

Understanding our system and  
identifying areas of improvement

**PRIORITIZATION**

# 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)?

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

No

Diversion/ prevention Connection to other community resources

# Review of “ASSESSMENT” Session (8-4-22)

- Continued focus on:
  - Emergency Services/After Hours
  - DV
  - Geographical
- Vote (100%) for implementing a phased assessment process that is:
  - Client centered
  - Equitable
  - Incorporates client feedback
  - Defining grievance and nondiscrimination policies/processes; provided in multiple formats
- Understanding that 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
- Creation of a comprehensive list of resources available – community resources outside of federally-funded resources
- Ensure privacy and trust with clients
- Training:
  - 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.
  - Trauma-informed
  - NEW training for ALL once CE refinement process is complete – define how and who
  - 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
- Implementation of a localized assessment to supplement or replace VI-SPDAT.
  - To include more information about health/social services/etc.

## PRIORITIZATION

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

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.

**\*HUD expects that the most vulnerable are prioritized for services.**

# Review of Current Prioritization Criteria

## VI-SPDAT categories and scoring:

- **Basic Information**
  - One point for 60+ age
- **History of Housing/Homelessness**
  - One point for outdoors/other/refused
  - One point for 1+ consecutive years of homelessness and/or 4+ episodes of homelessness
- **Risks**
  - One point if total number of interactions equals 4 or more (**Emergency Service Use**)
  - One point for history of attacks since homelessness AND/OR threat to harm self or others in past year (**Risk of Harm**)
  - One point for current legal issues (**Legal Issues**)
  - One point for being forced/tricked into doing things AND/OR risky behavior (**Risk of Exploitation**)
- **Socialization & Daily Functioning**
  - One point for owing money AND/OR not receiving money (**Money Management**)
  - One point for not having planned activities that make happy or fulfilled (**Meaningful Daily Activity**)
  - One point for not being able to take care of basic needs (**Self-care**)
  - One point for homelessness caused by broken/unhealthy relationship or evicted from friends/family (**Social Relationships**)
- **Wellness**
  - One point for physical health issues/pregnancy (**Physical Health**)
  - One point for eviction due to alcohol/substance use AND/OR difficulty staying housed due to alcohol/substance use (**Substance Use**)
  - One point for mental health issues/concerns (**Mental Health**)
  - \*One additional point for YES to Physical AND Substance AND Mental (**Tri—Morbidity**)
  - One point for not taking prescribed medications AND/OR taking in a way not prescribed/selling (**Medications**)
  - One Point for current homelessness caused by trauma (**Abuse and Trauma**)

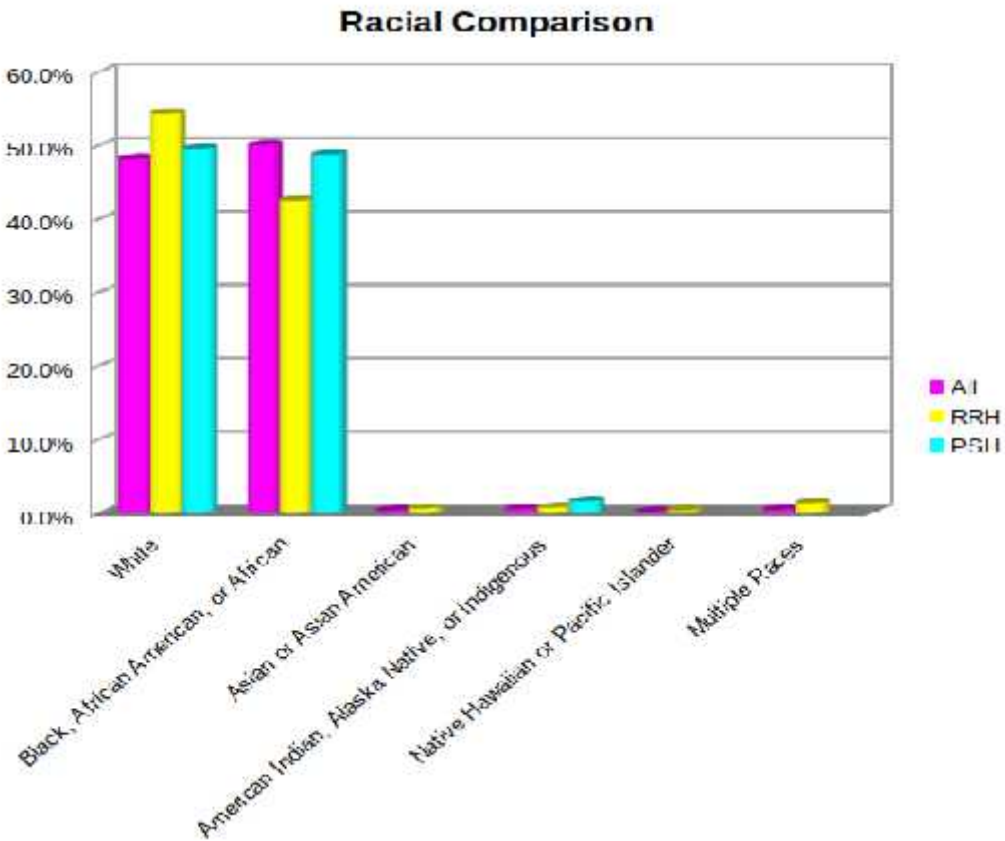
# Review of Current Prioritization Criteria

## Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	0 /1	<b>Score: Recommendation:</b> 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	0 /2	
B. RISKS	0 /4	
C. SOCIALIZATION & DAILY FUNCTIONS	0 /4	
D. WELLNESS	0 /6	
<b>GRAND TOTAL:</b>	<b>0 /17</b>	

# Review of current system data - RACE

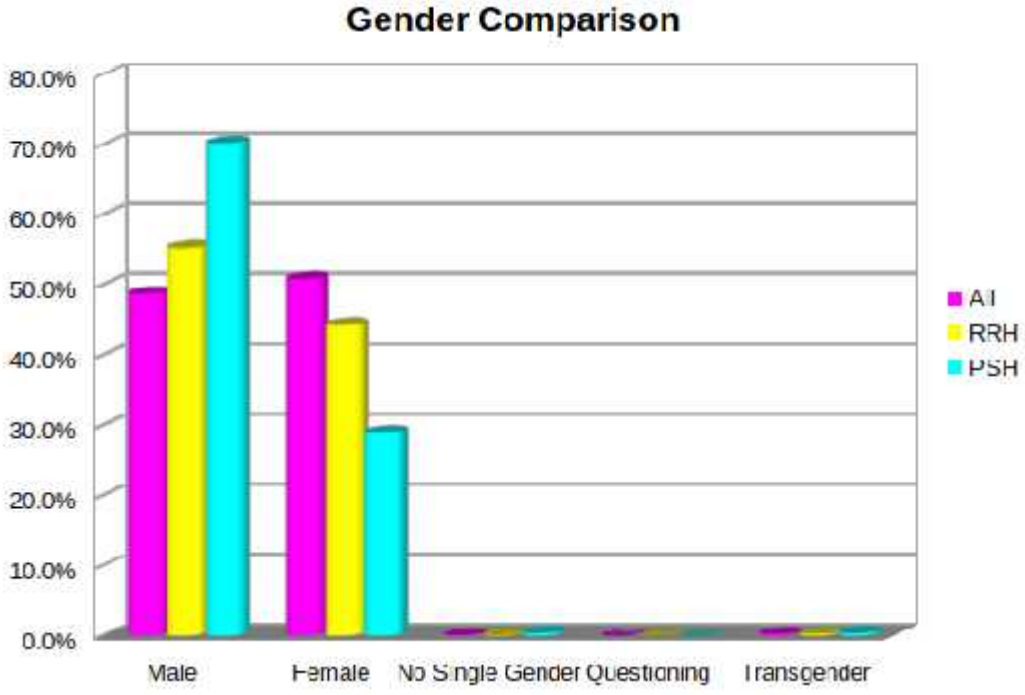
Racial comparison	All		RRH		PSH	
	Persons	Percent	Persons	Percent	Persons	Percent
White	5225	48.2%	436	54.4%	122	49.6%
Black, African American, or African	5433	50.1%	341	42.5%	120	48.8%
Asian or Asian American	40	0.4%	5	0.6%	0	0.0%
American Indian, Alaska Native, or Indigenous	63	0.6%	6	0.7%	4	1.6%
Native Hawaiian or Pacific Islander	23	0.2%	3	0.4%	0	0.0%
Multiple Races	54	0.5%	11	1.4%	0	0.0%
<b>Totals:</b>	<b>10838</b>	<b>100.0%</b>	<b>802</b>	<b>100.0%</b>	<b>246</b>	<b>100.0%</b>





