Comprehensive Coordinated Assessment for Homeless Services

What is Coordinated Assessment?

Coordinated Assessment for homeless services consists of two primary components. First, a Housing Crisis Response component that helps households access emergency housing services twenty-four hours a day, seven days a week. Second, a Re-Housing component that determines eligibility for certain services like rent and utility assistance, transitional housing, and permanent supportive housing.

The Housing Crisis Response component of Coordinated Assessment has been online since February 2013, along with the rent and utility assistance eligibility portion of Re-Housing services. Starting in July, Coordinated Assessment will be adding eligibility and referral for transitional and permanent supportive housing.

Timeline for Coordinated Assessment of Supportive Housing

- **Immediately –** All partners who suspect clients are in a housing crisis (see screening factors) should refer clients to Coordinated Assessment (2-1-1).
- **30 June –** Last day for participating supportive housing projects to accept referrals from outside of Coordinated Assessment.
- **8 July –** Coordinated Assessment begins determining eligibility for participating supportive housing projects and making eligible referrals as appropriate. CMHCs who suspect patients are in need of re-housing services should refer them to Coordinated Assessment for supportive housing services.
- **30 July –** Last day for participating supportive housing projects to enroll clients received as referrals from outside of Coordinated Assessment. Participating projects may no longer keep a waiting list of eligible applicants. All new enrollments after this date must be subsequent to a Coordinated Assessment referral.
- **25th day of each Month –** PSH and RRH providers must communicate availability for subsequent month to Coordinated Assessment.
- **5 business days –** Deadline for re-housing providers to respond to referrals when they are made (accept or redirect).

Housing Crisis Response

Coordinated Assessment (2-1-1)	Participating Shelter Provider

All presentations
1. Screen household for safety concerns
  ○ Refer appropriately
2. Diversion and Homelessness Prevention
  ○ Seek permanent housing solutions
  ○ If permanent housing solutions unavailable, seek temporary solutions
  ○ Households with particularly high risk for entering shelter or street homelessness may be eligible for financial assistance
3. If unable to divert, refer to appropriate shelter
  ○ Initiate a goal in HMIS: "Obtain Permanent Housing" and share visibility with referral destination
  ○ Record referral in HMIS
	Phone calls and after-hours walk-ins
	1. Assist client with contacting 2-1-1 for screening and referral
	
	Walk-ins during normal business hours
	1. Screen household for safety concerns
	  ○ Refer appropriately
	  ○ If no safety concerns, assist with contacting 2-1-1
	
	Clients referred by 2-1-1
	1. Receive referral
	  ○ If unable to meet needs of referral, contact 2-1-1 and help determine more appropriate referral
	  ○ Mark referral as received and need met or unmet in HMIS
	2. Check in and orient (intake)
	3. Discuss next steps
	  ○ Shelter is responsible for developing housing plan with client
	  ○ Shelter entry form provided by 2-1-1 contains date of next on-site Coordinated Assessment visit (will be within one week)

Screening for Housing Crisis Needs

Partners should refer clients for housing crisis assessment if they have one or more of the following factors present.

- Spent one or more nights in the past seven days at an emergency shelter, at a hotel/motel in lieu of permanent housing, or in a place not meant for habitation such as an abandoned building, a car, or outdoors;
- Experienced non-stranger violence in the past thirty days, such as physical abuse, emotional abuse, stalking, intimidation, or controlling behaviors by an intimate partner; or
- Household is a lessee with a court-ordered eviction from their unit.

Clients in Emergency Shelter	
Coordinated Assessment (2-1-1)	**Participating Shelter Provider**
1. CA will conduct re-housing assessment with all clients in participating shelters ○ CA will visit participating shelters at least weekly ○ Purpose is to determine eligibility, if any, for CoC housing projects ○ If household has especially high barriers to gaining or maintaining housing, may be evaluated for supportive housing (see "Screening for Supportive Housing") ○ For clients not in need of supportive housing, level of need is primarily assessed using a tool developed by the National Alliance to End Homelessness	1. Develop housing plan with client (goals, timeline, etc.) ○ Planned outcome may be private market unit, low income housing, family, friends, or supportive housing ○ Gather required documentation for CA re-housing assessment ○ Connect to mainstream resources 2. Update goal in HMIS as client progresses toward housing ○ In particular, update clients who have housing pending outside of CoC projects

Screening for Re-Housing Needs (CMHCs and PATH only)

CMHC and PATH partners should refer clients for CA re-housing assessments if they have one or more of the following factors present.

- Stayed the previous night in a non-participating emergency shelter (Cherry Street Mission Ministries or Toledo Gospel Rescue Mission); or
- Stayed the previous night in a hotel/motel in lieu of permanent housing, or in a place not meant for habitation such as an abandoned building, a car, or outdoors.

CMHC Referrals for Re-Housing

CMHCs who determine clients to have re-housing needs are asked to complete the Housing Impairment Assessment form and contact 2-1-1. CA will work with the CMHC case manager to arrange a re-housing assessment for the client. Once a re-housing assessment is scheduled, CA will request a copy of the Housing Impairment Assessment form.

Non Continuum of Care Mental Health Housing

In some cases, clients may be eligible for mental health housing outside of the homelessness Continuum of Care, including a portion of Neighborhood Properties (NPI) housing. These projects may have different eligibility requirements, such as not requiring clients to meet certain definitions of homelessness. These projects and providers will retain their separate eligibility criteria and referral processes.

Screening for Supportive Housing (Coordinated Assessment)

CA will work to have clients evaluated for supportive housing—including the possibility of a disabling condition—if they have one or more of the following factors present.

