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MAINE COC COORDINATED ENTRY

Introductory Training For CoC, ESG, and other CE
participating projects

Intro to Coordinated Entry

- James Gagne, Program Director, Preble Street Veterans Housing Services (SSVF)
- Steve Ellis, Assistant Director, City of Portland Oxford Street Shelter
- Julia Kimball, Maine Housing

Training Objectives

1. Overview of the fundamentals of **Coordinated Entry**
2. Introduction to the MCoC Coordinated Entry System's **5 Step Process**
3. Full Review of **Step 1: Access**
4. Full Review of the **CE Triage and Diversion Assessment Tool**
5. HMIS Workflow Training for **Triage and Diversion Assessment**

What is Coordinated Entry?

An approach to the coordination and management of a **crisis response system's** resources that allows users to make **consistent decisions** from available information to efficiently and effectively connect people to interventions that will **rapidly end their homelessness.** *

**HUD Coordinated Entry Core Elements Handbook*

What is Coordinated Entry?

Core Elements

- **Access:** Engaging individuals experiencing housing crisis, assessing emergency needs and triage to emergency shelter services when necessary.
- **Assessment:** Uniform, person centered assessment of individuals vulnerability and needs.
- **Prioritization:** Determining an individuals priority for housing and supportive services.
- **Housing Intervention and Referral:** Connecting individuals to the housing intervention best suited to resolve their housing crisis and consistent with community prioritization goals

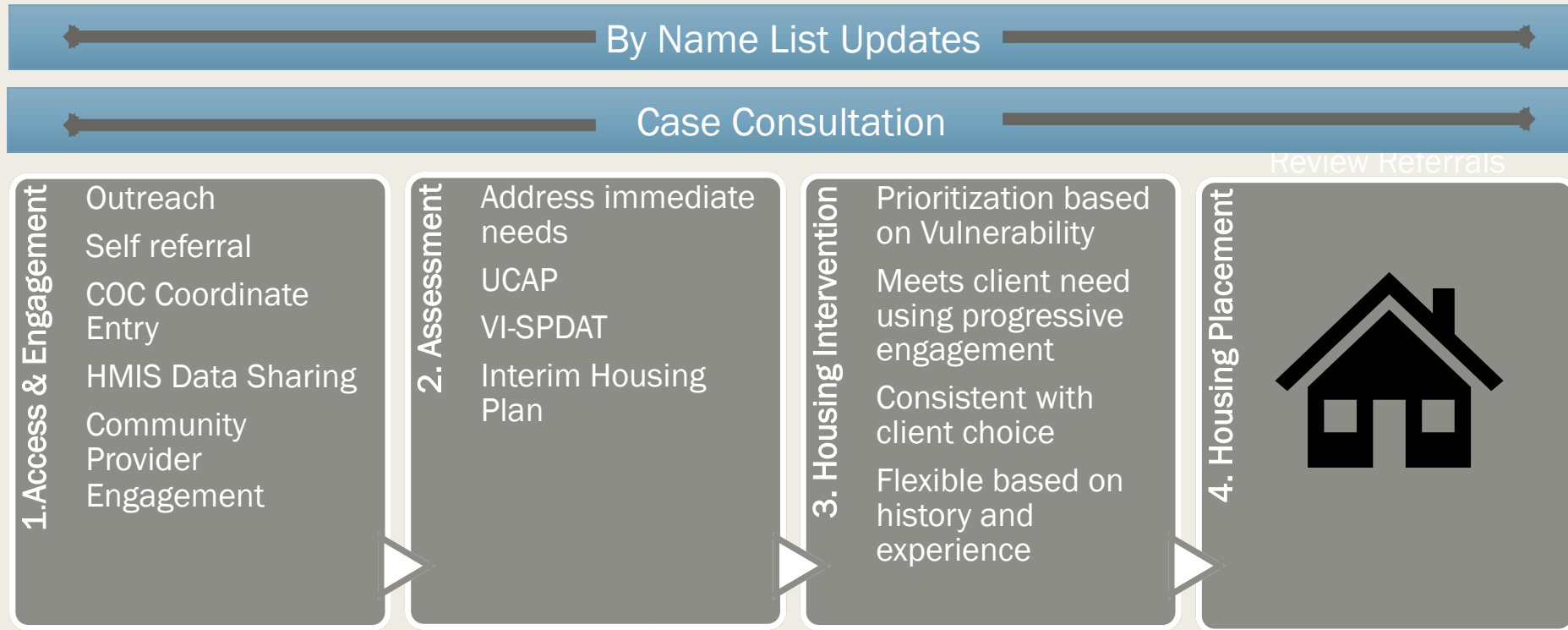
Why Coordinated Entry?

- HUD requires that CoC's establish and operate a coordinated entry process and that CoC and ESG funded projects participate in that process
- Efficient use of limited resources
- Strong community collaboration
- Allow for data driven solutions to homelessness
- End current homelessness and ensure that future homelessness is rare, brief, and non-recurring

Coordinated Entry in Maine

- Oct 2015 – MCoC/PCoC Publish CE Written Standards
- May 2017: Region 3 Pilot rolled out using SocialServ software to facilitate access and triage referrals
- November 2017: Switch to HMIS to facilitate Access and triage referrals
- January 2018: MCoC Implementation Committee established to finalize Policy and Procedures and fine tune HMIS work flows
- May 2018: Launch of Step 1: Access
- Beyond May 2018: Continue to develop policy and procedures for Assessment, Prioritization and Referral. Continue to evaluate Access procedure.

