SYSTEM COORDINATION COMMITTEE AGENDA  
7-10-2019

System Coordination Committee meetings are open to the public. Homeless and formerly homeless Alameda County residents are encouraged to attend. Public comment will be taken at the beginning of each meeting and is limited to 2 minutes per person.

Persons who are unable to attend the meeting may submit written comments. Comments should address an item on the agenda and be submitted prior to the meeting. Comments which include “For Public Distribution” in either the title and/or body of the email or letter will be brought to the attention of the SCC Committee and included in the public meeting notes. Written comments should be submitted to:

jleadbetter@everyonehome.org
or
Julie Leadbetter, Director of System Coordination
101 Callan Ave, Ste 230,
San Leandro, CA 94577

1. Public Comment 2:00-2:10pm
   a. Public comment
   b. Reading of written comments submitted, if any

2. Director’s Report 2:10-2:20pm

3. Urgent Items - None

4. Discussion Items 2:20-4:40pm
   a. Special Session - CE Management Entity
      i. CE System Management Dialogue with Matt White, Abt Associates
      ii. Role and Responsibilities: What would a CE Management Entity do?
      iii. Selection Process: How might a CE Management Entity be selected?
      iv. Funding the Management Entity: How is CE currently funded? What are the funding opportunities moving forward?

5. Action Items for Vote - None

6. Plan of Action 4:40-5:00pm

7. Consent Items - None
## Core Operational Functions for Coordinated Entry Management Entities

### CE System Management

<table>
<thead>
<tr>
<th>• Support existing partnerships and cultivate new partnerships with ESG and CoC recipients, as well as other system partners and resources.</th>
<th>• HCD/HMIS Lead, EOH/HMIS Oversight, HCSA/Contract Manager, Zone Coordinators</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Ensure all CE-participating agencies have agreed to and signed any MOUs required for data sharing   o Ensure all CE-participating agencies agree upon and use the same data disclosure agreements with clients to support their data entry into HMIS and cross-agency case conferencing   o Identify partners who should be part of specific committees, case conferencing processes</td>
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<table>
<thead>
<tr>
<th>• Facilitate CE-related working groups, committees, and forums to coordinate and standardize referrals and monitor and review the coordinated entry process.</th>
<th>• Zone Coordinators, Gap at System-level</th>
</tr>
</thead>
<tbody>
<tr>
<td>o Convene assessors to ensure assessment processes are consistent, to identify gaps or areas for improvement in the assessment process, and to coordinate referrals.   o Convene CE committee or other project management body comprised of agency supervisors and managers to discuss operations, system-level performance, and monitoring.   o Convene other groups as necessary based on system flow challenges or other CE process barriers. For example, if CE system performance data indicate long wait times from match to lease-up, or if a significant number of permanent housing resources are being underutilized or filled outside of the CE referral process, convene the relevant housing providers, housing navigators, and matchers to identify what is causing the issue at hand and strategize improving it for everyone involved.   o Establish a transparent and consistent way to document, disseminate information about, and archive all of these activities. This should include keeping meeting minutes somewhere accessible to all relevant entities while ensuring client privacy (e.g., with case conferencing updates), ensuring accountability for those charged with follow-up tasks, notifying relevant stakeholders of upcoming meetings or posted meeting minutes, and publicly posting updated policies.</td>
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<table>
<thead>
<tr>
<th>• Develop and administer a grievance and appeal policy for all grievances not resolved at the provider level.</th>
<th>• Gap at System-level</th>
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<tbody>
<tr>
<td>o Design a grievance process consistent with CoC’s CE grievance policy.</td>
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**WHO?**

