



**Region 6 Continuum of Care  
Planning Council**

318 W 8th, Muncie, IN 47302

***"The Service  
Hub"***



**Muncie – ECI**

**Housing Utilization Building**

**Coordinated Access Point**

## **Muncie - ECI Area Coordinated Access Point Policies and Procedures**

Our services are dedicated to giving the homeless and very low income a hand up.

### **.Menu of Services Available On-Site –**

Consumers who are on an active track will be given an ID card that will allow initial access to the following for 45 days (w/extensions on a case-by-case basis).

- Housing needs assessment
- Engagement
- Housing related Financial Assessment
- Laundry
- Showers
- Hygiene supplies
- PATH services
- Access to “singles” food pantry
- Warming and cooling center during contingency periods
- **Dignity**
- Alternative transportation opportunities
- Veteran Supportive Housing services
- Employment Job Training Program
- Employment Opportunities
- Housing assistance for those with physical disabilities
- Phone access
- Computer access
- Wi-Fi
- Mail Center
- Furniture Bank
- Safety
- Emergency Disaster Relief Center for the Homeless
- **Hope**

## Coordinated Assessment

Coordinated assessment is the Intake used to assess and assist in meeting the housing needs of consumers at-risk of homelessness and consumers experiencing homelessness.

Key elements of coordinated assessment include:

- Diversion for persons who are not homeless
- Wrap-around services that that will prevent falling back into homelessness;
- A designated coordinated assessment location and staff members;
- Outreach Points in Marion, New Castle, and on demand where needed within Region 6
- Common & standard 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);
- Collecting and analyzing data related to assessment and referrals in 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** The area has experience in setting up the approach, and invested partner agencies. When implemented effectively, coordinated assessment can:

- Reduce the amount of time and frustration consumers experiencing homelessness invest before finding crisis housing or services;
- Reduce new entries into homelessness through coordinated system wide diversion and prevention efforts;
- Prevent consumers 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.

## Glossary of Common Terms

- **Provider** – Organization that provides services or housing to consumers 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. Region 6 will serve persons who are from the Region 6 geographic area “first”, as dictated by HUD. Others from outside the area who have come into the region homeless

will first be diverted, then funded only after all those who have become homeless in our region have been housed.

- **Housing Interventions** – Housing programs and subsidies; these include rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs

### **Target Population**

This process is intended to serve consumers experiencing homelessness and those who believe they are at imminent risk of homelessness. Homelessness will be the official HUD definition of homelessness. Consumers at imminent risk of homelessness are consumers who believe they will become homeless within the next 72 hours.

Consumers 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 Intake was developed primarily for residents of Muncie - ECI Area. 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 Muncie - ECI Area. 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 Intake is to provide each consumer with wrap-around 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 Muncie - ECI Area 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. Consumers will be engaged in the referral and 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., Public Services, funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work, scheduled meetings between partners, and accurate reporting on the performance of the coordinated assessment process.
- **Accurate Data:** . Data from the assessment Intake that reveals what resources consumers need. Funders will use these numbers. 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. 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. *“The proof is in the pudding.”*

- **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 consumers least likely to succeed with a less intensive intervention, while giving consumers 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.

## **COORDINATED ACCESS INTAKE**

### **Coordinated Access Point**

The designated coordinated access point ( **The Service HUB** ) will be the only locations where consumers experiencing homelessness will be assessed and referred to homelessness assistance services, w/ special considerations for DV. All consumers 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 The designated Coordinated Access Point in Muncie - ECI Area is;

- Housing Utilization Building, (Bridges), 318 W 8<sup>th</sup>, Muncie, IN

The designated agency will act as fiduciary, both applying for operating funding and responsible for independent audit. Funding will be applied for activities, prescribed by the COC, in meeting the demand to house the homeless with dignity.

