Chittenden County Homeless Alliance
Coordinated Entry Committee
Coordinated Entry Planning Retreats

Tuesday, August 8 and Thursday, August 10
12:30PM – 4:30PM
Champlain Housing Trust, 88 King Street, Burlington, VT

Purpose of Meeting:

The goal of these meetings is to collaboratively develop an outline of the Coordinated Entry System/Process that the Chittenden County Homeless Alliance (CCHA) Coordinated Entry Committee will formalize in written Policies and Procedures over the coming months. The Committee will present the completed Policies and Procedures to the CCHA Steering Committee for review and approval. The Alliance is working under a HUD deadline to implement Coordinated Entry by January 23, 2018. The purpose of these meetings is to deliberate and decide on basic elements of Coordinated Entry system design. The goal is to come to a formal determination on key elements of Coordinated Entry to guide the drafting of our Policies and Procedures.

The meeting will be topically structured around the four elements of CE: Access, Assessment, Prioritization, and Referral (for definitions of these elements, please see Appendix A: Key Terms). We will be focusing on each of these elements and making decisions on how they will be structured and function within our system (see Appendix B for questions that will be the focus of our decisions. Please note that we will not decide on all points of Coordinated Entry but rather on general system elements).

Background Reading:

In order to make the make the most of our time, it is important that participants do some background reading on Coordinated Entry essentials prior to the meeting. The following documents lay out the HUD requirements for Coordinated Entry:

HUD Coordinated Entry Notice (CPD-17-01):
https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf

Coordinated Entry Core Elements Guidebook:
https://www.hudexchange.info/resources/documents/Coordinated-Entry-Core-Elements.pdf

Coordinated Entry Process Self-Assessment:
https://www.hudexchange.info/resources/documents/coordinated-entry-self-assessment.pdf

There is also a HUD Webinar that covers these topics:
https://www.hudexchange.info/trainings/courses/coordinated-entry-requirements-webinar/1872/

The main document is the Notice; the Guidebook elaborates on much of what is contained in the notice and the Self-Assessment presents the requirements and recommendations in a checklist format. Please read at least one of the above listed documents. We will be referring to them during the meeting.

<u>Agenda</u>

(Please note subject to change)

Day One
Tuesday, August 8
12:30 – 4:30

12:30 – 12:35 Welcome and Introductions

12:35 – 12:45 Review of the Agenda and Meeting Purpose

12:45 – 1:00 Overview of Coordinated Entry and Recap of Progress of Chittenden Coordinated Entry
Committee

1:00 – 1:30 Overview of Coordinated Entry Notice, elements of Coordinated Entry (Access,
Assessment, Prioritization, Referral) and preview of key points to decide on

1:30 – 2:45 Access Review (See Appendix B for key questions that we need to decide for our CE
system; questions in Appendix C will also be consulted for planning guidance. This holds
for the rest of the Review sessions as well)

　　　　　　　Introduce Access requirements and questions (15 min)

　　　　　　　Group discussions –
　　　　　　　 break into groups to discuss Access planning questions (20 min)

　　　　　　　Reconvene and review group discussions (15 min)

　　　　　　　Discussion and Vote on Access provisions (25 min)

2:45 – 3:00 Break

3:00 – 4:15 Assessment Review

　　　　　　　Introduce Assessment requirements and questions (15 min)

　　　　　　　Group discussions –
　　　　　　　 break into groups to discuss Assessment planning questions (20 min)

　　　　　　　Reconvene and review group discussions (15 min)

　　　　　　　Discussion and Vote on Assessment provisions (25 min)

4:15 – 4:30 Recap and Adjourn

Day Two
Thursday, August 10
12:30 – 4:30

12:30 – 12:45   Welcome and review previous meeting

12:45 – 2:00   Prioritization Review

                  Introduce Prioritization requirements and questions (15 min)

                  Group discussions –
                   break into groups to discuss Access planning questions (20 min)

                  Reconvene and review group discussions (15 min)

                  Discussion and Vote on Prioritization provisions (25 min)

