San Diego CES: Prioritization

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- General Prioritization Tool VS Youth

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San Diego CES: Prioritization Overview

Prioritization Policy: Defined

- Upon Completion of the CES workflow, households enrolled in SD CES are prioritized based on a number of vulnerability factors established by the San Diego COC through the use of a community prioritization tool.

- This process helps ensure that the regions limited housing resources are reaching households with the greatest vulnerability in a timely and consistent manner.

Prioritization Policy: Defined

- SD CES Prioritizes based on the following criteria:

- Longest history of experiencing homelessness + most needs

- Longest history of experiencing homelessness

- The most needs, particularly mental illness or substance use disorders

- All other: non chronically homeless individuals, youth, and families.

Acuity VS Vulnerability

Acuity = measurement of level of care needed

Vulnerability = Fragility of health

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The CES Community Prioritization Tool

Priority	% of Composit Score	Factors	% of Priority
Chronic Homeless Status	10%	Chronically homeless based on HUD definition	100%
Length of Time Homeless	15%	Length of time homeless based on client history	100%
			75%
			50%
			25%
			10%
Living Situation/Actively Fleeing	25%	Actively Fleeing DV/Human Trafficking	100%
		OR	
		Place not meant for human habitation	100%
		Emergency shelter	95%
		Safe haven	80%
		Other/Institutionalization	50%
		Transitional Housing	10%
Sub-Population	20%	TAY / Senior Age	35.00%
		Families with children under 4 years old	35.00%
		Families with children over 4 years old	30.00%
Most Needs	30%	Mental health	15.00%
		Developmental health	15.00%
		Substance use	15.00%
		Physical Disability	15.00%
		Chronic Health Condition	15.00%
		HIV/AIDS	15.00%
		Medical Needs	10.00%
Common Assessment Tool	10%	PSH Range	100.00%
		RRH Range	50.00%
		No Housing Intervention Range	0%
Prioritization and Advocacy Case Conferencing	0	Case Conferencing Score	100%

Prioritization Tool Categories

Priorities	Percent of Composite Score
Chronic Homeless Status	10%
Length of time Homeless	15%
Living Situation/Actively Fleeing	25%
Sub-Population	20%
Most Needs	30%
Common Assessment Tool	10%
Case Conferencing	0%

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Prioritization Tool Categories and Data Elements

Priority and % of comp score	Data Elements	% of priority	Points
● Chronic Homeless Status	● Chronic homelessness defined by HUD	100%	10

10%

Prioritization Tool Categories and Data Elements

Priority and % of comp score	Data Elements	% of priority	Points
Length of time homeless	10 Years or Longer	100%	15
15%	5-10 Years	75%	11
	3-5 Years	50%	8
	1-2 Years	25%	4
	Under 1 Year	10%	2

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Prioritization Tool Categories and Data Elements

Priority and % of comp score	Data Elements	% of priority	Points
Living Situation/Actively Fleeing **25%**	Actively Fleeing DV/HT	100%	25
	Literally Homeless	100%	25
	Emergency Shelter	95%	24
	Safe Haven	80%	20
	Other/ Institutionalization	50%	13
	Transitional Housing	10%	3

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Prioritization Tool Categories and Data Elements

Priority/% of comp score	Data Elements	% of priority	Points
Sub-Population 20%	TAY/Senior Age	100%	25
	Families with Children under 4 years old	100%	25
	Families with Children over 4 years old	95%	24

Prioritization Tool Categories and Data Elements

Priority/ % of comp score	Data Elements	% of priority	Points
Most Needs **30%**	Mental Health	15%	4
	Developmental Health	15%	4
	Substance Use	15%	4
	Physical Disability	15%	4
	Chronic Health Condition	15%	4
	HIV/AIDS	15%	4
	Medical Needs	10%	3

Prioritization Tool Categories and Data Elements

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Priority/ % of comp score	Data Elements	% of priority	Points
Common Assessment Tool	PSH Range	100%	10
10%	RRH Range	50%	5
	No Housing Intervention Range	0%	0

Important Considerations

- The prioritization tool is NOT the VISPDAT – it is a combination of assessments/questions
- Prioritization is dependent upon resource availability AND eligibility
- Eligibility must be met, if a resource is not available that your participant is eligible for, the actual composite score has little to no bearing.
- The BNL is meant to be dynamic higher scores do not equate to static placement on the BNL

