

**Minutes**  
**Coordinated Assessment Committee**  
**West Central Illinois Continuum of Care Consortium**  
**September 3, 2015**

**Attendance**

Dona Leanard, Crisis Center Foundation, Jacksonville  
Mary Muehlenfeld, YWCA of Quincy  
Emily Beaver, Salvation Army, Quincy  
Megan Duesterhaus, QUANADA, Quincy  
Jennifer Vancil, QUANADA, Quincy  
Heidi Welty Salvation Army, Quincy  
Cindy Grawe, Madonna House, Quincy  
Myndi Boyd, YWCA of Quincy  
Lori Sutton, Illinois Institute Rural Affairs, WIU, Macomb  
Amanda Davis, Illinois Institute Rural Affairs, WIU, Macomb

**Absent:**

Suzan Nash, Western Illinois Regional Council, Macomb  
Jordan Mahara, Illinois Institute Rural Affairs, WIU, Macomb  
Tammi Lonergan, MCS Community Center, Jacksonville

**Minutes**

1. July 30, 2015 minutes were reviewed. Mary motioned to approved and Cindy 2<sup>nd</sup>. The minutes include the Grievance procedure and Referral form that will go to the Board for approval. Approved by all.
2. CoC CA Plan
  - a. No comments were made to the plan since last meeting.
  - b. Mary motion to approve and Heidi second. Approved by all.
  - c. Ready to go to Board for approval
  - d. Lori, Mary & Dona will present to Board.
  - e. **Cannot start CA in Quincy until Plan approved by Board.**
3. Emergency Response Screening
  - a. Reviewed Cindy's adjustments, mainly cosmetic (added headers and footers, name, phone number, who completed the screening, agency site completing the screening)
  - b. Mary motion to approve and Heidi second. Approved by all.
  - c. Ready to go to Board for approval.
4. Quincy CA Plan
  - a. Minor updates during the meeting to document.
  - b. Appendix A/B: Lori will update the excel file to be just a contact sheet for service directory with provider name, program, address, phone, website, email, population served.
  - c. Appendix C: Decided to remove the diagram.
  - d. Mary motion to approve and Heidi second. Approved by all. Group was fine with Lori formatting the Appendix and Excel spreadsheet without needing to reapprove.
  - e. Ready to go to Board for approval.
5. ServicePoint
  - a. Lori has set up Well House, Fishers of Men, and New Start for CA.
  - b. Lori, Cindy & Emily will meet on September 17, 10:30 a.m. to discuss CA workflow via a webinar.
  - c. Lori needs to enter in Transition's Youth Adult Program before the CA Workflow Webinar. Also need to check into Two Rivers – they have access to HMIS, but not sure if they are actively entering data into system.

6. Tasks to be done before presenting to Board
  - a. Review at Tuesday, September 15, 10:30 a.m. webinar:
  - b. Narrative/Summary (why we are doing this, how we went about this, what we have, we need your approval)
  - c. Documents to Present:
    - i. CoC Plan, need to include copies of Appendix C's Tools (Emergency Response Screening, VI-SPDAT, and full SPDAT)
    - ii. Grievance Procedure
    - iii. Referral Form
    - iv. Quincy Plan
7. City of Quincy zoning amendment in regards to homeless shelters.
  - a. Megan presented a position paper at meeting. Madonna House's attorney also presented. Several providers were at meeting.
  - b. The city is redrafting the amendment. They are proposing to separate DV requirements to other service providers.
8. Schedule next meeting
  - a. Thursday, September 10, 10:30 a.m. CoC Conference Call
  - b. Tuesday, September 15, 10:30 Dona, Mary & Lori, Board Prep for CA Presentation
  - c. Thursday, September 17, 10:30 a.m. Cindy, Emily, & Lori, CA HMIS Workflow
  - d. TBA, CA Committee meet one month after Quincy starts CA to debrief and review plan to see what changes need to be made. At that time, Jacksonville and/or Macomb can look at starting their plan.

# West Central Illinois Continuum of Care Consortium Coordinated Assessment Policies and Procedures<sup>1</sup>

Draft: September 3, 2015

## I. Background

### A. General

Coordinated Assessment, also known as coordinated entry or coordinated intake, is a system that allows for a coordinated entry into your local homeless services. Coordinated Assessment increases the efficiency of a homeless assistance system by standardizing access to homeless services and coordinating program referrals. As part of the HEARTH regulations that govern Continuum of Care (CoC) and Emergency Solutions Grant (ESG) funding, the U.S. Department of Housing and Urban Development (HUD) requires all CoCs across the United States to implement Coordinated Assessment.

The benefits of centralizing the assessment process include:

- Providing a clearer and more streamlined path to accessing assistance for people who are currently or at imminent risk of experiencing homelessness
- Decreasing the time housing providers spend processing requests for assistance, which increases the resources available for direct service
- Prioritizing scarce housing resources for the most vulnerable
- Improved data collection and quality that supports data-driven decision making based on client-level and system-wide needs

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<sup>1</sup> The following Coordinated Assessment documents were used as a starting point and inspiration for creating this document:

- North Carolina Balance of State's (NC BOS) Coordinated Assessment Toolkit, available at: <http://www.ncceh.org/bos>;
- Portland, Maine CoC Draft Coordinated Assessment Policies and Procedures, 2/13/2015, available at: <http://www.portlandmaine.gov/1049/Continuum-of-Care>;
- Mecklenburg County, NC Coordinated Assessment Policies and procedures, Developed March 2014, available at: <http://charmec.org/city/charlotte/nbs/housing/housingcoalition/Pages/CoordinatedAssessment.aspx>;
- Austin, TX Coordinated Assessment and an Integrated System of Care Coordinated Assessment Workgroup Recommendations, October 14, 2013 report, available at: [http://austinecho.org/wp-content/uploads/2013/12/CA\\_ISoC\\_steering\\_committee\\_recommendations.pdf](http://austinecho.org/wp-content/uploads/2013/12/CA_ISoC_steering_committee_recommendations.pdf).