- HCD/HMIS Lead, EOH/HMIS Oversight, HCSA/Contract Manager, Zone Coordinators
- Zone Coordinators, Gap at System-level
- Gaps at all levels: Limited info shared/stored in HMIS, Zone Ops Meetings, HCSA Sharefile, EOH Website, HCD/HMIS Website, 211
- Gap at System-level
- Strategize and publicize to all stakeholders a process to administer a grievance and appeal process for all grievances unable to be resolved at the provider level.
- Seek feedback from CE-participating agencies, relevant CoC committees, advisory boards, etc.
- Continue to iterate and publicize the policy drafting and feedback process until relevant stakeholders reach consensus, as defined by CoC’s policy-making procedures and governance structure.
  - **Administer grievance policy.**
    - Ensure all CE-participating entities are trained on the system-level grievance policy and procedures, including: what types of incidents, how, and to whom or to what entity to report grievances. Continue to provide support and training to existing and new staff on how to implement this policy.
    - Ensure all means of reporting grievances or appealing agency-level decisions are communicated to all clients at the time of initial screening. Ensure all grievance policy forms and means of reporting are accessible to and usable by clients, regardless of native language, etc.
    - Set and communicate a timeline within which all grievances will be addressed.
    - Follow set policy and protocol to address grievances.

- **Document costs of operating CE and identifying eligible funding opportunities for those costs.**
  - Identify potential funding sources from Federal partner agencies (HUD, VA, HHS) and other state and local sources.
  - Identify associated CE costs for training and evaluation.

- **Monitor coordinated entry requirements from funders.**
  - Identify which funders (Federal, state, local) require CE participation for their grant recipients.
  - Incorporate funder requirements into a CE Participation Agreement all participating providers/agencies execute with the CE Management Entity.

- **Coordinate with the CoC committee or other entity responsible for updating or developing new policies and procedures to ensure that CE policies and procedures support and do not impose undue barriers to staff implementing CE on the ground.**
  - Identify gaps in expectations expressed in written policies and procedures and what staff report experiencing on the ground.

- **Gap at System-level**
  - Document costs of operating CE and identifying eligible funding opportunities for those costs.
  - Identify potential funding sources from Federal partner agencies (HUD, VA, HHS) and other state and local sources.
  - Identify associated CE costs for training and evaluation.

- **Gap**
  - Identify which funders (Federal, state, local) require CE participation for their grant recipients.
  - Incorporate funder requirements into a CE Participation Agreement all participating providers/agencies execute with the CE Management Entity.

- **Gap**
  - Zone Coordinators, HCSA/Contract Managers, Funders, HCD/HMIS Lead
  - SCC
- **Convene staff at all levels to troubleshoot and amend policies and procedures to ensure they accomplish the intended outcomes of CE.**
- **Establish and administer annual review processes for all CE policies and procedures.**

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<thead>
<tr>
<th>Establish a clear, accessible communication plan with specific coordination methods for each part of the CE process.</th>
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<tbody>
<tr>
<td>- Develop and administer a website to host public-facing documents, which may include: forms, policies and procedures, news, training resources, and a calendar of events. It may also include a secure login feature for common access to more private information.</td>
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<tr>
<td>- Identify points of contact for CE questions and information for the CE system as a whole and, if applicable, at individual agencies.</td>
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<tr>
<td>- Establish procedures for communicating about clients (including the priority list and case conferencing lists) in a way that protects their data.</td>
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<tr>
<td>- Develop policies and oversee methods for development and distribution of prioritization lists, active lists, and project-level waiting lists, if applicable.</td>
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<tr>
<td>- Develop policy and administer process for purging names from priority lists and/or active lists when participants are housed or no longer available for referral and matching.</td>
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<tr>
<td>- Develop policies and oversee methods for communicating about housing resource vacancies and referral or matching of clients to those vacancies.</td>
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- **Gap**

<table>
<thead>
<tr>
<th>Administer annual trainings on:</th>
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<tbody>
<tr>
<td>- System-wide problem solving</td>
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<tr>
<td>- Progressive engagement/assistance</td>
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<tr>
<td>- Dynamic system management</td>
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<tr>
<td>- For PSH/RRH providers: inventory management in HMIS</td>
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<tr>
<td>- Programmatic or service strategy approaches – critical time intervention, housing first, harm reduction, motivational interviewing, etc.</td>
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<tr>
<td>- Landlord recruitment, engagement, retention</td>
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- **Gap**

