WEBINAR: COORDINATED ASSESSMENT, VETERANS AND HVRP
THURSDAY
SEPTEMBER 25, 2014
LOGISTICS

- Asking questions during the webinar
  - All participant phone lines are muted
  - You’ll be unable to ask questions by phone
  - Please type your question in the on screen chat box
  - There will be two opportunities during the webinar to ask questions

- Post webinar survey
  - Michael Holzer, TA Program Assistant (NCHV), mholzer@nchv.org
ASKING QUESTIONS DURING THE TRAINING

- Submit questions in the chat box on the webinar
- E-mail questions to Michael Holzer at mholzer@nchv.org
- Submit questions through the post-training survey
MAJOR TASKS OF THE TA CENTERS

1. Provide TA & Training to HVRPs
2. Identify Best Practices and Support Other Research
3. Respond to Inquiries
4. Disseminate Information to Stakeholders
5. Outreach to Employers
Coordinated Assessment is a new requirement outlined in HUD’s CoC Program Interim Rule and ESG Interim Rule, directing the CoC to establish and operate a coordinated process for client engagement and service delivery by 2014. All CoC projects must participate in Coordinated Assessment, including HVRP, SSVF.
1) **Access.** Defined point (or points) of entry into the CoC’s crisis response system

2) **Assessment.** Standardized assessment to ensure consistency and uniformity in documenting clients’ needs

3) **Referral.** Intentional referral process to ensure clients are linked to the appropriate service strategy or intervention.
GUIDING PRINCIPLES

- **Reorient service provision**, creating a more client-focused environment.
- **Minimize time and frustration** clients experiencing trying to find assistance.
- **Identify which strategies are best** for each household based on knowledge of and access to a full array of available services.
- **Link households to the most appropriate intervention** that will assist the household to resolve their housing crisis.
### Guiding Questions for System Design

#### Current Systems

1. *Should we accept this family into our project?*
   - Program-centric
   - Different forms and assessment processes for each organization
   - Project-specific decision-making
   - Ad hoc referral process
   - Uneven knowledge about available housing and service interventions in the CoC’s

#### Coordinated Assessment Systems

1. *What housing and service assistance strategy would be best for each household?*
2. *What housing and service assistance strategy among all available is best for each household?*
   - Client-centric
   - Standard forms and assessment processes
   - Community agreement on how to triage and where to refer
   - Coordinated referrals through the CoC
**HVRP Grantee Role...**

*Do I need to participate in the CoC’s design, planning, and implementation of Coordinated Assessment? ... YES!*

- All homeless assistance and homeless prevention services need to be included in Coordinated Assessment
- HVRP employment services are a critical component of the CoC’s programmatic infrastructure
- Participation in Coordinated Assessment is an opportunity to enhance service coordination, improve client outcomes, and assist Veterans to end their homelessness
How should HVRP grantees participate in Coordinated Assessment planning?

 ✓ Review each of the Coordinated Assessment design components and consider the role HVRP services can play in your CoC
  ▪ Access
  ▪ Assess
  ▪ Referral

 ✓ Contact the CoC representatives in your region to get involved with planning and implementation
Access – Coordinated entry point into the CoC system of care.

- Virtual or physical access;
- Covers the geographic area of the CoC;
- Easily accessed by individuals and families seeking homeless prevention or homeless assistance services;
- Well advertised;
- Multiple entry models:
  - Single point of entry, multiple entry; 211; no wrong door
**Access — Advanced Approaches**

- **Specialized access points** for special populations (e.g. youth, victims of domestic violence, Veterans)
- **Mobile staff** provide access to coordinated assessment services to clients unable or unwilling to utilize traditional access points.
- Serves as **access point for non-homeless** or other community-based emergency assistance services (e.g. supplemental food assistance programs for persons who may not be homeless).
- CoC uses HMIS to document clients’ use of centralized or coordinated intake services.
- CoC use of HMIS to **document client movement** or transfer among CoC system projects (i.e. from emergency shelter to transitional housing).
- Access point documents extent and scope of persons requesting homeless assistance services but who do not enroll in a CoC project (e.g., **persons diverted from homeless system**). Reasons for persons not enrolling are also tracked.
Assessment – document the needs of individuals and families seeking housing or services

✓ Must use a comprehensive tool and standardized assessment process

✓ HUD does not require the coordinated assessment to determine eligibility
Phased with scaled level of client engagement: triage, initial intake, placement-focused housing plan, ongoing client assessment

Assessment process documents client needs, based on assessment, eligibility, based on written program standards for enrollment, referral based on available resources, and disposition, based on availability of housing and services in the CoC.

Assessment process documents client eligibility for available services and shares eligibility documentation with referral providers as appropriate.

CoC uses ongoing or progressive assessment as clients initially enter the crisis response system and move through the homeless system from one project or service to another.
Referral provided for housing and/or services for individuals and families experiencing a housing crisis.

✓ CoC must establish written standards for the administration of projects, including eligibility criteria. Referrals must align with the CoCs written standards developed in conjunction with ESG recipients.
CoC uses HMIS to document client referrals and linkages among CoC system programs (not just the initial entry point).

CoC adopts admission denial policies outlining the acceptable reasons a client referred to a project can be rejected/denied access by that project.