## **B. Vision Statement**

West Central Illinois Continuum of Care 's (WCICCC's) Coordinated Assessment assists to end homelessness by increasing exits to housing, decreasing length of time homeless, and reducing returns to homelessness. Consumers will quickly access appropriate services to address housing crises through a right-sized, well-coordinated agency network.

## **C. Terms & Definitions**

- Provider – Organization that provides services or housing to people experiencing or at-risk of homelessness (e.g. Madonna House located in Quincy, IL)
- Program – A specific set of services or a housing intervention offered by a provider (e.g. ESG Rapid Rehousing program would be one offered by Salvation Army located in Quincy, IL)
- 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 vouchers)
- Assessment Specialist – Trained employees of a provider that administers the assessment tools to consumers.

## **D. 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. People at imminent risk of homelessness are people who believe they will become homeless, according to the HUD definition, within the next 72 hours (Appendix A). 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.

## **E. Guiding Principles**

The WCICCC is a rural continuum and includes eleven counties in West Central Illinois: Adams, Brown, Cass, Hancock, Henderson, McDonough, Morgan, Pike, Schuyler, Scott, and Warren counties. Across the WCICCC, all locally designed and operated coordinated assessment systems will be:

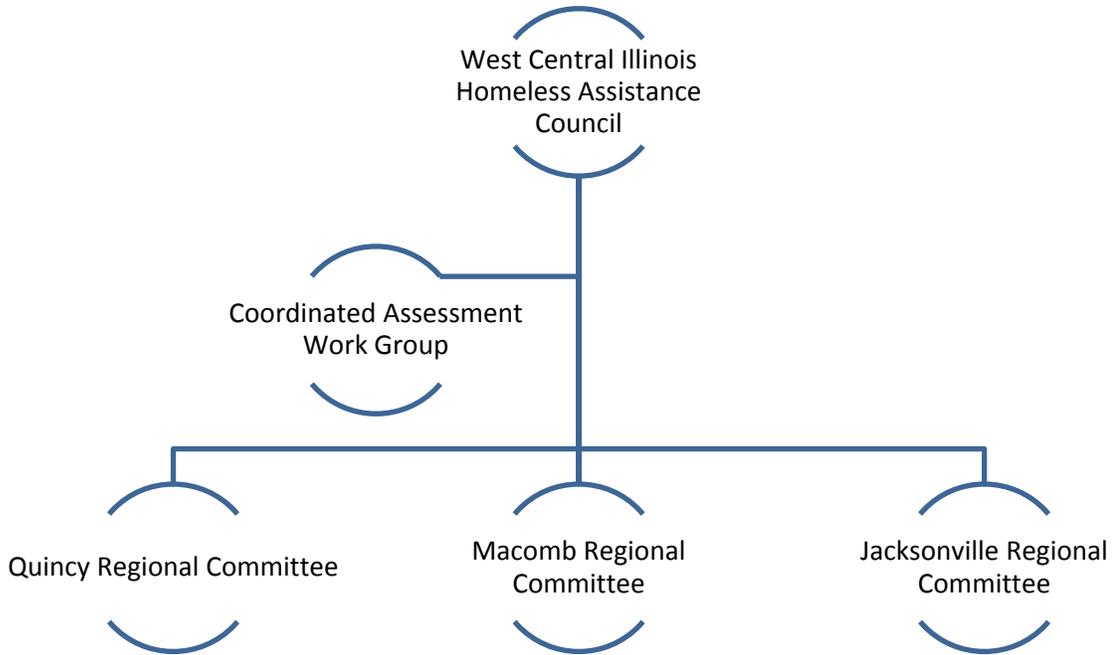
- Sustainable – Resources required to operate the coordinated assessment system are identified and available now and for the foreseeable future

- Flexible – Localization and customization is allowed based on community needs, resources, and services available
- Transparent and accountable – Consumers know what is being done and why, agencies have their program rules on the table, there are clear appeal and grievance processes for both consumers and agencies
- Housing-focused – People experiencing housing crises return to permanent housing within 30 days, in compliance with HEARTH
- Client-focused – System is accessible, leaves no one behind, and accommodates choice/need
- Collaboration-focused – System is operated from broad-based consensus, system linkage responsibilities are managed by partnerships with integrity, and agencies hold each other accountable and exhibit a willingness to cooperate
- Easy to use – System is not cumbersome to agencies, is also accessible and well-known to the community.

## II. Governance

### A. General Structure

Coordinated Assessment in the WCICCC will be designed and administered at the Regional Committee level with standards and governance provided by the WCICCC's Council (West Central Illinois Homeless Assistance Council) or "IL 519" as designated by HUD. The Council will appoint a standing Coordinated Assessment Workgroup to review, provide feedback on, and ultimately approve coordinated assessment plans written by Regional Committees. The Coordinated Assessment Workgroup will be made up of representatives from across the CoC.



**B. Role of Regional Committee**

Each Regional Committee will design a local coordinated assessment system within parameters contained in this document. The framework in this document gives Regional Committees a supportive framework to use while building local systems as well as standardized pieces that will be uniform across our CoC – including the 3-part Coordinated Assessment Screening that Regional Committees will use to divert, assess, refer, and case manage households experiencing homelessness.