- Current or past service history at a Community Mental Health Center;
- Prior diagnosis of schizophrenia, schizoaffective disorder, bipolar disorder, recurrent major depressive disorder, or substance dependence;
- Prior drug-related conviction;
- HIV/AIDS;
- Developmental disability;
- Other major chronic health condition; or
- Score of five on the National Alliance to End Homelessness Rapid Re-Housing Triage Tool.

For these clients, Coordinated Assessment will generally postpone completing an eligibility determination until we have a completed copy of the Housing Impairment Assessment form. This is to ensure that clients who need more intensive supportive housing services are properly referred to those services rather than being referred to less intensive rapid re-housing projects.

Clients suspected of having mental health or substance dependence issues can be assessed more fully by clinicians at CMHCs. Clients with other conditions that may warrant supportive housing can be assessed by any qualified clinician.

For more information

Visit www.tlchb.org and click on "Coordinated Assessment" for policies, forms, participating providers, and other information.

Contact

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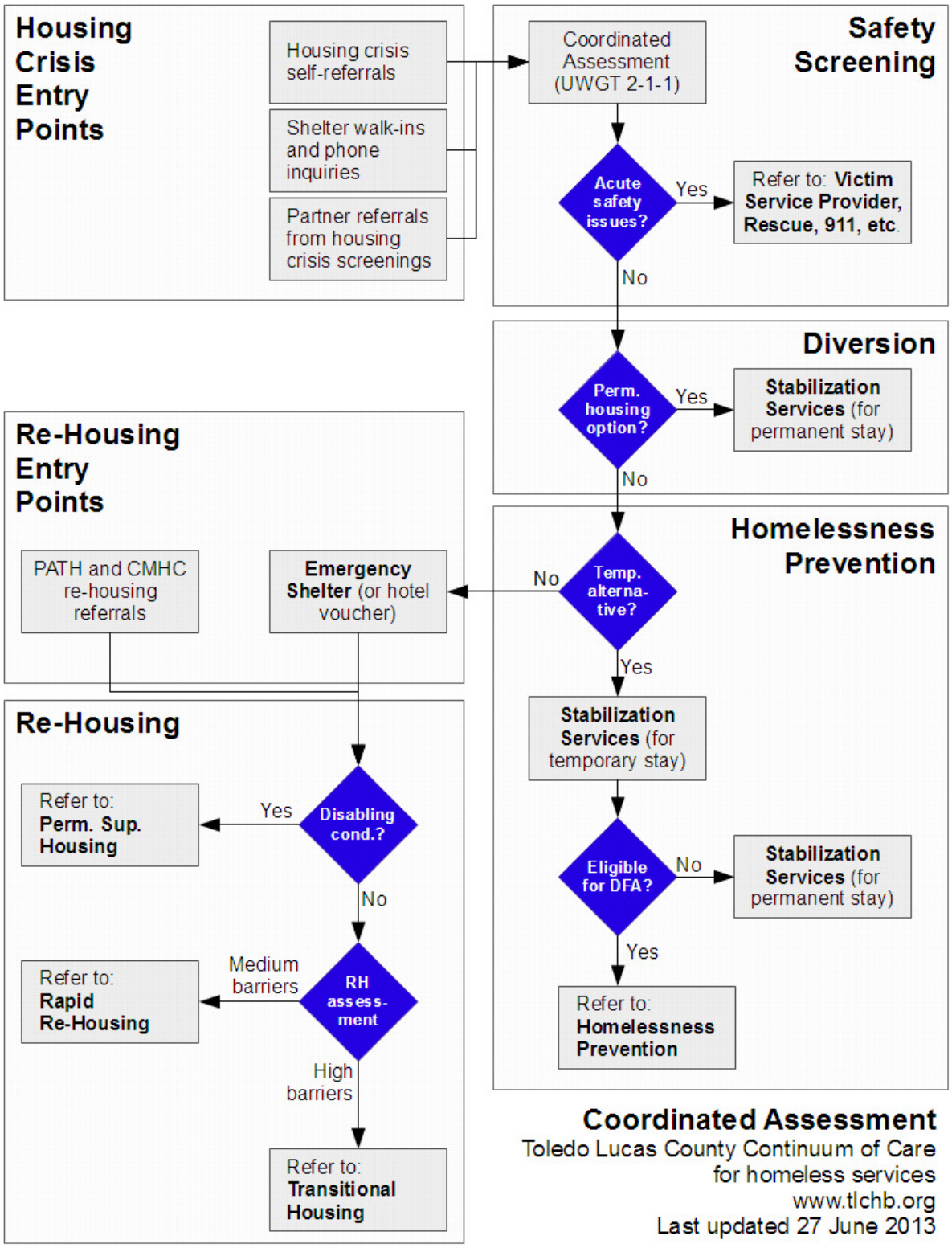
Housing Crisis Entry Points
Housing crisis self-referrals
Shelter walk-ins and phone inquiries
Partner referrals from housing crisis screenings
Safety Screening
Coordinated Assessment (UWGT 2-1-1)
Acute safety issues?
Yes
Refer to: Victim Service Provider, Rescue, 911, etc.
No
Diversion
Perm. housing option?
Yes
Stabilization Services (for permanent stay)
No
Homelessness Prevention
Temp. alterna-tive?
No
Yes
Stabilization Services (for temporary stay)
Eligible for DFA?
No
Stabilization Services (for permanent stay)
Yes
Refer to: Homelessness Prevention
Re-Housing Entry Points
PATH and CMHC re-housing referrals
Emergency Shelter (or hotel voucher)
Re-Housing
Disabling cond.?
Yes
Refer to: Perm. Sup. Housing
No
RH assess-ment
Medium barriers
Refer to: Rapid Re-Housing
High barriers
Refer to: Transitional Housing
Coordinated Assessment
Toledo Lucas County Continuum of Care for homeless services
www.tlchb.org
Last updated 27 June 2013