**Lackawanna County**

**Coordinated Assessment Policies and Procedures**

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**OVERVIEW**

**Overview of Coordinated Assessment**

Coordinated assessment refers to the process used to assess and assist in meeting the housing needs of people at-risk of homelessness and people experiencing homelessness. Key elements of coordinated assessment include:

* A designated set of coordinated assessment locations and staff members;
* The use of standardized 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);
* Capturing and managing data related to assessment and referrals in a Homeless Management Information System (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 Continuum of Care funds) from the Department of Housing and Urban Development (HUD) and is also considered national best practice. When implemented effectively, coordinated assessment can:

* Reduce the amount of research and the number of phone calls people experiencing homelessness must make before finding crisis housing or services;
* Reduce new entries into homelessness through coordinated system wide diversion and prevention efforts;
* Prevent people 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.

More information on the project background of coordinated assessment in Charlotte is available in Appendix A.

**This Document**

These policies and procedures will govern the implementation, governance, and evaluation of coordinated assessment Lackawanna County. These policies may only be changed by the approval of the Continuum of Care (CoC) Board based on recommendations from the Coordinated Assessment Committee of the CoC.

**Basic Definitions**

* **Provider –** Organization that provides services or housing to people 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
* **Housing Interventions –** Housing programs and subsidies; these include transitional housing, rapid re-housing, and permanent supportive housing programs, as well as permanent housing subsidy programs (e.g. Housing Choice Vouchers)

**Target Population**

This process is intended to serve people experiencing homelessness and those who believe they are at imminent risk of homelessness. Homelessness will be defined in accordance with the official HUD definition of homelessness.[[1]](#footnote-1) People at imminent risk of homelessness are people who believe they will become homeless, according to the HUD definition, within the next 72 hours. People 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 process was developed primarily for residents of Lackawanna County. 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 Lackawanna County. 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 process is to provide each consumer with adequate 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 Lackawanna County 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. They will also be engaged as key and valued partners in the implementation and evaluation of coordinated assessment through forums, surveys, and other methods designed to obtain their thoughts on the effectiveness of the coordinated 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., Department of Social Services, hospitals, and jails), funders, and other key partners. This spirit of collaboration will be fostered through open communication, transparent work by a strong governing council (the Coordinated Assessment Committee), consistently scheduled meetings between partners, and consistent reporting on the performance of the coordinated assessment process.
* **Accurate Data:** Data collection on people experiencing homelessness is a key component of the coordinated assessment process. Data from the assessment process that reveals what resources consumers need the most will be used to assist with reallocation of funds and other funding decisions. 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.
* **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 people least likely to succeed with a less intensive intervention, while giving people 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.

**KEY COMPONENTS OF THE COORDINATED ASSESSMENT PROCESS**

This section outlines and defines the key components of coordinated assessment and how the coordinated assessment process will work.

**System Entry**

Consumers are provided assessment using the “no wrong door approach.” Meaning consumers can present at any agency within the continuum of care seeking homeless assistance services. All clients presenting to services are welcomed. A no wrong door approach provides people with, or links them to, appropriate service regardless of where they enter the system of care. Services must be accessible from multiple points of entry and be perceived as welcoming, caring and accepting by the consumer. This principle commits all services to respond to the individual’s stated and assessed needs through either direct service or linkage to appropriate programs, as opposed to sending a person from one agency (or department) to another. It is premise on the principle that every door in the health care system should be the right door. The experience for clients should be one of being welcomed, feeling hopeful, and being heard.

**Phone Calls**

Staff performing coordinated assessment that take phone calls may encounter people 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 perform a coordinated assessment after receiving consent from the caller.

**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.

The assessment process will unfold in several stages. A guide that covers the process from the moment a consumer seeks assessment until they arrive at the referred-to agency is available in Appendix A.

**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 client 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.

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, or if consumers want to be referred directly to the domestic violence provider, the assessor can facilitate that. If they are being served by a domestic violence provider, that agency may enter their information into their selected database.
* Consumers who do not sign a data confidentiality form should also never have their data entered into HMIS.

Once the assessment process has been completed, the assessment staff member will share the consumer’s record in HIMS (or the paper form) with the program they are being referred to. This way the program will have the consumer’s information and can ensure they do not ask the same questions again, potentially re-traumatizing the consumer. Access to parts of each consumer record or assessment form may be restricted for safety reasons or by consumer request.

**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;
* Established system wide priority populations; and
* Program eligibility admission criteria, including populations served and services offered.

The Vulnerability Assessment Tool which is used to create the continuums Chronic Homeless (CH) list has a built-in scoring mechanism that prioritizes consumers and households for access to different housing interventions.

