

VISION AND GUIDING PRINCIPLES

The Northlake Homeless Coalition (NHC) Coordinated Access and Assessment System (CAAS) will identify individuals and families who are homeless or at risk of homelessness, assess their housing and service needs, and connect them to the appropriate housing intervention and services necessary for long-term stability. Once fully implemented, CAAS will promote a more efficient use of limited resources and help to stabilize households and communities. CAAS will serve the interests of clients by helping them locate the housing and services they need; providers by matching clients that are appropriate referrals to their programs; and funders, by ensuring that housing and service resources are utilized efficiently and effectively to meet community needs.

VISION

Eliminate and prevent homelessness in Livingston, St. Helena, St. Tammany, Tangipahoa and Washington Parishes.

MISSION

CAAS will be an effective and efficient front door for persons who are homeless or at risk of homelessness and will reduce the burden of navigating the network of housing and service providers by connecting persons to the most appropriate housing and services through a defined referral framework.

HEARTH ACT OBJECTIVES

The Homeless Emergency Assistance and Rapid Transition to Housing Act of 2009 (HEARTH Act) is intended to increase the efficiency and effectiveness of coordinated, community-based systems that provide housing and services to the homeless. It defines a centralized or coordinated assessment system as a “centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals.”

The HEARTH Act identifies system-wide objectives including reducing the number of new persons becoming homeless, reducing the length of time persons are homeless, increasing exits to permanent housing and reducing the number of persons experiencing recurring episodes of homelessness. CAAS is a vital component of transforming NHC’s homeless assistance system to meet these objectives. CAAS will be designed to meet these objectives and to satisfy the federal requirements to be used by recipients of Continuum of Care (CoC) and Emergency Solutions Grant (ESG) program funds; cover the geographic area of the CoC; be easily accessible by individuals and families seeking assistance; be well advertised; and include a comprehensive and standardized assessment tool with written standards for its usage.

GUIDING PRINCIPLES

1. NO SIDE DOORS

Providers should enroll clients who have been assessed and referred (if relevant) via the CAAS process.

2. TRANSPARENT AND CONSISTENT ASSESSMENT OF CLIENT NEEDS

In order to determine the appropriate housing and service options for clients, there must be a consistent assessment of needs to prioritize housing placement.

3. A STREAMLINED AND EFFICIENT ENROLLMENT PROCESS

CAAS will create efficiencies in the existing system by matching clients with the most appropriate housing option and by identifying open and available housing resources for clients based on bed availability and eligibility for programs.

4. REAL TIME DATA COLLECTION

Data collection on people experiencing homelessness and bed availability is a key component of the CAAS process. To capture this data accurately, all assessment staff and providers must enter client data into the HMIS in real time (Note: Domestic Violence providers are statutorily prohibited from entering client data into HMIS; however, providers will be responsible for communicating program availability in real time and enter client data into a database that is comparable to the HMIS). Clients' rights around data will always be made explicit to them, and no client will be denied services for refusing to share their data.

5. CLIENT CHOICE

CAAS providers will ensure that clients are able to exercise choice in decision making processes at all times. Clients will be given information about the programs available to them and have some degree of choice about which programs they want to participate in.

6. HOUSING FIRST

The Housing First philosophy focuses on addressing the root causes of homelessness rather than individual risk factors. A Housing First approach rests on the belief that helping people access and sustain permanent, affordable housing should be the central goal of our work with people experiencing homelessness. By providing housing assistance, case management and supportive services that are responsive to individual or family needs, NHC can significantly reduce the time people experience homelessness and prevent further episodes of homelessness. A central tenet of the Housing First approach is that social services to enhance individual and family well-being can be more effective when people are in their own homes. Housing is not contingent on compliance with services – instead, participants must comply with a standard lease agreement and are provide with the services and supports necessary to help them do so successfully.

7. PRIORITIZING THE MOST VULNERABLE

CAAS referrals will prioritize those households that appear to be the most vulnerable and are many times the hardest to house or serve. 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.

8. PERFORMANCE-DRIVEN DECISION MAKING

Decisions about and modifications to the CAAS process will be driven primarily by the need to improve the performance of the homelessness assistance system on key outcomes identified by the US Department of Housing and Urban Development (HUD). These outcomes include reducing new entries into homelessness, reducing lengths of episodes of homelessness, reducing repeat entries into homelessness, and reduce the overall number of homeless individuals. Changes may also be driven by a desire to improve process-oriented outcomes.

