

# Fresno Madera Continuum of Care Coordinated Entry System Matching Assessment Tool Development: Lessons Learned Report

Developed by:

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# Funding and Contributors

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# The Problem

## **Equity in Housing Tools**

The U.S. Department Of Housing and Urban Development (HUD) requires that every Continuum of Care (CoC) employ a standardized assessment tool in its Coordinated Entry System (CES; Coordinated Entry CORE ELEMENTS, 2017). Each CoC is free to choose the assessment tool that best aligns with its community's needs. However, HUD recommends several qualities for the assessment used, including person-centered, user-friendly, transparent, and strengths-based (Coordinated Entry CORE ELEMENTS, 2017).

No "one size fits all" tool has been developed for use in these assessments, nor would one assessment necessarily match every CoC, so CoCs are encouraged to identify the tools that best match the needs of their community. HUD states that the CoC's policies around CES and the assessment tool used can be employed to combat the racial and ethnic disparities that exist in that community.

## **Racial Disparities in Homelessness**

The federal government has created several laws and policies, like the Fair Housing Act of 1968, Section 504 of the Rehabilitation Act, Title II of the Americans with Disabilities Act (ADA), and the HUD Equal Access Rule (EAR), to help combat the burdens faced by many marginalized communities. Like much of the United States, Fresno has a history of discriminatory housing practices that continue to follow it to this day; redlining and active disinvestment still plague the Central Valley and have contributed to ongoing disparities (Tobias, 2020; Zuk, 2013). Evidence of this can be seen in the 2023 Point-in-Time Count conducted by the Fresno Madera Continuum of Care, where most Black, Native, Indigenous, Latinx, Pacific Islander, and other People of Color (BIPOC) groups are overrepresented in the homeless population (Fresno Madera Continuum of Care, 2023).

## **Inequality in VI-SPDAT Scoring**

The Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT) has been utilized in the Fresno and Madera regions since 2013. It was originally designed as a triage tool that would precede a full assessment (A Message from OrgCode on the VI-SPDAT Moving Forward, 2021). However, due to concerns about racial equity and consistency in implementation, the organization that developed the VI-SPDAT pulled support from the tool in 2020 (A Message from OrgCode on the VI-SPDAT Moving Forward, 2021).

Several studies have analyzed the equitability of the VI-SPDAT, with some finding that scores were inequitable among race and gender groups (Cronley, 2022; Priester, 2023; Shinn & Richard, 2022). Some of this inequality is a result of different cultural practices and preferences. In one example, researchers found that Black and Hispanic men were less likely than White men to seek out mental health services or accept medications for mental health struggles (Blumberg et al., 2015); this, in turn, decreases Black and Hispanic scores received on the VI-SPDAT.



## Defining Equity

HUD defines equity as “the consistent and systematic fair, just, and impartial treatment of all individuals, including individuals who belong to underserved communities that have been denied such treatment” (Diversity and Inclusion Definitions, 2021). Among the diverse people and cultures represented in the California Central Valley, several groups and communities fall into the latter category of the HUD definition. The Lived Experience Advisory Board (LEAB) provided unique insight into the multifaceted community's needs and helped guide the FMCoC. The Coordinated Entry System Matching Assessment Tool (CESMAT) aims to equitably evaluate vulnerability and acuity among residents of Fresno and Madera Counties. CESMAT focuses on the disparities faced by Black, Native, Indigenous, Latinx, Asian, Pacific Islander, other People of Color, and those who identify as LGBTQIA+.

## Homeless Problem in San Joaquin Valley

FMCoC covers both Fresno and Madera Counties and accounts for one of the 44 CoCs in California (Kennedy, 2020). HUD Notice CPD-23-11 mandates that all CoCs conduct a Point-in-Time (PIT) Count at least every two years during the last 10 days of January (U.S. Department of Housing and Urban Development & Community Planning and Development, 2023). This count includes those who meet the specific definitions of homelessness in paragraphs (1)(i & ii) of 24 CFR 578.3 and provides a snapshot of those experiencing homelessness at that time. The PIT Count for the Fresno Madera Continuum of Care in 2023 was a total of 4,493 individuals experiencing homelessness, a rise of 7% from the previous year (Fresno Madera Continuum of Care, 2023).

## Local Housing Supply Issues

Looking again at the 2023 PIT count for the Fresno Madera Continuum of Care, there were 3,814 year-round beds available, a reduction compared to the previous year's 5,101 available beds (Fresno Madera Continuum of Care, 2023). While the Fresno Bee reports that Fresno is one of the easiest California cities for the younger generation to buy a home, it is by no means an easy task; the median price for single family homes in Fresno is \$397,000, compared to the state's median price of \$819,740 (Rodriguez, 2024). Fresno also ranks among the top ten cities in the nation for the worst rental vacancies, sitting at 2.9% (Orihuela, 2024). These issues work together to create an environment that makes it even more difficult to find a residence.

