

## **Big Bend Continuum of Care Coordinated Assessment Policies and Procedures**

Amended October 2015

### **OVERVIEW**

#### **Overview of Coordinated Assessment**

Coordinated assessment refers to the process used to assess and assist in meeting the housing needs of people at-risk of homelessness and people experiencing homelessness. Key elements of coordinated assessment include:

- A designated set of coordinated assessment locations and staff positions;
- The use of standardized assessment tools to assess consumer 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 returning to housing for more strategic uses of limited resources.

The implementation of coordinated assessment is now a requirement of receiving certain funding (namely 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 the amount of time a family or individual is expected to experience homelessness by streamlining the entry process for our system of care.
- 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;
- Reduce or erase entirely 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 the Big Bend Continuum of Care. These policies may only be changed by the approval of the Continuum of Care (CoC) Board based on recommendations from the Coordinated Assessment Committee of the CoC.

## Basic Definitions

- **Provider** – Organization that provides services or housing to people experiencing or at-risk of homelessness (e.g. Kearney Center, Big Bend Homeless Coalition, Refuge House, etc.)
- **Program** – A specific set of services or a housing intervention offered by a provider (e.g. HOPE Emergency Shelter for Families, The Emergency Shelter for Individuals at the Kearney Center, etc.)
- **Consumer/Client** – Person at-risk of or experiencing homelessness or someone being served by the coordinated assessment process
- **Housing Interventions** – Housing programs and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. housing vouchers, Unhoused Humanity Rapid Re-Housing, ESG funded Rapid Rehousing, CoC/HUD funded Permanent Supportive Housing Programs)

## Target Population

This process is intended to serve people experiencing homelessness and those who believe they are at imminent risk of homelessness. Homelessness will be defined in accordance with the official HUD definition of homelessness.<sup>1</sup> People at imminent risk of homelessness are people who believe they will become homeless, according to the HUD definition, within the next 72 hours. People who think they have a longer period of time before they will become homeless should be referred to other prevention-oriented resources available in the community.

This coordinated assessment process was developed primarily for residents of Leon County. In cases where it is forbidden by their funders or local, state, or federal law, providers may not be able to serve individuals who do not have adequate proof of residence in Leon County.

Assessment staff will attempt to link consumers that fall into this category with resources that may be available in their area of origin or wherever they are currently staying.

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<sup>1</sup> The definition is available here:

[https://www.onecpd.info/resources/documents/HEARTH\\_HomelessDefinition\\_FinalRule.pdf](https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf)

## Goals and Guiding Principles

The goal of the coordinated assessment process is to provide each consumer/client with adequate services and supports to meet their housing needs, with a focus on returning them to housing as quickly as possible. Below are the guiding principles that will help Leon County and the neighboring 7 counties, meet these goals.

- **Consumer Choice:** Consumers 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., 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 (the Coordinated Assessment Committee), 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 consumers need the most will be used to assist with reallocation of funds and other funding decisions. To capture this data accurately, all assessment staff and providers must enter data into HMIS (with the exception of some special populations and other cases, outlined later in this document) in a timely fashion. Clients' rights around data will always be made explicit to them, and no consumer will be denied services for refusing to share their 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 new entries into homelessness, reducing lengths of episodes of homelessness, and reducing repeat entries into homelessness. Changes may also be driven by a desire to improve process-oriented outcomes, including reducing the amount of waiting time for an assessment.
- **Housing First:** Coordinated assessment will support a housing first approach, and will thus work to connect households with the appropriate permanent 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 will ensure an appropriate match between the most intensive services and the people least likely to succeed with a less intensive intervention, while giving people with fewer housing barriers more time to work out a housing solution on their own. This approach is most likely to reduce the average length of episodes of homelessness and result in better housing outcomes for all.

### **KEY COMPONENTS OF THE COORDINATED ASSESSMENT PROCESS**

This section outlines and defines the key components of coordinated assessment and how the coordinated assessment process will work in our area.