CAAS COMPONENTS

1. OUTREACH AND MARKETING

The HEARTH Act requires that services provided with CoC and ESG program funds be easily accessible by individuals and families seeking assistance and well-advertised. During the pilot phase of implementation, NHC will focus on outreach and marketing to community service providers, government partners and other key stakeholders. Once the pilot phase is conducted, the plan will be amended to incorporate a robust outreach and marketing plan aimed at persons seeking assistance.

2. PARTICIPATING AGENCIES

Participating agencies are the organizations who use the NHC CAAS Triage tool, conduct VI-SPDAT assessments, and/or provide housing to persons identified and assessed through the CAAS. Housing services agencies agree to only accept clients that have been assessed using the VI-SPDAT (unless funding requires referrals from specific referral sources). Participating housing services agencies will continue to serve as the front line in getting people housed and maintaining housing for those at risk of homelessness, as they will accept primary responsibility for helping clients obtain, maintain and become stabilized in their housing and services. Participating agencies serving youth, young adults, adults, and/or families should be able to provide housing case management, housing stabilization services, supportive service systems navigation (i.e. mainstream resource connection), and landlord/tenant mediation.

3. HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

HMIS is the electronic database used by service providers to record and share client-level information used during the process of assessment, referral, and intake. The CAAS will use the Louisiana Services Network Data Consortium (LSNDC) database, powered by Bowman System's ServicePoint, which is locally administered by the Northlake HMIS Data Project. The HMIS will be used to manage most assessment and referral data, service provider eligibility parameters, and all necessary client data that meets the current HMIS Data Standards. The HMIS will strive to provide real-time availability and

eligibility information for homeless housing and service resources, with an emphasis on real-time information on the availability of permanent, transitional, and emergency shelter units.

4. TRIAGE AND ASSESSMENT TOOLS

The NHC CAAS Triage Tool is a brief questionnaire that shall be used by human service organizations to initially identify if a respondent is homeless or at imminent risk for homelessness, in accordance with the HUD Definition. The Triage tool shall also help organizations identify persons who would be best served through homeless system diversion. Everyone at the “door-way” will be able to use the Triage Tool. For persons who are identified as experiencing homelessness or imminently at-risk for homelessness, the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT) will be conducted by pre-identified agencies who have staff trained to administer the Tool. Scores derived from administering the VI-SPDAT will inform housing interventions, with prioritizations for those persons with highest acuities.

5. PRIORITIZATION LIST MANAGEMENT

Prioritization list management refers to the process by which clients are prioritized while waiting to access a program or services. It also refers to the process of contacting clients when services, housing or programs become available to them. Through CAAS, clients will not be prioritized on waiting lists on a first come first served basis. They will be prioritized by their VI-SPDAT scores; those with the highest vulnerability index score will be prioritized for programs and services. For Permanent Supportive Housing (PSH), persons who are chronically homeless will be prioritized at the top of the list. The Northlake Homeless Coalition will be responsible for prioritization list management; decisions regarding prioritization and referrals will be determined at bimonthly CAAS Committee Meetings. In the event of program availability outside of the meeting, prioritization and referral will be conducted via conference and/or email.

DEFINITIONS OF HOUSING AND SERVICES TYPES

1. **DIVERSION:** Services that assist households in identifying stable, permanent housing, wherein recipients are diverted from entering the homeless service system at all. Services include provision of financial, utility, and/or rental assistance; short-term case management; conflict mediation; connection to mainstream services (services that come from agencies outside of the homeless assistance system, such as welfare agencies) and/or benefits; and housing search.
2. **PREVENTION:** Services that aid households in preserving their current housing situation and strive to target people who have the highest risk of becoming homeless but who also have a strong chance of remaining housed if they receive assistance. Emergency financial assistance. Services include rental assistance, utility assistance, legal services for landlord negotiations and eviction prevention, budgeting and credit repair, housing search, mediation for landlord conflict.
3. **EMERGENCY SHELTER:** Temporary housing facilities/programs that are designed to keep people safe residing in places unintended for human habitation. Shelter beds are often accessed on a first come, first served basis. Stays can be as short as a single night, or can extend for much longer periods of time. Meals and other supportive services, such as counseling, transportation, abuse intervention, may be provided. In communities where facilities are full or unavailable, motel vouchers may be issued as emergency shelter.

