



**SACRAMENTO
STEPS FORWARD**

Ending Homelessness. Starting Fresh.

Coordinated Entry Committee Meeting
Thursday, April 4th 2019, 3-4:30 p.m.
1331 Garden Highway, Sacramento, CA 95833

VCR Room (second floor)

Agenda Item	Presenter	Time	Item Type
1. Welcome and Introductions	Co-Chairs John and Jenn	2:30PM (5 min)	Informational
2. Policy Development Process	Tristina Stewart	2:35 (5 min)	Action
3. Policy Prioritization	Tristina Stewart	3:40PM (20 min)	Action
4. Case Conferencing Policy	Tristina Stewart	2:35PM (30 min)	Action
5. Transfer Policy	Tristina Stewart	2:40PM (30 min)	Action
6. Future agenda topics	Co-Chairs John and Jenn	3:55PM (5 min)	Discussion
7. Adjourn	Co-Chairs John and Jenn	4:00PM	Action



MEMORANDUM

Date: March 29, 2019
To: Coordinated Entry System Committee
From: Tristina Stewart, CES Program Manager
Subject: Process to develop and recommend CES Policy and Procedure Manual updates to CoC Advisory Board

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.

The Sacramento Continuum of Care has created the Sacramento Continuum of Care Coordinated Entry System Policies & Procedures Manual which was last updated on April 20, 2018. The recent update added language around pilot concepts and procedures, including case conferencing, community access, & the prioritized queue. The CES Policy and Procedure Manual are can be found at www.sacramentostepsforward.org under the HEARTH Act tab and/or can be provided directly by staff.

Modifications to Coordinated Entry policies and procedures are reviewed by the Coordinated Entry System Committee who makes recommendation to the CoC Advisory Board for final approval. This memo details the process the Coordinated Entry System Committee will follow in making those recommendations.

Options

Sacramento Steps Forward proposes the following process:

1. **Concept Development:** SSF or the CES Committee will identify a policy or procedure that needs to be created or amended. The concept will be discussed by SSF staff and committee. If the policy or procedure is deemed necessary, the committee will provide staff with general direction on the development of the policy or procedure.
2. **CES Committee Review:** SSF staff will create a first draft of the policy/procedure for consideration by the committee and request additional feedback. The committee may request amendments be made to the policy and returned to the committee at its next meeting.
3. **Public Comment:** When the committee supports the draft policy it can recommend that the policy be posted on the SSF website for stakeholder and public comment. It is recommended that it be posted for at least 2 weeks or 10 business days. Comments will be returned to the CES Committee for consideration of amendments.
4. **Recommendation:** The committee shall recommend policies to the CoC Advisory Board for adoption. The CES Committee Chair or the Chair's Committee Designee is responsible for presenting the recommendation.
5. **Adoption:** Once adopted by the CoC Advisory Board, the CES Policy and Procedure Manual will be updated and stakeholders notified.

Expected Action: Adopt a standard process for the CES Committee to recommend new or updated policies or procedures to the CoC Advisory Board.



MEMORANDUM

Date: March 29, 2019
To: Coordinated Entry System Committee
From: Tristina Stewart, CES Program Manager
Subject: Sacramento Steps Forward Coordinated Entry Policies and Procedures Prioritization

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.

The Sacramento Continuum of Care has created the Sacramento Continuum of Care Coordinated Entry System Policies & Procedures Manual which was last updated on April 20, 2018. The recent update added language around pilot concepts and procedures, including case conferencing, community access, & the prioritized queue.

The CES Policy and Procedure Manual are can be found at www.sacramentostepsforward.org under the HEARTH Act tab and/or can be provided directly by staff.

Modifications to Coordinated Entry policies and procedures are reviewed and approved by the Coordinated Entry System Committee who makes recommendation to the CoC Advisory Board for final approval.

A part of CESH funding will be utilized to conduct a more comprehensive review and recommendations of the CES policies and procedures. While that effort will occur in in the latter part of 2019, there is still a need to discuss and codify existing CES approaches.

Options

Sacramento Steps Forward proposes the ordered prioritization of the additional policies to be developed, reviewed, and adopted this year. Staff has compiled a list of policies deemed necessary and listed them in this memo. The committee may recommend additional policies be added and/or reorder the priority of the current list.

