

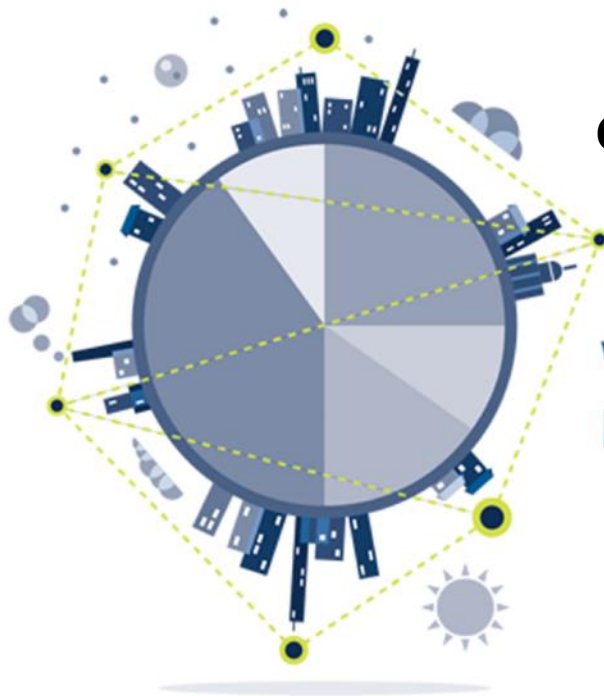
Putting the “Coordinated” in Coordinated Entry: One Queue to Rule Them All

Gillian Morshedi, HomeBase

Matt Olsson, HomeBase

Catherine Huang Hara, Clark County Social Service

Tauri Royce, BitFocus



What's Next:
In Data, Leadership, and Community

Putting the "Coordinated" in Coordinated Entry: One Queue to Rule Them All
Southern Nevada

Who We Are



Gillian Morshedi
HomeBase



Matt Olsson
HomeBase



**Catherine Huang
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Clark County Social
Service



Tauri Royce
BitFocus, Inc.

Putting the "Coordinated" in Coordinated Entry: One Queue to Rule Them All
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Background



HomeBase has been working with the Las Vegas/Clark County (Southern Nevada) Continuum of Care for over a decade



Southern Nevada first implemented coordinated entry for single adults, and has recently undertaken the design and implementation of families, youth, and survivors of domestic violence



