# Three County Continuum of Care
# Coordinated Entry Assessment Tool Companion Guide

**January 2022**

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*Much of this CE Assessment Companion Guide, including the structure, concepts, wording, is adapted or directly pulled from the ***SSVF Homeless Prevention (HP) Screening Companion Guide.****

## Introduction

The Three County Continuum of Care has revised the ***Coordinated Entry (CE) Vulnerability Assessment Tool*** as of January 1, 2022. This ***Coordinated Entry Assessment Companion Guide*** serves to support trained CE Assessors in administering the revised ***CE Assessment Tool*** and in fulfilling the responsibilities and expectations of CE Assessors. The goals in updating the ***Three County CE Assessment Tool*** are to achieve equitable outcomes in referrals to housing and other resources and to improve practical use of this tool when conducting assessments and entering information into HMIS. The ***CE Assessment Tool*** helps CE Assessors triage with individuals and families experiencing housing crisis to identify immediately available resources to prevent homelessness or to respond to current homelessness. The tool produces a Vulnerability Assessment score for individuals and families experiencing homelessness, which is used to help target limited housing resources to those with the highest housing vulnerabilities and barriers. The revised tool and companion guidance were developed with the support of a CE Working Group comprised of a wide range of Three County CoC members, including persons with lived expertise, and with the assistance of TAC Associates and Racial Equity Partners. The ***CE Assessment Tool*** aims to ensure consistent and equitable assessment across the CoC. The redesign of the tool used an intersectional racial equity lens to identify factors that would better respond to the systemic disparities created by race-gendered discrimination and oppression.

The ***CE Assessment Tool*** should be used by trained Three County CE Assessors to assess individuals and families who are:

1) Experiencing homelessness in Franklin, Hampshire, or Berkshire County (or at-risk of homelessness if age 18-24)
2) Consenting to participate in CE and HMIS, via the Release of Information

Per the CoC's Written standards, this CE Assessment Tool primarily serves to prioritize individuals and families for limited CoC and housing resources through the CE system, including: CoC-funded Permanent Supportive Housing, CoC-Funded

Transitional Housing, and Youth Homeless Demonstration Program (YHDP) Funded programs. Priority for these programs will be based primarily on the following factors:

1) Eligibility for each program
2) ***CE Assessment*** Vulnerability Score
3) Length of Time Homeless

Once the CE Assessment and Release of Information are complete, CE Assessors should keep the completed forms in their client files, along with other supporting documentation. The Assessment information should be entered into HMIS or submitted to CoC staff, depending on whether or not CE Assessors have HMIS accounts. CE Assessors are strongly discouraged from reading the questions/prompts verbatim to individuals and families being assessed. Instead, staff should use trauma-informed and basic housing problem-solving strategies and use the tool to support initial conversations before engaging in deeper assessment, housing problem-solving, and/or other assistance as indicated.

## Principles of Three County Coordinated Entry

Coordinated Entry (CE) is a system designed to connect individuals and families experiencing homelessness with housing options, supportive services, and mainstream benefits. The Three County CoC operates a "multi-door" CE system, which aims to provide immediate and equitable access to assistance and appropriate supports through a variety of access points. The Department of Housing and Urban Development (HUD) mandates that all CoC-funded housing projects participate in a CE system. Assistance offered through CE is prioritized based on vulnerability and severity of need. In addition to CoC projects, the CE system aims to connect individuals and families to other housing, supportive service, and mainstream benefits to facilitate safe, sustainable housing solutions. CE's core concepts include a commitment to Housing First practices, ensuring client choice and service orientation, responding as a crisis response intervention, and ensuring services are provided as-needed and in a progressive, individualized manner. Homelessness and unstable housing can cause significant stress and effects similar to other traumatic experiences. Consequently, CE services should be grounded in basic principles and practices consistent with evidence-based, trauma-informed care, such as establishing a welcoming, safe space and being explicit about the purpose of assessment and why certain questions are being asked. This is especially important during the initial engagement. It is essential to ensure that the assessment process does not cause further stress during a housing crisis**.** Therefore, CE partners should understand and demonstrate basic competency in conducting trauma-informed assessments and assistance before they begin administering the tool.

## Responsibilities and Expectations of CE Assessors

Three County CE Assessors are a vital part of the CE system, ensuring that individuals and families are connected to housing resources in an effective, efficient, and trauma-informed way. In addition to conducting CE Assessments, it is expected that CE Assessors commit to the following responsibilities and expectations:

- **Hold basic knowledge and understanding of the Three County Coordinated Entry system,** including the assessment and referral process, the CoC-funded housing options connected to CE, other resources connected to the CE system, and how to connect with other CE partners.
- **Utilize housing problem-solving strategies and participate in HPS conversations** with individuals and families in housing crisis, including making immediate and appropriate referrals for people at-risk of homelessness
- **Conduct CE Assessments when appropriate**, including completing the Release of Information and necessary communication with the CoC and other CE Partners
- **Participate weekly in CoC Case Conferencing meetings**, and maintain regular communication with CoC staff when unable to attend
- **Maintain up-to-date client data and information in HMIS** or to CoC staff, including adherence to CoC Data Element requirements

