

Greater Virginia Peninsula Homelessness Consortium
(GVPHC)
Coordinated Entry System Evaluation

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Executive Summary Chart

Findings	Recommendations
CES Design	
<p>+CES covers the entire geographic area</p> <p>+CES is accessible by single adults, families, youth, persons fleeing DV, Veterans,</p> <p>+CES is well advertised and follows HUD guidelines for affirmative marketing and accessibility for all populations</p> <p>+CES provides an initial assessment, comprehensive assessment of all persons seeking assistance, prioritization of limited resources, and defined protocols for referral and linkage to available housing and services</p> <p>+CES is incorporated into CoC Written Standards and ESG Written standards to guide eligibility determinations, determining and prioritizing the amount of rental assistance, and determining and prioritizing who will received PSH</p>	<ul style="list-style-type: none"> ✓ Update CES Written Standards. Standards were last updated January 2018. All CES documentation and Written Standards should be updated to reflect current policy, current protocols, and standardize all references to tools, forms, and protocols. ✓ Clarify CES guiding principles and operational objectives to ensure CES design supports system performance goals ✓ Update the Marketing section of the CES Written Standards to include a process for regular bias analysis of CES operations to identify if CES access, assessment, prioritization, and referral processes are having a disproportionate impact on persons of color, persons with disabilities, and members of under-represented groups. ✓ Adopt a nondiscrimination policy for all CES operations.
Access	
<p>+Regional housing crisis hotline (“hotline”), operated by ForKids, provides universal access for all subpopulations seeking crisis services and housing assistance.</p> <p>+Hotline completes an initial intake, inclusive of a Diversion/Problem Solving screen to promote housing resolution prior to literal homelessness.</p> <p>+Access screens contain all needed info and flow in logical order</p> <p>+30-40% of Hotline callers are currently housed and seeking proactive support for future crisis</p> <p>-Confusion about where in HMIS to update client records—in CES enrollment or in project enrollment</p> <p>-Diversion workflow screen in WellSky doesn’t match natural conversation flow</p> <p>-Diversion needs flex fund to offer households more options</p> <p>-Some ES/Access points understaffed and overwhelmed; unable to complete high quality intakes</p> <p>-Same intake questions asked multiple times</p>	<ul style="list-style-type: none"> ✓ Update the defined CES workflow to incorporate the practice of diversion/problem solving at each CES shelters and day centers. ✓ Build system capacity for effective Diversion <ul style="list-style-type: none"> ○ Provide more Diversion training for Access points ○ Explore development of a Diversion Flex Fund ✓ Explore adding intake capacity (Hotline and ES) during after hours ✓ Update intake forms <ul style="list-style-type: none"> ○ Assess all intake forms for opportunities to streamline and consolidate questions (Diversion, prevention, comprehensive intake) ✓ Extend CES to all crisis response providers (e.g., temporary shelters, seasonal overflow shelters) ✓ Provide refresher training on “enter data as” (EDA) strategy ✓ Establish a policy whereby all persons are offered access to crisis services when CES access points are not open (during non-business hours).

Findings	Recommendations
<p>-Some Hotline staff aren't aware of all resources available</p> <p>-Hotline referrals are electronic and without a warm handoff or accountable follow-up, many referrals are not resulting in a direct service linkage (e.g., a very small percentage of eligible HP referrals from Hotline are resulting in enrolled households receiving prevention assistance in a timely manner).</p>	<ul style="list-style-type: none"> ✓ Update CES Standards to describe the process street outreach staff follow to ensure all unsheltered persons receive same standardized CES access. ✓ Track Hotline referral linkage rates and problem-solve where eligible persons are not receiving timely crisis responses (i.e., Shelter access, HP enrollments) ✓ Track enrollment timing for referrals to crisis services. Enrollments should occur within 24 hours for all eligible referrals and when capacity is available.
Assessment	
<p>+Housing Assessment results in effective housing strategy determinations</p> <p>-Full assessment typically not completed until after client in shelter for 30 days</p> <p>-Lack of provider support for continued use of VI-SPDAT to assess acuity and need in support of prioritization determinations</p>	<ul style="list-style-type: none"> ✓ Conduct full housing assessments earlier in the engagement process ✓ Provide monthly training refresher courses for Assessors (update training documentation) ✓ Assess all intake forms for opportunities to streamline and consolidate questions in the complete CE housing packet (Diversion, eligibility screen, basic intake, housing assessment) ✓ Adopt a client-centered, nondiscrimination policy as a component of GVPHC's assessment process ✓ Adopt participant autonomy policy which indicates CES participant may refuse to answer CES assessment questions without retribution
Prioritization	
<p>+Prioritization decisions seem fair. Highest need clients are being prioritized for limited resources.</p> <p>-VI-SPDAT tool is no longer supported by most local stakeholders or the developer (OrgCode)</p> <p>-Need more visibility into who is not making it onto SCAAN PL (only clients with completed VI-SPDAT are eligible for SCAAN presentation)</p> <ul style="list-style-type: none"> ○ Acuity related delays ○ Administrative deficiencies (missing data) 	<ul style="list-style-type: none"> ✓ Develop a locally-specific prioritization/housing assessment tool and process centered on equity <ul style="list-style-type: none"> ○ Test new approaches to streamlining and simplifying assessment information which contributes to prioritization determinations ○ Explore eligibility-based matches and HMIS-based (chronic status, LOTH, disability status) prioritization determinations outside of SCAAN