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Summary



Pre-Screen

Identify immediate
safety needs and
recommend an
assessment type



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Summary



Pre-Screen

Assess

Measure objective
client vulnerability



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Summary



Pre-Screen



Assess



Calculate
Determine
comparative
vulnerability

*** KEY STEP ***
(More Later)





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Summary



Pre-Screen



Assess



Calculate



Prioritize
Place all clients in
single community
housing queue





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Summary



Pre-Screen



Assess



Calculate



Prioritize



House

Match client(s) on
queue to vacancies,
refer and place into
housing

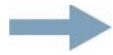


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Summary



Pre-Screen



Assess



Calculate



Prioritize

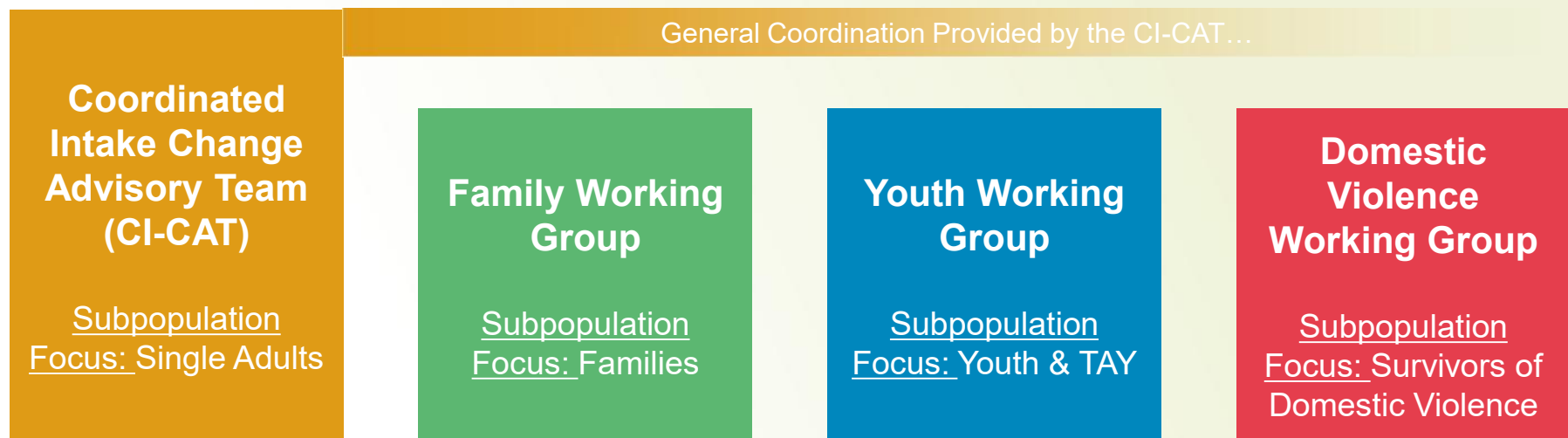


House



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Coordinated Intake Planning Structure



- The **CI-CAT** oversees the development of coordinated entry in the community, with a particular focus on the process for single adults and the associated assessment tool
- **Subpopulation-specific working groups** focus on developing processes to serve their respective subpopulations, including designing coordinated entry processes and selecting assessment tools



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Needs to Address

1

Incorporate Multiple Assessment Types

Southern Nevada's coordinated entry system utilizes several different assessment tools (one per subpopulation), including:

2

- **Single Adults (Households without Children):** Community Housing Assessment Tool ("CHAT"), a locally-developed assessment tool
- **Families (Households with Children):** Family Community Housing Assessment Tool ("F-CHAT"), a locally-developed assessment tool
- **Youth and Transition-Aged Youth (Unaccompanied Youth):** TAY VI-SPDAT

3

- **Survivors of Domestic Violence:** DV Housing Assessment

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Needs to Address

1

Incorporate Multiple Assessment Types

2

Ensure Universal Access

All individuals and families experiencing homelessness should have access to all homeless resources for which they are eligible, regardless of the assessment type received or the manner, location, or time in which they first come into contact with the coordinated entry system

3



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Needs to Address

1

Incorporate Multiple Assessment Types

2

Ensure Universal Access

3

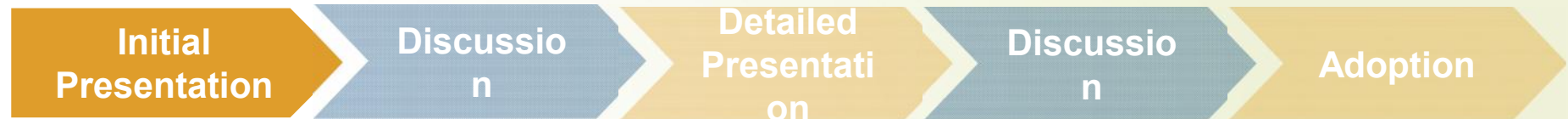
Operate One Community Housing Queue

To facilitate universal access and work within existing HMIS capabilities, all persons assessed through the coordinated entry system should be placed on a single community housing queue

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Timeline of Approach Development

Implementation of the "percentile" approach to community queue management took place in a number of stages throughout the summer and fall of 2017:



May 2017

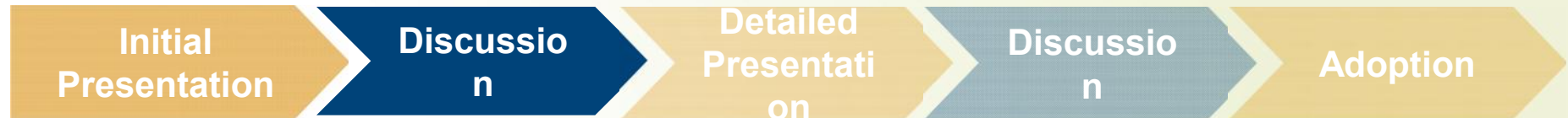
- HomeBase met with key local Coordinated Intake and HMIS stakeholders to learn about the challenges integrating subpopulations into the existing prioritization, matching, and referral process and presented several options
- Given technical requirements, the "percentile" approach was identified as best-suited to the community and HomeBase presented an overview of the idea to an all-population coordinated intake meeting



