



Vermont Coalition to End Homelessness

COORDINATED ENTRY WORKGROUP

Summary Document, December 2014

WHAT IS COORDINATED ENTRY?

Coordinated entry is about ensuring that access to homeless services in our communities is streamlined and that households experiencing or at-risk for homelessness are able to quickly access the assistance they need and for which they are eligible, without having to call or be turned away from multiple programs.

In some communities, this coordinated system is centralized, in that there is a single point of entry for accessing all types of homelessness assistance. Other communities do not use a centralized point of entry, but rather have coordinated systems, which may include multiple points of entry, to coordinate access to homeless assistance services and housing and to link people to the most appropriate services and housing interventions.

Communities with coordinated entry systems also utilize “coordinated assessment” strategies to better match people experiencing homelessness to the most appropriate types of housing assistance (such as prevention, rapid re-housing, shelter, and permanent supportive housing) based on an assessment of the needs of households.

In Vermont, the workgroup proposes:

- A hybrid, decentralized model – Each local Continuum of Care will use one or more points of entry for homeless assistance, as well as a central point for referral or access through 2-1-1.
- A standard, statewide assessment (or housing screening) tool

WHY A COORDINATED ENTRY SYSTEM?

Coordinated Entry is about different homeless assistance programs coming together at the local level to create changes that result in better outcomes for clients facing a housing crisis.

In Vermont, we believe that a coordinated entry system can help:

- Improve referral appropriateness and coordination
- Increase understanding among partners of what resources are available
- Decrease the time that people experience homelessness
- Help people move in and out of the homeless system as quickly as possible allowing them to achieve housing stability
- Support community-wide or system level planning and outcomes

The Vermont Coalition to End Homelessness (as the Balance of State Continuum of Care) is required by the US Department of Housing and Urban Development (HUD) to adopt a centralized or coordinated assessment system to coordinate program participant intake, assessment, and provision of referrals. This system must cover the geographic area, be easily accessed by individuals and families seeking housing or services, be well advertised, and includes a comprehensive and standardized assessment tool.

COORDINATED ENTRY RE-ORIENTS OUR “SYSTEM”

CURRENT SYSTEM	COORDINATED ENTRY SYSTEM
Should we accept this client into our program?	What housing and service strategy is best for this household, and available?
Client has the responsibility to find services and housing projects. Sometimes with multiple calls or visiting multiple locations	Client accesses homeless assistance through carefully designed protocols
Inconsistent communication and understanding about what's available	Consistent, clear communication to partners & clients about what's available
Unique forms and assessments at each project	Standard forms and assessment for every client at each entry point
Project-specific decision-making	Community agreement on how to assist each client based on their needs
Ad hoc referrals between projects	Coordinated referral + similar needs = similar placement

AN EFFECTIVE COORDINATED ENTRY SYSTEM IS:

client focused and
links the household to an intervention to resolve the housing crisis
based on a standard assessment of needs and strengths and
knowledge of housing and services available

Vermont Principles – Coordinated Entry:

- Focuses on the end goal of permanent housing
- Based on a shared set of values from the Vt Coalition to End Homelessness
- Requires a high level of trust and training
- Looks towards evidence-informed practices and models
- Fits the region, population(s), culture, resource picture, provider capacity and client needs in our Continuum of Care
- Recognizes our current coordination and builds on what works
- Built through an inclusive and open planning process that implements, monitors and adapts as needed
- Recognizes the inherent dignity of persons in need of housing and honors her/his right to confidentiality, safety, and respect
- Simultaneously protect the safety and confidentiality of people who seek housing while securing housing in a timely and efficient manner

SAFETY FOR SURVIVORS OF DOMESTIC VIOLENCE

As many families experiencing homelessness are significantly impacted by domestic violence and other trauma, effective entry systems have the training and capacity to engage in a trauma-informed way and identify victims of domestic violence. Successful systems also offer safety planning, advocacy, and access to specialized services that address the safety concerns of individuals fleeing domestic violence and their children.

Vermont Principles:

- Strong, local referral relationships between the DV/SV service provider and other homeless service providers are essential, especially in the design and implementation of any coordinated entry system.
- Helping survivors access housing resources is critical to eliminate housing as a reason for survivors to stay in abusive relationships.
- It's important for victims to be able to access housing resources (e.g., housing search support, landlord education, tailored services and temporary financial assistance) without compromising their safety.
- Refusal to give consent for sharing personally identifying information should not be used as a reason to deny access to services or financial assistance.
- Data sharing protocols and confidentiality policies must be strong and enforced; these would include recordkeeping, data sharing and physical location.

CONCERNS ABOUT COORDINATED ENTRY

Systems based on points or prioritization seems to make some people less deserving of or less able to access housing and help.

Everyone deserves safe, affordable housing. Every household has varying barriers and needs related to regaining stability in housing. A Coordinated Entry system recognizes these differences and then looks to match the level and duration of services and financial assistance to meet the needs of the household. Many times, our community may not be providing enough services or support and other times, households may be in a service-intensive program that they do not need. Coordinated Entry focuses on matching to need and availability, rather only what's available but perhaps not be a good fit.

In Coordinated Entry, some households may receive a preference to access a specific resource (e.g., Shelter + Care). Any preference will be determined by a standard assessment of household needs, informed by evidence and based on the shared values of the Continuum of Care. In this way, the process becomes transparent, uniform and open rather than subjective, confusing or obscure.

Assigning people to programs seems to take away personal choice.

Every client will still have the choice to apply to the full array of programs, housing and services for which they are eligible.

