Coordinated Assessment & Housing Placement (CAHP) System

Overview

A Coordinated Assessment & Housing Placement (CAHP) system is a client-centered process that streamlines access to the most appropriate housing intervention for each individual or family experiencing homelessness.

Benefits of a CAHP System:

- Allows for the most efficient targeting of resources
- Increases coordination across community providers
- Ensures that everyone has equal access to available housing resources

Within a CAHP system, clients are prioritized through a process that is data-driven and real time. A CAHP must be able to capture client specific information and communicate the data needed to facilitate a housing match/referral. In addition, the data collection and communication platform provides a portal to inform local policy and resource decisions.

A CAHP system can be broken down into four key components, which are described in detail below:

1. Assessment
2. Navigation and Case Conferencing
3. Housing Referral with Choice
4. Data collection and Communication

Four Key Components of a CAHP system:

<u>Assessment</u>

The Assessment phase includes three key elements: selecting a Common Assessment Tool (CAT) for your community, coordinating outreach and access points, and prioritizing services based on assessment score.

What is a Common Assessment Tool?

A Common Assessment Tool (CAT) is a standard set of questions used by outreach workers to quickly assess people based on need and eligibility. The CAT is used to understand the needs of a person experiencing homelessness and to refer to the most appropriate housing or service intervention based on that need. A CAT must be backed by data, and its recommendations must be based on solid research. The assessment should apply a standardized scoring system to assist communities in determining the most appropriate level of intervention for an individual or family.

The selected tool should be evidence-informed, tested and refined, and have undergone an outside evaluation to determine the tool's effectiveness including validity and inter-rater reliability. The

assessment should be available for all subpopulations and must be worded in a way that clients can understand and respond to accurately. Ideally, the tool should be able to be used by non-clinical staff (such as volunteers), and the community must be able to support implementation and ongoing training of the CAT.

A CAT should use a Housing First lens and ideally be combined with an ongoing assessment that delves deeper into context, history, environment and severity of an issue in a nuanced manner in order to determine changes in client functioning and quality of life over time. For more information on the minimum requirements of a Common Assessment Tool, see this document.

Why should we coordinate outreach and access points?
Coordinating outreach efforts and access points ensures that all agencies in your community are using the same CAT and have been properly trained on how to administer the tool. It also establishes a clear process for administering and completing surveys with people experiencing homelessness.

This coordination should ensure adequate coverage across a community so that everyone experiencing homelessness has the opportunity to be assessed. Developing a process and protocol for access to the survey should include both outreach to people living on the streets (unsheltered) and at points of access where people seek services and shelter.

Why prioritize services?
Prioritization ensures that access to available housing resources are provided in order of greatest need (based on the health and social needs of a person experiencing homelessness)rather than on a first come, first served basis. The CAT should provide a score showing the intensity of service need or level of acuity for each person assessed.

Communities are encouraged to prioritize by Veteran status and by the HUD definition of chronic homelessness, so to align with the federal goals to end homelessness amongst Veterans by the end of 2015 and chronic homelessness by the end of 2016. Pursuant to these goals, and as stated in the recent HUD Notice CPD-14-012, communities (CoCs) are strongly encouraged to develop policies and procedures that prioritize HUD CoC resources by chronic homeless status and length of time homeless. All other things being equal, communities can determine additional areas of local priority within these categories to serve as "tie-breakers" as long as they aren't prioritizing a specific diagnosis or disability type over another.

Navigation & Case Conferencing

During the Navigation & Case Conferencing phase, the individuals or families with the highest priority are assigned a Housing Navigator from the community to assist them in preparing to be referred to an available housing resource and move in after a referral is made. This Housing Navigator provides support throughout the process, which may include accompanying them to all housing related appointments and other necessary social service or benefit acquisition appointments, until such time that they are permanently housed (and sometimes thereafter).

What is the role of a Housing Navigator?
While the job of a Housing Navigator can vary by community and individual household needs, there are areas of commonality. In general, the Housing Navigator serves as the primary point of contact for an individual or family after they have been assessed, and provides assistance in obtaining the documents needed for that individual or family to enter housing. Common documents needed are an ID, Birth Certificate, Social Security Card and DD214 (for Veterans), but the requirements can vary by community and/or funding source. Communities should create a standard list of documents needed and a process for updating this information so that a household can be initiated for a housing referral.

