

Central Louisiana Homeless Coalition

Coordinated Assessment Process

Developed July 2016

1. Overview

Coordinated assessment refers to the process used to assess and assist in meeting the needs of people at-risk of homelessness and people experiencing homelessness. The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) defines a centralized or coordinated assessment process as to mean a centralized or coordinated process designed to coordinate program participant intake, assessment, and provisions of referrals. Key elements of coordinated assessment include:

- A designated set of coordinated assessment locations and staff members;
- The use of standardized assessment tools to assess consumer housing needs;
- Referrals, based on the results of the assessment tools, to homelessness assistance programs (and other related programs when appropriate);
- Capturing and managing data related to assessment and referrals in a Homeless Management Information System (HMIS); and
- Prioritization of consumers with the most barriers to return to housing.

The implementation of coordinated assessment is now a requirement of receiving certain funding including, but not limited to Emergency Solutions Grant and Continuum of Care funds) from the Department of Housing and Urban Development (HUD) and is also considered national best practice. When implemented effectively, coordinated assessment can:

- Reduce the amount of research and the number of phone calls people experiencing homelessness must make before finding crisis housing or services;
- Reduce new entries into homelessness through coordinated system wide diversion and prevention efforts;
- Prevent people experiencing homelessness from entering and exiting multiple programs before getting their needs met;
- Erase the need for individual provider wait lists for services;
- Foster increased collaboration between homelessness assistance providers; and
- Improve a community's ability to perform well on Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act outcomes and make progress on ending homelessness.

This Document

These policies and procedures will govern the implementation, governance, and evaluation of coordinated assessment in central Louisiana. These policies may only be changed by the approval of the Continuum of Care (CoC) Membership based on recommendations from the Policy Committee of the CoC.

Basic Definitions

- **Provider** – Organization that provides services or housing to people experiencing or at-risk of homelessness
- **Program** – A specific set of services or a housing intervention offered by a provider
- **Assessor** – A professional who has been trained in assessing literally homeless participants for services.
- **Participant** – Person at-risk of or experiencing homelessness or someone being served by a program.
- **Participant Priority Listing** – a single prioritized listing of assessed participants, managed and maintained by the Housing Coordinator, for the entire CoC

Target Population

This process is intended to serve people experiencing homelessness. Homelessness will be defined in accordance with the official HUD definition of literal homelessness.¹ People who think they are at imminent risk of homelessness (believe they will become homeless within the next 72 hours) will be referred to other prevention-oriented resources available in the community.

The central Louisiana CoC has adopted the national priorities of ending veteran and chronic homelessness, in their respective timelines. When HUD program requirements are met, the central Louisiana CoC will prioritize the following subpopulations: veterans, families with children, and persons fleeing domestic violence.

Goals and Guiding Principles

The goal of the coordinated assessment process is to provide each participant with adequate services and supports to meet individual housing needs, with a focus on returning each to housing as quickly as possible. Below are the guiding principles that will help central Louisiana meet these goals.

- **Be used by the full homeless service system:** Programs receiving CoC and ESG funding are required to participate in the coordinated assessment process.

¹ The definition is available here:

https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

Programs not receiving this funding are encouraged to participate. Other funders may add this requirement as desired.

- **Be easy to access for both participants and providers:** Participants can contact any CoC provider to request an assessment for services, and assessors perform routine outreach activities to actively seek participants within the geographic region of the CoC.
- **Be transparent, consistent, and accountable:** Assessors are trained to ensure all participants receive equal and fair assessments and prioritization.
- **Be well advertised:** The coordinated assessment process is well advertised within the geographic area served by the CoC, including but not limited to the designated coordinated assessment centers' website and social media sites and community resources that are frequented by the homeless population (DCFS, walk-in clinics, courthouse, bus stations, police stations and cruisers, laundromats, grocery and convenience stores, etc.).
- **Utilize HMIS for “real time” information needs:** Every attempt is made to input data into HMIS in real time. If real time data input is unavailable, data will be added to HMIS within 3 business days.
- **Standardized Assessment Tools:** Assessors will utilize the same standardized assessment tools on participants, uniformly. This ensures that participants being assessed by different assessors would receive the same prioritization and referrals.
- **Participant Choice:** Participants will be given information about the programs available to them and have some degree of choice about which programs they want to participate in. They will also be engaged as key and valued partners in the implementation and evaluation of coordinated assessment through forums, surveys, and other methods designed to obtain their thoughts on the effectiveness of the coordinated assessment process.
- **Collaboration:** Because coordinated assessment is being implemented system wide, it requires a great deal of collaboration between the CoC, providers, mainstream assistance agencies (e.g., Department of Social Services, hospitals, and jails), funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing council, consistently scheduled meetings between partners, and consistent reporting on the performance of the coordinated assessment process.
- **Accurate Data:** Data collection on people experiencing homelessness is a key component of the coordinated assessment process. Data from the assessment process that reveals what resources participants need the most will be used to assist with reallocation of funds and other funding decisions. To capture this data accurately, all assessors and providers must enter data into HMIS in a timely fashion (with the exception of some special populations and special cases outlined later in this document). Participant rights with regard to access to and release of privileged information will always be made explicit to participants, and no participant will be denied services for refusing to share personal data.
- **Performance-Driven Decision Making:** Decisions about and modifications to the coordinated assessment process will be driven primarily by the need to