Findings	Recommendations
	<ul style="list-style-type: none"> ○ Manage risk assessment, matching to intervention, and prioritization within intervention groups as separate and distinct decision points. ✓ Analyze SCAAN PL to determine if identification, match, prioritization, and referral practices are equitable and achieving CES goals ✓ Extend HMIS privacy and security protections to all data managed as part of the CES prioritization process (i.e., Prioritization List)
SCAAN Meetings	
<p>+SCAAN meetings are well attended +SCAAN meetings provide a useful opportunity to direct care coordination and support to the most challenging cases</p> <p>-SCAAN meetings are too long. Participants' time is not managed in the most efficient manner possible -Staff with most recent and most comprehensive knowledge of clients' needs and history are often not present at SCAAN meetings to advocate on behalf of clients. Without a designated advocate present these clients are often skipped over to discuss other clients for whom staff are present. -Several clients discussed at the SCAAN meetings were well known to staff present and had been discussed multiple times at previous prioritization meetings. It appears that when clients do not follow through on appointments, documentation management, scheduled housing search and enrollment activities, these client cases are skipped over or rescheduled for future panel discussion.</p>	<ul style="list-style-type: none"> ✓ Restructure SCAAN Meetings <ul style="list-style-type: none"> ○ Clarify meeting objective: system planning, care coordination, administrative tasks ○ Develop more structured presentation protocol ○ Solidify eligibility criteria to allow for automated matches outside of SCAAN ○ Clarify role of The Planning Council in support of SCAAN ○ Clarify and enforce eligibility and matching decisions based on written policy and not ad hoc decision-making ✓ GVPHC CES should develop a standardized panel form that organizes and streamlines the presentation of information at SCAAN meetings. This standardization will help to improve the pace of discussion, clarify expectations for what minimal information is necessary to present a client, and allow for proxies to present on behalf of the client when the designated staff point of contact is not present. ✓ All CES staff should be trained in motivational interviewing techniques to ensure housing eligibility, search, placement, and management activities are not exclusively left to the responsibility of clients but are shared among CoC staff who can support navigation, documentation management, housing application processes and advocacy efforts on behalf of clients. In many instances, clients may have limited capacity to navigate independently

Findings	Recommendations
	the complexity of the housing search process required to resolve their homelessness.
Housing Match & Referral	
<p>+SCAAN meetings are collegial, focused on solutions; information sharing and resource coordination occurs naturally</p> <p>-Lack of clarity on specific criteria applied to referrals and match considerations</p> <ul style="list-style-type: none"> ○ Some matching and care coordination decisions appear to be made on an ad hoc basis rather than according to standard policy <p>-Different agencies and staff present cases differently</p> <p>-SCAAN meetings can be too long, contributing to stakeholders tuning out and not being engaged</p> <p>-Takes way too long for a client to progress from initial contact to presentation for housing option at SCAAN meetings</p>	<ul style="list-style-type: none"> ✓ Build out post-housing placement supports <ul style="list-style-type: none"> ○ Income supports, SOAR ○ Employment services ○ CTI training for case management staff ✓ Build additional housing options for crisis resolution <ul style="list-style-type: none"> ○ Shared housing ○ Shallow subsidy ○ Relocation assistance for family reunification ○ Diversion/problem-solving with Flex Fund
System Refinements	
<p>+The Planning Council provides effective administrative support; seen as helpful, responsive</p> <p>-Some stakeholders are looking for more directive and focused CES leadership, oversight, management</p> <p>-Some stakeholders were not clear about who manages CES or how decisions get made</p> <p>- Housing navigation services are not standardized across CoC or CES resources. Clients do not always receive a uniform set of support to conduct housing searches; negotiate with landlords and property managers; prepare and submit applications for housing; gather and maintain appropriate documentation; and link to available community resources and supports.</p>	<ul style="list-style-type: none"> ✓ Explore updated CES governance structure to ensure population-specific resources and service planning is incorporated into CES oversight <ul style="list-style-type: none"> ○ Clarify where policy decisions are made ○ Separate administrative tasks from more policy orientated discussions ✓ CoC should explore dedicated housing navigation staff positions. ✓ CoC could benefit from a dedicated landlord recruitment/landlord retention specialist. This dedicated staff position would benefit the CES prioritization and referral process by maintaining a ready supply of market rate but affordable housing resources for use with housing placement
Persons with Lived Experience Feedback	

Findings	Recommendations
<p>+PLE understand where to go to seek crisis services. Access points for the homelessness system are clear, well-advertised and accessible</p> <p>-PLE expressed confusion and lack of clarity around Housing Plan next steps, availability of supports to help with Housing Plan, and frustration about apparent mixed messages about how to progress through the system to permanent housing.</p>	<ul style="list-style-type: none"> ✓ Clients need access to critical navigation supports to ensure documentation management, application supports, and supports with housing plan management and follow-up ✓ Clients expressed interest in receiving employment supports such as job search, job coaching, transportation, training, certificate, and licensure acquisition supports ✓ Clients prefer non-congregate sheltering options when feasible and available

Note: Recommendations in purple text represent HUD CES compliance requirements.