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Timeline of Approach Development

Implementation of the "percentile" approach to community queue management took place in a number of stages throughout the summer and fall of 2017:



May – June 2017

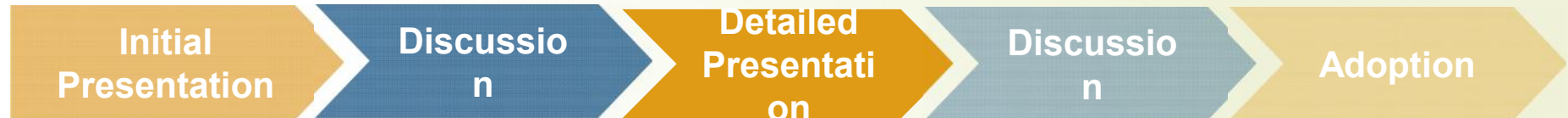
- Local communication and discussion to identify outstanding questions and concerns regarding the approach to prioritization, matching, and referral



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Timeline of Approach Development

Implementation of the "percentile" approach to community queue management took place in a number of stages throughout the summer and fall of 2017:



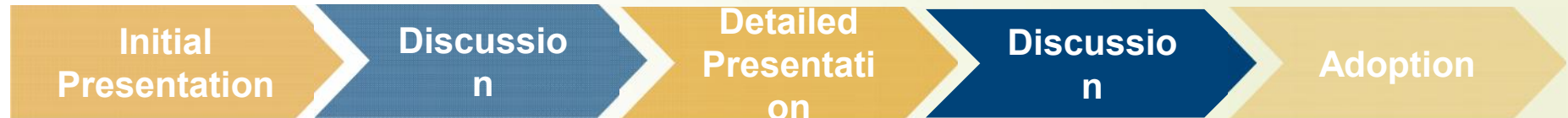
June 2017

- HomeBase delivered a detailed presentation of the more fleshed-out concept to key stakeholders from each of the subpopulation working groups (both together and separately)
- The pre-screening tool (that was already in development) was identified as a tool to supplement the approach and identify the appropriate assessment to administer to a particular client

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Timeline of Approach Development

Implementation of the "percentile" approach to community queue management took place in a number of stages throughout the summer and fall of 2017:



June – August 2017

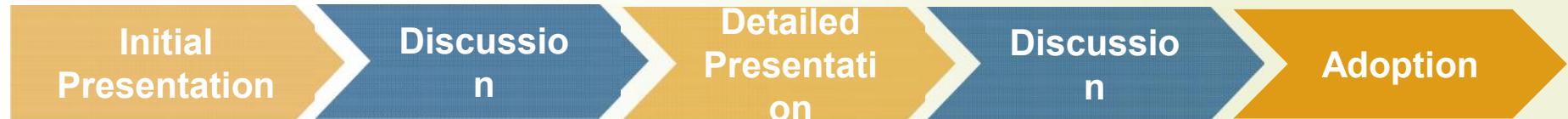
- Local communication and discussion to identify outstanding questions and concerns regarding the approach to prioritization, matching, and referral, as well as to review draft materials



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Timeline of Approach Development

Implementation of the "percentile" approach to community queue management took place in a number of stages throughout the summer and fall of 2017:



August 2017

- The approach was officially adopted by the community

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Step 1: Administer Pre-Screening to Each Household Experiencing Homelessness

All individuals and families that come into contact with the homeless response system are administered a locally-developed pre-screening tool, known as the Short Assessment Triage Tool ("SATT"), that collects basic information regarding the client. The SATT is designed to:

- **Approximate Eligibility:** Is the client likely to meet the HUD definition of homelessness?
- **Identify Immediate Safety Needs:** Does the client have immediate safety needs that require immediate medical or police attention or are they in the midst of a domestic violence crisis?
- **Determine the Appropriate Assessment:** Based on the information collected, which assessment is appropriate for their circumstances?



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The SATT: Information Collected

Basic Information:

- What is your date of birth?
- Are you a veteran?
- What is your household composition?
- Where did you sleep last night?
- Do you have a place to sleep tonight?
 - If yes: Where? Can you stay there for the next two weeks? If no: Why not?
- What is the best way for us to safely contact you?

