Coordinated Assessment System
Porter/ LaPorte County

Working together to create a
system to rapidly connect the most appropriate
intervention to households and individuals that are
homeless or at risk of homelessness.

February 2017

Coordinated Assessment Policies and Procedures

PURPOSE
The state of Indiana is in the process of implementing a state-wide coordinated assessment (CA) program in its effort to end homelessness. This new system includes one standardized assessment, Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT), for all households entering the homeless services system. This tool will be administered at community entry points throughout Indiana's Balance of State. Using this assessment, Indiana regions will coordinate, prioritize and match available housing interventions to household needs.

Vision
For households experiencing a housing crisis or homelessness, we know who everyone is, we know which interventions each needs and our access system aligns our available resources most effectively to end homelessness in Indiana.

Mission Statement
The mission of the Indiana Balance of State Continuum of Care's coordinated assessment system is to rapidly connect the most appropriate need-based interventions to households that are facing or are at risk of facing homelessness.

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 members;
- 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 the most cost- and service-intensive interventions.

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 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 Porter and LaPorte County, Indiana. These policies may only be changed by the approval of the Local Coordinated Assessment Committee.

Basic Definitions

- **Provider –** Organization that provides services or housing to people experiencing or at-risk of homelessness
- **Program –** A specific set of services or a housing intervention offered by a provider
- **Consumer –** Person at-risk of or experiencing homelessness or someone being served by the coordinated assessment process

- **Housing Interventions –** Housing programs and subsidies; these include, emergency shelter, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. Housing Choice Vouchers).

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.[1] 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 LaPorte and Porter 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 LaPorte and Porter 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.

Goals and Guiding Principles

The goal of the coordinated assessment process is to provide each consumer 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 LaPorte and Porter County 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., Department of Social Services, hospitals, and jails), funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing council (the Coordinated Assessment Committee), consistently scheduled

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[1] The definition is available here:
https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

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 must enter data into Client Track, HMIS (with the exception of some special populations and other cases, outlined later in this document) in a timely fashion. Consumers' 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 IN PORTER AND LAPORTE COUNTY

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

Decentralized Coordinated Assessment
The designated coordinated assessment for LaPorte and Porter County will be located at The Caring Place, Porter Starke, Center Township Trustee (LaPorte), Pax Center, PATH program LaPorte County, and Housing Opportunities. These will be the only locations 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 one of the assessment sites 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 approval by the Coordinated Assessment Committee and signing a Memorandum of Understanding (MOU) agreeing to the operational guidelines of the coordinated assessment process.

Assessment Center Staffing
The assessment tool, Vulnerability Index & Service Prioritization Decision Assistance Tool (VI-SPDAT), will be administered by staff at the assessment sites.

All staff that administer assessments will receive training on the standardized assessment forms to be used, 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.

System Entry
Consumers presenting at agencies other than an assessment site seeking homelessness assistance services will be referred to an assessment site 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 assessment site is closed and the agency provides emergency beds, they may admit the consumer until the coordinated assessment process is available again. These consumers should be directed to an assessment site again as soon as they are open.

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 for various services. 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 the assessment sites.

While Assessment Staff Are On Duty:

1. Each person walking or call into a homelessness assistance provider agency, or other community agency that works with consumers, will be asked the prescreening questions to determine if they should go through the coordinated assessment process. If it is determined by the pre-screening questions that the consumer does not need homelessness assistance services, they will be referred to other more appropriate resources.

2. If they are eligible according to the pre-screening process, they will be directed to an available coordinated assessment staff member. The assessment staff member will then explain the assessment process and share and discuss data confidentiality documents with the consumer. If the consumer signs them, the staff member will begin the assessment in HMIS – if not, or if HMIS is not yet hosting the assessment form they will begin the assessment on paper.

3. People who are not deemed diversion eligible will continue with the assessment process. This process will prioritize them for housing interventions and accompanying services, including emergency shelter, 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 begin the assessment process in HMIS (once the tool has been set up in HMIS). Until the assessment tool is available in HMIS, assessments should be completed on paper initially with relevant data entered into the data fields in HMIS within 24 hours.

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.

Once the assessment process has been completed, the assessment staff member will share the consumer's record in HMIS (when Client Track has this function to share with other agencies) 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 additional services will be made based on the following factors:

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

Each of these elements is discussed in more detail below.

All bed availability should be determined, ideally, in real-time through HMIS. Until this happens, bed information should be managed through a spreadsheet. Agencies should update the number of available beds or units (specifying which bed or unit the population is for if they serve multiple populations) in real time. Assessment staff will update this information in the spreadsheet. This spreadsheet will be Internet-based and shared through a cloud-based software program (such as Dropbox) to ensure that it is viewable by all designated coordinated assessment center staff.