2:00 – 2:15   Break

2:15 – 3:30   Referral Review

                  Introduce Referral requirements and questions (15 min)

                  Group discussions –
                   break into groups to discuss Access planning questions (20 min)

                  Reconvene and review group discussions (15 min)

                  Discussion and Vote on Referral provisions (25 min)

3:30 – 4:30   Meeting Review, Administration/Implementation Discussion, and Next Steps

Appendix A: Key Terms

The following is taken from the HUD Coordinated Entry Elements Guidebook
(https://www.hudexchange.info/resource/5340/coordinated-entry-core-elements/)

Access:

Access refers to how people experiencing a housing crisis learn that coordinated entry exists and access crisis response services. The first contact that most people experiencing a housing crisis will have with the crisis response system is through a coordinated entry access point. Access points play a critical role in engaging people in order to address their most immediate needs through referral to emergency services. Access points also play a critical role in beginning to determine (through assessment) which intervention might be most appropriate to rapidly connect those people to housing.

Assessment:

Assessment is the process of gathering information about a person presenting to the crisis response system. Assessment includes documenting information about the barriers the person faces to being rapidly housed and any characteristics that might make him or her more vulnerable while homeless. Historically, assessment of persons experiencing a housing crisis included inordinately long and intrusive interviews, even if they were only seeking temporary emergency assistance. Persons might have to undergo the assessment process multiple times, at every place they accessed. With coordinated entry, assessment can collect information in phases—initially collecting only the information essential to ascertaining the person's immediate needs and to connecting that person to appropriate interventions. The assessment practice a CoC implements is critical to that CoC's overall coordinated entry process because assessment determines how people are prioritized and referred to housing and supportive services projects.

Prioritization:

Once a person experiencing a housing crisis has been assessed, the coordinated entry process moves on to determining his or her priority for housing and supportive services. The person's level of vulnerability or need is determined by analyzing the information obtained from the assessment against the CoC's prioritization standards. It is the person's prioritization status (and other information from the assessment) that determines where the person will be referred in the next coordinated entry step. In referral, the group of persons with the highest priority is offered housing and supportive services projects first.

Referral:

Once a person experiencing a housing crisis has been assessed, the coordinated entry process moves on to determining his or her priority for housing and supportive services. The person's level of vulnerability or need is determined by analyzing the information obtained from the assessment against the CoC's prioritization standards. It is the person's prioritization status (and other information from the assessment) that determines where the person will be referred in the next coordinated entry step.

Appendix B: Coordinated Entry Questions to be Decided On

(Please note these questions are tentative and subject to change. The points to be determined by vote will be clarified during the deliberation)

The following questions will be the focus of group deliberation and decisions

Access

What Access model will we be using? Options are centralized, decentralized with hubs, no wrong door, or hybrid.

Where will our access points be? Who will be our assessment partners? How will access points begin the assessment process? How will 211 fit into the process?

Assessment

Will we use separate assessment processes for any of the five subpopulations that HUD allows for?

Will we use a phased assessment approach that progressively engages a person over time?

If using a phased assessment, what elements do we want to assess for at each given stage? What is the purpose of each stage of the assessment?

Prioritization

Which resources will be prioritized and which resources (e.g. immediate crisis response resources such as emergency shelter) will not be prioritized?

How will our community prioritize available housing and service resources? What criteria will be relevant for prioritization? Which populations should be targeted and how? Vulnerability? Length of homelessness? Sleeping location? Frequent service users?

How will our community prioritize for types of resources, e.g. Permanent Supportive Housing, Rapid Rehousing, Prevention Resources, Transitional Housing, and Case Management?

Referral

How will referrals to specific projects be made? Will we utilize the HMIS? Will we use Review committees/teams?

Will we use a By-name-list (BNL) for prioritization and referral? Who will manage the BNL? How will it be managed?

Oversight, Evaluation, and Management

What entity or entities will be responsible for management and evaluation? What will their responsibilities be? How will our CoC empower and support them?

