Southern Nevada Continuum of Care
Coordinated Intake Process for Households without Children

In 2013, Southern Nevada began a planning and implementation process towards a community-wide coordinated intake process for homeless service delivery. After facilitated community collaboration and decision-making, a pilot for Coordinated Intake for households without children began in July 2014 with Clark County Department of Social Service serving as the single point of entry for non-veterans at their 5 sites valley-wide, and the Veterans Administration Community Resource and Referral Center serving Veterans.

CCSS Process

Beginning in July 2014, all homeless adults without children entering Clark County Social Service (CCSS) are assessed for services available through the Continuum of Care (CoC) as well as services throughout the community through a process known by the community as Coordinated Intake. CCSS will be known as the "HUB" and will focus on the adult households without children. Coordinated Intake for other sub-populations will be added at a later date dependent upon community needs and capacity.

Intake and Assessment Process

Clients will enter CCCS and be given the Client Information Form (CIF) to complete. The CIF is provided through security. Once completed, the form is given to the Public Service Specialist (PSS), located at the front desk for processing.

The PSS will sign the client in to see a case worker which in most cases will be an eligibility worker. If a risk indicator is filled out indicating that the client needs to be seen by a Social Worker, then the client will be signed in to see a social worker.

The CCSS Assessment

At the client interview, the case worker performs a search of the client in the Homeless Management Information System (HMIS) to see what if any services this client may have received or is currently receiving through other providers. Client should then be evaluated to determine what services the client is requesting and make a determination as to what services the client may appear eligible for. If a client has identified as a veteran, then a referral will be made to the VA for intake and assessment.

The worker reviews the CCSS application with the client to determine what the client's current and past employment and housing situation is and has been for the last three (3) years. If the client is unknown in the HMIS system, a profile is created in the HMIS. Clients who indicate that they are currently homeless and requesting housing assistance are assessed using the

Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) within the HMIS. The VI-SPDAT covers areas of medical diagnosis, risks for exploitation, mental health, income, and support systems in addition to length of homelessness. After the VI-SPDAT interview is completed, the HMIS will generate the assessment score used for prioritization, as well as the potential open projects that the client is eligible to be matched with based on the assessment score. Scores in the range of 10-20 will be referred for available Permanent Supportive Housing (PSH) for the chronically homeless; 5-9 will be referred to available Rapid Rehousing (RRH) or Transitional Housing (TH) services; scores 4 or below are referred to available affordable housing options. If there are currently no openings for the appropriate service type, the client will be placed on the community queue, which is prioritized by assessment scores from highest to lowest.

If the client already has a case in the HMIS, the worker will check to see if a VI-SPDAT has already been completed. If there is already a current VI-SPDAT less than a year old), the form is updated only if there is new information and with any applicable verifications into the HMIS. HMIS will score both new and/or the modified VI-SPDATs. Assessment scores are not shared with the client.

Completion of the VI-SPDAT **Does Not** automatically mean that the client will be deemed appropriate for the additional housing options of Rapid Re-Housing, Permanent Supportive Housing or Transitional Housing. The design process of the HMIS is to approve or deny additional housing options electronically based upon the VI-SPDAT scores. If additional housing options are indicated as appropriate, the system will identify the appropriate housing option and/or housing provider match. There is a worker who is designated as the Community Matcher who will refer the client to available housing options based on current openings. If the client is waiting on the community queue for placement and an option becomes available, the matcher will forward the client's name to the Agency who will be responsible to locate and notify the client of the opening and the intake procedure.. The client will be placed on a wait list and ranked in priority order based upon their VI- SPDAT score and the length of time they have been waiting on the community queue. The HMIS will electronically maintain the community queue, and CCSS matching staff will monitor the list and evaluate potential eligibility criteria for program openings. Clients on the community queue will be required to check in with the person who completed their assessment every thirty (30) days and update their location and contact information.

Once the client selects their housing provider, the Community Matcher will send an electronic referral to the selected housing program provider. The housing program provider will make contact with the client within 7 days of the referral. The housing provider will notify the Matcher via the HMIS of any issues with the referral. Any rejected referrals will be placed back

in the community queue unless the referring Agency determined that the client is no longer interested or is no longer homeless. The HMIS will track all rejected referrals and reasons. The Coordinated Intake Change Advisory Team will be monitoring and evaluating all rejected referrals and provide on-going process improvement recommendations on continued implementation of Coordinated Intake.

The client will be placed on a wait list and listed in priority order based upon their VI- SPADT score and the date their assessment was completed. **The** client will not be told what number they are on the community queue, as their order on the queue will constantly change based upon the scores of other clients being assessed. HMIS will electronically maintain all wait lists and CCSS Matching staff will monitor the list. Clients on the community queue will be required to check in every thirty (30) days and update contact information.

When the client has been deemed appropriate and chooses transitional, rapid rehousing or permanent supportive housing and is put on a community queue for services, emergency shelter or bridge housing should be considered. CCSS may provide emergency housing (FAS) for the client if he/she meets all CCSS eligibility guidelines. Housing cannot be provided beyond the length of time that the client is eligible for such services; e.g. three (3) months or six (6) months. CCSS staff will case Coordinate or Case Manage clients while they are receiving CCSS financial assistance. The case worker will refer clients to available community resources to obtain any additional housing documentation (e.g. identification card, birth certificate, social security card) while they receive case management services. The process for Case Management and Case Coordination at CCSS remains unchanged.

All current CCSS case management clients should be evaluated for the appropriateness of community homeless housing resources and a homeless assessment should be completed for those clients. **VETERANS**

The Veterans Administration (VA) will provide Coordinated Intake through the VA Community Resource and Referral Center (CRRC) for veterans who are eligible for veteran services. When a client at CCSS identifies themselves as a Veteran, the case worker will have the client fill out the VA Release of Information form. The case worker will complete the VA FAX form and fax the VA FAX form along with the VA Release of Information to VA staff to verify their eligibility for housing services. The VA will call the case worker with information on VA eligibility and next steps. These may include, but are not limited to:

a) May be eligible but not able to be assessed the same day at CRRC, refer to emergency shelter;
b) Have client call a VA CRRC worker (contact information will be provided by VA CRRC worker);

c) VA will provide transportation to the CRRC for assessment;
d) Not eligible for VA services and CCSS staff will continue with the intake process as a non-veteran.

Prioritization

The CoC has established standard prioritization of chronically homeless households without children for any vacant PSH beds based on VI-SPDAT score, the date the client was assessed, and the appropriateness of the services provided by the PSH project in meeting the needs of the homeless person. The Community matcher uses the prioritization established by the U.S. Department of Housing and Urban Development, Office of Community Planning and Development in the CPD-14-012 Notice issued July 28, 2014.

1. Permanent Supportive Housing Beds (regardless of funding) are dedicated to Persons Experiencing Chronic Homelessness.
    a. Chronically homeless households without children and those with the longest history of homelessness and with the most severe service needs.
    b. Chronically homeless households without children with the longest history of homelessness.
    c. Chronically homeless households without children with the most severe service needs
    d. All other chronically homeless households without children.