The coordinated process will be geared toward prioritizing those households with the most intensive service needs and housing barriers (e.g. chronically homeless households and households with multiple episodes of homelessness). The Indiana Balance of State 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 Indiana BOS 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 families from LaPorte and Porter County will only receive families from LaPorte and Porter County as referrals. Any changes to a program's eligibility criteria or target population must be sent immediately to the Local Coordinated Assessment Committee 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 Local 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. If the Committee can clearly show a link between underserved populations and eligibility criteria from a provider, and the provider is unwilling to modify the criteria, the Committee may recommend to the Indiana BoS CoC board that provider be de-prioritized for CoC or other sources of funding.

Making Referrals and Prioritizing Consumers

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, by looking at the priority list acceptance sheet for the day. If the consumer scores as a potential consumer for permanent supportive housing, the assessment staff member will administer the Vulnerability Index. The assessment staff member should provide information about the different intervention types the consumer is prioritized for, including general intervention attributes (e.g., length of services, type of housing) and the size of the current priority lists.

2. If the consumer was not prioritized for any interventions, they should explain why and what other services will be available to them. The consumer should be referred to the appropriate intervention and the assessment process ends for the consumer at this point.

3. 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. Once on the list, slots will be offered to them on a first-come, first-serve basis, although it will account for matching the consumer with a population-appropriate program.

4. The assessment staff member should add the consumer to the bottom of the priority list for their intervention of choice. Consumers should be added by their identification number only. For the emergency shelter list, people will be arranged on the list based on their vulnerability and housing crisis. For permanent supportive housing list, they will be added based on their Vulnerability Index score.

5. If the consumer is first on the list for a particular intervention and there is an open and available slot in a program they are eligible for, a referral will be made directly to that program.

6. If a consumer does not show up at the referred-to program within 4 hours of being referred, the referred-to program should notify the assessment staff member. This person should attempt to make contact with the consumer. If the consumer cannot be located 12 hours after being notified that a space was available in a program, the slot will be offered to the next person on the priority list for that intervention.

Priority List Management and Notification of Referral

Priority list management and notification of referrals will be the responsibility of assessment staff. The assessment staff will need to check the priority list several times a day to see if new spots are becoming available and contact the consumer and the case manager if a slot opens up for them. They will also be responsible for managing situations where a consumer does not show up to the referred-to program.

Vulnerability Index

Currently, Porter and LaPorte County is utilizing the VI-SPDAT to prioritize those who qualify for Permanent Supportive Housing. The VI provides a score for each person based on their barriers. The highest score is the #1 person on the list for housing. If there are multiple same scores, we have implemented the following guidelines for tie breakers:

1. Length of homelessness ~ longest are higher priority
2. Date of VI ~ first on the list

For Permanent Supportive Housing placement, there are several factors that are considered.

1. Section 8 eligibility
2. Shelter + Care eligibility
3. Man or Woman (depending on shared restroom facilities at Singles Program)

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;
- 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).

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 Local Coordinated Assessment Committee (LCAC) 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 Local 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 LCAC. The chair of the committee should then schedule for that provider's representative to come to the next available LCAC meeting 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 LCAC 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 Local Coordinated Assessment Committee (LCAC).

This group will be responsible for:
- Investigating and resolving consumer and provider complaints or concerns about the process, other than declined referrals;
- Providing information and feedback to the Indiana Balance of State Coordinated Assessment Steering Committee, 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 will include the following seats:

- All Emergency Shelters, one staff representative
- A PATH representative
- A RRH provider staff representative;
- A Coordinated Entry staff representative;
- All Permanent Supportive Housing Providers, one staff representative;

Committee Chair

The Committee will have a chair. The chair will be responsible for:

- 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.

Expectations of Members

To remain in good standing and be allowed to vote and participate as members of the LCAC, all members must attend at least 75 percent of meetings. The chair must attend 90 percent of meetings.

Voting Procedures

Decisions in the LCAC 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 State Coordinated Assessment Committee.

EVALUATION

The coordinated assessment process will be evaluated on a regular basis to ensure that it is operating at maximum efficiency. Evaluation will be carried out primarily through the LCAC.

Memorandum of Understanding
Between Agencies Participating in Coordinated Assessment
and the
Local Coordinated Assessment Committee of the Homelessness Prevention and Intervention Network (HPIN)

Agencies signing this agreement agree to the following standards:

- Treating all consumers with respect and kindness.

- Providing all program eligibility criteria to the Local Coordinated Assessment Committee, including the names of those who are not able to access your shelter.

- Exclusively accepting referrals to their own organization from the coordinated assessment process.

- Participating in HMIS and entering coordinated assessment information into HMIS unless your agency is legally prohibited from doing so.

- Abiding by the policies and procedures of the coordinated assessment process.

- Providing real time bed availability data. The spreadsheet will be internet-based and shared through a cloud-based program, until this function is available within HMIS.

- Ensuring no staff administer an assessment that duplicates questions asked during the coordinated assessment process.

- Meeting with the Local Coordinated Assessment Committee when requested to discuss concerns and issues around the coordinated assessment process.

Please sign and date below if you agree to these criteria.

Printed Name:

Signature:

Agency:

Date: