

Continuum of Care's Coordinated Assessment System

Slide 1 - intro music



Slide 2

Under the CoC Program interim rule, the Continuum of Care must establish and operate a coordinated assessment system. This presentation will explain the intent behind this requirement and the details associated with this responsibility.

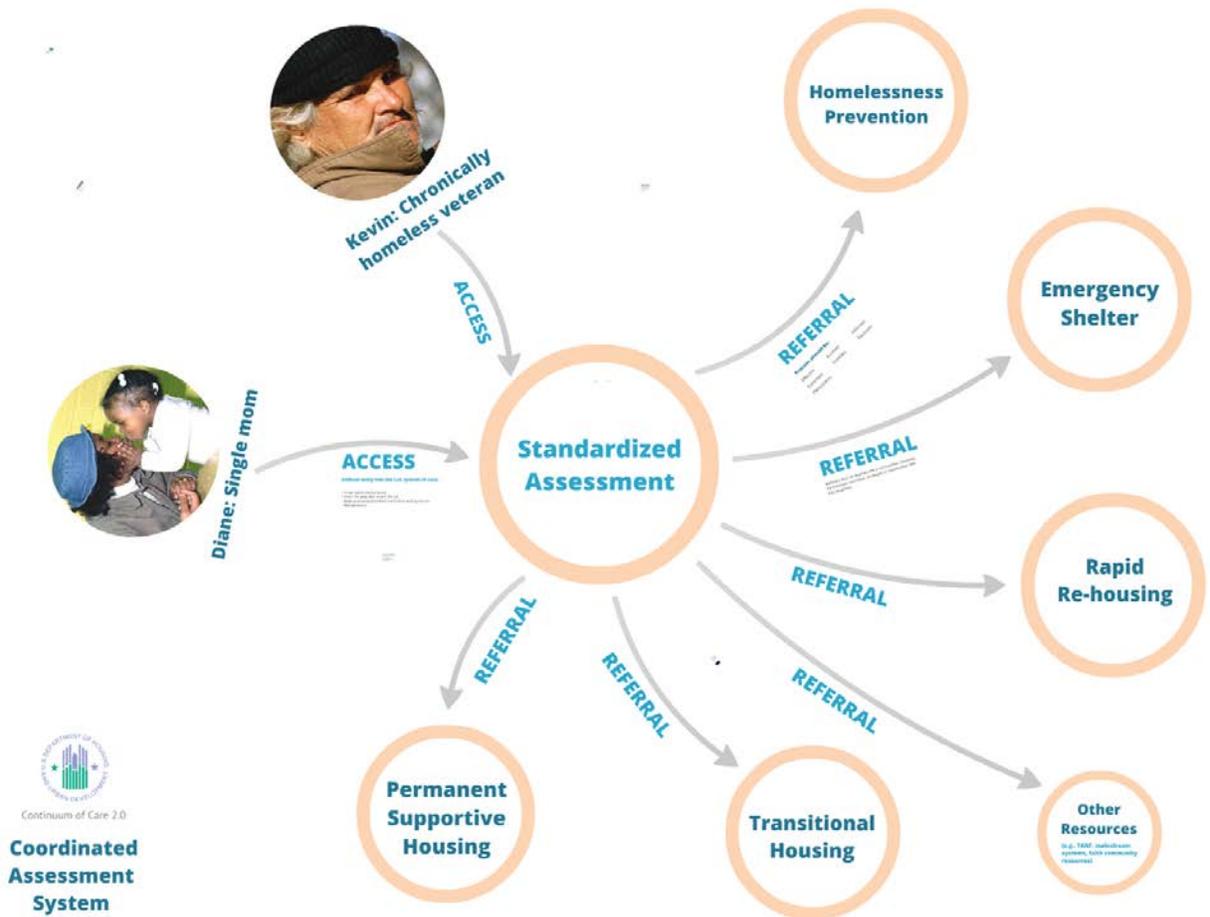


Continuum of Care 2.0

Coordinated Assessment System

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The primary purpose of a coordinated assessment system is to make rapid, effective, and consistent client-to-housing and service matches—regardless of a client’s location within a CoC’s geographic area—by standardizing the access and assessment process and by coordinating referrals across the CoC.