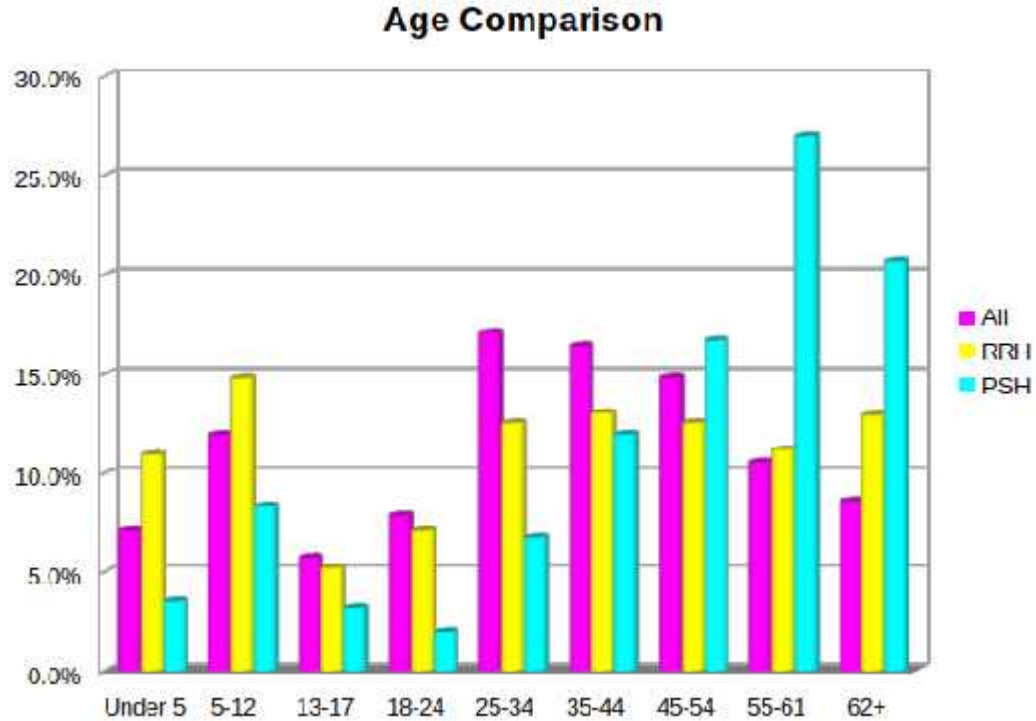
# Review of current system data- GENDER

Gender comparison	All		RRH		PSH	
	Persons	Percent	Persons	Percent	Persons	Percent
<b>Male</b>	5343	48.8%	446	55.3%	177	70.2%
<b>Female</b>	5574	50.9%	357	44.3%	73	29.0%
<b>No Single Gender</b>	9	0.1%	1	0.1%	1	0.4%
<b>Questioning</b>	0	0.0%	0	0.0%	0	0.0%
<b>Transgender</b>	29	0.3%	2	0.2%	1	0.4%
<b>Totals:</b>	10955	100.0%	806	100.0%	252	100.0%



# Review of current system data - AGE

Age comparison	All		RRH		PSH	
	Persons	Percent	Persons	Percent	Persons	Percent
Under 5	777	7.1%	88	10.9%	9	3.6%
5-12	1305	11.9%	119	14.7%	21	8.3%
13-17	630	5.7%	42	5.2%	8	3.2%
18-24	863	7.9%	57	7.1%	5	2.0%
25-34	1874	17.1%	101	12.5%	17	6.7%
35-44	1801	16.4%	105	13.0%	30	11.9%
45-54	1624	14.8%	101	12.5%	42	16.7%
55-61	1159	10.6%	90	11.2%	68	27.0%
62+	941	8.6%	104	12.9%	52	20.6%
<b>Totals:</b>	<b>10974</b>	<b>100.0%</b>	<b>807</b>	<b>100.0%</b>	<b>252</b>	<b>100.0%</b>



# Review of Prioritization Categories and Weight Used in Other Communities

(MASSACHUSETTS BALANCE OF STATE)

<b>Section 1: Misc. Vulnerability Points</b>	
Have you ever served in the military? (for placement and veteran's services referral only)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Town or Zip code of last permanent address? (do not include shelter/other programs)	
Score 1 point if household had 6 or more members	0
Score 1 point if Domestic Violence is the cause of the homelessness (within 1 year)	0
Score 1 point if applicant is over 60 years old	0
Score 3 point if applicant is 18-24 years old	0
<b>Section 1 Total:</b>	<b>0</b>

(MASSACHUSETTS BALANCE OF STATE)