#### **Designated Coordinated Assessment Centers**

The designated coordinated assessment centers will be the only locations (outside of select mainstream institutions, such as jails or hospitals, with a Memorandum of Understanding with the CoC in place and any place where outreach workers engage with people) where people experiencing homelessness will be assessed and referred to homelessness assistance services. All people experiencing homelessness or at imminent risk of homelessness should be directed to these locations to be assessed **prior to receiving any services or admission to any homelessness assistance program** (with the exception of situations where assessment hours have ended for the day and the person needs emergency shelter). No additional locations may become designated assessment centers without going through the specific training provided by the Big Bend Homeless Coalition on how to administer the assessment and enter the assessment into the HMIS. All assessment centers should also be an active member of the CoC and commit to providing regular feedback to the Coordinated Assessment Committee.

The designated coordinated assessment centers/agencies in Leon County are:

- The Kearney Center
- Big Bend Homeless Coalition
- Ability 1st
- SSVF and CCYS outreach teams

This list will be updated if and when additional designated coordinated assessment centers/agencies are added or removed.

#### **Assessment Center Staffing**

Written assessment tools geared toward individuals and families, developed by the committee, will be administered by various agency staff trained to complete the assessment and enter into our HMIS.

Outreach staff whose agencies have been approved by the Coordinated Assessment Committee will also assess consumers living on the street or other places not fit for human habitation.

All staff that administer assessments will receive training on the standardized assessment forms to be used, the HMIS, proper referral and prioritization procedures, and priority list management. Staff will also receive training in serving domestic violence survivors and other population-specific topics as needed. It is the responsibility of the CoC to ensure this training for staff is available and to make sure it is offered on a regular basis (at least quarterly).

### **System Entry**

Consumers/clients presenting at agencies other than the designated coordinated assessment centers seeking homelessness assistance services will be referred to a designated assessment center/agency for assessment. If the consumer is unable to reach the center due to a disability or lack of transportation, an effort should be made by the agency where they present to assist the consumer with transportation needs. If the designated coordinated assessment centers are closed and the agency provides beds or other crisis housing, they may admit the consumer until the coordinated assessment process is available again. These consumers should be directed to the designated coordinated assessment centers again as soon as they are open. **It is strongly discouraged that any homelessness assistance organizations (unless the designated coordinated assessment centers are closed) admit or serve consumers without them having first gone through the coordinated assessment process.**

### **Phone Calls**

Staff at the designated coordinated assessment centers, 2-1-1, or other provider locations that answer the phones may encounter people experiencing or at imminent risk of homelessness who are interested in being assessed or receiving homelessness assistance services. All of these callers should be asked a few pre-screening questions:

- Are you currently homeless or do you think you will become homeless within the next 72 hours? Homeless means living in a place not meant for human habitation, in emergency shelter, in transitional housing, 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.
- Are you interested in receiving homelessness assistance services?

If the consumer answers yes to both questions, provider staff answering the phones should let the caller know about the designated coordinated assessment locations and the hours they are open and encourage them to come in to be assessed.

## **The Assessment Process**

Assessment refers to the process of asking the consumer a set of questions to determine which programs or services are most appropriate to meet their needs and prioritize them based on their needs. A standardized set of assessment tools will be used to make these determinations. Assessment staff 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. Assessments will be administered at:

- Kearney Center for overnight emergency shelter residents during their normally scheduled case management appointments and by collocated service providers including Ability 1<sup>st</sup> when available.
- Big Bend Homeless Coalition – when there is a designated staff person available for assessments
- SSVF and CCYS outreach teams when the outreach staff determines appropriate.

### *Assessment Staff:*

1. The assessment staff member will determine if the consumer/client is experiencing homelessness or at imminent risk of homelessness with not option for diversion.
2. People who are not deemed diversion eligible will continue with the Big Bend Coordinated Housing Assessment process if they are interested in obtaining housing services. This process will prioritize them for housing interventions, including transitional housing, rapid re-housing, and permanent supportive housing.

## **Data Collection**

Data will be collected on everyone that is assessed through the coordinated assessment process. This section, in addition to instructions embedded within the assessment tool, will detail when and how data about consumers going through coordinated assessment will be collected.

