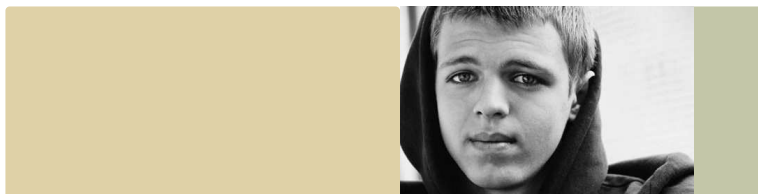
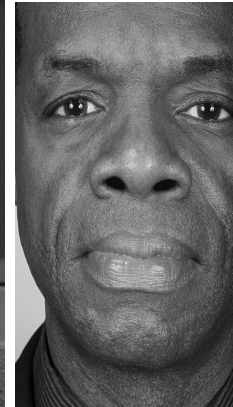
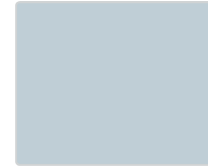




# **Access, Assessment, Assignment: The Fundamentals of Coordinated Entry**

**2016 National Conference on Ending  
Homelessness (July, 2016)**



# Welcome and Introductions



- Matt White, Abt Associates Inc.
- Carla Solem, Northwest & West Central MN Continuum's of Care
- Natalie Matthews, Abt Associates Inc.

# Familiarity with Coordinated Entry



- How would you describe your level of familiarity with Coordinated Entry Systems (CES)?



I have no idea what CES is



I'm still learning, but know the basics



I could be giving this presentation

# Learning Objectives



- Understand the required and recommended coordinated entry system (CES) practices
- Review common challenges and solutions when implementing CES, and identify forthcoming HUD resources on CES
- Hear from a local CoC Coordinator about their experience implementing a fully functional CES



Introduction to CES:

Required &  
Recommended  
Practices

# CE Planning – Required



- Establish and follow written standards for administration of CE within the CoC
  - Incorporate ESG
  - Standards for evaluating eligibility
  - Standards for prioritizing assistance
- Establish affirmative marketing strategy, consistent with Consolidated Plan requirements

# CE Access – Required



- CoC's access points must cover and be accessible throughout the entirety of the CoC's geography
  - Well advertised
  - Street outreach linked to CE
  - Account for access during non-business hours
- Provide appropriate safety planning
- Ensure consistency in decision-making at all access points, regardless of location or subpopulation

# CE Access – Optional



- CoC may establish separate access points for
  - Unaccompanied adults (Singles)
  - Households with dependent children (Families)
  - Unaccompanied youth (Youth)
  - Persons feeling domestic violence (DV)

# CE Assessment – Required



- CoC must consistently apply standardized assessment protocol
- Assessment process must ensure fair, equitable and equal access to CoC resources
- CE participants must be able to refuse to answer questions and refuse referral options

## CE Assessment – Recommended



- Assessment incorporates a person-centered approach
- Assessment staff trained in culturally appropriate engagement and service delivery
- CoCs should employ a valid and tested assessment approach – one that practices progressive engagement, phased approach
- Housing First principles followed
- Assessment acknowledges varying levels of English proficiency, language preference, developmental capacity

# CE Prioritization – Required



- Prioritization based on specific and definable criteria that are publicly available and applied consistently

# CE Prioritization – Optional



- Prioritization can be based on score of vulnerability, level of need/acuity, magnitude of clients' barriers

# CE Referral – Required



- Eligibility criteria resulting in referral strategy must be written, publicly available, and consistently followed
- All CoC beds/units incorporated into CoC's CE referral strategy
- Referral practices comply with equal access and nondiscrimination provisions of Federal civil rights law

# CE Referral – Recommended



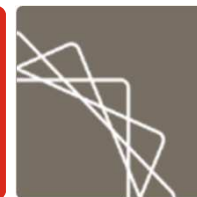
- Access other CoC resources when no PSH available
- Offer participants choice
- Independent entity manages referral process for CoC
- Standardized criteria for when projects may deny referrals
- Identify alternative housing options when a referral is not accepted
- Employ case conferencing and/or housing navigator to ensure efficient and timely enrollment