- **Assist housing providers with transitions to housing resources**, including working with housing providers to identify the plan and supports for successful housing transitions
- **Attend trainings and required or recommended by the CoC**

## CE Assessment Tool Stages

The ***Three County CE Assessment Tool*** includes three Stages and eight sections as reflected in the tool:

- **Stage 1: Gathering Basic Information and Current and Prior Living Situation**
  - Use of the tool should occur when an individual or family presents in housing crisis. The initial decision to use the CE Assessment tool should occur based on three factors: *experiencing homelessness or at imminent-risk of literal homelessness; residing in or partially in Franklin, Hampshire, or Berkshire County; and in need of housing-related resources or supports.*
  - *The Basic Information* gathers information necessary in order to create a profile in HMIS and other important information that impacts housing options and prioritization for housing resources.
  - *The Current Living Situation* captures up-to-date information on where someone is located and what the current living situation is.
  - *The Prior Living Situation* captures information regarding the living situation prior to the assessment date and information about the start of and length of homelessness.
- **Stage 2: Triage Homeless Status**
  - *Triage Homeless Status* is used to indicate whether an assessor should continue conducting the remainder of the assessment or if the assessor should stop the assessment and make an immediate referral to other resources such as Prevention for people at-risk of homelessness, Diversion for people experiencing homelessness who may be able to immediate connect with housing options, or other supports. Assessors should be prepare to make appropriate referrals even if they continue conducting the assessment.
  - The Triage Homeless Status section explains whether or not to proceed for five specific situations, which are described in greater detail in the CE Assessment Tool Clarification and Guidance section.
- **Stage 3: Conducting Vulnerability Assessment – Housing Location, Housing Problem-Solving Notes, Assessment of Housing Barriers and Vulnerability, and Housing Match Considerations**
  - The third part of the ***CE Assessment Tool*** is used to identify housing needs and preferences and to identify housing barriers and vulnerabilities that indicate a need for prioritization.
  - *Housing Location and Preference* identifies all areas within Franklin, Hampshire, and Berkshire County where an individual or families is interested in or willing to receive services or housing.
  - *Housing Problem-Solving Notes* encourages an explorative, organic process to better understand the nuances of an individual or family's housing situation, viable housing options and resources, and allow staff to determine if targeted referral services and/or financial assistance can help resolve homelessness. While housing problem solving is called out specifically here, the conversation and person-centered planning strategies are not linear and should continue over the course of providing support and services and throughout the household's interactions and enrollment in CE.
  - *Assessment of Housing Barriers and Vulnerabilities* is used to indicate housing barriers and vulnerabilities that impact the ability to attain and maintain safe, permanent housing. This section produces a score which is then used to prioritize households for limited resources.
  - *Housing Match Considerations* collects information relevant to making a successful housing match, both in regard to preferences and needs.

Regardless of whether a household receives a full assessment and is put on the By Names List, it is essential to engage in a conversation to explore potential resources that may be available to support them in resolving their housing crisis and/or experience of homelessness. Staff conducting the assessments should have extensive knowledge of local

community resources and provide individualized assistance to access available resources ("warm handoffs") when needed and desired.

## CE Assessor Core Competencies and Training

When supporting individuals and families in the CE system, all assessors and CE Partners must adhere to trauma-informed care principles that support safety, are transparent and build trust, foster choice, autonomy, and empowerment, and are culturally, historically and gender-identity appropriate. For an overview and discussion of these principles, see SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (p. 15).[12]

To conduct CE assessments and provided services consistent with trauma-informed principles, staff should receive training and demonstrate competency in the following basic crisis intervention skills[3]:

- ***Establishing rapport and demonstrating empathy*** – This includes identifying who you are, using initial statements to help people feel at-ease and supportive statements that convey attention, understanding, and sensitivity indicating you are trying to understand how each person is doing currently and how they are experiencing the housing crisis.
- ***Calming skills*** – These are things you can do if the person is showing extreme fear or panic or is to upset, agitated, or disoriented to talk, including helping the person focus and providing a supportive environment.
- ***Active listening, paraphrasing, and validating feelings*** – This involves using specific verbal and nonverbal means to communicate listening, attention, openness, and safety. This also includes paraphrasing statements to show understanding of what they are expressing verbally and non-verbally without interpretation or speculation, and reassuring them that their reactions and feelings are normal and understandable.
- ***Transparency, engagement, and closing skills*** – This includes helping people understand basic CE and assessment process, as well as helping them predict and prepare for what will happen following the assessment by providing a clear and easily understandable explanation of specific next steps that need to happen to access and receive assistance to resolve the housing crisis as quickly as possible.

To ensure that new and existing CE Assessors are prepared to successfully administer the ***CE Assessment Tool***, the CoC will be establishing training curriculum that must be completed as required. This outline includes examples of upcoming trainings. It is not exhaustive and will be updated over time.

Using Three County CE Assessment Tool

- ☐ New CE Assessment Tool Training (already held)
- ☐ HMIS-CE User Trainings (ongoing)

Housing Problem Solving, Rapid Resolution Enrollment and Services

- ☐ Housing Problem-Solving Training hosted by TAC – February 17th 2022 3:00-4:30 via Zoom
- ☐ HUD Housing Problem Solving Overview
- ☐ Housing Problem Solving, Rapid Resolution and Diversion trainings on SSVF University and the National Alliance to End Homelessness.