### **Access point Staffing**

Written assessment tools, developed by HUD/IHCDA/CSH, will be administered by assessment staff. All assessment staff will complete the duties listed in Appendix C, with one of these staff being designated as the coordinated assessment staff supervisor. Their additional job duties are also listed in Appendix C.

The designated coordinated assessment staffing agencies are:

- Bridges;
- Meridian Serv. PATH Outreach Team

Outreach staff will also assess consumers living on the street or other places not fit for human habitation. Shelter diversion staff (if available) and staff who work with consumers being discharged from jails and hospitals will be included in this process once funding is secured, or other considerations are made.

All staff that administer assessments. Or direct services, will receive training on the standardized assessment forms to be used, proper referral and prioritization procedures, and priority list management. Staff will work closely with DV shelters to ensure domestic violence survivors receive appropriate assistance. It is the responsibility of the fiduciary agency to ensure this training for staff is available and to make sure it is offered on a regular basis (at least quarterly).

### **Assessment Staff Responsibilities vs. Program Staff Responsibilities**

Assessment staff will be responsible for all homelessness assistance system assessments, including initial prevention/diversion assessments. Case managers and

case workers at provider agencies that are not part of the system assessment process will be responsible for:

- Ensuring any emergency entrant is registered for services at the Service HUB to engage in assessment, within 72 hours.
- Intensive prevention and diversion-related case management (when assessment staff do not have adequate time);
- Connecting consumers to other mainstream resources outside of the homelessness assistance system;
- Ensuring that, once notified by assessment staff that a spot in the appropriate housing intervention has opened up, consumers make it to their next referral; and
- Any other service provision related to their agency's program model.

### **System Entry**

Consumers presenting at agencies other than the HUB, seeking homelessness assistance services will be referred to the HUB for assessment. If the consumer is unable to reach the center due to a disability or lack of transportation, an effort will be made to assist the consumer with transportation needs. If the designated coordinated Access Point 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 HUB again as soon as they are open. **It is prohibited for any homelessness assistance organizations (unless the HUB is closed) to admit or serve consumers without them having first gone through the coordinated assessment process and received a referral to their agency.**

### **Phone Calls**

Staff at the HUB, 2-8-8,2-1-1, or other provider locations that answer the phones may encounter consumers 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 HUB location 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 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 HUB.

### *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 directed 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, or if the consumer is seeking domestic violence specific services, they will begin the assessment on paper.
3. The assessment staff member will then administer a prevention/diversion assessment to determine if the consumer has alternative housing options within the community, UNLESS they are clearly chronically homeless (e.g., have engaged with outreach workers on multiple occasions).
4. Consumers who are eligible to be diverted will either be served by the assessment staff member or be assigned a case manager who will determine what resources are needed to help the person stay in housing, mediate disputes, or do anything else necessary to help them obtain that alternative housing. Assessment staff will have to use their judgment to gauge if they are able to do a full diversion session with the consumer based on the current wait times/demand for assessments and the depth of diversion services the consumer needs. If neither the assessment worker nor a diversion case manager is available, the assessment staff member should continue with the assessment process as if the consumer is not able to be diverted.
5. If the household is successfully diverted, they will end their engagement with the assessment worker and make a note in the assessment form and in HMIS that the consumer was diverted.
6. Consumers who are not deemed diversion eligible will continue with the assessment process. This process will prioritize them for housing interventions and accompanying services, including rapid re-housing, and permanent supportive housing.



*If Assessment Staff Are Off Duty (After Assessment Hours):*

1. Consumers presenting with a need for emergency shelter will be offered a bed in the emergency shelter where they arrived (if they are population-appropriate). If they are not population-appropriate, they will be referred to a shelter that is population-appropriate or has available space. If no shelter has available space, they will be sent to any available crisis housing (churches, hotels or motels, etc.). If they do not initially present at an emergency shelter, they will be referred to a population-appropriate one.
2. The next available day that assessment hours are open, they will be asked the pre-screening questions and, if needed, referred to an assessment staff member at a designated coordinated access point.