## Strategies and Resources for CES:

Common  
Challenges,  
Solutions and  
Resources

# NM1 HUD Guidance and Resources



- *Coordinated Entry Policy Brief* (February, 2015)
- *Prioritization Notice* (July, 2014)
- *CES FAQs (for HMIS and DV providers)*
- CES Prezi and videos

The screenshot shows a web browser window with the URL <https://www.hudexchange.info/programs/coc/toolkit/responsibilities-and-duties>. The page header features the HUD Exchange logo and navigation links: Home, Manage a Program, News, Training & Events, Get Assistance, and About Grantees. A search bar is also present. The main content area is titled "CoC Program Toolkit - CoC Responsibilities and Duties" and includes a brief description of the resources. A "Find By Topic" section lists "Coordinated Entry" as a topic.

CoC Program Toolkit - CoC Responsibilities and Duties

Resources cover the range of Continuum of Care (CoC) responsibilities and duties, including CoC governance and structure, system operations and planning, designating and operating the Homeless Management Information System (HMIS), and designing a coordinated entry system. These resources also address the CoC's responsibilities for preparing and submitting the annual application to HUD for funding, and there is a section specifically for Collaborative Applicants with or seeking a designation as a Unified Funding Agency.

Find By Topic

- Coordinated Entry

Coordinated Entry

Resources categorized under Coordinated Entry aid in the establishment and operation of a centralized or coordinated entry system that provides a process for conducting comprehensive entries of housing and services needs for individuals and families. Specific resources discuss the philosophy, requirements, and models of coordinated entry systems.

- Coordinated Entry Communities of Practice (BoS focus)

## Slide 16

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**NM1**

These first two slides could also work for wrap up slides, or as part of the introduction.

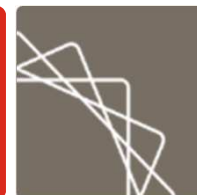
Natalie Matthews, 7/20/2016

# Forthcoming Guidance and Resources



- *Notice on Coordinated Entry*
- *Coordinated Entry Guidebook*
- *CES Self-Assessment*
- *CES Checklist*
- *CES Toolkit*
- Several videos, templates and decision aides
- Once the *Notice* is released, resources will be rolled out

# CES Toolkit



# Common Challenges NM2



- Among the most frequent types of challenges that we found through our CES work, are:
  1. **Planning:** Identifying how decisions will get made
  2. **Operations:** Staffing and budgeting your CES
  3. **Access:** Working with all access points, especially in large geographies

## Slide 19

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### NM2

I started with a much longer list of common challenges (since there are so many!), but in the interest of time (90 minutes total), i thought it best to narrow to these three. Does that seem right to you? Alternatively, we could focus on Access, Assessment and Assignment, to make it align more intentionally with the session title.

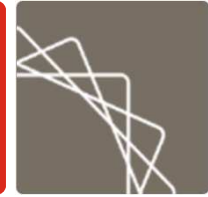
Natalie Matthews, 7/21/2016

# Challenge #1: Planning



- Frequently getting started is the hardest part of the planning process
- Also can be challenging to find the staff and stakeholders with sufficient time and expertise to engage in a meaningful planning process
- Commonly the work of planning for CES is falling on the shoulders of an already overburdened CoC staff person (or someone who voluntarily serves on the CoC)

# Strategies to Address Challenge #1



- **Define your “Why”:** Identifying the purpose, goals and reasons for implementing a CES will help focus efforts, increase buy-in and reinforce the benefits of these efforts

## Las Vegas

WHY COORDINATED INTAKE  
( ULTIMATE REASON)

HELP END CHRONIC HOMELESSNESS



## CARES (North Dakota/West Central MN)

Guiding Principles for Coordinated Assessment:

1. **Reorient service provision**, creating a more client-focused environment.
2. **Identify which strategies are best for each household** based on knowledge of and access to a full array of available services.
3. **Link households to the most appropriate intervention** that will assist the household to resolve their housing crisis.
4. **Provide timely access and appropriate referrals** to housing programs and support services.
5. **Shorten the number of days** between onset or threat of homelessness and access to prevention or re-housing services.
6. **Provide immediate access to information** regarding housing and support services.
7. **Create an advanced system** designed to provide the best client outcomes.
8. **Collaborate when possible** with adjoining Continua of Care and tribal entities.
9. **Provide for ongoing participation** by consumers and stakeholders in the development and evaluation process of coordinated assessment.

