

# REGIONAL COORDINATED ASSESSMENT SYSTEM-MARICOPA COUNTY CONTINUUM

## BACKGROUND

### INITIAL GOALS

IN DEVELOPING THE COC ASSESSMENT AND COMMUNITY ACTION WORKPLAN IN 2011-2012, THE COC AND RELATED STAKEHOLDERS IDENTIFIED THE FOLLOWING GOALS FOR THE MARICOPA COUNTY REGIONAL COC:

- Improve accessibility to homeless assistance and services
- Improve coordination among emergency shelter/transitional housing/ permanent supportive housing referral and placement
- Enhance system capacity to intervene timely and effectively in housing and personal crises
- Ensure programs are meeting a community need and are ending homelessness

IN ADDITION, THE COC PLANNING SUBCOMMITTEE OUTLINED THE FOLLOWING RESPONSES AND RECOMMENDATIONS FOR IMPROVING THE HOMELESS SERVICE SYSTEM:

- Create a coordinated “open door” system for entry and improved service delivery.
- Create a real-time housing availability database that is connected to the centralized intake system.
- Create a system that screens people in rather than screens people out and has the resources and programs available to help people with high needs.
- Create a better understanding of all services and programs in the community (HUD funded and non-HUD funded).
- Decrease the amount of time to transition people to permanent housing, creating increased availability of emergency shelter beds.
- Shorten the length of time people are homeless.
- Create a cohesive homeless service delivery system that is client-driven.

## COORDINATED ASSESSMENT BACKGROUND

The importance of having a coordinated entry system, common assessment procedures and effective methods for matching individuals or families with the most appropriate resources has gained acceptance in recent years as a best practice for communities across the nation. HUD emphasized the value of a coordinated assessment system in federal programs such as the 2008 Rapid Re-Housing Demonstration (RRHD) and the 2009 Homelessness Prevention and Rapid Rehousing Program (HPRP), stressing the connection of such systems to overall system performance. Further, the interim regulations for the Emergency Solutions Grant (ESG) program and the CoC Program contain clear **requirements** for continuums to work in consultation with ESG recipients to establish and operate “either a centralized or coordinated assessment system” within their mutual geographic area.

A coordinated entry process makes it more likely that families and individuals will be served by the right intervention more quickly. In a coordinated system, each system entry point uses the same assessment tool and makes decisions on which programs families and individuals are referred to based on a comprehensive understanding of each program’s specific requirements, target population, and available beds and services.

### COORDINATED ASSESSMENT PAVES THE WAY FOR MORE EFFICIENT HOMELESS ASSISTANCE SYSTEMS BY:

- Helping people move through the system faster (by reducing the amount of time people spend moving from program to program before finding the right match);
- Reducing new entries into homelessness (by consistently offering prevention and diversion resources upfront, reducing the number of people entering the system unnecessarily); and
- Improving data collection and quality and providing accurate information on what kind of assistance consumers need.

Coordinated assessment is designed to quickly connect clients to the most appropriate resources, but its benefits go beyond placement efficiency. Clients in a coordinated system are interviewed and assessed less often, are treated consistently and provided services fairly. Providers save money in the long run, and can focus their energy entirely on service provision. The CoC as a whole can better allocate resources, conduct

strategic planning, and transparently present critical systems information to the community and funders as a result of more comprehensive quality data.

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#### COORDINATED ASSESSMENT SYSTEMS ARE BASED ON THREE CORE PRINCIPLES:

- Standardized access
- Standardized assessment
- Coordinated referral

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#### THESE FOUR SYSTEM COMPONENTS OPERATE ACCORDING TO THE FOLLOWING PRINCIPLES:

- People in need must know where to go for help.
- People in need must have easy access to the system.
- Assistance must be client-centric as opposed to agency-centric.
- Households must move quickly into permanent housing, reducing the length of time people spend homeless.

#### GUIDING PRINCIPLES

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#### THE COORDINATED ASSESSMENT WORK GROUP APPROVED THESE GUIDING PRINCIPLES IN AUGUST 2012:

- The assessment and referral process should be client-centric
- The system must be easy for clients to navigate
- Establish have multiple points of access
- Prioritize enrollment based on client need
- Prioritize “hardest to serve” clients first
- Focus on ending the client’s homelessness as quickly as possible
- Balance provider choice in making enrollment decisions with the system’s need to serve all clients
- Initial Assessments should be as simple as possible
- Establish accountability amongst assessment workers and providers
- Make a system that is sustainable
- Leverage and support existing partnerships and strong partnership
- Streamline any parallel processes
- Offer choices which promote self-sufficiency
- Deliver services that are well coordinated between all staff and agencies

- Support provider staff with appropriate referrals
- Ensure availability and access to a broad, flexible array of effective services and supports for consumers and their families that address their multiple needs
- Provide individualized services in accordance with the unique potentials and needs of each consumer and family
- Use a Housing First approach
- Use real-time data to make quick referrals

## IMPLEMENTATION PROGRESS

### DECISIONS APPROVED BY THE CONTINUUM OF CARE REGIONAL COMMITTEE ON HOMELESSNESS

- Adopted Guiding Principles (August 2012)
- Decided Coordinated Assessment will be regional in scope with access points in Phoenix as well as the east and west valley and mobile/outreach option with the same policies and procedures (August 2012)
- CoC approved a regional Coordinated Assessment Tool: VI-SPDAT, SPDAT, F-SPDAT (August 2013)
- CoC approved Phase-One-Phoenix roll out of Coordinated Assessment in Phoenix for singles at the Human Services Campus and families at UMOM (August 2013)

### COORDINATED ASSESSMENT WORK GROUP PROGRESS

- Developed a regional Coordinated Assessment system map/flow which includes:
  - High level screening done by 211 and a referral will be made (warm hand off) to access point
  - Other referral points include outreach teams, faith-based groups, providers, community action programs, emergency responders, etc.
  - VI-SPDAT prescreening will be administered at access points and full assessment for those screening for PSH
  - Referrals to programs will be made by access points based on SPDAT scoring range and matching eligibility criteria
  - Access points will create HMIS record and collect UDEs
  - Workgroup decided on a parallel system for DV
  - Integrate Coordinated Assessment for veterans with the Community Resource and Referral Center (CRRC)

- SPDAT/F-SPDAT/VI-SPDAT community training calendar developed to build capacity within the community.
- Trainings held (August 2013-present multiple training opportunities)
- Phase-One-Phoenix integrated into HEART group and Standing Strong for Families group
- Created an eligibility matrix with all the HUD Continuum of Care funded programs
- Decided to use the Bowman version of the SPDAT tools integrated into HMIS (March 2014)
- Engaged in the development of “standards of excellence” or service standards for outreach, emergency shelter, transitional housing, permanent supportive housing and rapid re-housing
- Set a goal of implementation for December 2014