Once a client has been asked the pre-screening questions and is deemed eligible to be assessed, the assessment staff member will explain the data confidentiality policy and present the client with a Release of Information to sign in order to share their data with other providers participating in the coordinated intake process. They will go over it with them and explain what data will be requested, how it will be shared, who it will be shared with, and what the consumer's rights are regarding the use of their data. Assessment staff will be responsible for ensuring consumers understand their rights as far as release of information and data confidentiality. If they sign the form, the assessment staff member will begin the assessment process directly in HMIS or on a paper capture tool to be entered later that same day.

Some consumers should never be entered into HMIS. These include:

- Consumers who want domestic violence-specific services should never have information entered into HMIS. The assessment should be done on a paper form and passed off to the appropriate provider. If they are being served by a domestic violence provider, that agency may enter their information into a HMIS-comparable database.
- Consumers who do not sign a data confidentiality form should also never have their data entered into HMIS.

Once the assessment process has been completed, the assessment staff member will share the consumer's record in HMIS (or the paper form) with the program they are being referred to. This way the program will have the consumer's information and can ensure they do not ask the same questions again, potentially re-traumatizing the consumer. Access to parts of each consumer record or assessment form may be restricted for safety reasons or by consumer request.

### **Basis of Referrals**

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

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

Each of these elements is discussed in more detail below.

The Big Bend CoC Housing Assessment Tool, has a built-in scoring mechanism that will prioritize households for access to different housing interventions based on the VI-SPDAT questions and scoring as well as the addition of relevant community questions. This will serve as a jumping-off point for a discussion between the assessment staff member and the consumer about what referral should be made.

The coordinated process will be geared toward prioritizing those households with the most intensive service needs and housing barriers (e.g. veterans, medically vulnerable, chronically homeless households and households with multiple episodes of homelessness). The CoC will have a renewed discussion annually, around the time of CoC application process, about the priority populations for the CoC and the coordinated assessment process. The assessment tools being used at coordinated assessment will be tweaked to reflect any changes to the priority groups. The Coordinated Assessment Committee will be responsible for making changes to the coordinated assessment tool and re-distributing it to assessment staff.

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 as referrals. **Agencies participating in coordinated assessment must submit**

**all of their eligibility criteria to the Coordinated Assessment Committee 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 Coordinated Assessment Committee via the chair 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 Coordinated Assessment Committee along with data about people who have remained in emergency shelter for more than 45 days or are living on the street. If the Committee has a concern that a program's requirements may be contributing to "screening out" or excluding households from needed services, the Committee may request to meet with the provider to discuss their criteria and options for resolution.

### **Making Referrals and Prioritizing Consumers**

The referral process will be standard across all assessment sites.

1. After the assessment process is complete, the assessment worker will score the tool and determine which interventions it says the consumer should be prioritized for, if any. If there is an assessment completed on a client it should be entered into the appropriate CoC Housing referral section of HMIS and a ranked referral should be made based on their score. There is a list for individuals and a separate list for families.
2. For those that did get prioritized for housing interventions, the assessment staff member should offer their recommendation of which intervention they think is best (if there is more than one option). The assessment staff member should then describe how the referral process will work – the consumer will be able to make a choice between the interventions (if there are multiple ones), and then will be placed on the priority list for whichever they choose. Priority lists are distributed to rapid rehousing providers and permanent supportive housing providers at this time, along with a monthly discussion of ranked cases allowing for advocacy for those individuals with extenuating circumstances that may increase their priority. Once on the list, slots will be offered based on need and prioritization set by the CoC as well as specific criteria of the program providing the housing intervention.
3. At each monthly permanent supportive housing meeting, cases will be reviewed and advocated for by case management. PSH providers will agree to work with clients based on available slots and will be assigned clients with the highest prioritized client being assigned first. PSH providers also require a completed PSH housing application in order to accept assignment.
4. Currently our system only supports referrals to PSH programs. Referrals to specific PSH providers will be made at the end of every PSH meeting to reflect the most current prioritization. If PSH providers have more spaces become available between



meetings they can run the CoC individual or family housing referral list and sort by score, ranking and date to determine who they would accept next and communicate that to the referring case manager as well as the coordinated intake maintenance person through BBHC.

5. If and when the client is housed through the PSH program, the PSH program should close the referral and remove the client from the CoC housing list by closing the referral and notify BBHC as the list coordinator. If the client is ineligible or refuses services from the provider this should be reflected in the notes section of the closed referral in HMIS.