improve the performance of the homelessness assistance system on key outcomes. These outcomes include reducing lengths of episodes of homelessness and increasing the percent of participants who exit into emergency shelter, safe haven, transitional housing, or permanent housing from street outreach. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of wait time for an assessment.

- **Housing First:** Coordinated assessment will support a housing first approach, and will thus work to connect households with the appropriate housing opportunity, as well as any necessary supportive services, as quickly as possible.
- **Prioritizing the Hardest to House:** Coordinated assessment referrals will prioritize those households that appear to be the hardest to house or serve for program beds and services. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.

2. KEY COMPONENTS OF THE COORDINATED ASSESSMENT PROCESS

Assessors

All CoC members completing assessments will be referred to as assessors and will complete the duties listed in Appendix C, with one of these staff being designated as the Housing Coordinator, who will act as the lead assessor, whose additional job duties are also listed in Appendix C. Agencies which receive ESG funding for outreach within the CoC are required to have a trained assessor on staff. All people experiencing homelessness should be directed to one of these assessors to be assessed, prior to receiving admission to any homelessness assistance program. The only exception is with Emergency Shelter, and only if admission is done outside of regular business hours. All admissions into emergency shelter during regular business hours should be screened by the Assessors prior to admission into the program.

All assessors will receive training on the standardized assessment tools to be used and the Homeless Management Information System (HMIS). It is the responsibility of the CoC to ensure this training is available and to make sure it is offered on a regular basis (at least annually). Assessors will also receive training in serving domestic violence survivors and other population-specific topics, as needed.

Assessors may collaborate with local universities or organizations to help students or those seeking internships with completing assessments. The collaborating assessor should contact the Housing Coordinator to schedule training for these individuals. Following the training, students and/or interns may complete assessments, under the supervision of the collaborating assessor. If data is missing from the assessments, it is the responsibility of the collaborating assessor to follow-up with the participant and update the record. All individuals conducting assessments must be trained and be

prepared to explain elements of the tool to those that may have difficulty understanding questions.

Throughout these policies and procedures, assessors will find instructions and other guidance on how to conduct assessments and communicate information to the Housing Coordinator; however, not every conceivable situation is covered in this manual. Assessment staff will need to rely on their judgment, their training, and the Housing Coordinator in these situations.

Assessor Responsibilities vs. Non-CoC Program Staff Responsibilities

Assessors will be responsible for all homelessness assistance system assessments, including initial prevention/diversion assessments. Case managers and social workers at provider agencies that are not part of the system assessment process will be responsible for:

- Connecting participants to other mainstream resources outside of the CoC/ESG funded programs;
- Ensuring that, once notified by the Housing Coordinator of a referral for their participant, participants make it to their next referral appointments;
- Assisting with any documentation requirements of the participant's referral; and
- Any other service provision related to their agency's program model.

Data Collection and Entry

Assessment tools will be utilized to determine identifying information, program eligibility, and acuity. Any additional tools will be added via an addendum and will be created by the Housing Coordinator, with approval by the CoC Advisory Board. Assessment tools will be used in HMIS, in real time, whenever possible. If the assessment is not available in HMIS, or if the participant has denied release of information into HMIS, paper tools will be utilized. If an assessment is not available in HMIS, but the participant has consented to release of their information, data will be added to HMIS under case notes for appropriate data sharing amongst providers.

Assessors will review the Release of Information form with participants and explain what data will be requested, how it will be shared, whom it will be shared with, and what the participant's rights are regarding the use of the participant's data. Assessors will be responsible for ensuring participants understand their rights as far as release of information and data confidentiality. Participants who do not agree to share their data through HMIS on the client release of information form should also never have their data entered into HMIS.

Assessments

Assessment tools will be utilized to determine identifying information, program eligibility, and acuity. Any additional tools will be added via an addendum and will be created by the Housing Coordinator and adopted by the CoC Advisory Board.