# Strategies to Address Challenge #1



- **Identify a group to focus on CES:** This can be a subcommittee of your CoC, a time limited or working group, or several groups (e.g. committee on Single Adults, committee on policies, etc.).
- Make sure that the group(s) can focus on CES and have clear roles and responsibilities
- The CoC is ultimately responsible for CES

# Strategies to Address Challenge #1



- **Pilot CES:** Select a geography, a subpopulation (or both!). Use the pilot to test key elements of your process, including your assessment tool and prioritization process. Scale up!

## Snohomish County, WA

### IV. System Planning and Refinement

While oversight of the expanding coordinated entry system is performed primarily by the county, the Partnership to End Homelessness (PEH) which was formed by agencies participating in the Continuum of Care and the Investing in Families coordinated entry pilot, is tasked with advising and informing the process of expansion and identifying goals and system objectives as well as current gaps in services.

## Las Vegas

### Washoe County

- Pilot for individuals
- Catholic Charities
- Using existing referral and assessment forms
- In process of establishing interagency communications

## Challenge #2: Operations



- HUD has made both planning grant and Supportive Services Only (SSO) grant funds available through the CoC Program, to build local capacity for strategic efforts like CES
- Even so, many CoCs don't yet have dedicated staff for CES
  - Commonly this work is falling on the shoulders of an already overburdened CoC staff person or CoC leadership
- For those CoCs with some funding for CES, it can be hard to know what type(s) of positions to fund and whether or not their level of staffing is sufficient

# Strategies to Address Challenge #2



- **Map out staffing needs:** Identify what existing resources can be leveraged for CES and what gaps emerge.

Hennepin County, MN

## Hennepin County Coordinated Assessment Referral Coordinator – Job Description

<b>Title:</b>	Referral Coordinator
<b>Reports to:</b>	
<b>General Description:</b>	Provides day-to-day leadership and oversight for all Coordinated Access System functions and staff.
<b>Minimum Qualifications:</b>	<p><b>Requirements:</b></p> <p>LCSW or equivalent</p> <p>Minimum 7 years of related human services experience (e.g., homeless services, mental health, substance abuse/recovery, supportive housing);</p> <p>Minimum 2 years of human services supervisory experience;</p> <p>Strong supervisory and leadership skills;</p> <p>Excellent clinical, interpersonal, facilitation, analytical, project management, oral/written communication and negotiation skills;</p> <p>Ability to make sound, independent judgment;</p> <p>Cultural competency and experience working with diverse populations</p> <p><b>Preferred Qualifications:</b></p> <p>Program design, start-up, and evaluation experience;</p> <p>Clinical supervision experience;</p> <p>Familiarity with Hennepin County homeless services system.</p>

Milwaukee, WI

Position Title: Coordinated Entry Assistant Manager 04/02/15

Department: IMPACT 2-1-1

Reports to: Coordinated Entry Program Director

Nothing in this job description restricts management's right to assign or reassign duties and responsibilities to this job at any time.

### Position Summary

Provide quality professional services to internal and external customers with IMPACT 2-1-1. Implement IMPACT's philosophy of teamwork, customer service, and value added, in the call center and in the community.

The Assistant Manager will oversee the day-to-day operations of Coordinated Entry by working closely with the IMPACT 2-1-1 CRS staff, including running daily reports, working as the primary referrer to shelter and obtaining bed counts. The Assistant Manager will be fully trained in the use of the Wisconsin HMIS database and will be responsible to make certain all information entered into that database is done correctly by the IMPACT 2-1-1 Community Resource Specialists.