### **Priority List Management and Notification of Referral**

Priority list management and notification of referrals will be the responsibility of assessment staff members. Assessment staff and PSH program staff are all trained to run real time reports in HMIS reflecting standard prioritization of the CoC housing lists so everyone sees the sorted list in the same way, with the same clients prioritized for next available placements. The referral report to the CoC list should be sorted first by VI-SPDAT score with the highest scores listed first, then by ranking of high-low, pulling the clients prioritized at the monthly meetings, then prioritized by referral date, ensuring the consumers on the list the longest are prioritized over newer referrals.

The CoC further establishes the following priority listing as the order to be followed when placing people in HUD CoC funded PSH programs:

#### **A. Order of Priority in CoC Program-funded Permanent Supportive Housing Beds Dedicated to Persons Experiencing Chronic Homelessness and Permanent Supportive Housing Prioritized for Occupancy by Persons Experiencing Chronic Homelessness**

**1. (a) First Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness and with the Most Severe Service Needs.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and
- ii. The CoC or CoC Program recipient has identified the chronically homeless individual or head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs (see definition of Severe service Needs below).

**(b) Second Priority—Chronically Homeless Individuals and Families with the Longest History of Homelessness.** A chronically homeless individual or head of household, as defined in 24 CFR 578.3, for which both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for at least 12 months either continuously or on at least four separate occasions in the last 3 years, where the cumulative total length of the four occasions equals at least 12 months; and,
- ii. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

**(c) Third Priority—Chronically Homeless Individuals and Families with the Most Severe Service Needs.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter on at least four separate occasions in the last 3 years, where the total length of those separate occasions equals less than one year; and
- ii. The CoC or CoC program recipient has identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

**(d) Fourth Priority—All Other Chronically Homeless Individuals and Families.** A chronically homeless individual or head of household as defined in 24 CFR 578.3 for whom both of the following are true:

- i. The chronically homeless individual or head of household of a family has been homeless and living in a place not meant for human habitation, a safe haven, or in an emergency shelter for on at least four separate occasions in the last 3 years, where the cumulative total length the four occasions is **less than** 12 months; and
- ii. The CoC or CoC program recipient has **not** identified the chronically homeless individual or the head of household, who meets all of the criteria in paragraph (1) of the definition for chronically homeless, of the family as having severe service needs.

**2.** Where a CoC or a recipient of CoC Program-funded PSH beds that are dedicated or prioritized is not able to identify chronically homeless individuals and families as defined in 24 CFR 578.3 within the CoC, the order of priority in Section B. of this priority listing, as adopted by the CoC, may be followed.

**3.** Recipients of CoC Program-funded PSH should follow the order of priority above while also considering the goals and any identified target populations served by the project. For example, a CoC Program-funded PSH project that is permitted to target homeless persons with a serious mental illness that has been identified as a project that will prioritize a portion or all of its turnover beds to persons experiencing chronic homelessness should follow the order of priority under Section A of this priority listing to the extent in which persons with serious mental illness meet the criteria.

**4.** Recipients must exercise due diligence when conducting outreach and assessment to ensure that persons are served in the order of priority in this listing. It is recognized that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units remain vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts to engage those persons and the CoC and CoC Program-funded PSH providers are encouraged to follow a Housing First approach to the maximum extent practicable. Those projects that indicated in the most recent CoC Project Application that they would follow a Housing First approach will be required to do so. For eligibility in dedicated or prioritized PSH serving chronically homeless households, the individual or head of household must meet all of the applicable criteria to be considered chronically homeless per 24 CFR 578.3.

## **B. Order of Priority in Permanent Supportive Housing Beds Not Dedicated or Prioritized for Persons Experiencing Chronic Homelessness**

**(a) First Priority—Homeless Individuals and Families with a Disability with the Most Severe Service Needs.** An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter for any period of time, including persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution **and** has been identified as having the most severe service needs.

**(b) Second Priority—Homeless Individuals and Families with a Disability with a Long Period of Continuous or Episodic Homelessness.** An individual or family that is eligible for CoC Program-funded PSH who has been living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution and had been living or residing in one of

those locations for at least 6 months or on at least three separate occasions in the last 3 years where the cumulative total is at least 6 months.