Crisis Intervention Skills

- ☐ (To be developed)

Note: Ongoing training materials and expectations will be distributed and delivered to CE Partners on an ongoing basis.

## CE Assessment Tool Clarification and Guidance

The following core elements are integral to the CE process[4]

1) ***Providing Information and education*** about prevention and homeless assistance resources available through CE and other resources that may be helpful. This includes helping individuals and families understand the assessment and referral process and its purpose, limitations of available services, documentation requirements and important emergency or outreach contact information.
2) ***Offering Emotional support and reassurance*** to help individuals and families feel at-ease, safe, and understood. This includes helping them understand and prepare for any next steps to increase clarity and understanding.
3) ***Creating a Linkage to resources*** and actively supporting individuals and families who may be unsure, reluctant, or unable to quickly connect to resources on their own.

The following are some tips on best practices from the ***SSVF Homeless Prevention Screening Tool Companion Guide*** for pausing, engaging in self-reflection, and thinking through next steps in the screening process:

- **Be aware:** Unconscious bias and implicit racism have resulted in disparities within our systems and institutions. Consistently ask oneself: Would I be reacting (thinking, feeling) the same way no matter who the person is or what the situation is? How have current and historic inequities contributed to this person's situation, needs, and preferences?
- **Check Assumptions:** Do not assume the gender, sexuality, race, or other identities of the person.
- **Listen with empathy:** Before asking a person to disclose more or specific detail, ask oneself: Am I curious or concerned? Is knowing this information critical to the assessment process? Acknowledge that sharing personal information and details sometimes results in an emotional toll. Clarify details only to support the process or help determine where to refer someone for additional support.
- **Seek to Empower:** CE partners are responsible for ensuring personal choice and self-determination help drive the housing intervention. CE Partners must support the person in their goals, rather than goals imposed by the program.
- **Look for Creative Options:** Some people may have natural support systems or other options available that CE partners can assist with. Some of these options may be temporary in nature but allow the person and the CE Assessor or partner the time and space to establish a longer-term housing plan and options.

The section below details each section of the CE Assessment Tool and aims to give clarity to purpose and meaning of each section and question. The first column details the corresponding question or information requested on the tool and the second column provides relevant clarity for CE Assessors.

| **Section 1: Basic Information**<br><br>The purpose of this section is to gather information to create a client profile in HMIS and to gather information that may impact housing options and prioritization for housing resources. | |
|---|---|
| **Assessment Tool Questions** | **Clarification and Examples** |
| Assessment Date | *Date assessment is taken.* |
| Assessing Agency, Assessor Name, and Assessor Contact | The name of the person taking the assessment and the name of the agency/organization they represent. Contact should be an email, phone number, or preferably both |

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| Referred By (if different from assessor) | If applicable, the name of the person who referred the individual or family to the assessing agency. |
| Client Name or ID and Client Contact | Client Name or ID: If consenting, full name of person being assessed. If person is being referred from a Domestic Violence program and/or there are safety concerns, please do not put full name and instead put ID or marker that you are keeping track of. For example, a DV organization could code someone using agency initials and a number only known to the agency (e.g. SP#45 or EFC#76)<br><br>Client contact: A phone number or email if available |
| Date of birth | *The date of birth of the head of household: Month, day, year.* |
| Race | *You must select from one or more of the following options, which are available in HMIS:*<br><br>*American Indian, Alaska Native, or Indigenous*<br>*Asian or Asian American*<br>*Black, African American, or African*<br>*Native Hawaiian or Pacific Islander*<br>*White*<br>*Client doesn't know*<br>*Client refused*<br>*Data not collected* |
| Ethnicity | *You must select from one of the following options, which are available in HMIS:*<br><br>*Non-Hispanic/Non-Latin(a)(o)(x)*<br>*Hispanic/Latin(a)(o)(x)*<br>*Client doesn't know*<br>*Client refused* |
| Gender Identity | *You must select from one of the following options, which are available in HMIS:*<br><br>*Female*<br>*Male*<br>*A gender other than singularly female or male (e.g. non-binary, gender fluid, agender, culturally specific gender)*<br>*Transgender*<br>*Questioning*<br>*Client doesn't know*<br>*Client refused* |
| LGBTQ+ Identity | *This is a yes or no question. Please indicate if head of household identifies as LGBTQ+.* |