Additional duties of a Housing Navigator might include: securing bridge housing, applying for financial or medical benefits and assisting in the housing search if a client is issued a housing voucher rather than referred to a site-based unit. The success of the Housing Navigator is measured by permanent housing placements. This is often the key difference between Housing Navigation and traditional outreach services.

How are households matched with a Housing Navigator?
The process by which a household is matched with a Housing Navigator will vary and will be determined by the individual community. The support of a Housing Navigator should be available to everyone in the system as they are moved forward in priority order. Generally, Navigators are assigned during the Case Conferencing process.

What happens during Case Conferencing?
Case Conferencing is a centralized process where each household is assigned to a Housing Navigator and the community regularly monitors the progress being made in the areas of document procurement and collection of other information that is needed to initiate a housing referral. Case Conferencing is also used to track progress after a housing referral is made, and as the Housing Navigator works with a client from referral to lease-up and move in. This meeting also serves as a venue for Housing Navigators to troubleshoot and receive support around any issues that may arise throughout the process.

Housing Referral with Choice

The Housing Referral phase is a process by which housing vacancies and other available resources are connected with individuals/families experiencing homelessness that have been prioritized for specific housing interventions. These individuals/families are matched and referred to a unit or resource that meets their needs and for which they are eligible. For example, because VASH vouchers are only provided to veterans, a VASH voucher would not be matched to a non-Veteran. Referrals are communicated with both the Housing Navigator and housing provider. The Housing Referral phase ends when the individual/family is successfully moves into housing (unit is leased).

What is the role of the housing provider?
Housing providers participating in a CAHP system commit to filling vacancies with referrals from the centralized list. They provide eligibility criteria for their housing units or vouchers ahead of time and then notify the point of contact when they have an opening. Once an opening is reported, an initial

match and referral is made with an individual or family experiencing homelessness that meets the eligibility criteria for the vacancy and are document ready. The Housing Navigator then contacts the housing provider to facilitate lease up and move in.

Why are referrals with choice so important?
Providing choice to individuals or families experiencing homelessness is critical to building a system that is client centered. Communities should collect information regarding client preferences such as preferred geography, physical needs, housing type and pet accommodations. If this information is not captured through your CAT, it can be collected in addendum or through a separate survey. Providing choice empowers the family or individual to actively participate in the selection of their housing and ensures that consideration is given to their individual needs. This supports long-term stability by facilitating a housing opportunity that meets the needs of both the household and the housing provider.

Data Collection & Communication

Critical to the creation of a CAHP system is the implementation of a database that can provide the real-time, accessible client-specific data needed to inform and appropriate housing match and referral. The system contains information gathered from the CAT, collects updates regarding progress made toward obtaining needed documents and, in some instances, may be able to track housing vacancies and available resources. The platform ensures that individuals or families are referred to housing opportunities for which they have been prioritized and are eligible, and which also meet their needs.

What are the minimum requirements of a data collection and communication platform?
The selected database must be able to operationalize all components of a CAHP system and facilitate the development of a truly integrated homelessness and housing assistance system in a community. It must be customizable to meet the unique needs, preferences and prioritization protocols of a community. It is a web-based, automated database or other shared platform that is HIPAA-compliant and allows for community partners to view key information that is updated in real-time. It provides an open, transparent platform for coordination of services, while protecting each person's personal information (PI) and protected health information (PHI).

What are the additional benefits of a data collection and communication platform?
In addition to facilitating housing placements, the collection of real-time, centralized data across a community allows for a more in depth evaluation of a community's needs and assets. This information is used to more efficiently target interventions to households, optimize the use of current resources, track progress across the system and communicate valuable information to funders. The selected database should allow for participation from all parts of the system and bridge any communication gaps between existing databases. The ideal system will be easy to customize at the local level and will not introduce barriers to participation such as fees or limits to the number of users.