**(c) Third Priority—Homeless Individuals and Families with Disability Coming from Places Not Meant for Human Habitation, Safe Havens, or Emergency Shelters.** An individual or family that is eligible for CoC Program-funded PSH who has been living in a place not meant for human habitation, a safe haven, or an emergency shelter. This includes persons exiting an institution where they have resided for 90 days or less but were living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter immediately prior to entering the institution.

**(d) Fourth Priority—Homeless Individuals and Families with a Disability Coming from Transitional Housing.** An individual or family that is eligible for CoC Program-funded PSH who is coming from transitional housing, where prior to residing in the transitional housing lived on streets or in an emergency shelter, or safe haven. This priority also includes homeless individuals and homeless households with children with a qualifying disability who were fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking and are living in transitional housing—all are eligible for PSH even if they did not live on the streets, emergency shelters, or safe havens prior to entry in the transitional housing.

**2.** Recipients of CoC Program-funded PSH should follow the order of priority above, as adopted by the CoC, while also considering the goals and any identified target populations served by the project. For example, in CoC Program-funded PSH where the beds are not dedicated or prioritized and which is permitted to target homeless persons with a serious mental illness should follow the order of priority under Section B of this priority listing, as adopted by the CoC, to the extent in which persons with serious mental illness meet the criteria.

**3.** Due diligence should be exercised when conducting outreach and assessment to ensure that persons are served in the order of priority in this Notice, and as adopted by the CoC. It is recognized that some persons—particularly those living on the streets or in places not meant for human habitation—might require significant engagement and contacts prior to their entering housing and recipients are not required to keep units vacant where there are persons who meet a higher priority within the CoC and who have not yet accepted the PSH opportunities offered to them. Street outreach providers should continue to make attempts with those persons using a Housing First approach to place as few conditions on a person's housing as possible.

**C. Severity of Service Needs.** This priority listing refers to persons who have been identified as having the most severe service needs.

**(a)** For the purposes of this priority listing, this means an individual for whom at least one of the following is true:

- i. History of high utilization of crisis services, which include but are not limited to, emergency rooms, jails, and psychiatric facilities; or
- ii. Significant health or behavioral health challenges or functional impairments which require a significant level of support in order to maintain permanent housing.

### **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 manual includes specific instructions for some of those populations, the tool itself covers many others. Assessment staff members that feel that a consumer is eligible for another specific resource should follow up with that resource directly to gain clarification. Special populations that are prioritized include veterans, domestic violence cases, chronically homeless and medically vulnerable. Veteran clients should be prioritized and referred to the veteran's workgroup meeting weekly. The veteran's case manager should contact Advocates for Veteran Housing to ensure the veteran is included in the veteran master list for our community and that their need for housing is reviewed regularly along with all the providers able to assist veterans.

**Individuals and families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking:** All persons participating in the coordinated intake and assessment process will be asked about domestic violence, dating violence, sexual assault, and stalking concerns. Refuge House will provide training on conducting these assessments on a quarterly basis.

All persons will be assisted, as requested, in contacting the Refuge House hotline for safety planning and additional resources. Persons eligible for domestic violence emergency shelter services will be provided with safe housing options by Refuge House, which may include Refuge House emergency shelters, other DCF certified domestic violence shelters, or other alternatives. A safe housing option may include other community-based emergency shelter or transitional housing programs as appropriate and safe under the circumstances. Refuge House will offer these services and/or options to hotline callers on a voluntary basis.

Refuge House clients wishing to participate in the coordinated intake and assessment process will be referred to a designated provider/agency. That Refuge House was the referring agency will not be entered into HMIS or documented in any manner. Ability 1<sup>st</sup> is the preferred agency for these referrals, since Ability 1<sup>st</sup> provides services to Refuge House emergency shelter and transitional housing clients on-site, and receives special training on confidentiality protocols appropriate for serving these clients.

## **DECLINED REFERRALS AND GRIEVANCE PROCEDURES**

### **Program Declines Referral**

There may be rare instances where programs decide not to 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; or is unable to provide determining documentation
- The person would be a danger to others or themselves if allowed to stay at this particular program; and
- The person has previously caused serious conflicts within the program (e.g. was violent with another consumer or program staff).

