

Coordinated Assessment Redesign

Discussion

An established coordinated entry process has proven to be a key component of Continuums of Care that are succeeding in their efforts to make homelessness rare, brief, and non-recurring. Coordinated entry systems *improve service delivery* for individuals and families experiencing homelessness and *increase the efficiency* of the homeless response system by:

- **Simplifying access** to housing and services for people experiencing homelessness
- **Prioritizing housing assistance based on need**
- **Quickly connecting** households to the appropriate housing intervention

Coordinated entry is a shared responsibility that depends on the willingness of CoC organizations to work together as a team. Client-focused services and partnerships are also something funders (both private and public) want to see: organizations working together to accomplish goals.

The term coordinated assessment indicates the system is focused on the *assessment* process which is only one fragment of the entire system. Moving to coordinated *entry* emphasizes the goal of the system which is to provide easy access into the process that will assess needs and prioritize based on the severity of needs.

In July, our CoC held a two-day workshop focused on redesigning the existing coordinated assessment system. During a mapping exercise of how the current process works, it was discovered that it could take a person up to 545 days to move from homeless to housed. CSH compiled a report on the recommendations that were made by workshop participants and suggestions for moving forward.

There are 4 major components of a coordinated entry system, including: Access, Assess, Assign, and Accountability. Workgroups consisting of agency leaders and direct care providers will be needed to iron out the details of executing each component. Programs will need to work collaboratively to redesign and implement the new system and continue regular communication addressing concerns as they arise.

The policies in this Board Action Item will provide the framework around which procedures can be developed. A variety of committees and workgroups will be created to ensure processes are transparent, standardized, equitable, and most importantly, client-focused.



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Recommendations

TCHC recommends the Continuum of Care Board of Directors adopt the following proposals developed by workshop participants:

- 1) Restructure the prioritization standards to align with HUD guidance to CoCs provided in the Notice CDP-16-11 and include:

HOUSING INTERVENTION	TARGET POPULATION	PRIORITIZATION
Permanent Supportive Housing	Chronically homeless and disabled individuals/heads of households	1 st : Population: <ul style="list-style-type: none"> Longest history of homelessness + most severe needs Longest history of homelessness Most severe needs All other CH households 2 nd : Date of Assessment
Rapid Re-Housing	Non-chronic, newly homeless individuals and families	1 ST : Population: <ul style="list-style-type: none"> Veterans Youth Families Single adults 2 ND : VI-SPDAT Score 3 RD : Length of homelessness 4 TH : Date of Assessment
Emergency Shelter	Homeless	First come first served

- 2) Adopt the following goals for the TX-601 Coordinated Entry System (CES):

- 100% of CoC- and ESG-funded housing providers will participate in CES
- 100% of PSH & RRH enrollments come from CES
- 90% of CES referrals must be accepted by housing providers
- The average length of time between referral to permanent housing lease up is less than 60 days