Safety Needs:

- If the client doesn't have a place to sleep tonight: Would you like us to try to help you access emergency shelter?
- Do you require immediate medical attention? Would you like us to help you go to the hospital?
- Do you require immediate police assistance? Would you like us to contact the police for you now?
- Are you experiencing a domestic violence crisis? Do you need a safe place to stay to escape that crisis?

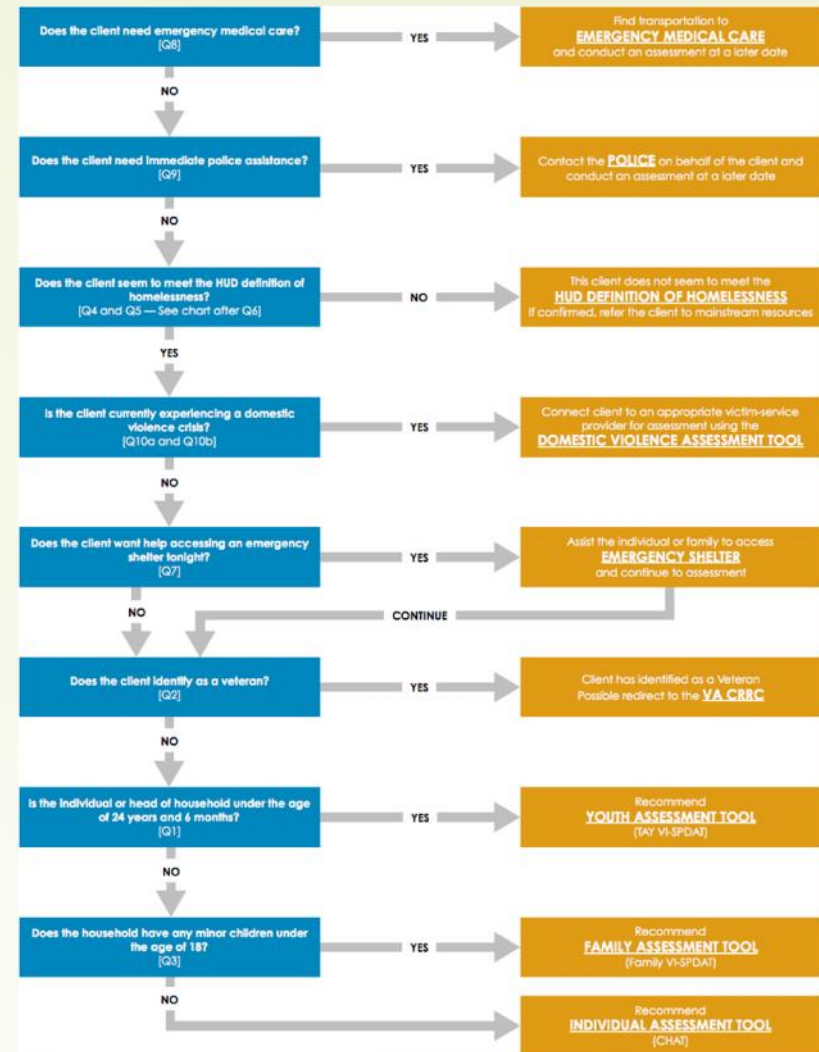
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The SATT: Next Steps

The SATT includes a decision tree to identify the appropriate next steps, including whether:

- The administrator should find transportation to emergency medical care or contact the police on the client's behalf
- The client does not seem likely to meet the HUD definition of homelessness and should therefore be referred to mainstream resources if confirmed
- The client should be referred to specialized services (e.g., the VA or a victim service provider)

Most importantly for coordinated entry, the SATT recommends the **appropriate assessment** that should be administered to the client



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Step 2: Administer the Appropriate Assessment

Each individual or head of household experiencing homelessness is administered one assessment

- **Addressing Safety Needs:** If the client has immediate safety needs (e.g., those requiring emergency medical or law enforcement services) or has specialized services available to them (e.g., VA or DV), they are provided assistance to access appropriate services prior to assessment
- **Administration of Assessment:** Clients may receive the appropriate assessment from street outreach, Clark County Social Service Coordinated Intake Hubs, or appropriate subpopulation-specific providers (depending on the client's choice)