These are working policy titles and may change throughout the process.

1. Case Conferencing
2. Transfer Policy
3. Overlaying Programmatic requirements with HUD requirements (piloting)
4. By-Name-List & the prioritized queue (piloting)
5. Veterans/TAY/DV Access (piloting)
6. HUD required documents for housing: housing first policies
7. Pending referrals: how long, when it becomes a denial
8. Assessments: minimum required training and why
9. CES system complaints
10. Provider complaints: provider policies
11. Denials: Housing first and HUD expectations
12. Prioritization of the prioritized: Dynamic Prioritization

Recommendation

Adopt a prioritized list of policies to be reviewed and recommended to the Continuum of Care Advisory Board.



MEMORANDUM

Date: March 5, 2019
To: CES Committee
From: Tristina Stewart, CES Program Manager
Subject: Coordinated Entry Policy Recommendation: Case Conferencing

Context

Guidance from the U.S. Department of Housing and Urban Development (HUD) titled “Establishing Additional Requirements for a Continuum of Care Centralized or Coordinated Assessment System” (CPD-17-01) states that community agreed upon assessments (VI-SPDAT) are a starting point in determining an individual or family’s specific level of need. In addition to the assessment, CoC’s should have documented policies around individuals who cannot, or will not consent to an assessment.

However, to remain compliant with HIPPA guidelines, medical, psychiatric, and other protected health information cannot be uploaded into HMIS. As such, a standard process for acquiring and evaluating additional information is needed to help establish a client’s level of need above and beyond an assessment.

The Sacramento Continuum of Care currently lacks a policy or procedure that defines a standard process as required by HUD.

Overview

Case Conferencing is a holistic approach to working with individuals and families experiencing homelessness. It was initially developed by the U.S. Department of Veterans Affairs and was later adopted nation-wide as a best practice approach to working with people experiencing homeless.

The goals of Case Conferencing are described in a U.S. Department of Veterans Affairs document titled Supportive Services for Veteran Families Program (March 2016 v.1.) which states:

1. To ensure holistic, coordinated, and integrated assistance across providers for all Veterans experiencing homelessness in the community;
2. To review progress and barriers related to each Veteran’s housing goal;
3. To identify and track systemic barriers and strategize solutions across multiple providers;
4. To clarify roles and responsibilities and reduce duplication of services.

Responding to a growing trend of clients whose VI-SPDAT scores did not reflect their level of need in 2018, Sacramento Steps Forward’s Coordinated Entry System department started Case Conferencing with County Behavioral Health to address this gap. In the process, they developed what SSF staff believe to be local best practices that should be included in the CES Policy and Procedure Manual.

Following this process, key stakeholders meet to discuss specific client cases. During these confidential meetings, personally protected information is shared to document clients service needs but not uploaded into HMIS, which is not HIPAA compliant. Instead, a standard form titled “Case Conferencing

Notification Form” is uploaded into a HMIS to indicate that Case Conferencing has been completed and recommends a more appropriate level of support if approved by CES staff during the Case Conferencing.

SSF staff presented the CES Committee with an initial draft of the Case Conferencing Policy along with supporting documentation at the March meeting. Feedback was received and incorporated into a second draft presented here.

The revised policy and form is enclosed.

Options

1. Recommend amendments to the policy for further consideration by the committee in May;
2. Recommend the draft policy be posted publicly for comment on the SSF website;
3. Recommend adoption of the policy by the CoC Advisory Board.

Proposed Action

Recommend the draft policy be posted publicly for comment on the SSF website.

Policy Recommendation

Title: Case Conferencing

Document: Coordinated Entry Policy and Procedures Manual

Location Recommendation: Page 14 between VI-SPDAT and Reassessment.

Case Conferencing

Upon request, Sacramento Steps Forward Coordinated Entry System department staff will meet with and review all information provided by the client and/or their representative to determine if a client appears to meet an assessment threshold less or greater than that identified by the VI-SPDAT score.

If SSF CES staff determine that the VI-SPDAT score does not match the clients actual service need, staff will re-classify the client as eligible for the more appropriate intervention, assuming that they meet all HUD and provider established requirements.