All bed availability should be determined in real-time through HMIS. The coordinated process will be geared toward prioritizing those households with the most intensive service needs and housing barriers (e.g. CH households and households with multiple episodes of homelessness). The Coordinated Assessment Committee will be responsible for making changes to the coordinated assessment tool and requesting the changes in HMIS.

Referrals will also be based on each program’s admissions eligibility criteria, including populations served. For example, programs that serve only single adult men will only receive single adult men as referrals. Agencies participating in coordinated assessment must submit all of their eligibility criteria to the Coordinated Assessment Committee before they can participate in the coordinated assessment process**.** Any changes to a program’s eligibility criteria or target population must be sent immediately to the Coordinated Assessment Committee via the chair to make sure referral protocol is updated accordingly. Criteria that agencies may have that are not bound to local law or strict funders’ requirements will be reviewed by the Coordinated Assessment Committee along with data about people who have remained in emergency shelter for more than 45 days or are living on the street. If the Committee has a concern that a program’s requirements may be contributing to “screening out” or excluding households from needed services, the Committee may request to meet with the provider to discuss their criteria. If the Committee can clearly show a link between underserved populations and eligibility criteria from a provider, and the provider is unwilling to modify the criteria, the Committee may recommend to the CoC board that provider be de-prioritized for CoC or other sources of funding.

**Making Referrals and Prioritizing Consumers**

The referral process will be standard across all assessment sites.

1. After the assessment process is complete, the assessment worker will score the tool and determine which interventions the consumer should be prioritized for, if any, by looking at the eligibility screen. If the consumer scores as a potential consumer for permanent supportive housing, the consumer will be placed on the CH list by enrollment in the CH Program in HMIS. 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.
2. 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. The assessment process ends for the consumer at this point.
3. 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 process will work – the consumer will be able to make a choice between the interventions (if there are multiple ones), and then will be referred to whichever they choose via HMIS referral or phone call. If placed on the Chronic Homeless List, consumers are prioritized according to HUD CPD Notice 14-012, Notice of Prioritization of Chronic Homeless. When a slot becomes open for PSH, the consumer will be notified. If referred to another program, that program will follow their regular protocol for referrals.
4. The assessment staff member should add the consumer to the bottom of the priority list for their intervention of choice. For permanent supportive housing list, they will be added based on their Vulnerability Index score.
5. 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.
6. To make the referral, the assessment staff member should e-mail via HMIS or call the program to let them know they are sending them a consumer. They should also ensure the consumers information is in HMIS including the action taken and that the HMIS record or paper assessment is shared with the program in question. When consumers are being referred to the Women’s Resource Center the consumer should be given the address and other information for reaching the program. The assessment worker should then remove the consumer’s name from the priority list for that intervention.
7. 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. The assessment staff should explain that once a spot opens up for them, they and their case manager will be notified. Their case manager at the referred-to program should then contact the assessment worker via email or telephone to let them know they will be working with that particular consumer. The assessment staff should also enter referral information in HMIS.
8. If a consumer does not show up at the referred-to program within 24 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 24 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.

**Chronic Homeless List Management and Notification of Referral**

CH list management is the responsibility of the CH Committee Chair. Other program priority lists are the responsibility of the respective program staff. Notification of referrals will be the responsibility of assessment staff members. They will also be responsible for managing situations where a consumer does not show up to the referred-to program.

**Special Populations**

There are many subpopulations of people coming through the coordinated assessment process that may have special needs or need to be directed to specific resources to have their needs met. While this manual includes specific instructions for some of those populations, the tool itself covers many others. 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 agency supervisors or the coordinated assessment committee for more assistance.

**Post-Referral Procedure**

Once a consumer has entered a program, the program should make sure the consumer is connected to a case manager. Case managers should make sure they are reachable by assessment staff to receive updates on where their consumer stands on the priority list if they are waiting for a longer-term intervention. If the case manager determines that a consumer is ineligible for their program’s services, they should follow the procedure described in the “Program Declines Referral” subsection of the Declined Referrals and Grievance Procedures section below.

**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 (e.g. was violent with another consumer or program stuff).

If the program determines a consumer is not eligible for their program after they have received 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 there is no other placement available they should be referred to population-appropriate emergency shelter. 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 consumers 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, assessment center 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.

**GOVERNANCE**

**Roles and Responsibilities**

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

**Policies and Procedures**

*Committee Composition*

This committee will include the following seats:

* A representative of each agency within the COC

*Committee Chair*

The Committee will have a chair. The chair will be responsible for:

* Putting together an agenda for each meeting, based on communications or agenda items submitted by providers or consumers;
* Serving as the point of contact for anyone seeking more information or having concerns about the coordinated assessment process; and

The CoC Board will elect the chair from within the Coordinated Assessment Committee. Each chair will hold the position for two years at a time.