<table>
<thead>
<tr>
<th>Ensure CE consistency across CoC Zone Structure</th>
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<tr>
<td>- Identify any localized CE staffing functions (i.e. management or coordination, inventory management, referral and resource matching, etc.) that must be administered at the local (zone) level</td>
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<tr>
<td>- Identify any discrepancies or gaps in the operation of CE operations across each zone</td>
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<tr>
<td>- Facilitate coordination/management meetings among zone CE staff</td>
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<thead>
<tr>
<th>Zone Coordinators, Gap at System-level</th>
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<tr>
<th>Gap</th>
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<tbody>
<tr>
<td>Zone Coordinators</td>
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<tr>
<td>Access</td>
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<tr>
<td>• Develop and deploy a marketing strategy that clearly and transparently shows how and where people can access the CE system</td>
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<tr>
<td>o Develop and implement marketing strategies targeted toward specific subpopulations (e.g., people fleeing domestic violence, youth, etc.). These may include flyers posted in service agencies or online, social media ad campaigns, PSAs run through traditional media outlets, etc.</td>
</tr>
<tr>
<td>o Assess how well marketing strategy reaches targeted subpopulations. Identify ways to better reach subpopulations or specific parts of the community that are not being reached.</td>
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<tr>
<td>• Manage all PR requests related to CE</td>
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<tr>
<td>o Establish a mechanism for community members to reach the CE system</td>
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<tr>
<td>• Support implementation of system-wide problem solving/diversion strategy</td>
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<tr>
<td>o Establish protocols for system-wide diversion/problem solving conversations</td>
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<tr>
<td>o Ensure all access points and access centers follow problem solving protocols that focus on reducing inflow with exploration of safe, alternative housing options for all participants.</td>
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<tr>
<td>• Develop and deliver trainings at least annually on:</td>
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<tr>
<td>o Diversion &amp; problem-solving to all access point staff</td>
</tr>
<tr>
<td>o CE policies and procedures, including those that differ for specific subpopulations</td>
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<tr>
<td>• Manage strategies to monitor and reduce system inflow</td>
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<tr>
<td>o Monitor rates of regular (weekly, monthly or quarterly) inflow of new and returning clients</td>
</tr>
<tr>
<td>o Identify and engage systems who may have most frequent and sustained contact with CE participants immediately preceding literal homelessness (schools, hospitals, jails, County social service departments, nonprofit service organizations) and explore opportunities for reducing inflow into homelessness.</td>
</tr>
<tr>
<td>• Manage transition/transfer protocols for different subpopulations within Access points</td>
</tr>
<tr>
<td>o Streamline transfers among separate CE systems (i.e. youth and adult, single adult and family, family and DV, prevention and literal homelessness)</td>
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<tr>
<td><strong>Assessment</strong></td>
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| • **Standardize screening and assessment processes**  
  o Create and disseminate standardized forms for each phase of screening and assessment.  
  o Establish policies and procedures that specify timeframes and processes for entering screening and assessment data into HMIS.  
  o Work with DV providers to establish processes for those fleeing DV to be assessed using the standard CE assessment tool and included in the priority list, if they wish to be considered for non-DV-specific housing resources. | • Gap  
  o EOH  
  o HMIS Oversight, HCSA/Contract Manager  
  o Gap |
| • **Develop and deliver trainings to assessment staff at least annually on:**  
  o Assessment tools: what they are, how and when they fit into the CE process, and how to administer them  
  o CE policies and procedures, including those that differ for specific subpopulations  
  o Assessment data entry into HMIS  
  o Phased assessment  
  o Progressive engagement | • Gap  
  o EOH  
  o Gap  
  o Gap  
  o Gap |
| • **Refine Assessment process**  
  o Identify which assessment questions and responses will be used to establish prioritization results/scores.  
  ▪ Identify which of those questions and responses will be built into HMIS as standard elements  
  ▪ Identify which response categories will be scored or compiled to generate a prioritization result/score  
  o Solicit input/feedback from providers and participants about how questions are asked and how responses are understood, documented and used to support prioritization results/scores. Identify opportunities for continuous quality improvement. | • EOH  
  o EOH/Tools Committee  
  ▪ EOH, HMIS Oversight  
  ▪ EOH  
  o Gap |
| **Prioritization** | **WHO?** |
| • **Identify which CoC resources will not be prioritized such as those providing emergency access on an immediate, walk-in basis (e.g. outreach services, emergency shelter, safe haven, winter shelter, etc.)** | • EOH/SCC, Zone Coordinators |
| • **Manage the centralized priority list for housing resources for all populations**  
  o Generate and update the priority lists on a set schedule, as established by written policies and procedures. There is a single countywide list, but each zone filters by | • Gap at System-level, Zone Coordinators  
  o Zone Coordinators, EOH |
their zone. Vets have a report built into the HMIS that includes additional useful fields for matching.

