

Ending Homelessness. Starting Fresh.

## Coordinated Entry Evaluation Committee Meeting Thursday, April 15th 2019, 2:30-4:00 p.m. 1331 Garden Highway, Sacramento, CA 95833

### VCR Room (second floor)

Agenda Item	Presenter	Time	Item Type
Welcome and Introductions	Co-Chairs John & Andrew	2:30 PM (5 min)	Informational
2. Rapid Rehousing visual exercise	Tristina Stewart	2:35 PM (40 min)	Informational
3. Transitional Housing visual exercise	Tristina Stewart	3:15 PM (30 min)	Informational
Review approved policy work plan from     CES committee & policy explanation	Tristina Stewart	3:45 PM (10 min)	Informational
5. Future Agenda Topics	Co-Chairs John and Jenn	4:15 PM (5 min)	Discussion
6. Adjourn	Co-Chairs John and Andrew	4:30 PM	Action

# 2019 Coordinated Entry Committee Work Plan- DRAFT

Component/Activities	Timeline	Status		
Ammendments followed by approval of policies which have been piloted by Coordinated Entry staff and community partners.				
Product/Deliverable: Recommendations to the CoC Advisory Board for additions to the existing CES Policies and Proceedures.				
Case Confernecing: examined in the March and April CES Committee meetings. Vote				
to approve policy.	March-May 2019	Pending approval		
Transfers: examined in the March and April CES Committee meetings. Vote to approve				
policy.	March-May 2019	Pending approval		
Overlaying HUD PSH requirements & specific programatic requirements. Vote to				
approve policy.	May-June 2019	Pending examination		
By-Name-List & priority queue. Vote to approve proceedure.	May-June 2019	Pending examination		
Sub population access sites. Vote to approve policy.	June-July 2019	Pending examination		
Examination and ammendments of new policies, voted on for approval by Committee, prior to reccomendations to Advisory Board.				
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Product/Deliverable: Recommendations to the CoC Advisory Board for additions to the existing CES Policies and Proceedures.				
Required Client documents for programs. Vote to approve policy.	June-July 2019	Pending examination		
Timeline of a referral converting from "pending" to a "denial". Vote to approve policy.	July-August 2019	Pending examination		
VI-SPDAT required training. Vote to approve policy.	July-August 2019	Pending examination		
CES system complaint process & resolution. Vote to approve policy.	August-September 2019	Pending examination		
Client complete an analidam when have able to CFC. Note to company action	August Contombox 2010	Donding aversingtion		
Client complaints re: providers when brought to CES. Vote to approve policy.	August-September 2019	Pending examination		
Referral denials. Vote to approve policy.	September-October 2019	Pending examination		
Dynamic Prioritization. Vote to approve policy.	September-October 2019	Pending examination		
Higher levels of care. Vote to approve policy	October-November 2019	Danding everyingtion		
Higher levels of care. Vote to approve policy.	October-Movellinet 2019	Pending examination		



#### **MEMORANDUM**

**Date:** April 4, 2019

**To:** Coordinated Entry System Committee **From:** Tristina Stewart, CES Program Manager

**Subject:** Overview of proposed policies

### **Context**

Clear policies and procedures guiding the design, implementation, and success of the local system to triage, prioritize and track consumers of the Continuum of Care are necessary to the orderly growth and operation of our Coordinated Entry System.

This document provides further explanation of the policies listed in the Policies and Procedures Prioritization memo.

1-5 are in the piloting stage. 6-12 require more discussion and community feedback prior to piloting.

The policies for review in the April CES Committee meeting are the following: case conferencing and transfers.

- 1. **Case Conferencing:** HUD expects that being unable or unwilling to complete a universal assessment should not bar an individual from receiving homeless services. The Case Conferencing policy was designed to address this gap in previous policies.
- Transfers: HUD expects CoCs to place priority on transfers in CES systems when they are
  caused by poor program fit or a program closing out due to loss of funding. To address this
  gap in previous policies CES staff developed policies around prioritizing transfers in the CES
  system.
- 3. Overlaying programmatic requirements with HUD requirements: The PSH program, ReStart, is a HUD funded PSH, which was proposed to HUD with the theme of serving frequent users of emergency services. HUD approved the project, and SSF developed a way for frequent user programs to verify a client's enrollment in their program; often these programs do not input accurately into HMIS. The client's enrollment is verified using the Frequent User Program Verification Form. This form is filled out by staff at the frequent user program who can verify the client's status in their agency database. The form is uploaded with the client's HMIS forms and documents.
- 4 **By-name-list and the prioritized queue:** The By-Name-List (BNL) is a dynamically-generated list of homeless people within the Sacramento CoC that can be exported from HMIS. The full list includes every literally homeless person in the CoC that has had a logged HMIS service or contact within the prior 90 days or is enrolled in a program. Clients who have not had contact or services logged within the last 90 days will be excluded from the BNL. As soon as those clients make contact with a CoC provider and have a service or contact entered into HMIS, they will return to the BNL.

The prioritized queue consists of the individuals and families in the BNL who meet all HUD required PSH requirements (disability, chronic homeless, 14+ VI-SPDAT score, and category 1 or 4 homeless). These individuals and families are discussed in monthly housing conferencing meetings in an effort to prepare them for a housing opportunity.

- 5. Veteran and TAY specific access points: HUD approves of sub-population access points due to the ability of the client to access wrap-around services. Having specific TAY and Veteran access points also takes some of the appointments away from the highly impacted non-sub-population access points. Currently these are staffed by, and located at SVRC and Wind Youth.
- **6. HUD required documents for housing**: Certain documentation requirements are upheld by HUD (chronic homelessness, literal homelessness, disability) and other document requirements are established by providers or property owners/managers.
- 7. Pending referrals: There have been instances where providers will receive a referral and rather than denying or accepting the referral, they will leave it pending. This prevents accurate data tracking as well as reporting around program outcomes. There needs to be an agreed upon timeline where a pending referral is switched to denied automatically.
- **8. Assessments- minimum training:** the VI-SPDAT requires additional training beyond HMIS. There is best practice guidance from the assessment's which is provided by the creators of the assessment. It is vital that for people to complete VI-SPDAT, they are trained by SSF staff in order to assure a reflective assessment score for the client.
- **9. CES system complaints:** There is currently no formal process for dealing with complaints which relate to the Coordinated Entry system. The present practice involves written letters addressed to SSF's Chief Programs Officer.
- 10. Provider complaints: Due to SSF making the client referrals to providers, SSF often receives complaints from the clients. SSF directs the client to the program's grievance procedure. If they are not satisfied with the outcome they will often approach SSF again. SSF would benefit from updated copies of each agencies grievance procedures in order to help address client concerns.
- **11. Denials:** In housing first communities, people are not supposed to deny a CES referral unless there are extenuating circumstance. SSF is moving quickly to expand the training and documentation around the reasons for denial and potentially expanding options.
- **12. Dynamic Prioritization:** National best practice shows that communities are applying dynamic prioritization to their homeless resources. This prioritization of subsidies for the most vulnerable and encourages non-subsidized resolution for less vulnerable individuals.