

Chittenden County Homeless Alliance

Coordinated Entry System Overview

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Introduction

The following is a process outline for the proposed Coordinated Entry System for the Chittenden County Homeless Alliance (Chittenden County CoC). This outline is not comprehensive. It is based on the various system-design decisions made by the CCHA Coordinated Entry Committee. All the contents are subject to revision. The outline is structured into the various stages of the CE process: access, assessment, prioritization, and referral.

Access

Access describes the initial contact or point of entry for persons seeking assistance to the Coordinated Entry System (hereafter abbreviated as CES). Persons seeking assistance can connect with the CES in multiple ways through various access points. The main goal of access points in CES will be to safely connect persons in the quickest and most direct manner possible with an assessment partner who can begin the assessment process.

The CES will be well-advertised and conduct assertive marketing and outreach throughout the community, with specific focus on locations and organizations in the community where persons experiencing homelessness may present (e.g. churches, libraries, food shelves, meal providers, community centers, police departments, clinics, social service agencies, etc.). Advertisement will have specific contact information for the various CES partners and hubs who can initiate the CES intake and assessment process. Marketing and advertisement for the CES will focus on clearly communicating the specific purpose and benefits of the CES in efficiently connecting persons in need with housing and supports for which they may be eligible. Outreach will be done to organizations and community partners throughout Chittenden County to inform them on the CE process and educate them on how to assist persons to connect them quickly and safely to the appropriate CES assessment provider. Street outreach teams will be trained in the CES process as well and will be engaged throughout the CES implementation phase. The CES will engage and coordinate with street outreach in ensuring the CES is advertised to persons experiencing homelessness who are the hardest to reach and least likely to engage in services.

Assessment

Assessment is the stage of the CES in which information is gathered about a household's situation using standardized assessment tools in order to make the most appropriate housing and service referral on the basis of clear and consistent prioritization protocols. Standardized assessments will be provided by **CES assessment partners** and **CES assessment hubs**.

There will be five comprehensive and standardized assessment tools used corresponding to each of the following sub-populations: 1) adults without children; 2) adults accompanied by children; 3) unaccompanied youth; 4) households fleeing domestic violence; and 5) persons at risk of homelessness. Assessments will be standardized across their respective population. Each comprehensive assessment will incorporate an initial screening, universal data elements, a vulnerability assessment, and a barriers-to-sustainability assessment. The initial screening will be used as a triage tool to quickly determine the appropriate hub or provider to complete the assessment (e.g. quickly and safely connecting households fleeing DV with the DV provider/assessment hub).

Assessment partners are agencies who are HMIS-licensed and can complete CES assessments and enter the data gathered through assessments into the HMIS. The role of assessment partners is to conduct assessments with their respective clients and refer to the next stage of the coordinated entry process: the (prioritization) master list. Agencies that are assessment partners will be responsible for providing CES assessments for their own clients. This is to ensure that persons are not needlessly shuffled around to multiple agencies and providers to access the coordinated entry process, which would be contrary to principles of coordinated entry.

Assessment hubs are agencies that will be responsible for providing assessments to households who are not yet connected to providers that are assessment partners. The main function of assessment hubs is to serve households interested in connecting with the CES (whether the particular household is experiencing homelessness for the first time, is newly engaging the local service system, or is re-engaging or re-entering the system) by providing a comprehensive assessment, entering data gathered through the assessment with client consent into the HMIS, referring to the next stage of the coordinated entry process (the master/prioritization list) and referring to follow-up services, including housing navigation/case management.

If a household is already being served by an assessment partner, they will complete the CES assessment process with that provider. It will be the responsibility of the provider completing the assessment process with their client to provide follow-up services like case management and/or housing navigation services (this excludes assessment hubs, which will be explained in the following paragraph). The assessment partner completing the assessment and referring the client to the master list will be the primary contact for the CES on behalf of the client. If an assessment partner is unable to provide case management/housing navigation services, the provider must inform the CES administration (TBD) of their inability to provide these services. CES administration will then determine if a referral to case management/housing navigation is appropriate on a case-by-case basis.

Households newly engaging the service system and not otherwise connected will be referred to an assessment hub in order to access the CES. Assessment hubs will be responsible for completing assessments, entering data into HMIS and opening a client file in HMIS if necessary with client consent, referring to the master/prioritization list, and referring the client to follow up services including case management/housing navigation if desired. Assessment hubs will not be the primary follow-up contact for households assessed through the hub; instead, clients will be assigned a housing case manager/navigator whose responsibility will be to work with the household to access housing and services as well as serve as primary contact for the CES during the succeeding stages of the coordinated entry process. The assigned housing case manager/navigator will be responsible for completing necessary applications and documentation to access housing.

Note: The provider completing the assessment with a client will serve as the primary contact for that client until a handoff is made to another service provider. Assessment partners who are not serving as hubs will provide assessments for clients they are already serving or have the capacity to provide ongoing services to. Assessment hubs will refer to housing case management for follow up services; the hub where the client completed the assessment will serve as the primary contact **until** the handoff is made to the service provider accepting the referral for housing case management.

Prioritization

The CES will utilize a master list populated through Service Point (excluding DV households not entered into HMIS) to generate specific prioritization lists for various types of housing interventions including PSH, RRH, and Homelessness Prevention Assistance. The various prioritization lists will be generated according to consistent prioritization protocols for each respective type of housing intervention.

After assessments are completed and assessment data is entered into Service Point, households will be added to the CES master list and referred based on standardized prioritization protocol to the appropriate review team for referral to specific housing programs. The role of review teams will be outlined in the next section (Referral).