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Implementing coordinated assessment can help CoCs:

- reorient housing and service provision to be focused on the needs of the people it serves, creating a more client-focused environment;
- minimize the time and frustration people spend trying to find assistance
- maximize the use of available system resources, including mainstream resources, to meet their needs
- identify and quantify housing and service gaps and any areas that have excess capacity



Overarching Goals

- **Reorient system to focus on those being served**
- **Minimize time and frustration accessing help**
- **Maximize use of system resources**
- **Identify service gaps for system planning**

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As we explore coordinated assessment, let's consider it from the perspective of Kevin and Diane.

Kevin is a 60-year-old Vietnam War veteran. He is divorced, his children are grown, and he hasn't had contact with his family in years. After his wife left and he wasn't able to find work, Kevin started drinking. He has been living on the streets for the last few years.



Kevin: Chronically homeless veteran

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Diane is a 34-year-old single mother who is looking for housing for herself and her daughter. She has intermittent employment and never seems to make enough to cover rent and child care. She lost her apartment last month, and has run out of other places to stay.



Diane: Single mom

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What does coordinated assessment look like for people like Kevin and Diane, who need housing assistance?



Diane: Single mom

ACCESS
Guidance entry into the CoC system



Kevin: Chronically homeless veteran

ACCESS

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Without a clear system for accessing services, Diane and Kevin might have experienced confusion about how and where to go for help. They would have been responsible for navigating loosely affiliated programs on their own, and may have knocked on many doors before finding help. Even if they found an organization to help them, the best the organization could do was ask, “Is this household good for our project?” Without coordinated assessment, projects tend to make “project-centric” decisions, meaning they can decide whether to serve Kevin or Diane, but cannot take responsibility for assessing whether another project is actually a better fit. Project-centric access and assessment can result in placing Kevin or Diane in a project that is not necessarily the best option to meet their needs.



“Should we accept this household into our project?”

Without coordinated assessment, projects use:

- Project-centric decision making
- Different forms and assessment processes for each organization
- Ad hoc referral processes

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Now imagine Kevin or Diane in a system with an effective and coordinated assessment process that identifies their individual needs and preferences and connects them with appropriate services and supports. With coordinated assessment, when Kevin and Diane approach the system, the intake worker will ask the question: “What housing and service strategy would be best for this household?” The CoC and its projects are collectively responsible for finding the right type and amount of assistance for each person and the process is seamless, easily accessible, and consistent, regardless of where the person asks for help.



“What housing and service assistance strategy would be best for this household?”

With coordinated assessment, systems use:

- Client-centric decision making
- Standard forms and assessment processes
- Community agreement on where to refer
- Coordinated referrals throughout the CoC

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In designing a Coordinated Assessment System, a CoC must consider three distinct components: Access



ACCESS



Standardized Assessment

Slide 12
And referral



REFERRAL

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Let's begin with Access. Access is a defined entry point into the CoC's system of care. People experiencing a housing crisis need to understand where to go to get help wherever they may be. A CoC can structure its access into its homeless assistance system in any number of ways, and from HUD's perspective, there's no "one right" way to do it. However, the entry points should be clearly defined, easily accessible, and well-advertised.



ACCESS

Defined entry into the CoC system of care:

- Virtual and/or physical access
- Covers the geographic area of the CoC
- Easily accessed by individuals and families seeking services
- Well-advertised

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A CoC should define its access, or entry points, based on local geography and how the service system is organized. A CoC may use multiple access points, either in combination or marrying different models of access for different parts of the geography, as long as the full area served by the CoC is covered. Access could be through a 2-1-1 hotline, a central assessment center, multiple assessment sites, or even emergency shelters or other community service providers, typically known as a “No Wrong Door” approach. Thus, with Coordinated Assessment, Kevin and Diane would know where to go to get help, and it wouldn’t be hard to get there.