Have no doubt that diversion is the first approach, and for those who score highly, permanent housing opportunities will be available, with support, in approximately 45 days, if funding is available.

**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 consumer has been asked the pre-screening questions and is deemed eligible to be assessed, the assessment staff member will show the consumer the data confidentiality form. 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 in HMIS.

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.

**Basis of Referrals**

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

- Results of the assessment tool process;
- Bed availability and size of intervention priority lists;

- Program eligibility admission criteria, including populations served and services offered.

One of the assessment tools, the Housing Prioritization Tool, has a built-in scoring mechanism that will prioritize households for access to different housing interventions. 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 HUB contacts each region shelter, daily, in order to be aware of bed availability.

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).

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

The referral process will be standard.

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

Priority list management and notification of referrals will be the responsibility of a identified COC member from HUB staffing. They will need to check the priority list weekly to see if new spots are becoming available and contact the consumer and the case manager if a slot opens up for them.

The assessment team will select the top number of those on the priority list. There are three different scenarios: diversion, RRH, COC RRH. At this point assessment staff works with each consumer in locating housing.

### **Special Populations**

There are many subpopulations of consumers coming through the coordinated assessment process that may have special needs or need to be directed to specific resources to have their needs met. Assessment staff members that feel that a consumer is eligible for another specific resource not covered in one of these two documents should refer to the coordinated assessment staff supervisor for more assistance.

## **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. (ban list)

In most cases calls will precede the consumer accessing the program. At that point all would be aware of the program refusal. However, if the program determines a consumer is not eligible for their program after they visited 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, the assessment staff member, and the person experiencing homelessness must meet to determine the best next step for the consumer. Any cases that are unable to be resolved to the consumer's satisfaction will be referred to the Coordination of Services and Housing (COSH) Committee to be dealt with as soon as possible. If a program is consistently refusing referrals (more than 1 out of every 4) they will need to meet with the Coordinated Assessment Committee to discuss the issue that is causing the refusals.

### **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 consumer's 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, HUB 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.

## **Assessment Team**

### **Roles and Responsibilities**

The coordinated assessment policies will be governed by the Coordinated Assessment Committee of the Region 6 COC. 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 COC, COC Board the community at-large about coordinated assessment;
- Evaluating the efficiency and effectiveness of the project by reviewing performance data from the project; and
- Recommending changes or improvements to the process, based on performance data, to the COC, COC Board.

### **Policies and Procedures**

#### *Committee Composition*

This committee will include volunteers from the COC . Only one vote per agency represented will be allowed. The COC should try and spread representation throughout it's make-up.

#### *Conflicts of Interest*

If at any point a provider or consumer wishes to address a complaint or grievance with a provider or agency that has a representative on the Coordinated Assessment Committee, that particular member must recuse themselves from participating in those proceedings or voting on the outcome of that particular issue.

## EVALUATION

The coordinated assessment process will be evaluated on a regular basis to ensure that it is operating at maximum efficiency. Evaluation mechanisms will include the following:

- **A monthly review of metrics from the coordinated assessment process.** The data to be reviewed, and the thresholds that should be met, will be developed based on the document in Appendix E.
- **A report issued to the community every six months on coordinated assessment and homelessness assistance system outcomes.** This report will include trends from the month-to-month analysis of coordinated assessment data, as well as the total number of assessments and referrals made, successes to be shared, and a note from the Coordinated Assessment Committee Chair on the process's progress. Major findings from this report should be presented at the COC and HSN meetings the month it is released by a member of the Coordinated Assessment Committee. Committee members may ask for City or County staff assistance in writing and producing this report.
- **An annual report on the homelessness assistance system.**

### Project Background

Muncie - ECI Area has planned by the creation of the Charter, to identify shortcomings and successes in our approach to end homelessness. After nearly 5 years of discussion and planning the Coordinated Access Point is becoming a reality. It is an effort that has had input from each provider, and peripheral support agencies.