Specific prioritization protocols will be outlined for the following types of resources: Permanent Supportive Housing (PSH), Rapid Rehousing (RRH), and Homelessness Prevention assistance.¹

Permanent Supportive Housing (PSH):

PSH will be prioritized according to Vulnerability and Length of homelessness. This specific prioritization for PSH is already established by the CCHA through the PSH Review process. It is recommended that the PSH Review process is revised and updated to more specifically reference and accurately reflect HUD

¹ Potential additions: transitional housing, referrals for homeless preference (BHA)

guidelines and recommendations for prioritization of PSH beds. A specific order of priority for length of homelessness and vulnerability should be included.²

PSH beds will be prioritized for persons experiencing chronic homelessness (per HUD definition) by vulnerability or severity of service need (determined and scored through the vulnerability portion of the CES assessment irrespective of barriers to sustainability) and length of homelessness. Client preferences and program specificities will be considered in matching households with the most appropriate housing; the goal in matching will be to determine the best fit in terms of client preference and need and program services.

Rapid Rehousing (RRH)

RRH will be prioritized according to two factors: vulnerability/severity of service need and likelihood to attain housing stability. RRH will be prioritized for households who have limited financial barriers to attaining housing stability (as determined through the CES assessment). Among these households, RRH will be prioritized according to vulnerability as determined by the vulnerability assessment.

Order of priority for RRH from highest to lowest:

1. Low financial barriers to sustainability + high vulnerability
2. Low financial barriers to sustainability + low vulnerability
3. High financial barriers to sustainability + high vulnerability
4. High financial barriers to sustainability + low vulnerability

Prevention Assistance

To be determined

Transitional Housing

To be determined

Referral

Review Committees/Teams will manage the referral process to match households on the CES master list to particular programs for which they are eligible according to CES prioritization protocol. The Permanent Supportive Housing (PSH) Review Committee will meet bi-weekly to manage referrals for

² See HUD's notice on Prioritizing Persons Experiencing Chronic Homelessness in Permanent Supportive Housing (CPD-16-11): <https://www.hudexchange.info/resources/documents/notice-cpd-16-11-prioritizing-persons-experiencing-chronic-homelessness-and-other-vulnerable-homeless-persons-in-psh.pdf>

households from the CES master list to PSH programs. The Housing Review Team (HRT) will meet weekly to manage referrals from the CES master list to RRH and Prevention resources.³

PSH Review Committee

This PSH Review Committee will be in charge of reviewing the priority list for PSH and coordinating referrals to the various PSH programs as vacancies come available. The committee will work to ensure the effective operationalization of the CES prioritization policy for PSH (set by the CCHA). The PSH Review Committee will be responsible for making direct referrals to particular PSH programs; all referrals to PSH programs must come from the committee.

PSH is intended to serve those households with the longest history of homelessness as well as the “highest needs and greatest barriers towards obtaining and maintaining housing on their own—persons experiencing chronic homelessness” (CPD-16-11: Section I.A.)

To ensure that persons with the highest needs and greatest barriers are being prioritized for PSH, the PSH Review Committee will review the prioritized list and coordinate with service providers, street outreach teams, and case managers to move households on the prioritization list into PSH in the appropriate relative order of priority (i.e. according to vulnerability and length of homelessness). One of the main tasks of the PSH Review Committee will be to follow up with case managers and housing navigators to prepare third party documentation of chronic homelessness for persons on the prioritized list. Because getting persons “document-ready” is a necessary step in housing them through PSH, the CES must take an assertive and proactive role in ensuring persons on the priority list are moving to “document-ready” status; this is to ensure that persons are being housed through PSH in the appropriate order of priority according to CES prioritization protocol (vulnerability and length of homelessness) rather than in the relative order of who is most easily able to acquire necessary documentation (i.e. who is more connected to the system and most engaging with service providers).

The PSH Review Committee will make the final decisions on prioritization and referral to PSH programs according to the PSH prioritization protocol. The Committee will consider four aspects in making prioritization decisions and referrals to PSH programs: 1) length of time homeless (chronicity); 2) vulnerability assessment score; 3) qualitative data provided through case conferencing; and 4) client preference and program fit. Regarding (4), “program fit” will not be used to screen people out of available housing resources, but will be considered solely with respect to client preference. Case conferencing will be used to ensure the prioritization decisions made are accurately aligning with the prioritization principle of vulnerability/severity of service need. The HUD Coordinated Entry notice (CPD-17-01) explains the importance of case conferencing as follows:

³ A third group could be added to review households not prioritized for other housing interventions to track their progress in attaining housing and review the possibility of preferences for subsidized housing. One possibility is to pay particular attention to households not prioritized for PSH or RRH, namely households who are not highly vulnerable and chronically homeless and who have high financial barriers to attaining housing stability. These households would require long-term subsidized housing yet may not require the same level of supportive services as more vulnerable or chronically homeless households would in order to maintain housing.

“While assessment scores generally reflect the factors included in the prioritization process (see Section I.C.4.c), the assessment score **alone** does not necessarily determine the relative order of potential participants for resources. Additional consideration, including use of case conferencing, is often necessary to ensure that the outcomes of the assessment more closely align with the community’s prioritization process by accounting for unique population-based vulnerabilities and risk factors.” (CPD-17-01 Section I.C.4.b, emphasis added)

Housing Review Team (HRT)

The HRT will be responsible for reviewing the RRH prioritization list to prioritize households for RRH and Prevention assistance according to RRH prioritization protocol. Procedures are to be determined.

(Potential Third Review Team)

Potentially, a third review team or committee could be established to review persons on the Master List who are not prioritized for PSH or RRH to track their progress and review eligibility for other resources and programs.

Management, Oversight, and Evaluation

To be determined