The Louisiana Policy Academy on Chronic Homelessness workgroup voted and agreed that the entire state of Louisiana would utilize the VI-SPDAT as its standardized assessment tool to prioritize participants based on their acuity. It was determined that local CoC's may exclude specific questions on the VI-SPDAT for certain subpopulations. The Central Louisiana CoC has elected to not exclude any questions from the VI-SPDAT. This workgroup also gave local CoC's the option to make adjustments to an individual's acuity score, based on local resources, concerns, and needs. The Central Louisiana CoC has elected to increase a participant's acuity score based on length of time homeless. This new score will be called the CoC Score. A participant's acuity score will be increased by one additional point for every consecutive year homeless, after the first year, and/or for every additional four episodes of homelessness, after the initial four episodes. It is at the judgement of the assessor and the Housing Coordinator to accept a self-statement or require proof of homelessness before increasing CoC Score.

The workgroup also determined that local CoCs may request additional documentation or forms as part of the assessment. At this time, the following tools are in use and will be administered by the Central Louisiana CoC: Prevention/Diversion Form, HMIS Profile Intake Form (Entry/Exit in HMIS), the most recent and applicable version of the VI-SPDAT, and the Program Questionnaire (participant housing preferences, sex offender status, transportation needs, etc). It is noted that the Program Questionnaire is not designed to exclude any participant, but to ensure proper referrals.

It is imperative that assessors do not deviate from the forms, specifically the VI-SPDAT. These forms are designed to be standardized to ensure participants are prioritized properly. The training of assessors details in greater depth the importance of this. Assessor trainings will also review how to conduct the assessments, including informing participants that they have the option to refuse to answer any question, without it negatively impacting their prioritization.

Participants may be reassessed every three months. This ensures that participant's acuity scores are consistently updated, without straining assessors, and provides an updated baseline for case management services from outreach staff.

2. Coordinated Assessment Process

Pre-Screening Participants

CoC Provider staff that answer the phones or greet participants may encounter people experiencing homelessness who are interested in being assessed or receiving homelessness assistance services. All of these participants should be asked the below pre-screening question:

- Are you currently homeless or seeking emergency shelter?
 - Homeless means living in a place not meant for human habitation, in emergency shelter (including a domestic violence shelter), or exiting an institution where you stayed for up to 90 days and were in shelter or a place not meant for human habitation beforehand.
 - *Participants can identify as being homeless if they were in the above situation any night within the past seven nights.*

If the participant answers yes to this question, provider staff should let the caller know about the assessment process and begin coordinating a date/time to for the participant to be assessed by a CoC Assessor. If the participant answers no to this question, the case worker or staff person should refer the participant to other resources available in the community, such homelessness prevention services or other community resources.

It is prohibited for any homelessness assistance organizations (unless an assessor is unavailable immediately for emergency shelter) to admit participants without their having first gone through the coordinated assessment process and received a referral to their agency.

It is important to note that an assessment does not guarantee a referral to a CoC funded housing opportunity. Provider staff should be careful to make the participant aware that they only guaranteed service for the homeless is street outreach. The Housing Coordinator will contact participants if other services become available for the participant.

The Assessment Process

Assessment refers to the process of asking the participant a set of questions to determine which programs or services are most appropriate to meet their needs and prioritize them for various services. The standardized set of assessment tools listed previously will be used to make these determinations. Assessors will be trained on administering and scoring these tools, as well as the order in which they should be administered and the average amount of time each assessment should take.

If assessors are unavailable, participants presenting with a need for emergency shelter should be referred to an appropriate shelter. Participants should be referred to an assessor as soon as one becomes available.

Assessors will adhere to the following process:

- 1) The assessor will explain the assessment process and share and discuss the client release of information with the participant. If the participant consents, the staff member will enter assessment information into HMIS – if not, or if HMIS is not an option at the time (such as being offline), they will complete the assessment on

