What other challenges are you experiencing with CE assessment and prioritization?

that the right housing intervention be provided for the most vulnerable

That we come up with some combination of assessments that allow for the participant to self disclose, but also for their to be some assessment by the administrator, given that it is really hard to share honestly with a "stranger"

Clients who dont have a addiction or mental health background but who are still very high risk will never score high enough

Do we know what the percentage of the mid to low range become high range because they couldn't be served? Are we serving the high range at the expense of the others?

Improved client access to housing resource centers

unhoused people to the local PSH sites that the person is experiencing homelessness. Communities with large number of homeless people should have their unsheltered neighbors have a greater opportunity

Why are we talking about re-envisioning coordinated entry?

- Asking someone in a crisis to provide answers to **sensitive personal questions** is not the best way to conduct an accurate assessment
- The VI-SPDAT can take up to **45 minutes**
- Its **unclear whether the VI-SPDAT is effective** in identifying vulnerable households in Santa Clara County
- Some VI-SPDAT questions are **intrusive and stigmatizing** and can undermine the relationship between agency and client, especially if the client reveals extensive private information and is still not offered any services
- Too often, people score high enough on the VI-SPDAT to be put on the community queue but **not high enough to ever be referred to housing**
- Recollection of past experiences (especially traumatic experiences) can be faulty, so VI-SPDAT **scores may be inaccurate**, particularly for already-stigmatized groups

Clients are outdated on the V do not get reassessment.

It may seen redundant, but how do we define vulnerability? I agree that we need to house the most vulnerable as a priority, but are there other tools that can be used to "define" vulnerability?

Allow flexibility with the point system attached to the VI-SPDAT. Especially, those cases at the cusp between PSH and RR. The VI-SPDAT should be used to assess housing needs but not dictate the type of housing.

what other models are out there that we could consider?

always been a HOMELESS PREVENTION SERVICES based county. Lets move twords SEEING the homeless and have more case managers putting in input about each case. not each case is one or the

Systematizing provider access to a streamlined process for use of flexible funds for homelessness and prevention

Consider increased investment/commitment to Housing Problem Solving/Diversion/ARR for 1-7s (regardless of tool), and dynamic prioritization of RRH for the 8-12s

It goes by numerical score based on answers of client to complicated multilayer questions versus their actual situationw which may not translate accurately into scores

self-report TAY status are not necessarily found eligible for housing services such as TPV. It would be my suggestion to determine eligibility for TAY housing services before entering their information in your coordinated entry for

VI-SPDAT underestimates vulnerability/need among those in institutional settings (e.g. SNFs)

Allow more input from test administrators to reflect the more accurate needs of individuals who are poor self-reporters

With all the challenges of the CES, the issue is a lack housing. The VI-SPDAT should focus on questions that will generate recommendations of housing solutions outside of the CES.

I would want to look at my some agencies/programs chose not to have their programs come through the community que, maybe some of their reasons will help us deconstruct CES?

Could we include referrals to other services in addition or alone, like employment services providers?

confidential programs to get on the confidential queue, in addition to accessing the support and services the confidential programs can provide while they wait to access housing, including our Domestic Violence

How about a hybrid PSH/RRH program for the clients who score in the 8-12 range

Ensure that those who are unnecessarily housed in skilled nursing facilities are considered unhoused.

Recently homeless individuals need urgent housing support, Studies show that early intervention is key to preventing chronic homelessness.

Federal definitions of homelessness that don't include anyone who's been in a SNF for over 90 days.

If folks are on a waiting list, linkage should be provided before permanent housing programs. In particular, substance use intervention.

Until we have enough resources to fully meet the need in our community, what should CE assessment & prioritization look like?

Fewer questions with bigger impact for the questions.

It would be great if we could use a more objective data source than self-report.

I think there should be higher weight placed on length of homelessness (chronically homeless) than there is

Better explanation to the community as to how they will be prioritized. Provide more context and not just a score so community members can understand what that score translates to

prioritization is dynamic, not rigidly constrained by scores. Also, one tool will not capture the risks factors of each of the sectors: The risk factors and needs of people with mental health issues, or veterans of families in

more prevention or diversion options

Questions need to be modified drastically to be more inclusive of a variety of traumas -- gender, sexuality, race, not just drugs & alcohol

I think a balance of self-report and objective or looking at other sources of info to get a complete picture.

I think there should be prioritazation to people disabled by health issues and the elderly with medical conditions.

The ability to refer active RRH and HPS clients, with high acuity, to PSH. A process that works, requires case conferencing, and results in a successful transfer to PSH.

consider length of time in queue

important metrics for assessment tools. For example, in behavioral health, the CANS/ANSA requires users to score a minimum of 70% before they are CANS/ANSA certified. Whichever assessment tool is

Consideration of what the questions for the assessment should really measure? Create a shorter interim version similar to the HPAT refinement process that was done

I think a new system would find a way to avoid the black whole that the VI has created with people in lower scores. Maybe we need something more dynamic that TH/RRH and PSH. could there be something in the middle?

Consider location-based factors

More flexibility in funding resources that can provide other options to house those in the community that are most vulnerable

Agree on improved and ongoing training for what the assessment is

A tool that looks at high system utilization might be good for PSH prioritizing. however, youth and families may need a different approach since that may not be as useful for them

Assessment tool should take into account functional and cognitive impairments. Definitely plays a big role in a person's overall level of need(s).

maybe break up "types" of PSH, since we're mostly concerned about PSH prioritization? Set some resources for specific vulnerabilities

center the voices of people with lived experience in the process of re-envisioning the assessment.

prioritize those who are have severe mental illness and are unable to care for themselves due to mental illness

when a new tool or system is designed finding a way to be even more transparent about scores and how it works with consumers so they better understand what to expect

services for people who may be capable to pay rent but are unsure how to find appropriate housing, they may lack the life skills or feel overwhelmed by the process of looking for housing.

What are the DOs and DON'Ts that we should pay attention to in order to create such a Coordinated Entry system?
In other words, what values should guide the re-design process?

DOs

DON'Ts

efficiency, evidence / data based decision making, transparency and community engagement and involvement in the process of making changes, and continuous examination if the approaches,