

## History of the Los Angeles Coordinated Entry System Assessment Tool

### ***Context***

Before development of the Coordinated Entry System (CES), supportive housing projects and voucher programs often relied on individually managed waitlists and/or first come first serve application processes to fill buildings. In some cases, this required applicants to line up for days to apply for housing or sign up to wait lists at every building or developer. This meant that persons experiencing homelessness could only access these housing opportunities if they either had the ability to research the process, navigate complex systems on their own, and advocate for themselves, or were fortunate enough to find a program and/or case manager who had this knowledge, special connections, or could do this system navigation and advocacy. This also left wide swaths of the community and certain types of programs without access to housing resources.

### ***Broader Aim***

To address this, CES was launched (first for families, then for adults, and then for youth) to create a housing and services system that promoted person-centered processes, increased access and reduced barriers for clients, prioritized resources strategically, and ensured consistency across the system. In order to accomplish this, a Community Design team was commissioned for the adult and youth system that was comprised of frontline staff, including individuals with lived experience. In a desire to flip how systems are often created, this team was put in charge of leading the redesign of how housing and services were coordinated.

Through an iterative, dynamic pilot process, the Community Design team met weekly to test processes and protocols in real-time. This included an aim to create:

- **No-Wrong Door Access:** shared tools and processes that would allow participants in one program would be able to access system resources held at another site or program.
- **Full coverage:** how to ensure an entire community and region are covered versus program-by-program responsibilities that often means communities without service provider infrastructure and homeless persons within those areas have an ability to access to resources.
- **Common Terms and Shared Resources:** use of common terms and shared resources like Housing Navigators, Retention Specialists, Outreach Coordinators, and regional flex funds to enhance collaboration and person-centered vs. contract centered care.
- **Regional Outcomes:** relatedly, creating certain funding contracts by region vs. by program to promote community level outcomes.
- **Case conferencing:** spaces to regularly discuss care coordination of clients seeking community resources.
- **Information Sharing & Resource Mapping:** changes to consent forms and the creation of common dashboards, shared real-time views of persons seeking support, and ability to see background of care in order to improve collaboration.

### ***Selection of Intake Tool***

To effectively create and implement such a system, there was a need to identify a common set of questions to help assess a person's need for services and housing that would serve as the foundation for coordinating care across organizations, regions, and systems. The initial pilot began with a policy-maker suggested set of prioritization criteria, but the Community Design Team requested a user selected tool. After investigating several options used by other communities, the providers leading the first CES pilot selected a well-researched and tested tool called the VI-SPDAT (Vulnerability Index - Service Prioritization Decision Assistance Tool), which asks a series of questions about history of housing and homelessness, health & wellness, risks, socialization/daily functioning and personal circumstances to provide an acuity score to help communities match individuals to available resources.

The VI-SPDAT was chosen specifically because it was:

- **Progressive:** Supports a two-part assessment, including a corresponding clinical assessment (Full SPDAT) for optional follow-up (which incorporates administrative data and clinical assessment)
- **Specialized but Relational:** Has population (family, youth) and scenario specific (discharge, justice involved) questions, but also allows for comparison between groups.
- **Broadly Applicable:** Recommends more than one housing intervention and is applicable to persons with a spectrum of needs (and featuring a broader scoring index)
- **Intelligent:** Attempts to improve self-report with questions that ask the same information in several ways and a mix of scored and non-scored questions.
- **Informed:** is research-backed (with a strong emphasis on testing with persons with lived experience) and language that is tested to be more accessible than traditional clinical assessments.

The VI-SPDAT was built on two existing tools - the VI and the SPDAT. The VI-SPDAT is often confused with the VI, which was designed by Dr. Jim O'Connell of Boston Health Care for the Homeless and looked at medical vulnerability and likelihood of death on the street (morbidity). The SPDAT was designed by Iain De Jong of OrgCode Consulting to look at the presence and complexity of need across a variety of spectrums and the ability of someone to advocate for themselves and be self-sufficient

### ***Progression***

The VI-SPDAT tool is currently used by nearly 400 Continuums of Care (CoCs) across the country, and over 100,000 people have been assessed using this within LA Continuum of Care. Over time, the Los Angeles CES assessment has expanded – consolidating several phased assessments into one CES Survey Packet and folding in other resource eligibility, HUD intake, and client choice/preference questions. Each of Los Angeles' three coordinated homelessness systems (youth, families, adults) now utilize a version this tool (Youth: Next Step Tool, Families: VI-FSDAT). Also, worth noting is that the VI-SPDAT itself has been updated before (e.g., observation questions were taken out) – with Version 3 of the tool being developed and expected to be released soon.

From its inception, the Coordinated Entry System was built with the intention to grow and improve to meet the evolving needs of the individuals and families that it serves and the broader conditions and stakeholders of which it is comprised. This spirit of continuous improvement applies to the assessment, administration, and application of the CES Survey as well, which is why this request for partnership is being commissioned.

*Glimpses of Community Design Team and CES Design Process*