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Determining the Appropriate Assessment

Because all clients end up on a single community housing queue, we're able to create clear guidelines for determining the appropriate assessment for a particular client:

Recommend this assessment...	For these persons...
CHAT	Individuals over 24 years and 6 months old
F-CHAT	Families with a head of household over 24 years and 6 months
TAY VI-SPDAT	Individuals under 24 years and 6 months, or families with a head of household under 24 years and 6 months
DV Housing Assessment	Individuals and families experiencing a current domestic violence crisis

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Step 3: Calculate Percentile Scores

HMIS automatically calculates a percentile score for each person who received each assessment type, reflecting:

- **Comparative Vulnerability:** The percentile score maintains comparative vulnerability with all others who have received the same assessment, as well as introducing a comparison across assessment types
- **Dynamic Scoring:** Since data is available in real-time, the percentile score will fluctuate as the pool of people who have received the assessment and await placement changes



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Calculating the Percentile Score

Though the percentile scores are calculated automatically in HMIS, it works like this:

Step 1: Conduct Assessments

Single A	19		Family A	8		Youth A	15		DV A	9	
Single B	25		Family B	13		Youth B	6				
Single C	8					Youth C	12				
Single D	13					Youth D	2				
Single E	3										
Single F	31										

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Calculating the Percentile Score

Though the percentile scores are calculated automatically in HMIS, it works like this:

Step 2: Sort Each Subpopulation by Raw Assessment Score (or Other Factors)

Single F	31		Family B	13		Youth A	15		DVA	9	
Single B	25		Family A	8		Youth C	12				
Single A	19					Youth B	6				
Single D	13					Youth D	2				
Single C	8										
Single E	3										

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Calculating the Percentile Score

Though the percentile scores are calculated automatically in HMIS, it works like this:

Step 3: Calculate Percentile Scores Based on Priority Order Within Each Subpopulation

Single F	31	100.00%	Family B	13	100.00%	Youth A	15	100.00%	DV A	9	100.00%
Single B	25	80.00%	Family A	8	0.00%	Youth C	12	66.67%			
Single A	19	60.00%				Youth B	6	33.33%			
Single D	13	40.00%				Youth D	2	0.00%			
Single C	8	20.00%									
Single E	3	0.00%									

Note that:

- The highest scoring client on each assessment will always have a percentile score of 100.00%
- The lowest scoring client on each assessment will have a percentile score of 0.00%, assuming more than one client has received the assessment and remains on the housing queue

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Dynamic Scoring

When an additional client is assessed and prioritized within their subpopulation or placed into housing and removed from the queue, the percentile scores will change:

If Single G Added to Housing Queue...

Before			After		
Single F	31	100.00%	Single F	31	100.00%
Single B	25	80.00%	Single G	29	83.33%
Single A	19	60.00%	Single B	25	66.67%
Single D	13	40.00%	Single A	19	50.00%
Single C	8	20.00%	Single D	13	33.33%
Single E	3	0.00%	Single C	8	16.67%
			Single E	3	0.00%

If Youth A Removed from Housing Queue...

Before			After		
Youth A	15	100.00%	Youth C	12	100.00%
Youth C	12	66.67%	Youth B	6	50.00%
Youth B	6	33.33%	Youth D	2	0.00%
Youth D	2	0.00%			

Note that:

- Percentile scores can be based on the overall pool of people that have ever received the assessment (in that case, scores would only change when new people are assessed, not when placements are made)

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Step 4: Create a Single Community Housing Queue Sorted by Percentile Scores

Once percentile scores are calculated for each subpopulation/assessment type, all assessed individuals and families experiencing homelessness are placed on a single community housing queue sorted by percentile score

- **Incorporating Other Factors into Prioritization:** Other factors – beyond assessment score – can be incorporated, since percentile scores are based on the priority order within the subpopulation that received a particular assessment, not directly tied to the raw assessment scores



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Creating the Single Community Housing

Queue

Though the percentile scores are calculated and merged into a single community housing queue automatically in HMIS, it works like this:

Step 1: Start with Percentile Scores Within Each Subpopulation

Single F	31	100.00%	Family B	13	100.00%	Youth A	15	100.00%	DVA	9	100.00%
Single B	25	80.00%	Family A	8	0.00%	Youth C	12	66.67%			
Single A	19	60.00%				Youth B	6	33.33%			
Single D	13	40.00%				Youth D	2	0.00%			
Single C	8	20.00%									
Single E	3	0.00%									



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Creating the Single Community Housing

Queue

Though the percentile scores are calculated and merged into a single community housing queue automatically in HMIS, it works like this:

Step 2: Merge All Persons in Order of Percentile Score

Single F	31	100.00%
Family B	13	100.00%
Youth A	15	100.00%
DV A	9	100.00%
Single B	25	80.00%
Youth C	12	66.67%
Single A	19	60.00%
Single D	13	40.00%
Youth B	6	33.33%
Single C	8	20.00%
Single E	3	0.00%
Family A	8	0.00%
Youth D	2	0.00%



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Step 5: Make Referrals from Single Community Housing Queue

When there is a vacancy, a match is made and the highest-placed individual or family from the percentile-ranked single community housing queue that is eligible for the program with the vacancy is offered the referral:

- **Eligibility:** The matcher must have access to both the program's eligibility requirements and the necessary client information necessary to determine eligibility
- **Tiebreakers:** Ties will be less common that you might think, as the percentile scores depend on the number of people in the queue that have received a particular assessment. Where ties exist, they can be broken on the basis of simple criteria such as age, subpopulation, etc.
- **Client Choice:** Clients should be offered the opportunity to decline the referral, if so



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Referral Process

Single F	31	100.00%
Family B	13	100.00%
Youth A	15	100.00%
DV A	9	100.00%
Single B	25	80.00%
Youth C	12	66.67%
Single A	19	60.00%
Single D	13	40.00%
Youth B	6	33.33%
Single C	8	20.00%
Single E	3	0.00%
Family A	8	0.00%
Youth D	2	0.00%

- Each vacancy is reported to the appropriate matcher (either one central matcher or several subpopulation-specific matchers, since all referrals are made from the same real-time housing queue)
- The matcher starts at the top of the single community housing queue and makes a referral for the first client eligible for the program with the vacancy, regardless of the type of assessment that the client received



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Sample Referral #1

Single F	31	100.00%
Family B	13	100.00%
Youth A	15	100.00%
DV A	9	100.00%
Single B	25	80.00%
Youth C	12	66.67%
Single A	19	60.00%
Single D	13	40.00%
Youth B	6	33.33%
Single C	8	20.00%
Single E	3	0.00%
Family A	8	0.00%
Youth D	2	0.00%

Hypothetical:

A youth-specific transitional housing program has one bed vacancy. For the sake of this example, assume that:

- Single F is 35 years old
- Family B has 4 household members



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Sample Referral #1

Single F	31	100.00%
Family B	13	100.00%
Youth A	15	100.00%
DV A	9	100.00%
Single B	25	80.00%
Youth C	12	66.67%
Single A	19	60.00%
Single D	13	40.00%
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Single C	8	20.00%
Single E	3	0.00%
Family A	8	0.00%
Youth D	2	0.00%

Hypothetical:

A youth-specific transitional housing program has one bed vacancy. For the sake of this example, assume that:

- Single F is 35 years old
- Family B has 4 household members

Action(s):

- The matcher starts at the top of the single community housing queue looking for the first eligible client



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Sample Referral #1

Single F	31	100.00%
Family B	13	100.00%
Youth A	15	100.00%
DV A	9	100.00%
Single B	25	80.00%
Youth C	12	66.67%
Single A	19	60.00%
Single D	13	40.00%
Youth B	6	33.33%
Single C	8	20.00%
Single E	3	0.00%
Family A	8	0.00%
Youth D	2	0.00%

Hypothetical:

A youth-specific transitional housing program has one bed vacancy. For the sake of this example, assume that:

- Single F is 35 years old
- Family B has 4 household members

Action(s):

- The matcher starts at the top of the single community housing queue looking for the first eligible client
- The matcher notes that neither Single F (age) nor Family B (household size) are eligible for the vacancy

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Sample Referral #1

Single F	31	100.00%
Family B	13	100.00%
Youth A	15	100.00%
DV A	9	100.00%
Single B	25	80.00%
Youth C	12	66.67%
Single A	19	60.00%
Single D	13	40.00%
Youth B	6	33.33%
Single C	8	20.00%
Single E	3	0.00%
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Youth D	2	0.00%