ACCESS MODELS

Define one or more access points appropriate for CoC’s system of care

- Virtual access points, e.g., 2-1-1 hotlines
- Central intake – single or multiple locations throughout the geographic area
- No wrong door access (e.g., emergency shelters or other service providers)

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Second, a CoC must create a standardized and comprehensive assessment protocol and tool that is used to identify and document the needs of all individuals and families seeking housing or services.



Standardized Assessment

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There is more than one approach to coordinated assessment. CoCs may use progressive engagement, a multi-stage assessment process that begins with an initial triage assessment of safety and immediate housing needs, and then moves, sometimes after a few days have passed, through a more comprehensive assessment to determine if additional services are needed beyond the initial emergency assistance. The intent of this approach is to minimize the burden of multiple intakes for the client and to avoid consuming case management resources on clients who don't require additional services to exit the shelter system. The goal is to provide just the right level of service intervention that an individual or family needs to exit homelessness.

As we consider the assessment process for Kevin or Diane, intake staff would document the clients' resources, preferences, interests, service needs, and any housing barriers. Depending on the reach of the assessment system, the intake worker might also collect additional information to determine if Kevin or Diane was eligible for specific projects, but any information needed for post-placement case management would be left for housing program staff to explore. Remember that Kevin is a chronically homeless war veteran who has been struggling with alcohol abuse. Diane is a single mother with a sporadic employment history. During the assessment process, their unique needs would be identified and an individualized plan would be developed.

Client Assessment

The amount and type of information collected should be scaled to the phase of placement:

Triage » Initial intake » Placement-focused assessment »
Housing plan » Ongoing client assessment

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Note the term “Standardized” as part of the assessment process.

The CoC Program interim rule requires a comprehensive and standardized assessment tool. Intake staff does not need to conduct a full psycho-social evaluation on a client to determine the type of assistance a client needs, and may be eligible for, but some standardized elements are important. While HUD doesn't require the assessment process to definitively determine eligibility for projects or to check for availability within a project, when the coordinated assessment is able to do some of this, the client experience will be significantly better in the long run.

Standardized Assessment

- Comprehensive over time
- Common elements for all clients
- Eligibility screening

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Before moving on to the referral process, CoCs should note that they need to consider how survivors of domestic violence, dating violence, sexual assault, and stalking will interact with the coordinated assessment process, including safety considerations for survivors who are presenting for services at not-victim service providers. Due to the safety needs of survivors, victim service providers may need to establish a separate, but coordinated, assessment system to ensure appropriate access, assessment, and referrals for survivors. For instance, the CoC could establish a dedicated hotline or designate a victim service provider to serve as a central point of access for all survivors.

