

Pilot Elevation Policy: Inability to Complete Assessment

The Anchorage Coordinated Entry System is currently structured so that accessing and being prioritized through CE is dependent upon completing the entire CE Assessment. It is known within the Anchorage community that amongst those experiencing homelessness there exists highly vulnerable individuals who have been unable to complete the entire CE Assessment, and therefore have been unable to be prioritized for services through CE. It is also known that the factors that prevent individuals from completing the CE assessment are factors that also inhibit those same individuals from engaging in the current structures that exist in mainstream resources. As such, our current CES is systemically “screening out” people with higher services needs who are the least likely to be able to obtain assistance elsewhere. As CE is committed to prioritizing those with high service needs for the most intensive services, it will engage in a pilot to enhance its service of those who are least likely to exit homelessness without another intervention.

Pilot Policy

Households whose service need/acuity levels result in an inability to complete the full CE assessment are eligible for elevation and expedited referral into housing programs serving those with highest priority as determined by Anchorage CES policies. To be determined unable to complete the current CES assessment, households are targeted with proactive engagement by local outreach providers skilled in working with populations that historically do not independently and successfully engage with mainstream providers. If through proactive engagement with skilled providers a full CE assessment cannot be completed with the household, the household is elevated within CE for the next available referral. To ensure that only those with the highest service needs are elevated in this manner, each household that begins this process is outreached and engaged by a minimum of two different outreach workers from two different agencies.

Elevation through this manner provides a household with an assessment score that reflects the maximum score on the assessment appropriate for the household’s subpopulation. Elevation substitutes the assessment score only. As such, if multiple households are concurrently elevated through this or other means, those elevated are further prioritized based upon the additional layers of prioritization as established by the Anchorage Continuum of Care and documented in the CE Policies and Procedures. Further, if any other household active in CE has been assessed at the highest level of service need, this household retains priority level based on assessment score and additional layers of prioritization.

Elevation in this manner does not result in the loss of an active referral for another household in CE (i.e. if household A has an active referral into PSH but has not yet been found eligible for the program, household A retains the referral even if household B has been elevated). Households elevated are referred to housing placement in a manner consistent with current referral policies and procedures; after elevation CE waits to refer a household based on the referral criteria for each program.

This pilot policy specifically targets households who otherwise would not be prioritized through CE. It is recognized that concerns exist regarding the accuracy of the current assessment tool. This policy, however, is not aimed to remedy inaccurate scores. Those households who are targeted for elevation via this process but obtain an assessment score are not elevated – regardless of whether a provider feels that the prioritization score is an accurate reflection of the household’s needs.

Pilot Procedures

Any local agency that is participating in Coordinated Entry and has signed into the Alaska CoC Statewide Interorganizational Data Sharing and Coordinated Services Agreement can initiate the outreach process to determine eligibility for elevation. The Referring Agency must be willing and able to assist the Initial Outreach Entity in connecting with the referred household. To initiate this process, an agency completes the Elevation Request and Outreach Tacking Form (EROT Form) and sends it via encrypted email to the Coordinated Entry Program Manager, the designated Transition Coordinator, and to the Initial Outreach Entity. Providers who do not have access to an encrypted email server may use another means of sharing this form that is compliant with the Alaska CoC Statewide Privacy Policy.

Upon reception of the EROT Form the Initial Outreach Agency has three (3) business days to respond to confirm reception of the request and coordinate outreach with the Referring Agency. The Initial Outreach Entity completes the first outreach attempt within five (5) business days of receipt of the request. If contact is made and an assessment is completed in full, the individual is deemed ineligible for elevation and the process ends with the Initial Outreach Entity. If no contact is made, the Initial Outreach Entity continues to attempt contact with the household for two (2) weeks with a minimum of three (3) attempted contacts each week. During this time the Initial Outreach Entity is expected to coordinate with Referring Agency and to bring the household's name to the appropriate case conferencing meeting. If at the end of this period no contact is made, the elevation process ceases. If contact is made and the Initial Outreach Entity is unable to complete the assessment, the household advances to the Secondary Outreach Entity. Once contact is made, only one attempt at assessment is required. If, however, a household is amenable to assessment but requests a different time or place, the Outreach Entity is expected to make secondary contact before progressing the household to the next stage.

To advance to the Secondary Outreach Entity, the Initial Outreach Entity completes the corresponding portion of the EROT Form and provides it to the Coordinated Entry Program Manager, the designated Transition Coordinator, and the Secondary Outreach Entity. Upon receipt of the EROT Form, the Secondary Outreach Entity follows the outreach procedures as outlined in the paragraph above. If contact is made and the Secondary Outreach Entity is unable to complete the assessment, the Secondary Outreach Entity completes the corresponding section of the EROT Form and provides it to the Coordinated Entry Program Manager, the designated Transition Coordinator, and the Tertiary Outreach Entity.

Upon receipt of the EROT Form the Tertiary Outreach Entity commences the third and final round of proactive engagement. The Tertiary Outreach Entity follows all outreach procedures as outlined above. If at the end of this period contact is made and the Tertiary Outreach Entity is unable to complete an assessment with the household, the household is eligible for elevation in Coordinated Entry.

A referred household whose outreach process expires prior to contact is eligible for referral upon resurfacing in the community. Those households who resurface and are rereferred within 90 days of last outreach contact are engaged in the process in same phase as when they left. (Ex. If the client was in the Secondary Outreach stage when contact was lost, outreach will resume with the Secondary Outreach Entity). Those who resurface and are rereferred after 90 days start the process anew.