### MOUs

Memorandum of Understanding (MOU) Between Designated Coordinated Access Point, Designated Assessment Staff, and the Muncie - ECI Area Continuum of Care (COC)

Agencies signing this agreement agree to the following standards:

- (For staffing): Making referrals based on the agreed-upon system-wide prioritization criteria, bed availability, and the assessment tools
- (For locations): Providing a walk-through of their facilities to evaluators of the assessment process and COC board and Coordinated Assessment Committee members
- (For locations): Exclusively accepting referrals to their own organization that come to them as a result of the coordinated assessment process (except when assessment hours are over for the day)
- Treating all consumers with dignity and kindness
- Providing all program eligibility criteria to the Coordinated Assessment Committee
- Participating in HMIS and entering coordinated assessment information into HMIS unless they are legally prohibited from doing so
- Abiding by the policies and procedures of the coordinated assessment process

Agencies signing MOUs agree to the following standards:

- Treating all consumers with dignity and kindness
- Providing all program eligibility criteria to the Coordinated Assessment Committee
- Exclusively accepting referrals to their own organization from the coordinated assessment process (except when assessment hours are over for the day)
- Participating in HMIS and entering coordinated assessment information into HMIS unless they are legally prohibited from doing so
- Abiding by the policies and procedures of the coordinated assessment process
- Discouraging staff from administering system wide assessments or any program assessments that duplicates questions asked during the coordinated assessment process
- Meeting with the Coordinated Assessment Committee when requested to discuss concerns and issues around the coordinated assessment process

**Assessment Staff Duties:**

- Administer assessments to consumers attempting to access the coordinated assessment process
- Report any capacity issues to the coordinated assessment staff supervisor
- Record assessment tool results on paper and in the HMIS system
- Be knowledgeable of data confidentiality and consumer confidentiality rights and be able to explain these rights to each consumer
- Obtain a signed data confidentiality agreement from each consumer whose information is entered into HMIS
- Refer consumers who do not qualify for assistance services to appropriate resources

**Assessment Manager Duties:**

In addition to the responsibilities listed above;

- Secure training for the assessment team and coordinate with the Operations staff on safety training
- Ensure that assessment staff are following policies and procedures
- Responsible for the priority housing wait list

**Operations Manager Duties**

- Ensure that site is consumer ready
- Manage desk staff
- Ensure necessary safety training is readily available for operations & case management staff

## Assessment

### *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 directed to appropriate resources.
2. If they are eligible according to the pre-screening Intake, they will be directed to an available coordinated assessment staff member. The assessment staff member will then explain the assessment Intake 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, or if the consumer is seeking domestic violence specific services, they will begin the assessment on paper.
3. The assessment staff member will then administer a prevention/diversion assessment to determine if the consumer has alternative housing options within the community, UNLESS they are clearly chronically homeless (e.g., have engaged with outreach workers on multiple occasions).
4. Consumers who are eligible to be diverted will either be served by the assessment staff member or be assigned a case manager who will determine what resources are needed to help the person stay in housing, mediate disputes, or do anything else necessary to help them obtain that alternative housing. Assessment staff will have to use their judgment to gauge if they are able to do a full diversion session with the consumer based on the current wait times/demand for assessments and the depth of diversion services the consumer needs. If neither the assessment worker nor a diversion case manager is available, the assessment staff member should continue with the assessment Intake as if the consumer is not able to be diverted.
5. If the household is successfully diverted, they will end their engagement with the assessment worker and make a note in the assessment form and in HMIS that the consumer was diverted.
6. Consumers who are not deemed diversion eligible will continue with the assessment Intake. This Intake will prioritize them for housing interventions and accompanying services, including transitional housing, rapid re-housing, and permanent supportive housing.

