WELCOME & INTRODUCTIONS

• Name

• Organization

• What brings you to this meeting?
OBJECTIVES FOR TODAY

• Learn the what and why of coordinated intake and assessment

• Contribute feedback to the Strategic Plan Update
  • Develop guiding principles
  • Compare different access models
  • Review the options for assessment tools
SETTING THE CONTEXT

STRATEGIC PLAN UPDATE

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MODULAR APPROACH

Housing

Coordinated Intake & Assessment

Prevention, Services, and Other Supports

Performance Measures

Communication

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FOUR KEY STAKEHOLDER GROUPS

- Leadership
- Strategic Plan Update
- Program Staff
- Consumers
- Targeted Community Groups
PLAN DEVELOPMENT

Inform and Engage Segmented Audiences

Synthesize Inputs

Release Update

History

Data

New Knowledge

Audience Feedback

Macro data snapshots

Strategic Plan Update

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TEN YEAR PLAN

• Guiding Principle: Access to comprehensive and integrated services is essential to achieving long-term housing stability.

• Wraparound Services Implementation Strategies and Action Steps: Integrate services at the system level.
  • Formalize interagency referral and service provision agreements. Policies and procedures for electronic referrals and inter-agency case management will also be developed for use when the homeless management information system (HMIS) comes on line.
COORDINATED ASSESSMENT

WHAT IS IT?
COORDINATED ASSESSMENT DEFINED

The CoC Interim Rule defines it as:

“A centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.” (Section 578.3)

The CoC and ESG Interim Rules require communities funded through these programs to use a coordinated intake/assessment system.
CURRENT STATE OF INTAKE AND ASSESSMENT

UNCORRELATED SYSTEM

- Ad hoc access and assessment process for each program
- Ad hoc referral process for programs to recommend prevention, housing, and/or other related services

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COORDINATED ASSESSMENT

COORDINATED SYSTEM

- A standardized access and assessment process for all clients
- A coordinated referral process for clients to receive prevention, housing, and/or other related services

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COORDINATED ASSESSMENT DEFINED

The question most people ask now:

“Should we accept this individual/family into our program?”
COORDINATED ASSESSMENT DEFINED

The question coordinated systems should be asking:

“What housing and service assistance strategy is best for each household?”
COMPONENTS OF COORDINATED ASSESSMENT

Standardized Access
Standardized Assessment
Coordinated Referral
### WHY COORDINATED ASSESSMENT?

<table>
<thead>
<tr>
<th>Improved Efficiency</th>
<th>How</th>
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<tbody>
<tr>
<td>Helping people move through the system faster</td>
<td>By reducing the amount of time people spend moving from program to program before finding the right match</td>
</tr>
<tr>
<td>Reducing new entries into homelessness</td>
<td>By consistently offering prevention and diversion resources upfront, reducing the number of people entering the system unnecessarily</td>
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<tr>
<td>Providing accurate information on what kind of assistance consumers need</td>
<td>By improving data collection and quality</td>
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</table>
Q34 What potential benefits do you see for your agency in having a regional coordinated assessment system?

- Allow clients to complete one intake to access multiple service agencies.
- Streamline system navigation and decrease time for consumers to access services.
- Decrease duplication of effort when client accesses a variety of programs.
- Improve fit of clients to program design/better meet program criteria.
- Increase community understanding and access to programs and housing by improving information of services.
Q35 What challenges do you see for your agency in implementing a regional coordinated assessment system?

Answered: 15  Skipped: 16

- Making sure to get the appropriate kind and number of referrals
- Identifying the best model suited to Contra Costa County
- Safety and confidentiality for victims of domestic violence
- Making sure to get the appropriate kind and number of referrals
- Eligibility confusion
- Locations, Access, Consistency
- Would be a cultural shift in this large and diverse county
- Need additional capacity to move people who stabilize to other affordable and subsidized housing that also offer services
- Additional administrative burden and required trainings for staff
- Building consensus among service providers on how to roll out coordinated assessment
- Increased staff time for intakes
QUESTIONS FOR BREAK-OUT DISCUSSION

• What guiding principles already exist in your program or work that you would like to see guide the process of implementing a coordinated intake and assessment system in Contra Costa?

• What other guiding principles should be used in developing and implementing a coordinated intake and assessment system?
ACCESS

Entry point into the system

Includes all interventions and programs within the system, including shelter diversion and prevention, emergency shelter, and others
STANDARDIZED ACCESS MODELS

Single Point of Access (Centralized Intake)

- A single **physical location** of intake and assessment
- Staff are primarily intake and assessment staff
SINGLE POINT OF ACCESS EXAMPLE: CONNECTING POINT, SAN FRANCISCO

- Single location and process (phone screening + in-person interview) for families to obtain the specific types of housing and supportive services they need.
- Based upon a thorough screening and assessment, families are referred to the kinds of housing and services most appropriate to their situations.
- All staff (10 people, multi-disciplinary) receive training in crisis intervention and hotline operations.
- Connecting Point has complete authority to admit families to San Francisco family emergency shelters and provide families with financial assistance through the Rental Assistance Program (RAP), and conducts first level screening and referrals for transitional housing and subsidized housing.
STANDARDIZED ACCESS MODELS

Multi-Site Coordinated

- All sites use the **same assessment and targeting tools**; make referrals using the same criteria; and have access to the same set of resources

- Operated by one agency or many agencies (“no wrong door”)
MULTI-SITE COORDINATED EXAMPLE: DAYTON, OHIO

- Common Assessment Tool implemented
- All clients assessed at one of four coordinated access “Gateways”
- Performance targets established at program and system levels; increased program accountability
- TH, PSH, and Safe Haven providers only accepting referrals from Front Door (“side door” is closed)
- “Long Stayers” identified and prioritized for housing
STANDARDIZED ACCESS MODELS

Virtual or Telephone-based

- **One number** to access intake and get referrals
- Examples include a hotline or a 211 system
VIRTUAL OR TELEPHONE-BASED EXAMPLE: ALAMEDA COUNTY

- People experiencing a housing crisis can call 211 for help
- 211 staff conduct an initial screening before referring a person to one of eight Housing Resource Centers (HRC)
- All HRCs use the same assessment tool, data collection methods, and strategy for providing services
- Staff from all HRCs meet monthly and communicate regularly online
Q28 How does a person/family get referred to your program?

Answered: 24    Skipped: 7

- Services (case managers, social workers) 24
- Programs (shelters, housing, services, service centers) 22
- Outreach (street outreach, website, flyers/handouts, word of mouth, previous/current) 20
- Government Agencies (CFS, Schools, VA, Probation, Corrections) 18
- Medical (hospitals, doctors, pregnancy centers, AODS/MH programs) 16
- Self-Referral 14
- Community (family, friends, churches) 14
- By Phone (shelters, hotlines, 2-1-1) 13
- In Person (walk-ins, internal) 11

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QUESTIONS FOR BREAK-OUT DISCUSSION

• Which access model would be the best fit for Contra Costa?
  • Single Point of Access (Centralized Intake)
  • Multi-Site Coordinated
  • Virtual or Telephone-based
ASSESSMENT TOOLS
PHASES & TYPES OF ASSESSMENT

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THE ASSESSMENT PHASE

Gather information

Determine best immediate next step

Connect to PH

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WHAT ASSESSMENT WILL AND WON’T DO

What assessment won’t do

Deliver perfect information

Fix resource issues

What assessment will do

Make good referrals

Inform systems change

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3 PHASES OF ASSESSMENT

Crisis Assessment: Prevention/Diversion Screening
- Crisis assessment: how will the client’s needs be met?
- E.g., triage, intake

Housing Stability: More Comprehensive Assessment
- What criteria for different types of housing and service combinations will help to create a referral match?
- E.g., Housing Barriers Assessment, VI-SPDAT

Client Assessment: Further Assessments if Needed
- What personal characteristics and considerations are necessary to understand how the client will maintain housing stability?
- E.g., PSH Prioritization Assessment, SPDAT, F-SPDAT
ADDITIONAL CONSIDERATIONS

Consistency
- Standardized Tools
- Written Standards
- Staff Training

Consumer Choice
- Program Type
- Wait Time
- Length of Stay

Referral Process
- Match threshold criteria to available resources in the CoC

HMIS
- Technical needs
- Open vs. closed system
- Monitoring/evaluations

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TYPES OF ASSESSMENTS

- Is the client safe?
- Is the client eligible?
- Can homelessness be prevented?
- Can shelter stay be diverted?

- Crisis Triage
- Prescreen
- Prevention
- Diversion

- What’s most appropriate housing and service interventions?
- Is client a priority?
- What are client’s housing and tenant barriers?
- What are client’s ongoing needs?

- Comprehensive Assessment
- Vulnerability Screen
- Barriers Screen
- Re-Assessment

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HOW TO CHOOSE AN ASSESSMENT TOOL

Option 1: Choose an evidence-based tool that is already being used in other communities

Option 2: Choose a tool that was created by another like community/“home-grown” tool

Option 3: Create your own tool

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EVIDENCE-BASED TOOL: VI-SPDAT

Vulnerability Index
- Community Solutions
- Street outreach tool
- Rooted in medical research
- Used in 120+ communities

SPDAT
- Service Prioritization Decision Assistance Tool
- OrgCode Consulting
- Intake and case management tool
- Used in 70+ communities

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VI-SPDAT: QUESTIONS & SCORING

A. History of Housing & Homelessness
- 2+ years homeless and/or 4+ episodes

B. Risks
- Use of crisis services (hospital, psych, police)
- Experienced or threatened with violence
- Legal issues
- Engage in risky behavior
- Living “outside” or on streets

C. Socialization & Daily Functions
- Owe money or lack $$
- Lack of happiness, fulfillment in life
- Lack of friends, family connections
- Poor hygiene, poor daily living skills

D. Wellness
- Does not seek healthcare support
- Kidney disease
- Hx of frostbite, hypothermia
- Liver disease, cirrhosis
- HIV+/AIDS
- Other medical conditions (cancer, HepC, etc.)
- Problematic drug/alcohol use
- Mental health, developmental, trauma
- Tri-morbidity
- Emotional, physical, psychological trauma

Scoring Summary:
- PSH > 10
- RRH 5 to 9
- Usual care 0 to 4

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VI-SPDAT: PROS & CONS

Pros

- Researched and tested
- Scores for vulnerability AND prioritizing housing interventions
- 15-20 minutes to complete
- Being used by dozens of urban and rural communities

Cons

- Assessing for other housing options
- Training is recommended
- Editing the tool is discouraged

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SPDAT: OUTCOMES

21%  average increase in positive housing destinations from homelessness

5.7%  average decrease in recidivism

150%  average increase in realizing case management goals
COMMUNITY “HOME-GROWN” TOOL

Pros
- Tailored to local needs
- Flexible
- Learn from use in community of origin

Cons
- Takes time to adapt to local need
- No outcome data

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DESIGNING AN ASSESSMENT TOOL

- Keep it simple
- Tailor based on CoC resources
Q32 What process and/or tool(s) do you use at intake (or at any other point during the program) that helps assess the most appropriate resources for the consumer's needs?

<table>
<thead>
<tr>
<th>Answer Choices</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psycho-Social Assessment</td>
<td>66.67%</td>
</tr>
<tr>
<td>Self-Sufficiency Matrix</td>
<td>58.33%</td>
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<tr>
<td>Needs Assessment</td>
<td>41.67%</td>
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<tr>
<td>Treatment Plan</td>
<td>41.67%</td>
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<tr>
<td>Self-Report Tool</td>
<td>33.33%</td>
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<tr>
<td>Social History Assessment</td>
<td>29.17%</td>
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<tr>
<td>Clinical Assessment</td>
<td>29.17%</td>
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<tr>
<td>Adult Assessment</td>
<td>25.00%</td>
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<tr>
<td>Client Goal Sheet</td>
<td>25.00%</td>
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<tr>
<td>Personal Action Plan</td>
<td>20.83%</td>
</tr>
<tr>
<td>Risk Assessment Tool</td>
<td>12.50%</td>
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<tr>
<td>Behavioral Health Comprehensive Assessment</td>
<td>12.50%</td>
</tr>
<tr>
<td>Discharge Plan</td>
<td>12.50%</td>
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<tr>
<td>Vulnerability Index</td>
<td>4.17%</td>
</tr>
<tr>
<td>Annie Casey Independent Living Skills Assessment</td>
<td>4.17%</td>
</tr>
<tr>
<td>Employee Assessment Profile Inventory</td>
<td>4.17%</td>
</tr>
</tbody>
</table>

Total Respondents: 24

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QUESTIONS FOR BREAK-OUT DISCUSSION

• Which of the three options for choosing an assessment tool is the best fit for Contra Costa?

  • Option 1: Choose an evidence-based tool that is already being used in other communities

  • Option 2: Choose a tool that was created by another like community / “home-grown” tool

  • Option 3: Create your own tool
NEXT STEPS

• The Coordinated Assessment Committee will be meeting this summer to begin designing your system and develop a pilot
  • Best meeting date/time for monthly meetings?
  • Who else should be at the table?

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