



National Alliance to  
**END HOMELESSNESS**

# **Coordinated Assessment**

**From Surviving to Thriving Conference**  
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# Definition of Coordinated Assessment

## HUD Interim Rule:

- *Centralized or coordinated assessment system is defined to mean a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. A centralized or coordinated assessment system covers the geographic area, is easily accessed by individuals and families seeking housing or services, is well advertised, and includes a comprehensive and standardized assessment tool.” (Section 578.3)*

# What is Coordinated Assessment?

## Standardized Processes

- Access, assessment, and referral process for diversion/prevention, shelter, RR, TH, PSH, dedicated housing subsidies and/or other related housing and services.

## Comprehensive

- Implemented consistently throughout the entire geographic area of a Continuum of Care (CoC).

## Accessible

- Easy to use and well-publicized to the homeless individuals and families who need it.



# WHY DO WE CARE ABOUT COORDINATED ASSESSMENT?

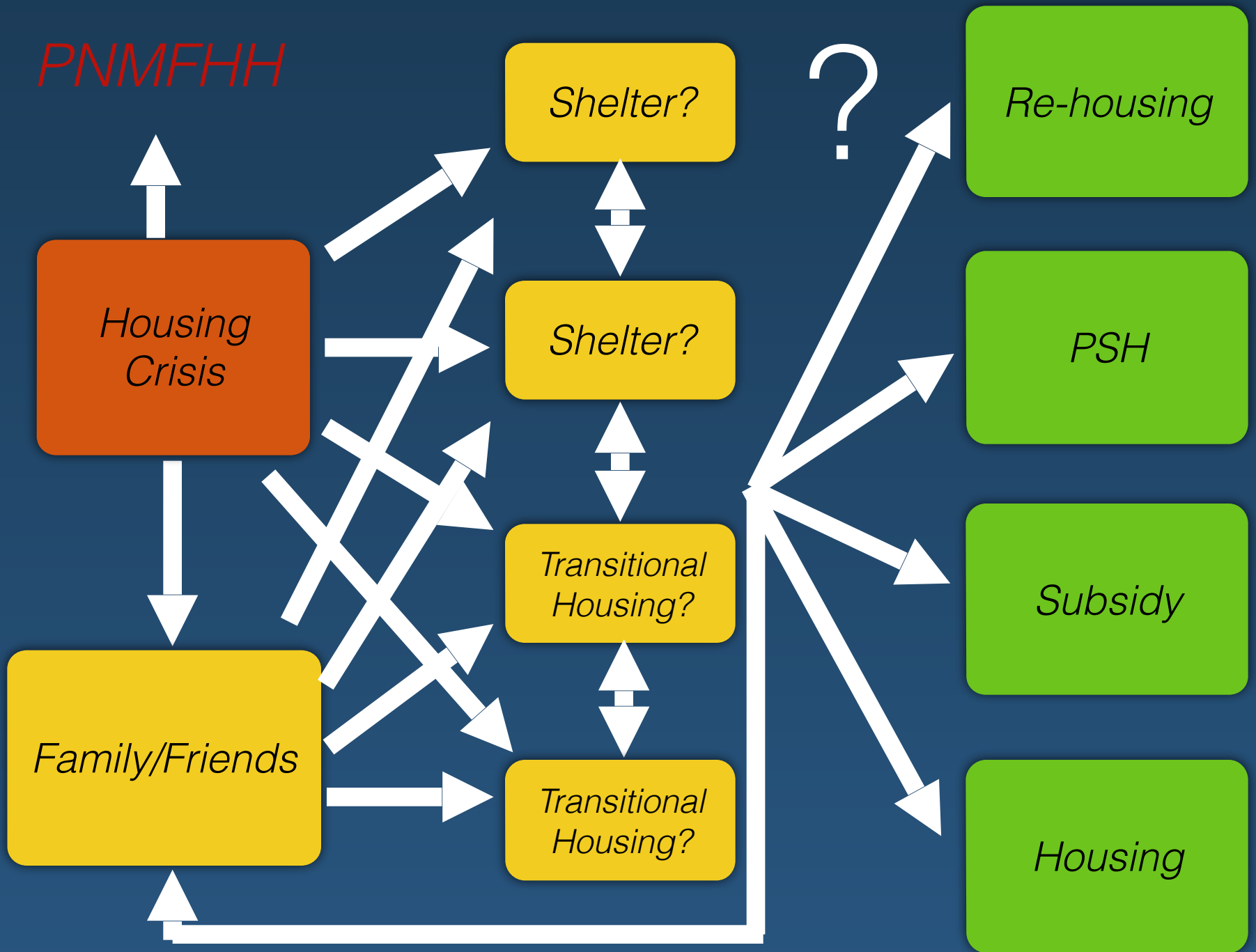
- SENDS HOUSEHOLDS TO INTERVENTION OF BEST FIT FROM THE START
- PROVIDES SYSTEM-WIDE PREVENTION AND DIVERSION OPPORTUNITIES
- IMPROVES SYSTEM EFFICIENCY
- FOSTERS MORE COLLABORATION AMONG PROVIDERS
- IMPROVES ABILITY TO PERFORM WELL ON HEARTH OUTCOMES
- HEARTH MANDATE