Background

HUD requires that Continuums of Care (CoCs) evaluate the Coordinated Entry System (CES) process on an annual basis. HUD does not prescribe the scope or specific methods of the required annual CES evaluation, although a comprehensive assessment of the CES process will focus on the quality, efficiency, and effectiveness of the entire coordinated entry experience, including intake, assessment, and referral processes, for both participating projects and participants. At a minimum the CoC must determine if the CES process meets the requirements established by HUD through [Notice CPD-17-01: Notice Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System](#).

The Greater Virginia Peninsula Homelessness Consortium (GVPHC) CoC, inclusive of James City County, Williamsburg, York County, Newport News, Poquoson, and Hampton, engaged the evaluation team of Housing Innovations to undertake an evaluation of the GVPHC CoC's Coordinated Entry System documentation and processes. The evaluation team completed a *compliance and effectiveness evaluation* which encompasses a comprehensive assessment of GVPHC CES documentation, including its completeness, accuracy, and relevancy. The evaluation team reviewed the CES design, tools, implementation, and management; and assessed the extent to which core HUD requirements are in place and being followed. The evaluation team also investigated broader questions of efficacy related to larger system goals, efficiency of processes and decision making, quality of tools and approaches and participants' experiences related to CES.

Coordinated Entry System Oversight Structure

The GVPHC CoC established a Leadership Team to act on behalf of the CoC to carry out HUD-required administrative and operation functions of the CoC. The Leadership Team, in turn, delegated responsibilities for CES design and oversight to the Program Monitoring Committee (PMC). The Planning Council is responsible for implementation and management of coordinated entry for single adults, families, and youth throughout the GVPHC CoC.

Evaluation Approach

The evaluation team designed an evaluation matrix to organize the GVPHC CES evaluation elements and corresponding observations and findings. The matrix includes all required elements of the HUD-defined CES system and processes, data necessary to carry out a full and complete compliance evaluation, and results and findings of the assessment. Any non-compliant standard or element for which insufficient evidence was available to verify compliance is noted within the text of this report.

A compliance evaluation includes a comprehensive assessment of HUD's requirements for coordinated entry from the [Coordinated Entry Notice](#), the [Prioritization Notice](#), the [Coordinated Entry Policy Brief](#), the [CoC Program interim rule](#), the [ESG interim rule](#) and the [HUD Equal Access rule](#). The compliance evaluation also includes elements from the VA's [DUSHOM Memo](#), mandating participation of each VAMC's homeless programs team and applicable programs to participate in the corresponding CoC's coordinated entry process.

GVPHC CoC has partnered with the Planning Council to design and implement a Coordinated Entry process. This CES approach integrates all six jurisdictional resources (cities of Hampton, Newport News, Poquoson, and Williamsburg, and the counties of James City and York) dedicated to persons experiencing a housing crisis into a single system.

Evaluation Results

The following sections describe each required element of Coordinated Entry and the GVPHC County CoC's level of compliance. Non-compliant items are noted as a **Finding**. Items that may require CoC action to achieve desired CoC goals but do not rise to the level of a finding are noted as a **Recommendation**.

CES Planning Requirements

Planning and Design

The CES design (Plan) must address all federal requirements established by the HUD Notice CPD 17-01 and VA's DUSHOM Memo. These design elements include core requirements (essential elements of CES including equitable access, standardized assessment, standardized prioritization procedures, and effective referral and linkage to CoC housing resources); coverage (geographic area covered by the CES implementation) and subpopulations included in the CES approach; marketing (accessibility and advertising); nondiscrimination (adherence to Fair Housing and other applicable Civil Rights laws; and CES must address the needs of persons fleeing or attempting to flee domestic violence, sexual assault, stalking, and trafficking. Most of these elements are covered in the **GVPHC Coordinated Entry Written Standards ("Standards")** from January 2018. The CES Standards were approved by the GVPHC on January 17, 2018. This is the most recent document comprising a full set of all CES operational guidance, policies, and procedures.

No Findings noted.

Participation Requirements

The CoC must define the nature of CES participation for homeless assistance projects and homelessness prevention resources administered through the CES process. The GVPHC adopted **Agency Participation Guidelines** on August 3, 2020. The Agency Participation Guidelines describe roles and responsibilities for agencies that act as Access Points, Assessment Points, and/or Housing Providers.

No Findings noted.

Written Standards

The CoC, in consultation with recipients of Emergency Solutions Grants program funds within the geographic area, must establish, and consistently follow written standards for providing CoC assistance which align with the formalized policies and procedures for CES operations. Written standards must establish guidance for evaluating eligibility for homeless emergency assistance, transitional housing, rapid rehousing, determining what percentage or amount of rent each program participant must pay while receiving RRH assistance, and which eligible individuals and families will receive permanent supportive housing assistance. The GVPHC Bylaws and CoC written standards were adopted by GVPHC on October 21, 1998, with multiple revisions and updates, the last of which being December 9, 2021.

No Findings noted.