Appendix C: Coordinated Entry Key Planning Questions

Taken from HUD Coordinated Entry Core Elements Guidebook
(https://www.hudexchange.info/resource/5340/coordinated-entry-core-elements/)

These questions will be consulted to guide planning discussions

ACCESS

Some key planning questions can include the following:

● What types of access points are already in place? Should they be retained? Are they accessible to all persons throughout the geography of the CoC?

● Are there variations within the geographic area of the CoC that inform how the access points are set up, how they operate, or whom they target?

● What are the most frequently used points of entry into the crisis response system? How are prevention resources coordinated with these access points?

● How do access points interact with outreach projects? With shelter intake?

● How are shelter diversion and prevention activities incorporated into the CoC?

● What agencies and/or staff will operate the access points? What qualities or qualifications do they need to have to be designated as an access point?

● What are the staffing needs of each access point, and how much will it cost to operate the access points?

● What training is required for staff at access points?

● How will frequent users of crisis services (e.g., jails, hospitals, detox facilities, and other institutional settings) be integrated into coordinated entry?

● Do local factors support centralized intake?

● What is the extent and scope of homelessness, and what are the characteristics of people experiencing a housing crisis in the local community?

● How will the access strategies and protocols reflect current conditions

documented during coordinated entry planning, and then be updated after coordinated entry is operational?

● Do any special subpopulations have access points that only they can access?

● Do any of five subpopulations allowed by HUD to have a separate access point need to have one established because of safety or other concerns?

ASSESSMENT

Some key planning questions can include the following:

● How many phases of assessment does the CoC need?

● What is the focus of each phase, and what does that phase expect to achieve?

● How does having multiple phases of assessment affect engagement?

● How does having multiple phases of assessment affect data accuracy?

● Does any data need to be re-asked/confirmed?

● How will inconsistent data be identified and reconciled during a multiple-phase assessment process?

● Who will have authority to verify and update inconsistent or incorrect data?

● What changes might be needed for HMIS or data collection and sharing protocols to support multi-phase assessments?

PRIORITIZATION

Some key planning questions can include the following:

● What types of prioritization decisions are already being made? Are they based

on level of need, time spent waiting for available resources, or provider agency preferences?

● Do variations in housing and supportive services availability and accessibility throughout the CoC's geography require varied prioritization strategies?

● Can prioritization be scored, quantified, or valued such that the priority list can be regularly reviewed and updated?

● How will prioritization determinations be documented and communicated among CoC housing and services providers?

● How will a person's priority level be updated when new information is revealed or becomes available after the initial assessment?

● Will frequent users of CoC resources and/or mainstream resources be prioritized differently; and if so, how?

● How will multiple existing and independently maintained waiting lists be consolidated into a centralized priority list?

● What are the potentially different prioritization requirements established by funders (e.g., VA prioritization expectations for the Supportive Services for Veteran Families program) that must be accommodated during the referral process?

REFERRAL

Some key planning questions can include the following:

● Which entity or entities will manage the referral process? What resources will

be needed to ensure consistency and uniformity in the application of referral decisions?

● How will the CoC's change-management culture affect the complexity of the coordinated entry referral system and its accuracy?

● How will providers handle letting go of paper and other manual processes associated with the referral process? Will "backup" manual systems be tolerated; if so, for how long?

● What are the expectations if the receiving agency takes too long to make a final eligibility determination about a potential program participant? Will there be exceptions for projects that are bound by eligibility verification requirements that cannot be quickly facilitated?

● What happens when the accepted referral ends up not being the best service strategy for that participant? Can the receiving agency send the program participant back to the referral entity or even back to assessment? And how will this process be documented?

● Do scenarios and protocols need to be put in place for making referrals to agencies that operate outside the CoC? What concessions on oversight, quality assurance, acceptance policies and timeframes, and the use of data might be needed in order to accommodate these additional resources? How will these protocols and exceptions be documented in policies and procedures?

● How might the referral process need to respond to assessment that collected inaccurate data about a potential participant, or to additional data disclosed by the program participant late in the process?