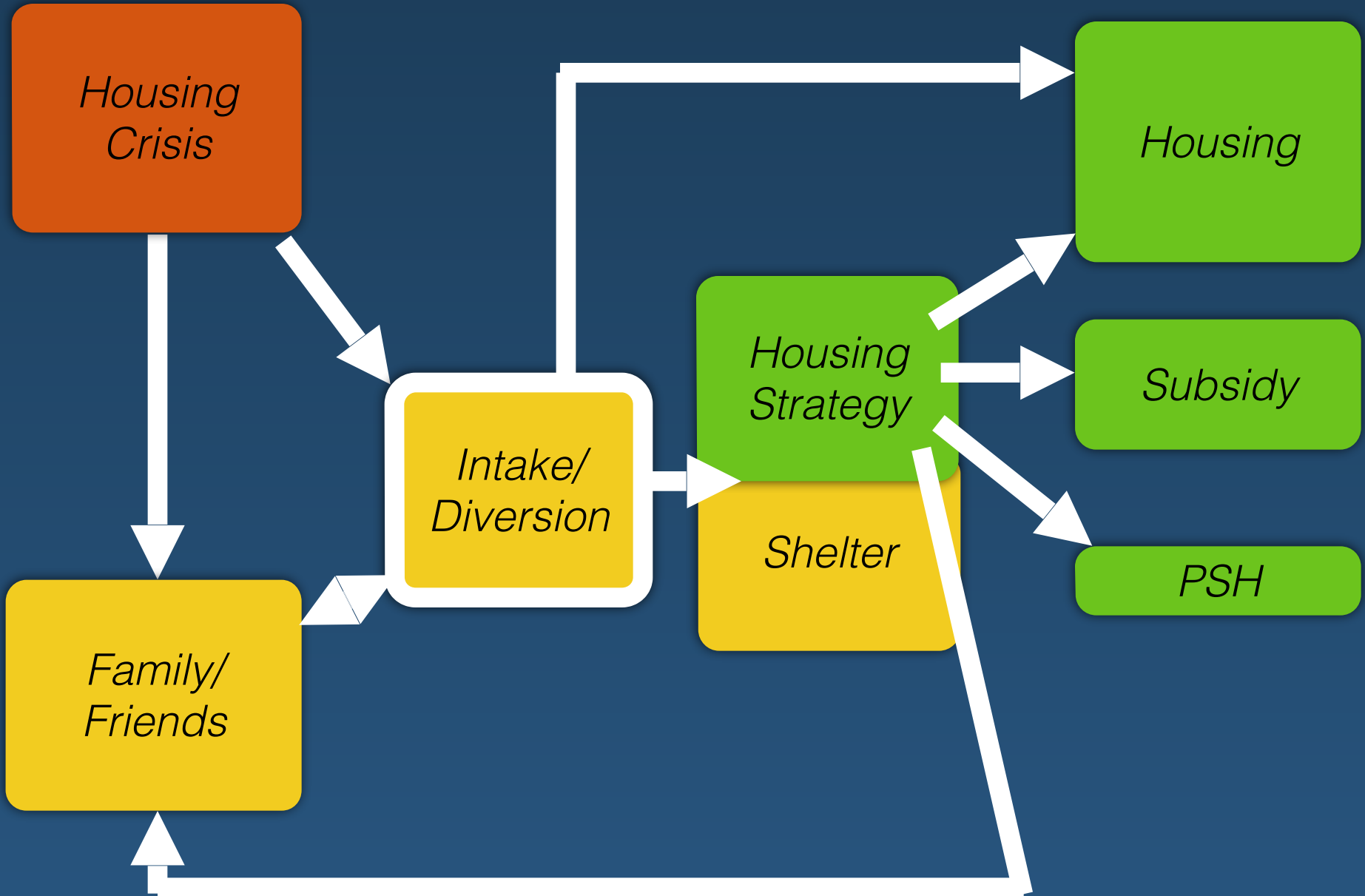
**MOST IMPORTANT: IT'S BETTER FOR THOSE WE SERVE**