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| Household size | *Number of people in the household who will be moving into housing together. If there is a person that is part of the household or may be a part of the household in the future but not currently with the household (e.g. partial custody of child) have a conversation with the household to gather the number of people who should be considered when searching for a housing option* |
| Family with children | *This is a yes or no question. Please indicate if the household has children under the age of 21 present.* |
| Military Service Status | *This is a yes or no question. This question is asking whether or not any member of the household has served in the US military. It is recommended that you try to verify the discharge status to assess what kind of Veteran services might be available to someone. A Veteran is defined as "a person who served in the active military, naval, or air service, regardless of length of service, and who was discharged or released there from. Veteran excludes a person who received a dishonorable discharge from the Armed Forces or was discharged or dismissed from the Armed Forces by reason of the sentence of a general court-martial. The length of service restrictions under 38 U.S.C. 5303A do not apply." Regardless, if the answer to this question is yes, please refer to a Veteran service provider, see list on page 20, to assess further eligibility for services.* |
| Disabling condition | *This is a yes or no question. Please indicate if the head of household self-identifies as having a disabling condition or has a documented disabling condition. They do not need to have a documented disability or a disabling condition confirmed by a medical professional in order to answer yes- this can be self-identified.* |
| Chronic Homeless Status | *To the best of your ability, through guided questions and getting to know the person being assessed, determine whether or not the person has chronic or non-chronic homeless status.*<br><br>*A person is experiencing **chronic homelessness** if they have a qualifying disability AND are currently residing in emergency shelter, on the street or place not meant for human habitation, or safe Haven AND have been experiencing literal homelessness for 12 consecutive months or a total of 12 months over the last 3 years.* |

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| Interpretation required? If so, language | *Please indicate if a person requires interpretation for a language other than English during the assessment and if so, what language.*<br><br>*Languages available in HMIS: Albanian, American Sign Language, Amharic, Arabic, Armenian, Bengali, Bosnian, Bulgarian, Burmese, Chinese, Croatian, Czech, Dutch, English, Farsi, French, German, Giurati, Greek, Haitian Creole, Hebrew, Hindi, Hmong, Hungarian, Igbo, Ilocano, Indonesian, Italian, Japanese, Khmer, Koran, Laotian, Lithuanian, Malayalam, Marathi, Navajo, Nepali, Polish, Portuguese, Punjabi, Romanian, Russian, Serbian, Sinhala, Slovak, Somali, Spanish, Swahili, Swedish, Tagalog, Tamil, Telugu, Thai, Tigrinya, Turkish, Twi, Ukrainian, Urdu, Vietnamese, Yiddish, Yoruba* |
| Release of Information Coding | *Please indicate, according to the Release of Information (ROI), the level of participation in CE someone has consented to. The options are, please select one:*<br><br>*1 – Selecting "1" means the person has consented to full participation in HMIS and CE, meaning all information entered into HMIS can be discussed during Case Conferencing. This option should be selected if someone has agreed for their information to be entered into HMIS, even if that information is coded. This should be selected when someone consents to "Identified Coordinated Access to Housing" on the ROI. This selection means HIV/AIDS and Alcohol/Drug treatment status cannot be discussed and thus no assumptions are made as to whether or not someone has either status.*<br><br>*2 – Selecting "2" means the person has consented to full participation in HMIS and CE **AND** has also consented to having their HIV/AIDS status disclosed. (This means someone has consented to checking off the HIV/AIDS disclosure on the ROI)*<br><br>*3 – Selecting "3" means the person has consented to full participation in HMIS and CE **AND** has also consented to having their alcohol/drug treatment status disclosed. (This means someone has consented to checking off the Alcohol/Drug Treatment discloser on the ROI).*<br><br>*4 – Selecting "4" means the person does not want any information about them shared or discussed during case conferencing or with any CE partners. The facilitator of case conferencing will skip over this person, regardless of* |

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| | *if they are coded or not in HMIS, and they will not be discussed during case conferencing.* |

## Section 2: Current and Prior Living Situation

*The purpose of this section is to collect information on Current Living Situation and Prior Living Situation which are required Data Elements that must be entered into HMIS when a profile is created and when a CE Assessment is entered. The questions are not a part of the CE Assessment section in HMIS.*

| Assessment Tool Questions | Clarification and Examples |
|---|---|
| Current Living Situation | *Please indicate the current living situation from the following options:*<br>• *Place not meant for human habitation*<br>• *Emergency shelter, including hotel or motel paid for by an agency*<br>• *Safe Haven*<br>• *Foster care home or foster care group home*<br>• *Hospital or other residential non-psychiatric medical facility*<br>• *Jail, prison, or juvenile detention facility*<br>• *Long-term care facility or nursing home*<br>• *Psychiatric hospital or other psychiatric facility*<br>• *Substance abuse treatment facility or detox center*<br>• *Residential project or halfway house with no homeless criteria*<br>• *Hotel or motel paid for without assistance*<br>• *Transitional housing*<br>• *Host homes*<br>• *Staying or living in a friend's room, apartment, or house*<br>• *Staying or living in a family member's room, apartment, or house*<br>• *Rental by client, with GPD TIP housing subsidy*<br>• *Rental by client with VASH housing subsidy*<br>• *Permanent housing (other than RRH) for formerly homeless persons*<br>• *Rental by client with RRH or equivalent subsidy*<br>• *Rental by client with HCV voucher (tenant or project-based)*<br>• *Rental by client in a public housing unit*<br>• *Rental by client, no ongoing housing subsidy*<br>• *Rental by client with other ongoing subsidy*<br>• *Owned by client with ongoing housing subsidy* |