# Strategies to Address Challenge #2



- **Document expectations, processes, and policies:**  
Develop a detailed operations manual and training program for **all** staff that are working on CES

## Houston, TX

### TX – 700 Continuum of Care

#### Coordinated Access System Operations Manual

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## Charlotte, NC

### DECLINED REFERRALS AND GRIEVANCE PROCEDURES

#### Provider Declines Referral

There may be rare instances where program staff do not accept a referral from the coordinated assessment process. Refusals are acceptable only in certain situations, including:

- The person does not meet the program's eligibility criteria;
- The person would be a danger to others or themselves if allowed to stay at this particular program; and
- The person has previously caused serious conflicts within the program and was banned (e.g. was violent with another consumer or program staff).

If program staff determines a consumer is not eligible for their program after they have received the referral from coordinated assessment, the consumer should be sent back to their initial assessment point for assessment staff to determine a place for them to sleep that night (if they do not already have one). If assessment hours are over for the day, the consumer should be referred to population-appropriate emergency shelter.<sup>2</sup> Within 48 hours of their re-entry into shelter, a representative from the program that refused them, the assessment staff member, and the person experiencing homelessness must meet to determine the best next step for the consumer. Any cases that are unable to be resolved to the consumer's satisfaction will be referred to the Coordination of Services and Housing (COSH) Committee to be addressed as soon as possible. If a program is consistently refusing referrals (more than 3 out of every 4) they will need to meet with the Coordinated Assessment Committee to discuss the issue that is causing the refusals.

## Challenge #3: Access



- Implementing CES can be especially challenging for large, diverse, or widely disbursed geographies
- Can be challenging to implement a CES that is standardized but still meaningful to the local nuances of distinct communities that may be within a CoC
- *Coordinated Entry Policy Brief* (HUD) clarifies that: NM3

“A coordinated entry process covers the CoC’s entire geographic area. In CoCs covering large geographic areas...the CoC might use several separate coordinated entry processes that each cover a portion of the CoC but in total cover the entire CoC.”

## Slide 27

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**NM3**

Matt: Ok to cite this? I believe more guidance will come out on this to help clarify just how distinct the separate processes can be, but is this an OK point to make now without that added clarification?

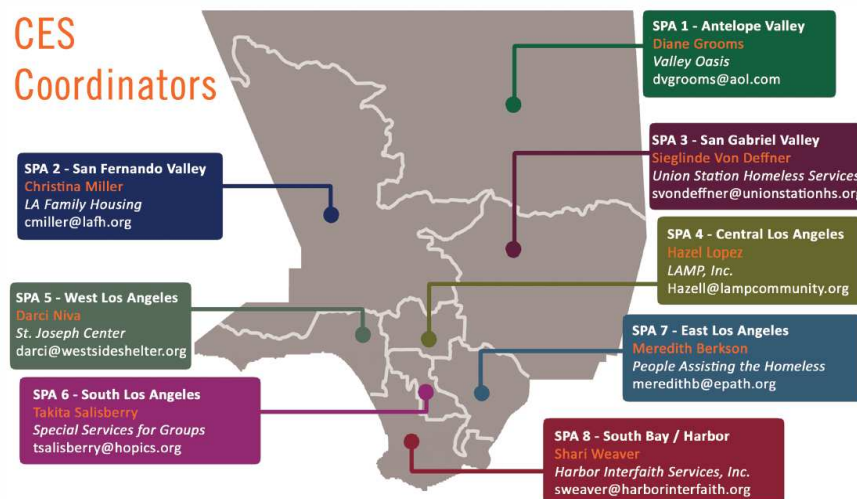
Natalie Matthews, 7/21/2016

# Strategies to Address Challenge #3

- **Set clear boundaries, but allow for local flexibility:** Identify the elements of your CES process that **can** and **cannot** be distinct from the standards you set for your overall implementation.

Los Angeles, CA

## CES Coordinators



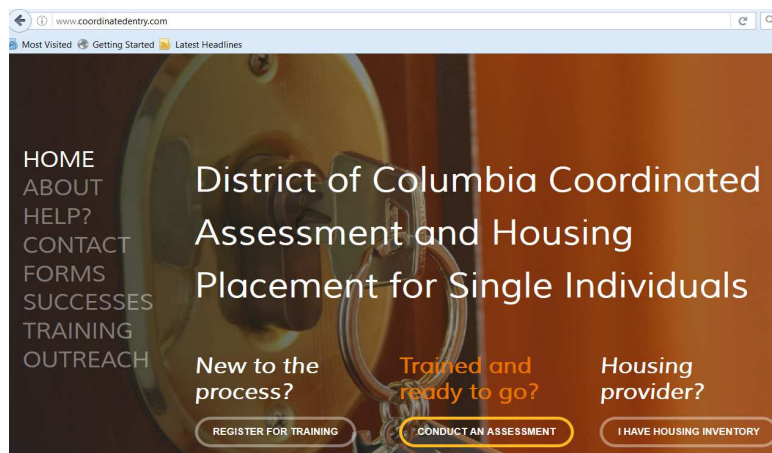
	Outreach	Model	Results	Variations in Regional Implementations
	1	Most SPAs have implemented coordinated outreach team meetings to case conference and ensure coverage of the entire SPA, a requirement of the 2014 RFP.	More than 10,000 people were assessed by December 2014; 43% are scored 3 or 4 (high-acuity) on the prioritization scale.	<ul style="list-style-type: none"> <li>In several SPAs AmeriCorps and university students were tapped to conduct outreach and administer the VI-SPDAT.</li> <li>One SPA's multi-agency outreach team used a map of unsheltered locations from the 2013 Point-in-Time Count to plan its outreach strategy.</li> </ul>
	2	CES leadership selected the VI-SPDAT to assess and prioritize those who are identified as "high acuity" for permanent supportive housing resources. As part of the transition into HMIS, HUD's universal data elements have been merged with the VI-SPDAT.	3,230 people were "match ready" (i.e., had the documents in hand to apply for housing) by December 2014.	<ul style="list-style-type: none"> <li>In one SPA, the assessment process revealed that most "high acuity" individuals were not in shelter as anticipated but were living outside.</li> <li>One SPA established a process to ensure VI-SPDAT consistency through in-person training and a small pool of well-trained data entry staff.</li> </ul>
	3	The RFP provided a pool of flexible resources that can be used to help the highest priority people obtain documents, find transportation, apply for housing and utilities, and connect to...		<ul style="list-style-type: none"> <li>Several SPAs were divided into smaller regional hubs. Each hub lead provides housing navigation to clients that are identified, but not yet connected to...</li> </ul>

# Strategies to Address Challenge #3

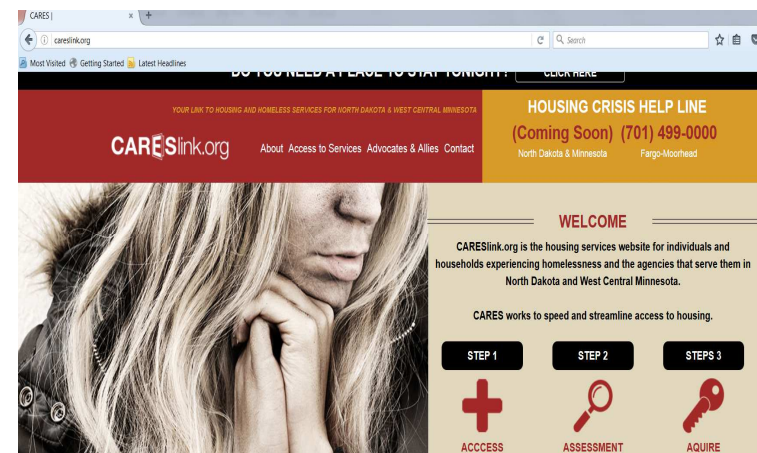


- **Use technology to bolster communication:** Using a website dedicated to CES, a strategic list serv messaging tool, or remote conferencing, CoCs can connect with all parts of their geography on a regular basis.

Washington, D.C.



Fargo, ND/Moorhead, MN





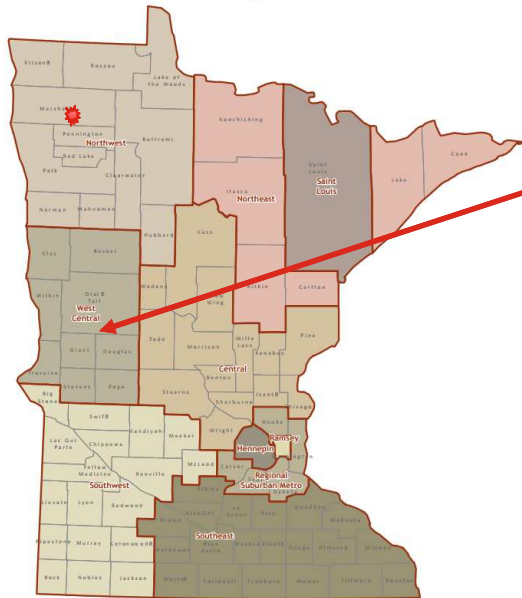
Community  
Experience with  
CES:

Fargo, ND and  
West Central MN  
Collaboration

# About CoC Region



Minnesota's Continuum of Care Regions



## West Central MN

10 Counties

- Largest city is 42,000
- Smallest town under 100.
- 1 Tribal Nation

## North Dakota

Statewide – 5 regions

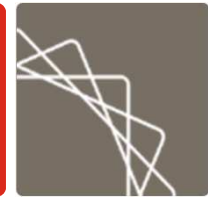
- Largest city is 114,000
- Smallest town under 100.
- 5 Tribal Nations



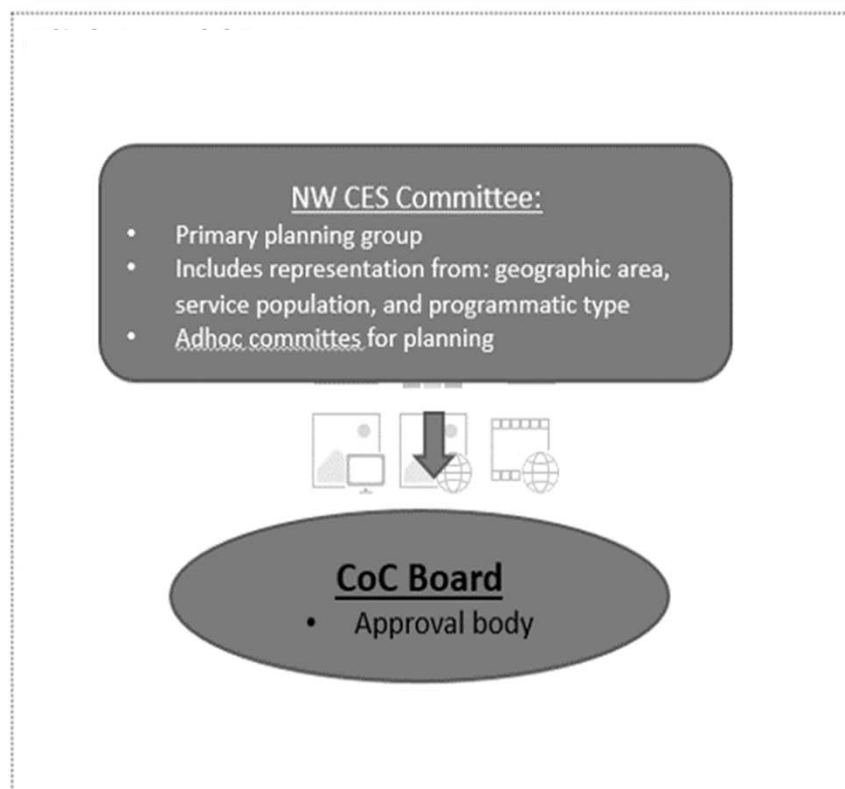
## Fargo- Moorhead Area

- Population of 233,846
- 7 Shelters
- 4 Housing Authorities
- History of cross border collaboration
- About 1,100 persons/yr enter shelter - WC

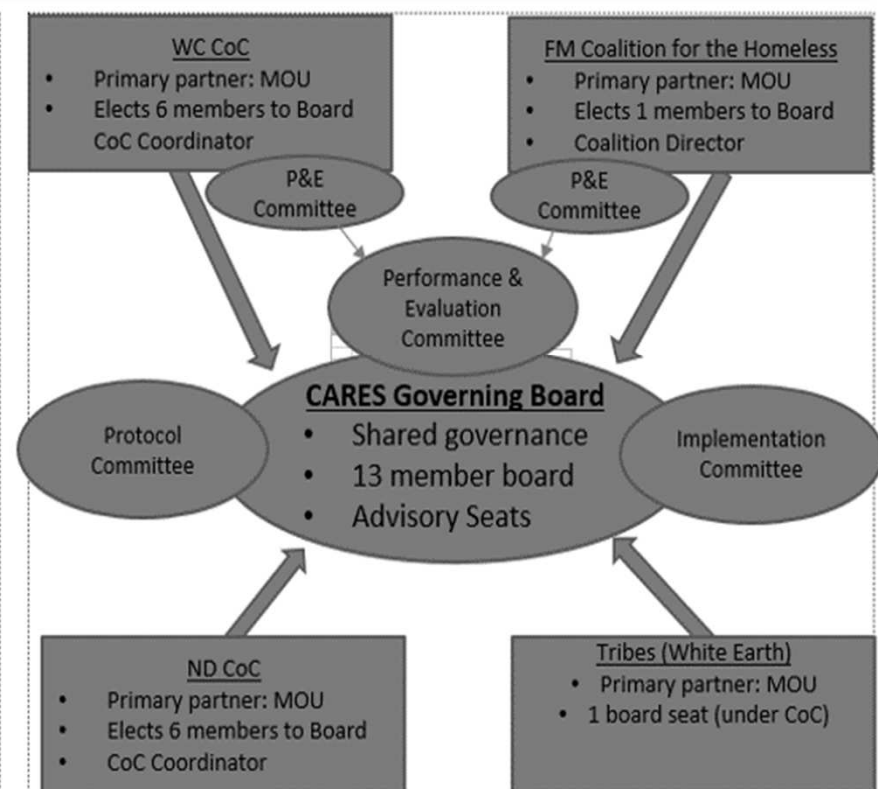
# CES Structure



## NORTHWEST



## WEST CENTRAL: *SHARED STAFF*





Coordinated Assessment,  
Referral & Evaluation System



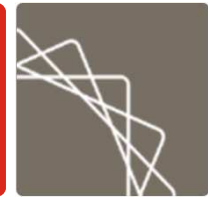
CARES is a collaborative homeless response effort between the following:

- West Central Minnesota Continuum of Care (WC CoC),
- North Dakota Continuum of Care (ND CoC),
- Fargo-Moorhead Coalition for the Homeless (FM Coalition) and
- White Earth Tribal Nation (White Earth).

CARES has:

- Shared Governance Board
- Designated Access & Assessment Sites
- Uniform tools
- Shared Prioritization for WC CoC and FM Area.
- Shared Coordinator

# CES Stages



**STAGE:**

Diversion/Access

Assessment

Navigation

Navigation

**GOAL:**

Triage or linkage

Assess eligibility  
& vulnerability

Support successful

Stabilize &  
integrate

**TIMING:**

First Contact

0-14 Days

On priority list

Housed

**TOOLS:**

Diversion Screen

VI-SDAT/SPDAT

N/A

SPDAT

**DATA:**

CallPoint

Homelink

Homelink/HMIS

HMIS

**STATUS:**

At-risk or  
newly Homeless

5+ VI-SPDAT

Housing Voucher

Housed

# Planning & Implementation Timeline



- Planning Timeline:
  - June 2011 – FM Coalition Ending Homeless sub-committee meeting to streamline the homeless response system access with initial discussion on Coordinated Assessment.
  - January 2012 - Piloted new progressive intake forms in shelters and CAPs.
  - July 2013 - HUD TA secured to assist in expanding CES planning CoC wide.
  - October 2013 – First joint planning session occurred with 80 providers present.
  - November 2013 - A \$200,000 foundation grant was received to pilot data sharing and shared CES governance across CoC borders. Goal was for data bridge.
  - November 2013 to January 2013 - System mapping.
  - January 2014 – Initial meeting of shared CARES Governing Board
  - February 2014, Iain DeJong provided SPDAT training & began CoC wide use of tools and shared prioritization in WC in Drop Box
  - April, 2014 - WC CoC began full implementation of new Diversion & Prevention. ND piloted
  - August 2014 – MOU signed between CoCs, FMCHP and White Earth
  - August 2014 – Partner Agency Agreements & Data Sharing Agreements signed
  - October 2014 – CARES full implementation
  - November 2014 - Piloted Central Diversion and Shelter Access
  - January 2015 – Approved Governing Board Bylaws
  - February 2015 – Pilot funding for housing navigators tied to SPMI on Prioritization list
  - March 2015 - CARES Program Coordinator was hired.
  - June 2015 - Central Diversion/Shelter intake Pilot 2 planned with
  - March 2016 - Secured United Way funding for 3 Housing Navigators utilized CES data.
  - June 2015 – Updated Partnership Agreement and Policies
  - June 2015 - RFP for Central Diversion/Shelter Intake
  - December 2015 – Moved to SharePoint for Prioritization
  - July 2016 – Moved Prioritization list to Homelink

# Impact of CES



## 1. Better Data

- Understanding of target population – families scoring lower
- Supporting documentation for medical respite
- Link between CM and housing search success

## 2. Reduction in Silos

- Weekly Prioritization meetings
- Central Access to Shelter
- Navigator funding & targeting of case load
- Coordination w/ indemnification Fund

## 3. Decrease in Chronic Homeless

- Able to more rapidly house those persons who previously were cycling in/out

# Planning philosophies



1. Don't wait to get started.
2. CES planning is a continual process.
3. Don't start from scratch.
4. Embrace Systems Change.
5. Communication is essential.



# 1. Don't wait to get started



- Do something!



*"A good plan violently executed now is better than a perfect plan executed next week."*

*George S. Patton*

IF WE WAIT  
UNTIL WE'RE  
READY, WE'LL  
BE WAITING  
FOR THE REST  
OF OUR LIVES.

THE POWER OF A  
PLAN IS NOT THAT  
IT WILL GET YOU THERE.  
THE POWER OF A PLAN  
IS THAT IT WILL GET  
YOU STARTED.

- Perfection is not possible.

"Don't wait until you have the perfect idea or perfect plan because they don't exist. Start today!"

## 2. Continual Improvement



- Integrate evaluation into your system.
- Data and stakeholder feedback are essential to improving your system.
- You will make mistakes – learn from them.
- Communicate changes.
- Date versions of documents.



### 3. Don't reinvent the wheel.



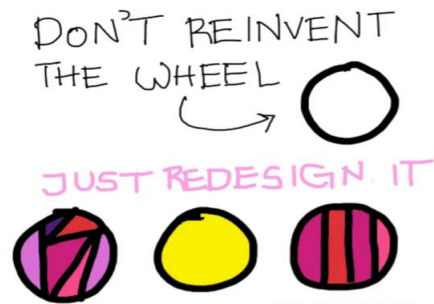
- You do not have to start from scratch.



- There are many wheels (AKA) resources available.



- Using existing resources doesn't mean you can adapt to your local needs.



## 4. Embrace Systems Change



- CES requires change!
  - Coordinated Entry is NOT a new HUD program but a new way to run our homeless response system.
- Admit change is hard!
  - Change requires purpose and time.



**"I want you to find a bold and innovative way to do everything exactly the same way we've done it for 25 years..."**

## 5. Communication is Essential.



1. Provide a Central point for communication.
2. Adapt to audience
3. Consider message and methods
4. Training and keep training
5. Integrate opportunities for Feedback/Evaluation



## Next Steps



# Contact Information



- **Matt White, Abt Associates Inc.**

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- **Carla Solem**

hthcoordinator@cableone.net

- **Natalie Matthews, Abt Associates Inc.**

Natalie\_Matthews@abtassoc.com

Email **Natalie** if  
you have a  
resource you'd  
like to suggest  
for the toolkit