# Our Process

## **Project Objectives**

The partnership between CVHPI and FMCoC aims to develop and pilot an innovative, equity-based placement priority index. This project focuses on creating an equitable and effective tool for prioritizing assistance services, ensuring that the most vulnerable members of the Fresno and Madera communities receive the support they need. The three main objectives of this project are:

1. Develop an Equity-Based Index for Service Prioritization
  - Create and implement a new index that prioritizes services equitably for individuals in need within the Fresno Madera community.
2. Engage the Community in the Development and Evaluation Process
  - Involve local stakeholders, including both service providers and recipients, in focus groups and surveys to gather insights and feedback on the new index.
3. Ensure Data-Driven Decision-Making and Continuous Improvement
  - Utilize a mixed-methods research approach to rigorously evaluate the pilot index, incorporating qualitative and quantitative data to refine and improve the tool.

## **Best Emerging Practices and Approaches**

### Conducting Research to Understand Through a Holistic Approach

To develop an equitable assessment tool, thorough research was conducted in collaboration with community stakeholders to understand the specific needs of the homeless population in Fresno and Madera. Literature reviews and discussions with local organizations, including FMCoC, FMCoC LEAB, and Homebase, helped adapt validated tools and develop new survey questions specific to the region. This research informed the design of the assessment tool, ensuring all critical aspects of homelessness were considered to match individuals with the most appropriate resources.

### Community-Based Collaboration

Collaboration with the community was crucial in developing the assessment tool. Regular meetings with the FMCoC subcommittee, LEAB, Homebase, and other stakeholders provided invaluable insights and recommendations. Feedback from these groups highlighted issues among overrepresented populations and suggested improvements to make the survey less intrusive and more supportive. This collaborative effort refined the tool to better match clients to appropriate resources, focusing on increasing equity.

## Coordinated Entry System Workshops

Attending CES and VI-SPDAT workshops provided our team with a comprehensive understanding of CES operations within FMCoC, detailing how staff facilitate client connections to appropriate services. These sessions also highlighted variations among organizations in assessment methods and housing prioritization. For instance, one organization serving domestic violence survivors supplements the VISPDAT with an additional risk assessment to enhance vulnerability assessment accuracy, addressing gaps identified in the VI-SPDAT's applicability. These discrepancies highlight the need for multiple assessments to ensure a thorough and equitable evaluation of client needs.

Additionally, workshops revealed inconsistencies in VI-SPDAT utilization and score interpretation among FMCoC organizations, indicating the necessity for standardized practices. This underscores the importance of robust CES training to achieve uniformity in implementing the new assessment tool. Understanding these nuances has guided our development of the new tool's structure and implementation, with comprehensive training envisioned to streamline CES assessment processes and ensure equitable evaluations across all entities within FMCoC.

## Feedback Structure

Structured meetings with FMCoC, LEAB, and Homebase were pivotal in developing the new assessment tool. Biweekly meetings provided a platform for stakeholders to offer feedback, discuss challenges, and identify gaps, ensuring the tool better meets the needs of the Fresno and Madera regions. Insights from LEAB members, with firsthand experience of homelessness, emphasized the need for a more empathetic and streamlined approach, addressing trust issues and the discomfort of sharing personal information. FMCoC CES staff highlighted systemic gaps and inequities, stressing the importance of building trust within the community and suggesting practical improvements. Collaboration with Homebase and HUD policy experts ensured our survey questions were appropriate and compliant with regulatory requirements. Their continuous feedback helped align the tool with HUD policies, making it more effective and user-friendly. By leveraging these diverse perspectives, we created an innovative assessment tool that considers both vulnerabilities and the level of need.

## Approaching Equity Through Vulnerability and Acuity

The Coordinated Entry System Assistance Matching Tool (CESMAT) was developed to evaluate vulnerability and acuity among homeless individuals and families. This decision stemmed from the original use of the VI-SPDAT, which assessed vulnerabilities for housing prioritization. CES staff highlighted the importance of integrating vulnerability assessment with evaluating acuity. HUD defines vulnerability as unmet needs and the harm a household faces if these needs continue unmet, including factors like age, illnesses, disabilities, and exposure to violence.

Acuity refers to the level of supportive services required for stability, including serious illness, cognitive function, trauma history, and lack of natural supports (U.S. Department of Housing and Urban Development, 2020).

Assessing both vulnerability and acuity achieves two goals: identifying individuals with different levels of vulnerability to match them with housing support and determining the level of need to ensure they receive appropriate services. While these scores are assessed separately, they are combined to assist individuals in qualifying for housing support with necessary services to acquire and maintain stable housing. This tailored approach addresses specific vulnerabilities and acuity levels, ensuring long-term stability. Overall, our structured meetings with FMCoC, LEAB, and Homebase enabled us to create an innovative and equitable assessment tool, identifying those most in need of housing and ensuring they receive support services.