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| | • *Owned by client, no ongoing housing subsidy*<br>• *Other*<br>• *Worker unable to determine*<br>• *Client doesn't know*<br>• *Client refused*<br><br>**If you don't have HMIS account, please note to CoC staff if person is going to leave current situation within 14 days* |
| Current client location | This is an open field. Please describe current location of person. |
| Prior Living Situation- Type of Residence | *This question is asking for the living situation the night prior to the date the assessment was completed. Please indicate the prior living situation from the following options:*<br><br>• *Place not meant for human habitation*<br>• *Emergency shelter, including hotel or motel paid for by an agency*<br>• *Safe Haven*<br>• *Foster care home or foster care group home*<br>• *Hospital or other residential non-psychiatric medical facility*<br>• *Jail, prison, or juvenile detention facility*<br>• *Long-term care facility or nursing home*<br>• *Psychiatric hospital or other psychiatric facility*<br>• *Substance abuse treatment facility or detox center*<br>• *Residential project or halfway house with no homeless criteria*<br>• *Hotel or motel paid for without assistance*<br>• *Transitional housing*<br>• *Host homes*<br>• *Staying or living in a friend's room, apartment, or house*<br>• *Staying or living in a family member's room, apartment, or house*<br>• *Rental by client, with GPD TIP housing subsidy*<br>• *Rental by client with VASH housing subsidy*<br>• *Permanent housing (other than RRH) for formerly homeless persons*<br>• *Rental by client with RRH or equivalent subsidy*<br>• *Rental by client with HCV voucher (tenant or project-based)*<br>• *Rental by client in a public housing unit*<br>• *Rental by client, no ongoing housing subsidy* |

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| | • *Rental by client with other ongoing subsidy*<br>• *Owned by client with ongoing housing subsidy*<br>• *Owned by client, no ongoing housing subsidy*<br>• *Other*<br>• *Worker unable to determine*<br>• *Client doesn't know*<br>• *Client refused*<br><br>**If you do not have an HMIS account, please note that depending on the selection above, HMIS may prompt for more information. Please be prepared to communicate with CoC staff in a timely way if more information is required.* |
| Length of stay in prior living situation | Please select from the following options:<br><br>• One night or less<br>• Two to six nights<br>• One week or more but less than one month<br>• One more or more but less than 90 days<br>• 90 days or more but less than one year<br>• One year or longer<br>• Client doesn't know<br>• Client refused |
| Approximate date homelessness started | *Please record the approximate date this homeless situation began. You may look back to the date of the last time the person had a permanent housing or a safe and consistent place to sleep that was not on the street, emergency shelter, safe haven, or place not meant for human habitation and enter than date.* |
| Number of times homeless in the past three years | *Please record the number of times/episodes the person has experienced homelessness in the past three years, including the time of the assessment. If the person experienced periodic but not consistent homelessness, consider an episode the period of time during which the person experienced consistent literally homelessness between being housed.* |
| Approximate total number of months homeless in past three years | *Please record the total number of months the person has experienced homelessness in the past three years. This number is cumulative but not necessarily consecutive.* |

## Section 3: Triage Homeless Status

*The purpose of this section is to identify whether or not the assessor should complete the full CE assessment for the individual or family or if they should stop the assessment and make immediate referrals to Prevention or other resources. Individuals and families not eligible for current resources available through CE should not move through CE to the By Names List but instead should be directed at the front door of CE to resources to address the immediate housing needs.*

| Homeless Situations | Clarification and Examples |
|---|---|
| Situation 1: Currently experiencing homelessness by living on the street, shelter, in a place not mean for human habitation | *If the individual or family is experiencing literal homelessness, in other words, homelessness by living on the street (including encampments), in shelter, or in a place not meant for human habitation, proceed with the assessment.*<br><br>*The HUD definition of literal homelessness does not including being doubled-up or couch surfing. If the individual or family is occasionally doubled-up or couch surfing but primarily experiencing literal homelessness as described above, please proceed with the assessment.*<br><br>*Please note that some resources available through CE may prioritize people experiencing chronic homelessness or by considering length of time homeless. Referring an individual or family who is literally homeless but new to homelessness may mean that they are not necessarily prioritized for resources or case conferencing conversations- although this is not a blanket truth. In these circumstances, you should work with CE partners and the household to quickly identify supports and potential housing options so the household's homelessness is brief and non-reoccurring.* |
| Situation 2: Fleeing or attempting to flee domestic violence, sexual assault, stalking, human trafficking, or an unsafe living situation | *If the individual or family is fleeing or attempting to flee any of the situations described to the left, please proceed with the assessment.*<br><br>*Please note that CoC-funded PsH prioritizes chronic homelessness and can only serve people experiencing chronic or literal homelessness. If someone is fleeing any of the situations described to the left but not experiencing literal homelessness (street, shelter, place not meant for human habitation), they are not eligible for CoC-funded PSH. They are, however, eligible for CoC-funded TH and other connections through the CE system.* |