Hypothetical:

A youth-specific transitional housing program has one bed vacancy. For the sake of this example, assume that:

- Single F is 35 years old
- Family B has 4 household members

Action(s):

- The matcher starts at the top of the single community housing queue looking for the first eligible client
- The matcher notes that neither Single F (age) nor Family B (household size) are eligible for the vacancy
- Youth A is eligible, so that person is offered the referral



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Sample Referral #2

Single F	31	100.00%
Family B	13	100.00%
Youth A	15	100.00%
DV A	9	100.00%
Single B	25	80.00%
Youth C	12	66.67%
Single A	19	60.00%
Single D	13	40.00%
Youth B	6	33.33%
Single C	8	20.00%
Single E	3	0.00%
Family A	8	0.00%
Youth D	2	0.00%

Hypothetical:

A PSH provider for chronically homeless individuals has two vacancies. For the sake of this example, assume that:

- Single F is chronically homeless
- Family B has 4 household members
- Youth A is 23 years old and chronically homeless



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Sample Referral #2

Single F	31	100.00%
Family B	13	100.00%
Youth A	15	100.00%
DV A	9	100.00%
Single B	25	80.00%
Youth C	12	66.67%
Single A	19	60.00%
Single D	13	40.00%
Youth B	6	33.33%
Single C	8	20.00%
Single E	3	0.00%
Family A	8	0.00%
Youth D	2	0.00%

Hypothetical:

A PSH provider for chronically homeless individuals has two vacancies. For the sake of this example, assume that:

- Single F is chronically homeless
- Family B has 4 household members
- Youth A is 23 years old and chronically homeless

Action(s):

- The matcher starts at the top of the single community housing queue looking for the first two eligible clients

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Sample Referral #2

Single F	31	100.00%
Family B	13	100.00%
Youth A	15	100.00%
DV A	9	100.00%
Single B	25	80.00%
Youth C	12	66.67%
Single A	19	60.00%
Single D	13	40.00%
Youth B	6	33.33%
Single C	8	20.00%
Single E	3	0.00%
Family A	8	0.00%
Youth D	2	0.00%

Hypothetical:

A PSH provider for chronically homeless individuals has two vacancies. For the sake of this example, assume that:

- Single F is chronically homeless
- Family B has 4 household members
- Youth A is 23 years old and chronically homeless

Action(s):

- The matcher starts at the top of the single community housing queue looking for the first two eligible clients
- Single F is eligible and is offered a referral for one of the vacancies

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Sample Referral #2

Single F	31	100.00%
Family B	13	100.00%
Youth A	15	100.00%
DV A	9	100.00%
Single B	25	80.00%
Youth C	12	66.67%
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Youth D	2	0.00%

Hypothetical:

A PSH provider for chronically homeless individuals has two vacancies. For the sake of this example, assume that:

- Single F is chronically homeless
- Family B has 4 household members
- Youth A is 23 years old and chronically homeless

Action(s):

- The matcher starts at the top of the single community housing queue looking for the first two eligible clients
- Single F is eligible and is offered a referral for one of the vacancies
- The matcher notes that Family B (household size) is not eligible for the remaining vacancy

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Sample Referral #2

Single F	31	100.00%
Family B	13	100.00%
Youth A	15	100.00%
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Youth B	6	33.33%
Single C	8	20.00%
Single E	3	0.00%
Family A	8	0.00%
Youth D	2	0.00%

Hypothetical:

A PSH provider for chronically homeless individuals has two vacancies. For the sake of this example, assume that:

- Single F is chronically homeless
- Family B has 4 household members
- Youth A is 23 years old and chronically homeless

Action(s):

- The matcher starts at the top of the single community housing queue looking for the first two eligible clients
- Single F is eligible and is offered a referral for one of the vacancies
- The matcher notes that Family B (household size) is not eligible for the remaining vacancy
- Youth A is eligible and is offered a referral for the remaining vacancy



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Advantages of the Approach

1

Access to Housing and Services

All persons experiencing homelessness are able to access all housing and services for which they are eligible, regardless of the assessment type received, since all placements are made from a single queue incorporating multiple assessment types

2

3

4

5



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Advantages of the Approach

1

Access to Housing and Services

2

Ease of Administration

This approach simplifies the assessment process for both program staff and participant:

3

- **One Assessment:** Each individual or family is only required to receive one assessment, even if they could potentially fall into two or more categories

4

- **Objective Criteria:** The importance of the assessment type received is reduced, meaning the CoC can create easily-understood guidelines regarding the provision of each assessment without jeopardizing access to housing/services

5

- **Client Choice:** Client choice is maximized, since clients are make a concrete choice between program types once a referral is made (compared to choosing an abstract coordinated entry process)



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Advantages of the Approach

1

Access to Housing and Services

2

Ease of Administration

3

Prioritization by Vulnerability

All people experiencing homelessness are prioritized on the basis of vulnerability:

4

- **All Subpopulations:** Ordering the single housing queue by percentile score means the top of the housing queue will include the most vulnerable clients from a mix of all subpopulations

5

- **Dynamic Scoring:** As the number of people assessed increases, the percentile score changes to reflect comparative vulnerability

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Advantages of the Approach

1 Access to Housing and Services

2 Ease of Administration

3 Prioritization by Vulnerability

4 **Flexibility for Subpopulations**

The community can create and/or implement different assessment tools or prioritization schemes for each subpopulation without jeopardizing access to housing or services

5



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Advantages of the Approach

1

Access to Housing and Services

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Ease of Administration

3

Prioritization by Vulnerability

4

Flexibility for Subpopulations

5

Effective Decentralization

The structure allows the community to implement a decentralized placement process



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Questions?

Before our community panelists talk more about Southern Nevada's experience deciding on and implementing this approach, are there any questions related to the general concept?

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HMIS Perspective



Problems Solved

- Multiple assessments with varied score range ✓
- Fluid beds/units ✓
- Single "community" queue ✓



Community Concerns

- How to automate the process within HMIS?
- How to determine tiebreaker protocol?
- How to include DV clients in the process?



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✓ **Automate the Process in HMIS**

Matcher report with percentiles:

Assessment Name	Assessment Score	Percentile	Unique ID	Last Name	First Name
SN CHAT Assessment	31.0	100%	D900D919B	Jones	James
SN DV Assessment	9.0	100%	3BE009A2A	Doe	Jane
SN F-CHAT Assessment	13.0	100%	E113450B6	Smith	John
SN YOUTH Assessment	15.0	100%	14BAAAA09	Parker	Peter
SN CHAT Assessment	25.0	80%	D640F40DE	Mouse	Mickey
SN YOUTH Assessment	12.0	67%	4567JJ99	Dent	Harvey
SN CHAT Assessment	19.0	60%	061403X56	Duck	Donald
SN CHAT Assessment	13.0	40%	12345C693	Armstrong	Billy
SN YOUTH Assessment	6.0	33%	123498IL6	Banner	Bruce
SN CHAT Assessment	8.0	20%	543UJH99	Freeman	Freddy
SN CHAT Assessment	3.0	0%	6578KL90	Rogers	Steven
SN F-CHAT Assessment	8.0	0%	3421WQ33	Allen	Barry
SN YOUTH Assessment	2.0	0%	45TF4455	Kyle	Selina



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 **Tiebreaker Protocol**

Subpopulation matchmaker case conferencing that brings the human element to the table and considers:

- Percentile
- Eligibility
- Length of time homeless
- Number of days on the queue
- Unique situations of the individuals/families
- Client choice



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Inclusion of Domestic Violence System

Challenge:

- Not in HMIS
- Anonymity even in comparable database
- Housing readiness/safety concerns

DV clients assessed for housing within the comparable database that have been identified as "housing ready" can now be incorporated manually to the community queue (outside of HMIS) and ranked according to percentile. Identifying factors can remain anonymous for client safety.

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Community Perspective (Catherine Huang Hara)



June – August 2017

- Local communication and discussion to identify outstanding questions and concerns regarding the approach to prioritization, matching, and referral, as well as to review draft materials

August 2017

- The approach was officially adopted by the community

August 2017 – Present

- Moving towards implementation...



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Questions?

We have some time for additional Q&A for any or all of the panelists...

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Thank you!



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