Marketing

The CoC must affirmatively market housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability or who are least likely to apply in the absence of specialized outreach. The CES Standards must include a strategy to ensure the coordinated entry process is available to all eligible persons regardless of race, color, national origin, religion, sex, age, familial status, disability, actual or perceived sexual orientation, gender identity, or marital status. The CES Standards must ensure all people in different populations and subpopulations throughout the CoC's geographic area, including people experiencing chronic homelessness, veterans, families with children, youth, and survivors of domestic violence, have fair and equal access to the coordinated entry process. CoC CES documentation must describe the process steps followed to ensure effective communication with individuals with disabilities (e.g., sign language, assistive listening devices, translation services). The GVPHC CES Written Standards include a section for CES marketing.

No Findings noted.

Recommendation: Update the Marketing section of the CES Written Standards to include a process for regular analysis of CES operations to identify if CES access, assessment, prioritization, and referral processes are having a disproportionate impact on persons of color, persons with disabilities, members of under-represented groups, persons who are members of Federal Civil Rights protected classes, and persons least likely to seek assistance without targeted outreach. Analysis should investigate whether significant differences exist among different population's rates of system access, assessment results, prioritization and referral rates, and program enrollments.

Nondiscrimination

The CoC must develop and operate a CES process that permits recipients of Federal and State funds to comply with applicable civil rights and fair housing laws and requirements. Recipients and subrecipients of CoC Program and ESG Program-funded projects must comply with the nondiscrimination and equal opportunity provisions of Federal civil rights laws (Fair Housing Act, Sec 504 of Rehabilitation Act, Title VI of ADA, Title III of ADA), which prohibit discrimination based on:

- Race, color, religion, sex, national origin, disability, or familial status.
- Disability under any program or activity receiving Federal financial assistance.
- Title III of the Americans with Disabilities Act **prohibits private entities** that own, lease, and operate places of public accommodation, which include shelters, social service establishments, and other public accommodations providing housing, from discriminating on the basis of disability.

Recommendation: At the time of the CES evaluation, no explicit nondiscrimination policy relative to CES was available for review. However, no evidence was uncovered to suggest discrimination was in practice or condoned if detected. Adoption of an official nondiscrimination policy is recommended.

Access

Access – Diversion

Although Diversion/Problem Solving activities are not identified by HUD as required practices for CES access points, incorporating diversion protocols into a CoC's CES access process is universally identified a best practice by federal partners (e.g., HUD, VA, USICH).

Diversion/problem solving conversations are occurring on an ad hoc basis at the Housing Crisis Hotline operated by ForKids Inc. There is no defined Diversion protocol or tool, no formal process, no staff training related to effective Diversion or problem-solving strategies, and no evidence of diversion impacting shelter admissions.

The initial engagement tool (also referred to as the "**All in One Form**") used by Hotline staff to capture basic information from Hotline callers directs Hotline staff to note the disposition of the call in the HMIS (homeless management information system) as a Coordinated Entry Event.

No evidence of any additional questions or lines of inquiry were identified through in person interviews or observation. It's not clear if current diversion/problem solving questions result in participants being connected

to Homeless Prevention or other forms of crisis services and financial assistance to prevent literal homelessness or prolonged shelter stays.

No Findings or Concerns noted.

Recommendation: Update the defined CES workflow to incorporate the practice of diversion/problem solving at each CES initial access point (Hotline, outreach staff, or other in person intake). Access Point providers should receive annual formal training in the practice of diversion and regularly complete the following Diversion activities:

- 1) Track the provision of diversion and disposition of diversion recipients in HMIS, using CES event data elements
- 2) Analyze diversion data, when available, to refine the practice of diversion and update training and support to staff conducting diversion/problem solving screenings.
- 3) Connect the provision of diversion/problem solving assistance to available community resources, material assistance and financial assistance were applicable/available.

Access – Intake

The CoC provides a standardized intake approach at all access points – ForKids Homeless Hotline; crisis shelter, drop in day centers and Domestic Violence (DV) programs; and street outreach. Although CES access is standardized across the entire CoC region, after initial access the CoC geography is subdivided into two separate regions for purposes of prioritization and referral management. Further discussion of this subdivision into Upper and Lower SCAAN (Service Coordination and Assessment Network) is covered in the prioritization section of this report.

On average about 50% of all seekers of crisis services initially contact the ForKids Homeless Hotline. The Access point providers adhere to the following protocol:

1. **Initial Safety Screening.** Assesses the immediate safety of the caller and considers need for referral to specialized services for victims of domestic violence, sexual assault, dating violence, stalking, or sex trafficking.
2. **Eligibility Scan.** Identifies whether the caller is currently experiencing literal homeless or at imminent risk of literal homelessness (i.e., will be homeless within 14 days without intervention). If the household is at imminent risk of homelessness the Hotline completes a screening to identify household’s potential eligibility for available homelessness prevention programs within the GVPHC. Referrals to homelessness prevention are immediately sent to the appropriate agency to initiate contact and begin the application process.
3. **Crisis Needs Assessment (“All in One Form”).** Collects all universal data elements necessary to complete a client record in HMIS, identifies the locality where the caller is from, identifies any immediate physical or behavioral health treatment needs for all household members, and identifies additional household characteristics and attributes helpful in determining the specific crisis housing project the caller should be referred to.