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| Situation 3: At imminent risk of literal homelessness within 30 days with no other housing option identified. | *If the individual or family is at imminent risk of literal homelessness (street, shelter, or place not meant for human habitation) within the next 30 days AND the head of household is between the ages of 18-24, please proceed with the assessment.*<br><br>*If the head of household is NOT between the ages of 18-24, stop and do not complete the assessment. Instead, make a referral to a Prevention resource, see a list on page 20. Notify the CoC CE staff of the referral by submitting the first two sections of the assessment tool.*<br><br>*Please note- the reason for not moving forward with the assessment for individuals and families 25 and older who are at-risk is because none of the CoC-funded resources are able to serve that population at this time. Should there be a resource made available through CE besides ESG Prevention, the CoC will notify CE partners and Assessors and this practice may change.* |
| Situation 4: Exiting institution after longer than 90 days or less than 90 days but was not homeless at entry, and did not spend night homeless last night. | If the individual is exiting an institution in the following scenarios, do not continue the assessment:<br><br>• Exiting after staying in the institution for longer than 90 days and did not spend the night homeless last night<br>• Exiting after staying in the institution for less than 90 days but were not homeless when entered the institution and did not spend the night homeless last night<br><br>To clarify, if the person is exiting an institution and did spend the night homeless last night (meets Situation 1), please continue. If the person is in an institution for less than 90 days and was experiencing homelessness when they entered the institution and do not have a housing plan for exit, please continue. |
| Situation 5: Is experiencing situation 1 and 2 AND has served in the military or armed forces. | *If an individual or family is experiencing situation 1 or 2 and has served in the military or armed forces, please proceed with the assessment and alert one of the CE's Veteran points of contact for expedited service review, see list on page 20.* |

## Section 4: Housing Location and Preference

*The purpose of this section is to identify all regions where an individual or family is willing to receive services and housing.*

| Housing Location Options | Clarification and Examples |
|---|---|
| • Franklin County – Greenfield area – includes Deerfield, Turners Falls, etc.<br>• Franklin County – Eastern part/Orange area<br>• Franklin County – Western part/ Charlemont area<br>• Hampshire – Amherst area -- includes Sunderland, Belchertown, etc.<br>• Hampshire – Northampton area -- includes Easthampton, Florence, etc.<br>• Hampshire – Hilltowns – includes Williamsburg<br>• Berkshire – Pittsfield area -- includes central Berkshire<br>• Berkshire – North County area -- includes North Adams, Adams, etc.<br>• Berkshire – South County area – includes Great Barrington etc.<br>• Other | *Please select all options where a person is willing to receive services and housing. While the CE system is designed with the goal of offering options within someone's housing preference, it is important to record all possible areas in order to maximize the housing options available. Individuals and families can decline offers of housing through CE without consequences. If a housing offer is made, the household can decline and remain on the By Names List.* |
| Please indicate if there is any place you do NOT want to live | *Please indicate if there is a place the individual or family does NOT want to live and CoC CE staff will ensure the household is not offered housing in that location.* |

## Section 5: Housing Problem Solving Notes

*Housing Problem-Solving approaches support the effective implementation of homeless prevention, diversion, and rapid exit strategies, which should be a part of every CE process and offered as potential housing pathways for all populations. The purpose of this section is to encourage utilizing this approach and gather information to help CE partners identify untapped resources and improve the chances of quick and permanent housing resolution.*

| Prompt | Clarification and Examples |
|---|---|
| Current housing situation and context for household's housing crisis | *Please include any relevant notes on the current housing situation and context for household's housing crisis. Please do not provide any information that the household does not wish to disclose to CE partners and please only provide information relevant to housing problem-solving.* |
| Barriers identified to maintaining or obtaining permanent housing in the near term | *Please include any relevant notes on barriers identified to maintain or obtaining permanent housing in the term. You may refer to barriers listed* |

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| | *in the Housing Match Considerations section if helpful. Please do not provide any information that the household does not wish to disclose to CE partners and please only provide information relevant to housing problem-solving.* |
| Opportunities or other resources that may help in linking the household to permanent housing option | *Please include any relevant notes on opportunities or other resources that may help in linking the household to permanent housing options. Please do not provide any information that the household does not wish to disclose to CE partners and please only provide information relevant to housing problem-solving.* |

## Section 6: Assessment of Housing Barriers and Vulnerability

*The purpose of this section is to identify housing barriers, including systemic barriers resulting from racism and other forms of oppression, and other vulnerabilities, which are weighted to produce a score used to prioritize households for housing resources.*

| Subsection | Clarification and Examples |
|---|---|
| **Current Living Situation**<br>What is the household's current living situation? | *Please select the option that best describes the current living situation. If the household is typically experiencing one situation but is currently experiencing other, choose the selection that best describes the overall current experience. For example, if the person is typically camping outside but stayed in shelter last night as a rare occurrence, you can select unsheltered.* |
| Please indicate if the household is actively fleeing or attempting to flee domestic violence, stalking, sexual assault, or human trafficking. | *This questions is yes or no.* |
| **History of Homelessness**<br>(For the purpose of this question, homelessness means living in the street, shelter, place not meant for human habitation, TH, or doubled up)<br>Please select the option that best describes the household's history of homelessness | *Please select one of the options listed.* |

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| Did the household become homeless again after receiving housing assistance dedicated for people experiencing homelessness in the past? | *Please answer the question based on your conversations with the individual or family. Understanding it may be hard to determine, there is an option for unsure.* |
| **Eviction History**<br><br>Has the household left their primary residence due to eviction or threat of eviction?<br><br>Have they received a Court Order for eviction? | *Please select one option. This includes people who left their primary residence because of perceived threat of eviction or letter from landlord, as well as evictions. Please specify if eviction was from market rate housing or from public housing authority administered housing, including Section 8.*<br><br>*Please select one option to indicate if the household received a Court Order for eviction. If unsure, you may search the Mass Trial Court Electronic Case Access here. If the response is yes, please indicate whether or not the household has had one Court Order for eviction or if they have had more than one. Or you can select No or Unsure.* |
| **Income**<br><br>Please select the option that describes the household's gross annual income per family size | *Please select one option that best describes the household's income per family size. The four options are based on average disability benefits per household size and average three county Area Median Income standards for Extremely Low-Income (30% AMI) and Very Low-Income (60% AMI)* |
| **History with Criminal Justice System**<br><br>Please indicate If the head of household has current or legal service needs or a CORI that inhibits access to housing:<br><br>Please indicate if the head of household has one or more of the following:<br>• Registered sex offender<br>• Criminal record for arson, drug dealing or manufacture, or offense against persons or property<br>• Incarcerated as an adult<br>• Discharged from jail or prison within last six months after incarceration for 90 days or more | *Please select yes or no. Current legal services needs include but are not limited to: open cases, CORI sealing needs, CORI, or any other legal issue inhibiting housing access*<br><br>*Please select all that apply… please note you can select points here even if the answer to the previous question was "no".*<br><br>*Check box if any household member is a registered sex offender* |

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|---|---|
| • Juvenile Justice Involvement within past 7 years | |
| **Household Composition**<br><br>Please select all options that describe the household's current composition:<br><br>• Currently pregnant (any household member)<br>• Single parent household with minor children<br>• Household includes child who requires significant care | *Please select all that apply* |
| **Health**<br><br>Has the head of household been hospitalized in the past year?<br><br>If yes, how many times has the head of household been hospitalized or to the emergency room during the last 12 months?<br><br>• One time<br>• Two times<br>• Three or more times<br><br>Please indicate if the head of household has any of the following:<br><br>• Disabling condition that significantly limits ability to maintain safety in homeless situation<br>• Health conditions that contribute to need for specialized housing types or supports<br>• Homeless situation not conducive to medication management needs | *The Health section includes all aspects of health, including mental health and substance use.*<br><br>*Please select yes or no.*<br><br>*Please select the number that best fits the head of household's experience. Select one option.*<br><br>*Please select all that apply.*<br><br>*The information used to answer this section can be self-reported by person and/or observed by assessor. It is important to center people's own experience and so self-reporting any one of these experiences takes precedence over the assessors' perspective. For example, if a person feels their homeless situation is not conducive to medication management needs but the assessor has a different perspective, it is important to value the person's own experience.* |
| **Mental Health**<br><br>Please indicate if the head of household has:<br><br>• History of mental health that has led to adverse housing impacts or instability<br>• Current mental health that has been a barrier to housing | *Please select all that apply. The information used to answer this section can be self-reported and/or observed or known by assessor.* |
| **Substance Use**<br><br>Please indicate if the head of household has: | |

| | |
|---|---|
| • History of substance use that has led to adverse housing impacts or instability<br>• Current substance use that has been a barrier to housing | *Please select all that apply. The information used to answer this section can be self-reported and/or observed or known by assessor.* |
| **Safety**<br><br>Please indicate if any member of the household:<br><br>• Is at risk of trafficking, exploitation, or violence<br><br>• Has experienced physical violence in homelessness within last 90 days | *Please select all that apply. The information used to answer this section can be self-reported and/or observed or known by assessor.*<br><br>*Violence can mean any form of violence and can be actual or perceived.* |
| **Resources and Supports**<br><br>Please indicate if the head of household:<br><br>• Lacks family, social, or other community networks that may support housing needs<br>• Has never had lease in their name | *Please select all that apply. The information used to answer this section can be self-reported and/or observed or known by assessor.* |
| **Overrepresented Populations**<br><br>*Households that include one or more members who are part of an overrepresented population in the homeless system when compared to the general population will receive up to 8 additional points based on information provided in the Basic Information section of this tool.* | *Assessors are not responsible for tallying these points, as they will be automatically calculated by information pulled from Basic Information. This information may be pulled from responses to Race, Ethnicity, Gender Identity, LGBTQ+ identity, and other factors. The CoC will reassess data on an annual basis to update overrepresented populations.* |

## Section 7: Housing Match Considerations

*The purpose of this section is to identify considerations, including barriers and preferences that should be taken into consideration when making a housing match. This list is not exhaustive of all considerations the CoC and CE partners should take in making and accepting referrals.*

| Considerations | Clarification and Examples |
|---|---|
| Please see Assessment Tool for complete list | *Please select all that apply.* |

## Section 8: Additional Notes and Information to Assist in Service Planning

*The purpose of this section is gather any additional information useful to assist in service planning.*

| Prompt | Clarification and Examples |
|---|---|
| Other extenuating or important considerations from your problem-solving conversations. | *Please include any relevant or important notes not already addressed in the Housing Problem-Solving section.* |

## Appendix A List of Military Service and Veteran Service Providers

The following is a list of military service and veteran service providers in the Three County region. For a direct and efficient referral, please reach out to the point of contact (CE Partner) at each agency instead of the main line numbers listed below. For current point of contact, contact the CoC.