4. **RAPID RE-HOUSING (RRH):** Housing programs that prioritize moving a family or individual experiencing homelessness into permanent housing as quickly as possible, ideally within 30 days of a client becoming homeless and entering a program. Target populations include people experiencing homelessness due to short-term financial crises, people with limited or no income, survivors of domestic violence, and those with substance abuse issues. Although the duration of financial assistance may vary, many programs find that, on average, four to six months of financial assistance is sufficient to stably re-house a household. Services include housing opportunity identification, rental and security deposit assistance, and case management.
5. **TRANSITIONAL HOUSING FOR HOMELESS PERSONS (TH):** Housing programs that provide extended temporary housing and supportive services for homeless households with the goal of helping them live independently and transition into permanent housing upon program exit. Stays are up to 24 months. Services include skill building, employment development, case management, and housing identification.
6. **PERMANENT HOUSING (PH):** Housing that is coupled with supportive services that are appropriate to the needs and preferences of residents. Residents remain with no program imposed time limits. Activities include rapid rehousing and permanent supportive housing.
7. **PERMANENT SUPPORTIVE HOUSING (PSH):** Housing programs that provide affordable, community-based housing that links to voluntary and flexible supports and services for people with disabilities who are experiencing homelessness. PSH is for people who need long-term housing assistance with supportive services in order to stay housed. Individuals and families living in supportive housing often have long histories of homelessness and face persistent obstacles to maintaining housing, such as a serious mental illness, a substance use disorder, or a chronic medical problem. Many supportive housing tenants face more than one of these serious conditions. There is no time limitation on stays.

CAAS PROCESS

1. **STANDARDIZED ENTRY SYSTEM**
 - A. **Triage:** Participating agencies will administer the five-question triage tool to persons seeking housing assistance. Upon completion, a determination will be made to route the person to prevention/diversion resources or to administer the VI-SPDAT assessment.
 - i. **Prevention/Diversion:** For persons who are not homeless or at imminent risk of homelessness as determined by the triage tool, the prevention/diversion tool will be administered and appropriate referrals to available prevention/diversion resources will be made.
 - ii. **VI-SPDAT Administration:** For persons determined who have been determined via the triage tool to be homeless or at imminent risk of homelessness, the assessment will be conducted via a rotating VI-SPDAT administration schedule. The Northlake Homeless Coalition will manage the VI-SPDAT administration schedule and make assignments to each participating agency to conduct assessments on a weekly basis. VI-SPDAT scores of 0-4 will be routed to prevention/diversion resources. VI-SPDAT scores of 5 and greater will be routed to the CAAS Committee for a referral to be made.
 - B. **Referral:** The CAAS Committee will make a referral to the appropriate program. If there is bed availability, program staff of the referred program will verify client eligibility and admit the client into the program or decline the referral. If the program declines the referral, the referral will be routed back to the CAAS Committee to review and prioritize. If there is no bed availability, the client will be placed on a waiting list and will be reviewed and prioritized by the CAAS Committee on an ongoing basis.

- C. Referral Declinations: Programs receiving CoC and/or ESG program funds should make every effort to accept all CAAS program referrals and may not decline more than 25% of CAAS program referrals made. If a referral is declined, the agency must provide a written statement detailing the reason that the referral was inappropriate. This process will be used as an ongoing mechanism to ensure that appropriate referrals are being made moving forward.

2. REFERRALS AND PRIORITIZATION LISTS

- A. Program Referrals: There will be no side doors to the Coordinated Access and Assessment System. Referrals will be made to Transitional Housing, Rapid Rehousing and Permanent Supportive Housing programs by the Coordinated Access and Assessment Committee. Exceptions apply only to Emergency Shelter programs and other programs whose funding source(s) require that program referrals come from particular sources other than CAAS. The term “referral” refers to the process by which the CAAS Committee makes a determination regarding the most appropriate housing placement for the client. Homeless programs will accept at least 75% of all referrals per month. In other words, they are permitted to refuse up to 25% of referrals. If a referral is refused, the agency must document the reason for refusing the referral and work with CAAS staff to see alternative arrangements for the client.
- B. Prioritization List Management: Prioritization list management refers to the process by which clients are prioritized while waiting to access a program or services. It also refers to the process of contacting clients when services, housing or other programs become available to them. Through CAAS, clients will not be prioritized on a first come first served basis. They will be prioritized by VI-SPDAT scores; those with the highest vulnerability scores will be prioritized for programs and services. For PSH, veterans and persons who are chronically homeless will be prioritized at the top of the list. Four prioritization lists will be maintained by CAAS staff: non-disabled individuals, non-disabled families, PSH-eligible individuals and PSH-eligible families.

3. PROGRAM EXITS

- A. It is our goal that all clients are exited from the CAAS as quickly as possible and placed into stable permanent housing. Clients should not be exited from CAAS until placed into housing, unless emergency circumstances require it.
- B. Service providers will maintain autonomy in deciding when and why to exit clients from their programs. All program exits will be documented in HMIS. Providers should not exit clients directly to the street unless emergency circumstances require it. Such circumstances include situations that require police intervention, emergency health services etc. The CAAS Committee will review and monitor program exits on a quarterly basis to ensure that all efforts are made to avoid clients being exited from programs into homelessness.

