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Trust and Collaboration Drive Family Coordinated Entry in Phoenix, Arizona

On any given week, 47 new families slip into homelessness across the 9,000 square miles of Maricopa County. We know because our community-wide coordinated entry system allows us to identify and track them. With that data, we can also project how much it will take to end family homelessness in our county: an additional \$4.4 million a year. While we don't have that funding yet, coordinated entry has allowed us to stretch every resource we do have to serve as many families as we can. It has revolutionized the way we as providers work with each other, and the way we tailor housing and services to families with a broad range of strengths and needs.



Our efforts to develop a more coordinated system for families sprung out of the reference to coordinated entry in the 2009 HEARTH Act passed by Congress. Because I had been the state homeless coordinator before moving over to UMOM, I put out a call to the five family shelter providers to begin to develop a vision of what genuine collaboration would look like. Despite the tension that is inherent when everyone is competing for the same dollars, we began by reviewing our waiting lists and found a 25% overlap in families. Our first action as a group was to create a consolidated waiting list for shelter.

Our group—called Standing Strong for Families--continued to meet monthly to deepen our partnership and to make sure that ending family homelessness was prioritized within the continuum of care and our local and state government. In 2009, two of the providers in our partnership participated in a rapid rehousing demonstration project that used a housing barriers assessment tool. As a group, we started tinkering with it so that we could have a consistent way of determining which families were the most vulnerable. Eventually, we transitioned to the Family Service Prioritization Decision Assistance Tool (Family VI-SPDAT), developed by OrgCode Consulting, which allows us to prioritize families for different housing interventions and service needs.

By August 2014, we were ready to launch full-scale coordinated entry—called the Family Housing Hub-- among our 5 shelters through a centralized intake located at UMOM. Once we were up and running, we incorporated one transitional housing or rapid rehousing provider a month until everyone was on board. The transition to coordinated entry for those programs, in

particular, was not easy. Programmatically, they had to accept families based on their Family VI-SPDAT assessment rather than their own application criteria, which meant they had to train staff to work with families facing more significant challenges than ones they had worked with in the past. And administratively, they had to do things like change all their brochures and websites to reflect our new processes and procedures. Ultimately, it took us a whole year to get everybody on board. Since then, we've added some additional housing partners, including units from a local housing authority and the behavioral health system.

Because all families pass through our centralized system, we are now able to triage needs, troubleshoot issues, and shrink the problem of family homelessness in our community. One thing we found was that, often, families don't want or need shelter. They just need advice, referrals, or leads on affordable housing units. For those families, we offer a one-time community-based case management session—diversion—in which families work with a professional to problem solve their housing crisis. For example, one young woman came to us saying that her grandmother was threatening to kick her and her kids out if she didn't get a job. So, we helped her think through her next steps for finding employment, and that effort was enough for her grandmother to say she could stay. Around 37% of the time, we are able to help families resolve their problems right away and alleviate their need to enter the system.

The families we are unable to divert are formally assessed with the Family VI-SPDAT, which helps us to know which of our available resources is most likely to meet their needs and end their homelessness—including emergency shelter, rapid re-housing, supportive housing, and transitional housing. Unfortunately, we don't have enough housing resources to serve every family in need, but the data we have gathered has been critical to understanding and making the case for the resources we do need. Beyond just a dollar amount—the \$4.4 million I mentioned above—our analysis suggests that we need 17 more units of emergency shelter, 68 units of transitional housing, 209 rapid re-housing interventions, and 15 more units of permanent supportive housing.

We are still working to strengthen our coordinated entry, particularly to align with the outreach and prevention components of HUD's recent **coordinated entry notice**. But I know that our shared leadership in Maricopa County will continue to make progress. To this day, our provider group meets monthly, with a different agency hosting and running the meeting each time. It's truly a safe space for honest conversation about the challenges we are facing—and the best ways to overcome them.

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