COORDINATED ASSESSMENT & REFERRAL SYSTEM

SO HOW DOES IT WORK?

- You (Case Managers, Receptionists, Outreach Workers, etc.) provide assessments to **homeless** clients who seek housing. CA-506 chose to use the VI-SPDAT as our assessment.
- The VI-SPDAT is administered via the HOME app
- All clients are put onto a Master List
- When a housing opportunity presents itself, the client who fits the unit best and has the highest assessment score is matched to the unit, and a referral is made
- The **receiving agency** performs their usual intake process to see if the client is eligible for program
- If all goes well, the client is then housed

IS IT THAT SIMPLE?

Kinda...

YES, IT IS SIMPLE BECAUSE:

- Client-based
  - No Wrong Door
  - Matched to programs that best fit their needs
- Assessments should take no more than 10-15 minutes
- It's a proven method

IT'S NOT SIMPLE BECAUSE

- There is a lot that goes on behind the scenes
  - Policies
  - Procedures
  - Fair Housing Laws
  - Multi-Agency Participation
  - Technology
  - Administration
  - Government
  - Jurisdictions
  - The list goes on…

INTRODUCING THE PLAYERS

HOUSING PREVENTION AND RAPID REHOUSING PROGRAM COMMITTEE

- Meeting monthly to help plan, implement, and operate CARS.
- Serving as a forum for CoC member, provider, and community participation and feedback in planning, implementing, and operating CARS, and in identifying needs and solutions related to the project.
- Developing specific, program, policy, and technology options and solutions for recommendation to and approval by the CoC.
- Coordinating with the staff of the CARS Lead Agency.
- Coordinating with the CoC's HMIS and CARS technology provider.
- Reviewing system performance data and evaluating the efficiency of CARS.

COALITION OF HOMELESS SERVICES PROVIDERS (CHSP)

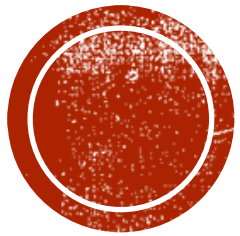
- Lead Agency
  - Coordinate and lead trainings
  - Administer all software
  - Support to Users
  - Managing and overseeing contractors working on components of CARS.
  - Working to ensure resources are available for the project.
  - Implementing and administering the CARS master list.
  - Developing and updating CARS policies and procedures.
  - Managing the client eligibility and acceptance determination appeals process.
  - Participating in case conferences requested to resolve housing placement issues or concerns.
  - Preparing materials for and facilitating CoC and HPRP Committee meetings related to CARS.
  - Creating and widely disseminating materials regarding CARS and how to access its services.
  - Providing reports on the progress of CARS to elected officials and public, and serving as a point of contact for media and public requests for information.

PARTICIPATING AGENCIES

- Ensuring that clients seeking assistance have prompt access to screening and assessment in a safe and welcoming environment.
- Carrying out screening and assessment of clients, responding to their immediate needs, using CARS tools and technology, supporting referral of clients per CARS protocols, accepting client referrals per CARS protocols.
- Attending CARS trainings.
- Following CARS policies and procedures.

For receiving agency

- Accepting and promptly acting on client referrals through CARS.
- Participating in case conferences requested to resolve housing placement issues or concerns.
- Abide by client eligibility and acceptance determination decision.
- Complying with fair housing legal requirements in all housing transactions and tenant selection plans and procedures.



ASSESSMENT PROCESS

PRINCIPLES OF THE ANY DOOR MODEL

Because of the diversity and geographic size of the Monterey and San Benito Counties CoC, CARS uses a decentralized "any door" system of access. This benefits persons in need because they can contact the system at any one of multiple participating programs in different geographic locations.

- A client can receive integrated services through any of the participating programs.
- Participating providers have a responsibility to respond to the range of client needs pertaining to homelessness and housing, and act as the primary contact for clients who apply for assistance unless or until another provider assumes that role.
- Participating providers will guide the client in applying for assistance or accessing services from another provider regardless of whether the original provider delivers
- Client accesses coordinated entry through participating agency or outreach worker

WHAT IS THE VI-SPDAT?

As mentioned before, CARS uses the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) as the standard assessment tool. The VI-SPDAT is built into the HOME app.

The VI-SPDAT is completed in the HOME app with all individuals and families who are homeless under HUD's definition of homelessness.

The VI-SPDAT can only be conducted by agency staff (or volunteers who are connected to the agency) who have successfully completed training and been authorized by the Coalition as the CARS lead agency.