All CES access points appear usable/accessible by people who may be experiencing homelessness.

The CES Written Standards include a participant rights section, client choice section, and grievance policy (version dated January/2018). Those sections of the CES Standards state that clients who are homeless will be offered the opportunity to file a grievance if the client feels their rights have been violated. Clients may direct

a grievance to the applicable agency. The grievance adjudication process follows the particular agency's grievance policies and procedures. Clients may appeal a grievance determination. Appeals are adjudicated by the CoC's Governing Board.

The final step of Intake is inclusion of the client on the GVPHC's by name list (BNL) and, if necessary/applicable, a referral to crisis housing services (i.e., emergency shelter).

All clients who are assessed by Access Point providers must complete consent to participate in CES and execute a ROI (version dates 1/17/2018) prior to being placed onto the prioritization list.

No Findings noted.

Recommendation: Update references to intake protocols, forms, and tools in CES Written Standards to ensure references are clear and consistent throughout.

Access - Accessibility

Each Access Point serves all subpopulations for which the Access Point has been assigned to serve (singles, families, youth, DV/SA, homeless prevention). If a participant seeks crisis housing after hours (when the Homeless Helpline is not operational) at a facility that doesn't specialize in addressing the specific needs of the subpopulation group to which the prospective participant is a member, the Access Point provider will make a referral to the appropriate provider/program for CES engagement and access.

Access points report to offer special accommodation to persons who need accessibility modifications due to disability

No Findings noted.

Access – Emergency Services

The CES process must allow for people experiencing a housing crisis to access emergency services with as few barriers as possible. The GVPHC CES process enables all crisis beds, emergency shelter, DV shelter, and other crisis services to serve any client coming from any GVPHC jurisdictions. No emergency access barriers were identified.

No Findings noted.

Recommendation: Establish a policy whereby all persons are ensured access to crisis services when CES access points are not open (during non-business hours). Crisis services may include phone triage, outreach contacts, and emergency over-night stays in motels.

Access – Prevention Services

The CES process includes an initial scan of the household's likelihood of averting literal homelessness. Callers to the Hotline who are housed lease-holders at the time of the call (i.e., not literally homeless) represent 35-40% of all callers. These callers are screened for available prevention services such as legal aid, emergency rental assistance, and landlord mediation and counseling services.

If eligible, households are referred to these community-based prevention services.

No Findings noted.

Access – Coverage

The CES jurisdiction must ensure CES entry processes are accessible throughout the geographic area. Persons experiencing a housing crisis can access CES services regardless of the prospective participant's location throughout the GVPHC CoC jurisdictions.

No Findings noted.

Access – Safety

The CES process accommodates emergency shelter access for DV/SA populations. DV/SA clients who appear at non-DV providers can be referred to emergency services with DV specialty/focus. DV/SA participants have access to safe, confidential, and trauma-informed victim services, including access to comparable processes within the CES assessment, prioritization, and matching/referral components.

No Findings noted.

Access – Street Outreach

Street outreach services are linked to the CES process. Outreach staff are able to conduct in-person crisis needs assessments and housing assessments for persons unable or unwilling to seek crisis housing, or unsheltered persons resistant to standard engagement attempts. All CoC resources and housing services are available to persons via outreach; access via the Helpline is not required to receive CoC assistance.

No Findings noted.

Recommendation: Update CES Standards to describe the process street outreach staff follow to ensure all unsheltered persons receive same standardized CES process.

Assessment

Assessment – Tool

HUD requires CoCs use a standardized assessment process at each CES access point. While the specific tool may differ depending on the subpopulation (e.g., families, single adults, homelessness prevention recipients, youth, and survivors of domestic violence or sexual assault), the process of assessment and using assessment information to make determinations about how to define and meet the needs of clients must be consistent.

The GVPHC assessment tool includes specific questions pertaining to the practice of focused problem solving which may result in a prospective client being diverted from literal homelessness. While the assessment tool includes diversion questions, the diversion process itself is not well defined. It's not clear how CES staff are trained and supported in asking diversion related questions, how responses to participant questions might be used to explore alternative accommodation instead of crisis housing or shelter, how other community resources (e.g., financial, material assistance, supportive services) could be leveraged to support a prospective participants placement in safe, alternative housing.

No Findings noted.

Recommendations: Define a more rigorous and complete diversion protocol and build this protocol into the standardized assessment process for all CES access points.

- Build a brief diversion/problem solving protocol and incorporate that protocol (i.e., tool and process) into the CES assessment strategy. The diversion protocol should be incorporated into the GVPHC Prescreen Eligibility and Interest process.
- All Emergency Services and access point staff should be trained in diversion/problem solving protocols and strategies.
- Expand CES data collection to include the administration of diversion/problem solving data collection, including assessment questions and disposition of diversion assessment interactions.

Assessment – Process

In addition to a standardized assessment process across all CES access points, other HUD requirements include ensuring assessment processes are fair and equitably administered; the assessment process doesn't screen people out of available assistance; and all staff receive training on assessment tools and processes at least annually.