- Communicate the priority lists out to relevant CE staff, including matchers, housing navigators, and others involved in case conferencing on a set schedule.
- Monitor changes to the priority list from week to week to ensure no one prioritized for assistance is being consistently passed over by the matching process.
- Establish a prioritization process that is sized to available resources.
  - Highest priority populations should be matched to crisis and/or PH resources within a target time period (e.g. within 60 days)
- Maintain an active prioritization list, and ensure that those responsible for matching clients to housing resources have real-time access to that list.
- Establish and enforce a formal policy for prioritization “tie breakers” that take into account multiple factors and are considered when identifying the most vulnerable household to match to housing resources when they become available.
- Establish policies around client record deactivation, reactivation, and deletion. Deactivate, reactivate, and delete client records as dictated by this policy.

### Manage and facilitate the case conferencing process

- Convene matchers, housing navigators/others providing outreach or supportive services to people awaiting housing resources in regular (i.e. weekly) case conferencing calls or meetings. These will likely be different meetings for youth and young adults, single adults, and families.
- Attend and facilitate case conferencing meetings or establish process to oversee case conferencing to ensure consistency.
- Disseminate necessary information before/after meetings to all relevant parties.
- Ensure accountability between case conferencing meetings for those with follow-up tasks to support clients discussed during case conferencing.

### Develop and deliver trainings at least annually on:

- Prioritization process, policies, and procedures

### Referral / Matching / Placement

**WHO?**

- Zone Coordinators
- Zone Coordinators
- Gap
- Zone Coordinators
- SCC sets policy, Gap in operationalizing
- SCC sets policy, Gap in policy for record deletion or purging
- Zone Coordinators
- Zone Coordinators, Gap at System-level
- SCC sets policy, gap in monitoring operations
<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Parties</th>
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<tbody>
<tr>
<td>Ensure that staff responsible for matching clients to housing resources have real-time access to an active priority list.</td>
<td>Zone Coordinators, HMIS Lead</td>
</tr>
<tr>
<td>Provide oversight on unsuccessful matches to housing resources.</td>
<td>Zone Coordinators, Gap at System-level</td>
</tr>
<tr>
<td>- Establish policies and procedures for housing projects to document and report back to the management entity on their rejections of clients. Review these at least weekly to ensure housing providers are not violating Housing First principles and are only rejecting clients based on funder-determined eligibility requirements. Use feedback on client rejections to identify ways to ensure clients are only matched with resources for which they are eligible.</td>
<td>Gap</td>
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<tr>
<td>- Establish policies and procedures for matchers to document and report back on clients’ refusals to accept housing resources with which they were matched. Review these at least weekly to identify any barriers that could be addressed.</td>
<td>Gap</td>
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<tr>
<td>Support housing resource referral destinations participating in CE, and cultivate buy-in from those not required to participate in CE.</td>
<td>Funders, Zone Coordinators, Gap at System-level</td>
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<tr>
<td>- Ensure matching processes are clear and transparent to housing resource providers</td>
<td>Gap</td>
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<tr>
<td>Develop and deliver trainings at least annually on:</td>
<td>Zone Coordinators, Funders, Gap at System-level</td>
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<tr>
<td>- Housing navigation</td>
<td>Service providers, HCSA, Zone Coordinators</td>
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<tr>
<td>- Housing retention</td>
<td>Service providers</td>
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<tr>
<td>- Landlord recruitment, engagement and retention</td>
<td>Service providers</td>
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**Data Management**