CLIENT GRIEVANCE

1. POLICY

- A. It is the policy of the Northlake Homeless Coalition to provide a fair and efficient process to present and grievances. Written and verbal grievances regarding the CAAS will be reviewed by the CAAS Oversight Committee.
- B. For grievances concerning a participating agency in the CAAS, the person making the grievance will be asked to first adhere to the grievance policies and procedures provided by the organization.

2. PROCESS

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- A. All CAAS grievances should be submitted to the NHC Executive Director, unless there is a conflict of interest, in which case the grievance should be submitted directly to the NHC Board President or Vice-President.
- B. Within 10 days of receipt of the grievance, the CAAS Oversight Committee will be notified of the grievance. The Chair of the CAAS Oversight Committee or his/her designee will respond within 30 days by:
 - i. Assisting the complainant in articulating/identifying issues, if needed.
 - ii. Determining what action needs to be taken, if any.
 - iii. Responding in writing to the complainant with clear identification of issue and specifics about its resolution.

3. DOCUMENTATION

- A. Each situation will be treated seriously and with sensitivity and will be documented for the record with date, time, nature of the grievance and any action taken towards resolution.
- B. The Northlake Homeless Coalition will be responsible for maintaining all documentation regarding grievances.

MONITORING AND EVALUATION

The CAAS is new to the Northlake Homeless Coalition. It is anticipated that challenges will arise that need to be corrected. For this reason, the CAAS has adopted a phased implementation process, of which ongoing monitoring and evaluation will play an essential role.

1. POLICY

- A. The NHC Executive Director will be responsible for oversight of the CAAS and for coordinating opportunities for formal and informal feedback from clients, providers, staff and other stakeholders in the Florida Parishes Region.

2. PROCESS

- A. The Executive Director or his/her designee will use the following monitoring tools to ensure transparency and community input:
 - i. CAAS Committee Meetings: The CAAS Committee will meet on a bimonthly basis and will discuss program operation on at least a monthly basis. The group will discuss a variety of topics that are relevant to ensuring the smooth operation of the program and to promote continuous learning. Topics may include team building activities, client case reviews, challenges and opportunities for improvement, diversion, case conferencing etc.
 - ii. Community Meetings: The NHC will designate 1-2 of its general membership meetings annually throughout the five year program implementation to discuss the CAAS and allow community stakeholders to provide feedback on the system.
 - iii. Troubleshooting: The Executive Director will develop procedures for managing issues with CAAS that require immediate attention.
 - iv. Focus Groups: Formal focus groups with service providers and clients will be conducted for the purpose of engaging in thoughtful and constructive dialogue around CAAS improvement.
 - v. CAAS Oversight Committee: A CAAS oversight committee will be created that includes representatives of major stakeholder groups, including homeless service providers, state and local government agencies and clients. This committee will meet semi-annually to review client-level and system-wide data, perform program evaluation, make recommendations for

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program, policy, or procedural changes as needed, and engage in strategic thinking and planning. The Executive Director will be responsible for convening and coordinating this committee.

- vi. NHC Monitoring and Evaluation Committee: For programs that receive CoC and/or ESG program funding, the NHC will conduct annual on-site monitoring visits and participation in the CAAS will be reviewed along with other relevant program progress in accordance with the CoC Program Administration and Monitoring Policy. Any agency found to be noncompliant in its participation in the CAAS will be notified of the noncompliance and a corrective action plan will be designed to prevent a continuation of the noncompliance. The NHC Monitoring and Evaluation Committee will be responsible for reviewing program performance and adherence to any proposed corrective actions and sanctions determined as a result of the noncompliance. Continued noncompliance may result in a number of sanctions, including, but not limited to, reallocation of program funds.
3. DOCUMENTATION: All monitoring and evaluation documentation will be maintained by the Northlake Homeless Coalition. Information will be shared, as necessary, with the CAAS Oversight Committee and the NHC Monitoring and Evaluation Committee. Members of both committees will be required to sign a confidentiality agreement. Agencies receiving CoC and/or ESG program funding will be notified of monitoring and evaluation outcomes related to CAAS in accordance with the CoC Program Administration and Monitoring Policy.

CONTACT INFORMATION

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ATTACHMENTS

1. CLIENT FLOW CHART
2. TRIAGE TOOL
3. HOMELESS VERIFICATION AND DOCUMENTATION GUIDE
4. PARTICIPATING AGENCY MOU