**C. Grievance**

As part of the coordinated assessment plan, Regional Committees will create a grievance process for clients and agencies using the system to formally bring their concerns to the Regional Committee. Local grievance procedures will handle the majority of issues. For issues that cannot be resolved at the local level, grievance concerns can be appealed to the Coordinated Assessment Workgroup of the WCICCC Council for resolution. Grievances that reach the Regional Coordinated Assessment Committee will be filed with the Support Entity for record retention.

## III. Coordinated Assessment Models

### A. Model Overview

Coordinated Assessment in the WCICCC will have standardized elements and yet have flexible design and implementation to meet each Regional Committee's unique needs. Regional Committees will choose one of the following models:

- **Centralized:** Designated agency or agencies within a community will handle intake and referrals

OR

- **Decentralized:** All agencies will employ the common assessment and referral system for intake

Regional Committees will design a plan for how coordinated assessment referrals will work locally using the three-part Coordinated Assessment Screening, discussed in the next section, and the Regional Committee Plan form. Please see Appendix B for the Coordinated Assessment Workgroup and the Regional Committees they represent. Appendix B also shows each region's plan.

### B. Quincy Regional Implementation

According to the 2015 Housing Inventory Count performed in January, there were 19 providers that sheltered homeless individuals and families in Quincy region in emergency shelters and transitional housing.

Given the desire to build on aspects of the system that are already working well, the Quincy Regional Committee determined that **multiple but , limited points of entry, a more centralized implementation model**, (a more centralized implementation model with limited points of entry) would be the most appropriate model in Quincy/Adams County. A team of trained Assessment Specialists would be responsible for:

- Providing diversion assistance, if possible and as appropriate based on the household's needs and circumstances
- Administering the assessment to determine the type of intervention needed to resolve the household's homelessness
- Determining an interim housing placement (as appropriate and available);
- Ensuring a specific staff person is assigned to each household and a warm handoff occurs

- Developing capacity to ensure all clients are assessed in an agreed time period (within 72 hours)

The Salvation Army and Madonna House will be the providers providing the trained Assessment Specialist. The trained Assessment Specialist will use the VI-SPDAT and full SPDAT as explained in the next section (Procedures).

Domestic Violence piece of this is currently being investigated on how to properly conduct per VAWA/VOCA guidelines.

### **C. Jacksonville Regional Implementation**

The Jacksonville area is starting to gather provider information. The 2015 Housing Inventory Chart shows Jacksonville/Morgan County has 4 providers that provide emergency and transitional housing. Quincy is the first region in the CoC to implement the coordinated assessment process. The lessons learned thru the Quincy implementation will enable Jacksonville to have a smoother implementation. Jacksonville providers are part of the Coordinated Assessment Workgroup, see Appendix B.

### **D. Macomb Regional Implementation**

The Macomb area is starting to gather provider information. The 2015 Housing Inventory Chart shows Macomb/McDonough County has 2 providers that provide emergency and transitional housing. Quincy is the first region in the CoC to implement the coordinated assessment process. The lessons learned thru the Quincy implementation will enable Macomb to have a smoother implementation. A Macomb provider is part of the Coordinated Assessment Workgroup, see Appendix B.

## **IV. Procedures**

### **A. Accessing Emergency Shelter and Services**

#### **Quincy Region**

Primary access points for people in crisis include the Salvation Army and Madonna House. Individuals and families may call or walk-in to these physical locations. The locations are open seven days a week, 24-hours a day, 365 days a year. Individuals and families are referred by a broad network of sources including word of mouth, Quincy Police Department community policing liaisons, clergy, and other social services providers.

## **Jacksonville Region**

Information to come.

## **Macomb Region**

Information to come.

### **B. Determining Eligibility for Homeless Services (Emergency Response Screening)**

The purpose of this step is to ensure that people are not admitted to the shelters if they have resources that can keep them housed elsewhere; in their own home, with family, with friends, in a hotel, etc. This helps reserve scarce shelter resources for those most in need. “Diversion” is a term used for the assistance provided to individuals and families standing at the front door of the system seeking shelter/housing. The tools are very similar to those used in prevention and rapid re-housing programs, including assistance with arrears, short-term rental assistance, landlord mediation, connection to mainstream benefits and services, etc. The tools and resources required for diversion are similar in nature to those used in prevention and rapid re-housing programs, including (but not limited to):

- Negotiation and/or mediation with landlords, family members, etc. to preserve or save a housing situation
- Financial assistance for rental or utility arrears, short-term rental assistance, etc.
- Exploration of support networks to consider family members, friends, churches, or other options that may provide an alternative to entering shelter including negotiation with other housing providers, such as PHA, who may consider extended house guests as a lease violation, placing host families at risk
- Crisis counseling and referral to mainstream service providers to assist with issues related to domestic violence, health, employment, etc.

The key difference between diversion, prevention, and rapid re-housing relates not as much to the type of assistance provided, but rather when that assistance is provided. Whereas prevention assistance is provided while an individual or family is still housed, and rapid re-housing is provided to households that have lost their housing and entered the homeless services system, diversion is a term used for the assistance provided to those standing at the front door of the system seeking shelter/housing.

Participating providers will administer the Emergency Response Screening (Appendix C).

### **C. Housing Barriers Assessment & Prioritization Screening (VI-SPDAT and Full SPDAT)**

The Housing Barriers Assessment (VI-SPDAT and full SPDAT) will be administered by a trained Assessment Specialist. To households who are shelter guests or living in places not meant for

human habitation.<sup>2</sup> This is a secondary process that follows the initial pre-screening (Emergency Response Screening). It is intended to assess housing barriers and to connect people to the resources needed to regain housing stability. The assessment is generally completed within 72 hours of acceptance into emergency shelter/ housing.