<table>
<thead>
<tr>
<th>Task</th>
<th>Responsible Parties</th>
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<tbody>
<tr>
<td>Coordinate CE data collection, management and reporting with HMIS lead and HMIS software provider</td>
<td>Gap at System-Level: Pieces being worked on by EOH/HMIS Oversight, HCD HMIS Lead</td>
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<tr>
<td>- Identify data necessary for CE management and monitoring. Examples include:</td>
<td>Gap</td>
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<tr>
<td>▪ CE inflow (newly homeless and returns)</td>
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<tr>
<td>▪ Length of time from contact to engagement, to assessment, to prioritization, to referral, to match, to lease up/PH exit</td>
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<tr>
<td>▪ PH placement rate (RRH, PSH, other PH)</td>
<td>Gap</td>
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<tr>
<td>▪ Demographics and other attributes of CE participants by outcome</td>
<td>Gap</td>
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<tr>
<td>Manage trainings on topics such as:</td>
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<tr>
<td>▪ CE data capture requirements</td>
<td>Gap</td>
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<tr>
<td>▪ Data quality</td>
<td>Gap</td>
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**CE Monitoring & Evaluation**

<table>
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<tr>
<th>Task</th>
<th>Responsible Parties</th>
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<tbody>
<tr>
<td>Establish and operationalize a continuous quality improvement (CQI) process</td>
<td>Gap</td>
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<tr>
<td>- Use HMIS and other CE system monitoring data</td>
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<td>Task</td>
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<tr>
<td>- Establish and implement a method to monitor key CE system performance outcomes</td>
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<tr>
<td>- Provide CE system monitoring report updates to relevant CoC committees and System Coordination Committee on a regular (i.e. quarterly) basis</td>
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<tr>
<td>- Manage annually a full evaluation of the CE system</td>
<td>Gap: Limited evaluation being conducted by EOH</td>
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<tr>
<td>- Wait times for initial contact</td>
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<td>- Extent to which expected timelines are met</td>
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<tr>
<td>- Number/percentage of referrals that are accepted by receiving programs</td>
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<td>- Rate of missed appointments for scheduled assessments</td>
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<td>- Number/percentage of persons declined by more than one (1) provider</td>
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<tr>
<td>- Number/percentage of Eligibility and Referral Decision appeals and/or grievances</td>
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<td>- Number of program intakes <strong>not</strong> conducted through CE system</td>
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<td>- Completeness of data on assessment and intake forms</td>
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<tr>
<td>- Households referred have length of stays consistent with system guidelines</td>
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<td>- Waiting lists are reduced for all services</td>
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<td>- Program components meet outcome targets</td>
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<td>- Reductions in long term chronic homelessness</td>
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<td>- Reductions in family homelessness</td>
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<td>- Reductions in returns to homelessness</td>
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<td>- Reduced rate of households becoming homeless for the first time</td>
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CE Management: Increasing Effectiveness and Ongoing Quality Improvement of Coordinated Entry Processes

2019
Core Elements of Coordinated Entry

ACCESS

ASSESSMENT

PRIORITIZATION

REFERRAL
Common Approach to Coordinated Entry

- Standard coordinated entry approach:
  - People present at coordinated entry access points
  - Fully assess all households regardless of availability of targeted homelessness resources
  - Assign/match to a waitlist for a specific intervention type using scoring ranges
  - Prioritize based on highest level of need
  - Referrals from prioritized list in prescribed order
Challenges with Current Approach

- Majority of homelessness response systems do not have enough resources, resulting in:
  - Number of persons matched to specific interventions exceed availability, increasing lengths of time homeless
  - “Bucket” approach results in lower need households being served more quickly
  - Information collected is static becoming old over time
  - Many people on waiting lists cannot be located
  - Lack of confidence in validity of scores
  - Eligibility not considered until too late in process
Example of Current Approach
Example of Current Approach
Outcome of Current Approach
Strategies for a More Effective Coordinated Entry
Common Access Challenges

**ACCESS**

- Initial Triage
- Diversion
- Triage
- Initial Assessment
- Potential Eligibility Assessment
- Comprehensive Assessment

**ASSESSMENT**

- 1.
- 2.
- 3.
- 4.
- 5.

