**Coordinated Entry Workgroup**

**SCREENING TOOL – SMALL GROUP BACKGROUND MATERIAL**

Coordinated entry includes “coordinated assessment” strategies to help refer people to housing assistance and services based on an assessment of the needs of households and knowledge of the full array of services available to help them quickly resolve their housing crisis.

**GOAL? Improve referral appropriateness (i.e., targeted, based on household needs, with knowledge of services available) and coordination – ultimately to decrease the amount of time people spend in homelessness.**

The Workgroup Might Consider Some Ways to Measure Effectiveness within Coordinated Entry:

* The number of organizations consumers had to work with before getting into permanent housing has decreased
* Average length of time in homelessness
* Length of time between referral and acceptance of referral

**1:1 Interview Process - Allow Specialist to Determine Specific Referrals - Influenced by entire CoC values**

**Training/support on how to use the screening tool will be key to support uniformity, consistency and strong client-centeredness**

**WHO WILL USE THIS TOOL?**

* Identified and advertised coordinated entry hosts
* Need to discuss 2-1-1 again

**WHAT WILL OUR TOOL DO?**

* HUD Universal data elements
	+ Any other data elements should at least conform with HMIS
	+ MH/SA questions are particularly tricky – avoid the stigma; we don’t like the way HMIS asks these questions, but there are good ways to ask these questions – limited amount of these depth of information required at this point
	+ Inconsistency is a risk – training is key – ***interview tool***
	+ “client declined” is really important – and communication to clients about their ability to refuse to provide information
* Obtain consent – release of information
* Be a Progressive Tool(s) – asks only the information needed to make the referral at hand – capture different info about client at different stages in the process: crisis/triage, housing barriers, in-depth assessment
	+ From group: meeting urgent needs is critical
	+ From group: don’t need to ask everything at the front door
	+ We might want to recommend one of these tools at the case management level or to be in tandem
* Capture data for program and reporting needs (HUD universal data elements, other basic info to understand population)
* Document homeless history & housing barriers
	+ Simple – NOT TOO MUCH – but enough to make targeted referrals
* Identify options available to client
* Match client to appropriate (based on need, availability) services
	+ At a high level
	+ Need to ensure a shared understanding/definitions of resources
* Inform a later developed housing plan
* Accurate, basic, housing profile that can be used by case manager?
* Could include some verifiable intake documentation…eviction notice, income
* Prescreen eligibility –
	+ Will use AHS/HUD definitions of homelessness and at risk of homelessness
* Will NOT use a scale for Priority Ranking clients for waitlists (such as for permanent housing)
	+ From group: We want to avoid re-assessment. Seems like this could be done at a different point in time
	+ Scales or coding are helpful in order to support referral-making but not necessarily for prioritization on waiting lists (at least not at the point of entry)
	+ Language is important on the point scales
	+ Be honest with client about any ranking

**Instructions embedded in tool or alongside tool for staff – might include definitions**

**OVERALL CONSIDERATIONS:**

* Overall quality/reliability and validity
* Ease of scoring & interpretation
* Brevity of administration time
* Self-completion
* Cost to implement
* Data sharing systems

|  |  |  |
| --- | --- | --- |
| **TOOL** (if you can’t open the links, try to adjust your browser settings or use a different browser) | **LIKES** | **Other Comments** |
| [**ELIM (Hennepin County)**](https://www.dropbox.com/s/45kww59wlggbrdw/ELIM%20-%20HennepinCountyRAPIDEXITSCREENING.pdf?dl=0) | * Strengths – this includes all basic demographic information, categorical separation of topics – is this level of detail good? Is it a quick tool
* There’s balance between asking information/invasive and engaging with clients – this may not strike that balance
* Tools that are strengths-based – ID contributing issues and barriers in the most empowering way possible?
* May be more detail then we need?
* Not a self-completion tool
* Is it the appropriate level of detail for applying for emergency shelter?
 | We would need to define a set of barriers – could have a quick list – other tools did this more simply. |
| [**CT Homelessness Prevention & Rapid Re-housing Screening Tool**](https://www.dropbox.com/s/xi1v8bbie9lsjo5/CT%20Homelessness%20Prev%20%26%20Rapid%20Rehousing%20Screening%20Tool.pdf?dl=0) | * Includes all HMIS data elements
* Pre-screening on eligibility to make referrals – good referral tool
* The name of the screener is on the form
* This is the kind of tool that the client can take with them (a copy) to present
* A lot of detail on prevention & rapid re-housing – has definitions
 | * Begs the question on how referral follow-ups are made –
 |
| [**Homeless Prevention Screening tool (OMH, Homeless Action Committee)**](https://www.dropbox.com/s/izy4gdxnsxf7tdc/HomelessPreventionScreeningTool%20%28OMH%2C%20Homeless%20Action%20Committee.pdf?dl=0) | * Nice intro at the start of the tool (soft intro) – clear that you don’t have to answer any questions
* Phrased as questions from a strength-based perspective
 | * Still might go beyond what we want to ask at entry point – is there a way to phrase about interest in screening?
* Can we be clear, direct and delicate?
 |
| [**Rutland HPC Assessment Sheet**](https://www.dropbox.com/s/hxa9c220n81iegl/Rutland%20HPC%20Assessment%20Sheet.docx?dl=0) | * focused on housing and current housing situation
* Some general questions also to allow the client to lead the conversation
* Could be a good tool for non-housing service providers
* Conversational – invites clients to provide explanation
* Really great phrasing on barriers
* Very client centered
 | * Do these questions tie to eligibility?
* Could there be fewer questions?
 |
| [**VI SPDAT**](http://100khomes.org/resources/the-vi-spdat)Introducting the VI SPDAT:  | * Face-to-face tool, informal language
* Long for a screening tool, but like the information in it
* Being used community-wide vs. by individual programs
 | * Any rural examples? Yes Brian found West Virginia
* Geared towards chronically homeless

single adultsbackground:<http://100khomes.org/blog/introducing-the-vi-spdat-pre-screen-survey> |
| [**National Alliance to End Homelessness “NAEH Assessment Tool”**](http://www.endhomelessness.org/library/entry/alliance-coordinated-assessment-tool-set) | * Incorporates DV/safety protocol
* Built in protocols in general – “skip to” also helpful
 | This tool is for the broad population – with the VI at the end for prioritization around permanent supportive housingBackground:<http://www.endhomelessness.org/blog/entry/field-notes-the-new-comprehensive-assessment-tool#.U6hqYEBORpI> |
| [**CEA Family Assessment Tool**](https://www.dropbox.com/s/7moi0gysbu4esn3/CEA%20Family%20Assessment%20Tool%20-%2012.5%20%281%29.doc?dl=0) | * Intro section/explanations on why we would ask certain information – good!
* Scripted language
 |  |
| [**Chittenden CHG Tool**](https://www.dropbox.com/s/59mivd8l9gnep9o/Chittenden%20CHG%20Tool.pdf?dl=0) | * Release of information
* Very simple
 | * Does it help to make a referral?
* Not an interview tool
 |