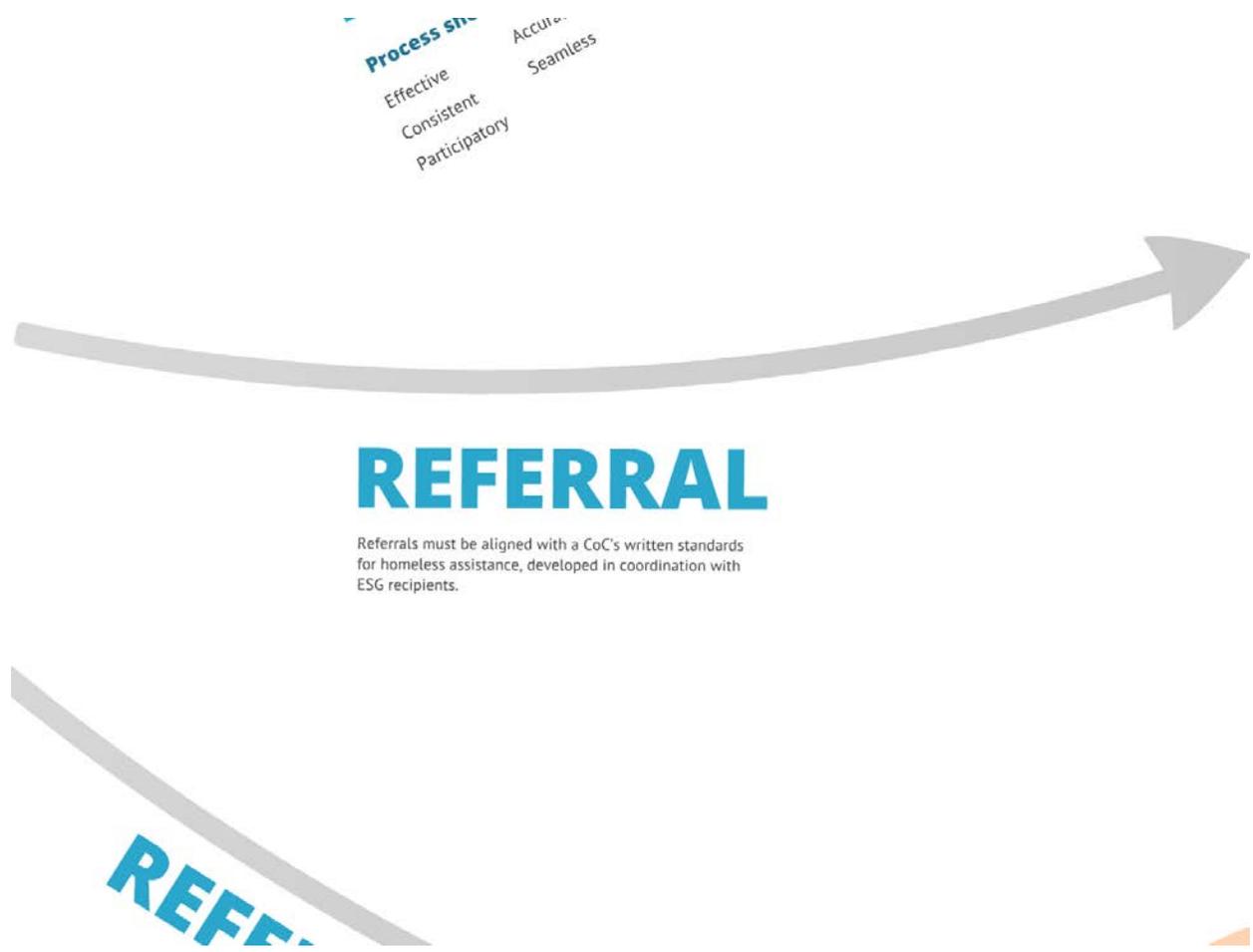
Special Subpopulation Considerations

CoCs must consider the coordinated assessment process for survivors of domestic violence and may need to develop a separate path to ensure appropriate access and assessment.



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Third, a CoC must define protocols for Referrals.



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- Referrals must be aligned with a CoC's written standards. CoCs are required to establish written standards for providing assistance, in consultation with area ESG recipients. These written standards will define which eligible individuals and families should be prioritized for assistance within the CoC's geographic area as well as the amount and type of assistance they are eligible for. These standards are intended to help consistently refer individuals and families to the most appropriate housing and service intervention and to ensure that limited resources are used most effectively. Referral protocols should be developed in conjunction with a CoC's other planning activities.



REFERRAL

Referrals must be aligned with a CoC's written standards for homeless assistance, developed in coordination with ESG recipients.

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Although HUD has not specified explicit requirements for the referral process, the referral process should be:

- Effective, meaning the referral matches people to the housing and services that will best meet their needs and preferences
- Accurate, meaning that individuals and families will be referred to projects for which they are eligible, and that the housing and services will meet their needs.
- Informed, meaning the coordinated assessment provider has a real-time accounting of availability within all projects within the CoC's geographic area.
- Consistent, meaning a person will get the same type of referral regardless of which point he or she enters and that the policies will be consistently applied to all individuals and families accessing help.
- Seamless, by transferring all the data collected at assessment to the provider receiving the referral
- Electronic, building off the HMIS infrastructure to transfer information, and
- Participatory, with full participation from all providers within the CoC's geographic area, to maximize the likelihood of a timely, painless placement for the person seeking help.