Referrals are managed within the context of a centralized waiting list for limited service or housing slots.

Referrals for available service and housing slots are made based on a CoC-defined prioritization process.
SPECIAL CONSIDERATIONS

Rural Areas

- Standardize tools
- Referrals based on available resources
- Consider hybrid approaches
- Leverage remote technology – 211
- Consider different approaches for each subpopulation
Domestic Violence

- VAWA and security concerns may prevent complete integration
- DV provider as Centralized Intake operator
- Consider other information coordination processes (non HMIS)
Veterans

- VA funds CRRC (Community Resource and Referral Centers)
- Coordinated entry point for VA housing, mental health, physical health, referral services
- 17 CRRCs currently open. Expansion expected.
Integrate HVRP services into your CoC’s Coordinated Assessment approach:

✓ Contact the CoC lead for your region and inquire about the status of Coordinated Assessment planning and implementation

✓ Share screening, triage, and assessment protocols that your HVRP project currently uses
Coordinated Entry: Opportunities for Engagement

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The National Alliance to End Homelessness (Alliance) is a leading national voice on the issue of homelessness. To accomplish its mission of ending homelessness, the Alliance uses data and research to identify the nature of, and solutions to, the problem. It analyzes policy to determine how best to advance these solutions. And, it helps build the capacity of communities to implement strategies that help them end homelessness.

www.endhomelessness.org
Agenda

• Why coordinated entry?
• Planning
• Assessment and Referrals
• Evaluation
• Community Examples
Why coordinated entry?

• Ethical – A fair and just system.
• Economic – Efficient use of community resources.
Planning

- Community planning process
- Target population
- Structure: Centralized vs Decentralized
- System mapping

**Useful tool:** Coordinated Entry Checklist

www.endhomelessness.org/library/entry/coordinated-assessment-checklist
Community Planning Process

• Planning Committee composed of key stakeholders

• Opportunities for Engagement:
  – Contribute to planning process
  – Raise awareness for the role your program can play
Target Population

• End goal: everyone
• Some communities choose to implement with one population to start and then expand
• Opportunities for engagement:
  – May depend on populations chosen
  – Still want to be involved in initial implementation even if not primary target population
Structure

Geographically Centralized
- Small communities
- Advantages: limited coordination needed
- Disadvantages: accessibility

Centralized Telephone
- Any community
- Advantages: ease of handling large number of clients
- Disadvantages: additional in-person interviews, space for phones and staff

Decentralized
- Large communities
- Advantages: more accessibility for clients
- Disadvantages: consistency of services
System Mapping

- Community gaps analysis
- Opportunities for collaboration
- Map how assessment and referral will work
- Opportunities for engagement:
  - Clarify and define role in community system
  - Clarify eligibility criteria to improve assessment and referral processes
Assessment and Referral

• Assessment Tool
• Prevention and Diversion
• Referral to Shelter
• Housing Prioritization and Referral
Assessment Tool

• Goal: determine best program match for each individual or family coming to front door
• Off the shelf vs. community developed tools
• Opportunities for engagement:
  – Make sure services get offered to your target population
  – Clarify eligibility to receive appropriate referrals
Prevention and Diversion

• Communities are encouraged to attempt to prevent homelessness whenever possible

• People who are prevented or diverted may still be at-risk of homelessness and need other services

• Opportunities for Engagement:
  – Access to at-risk population
  – Make sure your community is asking the right questions
Referral to Shelter

- Immediate focus on accessing permanent housing
- Link individuals and families to community-based support services
- Opportunities for engagement:
  - Access households while homeless to start programming
  - Build collaborative relationships with shelters
Housing Prioritization and Referral

• More comprehensive triage tool intended to assess eligibility for housing programs and possible service needs.

• Opportunities for engagement:
  – Ensure tool includes questions that would prompt a referral to HVRP program
  – Clarify eligibility criteria
Evaluation

• Central Question: Is coordinated entry creating a shorter path for consumers from homelessness to permanent housing?

• Consumer survey & Evaluation Tool

• Opportunities for Engagement
  – Survey your clients
  – Create your own measures
Community Example: Clallam County, WA

- Three Housing Resource Centers serve as “one stop shop” for households in need
- Shelter referral and housing prioritization and referral in same location
- Those at-risk, but not homeless receive services only referrals to community programs
- 40 percent reduction in homelessness
Community Example: Memphis, TN

- Phone based coordinated entry
- Screening for shelter and housing programs as well as other community services
- Screened 18,000 requests for assistance in one year
- 14 percent reduction in amount of time families spent homeless
Community Example: Dayton, OH

- Decentralized intake
- Screening for diversion and appropriate housing program
- 1,051 assessments conducted in first 6 months
Resources

• Coordinated Entry Toolkit
  endhomelessness.org/library(entry/coordinated-assessment-toolkit)

• Comprehensive Assessment Tool
  endhomelessness.org/library(entry/Coordinated-Assessment-Toolkit-assessment-and-referrals)

• Coordinated Entry Evaluation Tools
  endhomelessness.org/library(entry/coordinated-assessment-toolkit-evaluation)
Questions?

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Contact us any time with any issues big or small!

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