**Vermont Coalition to End Homelessness**

**COORDINATED ENTRY WORKGROUP**

**OVERVIEW**

The Vermont Coalition to End Homelessness (as the Balance of State Continuum of Care or CoC) is required by the US Department of Housing and Urban Development (HUD) to adopt a “centralized or coordinated assessment system”. Centralized or coordinated assessment system is defined to mean a centralized or coordinated process designed to coordinate program participant intake, assessment, and provision of referrals. HUD’s definition and minimum requirements for a “centralized or coordinated assessment system”:

* Covers the geographic area
* Is easily accessed by individuals and families seeking housing or services, is well advertised
* Includes a comprehensive and standardized assessment tool.

Developing and using a coordinated system is a HUD requirement for the Continuum of Care, and all programs funded under the HUD CoC and the Emergency Solutions Grant will be required to participate.   A victim service provider may choose not to use the Continuum of Care's centralized or coordinated assessment system.

**PLANNING – The Coordinate Entry Workgroup**

The Coalition has established a Coordinated Entry Workgroup to develop/plan a coordinated intake and assessment (i.e., entry) system for the Balance of State Continuum of Care.  The plan will:

* meet HUD’s requirements
* address the following:
  + How the system of care is accessed
  + How clients are assessed
  + How clients are assigned to a provider
  + How the entry system and services are held accountable, managed, and evaluated
* Be useful and flexible – with an aim to streamline access, assessment, and referrals for housing and other services.
* Fit the region, population(s), culture, resource picture, provider capacity and client needs in our Continuum of Care
* Be client-focused (vs. program-focused)
* Keep in mind the end goal of permanent housing

The Workgroup strives to use a planning process that is inclusive and open.

**KEY RESOURCES**

Coordinated Assessment Toolkit, National Alliance to End Homelessness

<http://www.endhomelessness.org/library/entry/coordinated-assessment-toolkit>

Coordinated Entry Toolkit, Building Changes (Washington State)

<http://www.buildingchanges.org/coordinated-entry-toolkit> *note: rural models*

HUD – Weekly Focus – Why Coordinated Assessment

**TIMELINE & TASK LIST – draft 4/2014**

**NOVEMBER**

* Establish workgroup – planning purpose; key stakeholders

**DECEMBER**

* Overview: Understand Mandate and Goals (including examples) – scope is coordinated entry vs coordinated system
* Set Framework – shared mission, goal and expected outcomes
  + What problem(s) can be addressed by using a coordinated entry system?
* Set Process
* Larger group to build consensus? Strategies for getting feedback, building political will and buy-in from social service providers and public programs
* Report Back to CoC, receive feedback (12/17)

**JANUARY - MARCH**

* **Review Models from other CoCs**
  + Speak directly with other areas who have models in place? NH/ME
* **Ask initial key questions**
  + What obstacles must be overcome to build cooperation from stakeholders?
  + Are other system changes needed, at least informally, in addition to coordinated entry to meet expectations and HUD outcomes?
  + Which gaps in services, infrastructure, and other resources are reconcilable? Which ones are intractable?
  + What population(s) will the system serve? All or just families? Homeless and at risk, or just homeless? How will the current environment affect the breadth and depth of the coordinated entry system at implementation? When could the system include all populations if choosing to serve just one population initially?
  + What realities about the population(s) to be served, the geographic area, service providers, and budgets must be taken into consideration to determine which coordinated entry model will work best?
* **Decide on basic structure** 
  + Evaluate the possibilities, including one centralized location, multiple intake locations (a decentralized model), and a “no wrong door” approach (where any agency can conduct the evaluation and make a referral). Decide whether assessments will be done in person, by phone, or both. Decide whether/how the assessment process will integrate with 2-1-1.
  + Funding considerations?
* **Approach for roll out**
  + Phased? Pilot? “soft” launch
* **Communications Plan**
  + Stakeholder participation
  + Misconceptions about system (i.e., it will not increase housing stock)
  + How other points of contact connect to system (schools, hospitals, recovery centers)
* **ID Target population**
  + Will the process begin by serving everybody who becomes homeless, or will it start with one population (e.g. families with children) and then expand to serve other populations? Youth, single or coupled adults, DV, at risk (eviction), at risk (no eviction), vets, others?
* **Map out the Existing Assessment and Intake Process**
  + Create a map of the existing assessment, intake, and referral process and how people move through the system within it. What are the flaws with this process and how can they be addressed with a more coordinated approach? What are the good aspects that should be included in the new model?
  + Regional data? Gaps in network?

**APRIL**

* **Map out the Existing Assessment and Intake Process**
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  + Regional data? Gaps in network?
* **Integrate Prevention and Shelter Diversion**
  + Identify prevention and diversion resources that should be available.
* **Determine forms needed**
  + Screening tool to establish eligibility and triage services?
  + Primary assessment to determine referral?
  + Comprehensive assessment to develop household action plan?
  + Client forms – informed consent, ROI to share info; client grievance form?
  + MOU/A for partners?

