



COORDINATED ENTRY SYSTEM (CES) POLICY AND PROCEDURES

CES-PP-18-02: ASSESSMENT POLICY AND PROCEDURES

Originally Approved: 05/07/2018; Revised: 06/27/2019

PURPOSE: To establish and detail the process of Assessment within Threshold CoC's Coordinated Entry System (CES).

POLICY: Threshold CoC's CES will provide a comprehensive, standardized assessment process, to include triage, diversion, and a phased assessment* of individual needs in compliance with the HUD Coordinated Entry Notice (CPD-17-01). All projects funded through the Department of Housing and Urban Developments Continuum of Care and Emergency Solutions Grant programs and the Nebraska Homeless Assistance Program are required to participate in the CES of the continuum. This assessment process will be available to all households who present at a CES Access Point, regardless of the Access Point's target population and eligibility to receive services.

Utilizing a person-centered and trauma-informed approach, the Threshold CoC CES assessment process will gather only the information necessary to determine the severity of need and eligibility for housing and related services, to provide meaningful recommendations to persons being assessed. Information gathered through the assessment process will: 1) Determine the level of housing crisis (category of homelessness) and any self-reported safety concerns; 2) Identify any opportunities to divert the household from becoming homeless; 3) Inform the process of prioritization by identifying chronic homelessness status, housing history, and length of homelessness and 4) Provide for equitable access to emergency response resources for those who cannot be diverted (street outreach, shelter, etc.). Assessments should be updated every 30 days.

* Phased Assessment- Refers to the process of obtaining information from participants in a trauma informed manner that only asks for the minimum amount of information necessary to complete each step in the assessment process (i.e. determining homeless status, possible referral to shelters etc.). The phased assessment process used during coordinated entry is not intended to replace those more specialized assessments but rather to connect participants to the appropriate housing solution as quickly as possible. Similarly, the assessment process does not preclude the use of complementary assessments designed to support access to mainstream services that are made available during assessment or otherwise conveniently accessed.

PROCEDURE I: PHASED ASSESSMENT PROCESS

A. Triage

- 1) When/How
 - a) The Triage Assessment is completed during the first conversation with the individual requesting assistance from the homeless service system in order to determine if the homeless response system is appropriate, or if the situation warrants other referrals (i.e. rent or utility assistance, landlord mediation etc.).
 - b) The Triage Assessment may be completed in person or via phone. (Information collected at triage is not entered into the HMIS system)

- 2) Information Gathered & Next Steps
 - a) Current living situation/HUD Homelessness Category

- i) Category 1: literal homelessness & Category 4: fleeing/attempting to flee domestic violence, including those who will be literally homeless tonight. Proceed to Diversion Assessment
(Procedure 1, Section B below)
- ii) Category 2: Imminent Risk of Homelessness, (excluding those who will be homeless tonight).
 - (1) Refer to other community resources (rent/utility assistance, SNAPs etc.). Do not proceed further with the Phased Assessment Process outlined within.
 - (2) These referrals should be warm handoffs (defined in CES-PP-18-01) when possible.
- iii) Anyone not in categories 1, 2 or 4 should be referred to mainstream resources

b) Establish safety

- i) If safety concerns are present but not immediate, Access Point may continue the Assessment process, or provide a warm handoff to domestic violence shelters or appropriate supportive services (not limited to DV services) to complete the assessment. The final step in the Access Point process should be to provide a warm handoff to the appropriate DV service provider to handle safety planning, but it is the choice of the participant to complete the assessment with the Access Point or stop the process and resume with a DV service provider.
- ii) If safety concerns are immediate and there is a current danger or threat of danger, Access Point should ask if the individual or household would like to contact the police. If the police are contacted allow for legal options to be pursued before continuing the assessment process. If the police are not contacted refer to A.2.b.i above.
- iii) Further development and training of access points will continue after launch. This process will continue and expand on collaboration with DV services providers.

B. Diversion Assessment

- 1) Initial Data Collection-** Collection of HUD Universal Data Elements (UDE's)- This includes such information as name, date of birth, SSN, race and ethnicity etc. Any household currently experiencing Category 1 or Category 4 homelessness will be asked to consent for Release of Information (ROI). Three options for ROI are available:
 - YES – full release of information
 - YES, In Part – partial release of information, not including Personally Identifying Information (PII)
 - NO – declining release of any information
- 2) Diversion**
 - a) When/How- Occurs after Initial Data Collection (Section B above) with all households experiencing Category 1 or Category 4 Homelessness, who will be homeless tonight. Occurs at the time of first meeting, unless there are concerns for basic needs at the time of first encounter, or the access point cannot complete because of staff time or other circumstances.
- 3) Diversion Process/Conversation**
 - a) Diversion is not a scripted process. Instead, it is an individualized approach offered directly by staff specifically trained to assess for alternatives to entering the homeless service system.
 - b) Diversion utilizes a conflict resolution/mediation approach and explores any possibilities available to the household to prevent them from entering the homelessness system.
 - c) Diversion trained staff will engage in a detailed conversation surrounding the situation that led the household to seek assistance and use a strength-based, person-centered approach that

4) Next Steps-

- a) If Diversion is successful, outcomes are captured in HMIS within 48 hours of the contact.