If a household directly refuses assessment, additional outreach is conducted to allow for relationship/trust to be built with the household. Contact is attempted a minimum of one additional attempt a week, for a minimum of three additional weeks. If at the end of this time period the household continues to refuse the assessment, this process is ended, and the household is not elevated. This declination does not prohibit the household from later agreeing to participate in CE. If the household has a legal guardian authorized to make decisions on behalf of the household, progression through this process may continue upon consent from the guardian.

Elevation is recorded in HMIS. The EROT Form is also be uploaded into HMIS at the end of the outreach process regardless of outcome.

Goals, Metrics and Targets

This pilot will run for 3 months. A preliminary review will be conducted after 1-1.5 months to identify any necessary process adjustments. At the end of the full three-month period an evaluation will be scheduled to assess the efficacy of this process. This evaluation will review the goals, metrics, and targets outlined in Table 1 below, as well as qualitative feedback from community partners.

Table 1.

Goal		Metric	Target
1a.	Increase of highly vulnerable households served in CE.	Average Self Sufficiency Outcomes Matrix scores of those elevated compared to the average SSOM score of those housed in the last year.	Lower average SSOM score for those elevated through this process vs. those otherwise housed by CE. Target reduction rate to be identified at the preliminary review.
1b.		Number of individuals identified by the Mobile Intervention Team as unable to complete the Coordinated Entry Assessment who are not prioritized through CE.	Decrease by 90%.
3a	Efficient processes to quickly identify and connect households eligible for this process.	Number of referrals who are able to complete a full CE assessment with one of the Outreach Entities.	Less than 10% of households referred to this process will have a full CE assessment completed.
3b.		Number of referrals who close out during the process due to no contact.	Less than 10% of households referred will be closed out due to no contact.
5a	Connection to housing for highly vulnerable individuals.	Number of elevated households who are eligible for CoC housing programs.	80% or more will be eligible for a referral into a CoC bed or program pulling from the top of CE.
5b.		Number of elevated households who are referred.	80% of those elevated will receive a referral into a housing program.
5c.		Number of referred elevated households who are successfully housed.	80% of those elevated and referred will successfully be housed by the program by the given referral.
5d.		Average length of time from referral to housing date of elevated individuals vs. average.	Average length of time for elevated individuals will be no more than 30 additional days as compared to those housed outside of the elevation process in the last year.

Explanation of goals, metrics, and targets in Table 1.

1. The purpose of this pilot is to identify and elevate individuals whose vulnerabilities inhibit the possibility for assessment and prioritization to CE. To monitor whether this pilot is effective in targeting and elevating the appropriate households, two data points will be monitored:
 - a. The Self Sufficiency Outcomes Matrix is a tool used by NeighborWorks Alaska's SRA and RISE Programs. This assessment is different than the CE assessment as it can be completed by a provider with little input from the household and can account for information that the provider knows about the household. The higher an SSOM score, the more self-sufficient the person assessed. This pilot targets to see a reduction in average SSOM score of elevated households at point of housing to indicate that a more vulnerable population is moving into housing via this process. If this metric is not met, a review of whether the right population is being elevated will be reviewed; whether the SSOM is the best tool for this metric will be considered in this review.
 - b. While this pilot is designed so that any provider participating in CE is able to refer a vulnerable individual into the process, the Mobile Intervention Team has a current quantified baseline of known households who have been unable to complete a CE assessment despite attempts at engagement. This pilot, therefore, targets to see a reduction of 90% of this baseline. If this target is not met a review the inflow of newly identified individuals by MIT, and the procedures outlined above.
2. This pilot will be reviewed for its efficiency. These metrics do not focus on whether the appropriate households are referred, but whether the process is effective once the referral is made. These metrics will be used to ensure that limited resources are streamlined and used efficiently. This area is broken down into two sections:
 - a. If 10% or more of referrals are not eligible for elevation a review of who is eligible for initial referral will be reviewed. This data point will also trigger a review of why these households are able to complete the CE assessment with proactive outreach engagement, but previously unable to do so at an established Access Point.
 - b. If 10% or more of referrals are closed due to no contact in outreach, changes to who is referred, designated timeframes for outreach, coordination expectations between agencies, among other factors will be reviewed.
3. The purpose of CE is to prioritize *and serve* the most vulnerable. As such, it is important that the population targeted in this pilot is not only elevated, but also housed. To ensure desired results, this pilot will track the number of elevated individuals successfully housed. This goal is broken down into 4 areas that track the efficacy of this pilot in relation to the larger CES:
 - a. If a high number of those elevated are not eligible for the housing programs available, a review of share Continuum of Care and CE priorities will be conducted. It is important that CE and CoC remain aligned so that the Homeless Response System is working in a unified manner. This review will include an evaluation of these shared priorities along with the possibility of leveraging other services for this population. If a reconciliation is not found, whether or not this process is the most efficient use of community resources will to be reviewed.

- b. If most elevated households are eligible for a referral through CE, a lack of housing availability may lead to elevated individuals remaining unserved. Whether this process is an efficient use of community resources will be reviewed if the target is not met; this review will include the possibility of using this elevation process to target individuals to other resources not currently receiving referrals through CE.
- c. It is acknowledged that if this pilot is effective, people with higher service needs will be targeted for referral to housing. This may result in increased difficulty in moving referred individuals into housing. If this is seen, this does not suggest that the pilot has been unsuccessful. It will, however, trigger review of the resources available to increase, as necessary, the supports to move this population into housing. If appropriate supports (either reallocated or new) cannot be identified a review of the sustainability of this process will be reviewed to ensure that housing dollars do not go unspent.
- d. Similar to the above, a population with higher service need may lead to increased time between referral and housing. To ensure that housing units/dollars do not remain unused, this pilot will target to increase time from referral to housing by no more than 30 days. If this target is not met, a review of how available resources support CES will be conducted. If appropriate supports (either reallocated or new) cannot be identified a review of the sustainability of this process will be reviewed.