# Coordinated Assessment = Entry Point



*PNMFHH*





# *Big, Important Questions*

*What is the end goal of all the work that we do?*

*How can we make things easier for the consumer?*

*How do we create a system that doesn't screen out?*

Applies to the whole system including Shelter, Rapid Rehousing, Prevention, Transitional Housing, Permanent Supportive Housing



## Must Have

Uniform intake process

Written standards for eligibility and prioritization for programs

Access to prevention/diversion

Access/referral to shelter resources

Barrier assessment

Data collection

# *Key Aspects*

*Access*

*Assessment*


*Data Entry and Sharing*

*Referral/Assignment*

*Program Intake\**

*System Change*

# CENTRALIZED MODEL



**SINGLE INTAKE  
CENTER/SHELTER**  
(MAY BE ONE PLACE  
FOR EACH  
POPULATION)

- **PLACES:** COLUMBUS, OH; GRAND RAPIDS, MI; HENNEPIN COUNTY/MINNEAPOLIS, MN
- **PROS:** LESS TRAINING TIME NEEDED; MORE LIKELY TO BE CONSISTENT PROCESS; NEED LESS STAFF
- **CONS:** ONE LOCATION MAY NOT BE EQUALLY ACCESSIBLE TO ALL; HIGH VOLUME

# DECENTRALIZED MODEL



The diagram illustrates a decentralized model with three intake points. Each intake point is represented by a blue house-shaped icon with a white outline. The first two intake points are labeled 'INTAKE POINT #1' and 'INTAKE POINT #2', while the third is labeled 'INTAKE POINT #3'. The text is in white, bold, uppercase letters.

**INTAKE POINT #1**

**INTAKE POINT #2**

**INTAKE POINT  
#3**

- **PLACES:** MONTGOMERY COUNTY/DAYTON, OH; MONTGOMERY COUNTY, MD; WHATCOM COUNTY, WA
- **PROS:** EASIER TO HANDLE LARGER NUMBERS OF CLIENTS; MORE ACCESSIBILITY; MAY INCREASE PROVIDER COMFORT LEVEL
- **CONS:** LESS CONTROL AND CONSISTENCY; MAY BE MORE COSTLY DUE TO INCREASED SPACE/STAFF DEMANDS

2-1-1



**SHELTER  
DIVERSION**

**MAINSTREAM  
RESOURCES**

**INTAKE  
CENTER**

- **PLACES:** MEMPHIS/SHELBY COUNTY, TN; PRINCE GEORGE'S COUNTY, MD; ALAMEDA COUNTY, CA
- **PROS:** ACCESSIBILITY; EASY LINKAGES TO OTHER MAINSTREAM RESOURCES; REDUCES IN-PERSON CLIENTS
- **CONS:** UNABLE TO DEAL WITH CRISIS SITUATIONS FACE-TO-FACE; INCREASED CHANCE OF INCONSISTENCY

## Caveats to Implementing your Model

- There is no “cut and paste”
- Adjustments will be necessary
- Change takes time (and money, and cooperation)

# *Big, Important Questions*

*What is the end goal of all the work that we do?*

*How can we make things easier for the consumer?*

*How do we create a system that doesn't screen out?*

Applies to the whole system including Shelter, Rapid Rehousing, Prevention, Transitional Housing, Permanent Supportive Housing

## *Getting Started: Design*

- Establish Planning Committee (include representation of all types of providers)
- Discuss Population-Specific Systems
- Sketch Out Structure of New Process vs. Old Process
- Include Prevention and Diversion