The reclassification will be documented using the Case Conferencing Notification Form, which will be uploaded to the client profile to document the process and determination. A new VI-SPDAT score will not be assigned, but a new recommended intervention will be noted. Protected client health information will never be uploaded into HMIS.

The Case Conferencing Notification Form details acceptable supporting documentation and information.



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Case Conferencing Notification Form

This form indicates that the individual referenced below has had Case Conferencing in collaboration with case management, the client, medical or psychiatric professionals, Sacramento Steps Forward Coordinated Entry staff, and other participants who are familiar with the needed level of support for the client to maintain housing.

Examination of the level of need considers the VI-SPDAT assessment as well as information and documentation provided by the client and/or professionals who are familiar with their needs.

If it is determined by these individuals and the individual client's self-report, that a different housing intervention than designated by their VI-SPDAT score is the appropriate housing option at this time, the intervention will be noted below.

- The client will benefit from ongoing housing subsidy, consistent case management, and other supports provided by PSH programs.
- The client will benefit from the temporary subsidy provided by Rapid Rehousing services.
- The client does not require a subsidized housing opportunity at this time. A program such as shelter, transitional housing may be appropriate.

For questions please contact Sacramento Steps Forward's Coordinated Entry Department, 916-577-9770, or tstewart@sacstepsforward.org.

Client (Name & DOB or UID): _____

Staff involved in Case Conferencing: _____

Date: _____



MEMORANDUM

Date: March 5, 2019
To: CES Committee
From: Tristina Stewart, CES Program Manager
Subject: Coordinated Entry Policy Recommendation: Transfer Policy

Context

The Sacramento Continuum of Care does not currently have a program Transfer Policy.

However, providers regularly reach out to Sacramento Steps Forward to seek client transfers to avoid evictions and other negative outcomes for clients if the program placement is not a good fit. They are also requested due to changes in household composition, client need, preference, or other extenuating circumstance.

Transfers are a priority in the Coordinated Entry system due to the likelihood that the client will have a negative outcome in the current program. Negative outcomes include eviction and if the client voluntarily exits, their loss of chronic homeless status and general hardship.

Because transfers are prioritized, Sacramento Steps Forward has developed a practice of requesting documentation of why a transfer is being requested, as well as what actions have been taken to avoid a negative outcome for the client. SSF Coordinated Entry System staff seek to follow HUD requirements around client choice and therefore also request an acknowledgement by the client of the transfer. SSF recommends to providers that in addition to acknowledgement, they include the client in the process to ensure they are part of developing their own solution, and understand the circumstances that led to the requested change.

SSF CES staff discussed this issue with the CES Committee at the March meeting and were directed to create a Transfer Request Form, which is enclosed.

Options

1. Recommend SSF CES staff continue their current program transfer practices;
2. Recommend amendments to the Transfer Request Form;
3. Request a draft policy on program transfers for CES Committee consideration.

Recommendation

Review current practices and the draft Transfer Request Form and provide specific guidance to staff regarding program transfers.



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Transfer Request Additional Information- Client Strengths and Needs

STRENGTHS (Required):

- Accesses transportation
- Cares about animals
- Cares about others
- Communicative
- Cooperative
- Creative
- Developmentally on track
- Family involved
- Good hygiene
- Good connection to a Community
- Has hobbies
- Good sense of humor
- Has medical care
- Permanency Plan
- Physically Healthy
- Independent
- Is a leader
- Likes school
- Shares
- Has friends

PLACEMENT CHALLENGES/NEEDS (Required):

- Alcohol or Drug use
- Preoccupied with Anxiety
- Assaultive
- Long term AWOLS
- Conflict with authority
- Cruelty to animals
- Depressed/withdrawn
- Defies authority
- Domestic violence
- Multiple placements
- Fire setting
- Poor Nutrition Habits
- Follower
- Gang affiliation
- Hallucinations
- Physical disability
- Hyperactive
- Incarceration
- Isolated
- Nightmares
- Limited family contact
- Mood swings
- Neglect
- Property damage
- Refuses counseling
- Self-Injury
- Sleep issues
- Suicidal talk/ideation
- Temper/anger control