### *If Assessment Staff Are Off Duty (After Assessment Hours):*

1. Consumers presenting with a need for emergency shelter will be offered a bed in the emergency shelter where they arrived (if they are population-appropriate). If they are not population-appropriate, they will be referred to a shelter that is population-appropriate or has available space. If no shelter has available space,

- they will be sent to any available crisis housing (churches, hotels or motels, etc.). If they do not initially present at an emergency shelter, they will be referred to a population-appropriate one.
2. The next available day that assessment hours are open, they will be asked the pre-screening questions and, if needed, referred to an assessment staff member at a designated coordinated access point.

*Upon Completion of the Assessment Tool*

3. After the assessment Intake 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.
4. If the consumer was not prioritized for any interventions, they should explain why and what other services will be available to them (e.g., shelter case management, connection to mainstream resources, help connecting with family or friends). The consumer should be referred to the appropriate emergency shelter or other housing crisis resource from Part III of the assessment tool, where they will receive case management and other services to help them exit housing. The assessment Intake ends for the consumer at this point.
5. 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 Intake 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 matHMISg the consumer with a population-appropriate program (e.g., a slot that opens in a women’s transitional housing program will not be offered to a man).
6. 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 HMIS identification number only (or another coded, non-identifying number if they are a consumer that requested DV-specific services). For the transitional housing substance abuse list, consumers will be arranged on the list first-come first-serve, except for those coming from other programs within the system, who will be listed based on where they would have been on the list based on their date of first assessment. For permanent supportive housing list, they will be added based on their Vulnerability Index score.



7. 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 (and it is during that program's business hours), a referral should be made directly to that program.
8. To make the referral, the assessment staff member should call the program to let them know they are sending them a consumer. They should also ensure the consumer's information is in HMIS and that the HMIS record or their paper assessment is shared with the program in question. The consumer should be given the address and other information for reHMISg the program. The assessment worker should then remove the consumer's name from the priority list for that intervention.
9. If there is not currently an opening at an appropriate program within the intervention, the consumer should be referred to the appropriate emergency shelter or other housing crisis resource from Part III of the assessment tool. The assessment staff should explain that once a spot opens up for them, they and their case manager will be notified. The assessment staff member should also make a note in HMIS or on the consumer's paper assessment form of what intervention they are on the priority list for, so the staff at the referred-to program will know. If this information is on the paper assessment, the consumer should be told to give this information to their assigned case manager once they arrive at the emergency shelter. Their case manager at the referred-to program should then contact the assessment worker via email to let them know they will be working with that particular consumer. The assessment staff member should then enter the case manager's name and contact information as a note into HMIS so that they can contact them when a program slot opens up. Consumers should also be given a card that includes information on what intervention they are on the priority list for. This will ensure that any other consumers who serve them know they have already been through a coordinated assessment Intake.
10. If a consumer does not show up at the referred-to program within 4 hours of being referred, the referred-to program should notify their 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.

### **(Depending on Methodology adopted) (same as UW)**

#### **Intake Measures**

- Number of assessments completed
- Number of assessments completed weekly at each site/by each assessment staff member
- Percent of households receiving diversion assistance
- Number of households receiving diversion assistance

- Percent of declined referrals (provider)
- Number of declined referrals (provider)
- Percent of decline referrals (consumer)
- Number of declined referrals (consumer)
- Average amount of time spent per assessment
- Number of complaints filed with Coordinated Assessment Committee (provider)
- Number of complaints filed with Coordinated Assessment Committee (consumer)
- Average wait time for an assessment

### **Outcome Measures**

- Percent of households exiting from homelessness to permanent housing
- Number of households exiting from homelessness to permanent housing
- Percent of households diverted but requesting shelter placement within 12 months
- Number of households diverted but requesting shelter placement within 12 months
- Average length of episodes of homelessness
- Number of repeat entries into homelessness
- Number of new entries into homelessness

### **CONTACT INFORMATION**

Questions about these draft policies and procedures should be directed to:

Chair  
Susie Kemp  
Shkemp.49@gmail.com

**July 14, 2017**