<b>Section 2: Housing/Homelessness</b>		
<b>In this section choose only <u>ONE</u> answer in each Part</b>		
<b>Part A.</b>	<b>Tell me about where you have been staying at night</b> (Choose where you have been sleeping most often)	
5	Homeless in a place not meant for human habitation	0
4	Homeless in a shelter	0
3	In Transitional Housing	0
2	In substandard housing and/or rent is not affordable (over 30% of income)	0
1	In stable housing that is only marginally adequate	0
0	Housing is safe, adequate, and affordable	0
<b>Part B.</b>	<b>If in Shelter or a place not meant for human habitation, how long have you been staying there?</b>	
3	More than 1 year	0
2	6 months to 1 year	0
1	1 to 6 months	0
0	Less than 30 days	0
<b>Part C.</b>	<b>**Answer Part C ONLY if Part B is Less than 1 year**</b>	
<b>If homeless now, have you experienced periods of homelessness at least 4 times in the past 3 years?</b>		
1	Yes	0
0	No	0
<b>Section 2 Total:</b>		<b>0</b>



(MASSACHUSETTS BALANCE OF STATE)

### Section 3: Income/Employment

In this section choose only **ONE** answer in each Part

Part A. Do you have a steady income?		
4	No Income	0
2	Some income, not stable, insufficient to afford unsubsidized housing	0
1	Income from mainstream benefits, insufficient to afford unsubsidized housing	0
0	Income from employment or mainstream benefits, sufficient to afford unsubsidized housing	0
Part B. Do you have a job?		
5	No, I can't work due to disability	0
4	No, I have significant barriers e.g. language barrier, no childcare, no transportation, etc.	0
2	Yes, but only a few hours a week and sometimes there is no work available/ No, but seeking a job	0
1	Yes, I have a disability but work limited hours to supplement SSI/SSDI income	0
1	Yes, I work part-time and have regular hours	0
0	Yes, I work full-time	0
<b>Section 3 Total:</b>		<b>0</b>

(MASSACHUSETTS BALANCE OF STATE)

<b>Section 4: Mental Health/Substance Abuse</b>		
<b>In this section choose only <u>ONE</u> answer in each Part</b>		
<b>Part A.</b>	<b>Have you been diagnosed with a mental illness?</b>	
3	Yes, I am not currently being treated for it	0
2	Yes, I am under a doctor's care but I don't always take my medications / follow their instructions	0
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instructions	0
0	No I do not have a mental illness	0
<b>Part B.</b>	<b>Please tell us if you have a history of substance use disorder (SUD)</b>	
4	Yes and I am currently using alcohol or drugs and not in recovery	0
3	Yes, but I have been in recovery for less than 6 months	0
2	Yes, but I have been in recovery for 6 months to 1 year	0
1	Yes, but have been in recovery for more than 1 year	0
0	I do not have a substance abuse problem	0
<b>Check the box if you wish to be referred ONLY to programs providing substance abuse services</b> <input type="checkbox"/>		
<b>Part C.</b>	<b>Please tell us if you have overdosed on drugs or alcohol.</b>	
2	I have had an overdose (OD) or alcohol poisoning within the past 12 months.	0
<b>Section 4 Total:</b>		<b>0</b>



(MASSACHUSETTS BALANCE OF STATE)

<b>Section 5: Physical Health</b>		
<b>In this section choose only <u>ONE</u> answer in each Part</b>		
<b>Part A.</b>	<b>Do you have any chronic health conditions?</b>	
3	Yes, I am not currently being treated for it/them	0
2	Yes, I am under a doctor's care but I don't always take my medications / follow their instructions	0
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instructions	0
0	No I do not have a chronic health condition	0
<b>Part B.</b>	<b>Do you have trouble getting around due to a chronic health condition?</b>	
3	Yes, I am in a wheelchair	0
2	Yes, I depend on a cane / crutches for mobility	0
1	Yes, I can walk a short distance without assistance, but with difficulty	0
0	No, I don't have any trouble getting around	0
<b>Part C.</b>	<b>Have you ever been diagnosed with HIV/AIDS? (We are only asking you this question as some programs are specifically for people living with HIV/AIDS and we want to know if you are eligible for them.)</b>	
2	Yes	0
0	No	0
<b>Part D.</b>	<b>How many times have you visited a hospital emergency room in the past 12 months?</b>	
3	10 or more times	0
2	5 to 9 times	0
1	1 to 4	0
0	I have not gone to the emergency room in the past 12 months	0
<b>Section 5 Total:</b>		<b>0</b>