The VI-SPDAT has a built-in scoring mechanism that will prioritize households for access to different housing interventions. This will serve as a jumping-off point for a discussion between the assessment staff member and the consumer about what referral should be made. The framework identifies three permanent housing interventions, and is based on the principle of providing the least intervention necessary to promote housing stability for the client or client family. This strategy, sometimes referred to as “right-sizing” assistance or “just enough” assistance, is important because WCICCC has more demand for housing assistance than available resources. Simply put, the homeless services system is not resourced to provide permanent subsidies to every household in the system, and providing more assistance than a household truly needs to resolve the housing crisis means others in the system do not get assisted at all. As such, the assessment screening aims to identify which permanent housing intervention best meets each client’s need.

If the VI-SPDAT indicates medium or high level intervention is needed, then a full SPDAT will be used to prioritize housing referrals for rapid rehousing and PSH. It will be used on persons within two-weeks of entering shelter and who have been determined to have multiple barriers to housing stability. Below is a description of the different intervention levels:

- ***Lowest intervention: Minimal Housing Assistance***  
This intervention is considered to be a very light touch. The individuals assigned to this pathway are those that could not be diverted but are likely to resolve their homelessness on their own or with very minimal assistance. The Coordinated Assessment Workgroup envisions that an individual case manager may not be need, though the Assessment Specialist may provide referrals to mainstream service providers, and access to group case management or informational workshops may be provided (e.g., budgeting/ financial literacy, tenant rights and responsibilities). In addition, one-time financial assistance (e.g., assistance with arrears, security deposit and move-in assistance) may be needed.
- ***Medium intervention: Rapid Re-Housing (RRH)***  
The next level of intervention is short- (up to 3 months) to medium-term (4 to 24 months) assistance<sup>3</sup>. While financial assistance (e.g., arrears, security deposits, rental assistance, and utility assistance) is part of this support, case management and

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<sup>2</sup> Quincy region this will be done by the Assessment Specialist. Domestic violence providers will administer the screening tools to their clients. Assessment Specialist will enter the data into the HMIS. Domestic violence providers are prohibited from entering the data into the HMIS.

<sup>3</sup> HUD’s *Rapid Re-Housing ESG vs. CoC*, available: [https://www.hudexchange.info/resources/documents/Rapid\\_Re-Housing\\_ESG\\_vs\\_CoC.pdf](https://www.hudexchange.info/resources/documents/Rapid_Re-Housing_ESG_vs_CoC.pdf), Page 6, created: March 12, 2013.

supportive services are equally important. The assistance is not one-size-fits-all, but rather titrated based on each client's unique needs and circumstances.

- **Medium intervention: Transitional Housing (TH)**

Another medium intervention is transitional housing. Transitional housing programs provide temporary residence up to 24 months for people experiencing homelessness. Housing is combined with wrap-around services to assist the individual with developing stability in their lives.

WCICCC has two types of transitional housing available in the area; transitional shelters and scattered site transitional housing. Transitional shelters are programs that operate in buildings or converted homes and assign a room to an individual or family to use while in their program receiving services. Scattered site transitional housing uses existing rental units in their area for housing for clients. The availability of each type of transitional housing varies by region.

- **Highest intervention: Transitional Housing (TH)**

In the Macomb region, permanent supportive housing is not available. Therefore, scattered site transitional housing would be the highest intervention available to individuals and families wanting to locate in Macomb. This is a temporary residence; clients can stay up to 24 months.

- **Highest intervention: Permanent Supportive Housing**

The most intensive (and most expensive) intervention is permanent supportive housing (PSH). PSH should be reserved for those individuals and families who are unable to remain stably housed "but for" a permanent subsidy and ongoing supportive services.

Relevant data points (at minimum the HUD UDEs) will be entered into HMIS.

## **D. Housing Referrals**

When PSH or RRH beds become available, these housing providers will call a meeting about the vacancies. Eligible individuals or families will be identified using the Housing Barriers Assessment and Prioritization Screening (VI-SPDAT and full SPDAT) described above. A list of eligible individuals/families will be pulled from the HMIS database. Since Domestic Violence providers cannot enter their assessments into the HMIS, they will bring a listing of eligible individuals or families to the meeting. The housing provider will contact referred households to update their information and verify that they are still eligible for and want the openings.

If a household does not qualify or is declined for another reason, the housing provider will work through the referrals in priority order until one household qualifies and is accepted. For each unqualified/ineligible household, the provider must supply a detailed description to the referring entity of why the household was not accepted. If there are repeated problems with ineligible referrals, providers should provide updated information to the Regional Committee.

For the safety of domestic violence survivors, providers should NOT list domestic violence in their database as the reason for declining a referral when a household qualifies for domestic violence services but the receiving provider is not equipped to handle such cases.

Completed referrals must then be acknowledged (accepted, declined by provider, declined by client, pending, or unable to reach client) by the housing provider as quickly as possible.

Once a household is determined eligible, the receiving provider should call or e-mail the shelter or outreach staff that made the referral in order to complete the application process. The receiving provider should tell the referring staff whether the client accepted or declined the housing option.

Housing providers must regularly update and circulate all program eligibility guidelines and program contact information to maximize the accuracy and eligibility of referrals.

## **E. Completing the Housing Intake Process**

The housing intake process will be handled by PSH or RRH program staff after a referral is sent by emergency shelter or transitional housing staff to the program contact. Completion of this process is required for admission to PSH or RRH. The intake process will incorporate all information gathered from the individual or family during previous assessments in order to reduce duplication and re-interviewing.