- paper. Participants may not be denied services due to their refusal of releasing their information.
- 2) The assessor will administer a prevention/diversion assessment to determine if the participant has alternative housing options, unless they are clearly chronically homeless (e.g., have engaged with outreach workers on multiple occasions).
 - a) The Assessor shall assist those who are candidates for Diversion by determining which resources are needed and available, mediating disputes, or making People who are eligible to be diverted will be served by the assessor who will determine what resources are needed to help the person stay in housing, mediate disputes, or make reasonable efforts to help them obtain alternative housing. Assessors will have to use their judgment to gauge if they are able to do a full diversion session with the participant based on the current wait times/demand for assessments and the depth of diversion services the participant needs.
 - b) If the participant is successfully diverted, the services will be documented in the HMIS and assistance provided by the CoC will cease.
 - 3) Participants who are not deemed diversion-eligible will continue with the assessment process by completing a Participant Intake Form. This form reviews housing history, benefits, and disabilities.
 - 4) Once a Participant Intake Form is completed, the participant is assessed utilizing the VI-SPDAT. This assessment will prioritize them for housing interventions and accompanying services, including emergency shelter, rapid re-housing, transitional housing, and permanent supportive housing.
 - 5) Once a VI-SPDAT is completed, the assessor will complete the Program Questionnaire to determine additional services and any limitations to participant programming.
 - 6) After the assessment forms are completed (Prevention/Diversion, Profile Intake, VI-SPDAT, Program Questionnaire), the assessor will explain to the participant the services offered through street outreach. The assessor will explain that the street outreach team needs to make contact with the participant at least once every sixty days to maintain services and be updated on their housing status. The assessor will also inform the participant that if other services become available for them, that the Housing Coordinator will be in contact to coordinate those referrals.
 - 7) The assessor will share the participant's record in HMIS, or the paper form, with the Housing Coordinator. This way the Housing Coordinator will have the participant's information and can ensure they do not ask the same questions again and can begin obtaining documentation to verify program eligibility. Access to parts of each participant record or assessment form may be restricted for safety reasons or by participant request.

Participant Priority Listing

The Housing Coordinator update the Participant Priority Listing weekly using the HMIS. If an assessment was completed on paper, it is the responsibility of the assessor to

provide the Housing Coordinator with the documentation within three business days of the assessment.

Participants will be ranked first by CoC Score, then by VI-SPDAT Score, followed by CoC prioritization of subpopulations, and finally on first come first serve basis.

The Housing Coordinator will begin to work on obtaining verifying documentation of HUD required program eligibility for those who are highest prioritized. This helps to ensure vacancies can be filled quickly, with documentation in hand before a vacancy comes available. Pending participant consent, documentation will be uploaded into HMIS to be distributed to the appropriate programs.

Participants will be removed from the participant priority listing, and be exited from the Coordinated Assessment Program, after 60 days of no contact with an assessor and/or Outreach. To ensure accurate removals, assessors will meet each month to review the listing, consult HMIS, and communicate interactions with participants.

Verifying Eligibility and Recordkeeping

Eligibility of programs are advertised in **Appendix X**. The Housing Coordinator is responsible for screening participants for program eligibility, and securing documentation required to complete the referral. The provider is responsible for obtaining any additional, program specific requirements. The Housing Coordinator will comply with HUD record keeping requirements to verify program eligibility.

Basis of Referrals

Referrals to services will be made based on the following factors:

- Results of the assessment process;
- Bed availability;
- Established system-wide priority populations; and
- Program eligibility admission criteria, including populations served and services offered.

Referrals will also be based on each program's admissions eligibility criteria, including populations served. For example, programs that serve only single adult men will only receive single adult men referrals. Agencies participating in coordinated assessment must submit all of their eligibility criteria to the Housing Coordinator before they can participate in the coordinated assessment process. Any changes to a program's eligibility criteria or target population must be sent immediately to the Housing Coordinator via e-mail to make sure referral protocol is updated accordingly. Criteria that agencies may have that are not bound to local law or strict funders' requirements will be reviewed by the CoC Advisory Board. If the Board has a concern that a program's requirements may be contributing to "screening out" or excluding households from needed services, the Board may request to meet with the provider to discuss their criteria and seek a

resolution. If the Board can clearly show a link between underserved populations and a provider's eligibility criteria, and the provider is unwilling to modify the criteria, the Board may recommend to the CoC Ranking Committee that the provider be de-prioritized for CoC or other sources of funding.

In regards to ESG-funded emergency shelter, the program staff and the Housing Coordinator will evaluate the participant priority listing and participants currently occupying those beds on the first of every month. If a participant is prioritized to be the highest in need of emergency shelter, but there is not an available emergency shelter bed, the lowest prioritized participant occupying an emergency shelter bed will be discharged on their 30th day in the shelter, if they do not voluntarily leave before that time. This ensures that the highest prioritized participant is serviced, while also ensuring adequate services to others.

Making Referrals

Referrals will not be made to programs until the Housing Coordinator is notified of a vacancy via e-mail. The Housing Coordinator should be made aware of expected and unexpected vacancies as soon as possible, to ensure a timely referral.