- Central Hampshire Veteran' Services: Amherst office 413-259-3028; Northampton office 413-587-1299
- Soldier On: Leeds site 413-582-3059; Pittsfield site 413-236-5644
- VA Medical Center: 421 North Main Street, Leeds, MA 01053 413-584-4040

## Appendix B List of Prevention Resources

For individuals and families at imminent risk of homelessness, please connect them with one of the following prevention resources. Please contact the CoC for current point of contacts.

**ESG Prevention:**

- Community Action Pioneer Valley (Franklin and Hampshire County)
  - Franklin County call 413-475-1570
  - Hampshire County call 413-582-4237
  - Ware/Belchertown area call 413-967-4920
  - Orange, Athol, N.Quabbin Region call 978-544-8091
- Berkshire County Housing Authority (Berkshire County) call 413-443-7138

**Residential Assistance for Families in Transition (RAFT) Prevention:**

Click here to help someone apply via the online Central Application or contact one of the three county Regional Administering Agencies (RAAs):

- Franklin County – Franklin County Regional Housing and Redevelopment Authority: 241 Millers Falls Road Turners Falls, MA 01376, call 413-863-9781
- Berkshire County – Berkshire Housing Development Corporation: 1 Fenn St. 3rd floor, Pittsfield, MA 01201
- Hampshire County – Way Finders: 1780 Main Street Springfield, MA 01103

## Appendix C List of CE Assessor Organizations/Agencies

| | |
|---|---|
| A Positive Place – Cooley Dickinson Hospital | Elizabeth Freeman Center |
| Berkshire County Regional Housing Authority | Gándara Center |
| The Brien Center | Greenfield Family Inn |
| Community Action Pioneer Valley | Health Services for the Homeless – Western Mass |
| Central Hampshire Veterans' Services | Louison House |
| Center for Human Development (CHD) | Mental Health Associates (MHA) |
| Construct, Inc. | NELCWIT |
| Craigs Doors | Safe Passage |
| Clinical & Support Options, Inc. (CSO) | ServiceNet, Inc. |
| DIAL/SELF Youth and Community Services | Soldier On |
| Eliot Community Human Services | VA – Leeds |

## Appendix D Key Terms and Glossary

- **Prioritization:** The use of data and other factors to prioritize individuals and families for housing and other resources based on urgency, vulnerability, equity, resource availability, and capacity.

- **Housing Problem Solving:** Strategies and services that assist households to use their strengths, support networks, and community resources to find safe, decent and appropriate housing as soon as possible outside of the homeless crisis response system, even if temporarily. These strategies should be used with everyone interacting with the homelessness services system, often more than once and as conditions change. Housing Problem Solving is a core set of strategies and features that should be employed throughout the homeless crisis response system.

- **Diversion:** Diversion strategies and practices seek to assist people to resolve their immediate housing crisis by accessing a safe and appropriate housing alternative versus entering emergency shelter or otherwise staying in a place not meant for human habitation that night. This typically occurs at the point people request emergency services, such as entry into emergency shelter, or could take place in a day center or through outreach before a person spends a night unsheltered. A household is "diverted" if they present for emergency housing assistance and are instead supported and able to identify a safe and appropriate alternative to literal homelessness.

- **Rapid Exit:** Rapid exit strategies are appropriate after a household has entered emergency shelter or stayed in an unsheltered setting and serves to help them move as quickly as possible back into safe, appropriate temporary or permanent housing with the support of services and a minimal level of financial assistance. A household is "rapidly exited" if they have entered literal homelessness are supported in quickly accessing other safe alternatives, even if temporary, to remaining in emergency shelter or a place not meant for human habitation.

- **Homelessness Prevention:** Homelessness prevention strategies represent a wide array of efforts to prevent housing crises from occurring and to prevent people who face such crises from experiencing homelessness. Targeted homelessness prevention (i.e., SSVF) is a type of secondary prevention that offers more focused assistance for households who face imminent housing loss and literal homelessness.

- **Equity:** Equity is achieved when a person's race, ethnicity, sexual orientation, gender or gender preference, religion or geography is no longer a predictor of outcomes. SSVF Grantees are required to review program and community data to ensure equitable access to and delivery of services and to employ strategies that promote equitable practices, protocol, and decision-making authority.

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[1] Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

[2] Substance Abuse and Mental Health Services Administration. Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57. HHS Publication No. (SMA) 13-4801. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
[3] Adapted in part from SAMHSA's CCP Trainer's Guide: Core Content Training. Crisis Counseling Assistance and Training Program, 2013. https://www.samhsa.gov/sites/default/files/core-content-trainers-guide.pdf

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# Three County CoC Coordinated Entry Assessor Signature Page

All Three County CoC Coordinated Entry Assessors are required to read this Companion Guide and sign this page prior to the start of using the Three County CoC Coordinated Entry Assessment Tool.

By signing this page, you are confirming you have read the Companion Guide, attended the required trainings, and committee to the responsibilities and expectations of Three County CE Assessors.

_____ _____

(Print Name) (Job Title, Agency)

_____ _____

(Signature) (Date signed)