## **F. Documentation**

Shelter or outreach staff will collect documentation of homelessness and transmit it to the receiving housing provider at the time of referral. This documentation should be faxed or mailed, not emailed due to confidentiality concerns. In most programs homeless certifications are good for 90 days, except when the household is entering housing funded through the HUD CoC-funded program. Certifications of homeless status must be provided in writing. HUD requires that clients entering CoC-funded program must be in shelter the night before entry into the PSH. If a household has been on the placement roster for more than 90 days and an opening becomes available in appropriate housing; housing providers will call the referring staff to confirm homeless status and obtain a new written verification. The following are acceptable forms of homeless verification:

1. Documentation of chronic homeless (including bed nights and clinical diagnosis)
2. For literally homeless households( at least one of the following is needed):
  - Written observation by an outreach worker or other professional
  - Written referral by another housing or services provider (such as a shelter)
  - A three-day sheriff's notice (writ of restitution) as part of a legal eviction process
  - Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter, preferably accompanied by a third party verification.

3. For households staying with family or friends, a dated letter from the homeowner or leaseholder that the household in question must leave within 72 hours and certification by the individual or head of household seeking assistance stating that (s)he will become homeless within 72 hours.<sup>4</sup>
4. For individuals exiting an institution, one of the forms of evidence above and:<sup>5</sup>
  - Discharge paperwork or written/oral referral,
  - Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution.
5. Income:<sup>6</sup>
  - Shelter or outreach staff will verify income eligibility and collect current income documentation at the time of assessment.
  - All income documentation will be passed onto the provider accepting the household at the time of referral.

## **G. Guidelines for Unfilled Openings in HUD CoC-funded Housing**

Whether vacancies are expected or not, every effort should be made to fill available units as quickly as possible using the Housing Barrier Assessment, referral, intake, and placement steps stated above.

## **H. 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 screening, will detail when and how data about consumers going through coordinated assessment will be collected.

Once a client has completed the Emergency Response Screening and is deemed eligible to be assessed, the trained Assessment Specialist 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. The Assessment Specialist will be responsible for ensuring consumers understand their rights as far as release of information and data confidentiality. If they sign the form, the Assessment Specialist will begin the assessment process. If the assessment is not directly entered into the HMIS, assessments should be completed on paper initially with relevant data entered into the data fields in ServicePoint within 24 hours of completing the assessment.

Some consumers should never be entered into ServicePoint HMIS. These include:

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<sup>4</sup> Not acceptable documentation for HUD CoC-funded PSH.

<sup>5</sup> Not acceptable documentation for HUD CoC-funded PSH.

<sup>6</sup> No income guidelines for HUD CoC-funded PSH; normally a disabling condition makes it difficult for them to manage their finances and these individuals are prone to being taken advantage of by other.

- Consumers who want domestic violence-specific services should never have information entered into the ServicePoint HMIS. The assessment should be done on a paper form and passed off to the appropriate provider. If they are being served by a domestic violence provider, that agency may enter their information into a HMIS-comparable database.
- Consumers who do not sign a data confidentiality form should have their data entered into HMIS as an anonymous client (Appendix D).

Once the assessment process has been completed, the Assessment Specialist will share the consumer's record in ServicePoint (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.

Relevant data points, at minimum the Universal Data Elements (UDEs), will be entered into HMIS.

## V. Evaluation

### A. Evaluation Method

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 Workgroup and the Support Entity. Evaluation mechanisms will include the following:

- A 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 E.
- A consumer satisfaction survey with people experiencing homelessness who have been through the coordinated assessment process (Appendix F).
- A report issued to the community every six months on coordinated assessment and homelessness assistance system outcomes. This report will include trends from the quarterly 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 Workgroup Chair on the process's progress. Major findings from this report should be presented at the CoC meeting the month it is released by a member of the Coordinated Assessment Workgroup and West Central Illinois Homeless Assistance Council.

# Appendix A: HUD Definitions of Homelessness

Literally Homeless	<p>Individuals who lack a fixed, regular, and adequate night time residence, meaning:</p> <ul style="list-style-type: none"> <li>• Have a primary residence that is a public or private place not meant for human habitation;</li> <li>• Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); <u>or</u></li> <li>• Is exiting an institution where (s)he has resided for 90 days or less <u>and</u> who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution</li> </ul>
Imminent Risk of Homelessness	<p>An individual or family who will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> <li>• Residence will be lost within 14 days of the date of application for homeless assistance;</li> <li>• No subsequent residence has been identified; <b>and</b></li> <li>• The unaccompanied youth or young adult lacks the resources or support networks needed to obtain other permanent housing</li> </ul>
Attempting to Flee External Harm to Self	<p>Any unaccompanied youth or young adult who:</p> <ul style="list-style-type: none"> <li>• Is fleeing or disengaging, or is attempting to flee or disengage, domestic violence, sex trafficking, sexual exploitation, gang participation, and/or organized crime; <b>and</b></li> <li>• Has no other residence; <b>and</b></li> <li>• Lacks the resources or support networks to obtain other permanent housing</li> </ul>
Unaccompanied Youth Under Age 25	<p>Unaccompanied youth under age 25, or families with children and youth, who do not otherwise qualify as homeless under these definitions:</p> <ul style="list-style-type: none"> <li>• Defined as homeless under Runaway and Homeless Youth Act, Head Start Act, Violence against Women Act, Public Health Service Act, Food and Nutrition Act of 2008, Child Nutrition Act of 1966, or McKinney-Vento Homeless Assistance Act;</li> <li>• Have not had a lease, ownership interest, or occupancy agreement in permanent housing in the 60 days preceding application for assistance;</li> <li>• Have moved twice or more in 60 prior to application; and</li> <li>• Can be expected to continue such status because of a disabling condition or other specified hardship</li> </ul>