Diversion is considered successful if the household identifies alternative safe housing outside of shelter or other housing designated for households that are homeless.

- b) If Diversion is unsuccessful, this is documented in HMIS and Access Point staff proceed into Phase I of the CES Assessment (proceed to Section C below).
 - i) Staff will discuss the CES Assessment process informing the individual that completion of the Phase I Assessment does not guarantee housing placement.
 - ii) Staff will explain that completion of Phase I assessment provides information that will be used to determine prioritization and possible referrals to supportive housing resources.

C. Phase I Assessment

1. When

- a. Access Point staff will complete the Phase I Assessment during the first client meeting, if Diversion is unsuccessful. If capacity prevents the Access Point from completing the assessment during the first client meeting, a warm handoff to a provider within the crisis response system (shelter, street outreach, etc.) occurs and the Access Point informs the crisis response provider that the Phase I Assessment is incomplete.
- b. Phase I assessments should be completed no more than 3 days after engagement with the crisis response system (shelter, street outreach, etc.)
- c. Assessments should be updated at least every 30 days from the last assessment for individuals who remain literally homeless. This update should be completed by the current service provider.

2. Information Gathered

- a. Information gathered at Phase I assessment is designed to help guide prioritization for supportive housing projects.
- b. **Disabling Condition:** this is an essential element in determining whether the individual meets the definition of [Chronic Homelessness](#). Eligible disabilities are as follows: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder (PTSD), cognitive impairments resulting from brain injury, or chronic physical illness or disability.
- c. **Housing History:** obtain a detailed housing history of the last 3 years (36 months). Length of homelessness is the primary method of determining Prioritization. Length of homelessness is also the second essential element in determining chronic homelessness. To be considered chronically homeless, the individual must meet one of the following (in addition to having an eligible disability, per above):
 - i. Current episode of homelessness has been longer than one year (12 months continuously); or
 - ii. Have had four separate episodes of homelessness in the past three years, in which the cumulative months homeless are at least 12 months.
 - 1. A "break" in homelessness is defined as any period of 7 or more consecutive nights where an individual is not residing on the streets, in an emergency shelter, or other place not meant for human habitation
 - 2. Residing in an institutional care facility (i.e. jail, substance abuse or behavioral health treatment facility) for fewer than 90 days and having been literally homeless immediately prior to entering the facility is not considered a "break" in homelessness.

3. Next Steps

- a. Ensure the household is either referred to an appropriate shelter or, if shelter is declined or unavailable, refer to the Street Outreach Team for follow-up.
 - i) If a referral to shelter is made, the access point should work with the participant to identify the type of shelter they desire (i.e. "wet" shelter or low barrier, "dry" shelter, faith based etc.).
 - ii) Access points should provide a warm handoff with shelter staff
 - iii) Referrals to Street Outreach may happen through existing processes. This includes phone calls to outreach workers or by emailing the completed referral form to outreach workers. In either case, a warm handoff is the preferred method of referral. Outreach workers will attempt follow up within 48 hours of the referral.
- b. If the household refuses referrals to emergency shelter and outreach services, Access Points should provide an informational letter regarding Threshold CoC's By-Name List and how to maintain current contact information and active status. (This letter is currently under development)

D. Phase II Assessment

1. When/How

- a. The Phase II Assessment is used to determine prioritization for Permanent Supportive Housing (PSH) openings through CES.

2. Criteria for Phase II Assessment – One of the following criteria must be met prior to the Phase II Assessment being completed for PSH consideration. (see attached flowchart)

- a. For Households in RRH the following criteria must be met:
 - i. Head of household must be chronically homeless and;
 - ii. The household must have been housed at least 6 months and;
 - iii. The household is at risk of losing their current housing placement and/or;
 - iv. The household has been rehoused 2 or more times in their current program placement or;
 - v. The household is timing out of the RRH program (within 90 days) and does not have any housing options once their RRH program ends.
- b. For Households experiencing literal homelessness (ES, unsheltered or TH) for whom PSH is being recommended without first being referred to RRH, the following criteria must be met:
 - i. The head of household is chronically homeless and;
 - ii. The household been unsuccessful in supportive housing programs 2 or more times in the past 3 years and;
 - iii. A recommendation from a participating agency identifying severe service needs.

3. Phase II Assessment Process

- a. Verify chronic homeless eligibility, per HUD standards, including disability status and upload documents in HMIS.
- b. Complete the DLA 20 assessment and record the score in HMIS. The DLA 20 score must identify severe service needs, as evidenced by meeting the pre-determined threshold. (Threshold scores are currently being determined for PSH review. Additionally, training for completing the DLA 20 will be scheduled so that access points and outreach workers understand the instrument).
- c. Submit the referral to the Homeless Review Team (HRT) for discussion, prioritization, and possible referral to PSH vacancies.

Additional Resources:

Threshold CoC CES Prioritization Policy

Threshold CoC CES Referral Policy

Threshold CoC CES Contact Attempts Procedures