Findings: The GVPHC CES manual and accompanying documentation refer to the SPDAT and VI-SPDAT, developed by OrgCode, as the CoC's official assessment tools. These OrgCode products are not assessment tools; they are prioritization assistance resources. In addition, the OrgCode VI-SPDAT tool is no longer supported by OrgCode and not recognized nationally as an effective equitable or reliable tool to assign prioritization scores. The CoC must define standard assessment process for use among all CES access points. A standardized assessment process will include an initial triage, diversion screen, project intake questions, initial assessment questions, potential eligibility assessments, and a comprehensive assessment. All these components assist a CES intake worker in building a complete picture of a client's current crisis, their housing and homelessness history, the client's needs, and their preferences for assistance. All those pieces of information should be used to make a prioritization determination for further assistance, but the prioritization process itself is not an assessment.

After a CES participant has received an initial intake by an access provider, it typically takes up to 30 days for a trained assessor to complete the comprehensive housing assessment. Completion of the housing assessment is a necessary step for participants to be considered for housing and support services. During this 30-day period participants are missing valuable opportunities to resolve their housing crisis more quickly by being connected to available housing programs and supportive services.

Assessment – Training

The CoC's CES Written Standards must describe requirements for assessment training at least once annual to all organizations and staff who administer assessments. A review of the GVPHC CES Written Standards clearly mention assessor training, but the documentation did not describe who provides the training, who must attend, or what the curricula specifically includes. The curricula included in the Written Standards described training on the following topics: prioritization and prevention assessment; full SPDAT; cultural and linguistic competency training; and trauma-informed care and safety planning.

No Findings noted.

Recommendation: Design an annualized CES assessment training program with the following topics covered: review of CES P&Ps; standardized assessment collection and decision-making; tools used for assessment, including problem solving and diversion protocols; phased assessment; separating assessment information from eligibility determinations and prioritization results; managing client information collected during assessment (using HMIS security and privacy protocols); cultural and linguistic competency; trauma-informed care; and safety planning.

Assessment – Client-Centered

CoC staff administering CES functions must inform all persons participating in CES that they are able to file a complaint if nondiscrimination policies have not been uniformly applied or followed.

Finding: There was no evidence of this client-centered, nondiscrimination policy in the CES Written Standards documentation.

Assessment – Participant Autonomy

CES participants must be informed that they can refuse to answer CES assessment questions without retribution. CES Written Standards must specify conditions for participants to maintain their place in CES prioritization lists when the participant rejects referral options.

Finding: There was no evidence of this participant autonomy policy in the CES Written Standards documentation.

Assessment – Privacy

CoC must establish written standards documented in CES Written Standards that protect all data collected through the CES assessment process and discussion at SCAAN meetings. CES participants must be afforded right to withhold disclosure (i.e., not disclose) specific disability information or diagnosis. Disability related questions may only be asked in the context of assessing eligibility for specific programs that require presence

of a disability as a condition for enrollment (e.g., HOPWA-funded programs require that prospective participants disclose and document presence of HIV+/AIDS status).

Finding: There was no evidence of this participant privacy policy in the CES Written Standards documentation.

Prioritization

Prioritization - Process

The CoC must use the CES process to prioritize persons within the CoC based on a specific, definable set of criteria that are documented and made publicly available. GVPHC CES uses chronic status, SPDAT acuity score, a risk/frailty score (based on a subset of SPDAT questions), and length of time homeless to define acuity of service need or vulnerability for purposes of prioritization. Further, the GVPHC CES prioritization process fully adopts the levels of priority for PSH referrals as defined in the HUD Notice CPD 016-11. The GVPHC CES Written Standards include these factors and assessment information to make prioritization decisions.

Findings: The SPDAT tool developed by OrgCode is no longer supported by OrgCode and is not considered by national advocacy organizations, homeless policy experts, or researchers to be a valid tool or process for defining risk or acuity for purposes of prioritization. The CoC should undertake a community planning process to define locally specific criteria for level of service needs and a reliable process for applying those criteria during the CES assessment process.

The CoC did not provide evidence in the CES written P&P documentation that defines a process for participants to experience a prioritization process free from discrimination. Nor did the CES P&P documentation outline a process for participants to file a nondiscrimination complaint.

Prioritization - Management

The Planning Council supports regular prioritization review and housing referral meetings with staff from shelter and housing projects throughout the upper and lower geographic portions of the CoC (i.e., biweekly Service Coordination And Assessment Network or “SCAAN”). Meetings are facilitated by volunteer co-chairs. At these Upper and Lower SCAAN meetings client cases are presented and discussed. Discussion contributes to a group decision about the best housing and service intervention for each client. Referrals to specific program providers are identified at these SCAAN meetings.

Assessment staff who completed the client’s assessment and administered the VI-SPDAT are expected to present the client’s case at SCAAN meetings. Typically, the assessor is a shelter case worker or an outreach provider. CES Written Standards and participation agreements stipulate that the access point provider who completed the assessment must present the client cases at SCAAN meetings, but the person who completed the client assessment may not be available or not be present to present at SCAAN meetings.

No Findings noted.

