The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) ACT requires Continuums of Care to establish and operate a system of Coordinated Assessment and Housing Placement (CAHP). The “system” is a set of protocols that govern how providers across the CoC coordinate and target access to available housing resources. The District has three separate systems: Singles, Families, and Youth. The matrix below compares and contrasts CAHP protocol across these three systems.

|  |  |  |  |
| --- | --- | --- | --- |
| **Topics** | **Singles Adults (Including Veterans)** | **Families** | **Unaccompanied Youth** |
| **Target Population** | * District households, who are not accompanied by a minor, experiencing literal homelessness (as defined by HUD), including Veterans
 | * District households, who are accompanied with a minor, experiencing literal homelessness (as defined by HUD)
 | * Single unaccompanied youth under age of 25, including minors, experiencing literal homelessness (as defined by HUD) or homeless under other applicable Federal Statutes
 |
| **System Access** | * Individuals experiencing homelessness can access shelter, outreach teams, drop in centers, meal programs, government agencies and other community partner programs for assessment.
* NOTE: HMIS participation key to inclusion on By Name List (i.e. recorded shelter stays, outreach engagements and proper assessment data entry)
 | * Households determined eligible for shelter referral by either the Virginia Williams Family Resource Center or Prevention Programs
* Once a family has entered shelter (including apartment style, temporary or emergency), they are included on the By Name List used to determine matches in the Family CAHP system.
 | * Youth experiencing homelessness can access shelter, outreach teams, drop in centers, meal programs, calling hotline numbers, government agencies and other community partner programs for assessment.
* NOTE: HMIS participation key to inclusion on By Name List (i.e. recorded shelter stays, outreach engagements and proper assessment data entry)
 |
| **Assessment Tool** | * VI-SPDAT, Full SPDAT, TAY VI-SPDAT.
 | * VI-SPDAT for Families, Family SPDAT
 | * TAY VI-SPDAT, Full SPDAT
 |
| **“Fail-Safe” Protocol[[1]](#footnote-1)*** Protocol for ensuring no client slips through cracks
 | * Ability to case conference individuals according to established criteria.
* Review of previous matches and status updates for reassignment as necessary or appropriate.
* Review of inflow, particularly persons re-experiencing homelessness.
 | * Ability to case conference individuals according to established criteria.
* Review of previous matches and status updates for reassignment as necessary or appropriate.
 | * Ability to case conference individuals according to established criteria.
* Review of previous matches and status updates for reassignment as necessary or appropriate.
* Review of inflow, particularly persons re-experiencing homelessness.
 |
| **Assessors, How to Access an Assessment** | * Trained assessors are located at low barrier, emergency shelter sites, transitional housing programs as well as every outreach team operating in the District.
* Community partners who do not exclusively serve persons experiencing homelessness also serve as access points with trained assessors (i.e. Core Service Agencies, health care providers, etc.)
* Additional resources and designated assessment sites are available on [www.coordinatedentry.com/help](http://www.coordinatedentry.com/help)
 | * The VI-F-SPDAT is completed at the time of shelter determination and is used to prioritize vulnerable families for immediate SPDAT assessment and connection to case management services.
* All families residing in shelter receive a Family SPDAT as part of case management.
* NOTE: Assessment coverage is currently being scaled up across all providers.
 | * Trained assessors are located at each low barrier and emergency shelter site as well as every outreach team operating in the District.
* Community partners who do not exclusively serve persons experiencing homelessness also serve as access points with trained assessors (i.e. Core Service Agencies, health care providers, etc.)
* Additional resources and designated assessment sites are available on [www.coordinatedentry.com/help](http://www.coordinatedentry.com/help)
 |
| **Frequency of Assessment; Score Used to Determine Referral** | * VI-SPDATs: should only be completed once for an individual, unless there is a significant change to their experience of homelessness, mental or physical well-being, etc.
* Full SPDATs: Can be completed as needed (used case management, deeper assessment, etc.)
 | * The VI-F-SPDAT is completed once at the time of shelter determination.
* The Family SPDAT is completed in shelter or housing at the following interval: move in/intake, 30 days, 60 days, 90 days, 180 days, etc.
 | * TAY-VI-SPDATs: should only be completed once an individual, unless there is a significant change to their experience of homelessness, mental or physical well-being, etc.
* Full SPDATs: Can be completed as needed (used case management, deeper assessment, etc.)
 |
| **Programs Included**  | * Permanent housing programs – regardless of funding source – dedicated to clients exiting shelter or street homelessness, including: (1) scattered site PSH; (2) site-based PSH; (3) TAH; (4) RRH/SSVF;
* Temporary and transitional housing programs.
* NOTE: Veteran TH programs are structured differently depending on service model and may be intended to serve less vulnerable or more vulnerable clients.
 | * Permanent housing programs – regardless of funding source – dedicated to clients exiting shelter or street homelessness, including: (1) scattered site PSH; (2) site-based PSH; (3) TAH; (4) RRH/FRSP;
* Temporary and transitional housing programs.
 | * Permanent housing programs – regardless of funding source – dedicated to clients exiting shelter or street homelessness, including: (1) scattered site PSH; (2) site-based PSH; (3) RRH;
* Transitional Housing /Transitional Living Programs (both site-based and scattered site);
* NOTE: Youth TH programs are structured differently depending on service model and may be intended to serve less vulnerable or more vulnerable clients.
 |
| **Prioritization By Program****\***Detailed descriptions provided in corresponding CAHP Policy and Procedures document | **Local Prioritization Criteria applied to scoring ranges by type of resource:** * 2/3: Score, length of homelessness (self report), overall wellness, and length of shelter/program stay for 2/3rds
* 1/3: Length of homelessness (self report), then score, overall wellness, and length of shelter/program stay for 1/3rd