(MASSACHUSETTS BALANCE OF STATE)

<b>Section 6: Sexual Orientation/Gender Identity</b>		
<b>Do you identify as LGBTQ?</b>		
2	Yes	0
0	No	0
<b>Section 6 Total:</b>		0



(MASSACHUSETTS BALANCE OF STATE)

**Section 7: Youth and Young Adult** Please complete **ONLY** if you are less than 25 years old

**Part A: If staying in a shelter or place for human habitation, how long have you been staying there?**

3	More than a year	
2	6 months to 1 year	
1	1 to 6 months	
0	Less than 30 days	

**At what age did you first leave home?**

**Part B; What type of programming are you interested in?**  
**to the right of any answer that fits you.**

**Place an X in the box**

Programs that serve only young people	
Programs that serve all people	
Transitional Housing programs (18-24 months with wrap around services and support)	
Rapid Rehousing programs (6-24 month subsidy with fewer services and supports)	
Permanent Supportive Housing programs (I	

**Section 7 Total:**

0

**Total Vulnerability Score: Sections 1-7A**

0

# Decisions Around Prioritization

- Does the Blue Ridge Continuum of Care wish to begin work on the development and implementation of a localized assessment tool for prioritization of services?
- Does the Blue Ridge Continuum of Care want to begin prioritizing housing resources (RRH and PSH) from a single prioritization list, regardless of subpopulation considerations?

Next Steps

# Next Meeting

**Thursday, October 13<sup>th</sup> at 10:00AM.**

Via Zoom (link provided in meeting invitation to follow).

**PRIORITIZATION 2**

## COORDINATED ENTRY REFINEMENT STAKEHOLDER MEETINGS

### STAKEHOLDER MEETING THREE – September 8, 2022

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

) **Review of ASSESSMENT (8/4/22) and its connection to PRIORITIZATION (see PPT slides)**

) **TODAY'S TOPIC – PRIORITIZATION**

- o Review of current prioritization criteria (VI-SPDAT categories + priority populations) – **See PPT slides from today's meeting**

- Comments on the VI-SPDAT

- ) Paula – None of the scoring items are weighted and the things that cause vulnerability are not all equal. How can we address measuring the severity of issues/barriers? (Ben and Sandy second!)

- ) Marie – How do we prioritize for families who receive the same score as someone who is single?

- ) Stacy – DV oversight agencies actually forbid the use of the VI-SPDAT because safety has to be prioritized over all.

- ) Brian – There is uneven administering of the SPDAT questionnaire – some issues due to lack of training, lack of understanding of what the questions are asking for (ex: chronic health condition). Client self-report issues. Clients can either withhold info or say yes to items that don't actually apply. The longer clients are in shelter, their score can go down despite continuing need for services.

- ) Ben – The VI-SPDAT V.2 under-reports the risk of homelessness; Paula – the previous version included items for foster care

experience and incarceration. There are also known equity and bias issues with the V.2.

) Matt – Other communities are having these same conversations and are starting to develop their own vulnerability assessments that meet the needs of their context.

- Review current system data: age, gender, time homeless
  - See PPT slides for data tables.
- Review of prioritization categories and weight being used by other communities
  - The custom tool we reviewed during the meeting - <https://www.mass.gov/doc/applications-packet/download>
  - Stacy – How does this assessment assure equity? How do we choose which populations are more vulnerable than others?
  - Paula – This assessment does weight many of the elements so it looks like it works better.
  - Ben – Does LOT homeless accurately portray vulnerability? Are people who are homeless longer able to adapt to the conditions? Brian – LOT and number of episodes means you are more likely to accumulate trauma and are less likely to interact with services, so we need to take that into consideration. Matt – HUD does want us to use LOT as a significant prioritization measure.
  - We had a short discussion about whether we should include LGBTQ+ status as a prioritization category and talked through the additional vulnerabilities that this population experiences.
  - Before we possibly design a new assessment tool, we will look at more examples of localized assessments.
- Decision points:
  - 1 – Do we want to begin work on implementing localized assessment? – **100% agreed we should develop our own community assessment**
  - 2 – Do we want to begin prioritizing housing resources (RRH and PSH) from one prioritization list, regardless of subpopulation considerations? – **The results were 75% for and 25% against. We agreed that we still need to consider matching clients to resources and/or flexible responsiveness from the single list.**
  - HUD expects most vulnerable are prioritized\*

) **NEXT Stakeholder meeting 10/13 at 10am\***

) **Next steps: dive deeper into prevention prioritization**