Recommendations: Based on review of prioritization process and observation of SCAAN meetings, the following recommendations are noted:

- ✓ SCAAN meetings typically last over an hour and cover administrative updates and topics that could be handled separately via email updates or separate communications. Long meetings result in inattentive participant engagement. GVPHC should investigate opportunities to reduce length of time of SCAAN meetings, shift administrative updates to other settings or communication strategies.
- ✓ Staff with most recent and most comprehensive knowledge of clients’ needs and history are often not present at SCAAN meetings to advocate on behalf of clients. Without a designated advocate present these clients are often skipped over to discuss other clients

for whom staff are present. GVPHC CES should develop a *standardized panel form* that organizes and streamlines the presentation of information at SCAAN meetings. This standardization will help to improve the pace of discussion, clarify expectations for what minimal information is necessary to present a client, and allow for proxies to present on behalf of the client when the designated staff point of contact is not present.

- ✓ Several clients discussed at the SCAAN meetings were well known to staff present and had been discussed multiple times at previous prioritization meetings. It appears that when clients do not follow through on appointments, documentation management, scheduled housing search and enrollment activities, these client cases are skipped over or rescheduled for future panel discussion. All CES staff should be trained in *motivational interviewing techniques* to ensure housing eligibility, search, placement, and management activities are not exclusively left to the responsibility of clients but are shared among CoC staff who can support navigation, documentation management, housing application processes and advocacy efforts on behalf of clients. In many instances, clients may have limited capacity to navigate independently the complexity of the housing search process required to resolve their homelessness.
- ✓ Criteria are unclear for decision making around which housing intervention a client should receive, what happens when clients don't clearly meet all targeting criteria, what happens when clients are missing documentation or fail to follow through on expectations for document collection and verification. Lack of clear, written criteria results in inconsistent and ad hoc decision making. CES Written Standards need to be updated to include specific criteria and protocols for making SCAAN decisions about intervention determinations and matching clients to available resources.
- ✓ It doesn't appear that CoC or CES resources are dedicated to the necessary activities of navigation. Clients may not be receiving the required support to conduct housing searches, negotiate with landlords and property managers, prepare, and submit applications for housing, gather and maintain appropriate documentation, and link to available community resources and supports. CoC should explore *dedicated housing navigation staff positions*.
- ✓ CoC could benefit from a *dedicated landlord recruitment/landlord retention specialist*. This dedicated staff position would benefit the CES prioritization and referral process by maintaining a ready supply of market rate but affordable housing resources for use with housing placement (both with HCV and without vouchers)

Prioritization – Emergency Services

The CoC must clearly distinguish, in written policies and procedures, between services and interventions that are **not** prioritized (i.e., available on an emergency, walk in basis) and those resources that **are** prioritized based on need, acuity, and vulnerability. GVPHC resources not prioritized through CES processes include triage/crisis hotline, emergency shelter, and outreach. GVPHC resources and services that are prioritized include TH, RRH and PSH.

No Findings noted.

Prioritization - Nondiscrimination

CoC must provide written CES documentation that ensures participants are able to maintain their place in line when referral options are rejected. Additionally, data collected from assessments must not be used to discriminate or prioritize for assistance based exclusively on a person's membership in a protected class as defined by federal Civil Rights legislation.

Findings: The CoC did not provide evidence in the CES Written Standards that defines a process for participants to experience a prioritization process free from discrimination.

The CES Written Standards did not outline a process for participants to file a nondiscrimination complaint.

Prioritization – List Management

The CoC must extend security and privacy protections to any data collected and used for purposes of prioritization determinations.

Finding: The CoC did not provide evidence in the CES Written Standards that extends HMIS privacy and security protections to all data collected, managed, or shared in accordance with defined CES processes.

Referral

Referral – Participating Projects

The CoC must use a uniform and standardized referral process for all beds, units and services designated for persons experiencing a housing crisis and available through projects funded by HUD through the CoC Program and ESG Program. In addition, the CoC and CES-participating projects must not screen potential participants out for assistance based on perceived barriers related to housing and services.

No Findings noted.

Referral – Nondiscrimination

All CoC agencies participating in the CES process must comply with Equal Access and nondiscrimination provisions of federal Civil Rights laws. Participating agencies must not use the CES process to steer or direct prospective participants to particular projects based on known or perceived affinity to region, neighborhood, race, color, national origin, religion, sex, disability, or presence of children within the family.

Finding: The CoC did not provide evidence in the CES Written Standards that defines a process for participants to experience a referral process free from discrimination. Nor did the CES P&P documentation outline a process for participants to file a nondiscrimination complaint should discrimination in referrals be experienced or suspected.

Data Management

CES Data Elements

GVPHC HMIS has defined a workflow associated with data collection and management of CES data elements, including project-level data associated with CES intake and homeless project intake. ForKids staff, CES intake staff, CES assessors and stakeholders indicated the HMIS workflow doesn't always align with the sequence of questions asked in a typical intake. Additionally, the location of data entry fields in HMIS aren't positioned logically (next to one another, or in sequential flow).

Recommendation: Develop a defined workflow for collection of CES data elements in HMIS that logically flows from the standard CES intake and assessment process and maps to a logical organization of where data responses should be managed in HMIS.

Coordinated Entry & HMIS

The CoC must ensure adequate privacy protections of all participant information per the HMIS Data and Technical Standards governing HMIS operations for CoCs. The CoC's HMIS policies and procedures and CES Written Standards must both describe protocols for obtaining participant consent to collect, share and store participant information for purposes of assessing and referring participants through CES processes. CoC must prohibit the denial of services to participants if participants refuse to allow their data to be collected, shared, stored, or reported.