More training later…

PRESCREENING

- As a first step, the individual or family should be asked basic pre-screening questions to determine if they need homelessness assistance, whether they have already received the VI-SPDAT, and whether they are a member of special population requiring specialized assistance.
- If the individual or family is not homeless, the assessment process should not be continued.
- If the individual or family does need homelessness assistance, staff should check the HOME app to see if they have already received the VI-SPDAT in the past year. If not, or if it seems their situation has changed significantly since the last time, the assessment can proceed.
- If the individual or family is: fleeing domestic violence (DV) situations or otherwise meets the criteria of category (4) of the definition of Homelessness1; an unaccompanied youth under 18 years of age; or a veteran of active duty in the U.S. Armed Forces, then the procedures under Unique Procedures for Special Populations below should be followed.

PRESCREENING (CONTD)

The assessment should be conducted in a setting that promotes safety, privacy, and confidentiality. Staff conducting the assessment should follow community guidelines below for explaining the assessment process and benefits. Key points that may be covered include:

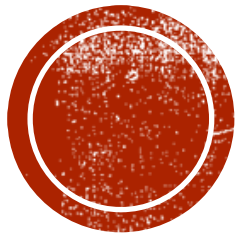
- That the collected information will be entered into the HOME app, which will help ensure that they will only need to compete the assessment once, that they will go onto the master list, and that they will not have to go around to different agencies getting on separate waiting lists.
- That the assessment will help result in a recommended housing intervention but it is not guaranteed.
- That due to limited housing availability, it is unlikely that the recommended intervention will be available immediately, and it is important provide up-to-date contact information for when the intervention does become available, and to immediately call Coalition staff at **831-883-3080** to inform staff of any contact information changes.
- That the assessment is voluntary, but that completing it will make it easier to provide the assistance needed and will allow them to be placed on the master list for referrals.
- Information will be entered into the HOME app only if a Release of Information (ROI) is signed.

CONDUCTING THE ASSESSMENT

If the ROI has been signed the assessment can be conducted. The assessment usually is entered directly into the HOME app, may be completed on paper where possible and more comfortable for the client, or may only be completed on paper in the case of a victim service provider. If completed on paper, the VI-SPDAT score must be entered into the HOME app within 24 hours of the assessment.

The assessment process should adhere to the following rules:

- Clients may be asked to answer the questions as accurately as possible.
- The order of questions should not be changed.
- All questions should be asked, including all linked questions.
- The wording used should not be changed (unless authorized).
- The information gathered and entered should only be through client self-report (not through staff opinion or guesses or third-party information).



MATCHING AND PRIORITIZATION

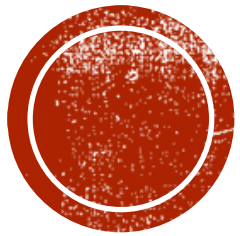
THE MASTER LIST – CLIENT LIST AND HOUSING PROGRAM INVENTORY

The Coalition of Homeless Services Providers and Community Technology Alliance (CTA) jointly maintain a "master list" in the Home app that includes:

- A sortable list of clients prioritized by VI-SPDAT score and local population/subpopulation factors in the Prioritization Matrix.
- An inventory and basic eligibility information for each participating housing program, including transitional housing, rapid rehousing, and permanent supportive housing.
- A listing of beds/units that are currently availability or expected to become available.

HOUSING PROGRAM ELIGIBILITY DETAILS & BED/UNIT AVAILABILITY

- All programs use the Home app to update their current bed/unit availability and expected availability.
- Eligibility criteria are used, along with the local eligibility limits, to ensure that only eligible clients for a particular program or unit are referred to that program or unit.
- Each participating agency's authorized staff person must use the Home app to update the master list any time when program beds/units become, or are expected to become, vacant and available.
- RRH programs indicate whether funding is or will be available for financial assistance, along with funding source (e.g., SSVF).



REFERRALS

MATCHES FOR SPECIFIC HOUSING OPPORTUNITIES

When a PSH or TH bed/unit or RRH financial assistance becomes available, the master list will be sorted by both priority score AND eligibility criteria to identify the highest priority individual or family who is also eligible for the particular housing opportunity.

This means that a person with a higher overall priority score will not be the one referred if he/she is not otherwise eligible for the housing.

For example, a high scoring individual will not be referred family housing, and only Veterans will be referred to a program targeting Veterans.