This doesn't address the real problem of not enough resources or affordable housing available.

It's true that building a coordinated entry system won't create new resources. However, coordinated entry does have a goal to help individuals and families regain stability faster which can free up limited resources. Coordinated entry can also help to illustrate gaps in existing resources by more clearly identifying the service and housing needs of households across the community.

Our program is held accountable to funding requirements that include eligibility verification and various housing unit requirements.

Operating in a coordinated entry system does not eliminate or bypass the need to verify eligibility or ensure other funding requirements are met. Any system will aim to make eligibility requirements clear to community partners and clients, as well as streamline referrals and access to programs.

CORE COMPONENTS OF COORDINATED ENTRY: ACCESS, ASSESSMENT AND REFERRAL/ASSIGNMENT

As a system-wide approach, coordinated entry will standardize access, assessment and referral/assignment.

ACCESS

The workgroup mapped out the existing referral and access process in our homeless care system from a very high level, and shared this mapping tool with local Continua of Care to consider how their current system operates. The workgroup also reviewed more than a dozen models for coordinated entry nationwide.

Vermont Principles:

- Each Local Continuum of Care will identify their own 1-2 organizations to be access points
 - Emergency Shelter and Permanent Housing may be at separate or combined access points
- There will need to be a high level of data sharing between the “access” points
- Organizations that are access points will also likely offer programming and assistance. Thus, they can provide intake into their program and coordinate referral to others.
- 2-1-1 is in a unique position to be a central point and their role should be carefully considered.
- Economic Services offices are one of the existing entry points for emergency shelter based on their role in determining GA eligibility. Their role should be consistent statewide and carefully considered.
- While there may be 1 or 2 “access” points, many community partners will refer to these access points. A common referral form (with basic, standard intake information) could help to streamline the process.

Next Steps: The workgroup is looking closely at the [Whatcom Homeless Service Center](#) model as it closely aligns with the vision of the group.

ASSESS

Coordinated assessment should help refer people to the most appropriate types of service and housing assistance based on an assessment of the needs of households. The ultimate goal is to improve referral appropriateness and coordination – and to decrease the amount of time people spend in homelessness.

Each program, based on the type of work they do may have their own deeper or comprehensive assessment. In some ways, the coordinated entry assessment might be considered a “housing screening” that captures basic household information and identifies housing barriers and needs.

Vermont Principles for Assessment:

- Best administered in a 1:1 interview with a trained specialist
- Documents homeless history and housing barriers
- Progressive approach that addresses 1) urgent/crisis needs up front, then 2) housing barriers (that prevent lease-up), then 3) housing retention needs (in depth assessment that might consider employment, parenting, etc) – A statewide tool will focus on # 1 and 2.
- Identifies all the options available to the client, AND
- Helps determine the level and type of assistance/services need to help a household regain stability in permanent housing
- Captures basic data elements for program and reporting needs (e.g., demographic information)
- Aligns with HMIS data standards as much as possible, uses HUD/AHS definitions of homelessness and “at risk” of homelessness to prescreen for eligibility
- Obtains consent for release of information
- Standard statewide tool
- Flexible enough to recognize local CoC resources vary
- Is a tool that can be incorporated into existing intake processes
- Does not prioritize households based on a point system; to be considered at a later point

Next Steps: Service Providers are beta-testing a tool this winter for use.

ASSIGN/REFER

Effective Coordinated Entry Systems strengthen referrals to homeless assistance resources by making sure referrals are:

- Accurate and appropriate – based on the needs of the household
- Informed (based on availability and understanding of resource)
- Effective – service providers accept and enroll those who are referred!
- Use standard referrals - everyone makes the same referrals
- Build from the assessment, which captures most important data that providers need to receive and initiate services
- Digital, when possible – to make transferring client information easy

Next Steps: Consider Process Components for Coordinated Entry Referrals

- How will we share information about available services and programs?
- What kind of real-time knowledge is needed about program inventory and how will we achieve this?
- What is the mechanism for making or communicating referrals?
- How can centralized waitlists be used to “assign” or refer?
- Can providers consider program enrollment/admission decision criteria? How can we inventory and share these criteria throughout the community?

OTHER COORDINATED ENTRY WORKGROUP CONSIDERATIONS:

RESULTS ACCOUNTABILITY & MANAGEMENT:

How will the coordinated entry system and services be held accountable, managed, and evaluated?
What are the results we expect and will measure? Who will manage this?

RESOURCES NEEDED:

What additional staffing, funding, training, software licenses, etc. will be needed to implement coordinated entry? How might we mobilize these resources? Are there opportunities to co-locate or share resources?

CONNECTIONS WITH MAINSTREAM SERVICES (e.g., health care, corrections):

How will coordinated entry systems be communicated so that they are well advertised and understood by the myriad of providers and systems that serve people experiencing homelessness?

KEY RESOURCES

[Coordinated Assessment Toolkit, National Alliance to End Homelessness](#)

[Coordinated Entry Toolkit, Building Changes \(Washington State\)](#)

[HUD – Weekly Focus – Why Coordinated Assessment](#)

http://usich.gov/media_center/videos_and_webinars/implementing_coordinated_centralized_intake

[Checklist: Incorporating Domestic Violence Providers Into A Coordinated Assessment Process, National Alliance to End Homelessness](#)

[Coordinated Assessment: Meeting the Needs of Homeless Domestic Violence Victims, National Network to End Domestic Violence](#)

For More Information:

Vermont Coalition to End Homelessness – Coordinated Entry Page:

<http://helpingtohousevt.org/initiatives/coordinated-entry/>

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