CE Dynamic Management Strategies: Prioritization, Active List and Case Conferencing

2019 Federal Permanent Housing Conference

Learning Objectives

- Participants learn practical strategies for assessing and determining relative **priority** of households assessed for Coordinated Entry

- Participants learn practical strategies for managing a dynamic **Active List** (i.e. *priority list*)

- Participants learn practical strategies for facilitating **case conferencing** meetings

Prioritization

Prioritization = the relative order of priority for receiving CoC assistance based on the participant's level of vulnerability or need as determined by a standardized assessment process.

✓Significant health or behavioral health challenges or functional impairments that require support for the person to maintain permanent housing

✓High use of emergency services (jails, psychiatric facilities, emergency rooms)

✓Extent to which a person is unsheltered

✓Vulnerability to illness or death

✓Risk of continued homelessness

✓Vulnerability to victimization

✓Other factors determined by the community and based on severity of need

To avoid Fair Housing violations prioritize based on need, vulnerability, or risk of harm rather than a variable which is a protected class characteristic (e.g. race color, national origin, religion, sex, age, familial status, or disability).

Prioritization Management

Strong Recommendations!

1. Establish a **single, centralized CoC-wide priority list** with all known homeless persons throughout the CoC.
2. Translate **assessment data** into a priority result. A separate prioritization tool often duplicates much of the same information collected during assessment.
3. Identify a **prioritizing entity** who will be responsible for determining the level of priority for each household requesting assistance through coordinated entry.
4. Number of households on priority list should be **controlled** to roughly equal the number of service slots/housing openings expected to become available over a defined period of time (e.g. 30, 60, or 90 days).
5. Establish policies for periodically **purging the priority list** of names of people who have moved out of the jurisdiction, can no longer be located, or have self-resolved and no longer require CoC assistance.

Active List

Active List – CoC will need to manage an Active List of persons in priority order of need for assistance.

- ✓ CoC must follow the **established Coordinated Entry prioritization protocol** established by the CoC and serve the highest need, most vulnerable household first
- ✓ **Avoid creating long waiting lists** of potential program participants for resources that do no exist or are not available.
- ✓ Include **details** such as identifying information, ranking/priority level, initial contact date, date of assessment, POC to find participant, likely/presumptive eligibility for restrictive resources, client's preferences
- ✓ All CoC project **vacancies are filled only with referrals from the CoC's Active List**
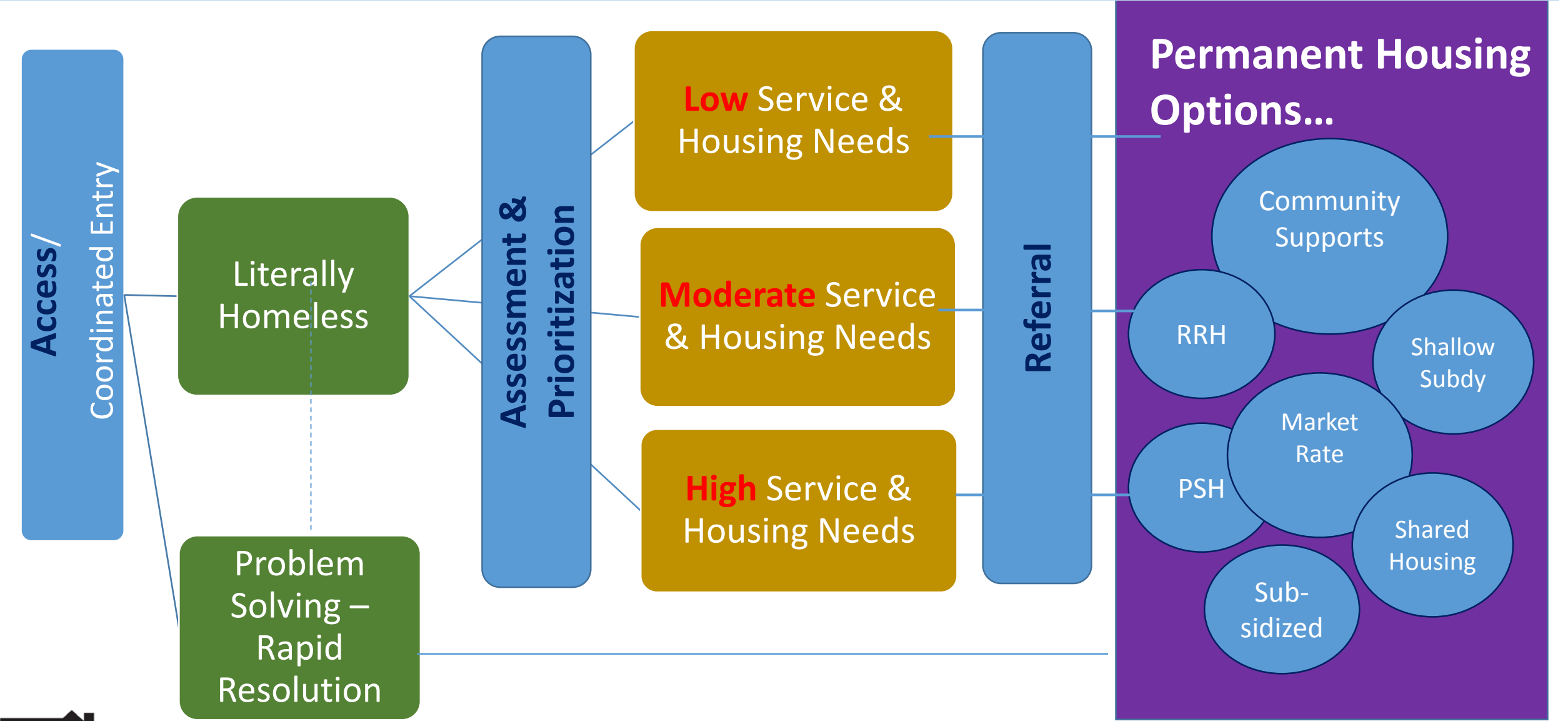
Case Conferencing

Case Conferencing = a meeting of relevant staff from multiple projects and agencies to discuss cases; resolve barriers to housing; and make decisions about priority, eligibility, enrollment, termination, and appeals.

- ✓ Case Conferencing approach is best equipped to adjust prioritization so that persons are quickly offered the best available resource. Often a less intensive intervention can be offered rather than waiting an inordinate period of time for more intensive interventions that might not exist or be available.

Sample System Flow

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Housing Needs			
CE Management Strategies: ✓ CoC Prioritization Policy ✓ Active List Protocols ✓ Case Conferencing	**Low** Stably housed, occasional problems paying rent	**Moderate** At imminent risk of housing loss; history of homelessness	**High** Currently homeless; history of housing instability, homelessness
Low Able bodied, connected to workforce, few barriers to employment, self-sufficiency.	Community Supports Self Resolution Problem Solving	Community Supports Self Resolution Problem Solving	Community Supports Self Resolution Problem Solving RRH
Moderate Some barriers to employment, self-sufficiency. Barriers resolved through services and/or treatment	Community Supports Self Resolution Problem Solving Treatment Services	Community Supports Self Resolution Problem Solving Treatment	Self Resolution Problem Solving TH, GPD-Bridge, Service Intensive, RRH PSH
High Multiple barriers to employment, self-sufficiency, and activities of daily living; needs ongoing services	Community Supports Problem Solving Treatment Services Assisted Living	Community Supports Problem Solving SSVF-HP	GPD-Hospital to Housing, Low-Demand, Clinical Tx, RRH PSH

Service Needs

Applying Concepts...

Let's consider how priority determinations, active list management and case conferencing strategies can be applied in practice?

Applying Concepts – Panel Discussion

Scenario 1

A single housing resource becomes available. Two households are next on the priority list. Both households have the same prioritization score, both have been waiting the same amount of time, both are currently in ES and ready to accept their housing resource.

How do you decide who to serve next?

Applying Concepts – Panel Discussion

Scenario 2

You receive a call from the Coordinated Entry manager in a neighboring state. She has a participant with a HCV who would like to move to your jurisdiction. Porting the voucher isn't necessarily a problem but your local PHA rep has said he cannot serve the out-of-state person prior to other, higher priority people on the active list, because the local CoC's Coordinated Entry policies require the most vulnerable households be served first.

How do you manage the referral?

Applying Concepts – Panel Discussion

Scenario 3

Your CoC has a high-performing service provider, Highgate Hall, who operates both ES and RRH. Highgate Hall would like to first enroll all households in their ES program and use the RRH project only for their ES participants who aren't able to self-resolve or rapidly exit. Other service providers in your CoC express concern that they're not able to access the Highgate Hall RRH project for their own clients with demonstrated need, eligibility and priority for that RRH resource.

How do you manage the CoC concerns?

Applying Concepts – Panel Discussion

Scenario 4

Jack is currently an ES resident who is on the CoC's priority list for PSH. Jack's assessment results indicate he has high housing needs but only moderate service needs. He keeps getting overlooked for referral to PSH because other participants in the CoC have demonstrated greater need and vulnerability.

How should the CoC's Coordinated Entry process manage Jack's priority order and referral strategy?

Applying Concepts – Panel Discussion

Scenario 5

Jamie is currently residing in ES. He has been prioritized for RRH but not yet found an apartment to lease. Jamie has a felony record and he's having trouble finding a landlord who will rent to him. Your Coordinated Entry staff are becoming increasingly concerned the longer Jamie isn't housed in his own apartment. His PTSD and anxiety disorder are being exasperated by his prolonged stay in a congregate shelter.

How should the CoC's Coordinated Entry process manage Jamie's priority order and referral strategy?

Thank you