## Appendix B: Coordinated Assessment Workgroup & Plans

<b>Name</b>	<b>Organization</b>	<b>Region</b>
Mary Muehlenfeld	YWCA of Quincy	Quincy
Myndi Boyd	YWCA of Quincy	Quincy
Cynthia Grawe	Madonna House	Quincy
Megan Duesterhaus	QUANADA	Quincy
Jennifer Vancil	QUANADA	Quincy
Heidi Welty	Salvation Army of Quincy	Quincy
Emily Beaver	Salvation Army of Quincy	Quincy
Dona Leanard	Crisis Center Foundation	Jacksonville
Tammi Lonergan	MCS Community Services	Jacksonville
Suzan Nash	Western Illinois Regional Council	Macomb
Lori Sutton	Illinois Institute for Rural Affairs, Western Illinois University	Support Entity
Amanda Davis	Illinois Institute for Rural Affairs, Western Illinois University	Support Entity

Quincy Regional Plan

Macomb Regional Plan

Jacksonville Regional Plan

# Appendix C: WCICCC’s Coordinated Assessment Tools

The WCICCC Coordinated Assessment Screening is made up of 3 parts that are used at different phases of coordinated assessment. In order to maintain a uniform assessment screening across the counties of the WCICCC, the assessment screening can only be modified as specified below beside MODIFICATIONS.

## 1. Emergency Response Screening

PURPOSE	Reduce entries into homeless system
WHEN TO ADMINISTER	Immediately, as applicants present themselves to enter the homeless service system
HOW TO ADMINISTER	Regional Committees will select an agency to complete screening in person and/or by phone as people initially access the homeless service system
TRAINING	Online training will be developed
MODIFICATIONS	None

## 2. Service Assessment & Prioritization Screening (VI-SPDAT and full SPDAT)

PURPOSE	Assign appropriate referral for client and prioritize which client will receive housing and services next
WHEN TO ADMINISTER	Within 72 hours after entering system
HOW TO ADMINISTER	Regional Committees will designate locations and staff to administer VI-SPDAT. If individuals or families qualify for medium or high intervention, then the full SPDAT will be used for prioritization purposes.
TRAINING	All users must complete free, online training
MODIFICATIONS	Coordinated Assessment Workgroup will provide guidelines for how the scoring will determine the type of program referrals. If a Regional Committee does not have a certain type of program, they can adjust these guidelines with the approval

## 3. Case Management Assessment (full SPDAT)

PURPOSE	Standardized tool for case management to track outcomes
WHEN TO ADMINISTER	Prior to housing, at or about move-in (no more than 3 business days after move-in), 30 days, 90 days, 180 days, 270 days, 365 days
HOW TO ADMINISTER	Housing programs will administer this tool to all participants
TRAINING	Online training will be developed
MODIFICATIONS	Provider can use the attached assessment or use their own assessment

# Appendix D: Adding Anonymous Client into HMIS

In the event that a client's information cannot be entered into HMIS, users can enter a new client anonymously. The process is quick and simple. The most important thing to remember is to immediately record the client ID number.

Begin by responding to the Social Security and Veteran questions. These need to be collected for every client, both known and anonymous.

- o Social Security: select "Client refused"
- o Veteran: answer appropriately

After clicking "Add Anonymous Client," the client's name disappears, and an anonymous ID takes its place. Record this immediately.

Enter the client's record as usual. Members of the household can also be entered anonymously, using the same process. Again, record the household members' ID numbers immediately.

Like identifiable clients, anonymous clients should have a complete HUD UDE assessment, with no missing data.

# Appendix E: 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 households receiving prevention assistance
- Number of households receiving prevention 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 F: Sample Questions for Consumer Survey

1. Where did you first go for help when you became homeless?
  - a. Family or friends
  - b. Church, mosque, temple, or other religious entity
  - c. Emergency shelter or other housing provider
  - d. State agency (Department of Human Services, Health Department, etc)
  - e. Other, please explain:
  
2. If you received services from an emergency shelter or other housing provider, which one?
  
3. How did you find out about that program or place?
  - a. Television
  - b. Radio
  - c. Newspaper
  - d. Agency website
  - e. Social media
  - f. Referral
  - g. Word of mouth
  - h. Other, please explain
  
4. What made you decide to go that shelter when you became homeless? (Select all that apply.)
  - a. Agency provides the service(s) I need
  - b. Convenience
  - c. I was referred there by another agency
  - d. People I know have received services there
  - e. I've used this agency's services before
  - f. Agency's reputation
  - g. I didn't know where else to go
  - h. Other, please explain
  
5. How did that agency help you once they found out you were homeless?
  - a. Emergency shelter/referral for emergency shelter
  - b. Transitional housing/referral for transitional housing
  - c. Permanent supportive housing/referral for permanent supportive housing
  - d. Case management
  - e. Food pantry
  - f. Substance abuse counseling/referral
  - g. Domestic violence counseling/referral
  - h. Mental health counseling/referral
  - i. Other, please explain
  
6. Was the agency easy for you to get to?
  - a. Yes
  - b. No, please explain
  
7. Would you recommend going to that place to someone else that became homeless? Why or why not?
  - a. Yes, please explain
  - b. No, please explain

8. If you needed a place to sleep that night, did you get it?
  - a. Yes
  - b. No, please explain
  
9. Were you happy with what happened after your intake assessment (the “getting to know you” questions they asked) was finished?
  - a. Yes
  - b. No, please explain
  
10. Did the process of acquiring or placement into housing make sense to you?
  - a. Yes
  - b. No, please explain
  
11. Did the process of acquiring or placement into housing help you meet your housing needs?
  - a. Yes
  - b. No, please explain
  
12. Did you and your case manager create a plan for returning to permanent housing?
  - a. Yes
  - b. No, please explain
  
13. What other thoughts would you like to share with us?

## WCICCC Regional Committee Plan

Date: September 3, 2015

Regional Committees within the WCICCC will design coordinated assessment plans using this form.