1. Before a referral is made, the Housing Coordinator will verify HUD required eligibility requirements.
 - a. It is the responsibility of the program staff to obtain any additional information that is required for acceptance to their program.
2. To make a referral, the Housing Coordinator will ensure the participant's information and eligibility verification is in HMIS, per participant's consent, and the HMIS record or the paper records are shared with the program receiving the referral.
 - a. The Housing Coordinator may receive verbal verification of eligibility and make referrals based on that, with the intent of obtaining written verification within 30 days of admission to a CoC or ESG funded program.

Special Populations

There are many subpopulations of people coming through the coordinated assessment process that may have special needs or need to be directed to specific resources to have their needs met. While this document includes specific instructions for some of those populations, there are many others. Assessors who believe that a participant is eligible for another specific resource not discussed in this document should use their judgement for those referrals and make note of it in HMIS.

3. BANNINGS, DECLINED REFERRALS, AND GRIEVANCE PROCEDURES

Banning Participants

At times, providers may have negative encounters with participants. If a participant has an active profile in HMIS, providers are encouraged to document any negative encounter as an incident in HMIS. It is pertinent that these encounters are documented as soon as possible, to make other providers aware of possibly dangerous situations. An “incident” in HMIS is not a “ban”, but a notice for other programs which may encounter the participant.

If a provider feels that banning the participant from their services is the only option to ensure participant and staff safety, the CoC provider directors and caseworkers who may have/will work with the participant will meet, to officially inform them of the ban. This is to ensure that all providers are aware of the participant’s ban. At this point, directors and caseworkers can discuss the participant and their concerns/agreement with the ban. Other providers may determine that a ban for their agency is in the best interest of the participant and the program staff.

If a provider does ban a participant, but an affiliated case worker feels that they can work safely with the participant, that caseworker may provide services. If the participant is banned from working with the Housing Coordinator and/or it’s provider, the caseworker that is wanting to work with the banned participant, can obtain the HUD qualifying documents for housing referrals and submit them to the Housing Coordinator (keeping in mind providers who have determined that they are also banning the participant).

To ensure that banning a participant is a last resort, a police report should be filed. This also allows the police department to determine if a participant is violating a probation or parole requirement. The participant should be informed of the ban as soon as possible.

Provider Declines Referral

There may be rare instances where program staff do not accept a referral from the coordinated assessment process. Refusals are acceptable only in certain situations, including:

- The person does not meet the program’s eligibility criteria;
- The person has previously caused serious conflicts within the program and was banned (e.g. was violent with another participant or program staff).
- The participant has had no contact with the provider or the Housing Coordinator for a full month following the referral.

If program staff determine a participant is not eligible for their program after they have received the referral from the Housing Coordinator, the program staff should

immediately contact the Housing Coordinator and notify them of the declination. The referral should also be declined in HMIS, noting the reason. The participant will remain on the participant priority listing. If a program is consistently refusing referrals, they will need to meet with the CoC Advisory Board to discuss the issue that is causing the refusals so that we may work to find a solution.

Participant Declines Referral

Assessors, through the administration of the assessment tools and the assessment process, which includes participant input, will attempt to do what they can to meet each participant's preferences while also respecting community wide prioritization standards. If a participant has refused a service, they will remain on the participant priority listing until other services become available. The CoC has limited the number of program refusals any participant can make per episode of homelessness to three refusals. If a participant exceeds this number of refusals (s)he forfeits his/her current referral and the vacancy will go to the next person on the list. The participant who has refused the referral will remain on the list for any future program availabilities.

Provider Grievances

Providers should bring any concerns about coordinated assessment to the CoC Advisory Board, unless they believe a participant is being put in immediate or life-threatening danger, in which case they should deal with the situation immediately. A summary of concerns should be provided via email to the CoC Advisory Board. The CoC Advisory Board should then schedule for that provider's representative to come to the next available Board meeting so the issue can be resolved. If the issues need more immediate resolution, the chair of the CoC Advisory Board will be in charge of determining the best course of action to resolve the issue.

Participant Grievances

The assessor or the Housing Coordinator should address any complaints by participants as best as they can in the moment. Complaints that should be addressed directly by the assessor or the Housing Coordinator include complaints about how they were treated by an assessor or violation of data agreements. Any other complaints should be referred to the CoC Advisory Board for resolution as above. Any complaints filed by a participant should note their name and contact information so the Board can contact them and offer them the chance to appear before the Board to discuss.

4. EVALUATION

Evaluation mechanisms will include the following:

- Quarterly reports on participant status, including exits to determine success of the program.
- Participant survey of those who have been through the coordinated assessment process.
- A survey issued to Non-CoC Programs.