STANDARD REFERRAL STEPS

	Step	Timeliness Standard
Step 1	Once the referral is made, the receiving program attempts to contact the client to schedule an appointment.	3 business days
Step 2	Once the client is contacted, the receiving program schedules the appointment.	3 business days
Step 3	If the client misses the appointment, the receiving program attempts to schedule a 2nd appointment. Absent extenuating circumstances, a client missing 2 appointments will removed from the master list and placed on a separate list; CoC staff may later reassign the client to the master list	3 business days
Step 4	Absent extenuating circumstances, the client has 3 business days after the intake interview to provide any missing application materials.	3 business days
Step 5	The receiving program provides the client with a written eligibility/acceptance determination (see below).	3 business days or when application materials complete
Step 6	If the client is accepted, the receiving program works with the client to arrange move in.	30 calendar days latest
Step 7	The receiving program records program entry in HMIS (or uses the master list to refer back to the CoC if the client rejected).	Immediately

EXTENUATING CIRCUMSTANCES

A key goal of the process is to balance the need for process efficiency with the goal of ensuring that clients, who often face considerable challenges, have every opportunity to access and succeed in housing. Thus, clients who decline more than one referral, who miss two or more appointments, or who are late in providing application materials can be excused if there are extenuating circumstances.

Extenuating circumstances," means circumstances *outside* of the client's control preventing the client from accepting the referral, attending an appointment, or providing documentation timely. This is a case-by-case determination. Examples of extenuating circumstance include:

- Verifiable medical problem or lack of funds preventing accepting of a housing referral
- Verifiable Illness or lack of transportation means preventing attendance at appointment
- Required documentation not available in time from the source preventing timely provision of application materials.

ACCEPTANCE AND DENIALS

DECISION- AGENCY RESPONSIBILITIES

- Take reasonable steps to notify the client verbally and with a letter of the decision and reasons within one business day after completion of the client's application and program decision. Where no mailing address can be determined, the letter should be left at the program front desk.
- Use a decision letter format provided by CoC staff with space for the agency to provide additional information regarding the decision.
- Include a brief statement of reasons for the denial, must include a statement that the client has a right to an appeal process, must include instructions for appealing the decision (if the client is rejected).
- Comply with the HIPAA privacy rule or any other applicable confidentiality requirements.
- Copy any acceptance or rejection letter to CoC staff at the same time it is provided to the client.
- Participate in any case conference, if requested by CoC staff, to assist in finding a more appropriate referral.
- Accept client if appeals process overturns denial decision

ACCEPTANCE

To ensure system efficiency and the best possible client service, receiving programs are generally expected to accept *every* referral received from CARS.

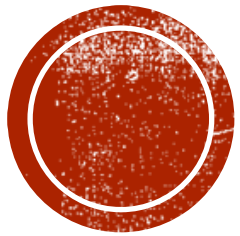
DENIAL

Receiving programs may decline an individual or family referred through CARS if any of the following exceptions are demonstrated:

- There is no appropriate vacancy available
- Household presents with more or fewer people than the unit is designed for in line with housing standards
- The individual or family is not eligible under funding source or local eligibility requirements for the program in question
- For recovery-based housing programs only: if an individual indicates unwillingness to comply with sober program requirements
- The program provides documentation that it lacks the resources needed to effectively or safely serve and support the individual or family in question

DENIAL (CONTD)

- For transitional housing programs only: if the client has already graduated from a transitional housing program within the previous two years
- Client misses two or more intake appointments within a 48-hour period of time
- Clients may decline a referral because of program requirements that are inconsistent with their needs or preferences. There are no limitations on this decision
- There is a conflict of interest as defined in writing by the receiving agency, e.g., where the client is related to a staff or Board member of the receiving agency.



SPECIAL POPULATIONS

DOMESTIC VIOLENCE

Victim and non-victim housing/service agencies must prioritize safety and equitable access to housing/services for persons fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or human trafficking (DV), while ensuring that client choice is upheld. Therefore, the screening process includes the following "yes" or "no" questions:

1. "Are you currently residing in, or trying to leave, an intimate partner who threatens you or makes you fearful?"
2. "Do you want services that are specifically geared to domestic violence survivors OR do you need a confidential location to stay?"

If the client answers "yes" to both questions, the client must be offered assistance to contact the appropriate domestic violence assistance provider provided in app.