San Diego CES: General VS Youth Prioritization Tools

Key Differences

Youth Tool

Sub-Population/Most Nees	100%	No HSD/GED	7.00%	7.00
		Veterans	2.00%	2.00
		Justice involved	10.00%	10.00
		Child Welfare Services	3.00%	3.00
		Disconnected Youth	2.00%	2.00
		Actively Fleeing DV/Human Trafficking	8.00%	8.00
		Promise Zone	8.00%	8.00
		Gender Identity/Sexual Orientation	10.00%	10.00
		Mental health	10.00%	10.00
		Place not meant for human habitation	8.00%	8.00
		Pregnant and or parenting	7.00%	7.00
		Developmental Disabililty	5.00%	5.00
		Substance use	10.00%	10.00
		Physical Disability	5.00%	5.00
		Chronic Health Condition	5.00%	5.00

General Tool

Priority	% of Composit Score	Factors	% of Priority
Chronic Homeless Status	10%	Chronically homeless based on HUD definition	100%
Length of Time Homeless	15%	Length of time homeless based on client history	100%
			75%
			50%
			25%
			10%
Living Situation/Actively Fleeing	25%	Actively Fleeing DV/Human Trafficking	100%
		OR	
		Place not meant for human habitation	100%
		Emergency shelter	95%
		Safe haven	80%
		Other/Institutionalization	50%
		Transitional Housing	10%
Sub-Population	20%	TAY / Senior Age	35.00%
		Families with children under 4 years old	35.00%
		Families with children over 4 years old	30.00%
Most Needs	30%	Mental health	15.00%
		Developmental health	15.00%
		Substance use	15.00%
		Physical Disability	15.00%
		Chronic Health Condition	15.00%
		HIV/AIDS	15.00%
		Medical Needs	10.00%
Common Assessment Tool	10%	PSH Range	100.00%
		RRH Range	50.00%
		No Housing Intervention Range	0%
Prioritization and Advocacy Case Conferencing	0	Case Conferencing Score	100%

Key Differences

- Youth prioritization is based solely on the most needs of the youth subpopulation
- Length of time homeless, current living situation, and common assessment tool information is measured in the general prioritization tool NOT the youth tool.
- The rationale is to focus on true vulnerability of youth by focusing on tangible fragility markers noted in the "most needs" aspect of the tool.

Youth Prioritization Tool in Action: Scenario

- **Scenario: A service provider screens Sally. Sally is a 18 year old youth and the outreach worker determines that Sally needs a housing intervention. Sally is working with PATH outreach and the decision is made to enroll Sally in CES. Sally completes necessary assessments including CES assessment, CLS, and the TAY triage tool. Sally's responses are recorded and prioritized.**

Youth Prioritization Tool in Action: Scoring

How the Score is Calculated

●	Sally answered "yes" to justice involved	10 Points
●	Sally asnwered "yes" to mental health assessment questions	10 Points
●	Sally Answered "yes" to Literally Homeless	8 Points
●	Sally Answered "yes" to Substance abuse	10 Points
●	Sally is pregnant or Parenting	7 Points
●	Sally has chronic Health Conditions	5 Points
●	Sally has Physical Disability	5 Points

Sally's Total Composite Score: **55**

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Prioritization Tool in Action: Scenario

- **Scenario: A service provider screens John. John is a single, 56 year old and the outreach worker determines that after prevention, diversion, and COC resources conversations, that John needs a housing intervention. John is working with PATH outreach and the decision is made to enroll John in CES. John completes necessary assessments including CES assessment, CLS, and the Single Adult triage tool. John's responses are recorded and prioritized.**

Prioritization Tool in Action: Scoring

How the Score is Calculated

John is Chronically Homeless	10 Points
John's LOT Homeless is 1-2 years	4 Points
John is currently in Shelter	24 Points
John is a Senior	9 Points
John has substance medical needs	3 Points
John Scored in the RRH Range on the VISPDAT	5 Points

John's Total Composite Score: 55

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Key Considerations

- Youth are prioritized for youth specific resources when available. However, it does not limit them from accessing mainstream resources, if they are eligible.
- Both tools are constantly being evaluated for improvement. Both tools were developed through COC working groups and modifications to either tool can occur through that venue as well.

Questions?

support@rtfhsd.org

www.rtfhsd.org

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