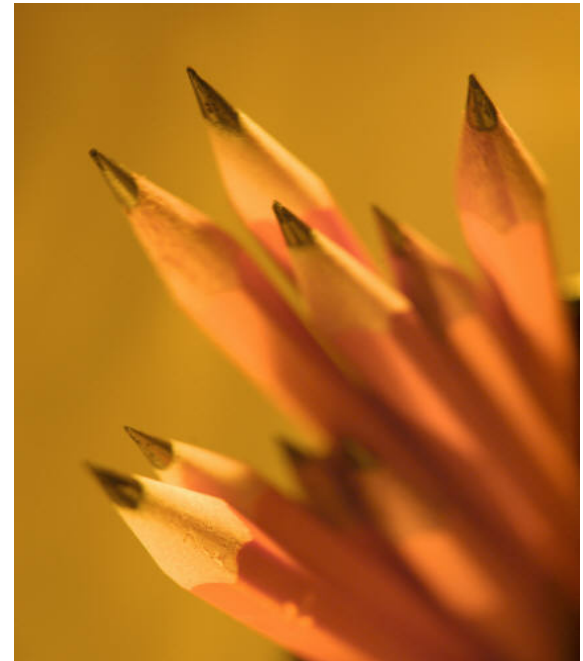
## *Getting Started: Resources*

- Identify Host Organizations
- Identify Staffing Resources
- Locate Financial Resources
- Examine Data/HMIS Resources
- Work on Buy-in and Education



# *Getting Started: Assessment & Referral*

- **Develop Necessary Assessment Tools**
- **Develop Specific Referral Process**



# *Getting Started: Buy In & Communication*



- Change Contracts and Contract Language
- Develop a Communication Plan
- Choose Switch-on Date

- Set Up Consistent Evaluation Process
- Evaluate at Consistent Intervals



## Watch Out! Focus on Intake

Communities plan an assessment process that involves all housing programs, but leaves out prevention and diversion resources.

- First task is to divert whenever possible –can someone stay where they are longer or connect with someone else
- Targeted prevention resources at the front door
- Don't forget there are options outside the system
- Think of types of providers as well as populations



# SHELTER DIVERSION QUESTIONS

- WHERE DID YOU SLEEP LAST NIGHT?
- WHAT OTHER HOUSING OPTIONS DO YOU HAVE FOR THE NEXT FEW DAYS OR WEEKS?
- (IF STAYING IN SOMEONE ELSE'S HOUSING) WHAT ISSUES EXIST WITH YOU REMAINING IN YOUR CURRENT HOUSING SITUATION? CAN THOSE ISSUES BE RESOLVED WITH FINANCIAL ASSISTANCE, CASE MANAGEMENT, ETC.?
- (IF COMING FROM THEIR OWN UNIT) IS IT POSSIBLE/SAFE TO STAY IN YOUR CURRENT HOUSING UNIT? WHAT RESOURCES WOULD YOU NEED TO DO THAT (FINANCIAL ASSISTANCE, CASE MANAGEMENT, MEDIATION, TRANSPORTATION, ETC.)?

## Watch Out! Program Barriers

Communities implement a coordinated assessment process assuming that assigning people to programs will be enough to change outcomes, without taking a look at programs services, requirements, etc.

- Watch for programs with entrance requirements that screen out those needing assistance the most
- Coordinated assessment is about figuring out what your system really needs to meet the needs of your homeless population



## Watch Out! Weak Referrals

Communities don't spend enough time addressing the structure and details of the referral process.

- Assessment tool is important, but without a solid referral process, nearly meaningless
- If providers are still picking from a pot of available people, nothing has changed in your system to make it better
- Referral process needs to be well understood based on clear criteria
- Not a first come/first serve

Assessment tool is important, but without a solid referral process, nearly meaningless



## Watch Out! Lack of Evaluation

Communities collect data  
at the assessment points  
but never stop to use it or analyze it.

- Continue to revisit and perfect the system
- Data is no good if you don't use it to make revisions
- Evaluate the intake processes as well as performance of the system as a whole
- Use HEARTH measures as a guide



“coordinated assessment is a powerful tool designed to ensure that homeless persons are matched with the right intervention available in the CoC, as quickly as possible”

Weekly SNAPS Focus

# OTHER RESOURCES

## COORDINATED ASSESSMENT TOOLKIT

<http://www.endhomelessness.org/content/article/detail/4514>

## PREVENTION AND SHELTER DIVERSION TOOLKIT

<http://www.endhomelessness.org/content/article/detail/4554>

## USICH “RETOOLING CRISIS RESPONSE SYSTEMS” TOOLKIT

[http://www.usich.gov/usich\\_resources/toolkits\\_for\\_local\\_action/retooling\\_crisis\\_response](http://www.usich.gov/usich_resources/toolkits_for_local_action/retooling_crisis_response)

Thank you

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[www.endhomelessness.org](http://www.endhomelessness.org)