**Scoring ranges for resources:** Local prioritization criteria applied on By Name List sorted by VI-SPDAT scores (2/3rds) and Full SPDAT scores (for 1/3rd).* **PSH**: 8-17 on VI-SPDAT; 35-60 on Full
* **TAH**: 6-12 on VI-SPDAT; 29-45 on Full
* **RRH**: 4-7 on VI-SPDAT; 20-34 on Full
* **TH**: 8-12 on VI-SPDAT; 35-45 on Full
 | * Families are prioritized for resources according to the following criteria based on assessment information and other program entry information
	+ **Assessment Score:**
	+ **Length of Time Homeless**
	+ **Length of Stay (Shelter)**
	+ **Overall Wellness/ Disability**
	+ **History of Trauma and/or Domestic Violence**

NOTE: Since all families qualify for RRH/FRSP, a portion of available PSH and TAH resources are reserved for step-ups from RRH/FRSP.  | **Intensive Services/Long Term Housing**: * Generally programs that are site-based, with 24-hour staff, intensive case management and long term housing support
* Youth who score 8 or above on the TAY VI-SPDAT and/or that score 35 or above on SPDAT

**Moderate Services/Short Term Housing**:* Generally programs that are scattered-site, case management and program length of stay (12, 18 months, etc.)
* Youth who score 4 and 7 on the TAY VI-SPDAT and/or that score between 20 and 34 on the Full SPDAT
 |
| **Process for Matches/Referrals** | * Program vacancies are reported to CAHP team
* Utilizing the By-Name List, individuals are matched to appropriate resource according to the local prioritization criteria.
* Outreach team also assigned to assist housing provider in locating the client.
* Housing provider notified of match and works with the outreach team/client point of contact to facilitate placement.
 | Program vacancies are reported to CAHP team then, utilizing the By-Name List, individuals are matched to appropriate resource according to the local prioritization criteria.  | Program vacancies are reported to CAHP team then, utilizing the By-Name List, individuals are matched to appropriate resource according to the local prioritization criteria. At the time of match, an outreach team/client point of contact is assigned to assist the housing provider in locating the client and orchestrating housing placement. The housing provider is notified of the match and works with the outreach team/client point of contact to facilitate the placement. |
| **Responsible Providers** * Once a match is made, who is responsible for working with client?)
 | * The housing provider is responsible for setting up an “intake” meeting with those matched to determine final eligibility.
* Outreach teams are responsible for assisting with locating individuals, obtaining documents, and coordinating a hand-off to the housing provider.
 | * The anchor agency, or program where the household is currently residing, is responsible for completing a “warm handoff” to the receiving agency to facilitate housing placement.
* The housing provider is responsible for setting up an “intake” meeting with those matched to determine final eligibility.
 | * The housing provider is responsible for setting up an “intake” meeting with those matched to determine final eligibility.
* Outreach teams are responsible for assisting with locating individuals, obtaining documents, and coordinating a hand-off to the housing provider.
 |
| **Time Limit On Matches*** Time limit on matches before resource is reallocated?
 | * RRH and TH matches are pursued for two-weeks
* All other matches to PSH, S+C, TAH, etc. are pursued for 30-days
 | * All matches should be completed within two weeks.
 | * All matches are pursued for two weeks, but initial contact is required within 72 hours.
 |
| **Messaging to Client*** At Point of Assessment
* At Point of Match
 | * Messaging upon assessment includes description of: purpose of the survey, information requested, where the information goes, expectations and next steps (i.e. referral to emergency shelter, documentation, etc.)
* Messaging at the time of match, is navigated by both outreach teams and housing providers to communicate that a match is not a guarantee of housing, as further eligibility may be determined and documentation is required.
* NOTE: The CAHP Special Projects team is currently working on updating messaging documents and scripts for providers and clients.
 | * Messaging, at VWFRC or designated prevention sites upon assessment and at the time of shelter determination, includes description of: purpose of survey, what it is, information requested, where the information goes.