Regional Committee	Quincy Regional Committee
Counties Served:	Adams County
Regional Lead Agency I:	Salvation Army
Regional Lead Agency II:	Madonna House

### ACCESS TO SYSTEM

Regional Committees within the WCICCC will use one of two approved coordinated assessment models. Please indicate your Regional Committee model below (choose one):

**Designated agency(s)** administer both emergency response screening and VI-SPDAT assessment tool and make program referrals for the system

**All agencies** will uniformly administer both emergency response screening and VI-SPDAT assessment tool and make program referrals

List of agencies administering emergency response screening:

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Madonna House  
Salvation Army

Agencies acting as coordinated assessment sites within Regional Committee:

Agency	Administering the Emergency Response Screening	VI-SPDAT for families, individuals or both	Number of staff for coordinated assessment	Time/week for staff to do coordinated assessment	Schedule of staff available for coordinated assessment (example: Mon-Fri, 8 am – 5pm)
Madonna House	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Families only <input type="checkbox"/> Individuals only <input type="checkbox"/> Both <input type="checkbox"/> Neither	3	24/7 Monday-Sunday	24/7 Monday-Sunday
Salvation Army	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Families only <input type="checkbox"/> Individuals only <input type="checkbox"/> Both <input type="checkbox"/> Neither	4	24/7 Monday-Sunday	24/7 Monday-Sunday
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Families only <input type="checkbox"/> Individuals only <input type="checkbox"/> Both <input type="checkbox"/> Neither			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Families only <input type="checkbox"/> Individuals only <input type="checkbox"/> Both <input type="checkbox"/> Neither			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Families only <input type="checkbox"/> Individuals only <input type="checkbox"/> Both <input type="checkbox"/> Neither			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Families only <input type="checkbox"/> Individuals only <input type="checkbox"/> Both <input type="checkbox"/> Neither			
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Families only <input type="checkbox"/> Individuals only <input type="checkbox"/> Both <input type="checkbox"/> Neither			

How will individuals access homeless programs in your community? (Should correspond to diagram for individual access in Appendix C)

---

Given the desire to build on aspects of the system that are already working well, the Quincy Regional Committee determined that multiple but limited points of entry, with a centralized implementation model would be the most appropriate model in Quincy/Adams County. A team of trained Assessment Specialists would be responsible for:

- Providing diversion assistance, if possible and appropriate based on the household's needs and circumstances;
- Administering the assessment to determine the type of intervention needed to resolve the household's homelessness;
- Determining an interim housing placement (as appropriate and available);
- Ensuring a specific staff person is assigned to each household and a warm handoff occurs; and
- Developing capacity to ensure all clients are assessed in an agreed time period (within 72 hours).

The Salvation Army and Madonna House will be the sites providing the trained Assessment Specialist. The trained Assessment Specialist will use the VI-SPDAT and full SPDAT as explained in the next section (Procedures).

The plan for domestic violence victims is currently being investigated on how to properly conduct per VAWA/VOCA guidelines.

How will families access homeless programs in your community? (Should correspond to diagram for family access in Appendix C)

---

According to the 2015 Housing Inventory Count performed in January, there were 19 providers that sheltered homeless individuals and families in the Quincy region in emergency shelters and transitional housing.

Are people required to travel to different locations to access programs and services in your community?

Yes     No

If yes, what happens if a household is unable to access transportation?

---

Salvation Army and Madonna House are the centralized locations for the completion of the Housing Barriers Assessment and Prioritization Screening (VISPDAT and SPDAT). This screening will not require transportation. The Salvation Army and Madonna House will conduct assessments at the location of homeless individuals. However; transportation may be required to assess households in the safe environment of the assessment sites. Quincy has a public transit system and can be used to assist individuals and families to get to needed agencies if travel is required.

How is coordinated assessment advertised in your community? (check all that apply)

- All agencies aware     Posters     Billboards     Media stories     Flyers
- Stickers     Community Forum     Other (Please describe: \_\_\_\_\_)

How does your community connect coordinated assessment to existing systems? Please describe what is available locally and how the systems overlap and interact.

Prevention services:

---

There is a solid network of agencies who participate in the Regional Committee that have built strong relationships to assist each other in serving individuals and families to prevent homelessness. The coordinated assessment will naturally begin with the known agencies to the community that give crisis assistance. The Quincy Regional Committee uses Service Point HMIS database to track movement and services; as well as other providers in the area.

Veterans Affairs:

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Communication about the coordinated assessment and the process for referral will be provided to Veterans Affairs providing crisis assistance for those homeless or at risk for homelessness. Updates will be provided through provider forums and collaborative meetings. A representative from Veteran Affairs is part of the continuum and invited to conference calls.

Faith-based poverty programs:

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Communication about the coordinated assessment and the process for referral will be provided to faith-based organizations providing crisis assistance for those homeless or at risk for homelessness through the local ministerial alliance and the Unmet Needs Committee.

Mental health services:

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Communication about the coordinated assessment and the process for referral will be provided to behavioral health organizations providing crisis assistance for those homeless or at risk for homelessness. Updates will be provided through provider forums and collaborative meetings.

Legal/judicial system, including law enforcement and prisons:

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Law enforcement, prisons, and judicial systems will be made aware of entry points for the coordinated assessment.

Communication about the coordinated assessment and the process for referral will be provided to Department of Human Services providing crisis assistance for those homeless or at risk for homelessness. Updates will be provided through provider forums and collaborative meetings.

## REFERRALS

Please describe how the referral process will work in your community. If clients need to transfer agencies in the referral process, please describe how this will be done.