REFERRAL

Process should be:

Effective

Accurate

Informed

Consistent

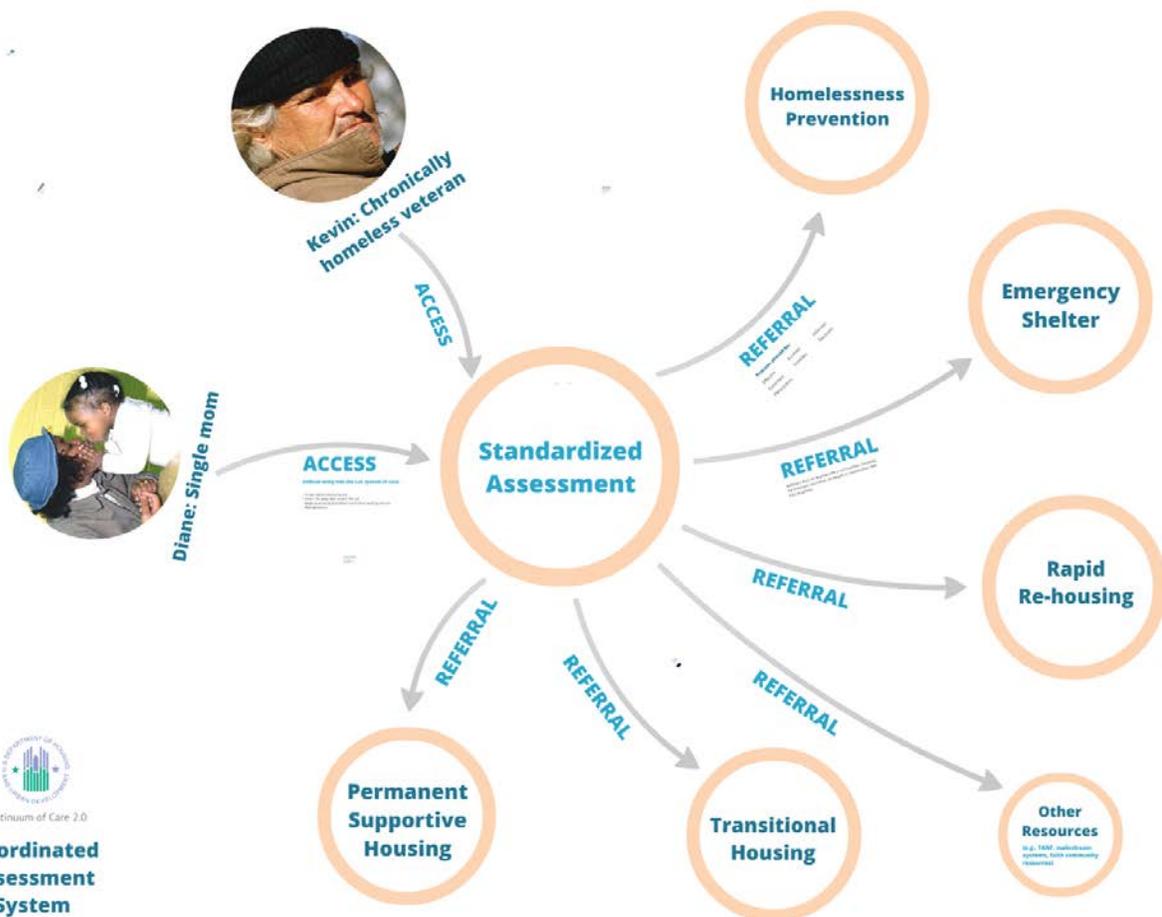
Seamless

Electronic

Participatory

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So as we think about the referral processes for Kevin and Diane, the Coordinated Assessment staff will consider things such as the very different types and intensity of assistance they each need and availability of assistance within the community. The result will be a referral to the most appropriate project. In each community, the available options will look different, but typical referral options include homelessness prevention, emergency shelter, rapid rehousing, transitional housing, and permanent supportive housing.