**PRIORITIZATION**

1. More people seeking assistance than have resources to assist
2. Highest-need people not getting access

**REFERRAL**

1. System-wide problem solving
2. Access through mobile outreach
Strategies to Improve Access

ACCESS

ASSESSMENT
- Initial Triage
- Outreach
- Triage
- Initial Assessment
- Potential Eligibility Assessment
- Comprehensive Assessment

PRIORITYATION
1. More people seeking assistance than have resources to assist
2. Highest-need people not getting access

REFERRAL
1. System-wide problem solving
2. Access through mobile outreach
Strategy: Problem Solving Conversations

- Exploratory conversation that seeks to understand household’s strengths and existing support networks

- Goal is to identify safe housing options and connect the household to community supports and services

- Should be attempted with everyone seeking assistance
Strategy: Mobile Outreach

• Mobile outreach as an access point can help connect people to coordinated entry who are less likely to seek assistance on their own

• Gives *clear housing focus* to mobile outreach staff
ASSESSMENT
Common Assessment Challenges

1. Assessment process is long, time-consuming
2. Information quickly out-of-date
3. Assessment does not lead to assistance for many

1. Phased Assessment
2. Ensure everyone gets a housing plan
Strategies to Improve Assessment

1. Assessment process is long, time-consuming
2. Information quickly out-of-date
3. Assessment does not lead to assistance for many

1. Phased Assessment
2. Ensure everyone gets a housing plan
Strategy: Phased Assessment

1. Initial Triage
2. Diversion
3. Intake
4. Initial Assessment
5. Potential Eligibility Assessment
6. Comprehensive Assessment
What about assessment tools?

- Assessment tools are helpful to capture consistent information about clients; they should not dictate prioritization.
- Assessment tools help identify housing and service needs – the score they generate can be used to inform understanding a person’s severity of need.
- There are no “HUD-endorsed” assessment tools and all should be used with caution.
- Consult HUD’s 2015 Report on what is known about assessment tools.
Defining Prioritization

**Prioritization** = person’s needs and level of vulnerability are quantified *in relation to other people who are also seeking homeless assistance.*

- Uses information learned from assessment
- Manages the inventory of housing resources
- Ensures persons with the greatest need and vulnerability receive priority or accelerated access to the supports they need to resolve their housing crisis.
Prioritization Criteria

• Prioritization criteria may include any of the following factors:
  ✓ Significant health/behavioral health challenges
  ✓ High use of emergency services
  ✓ Sleeping in unsheltered locations
  ✓ Vulnerability to death or illness
  ✓ Risk of continued homelessness
  ✓ Vulnerability of victimization
  ✓ Other locally determined factors

• May be different for families, single adults, survivors of domestic violence, and persons seeking homelessness prevention services

• Prioritization policies should not be seen as static and should be refined as resources and needs begin to shift
• CoCs are prohibited from using the prioritization process to discriminate based on race, color, religion, national origin, sex, age, familial status, or disability.

• It would be a violation of federal civil rights laws if prioritization is based solely on a score produced by an assessment tool that consistently provides a higher score to persons with specific disabilities over those with other disabilities, or that provides scores that rely on membership in a protected class.

• For more information, see HUD’s FAQ: https://www.hudexchange.info/faqs/3464/my-coc-needs-to-prioritize-households-to-meet-the-requirements-of-hud
Common Prioritization Challenges

ACCESS
- Initial Triage
- Screener
- Invoice

ASSESSMENT
- Initial Assessment
- Potential Eligibility Assessment
- Comprehensive Assessment

PRIORITIZATION
1. List is static (conditions change, but list stays the same)
2. Stakeholders lack confidence in score/order
3. List is long (many people get nothing; list is out-of-date and then can’t find high-priority people)

REFERRAL
1. Dynamic prioritization (continuous adjustment of list)
2. Case conferencing, other information used besides score
Strategies for Improving Prioritization

1. **List is static** (conditions change, but list stays the same)
2. Stakeholders lack confidence in score/order
3. **List is long** (many people get nothing; list is out-of-date and then can’t find high-priority people)

1. Dynamic prioritization (continuous adjustment of list)
2. Case conferencing, other information used besides score
Challenge: Static Prioritization

- Doesn’t consider actual resource availability
- Long waitlists, no housing plan
- Assumes a single pathway out of homelessness
- Information becomes quickly out-of-date
- Lower need households exit homelessness more quickly
Dynamic Prioritization is an approach to prioritization that considers information in real time and seeks to do each of the following:

- Ensures the most vulnerable persons are prioritized for all available dedicated resources
- Seeks to achieve housing placements quickly, preferably on average of 30 days or less
- Allows for flexible housing placement decisions that considers a variety of factors
- Continues to utilize problem-solving conversations to move those households not currently prioritized into housing
Static vs. Dynamic Prioritization

Hypothetical Scoring Tool

Community Resources

Rapid Rehousing

Resources

Permanent Supportive Housing

Lowest/Least Barriers

Assisted

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Highest/Most Barriers

Assisted

Hypothetical Scoring Tool
Using Dynamic Prioritization for Referral

- Dynamic prioritization works in real time based on available resources
- For each vacancy, start by considering the people at the top of the priority list
- Dynamic prioritization allows for more flexibility in referral decisions
  - PSH optimal for persons experiencing CH and highest needs
  - If PSH not available, RRH should be considered to be used to provide a bridge or flexible support
- Resources should limit population-specific eligibility criteria to ensure that resources can be used as flexibly as possible
Strategy: Case Conferencing

- Case conferencing is a meeting of stakeholders to discuss housing placement decisions on a case-by-case basis.

- Use case conferencing to discuss:
  - What is vacant?
  - Who is ‘ready’?
  - Of those ‘ready’, who is highest need and eligible for opening?
  - New or additional information collected on a household
What about By-Name Lists?

- Many CoCs have developed by name lists to record information on all persons experiencing homelessness.
- Can be a helpful tool to galvanize community action and improve street outreach.
- Creating and maintaining can be very burdensome and utility becomes less as the ‘list’ grows.
- Having a quality by-name-list in and of itself often does not increase housing placements.
- Avoid creating a separate database for collecting and storing information on persons experiencing homelessness outside of HMIS.
REFERRAL
Common Referral Challenges

1. Prioritized people not documented ready
2. Prioritized people not eligible
3. High-priority people rejected by programs
4. Referral process is slow/cumbersome

1. Use navigators for highest priority
2. Ensure using eligibility information with priority
3. Reduce program entry barriers/screening
4. Include response times in performance measures
Strategies to Improve Referrals

**ACCESS**
- Initial Triage
- Referral
- Referee
- Initial Assessment
- Potential Eligibility Assessment
- Comprehensive Assessment

**ASSESSMENT**
- 1. Prioritized people not document ready
- 2. Prioritized people not eligible
- 3. High-priority people rejected by programs
- 4. Referral process is slow/cumbersome

**PRIORITIZATION**
- 1.
- 2.
- 3.
- 4.
- 5.

**REFERRAL**
- 1. Use navigators for highest priority
- 2. Ensure using eligibility information with priority
- 3. Reduce program entry barriers/screening
- 4. Include response times in performance measures
• **Housing Navigation** is a type of supportive service that can be offered to:
  ✓ Help to secure the documentation the participant will need for program enrollment;
  ✓ Help to access services that will be needed prior to housing, including applying for benefits, transportation support, and other immediate services;
  ✓ Assisting with housing search and enrollment;
  ✓ Performing outreach to local landlords; and,
  ✓ Preparing household to maintain housing.

• Navigation services may be provided by outreach workers, CES assessors, dedicated case managers or others connected to the CES.
Strategy: Consider Eligibility Prior to Referral

• Programs receiving the referrals have final responsibility for ensuring the people they admit are eligible
• Coordinated Entry should seek to minimize referrals that do not meet required eligibility criteria
• Goal should be to make successful referrals quickly and have them accepted quickly
Strategy: Limit Additional Eligibility Criteria

- CoCs should avoid making the eligibility criteria for a project too narrow.

- Having programs that are flexible and able to meet the needs of all populations will enable the CoC to house prioritized households more quickly.
Strategy: Increasing Accountability

• What happens to high need people
  – Do they get admitted into openings?
  – How many are skipped
  – How many are rejected
  – How many are lost before getting housed?

• Track time frames
  – From prioritization to referral
  – From referral to point of approval or denial

• Reasons for denials or refusals by clients
  – Set targets and review progress
Strategies for More Effective System Management

• All or most resources are included in the Coordinated entry system

• CE Processes are effectively managed and documented

• Data and feedback from consumers and providers are used to evaluate effectiveness and support continuous improvement

• All stakeholders receive clear messaging about the system and its purpose
Thank you