No Findings noted.

Evaluation

Evaluation Core Requirements

CES Written Standards must state that the CoC will consult with each participating project and project participants at least annually to evaluate intake, assessment, and referral processes associated with CES.

Finding: The CoC did not provide evidence in the CES Written Standards that CES evaluations will occur annually.

Evaluation – Methods

The CES Written Standards must describe the procedures, frequency, and methods by which CES evaluation will be conducted.

Finding: No description of evaluation of activities (such as surveys, focus groups, data analysis, direct observation) are described in the CES Written Standards documentation.

Evaluation – Privacy

The CES Written Standards must describe the process the CoC uses to ensure adequate privacy protections are in place for all information collected from CES participants during the course of regular CES evaluation activities.

Finding: No description of client privacy or data security policies in relation to information collected for purposes of CES evaluation are included in the CoC's CES Written Standards documentation.

System Refinements

CES evaluators noted additional system refinement opportunities throughout the course of the evaluation data collection, analysis, and compilation process. While not HUD CES requirements, the following recommendations would position to the GVPHC to achieve greater impact and system efficiencies:

Recommendations:

- ✓ **Explore updated CES governance structure** to ensure population-specific resources and service planning is incorporated into CES oversight
 - Clarify where policy decisions are made
 - Separate administrative tasks from more policy orientated discussions
- ✓ CoC should explore **dedicated housing navigation staff positions** to support the housing search, identification, and application process.
- ✓ CoC could benefit from a **dedicated landlord recruitment/landlord retention specialist**. This dedicated staff position would benefit the CES prioritization and referral process by maintaining a ready supply of market rate but affordable housing resources for use with housing placement

Appendices

Questions for Access Point Providers – Hotline, ES, Street Outreach

1. How is the Housing Crisis Hotline structured, staffed, operated?
2. Is Hotline volume able to be managed by existing staff configuration and resources?
3. What are Hotline staff qualifications and compensation?
4. What training, capacity building, support resources are available to Access Point staff?
5. Who provides oversight and management of the Hotline? Is it sufficient, effective, reliable?
6. How does the Hotline support CE goals, CoC system goals?
7. Describe the nature of Diversion conversations? How are these structured? How are results noted? What changes would you recommend?
8. Are CE policies clear, implementable, effective? What are the gaps?
9. How is technology leveraged (mobile tablets, HMIS, etc.)?
10. Is CE workflow aligned/supported by HMIS workflows? Is the HMIS workflow easy to use, follow, intuitive?
11. Are there any gaps in Access PTs/Hotline?
12. Does Street Outreach reach all encampments, persons in cars, persons resistant to accessing ES or DV programs?
13. What is the SO coverage or access schedule: (geography, time of day, days per week)?
14. Does the assessment tool/process accurately and completely document clients' needs and preferences?
 - a. HP Screening Tool
 - b. Initial Safety Screening Tool
 - c. Crisis Needs Assessment
 - d. "All in one packet"
15. What changes or adjustments to CE processes would you recommend?

Questions for Assessment Providers & Housing Providers – ES and RRH, PSH

1. Are assessment determinations well aligned with service strategies and housing interventions?
2. Are prioritization policies clear, fair, implementable, resulting in effective queuing and referrals?
3. Are there concerns about fairness, equity, inclusion, unintentional disparate impacts?
4. How do you manage program barriers, denials, "lost" or unfindable clients?
5. How is the client hand-off process managed? How does a client transition from shelter to housing search and location, to housing move in, to connection to other community resources and benefits?
6. How is participant choice supported? Are grievance policies and appeals processes well understood; effective?
7. Do assessment packets (in HMIS and hard copy files) contain all the information necessary to initiate housing planning with a client? What additional data and information would be helpful?
8. Describe training, capacity building and resource supports for the Housing Assessment process. Do you have access to the resources you need? Are you able to get questions answered?
9. What changes or adjustments to CE processes would you recommend?

Questions for Housing Providers – RRH & PSH

1. How would you assess the quality of referrals you receive from CES?
 - a. Accuracy and completeness of information,
 - b. Referrals are aligned with your program's design and capacity to accept referrals

2. How does the regular SCAAN meeting work for you?
3. How do you manage transfers from PSH or RRH to other PSH? Does client go back through case conferencing?
4. Does the weekly vacancy report work? Accuracy, timeliness?
5. What additional training and resources would help you improve performance and increase positive impact on clients?
6. What changes or adjustments to CES processes would you recommend?

Questions for Persons with Lived Experience?

1. Did you call the Housing Crisis Hotline? What was that process like?
2. Did you feel like the person listened and understood what you needed?
3. What information gets collected from you? What questions do the Hotline/ES/Outreach staff ask when they do an intake? Are those the right questions to understand your needs?
4. Did you get a referral to the right housing and/or other services that you need?
5. How could the GVPHC serve you better (prompts for client focused engagement, clients rights and appeals, alignment of needs with available housing and service supports)?
6. What advice would you give someone else who needs to call the Hotline or access services in GVPHC?