## Desired Measures

A trauma-informed approach was employed in developing and administering the new assessment tool, CESMAT. Our literature review of the VI-SPDAT tool revealed a lack of emphasis on trauma-informed and culturally informed approaches, which are crucial for understanding how homelessness intersects with various aspects of life. By using a trauma-informed approach, we aim to create a safe and supportive environment for administering the new tool. This approach helps prevent retraumatization, reduces individual biases, and promotes a more equitable application of the CESMAT tool. Trauma-informed care involves recognizing the widespread impact of trauma, understanding paths for recovery, and integrating this knowledge into practices to avoid re-traumatization. The survey and administrative scripts will also use inclusive language to ensure clarity, transparency, and respect for clients' situations. Cultural competence was also a key focus, ensuring the survey was respectful and responsive to diverse backgrounds.

The desired measures of the CESMAT include housing history, employment, wellness, experiences with trauma, domestic violence and intimate partner violence, and legal involvement. These measures are essential to accurately capture the homeless population in the Fresno and Madera regions to assess their vulnerabilities and level of need. Understanding housing history helps identify patterns of instability and needs for long-term support. Employment history reveals economic vulnerabilities and potential areas for intervention. Assessing wellness, including physical and healthcare use and access, is crucial for identifying immediate and ongoing healthcare needs. Experiences with trauma, domestic violence, and intimate partner violence are critical to understanding, as these factors often contribute to and exacerbate homelessness. Lastly, legal involvement can highlight barriers to housing and employment, helping to tailor services that address these obstacles. By comprehensively measuring these areas, the CESMAT aims to provide a holistic view of each individual's situation, ensuring that the most appropriate resources and supports are offered.



By integrating these approaches and measures, CESMAT aims to increase equity among Black, Native, Indigenous, Latinx, Asian, Pacific Islander, other People of Color, and those that identify as LGBTQIA+. The tool is designed to be comprehensive, culturally sensitive, and trauma-informed, effectively matching homeless clients to the most appropriate resources and housing supports.

## Issues to Consider

### **Length of the Tool**

One of the first concerns shared with the research team was the number of questions included in CESMAT—issues included question repetition, potential re-traumatization, and the overall time required to administer the tool. Avoiding re-traumatization was a driving factor throughout the development process, and one approach to mitigate this was minimizing the number of questions. Reducing the number of questions also addresses the concern of survey length, as individuals facing stress, poverty, and other issues associated with homelessness often have reduced mental bandwidth (Dowd, 2024). A lengthy survey can deter engagement with the Coordinated Entry System when many other survival-related tasks demand their attention.

Homebase recommended gathering only essential information required to assess the level of need and eligibility for services. This approach helps provide meaningful recommendations to those completing the tool (Mindy Mitchell & Matt Olsen, 2024). Limiting the number of questions reduces the time needed to complete the survey and decreases the chances of re-traumatization, making the process more efficient and less burdensome for participants.

### **Repeated Questions, Repeated Trauma**

During the CESMAT's planning and development phase, we identified the issue of repeated questions, which can be re-traumatizing for individuals as they recount traumatic experiences. To combat this, our team met with CES partners to review all questions asked and surveys administered during the intake process before the VISPDAT, ensuring CESMAT would not contain redundant questions.

This approach also contributed to limiting the tool's length. By eliminating repeated questions, the research team streamlined CESMAT, including fewer but more targeted questions. This reduction shortened the survey and allows assessors to reference the client file for previously recorded information. This practice helps assessors avoid re-traumatizing topics and prepares clients for potentially triggering questions, ultimately creating a more considerate and efficient assessment process.

## Path to Deployment and Recommendations

The journey from conceptualizing changes to the assessment tool and its implementation was not straightforward. Several steps were taken to ensure equity in both content and format, yet numerous obstacles arose during its transition from development to deployment. One significant challenge was achieving consensus on which groups should receive priority, leading to uncertainty over survey questions and their wording. This lack of clarity contributed to confusion during the feedback process.

Originally, a pilot phase was planned to refine the tool based on data and feedback before full deployment. However, the circuitous path to finalizing the tool delayed its creation and pilot implementation. Future redesign efforts should include detailed plans that outline timelines for gathering feedback in preparation for pilot assessments.

## System Flow

To facilitate smoother deployment, communities should analyze and discuss their existing policies and procedures to ensure alignment with the intended tool. Only after this assessment discussion is completed should communities develop a new tool. This analysis helps identify who is currently being prioritized and if it aligns with the community plans, while discussion allows for decisions on prioritization to be compared against current practices. These steps pave the way for clearer deployment by preemptively addressing potential confusion.

This analysis should take a trauma-informed approach to ensure an equitable system exists and will continue to exist in the redesign. Homebase encourages a trauma-informed approach through all levels of the Coordinated Entry System: Access, Assessment, Prioritization, and Referrals (Mindy Mitchell & Christiana Osawe, 2024). Analyzing the current system flow will help guide the redesign by consistently centering on an equity-based approach.

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