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When PSH or RRH beds become available, these housing providers will call a meeting about the vacancies. Eligible individuals or families will be identified using the Housing Barriers Assessment and Prioritization Screening (VISPDAT and SPDAT). The housing provider will contact referred households to update their information and verify that they are still eligible for and want the openings.

If a household does not qualify or is declined for another reason, the housing provider will work through the referrals in priority order until one household qualifies and is accepted. For each unqualified/ineligible household, the provider must supply a detailed description to the referring entity of why the household was not accepted. If there are repeated problems with ineligible referrals, providers should provide updated information to the Regional Committee.

For the safety of domestic violence survivors, providers should NOT list domestic violence in their database as the reason for declining a referral when a household qualifies for domestic violence services but the receiving provider is not equipped to handle such cases.

Completed referrals must then be acknowledged (accepted, declined by provider, declined by client, pending, or unable to reach client) by the housing provider as quickly as possible.

Once a household is determined eligible, the receiving provider should call the shelter or outreach staff that made the referral in order to complete the application process. Documentation pertaining to the client should be faxed or mailed, not emailed due to confidentiality concerns. The receiving provider should tell the referring staff whether the client accepted or declined the housing option.

Housing providers must regularly update and circulate all program eligibility guidelines and program contact information to maximize the accuracy and eligibility of referrals.

Are transportation funds/resources provided?  Yes  No

If yes, please describe resources, to whom they are available, and how and when they are accessed.

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The YWCA of Quincy has funding available to assist female victims of domestic violence

and their children with the costs of transportation to flee a domestic violence situation. Funding is limited to \$50 per victim and the referral must be made by a DV service provider on their behalf.

The YWCA of Quincy has funding available to assist homeless families with transportation costs to Quincy to reside in the YWCA Permanent Supportive Housing Program. The family must have completed the application process for the PSH program, have met the eligibility criteria and accepted the terms and conditions of the PSH program in order to receive assistance.

Are forms sent with clients and/or included in HMIS?  Yes  No

If yes, please describe:

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Copies of the Housing Barriers Assessment and Prioritization Screening (VISPDAT and SPDAT) and referrals will be presented to individuals upon completion. A universal referral form will also be developed and given to the client.

Does your Regional Committee use real-time bed availability?  Yes  No

If yes, please describe:

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Due to the lack of all providers being on HMIS, ability to show real-time bed availability is difficult.

What is the process for agencies that do not want to accept referrals coming from coordinated assessment?

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For each unqualified/ineligible household, the provider must supply a detailed description to the referring entity of why the household was not accepted. If there are repeated problems with ineligible referrals, providers should provide updated information to the Regional Committee.

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:

- No vacancy exists in program;
- 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 staff).

If the program determines a consumer is not eligible for their program, the consumer should be sent back to their initial assessment point for staff to determine a place for them to sleep that night (if they do not already have one). If assessment hours are done

for the day, they should be referred to population-appropriate emergency shelter. Within 48 hours of their re-entry into shelter, a representative from the program that refused them, the assessment staff member, and the consumer experiencing homelessness must meet to determine the best next step for the consumer. Any cases that are unable to be resolved to the consumer's satisfaction will be referred to the Regional Committee to be handled by the grievance procedure process. 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.

What is the grievance process for individuals who do not agree with their referral?

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The assessment staff member or the assessment staff supervisor should address any grievances by consumers as best as they can in the moment. Grievances that should be addressed directly by the assessment staff member or assessment staff supervisor include grievances about how they were treated by assessment staff, assessment center conditions, or violation of confidentiality agreements. Any other grievances should be referred to the chair of the Regional Coordinated Assessment Committee to be dealt with in a similar process to the one described above for providers. Any grievances filed by a consumer should note their name and contact information so the chair can contact them. The grievance needs to be filed within 24 business hours. The Regional Coordinated Assessment Committee will consist of peer agencies in the community that will listen to the grievance. A decision regarding the grievance will be finalized within 72 business hours of grievance and the consumer will be notified immediately. The program decision stands for the duration of the grievance process. Grievances that reach the Regional Coordinated Assessment Committee will be filed with the Support Entity for record retention.

How does your Regional Committee handle waitlists for programs? Please include information for how this waitlist is created, stored, and updated and the agency/person responsible.

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Each agency will coordinate their own wait lists for program services. Wait lists consist of those who meet program requirements. Referrals for services are made to those who present for shelter.

When PSH or RRH beds become available, these housing providers will call a meeting about the vacancies. Eligible individuals or families will be identified using the Housing Barriers Assessment and Prioritization Screening described above. The housing provider will contact referred households to update their information and verify that they are still eligible for and want the openings. Individuals that are still eligible will be prioritized based on their SPDAT score for the order of the waiting list. These scores will be kept in ServicePoint.

Coordinated assessment will help communities to identify gaps in services. How will your community address these gaps as they become apparent?

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Once the system is in place and operating we will be able to recognize obstacles and deficiencies and address these in regional and agency meetings to come up with solutions. Brainstorming and identifying programs and agencies already in place that

addresses these gaps will assist in rectifying problems. Data collection will also be utilized to address gaps and needs.

## **OVERSIGHT**

The Coordinated Assessment Lead will be tasked with reporting about coordinated assessment on measures set by the Coordinated Assessment Council. Will your Regional Committee engage in further measures (e.g. including weekly case management meeting to case conference, monthly provider meeting to assess system flow, elected group to monitor local grievances)? Please describe below.

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Quincy Regional Committee will meet monthly to discuss issues of monitoring and flow. Case conferencing and grievance matters will also be discussed as they are determined.

**APPENDIX**

Service Directory for Quincy Region