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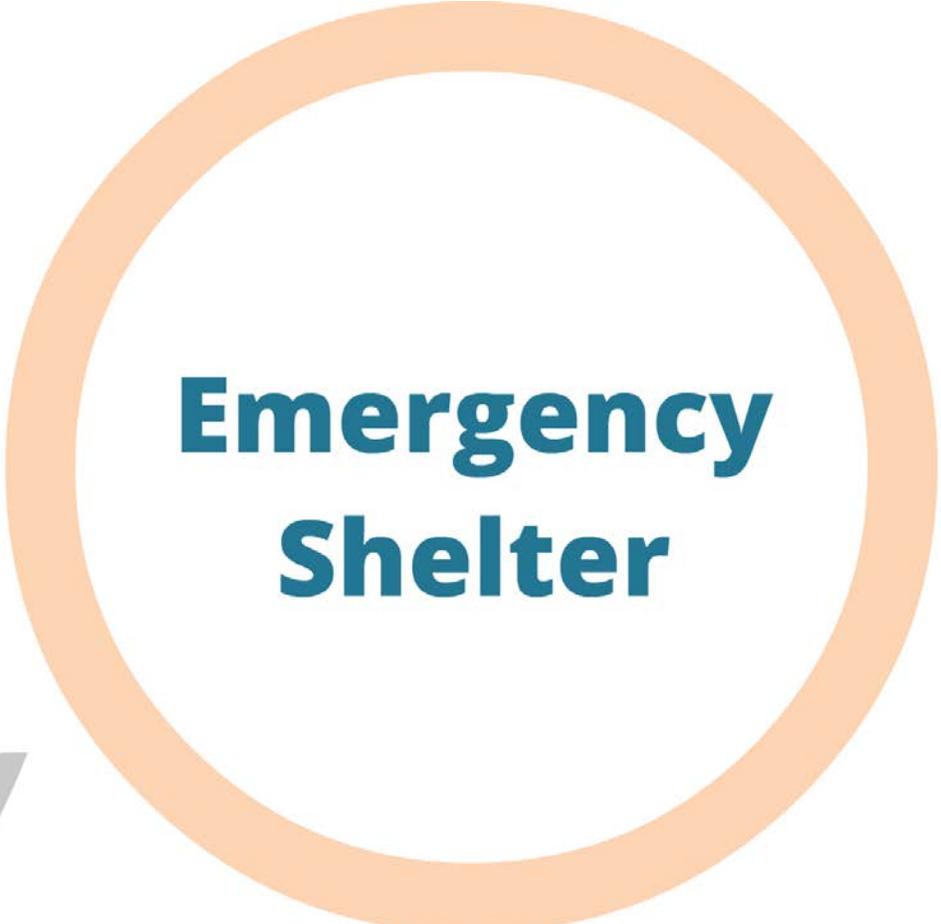
Homelessness Prevention provides short- and/or medium-term rental assistance and services to prevent an individual or family at risk of homelessness from becoming homeless.



Homelessness Prevention

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Emergency shelter provides temporary shelter for people experiencing homelessness.



**Emergency
Shelter**



Slide 25

Rapid rehousing provides short- and/or medium-term rental assistance and services to help homeless individuals and families move as quickly as possible into permanent housing and achieve stability in that housing.



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Transitional housing provides temporary housing and supportive services to people who are homeless to facilitate their successful movement to permanent housing.



**Transitional
Housing**

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Permanent supportive housing provides permanent housing and supportive services for individuals and families who are homeless and have a disability, so they can live independently.

