 - Need to improved Trauma-informed implementation across CoC.
 - How are we delivering trainings?
 -) Assessment Hubs – Need to designate a CE or HMIS lead staff who is the point of contact for requesting and monitoring training of new staff.
 -) What is the best means of training?
 - On-site training?
 - Virtual options
 - Learning Management System
 - Regular schedule for updates and re-trainings
 - Need to establish who is responsible for delivering and monitoring training.
 - Training Tracks – depending on the role of the staff person.
 - Yearly Overview Trainings – Set a CoC meeting where a CE/HMIS overview refresher is done.

) **Evaluate assessment tool:**

- Could we implement a localized assessment to supplement or replace the VI-SPDAT - conduct analysis of current process to evaluate if current policies are working.
 - Ben B – We have assessment options in Clarity with conditional logic that could help us create our own local assessment.
 - Paula – The SPDAT doesn't seem thorough enough.
 - Matt C/Brian B – How could we evaluate the role of the BNLs in this process? What if case conferencing was more targeted to creating housing stability for most vulnerable clients rather than just matching SPDAT scores with program openings?

) **Phased Assessment Discussion:**

- What are the pros and cons for implementing phased assessment?
- Pros –
 - More efficient, effective, comprehensive, targeted,
 - Equitable
 - Triage to services quickly, but (con) client may need additional assessment for those services or may not be eligible and returned to “assessment” phase.
 - Must have a “map”/ comprehensive resource guide.
 - Best practice
 - Streamlined process for clients
 - Script provides clients consistent messaging and clear next steps
 - Transparency
- Cons –
 - More complicated to start; more work up front.
 - Slower?
 - Eligibility criteria is so varied and ever-changing.
- What about pros & cons from the clients’ perspectives?
- Poll
 - 100% voted yes that we should begin using a phased assessment

) Next steps: Next meeting will focus on the PRIORITIZATION stage of Coordinated Entry. We look forward to another great discussion on our service gaps and potential.