VETERANS

- If the client does not wish to seek Veteran-specific housing/services, the client will have access to housing/services system available through CARS, in accordance with all protocols described in this manual.
- In such cases the client must be fully informed that the decision not to seek Veteran-specific housing/services may significantly limit his/her chances of receiving timely housing/services and that HUD rules limit access to CoC-funded housing if VA-funded or other Veteran-eligible housing is available to that Veteran.

UNACCOMPANIED YOUTH UNDER 18

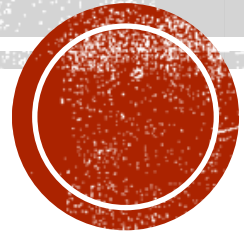
The screening process includes following "yes" or "no" question:

Are you under the age of 18?

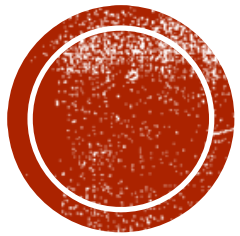
If the client answers "yes," the client must referred to and offered assistance to contact Community Human Services Safe Place for appropriate assessment and services.

QUESTIONS?

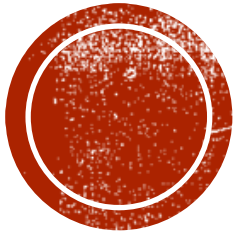
VI-SPDAT TRAINING



VI-SPDAT FOR SINGLES AND FAMILIES



FAMILY CONFIGURATIONS



TAY-VI-SPDAT

Transitional Age Youth (Ages 18-24)

TAY- VI-SPDAT

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)
   - ⁻⁻Shelters
   - ⁻⁻Transitional Housing
   - ⁻⁻Safe Haven
   - ⁻⁻Couch surfing
   - ⁻⁻Outdoors
   - ⁻⁻Refused
   - ⁻⁻Other (specify):
2. How long has it been since you lived in permanent stable housing?
3. In the last three years, how many times have you been homeless?

TAY- VI-SPDAT

B. Risks

4. In the past six months, how many times have you…

a) Received health care at an emergency department/room?

b) Taken an ambulance to the hospital?

c) Been hospitalized as an inpatient?

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines?

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along?

f) Stayed one or more nights in a holding cell, jail, prison or juvenile detention, whether it was a short-term stay like the drunk tank, a longer stay for a more serious offense, or anything in between?

TAY- VI-SPDAT

EMERGENCY SERVICE USE.

5. Have you been attacked or beaten up since you've become homeless?

6. Have you threatened to or tried to harm yourself or anyone else in the last year?

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live?

8. Were you ever incarcerated when younger than age 18?

9. Does anybody force or trick you to do things that you do not want to do?

10. Do you ever do things that may be considered to be risky like exchange sex for money, food, drugs, or a place to stay, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that?

TAY- VI-SPDAT

C. Socialization & Daily Functioning

11. Is there any person, past landlord, business, bookie, dealer, or government group like the IRS that thinks you owe them money?

12. Do you get any money from the government, an inheritance, an allowance, working under the table, a regular job, or anything like that?

13. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled?

14. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that?

TAY- VI-SPDAT

C. Socialization & Daily Functioning

5. Is your current lack of stable housing…

a) Because you ran away from your family home, a group home or a foster home?

b) Because of a difference in religious or cultural beliefs from your parents, guardians or caregivers?

c) Because your family or friends caused you to become homeless?

d) Because of conflicts around gender identity or sexual orientation?

e) Because of violence at home between family members?

f) Because of an unhealthy or abusive relationship, either at home or elsewhere?

TAY- VI-SPDAT

D. Wellness

16. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health?

17. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart?

18. If there was space available in a program that specifically assists people that live with HIV or AIDS, would that be of interest to you?

19. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help?

20. When you are sick or not feeling well, do you avoid getting medical help?

21. Are you currently pregnant, have you ever been pregnant, or have you ever gotten someone pregnant?

TAY- VI-SPDAT

D. Wellness

22. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past?

23. Will drinking or drug use make it difficult for you to stay housed or afford your housing?

24. If you've ever used marijuana, did you ever try it at age 12 or younger?

25. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:

a) A mental health issue or concern?

b) A past head injury?

c) A learning disability, developmental disability, or other impairment?

TAY- VI-SPDAT

D. Wellness

26. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help?

27. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking?

28. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication?

TAY- VI-SPDAT

Follow-up Questions

On a regular day, where is the easiest to find you and what time of day is easiest to do so?

Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?

AND THAT'S IT!

QUESTIONS?