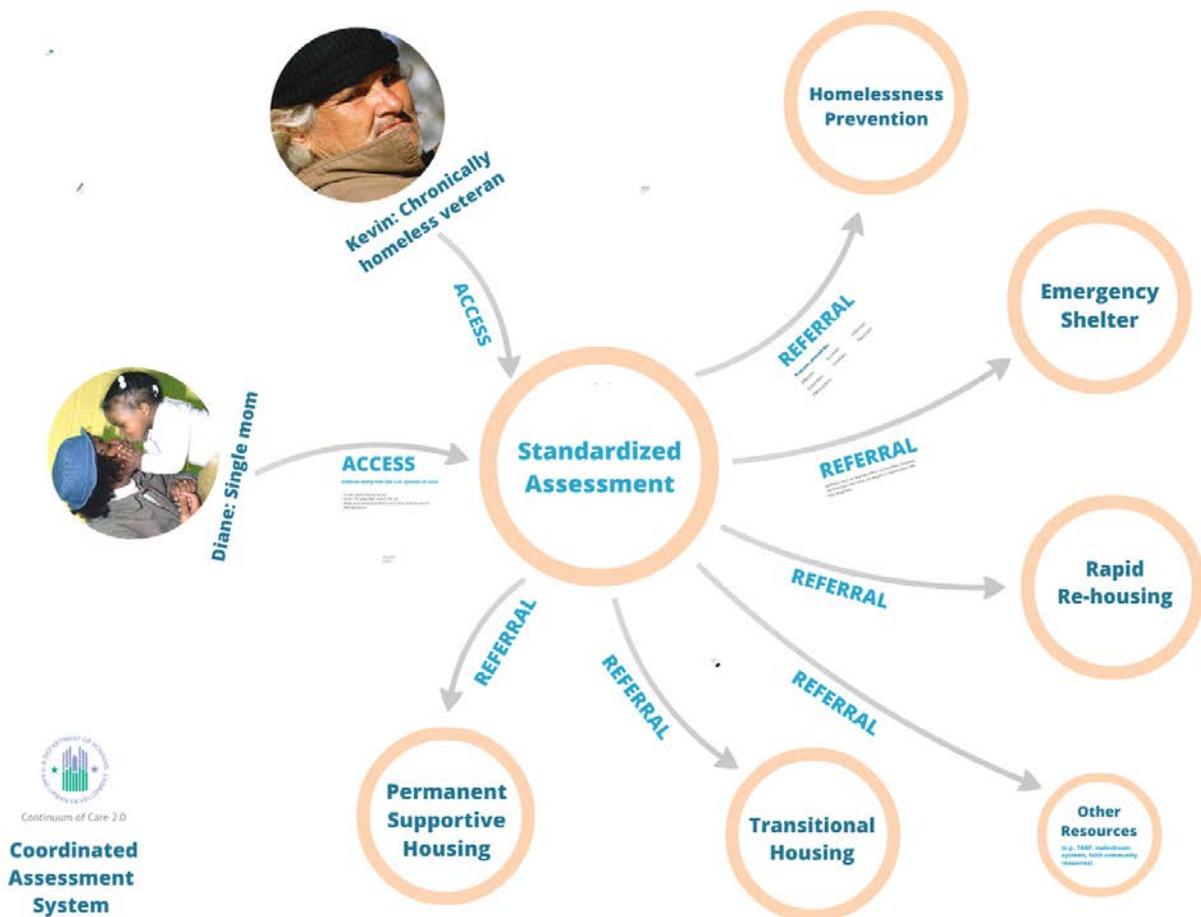


**Permanent
Supportive
Housing**

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Regardless of the referral options available in a community, the coordinated assessment system facilitates appropriate, individualized matching between people experiencing a housing crisis and the right level of assistance they need to resolve the crisis.

To summarize, the core operational components of coordinated assessment are: access, standardized assessment, and referral. These three components work in tandem to help people in need—people like Kevin and Diane—by shifting the responsibility of navigating complex systems of care to the system itself.





Continuum of Care 2.0

Coordinated Assessment System