If the program determines a consumer is not eligible for their program after they have received the referral from coordinated assessment, the consumer should be sent back to their initial assessment point for assessment staff to determine a place for them to sleep that night (if they do not already have one). If assessment hours are done for the day, they should be referred to population-appropriate emergency shelter. Within 48 hours of their re-entry into shelter, a representative from the program that refused them, should update the HMIS referral explaining the refusal to accept and contact the BBHC list coordinator. If a referral is declined or refused, the case will be discussed at the next housing placement meeting to see if a resolution can be made or if another appropriate program is willing to accept the client.

### **Consumer Declines Referral**

Assessment staff, through the administration of the assessment tools and the assessment process (which includes consumer input), will attempt to do what they can to meet each consumers needs while also respecting community wide prioritization standards. The CoC has the right to limit the number of program refusals any consumer can have per episode of homelessness. If a consumer exceeds this number of refusals they forfeit their right to be served by the homelessness assistance system.

### **Provider Grievances**

- Providers should address any concerns about the process to the Coordinated Assessment Committee, unless they believe a consumer 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 chair of the Coordinated Assessment Committee. The chair of the committee should then schedule for that provider's representative to come to the next available Coordinated Assessment Committee so the issue can be resolved. If it needs more immediate resolution, the chair will be in charge of determining the best course of action to resolve the issue.

## **Consumer Grievances**

- The assessment staff member or the assessment staff supervisor should address any complaints by consumers as best as they can in the moment. Complaints that should be addressed directly by the assessment staff member or assessment staff supervisor include complaints about how they were treated by assessment staff, assessment center conditions, or violation of confidentiality agreements. Any other complaints should be referred to the chair of the Coordinated Assessment Committee to be dealt with in a similar process to the one described above for providers. Any complaints filed by a consumer should note their name and contact information so the chair can contact them and ask them to appear before the committee to discuss them.

## **GOVERNANCE**

### **Roles and Responsibilities**

The coordinated assessment process will be governed by the Coordinated Assessment Committee of the CoC. This group will be responsible for:

- Investigating and resolving consumer and provider complaints or concerns about the process.
- Providing information and feedback to the CoC, CoC Board, and the community at-large about coordinated assessment;
- Evaluating the efficiency and effectiveness of the coordinated assessment process;
- Reviewing performance data from the coordinated assessment process; and
- Recommending changes or improvements to the process, based on performance data, to the CoC and CoC Board.

### **Policies and Procedures**

*Committee Composition* - This committee should include the following seats:

- An emergency shelter staff representative;
- A non-emergency shelter staff representative (from the provider community);
- A Police Department employee representative;
- A funder representative;
- A health care provider representative;
- A permanent supportive housing provider
- A transitional housing provider.
- A domestic and sexual abuse service agency representative
- A mental health care provider

*Committee Chair* - The Committee will have a chair. The chair will be responsible for:

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- Putting together an agenda for each meeting, based on communications or agenda items submitted by providers or consumers;
- Serving as the point of contact for anyone seeking more information or having concerns about the coordinated assessment process; and
- Ensuring minutes are taken at each meeting of the committee.

#### *Meeting Schedule and Agenda*

The committee will meet monthly. Certain items should be on the agenda on a regular basis, including number of assessments completed to date, by which agencies, trainings provided, etc.

#### *Voting Procedures*

Decisions in the Coordinated Assessment Committee will be made based on a majority vote by Committee members. Any decisions that would lead to a modification of the coordinated assessment process, including changes to the assessment tool or policies and procedures, must be approved by majority vote by the Coordinated Assessment Committee AND approved by the CoC Board.

#### **CONTACT INFORMATION**

Questions about these policies and procedures should be directed to:

**CoC Coordinated Entry Coordinator**

Amanda Wilke

[awilke@bigbendhc.org](mailto:awilke@bigbendhc.org)

**Coordinated Assessment Committee, Chair**

Meg Baldwin

[mbaldwin@refugehouse.com](mailto:mbaldwin@refugehouse.com)