* Messaging at the time of match Is navigated by the anchor agency, or program where the household is currently residing. The anchor agency is responsible for completing a “warm handoff” to the receiving agency to facilitate housing placement next steps for each household dependent on specific service needs and additional program requirements where applicable.
 | * Messaging upon assessment includes description of: purpose of the survey, what it is, information requested, where the information goes, expectations and next steps (i.e. referral to emergency shelter, documentation, etc.)
* Messaging at the time of match, is navigated by both outreach teams and housing providers to communicate that a match is not a guarantee of housing, as further eligibility may be determined and documentation is required.
* NOTE: Continued streamlining of assessment and match messaging is currently being reviewed by those who participate in the biweekly Youth CAHP meetings.
 |
| **Data Management*** Where does assessment data live?
 | * Assessment data is entered and maintained within the DC HMIS/ServicePoint system and is only accessible to those who have attended the necessary training.
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 | * Assessment data is entered and maintained within the DC HMIS/ServicePoint system and is only accessible to those who have attended the necessary training.
 |
| **Data Entry*** Assessment Results
* Match
* Unmatch
* Program Exit
* Program Entry
 | * Assessment results inputted correctly and completely in the HMIS by trained assessors only within 48 hours of assessment completion;
* Match information recorded by provider unless otherwise instructed by the CAHP team;
* Unassignment/Match information and dates recorded by the provider as trained by the CAHP team;
* Program Entry/Exit Information entered into HMIS by housing provider as trained by the HMIS System Administrator and/or as directed by TCP.
* Housing program participation may depend on funder and other participation requirements.
 | * Assessment results inputted in HMIS correctly and completely by trained assessors only;
* Match information is recorded by the CAHP team unless otherwise instructed by the CAHP team;
* Unassignment/Match information and dates recorded by the provider as trained by the CAHP team;
* Program Entry/Exit Information entered into HMIS by housing provider as trained by the HMIS System Administrator and/or as directed by TCP.
* Housing program participation may depend on funder and other participation requirements.
 | * Assessment results inputted correctly and completely in the HMIS by trained assessors only within 48 hours of assessment completion;
* Match information is recorded by the provided unless otherwise instructed by the CAHP team;
* Unassignment/Match information and dates are recorded by the provider as trained by the CAHP team;
* Program Entry/Exit Information is entered into HMIS by housing provider as trained by the HMIS System Administrator and/or as directed by TCP.
* Housing program participation may depend on funder and other participation requirements.
 |
| **Who manages the system?** | * DC’s Federal Collaborative Applicant (TCP)
 | * DC’s Federal Collaborative Applicant (TCP)
 | * DC’s Federal Collaborative Applicant (TCP)
 |
| **Which body manages policy decisions?** | * ICH Singles CAHP Leadership Team
* ICH Veterans NOW (for resources specific to Veterans)
 | * DHS Family System Meeting
 | * ICH Youth Committee
 |
| **Where does ultimate authority lie?** | * CoC Governance Board (ICH Full Council)
 | * CoC Governance Board (ICH Full Council)
 | * CoC Governance Board (ICH Full Council)
 |
| **How often will policy & protocol be updated?** | * Annually or as otherwise needed
 | * Annually or as otherwise needed
 | * Annually or as otherwise needed
 |

1. Fail-Safe Protocol refers to the process used when: 1) A client is unable or unwilling to participate in the standards assessment process, or 2) the assessor has evidence that the client may be more vulnerable than articulated in response to assessment questions (eg, the client is not a good historian, is not aware of his/her mental health issues, does not feel comfortable disclosing pieces of information that can be assumed with a high degree of certainly, etc.) [↑](#footnote-ref-1)