**MAY - JULY**

* **Role of HMIS or other database capabilities**
  + Real time tracking?
  + Need access to shared data?
* **Identify the Results Expected to be Achieved**
  + What are the expected outcomes? How will they system be evaluated? Who and how will we measure the results?
* **Sketch out a Preliminary Needs Assessment/Screening Tool – Forms**
* **ID Questions to be asked and begin mapping how referrals will work.** This should be very basic and will be modified as the process moves forward.
* **ID organizations that will host coordination or any other specific roles required**
  + Which organizations have the space, staff capacity, and availability to host the intake, if any? Will there need to be multiple organizations or just one? What changes need to be made to enable the organization to take on multiple responsibilities? Consider there are often different organizations for each different subpopulation (families, youth, etc.).
* **ID Additional Staffing and Resource Needs** 
  + Think about what staff you will use at the coordinated assessment points and how many you will need based on anticipated intake volume. Trained case managers will be crucial to the success of the assessment process. Technological needs, including computers and the necessary data management programs, access to information on community resources, etc. will all be necessary.
* **ID Data and HMIS Needs**
  + Make sure current HMIS can collect data and report outcomes relevant to coordinated entry. In the absence of full HMIS participation from day 1, how else will data sharing be managed successfully?
  + Build capacity to track inventory (e.g. beds, units, and support services), waitlist, client/provider matches, and provider guidelines in real time.
  + Develop intake and assessment tools in tandem with database to ensure complete data collection.
  + Double check state laws that may prohibit verbal and/or virtual consent; confirm that clients can legally give consent verbally or electronically to allow their household information shared between providers. What are additional confidentiality issues that need to be considered?

**JULY - SEPTEMBER**

* **Create procedure for specific referral process**
  + What constitutes a referral? Soft handoff or set appointment with a specific person?
  + How do referrals get made?
  + When must an organization accept a referral? When can referrals be denied, and if so, what happens?
  + How many referrals can a client refuse?
  + How will households be referred to prevention or rapid re-housing services and diverted from shelter?
* **Create policies for clients and partner agencies**
  + Engage partner agencies in establishing policies and procedures.
  + Will client data be shared between partner agencies? How will that process happen?
  + How will clients register a grievance with the system or a partner agency?
  + How will client confidentiality and rights be communicated?
  + Identify specific entity that will enforce system policies and procedures (generally the lead fiscal agent).
  + How will partner agencies be held accountable to follow policies and procedures of the coordinated entry system?
* **Identify a Process for Evaluating and Making Adjustments to the Process**
  + What are the expected outcomes? How will they system be evaluated? Who and how will we measure the results?
  + Will the working group or another group continue to oversee process? How often will meetings occur? How will changes to the intake process be decided on?
* **Finalize the Version of the Screening/Assessment Tool That Will Be Used When the Coordinated Intake Goes Into Effect**
  + Make sure intake staff and referral agencies are familiar with the assessment tools and referral process before new coordinated entry process goes into effect.
  + Cross-reference screening and assessment tools again with database to confirm all fields match.
  + Enter a number of test intakes/assessments to check for any programming glitches.

**\*\*\*SOME LOCAL CoCs START INTEGRATING ASPECTS OF THE NEW SYSTEM\*\*\***

**OCTOBER - DECEMBER**

* **Create a Plan for How the Coordinated Assessment Will Be “Switched On”**
  + Establish firm dates and times, as well as contingency plans in case anything should go wrong.
  + Consider a "soft" start to test system before full engagement; this allows for corrections and adjustments while there are few clients and providers who can be affected.
  + What are the phases (if any) for starting?
* **Create a Communications Plan** 
  + Have at least two communications plans: One plan directed to the primary- stakeholders group and another plan for the community (e.g., mainstream systems, government officials, consumers, and the general public).
  + Educate these groups on outcome and evaluation results and continued systems change, and offer opportunities to provide feedback.

**JANUARY - APRIL**

* **Begin Changing Contract Language** to Ensure That as Many Partners as Possible Are Participating in the Coordinated Assessment Process
* **Obtain Resources**
  + Obtain the resources needed by either pulling them from elsewhere in the community (e.g., having providers agree to “share” case management staff with the coordinated entry points) or hiring new staff.
* **Train People on the Data and HMIS Procedures Involved in Coordinated Assessment Process** 
  + Staff should be trained on when to start entering data, what data must be entered, and how to share data with referral organizations.

**\*\*\* SPRING 2015: SOME LOCAL CoCs IMPLEMENT COORDINATED ENTRY\*\*\***

* Evaluation
* Adjustments
* Training

**\*\*\* FALL 2015: MORE LOCAL CoCs IMPLEMENT COORDINATED ENTRY\*\*\***

* Evaluation
* Adjustments
* Training

**\*\*\* SPRING 2016: FULL IMPLEMENTATION of COORDINATED ENTRY\*\*\***