

ACCESS

Key Questions

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

Key Questions

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

Key Questions

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

Key Questions

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?