*Meeting Schedule and Agenda*

The committee will meet monthly at least until 30 days the launch of the coordinated assessment process. After that point, the chair will determine if monthly meetings are still necessary.

Certain items should be on the agenda on a regular basis, including the evaluation items listed in the Evaluation section below and feedback from agencies using the coordinated assessment.

*Review of Coordinated Assessment Committee Policies and Procedures*

A majority vote of the CoC Board is needed to modify the Coordinated Assessment Policy and Procedures. The CoC Board should review these Policies and Procedures annually or at the request of the Coordinated Assessment Committee.

**EVALUATION**

The coordinated assessment process will be evaluated on a regular basis to ensure that it is operating at maximum efficiency. Evaluation will be carried out primarily through the Coordinated Assessment Committee and any consultants or third parties they engage to help them. Evaluation mechanisms will include the following:

* **A bi-annual 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 B.
* **An annual survey with people experiencing homelessness who have been through the coordinated assessment process.** Sample questions to be used in these forums are in Appendix C.
* **A report issued to the community on an as needed basis 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 the month it is released by a member of the Coordinated Assessment Committee.

**CONTACT INFORMATION**

Questions about these policies and procedures should be directed to:

**CoC Coordinator**

Shannon Quinn-Sheeran

Squinn-sheeran@uncnepa.org

**Chair of the Coordinated Assessment Committee**

Kim Cadugan

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**APPENDIX A**

**Full Assessment Process Script**

*While Assessment Staff Are On Duty:*

1. Each person walking or calling 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 assessed. 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, assessment staff may begin the assessment, restricting the consumer’s information to the entering organization, or if the consumer is seeking domestic violence specific services, make the referral to the Women’s Resource Center.
3. The assessment staff member will then administer a prevention/diversion assessment to determine if the consumer has alternative housing options within the community.
4. People who are eligible to be diverted will either be served by the assessment staff member or be assigned a case manager (i.e. HAP 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 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 HMIS that the consumer was diverted.
6. People who are not deemed diversion eligible will continue with the assessment process. This process 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. People 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 assessment center.

*Upon Completion of the Assessment Tool*

1. After the assessment process 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 eligibility screen in HMIS. If the consumer scores as a potential consumer for permanent supportive housing, the assessment staff member will put the consumer on the Chronic Homeless list by enrolling in the Chronic Homeless Program in HMIS. 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.
2. 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 may receive case management and other services to help them exit housing. The assessment process ends for the consumer at this point.
3. 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 process will work – the consumer will be able to make a choice between the interventions (if there are multiple ones), and then will be referred to whichever they choose via HMIS or by phone. Referrals to the Chronic Homeless list will be prioritized based on HUD CPD Notice 14-012 Prioritization of Chronic Homeless. Other programs will follow their individual referral protocols when in receipt of a referral from Coordinated Assessment staff and place individuals on waiting lists as is their policy.
4. 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.
5. 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 is shared with the program in question. The consumer should be given the address and other information for reaching the program.
6. 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 of what intervention they are on the priority list for or have been referred to, so the staff at the referred-to program will know. If a case manager takes a consumer from Coordinated Assessment into their program, the case manager is to share this information with the original Coordinated Assessment staff so that the consumer may be exited from the Coordinated Assessment Program in HMIS. Consumers should also be given contact information including all of the interventions they have been referred to.
7. 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 24 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.
8. The original organization which conducted the Coordinated Assessment for a consumer is responsible for following up with that consumer until housed or until attempts to reach have been unsuccessful for 90 days. The original organization is also responsible for exiting consumers once they have been permanently housed.

**APPENDIX B**

**Coordinated Assessment Metrics**

**Process Metrics**

* 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

**APPENDIX C**

**Sample Questions for Consumer Forums**

1. Where did you first go for help when you became homeless?
2. How did you find out about that program or place?
3. What made you decide to go that place when you became homeless?
4. How did that place help you once they found out you were homeless?
5. Was this place easy for you to get to?
6. Would you recommend going to that place to someone else that became homeless? Why or why not?
7. If you needed a place to sleep that night, did you get it?
8. Did the person working with ask you questions? If so, did they explain why they were asking you questions?
9. Were you happy with what happened after they asked you questions?
10. Did the process make sense to you?
11. Did the process help you meet your housing needs?
12. Did you end up with somewhere to sleep that night?
13. Did you end up with a plan for getting back into permanent housing?
14. What other thoughts would you like to share with us?

1. The definition is available here: <https://www.onecpd.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf> [↑](#footnote-ref-1)