CE Working for the MCoC Veteran Committee



CE Working for the MCoC Veteran Committee

■ **Prior to Coordinated Entry:**

- Veterans completing intakes and screenings multiple times and regular movement between programs
- Veterans receiving duplicative services from more than one program at a time
- All programs serving veterans of varying vulnerability
- Under/over utilized programs
- Limited communication between programs

CE Working for the MCoC Veteran Committee

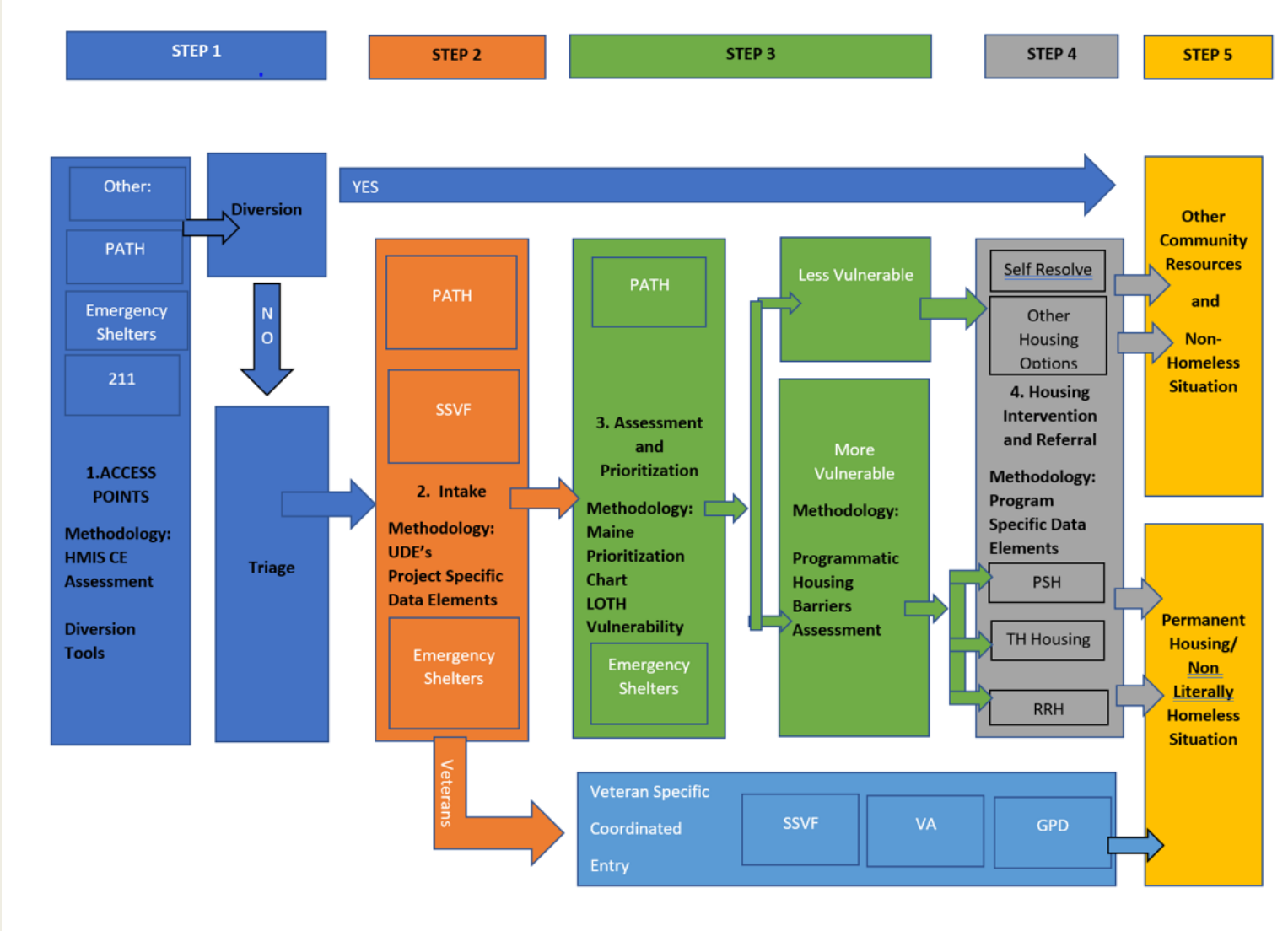
- **What was implemented:**
 - *Universal Coordinated Assessment*
 - Each veteran provider asks the same questions when first meeting a veteran
 - Vulnerability Index tool, (VI-SPDAT) uses evidenced based practice to identify those with the greatest risk
 - Each veteran provider designated to work with veterans with specific vulnerability index
 - Referrals to appropriate program made immediately at time of screening

CE Working for the MCoC Veteran Committee

■ Post Coordinated Entry

- Veterans less likely to bounce between programs
- Veteran providers meet weekly to discuss new or difficult cases
- Most vulnerable veterans have quick access to Permanent Supported Housing Programs
- Less vulnerable veterans have quick access to Rapid Re-Housing Programs
- Transitional housing available with limited waitlists

The MCoC CE 5 Step Process



Step 1: ACCESS

- **Access Points:** Individuals experiencing homelessness, or who are at risk of homelessness, can easily access the MCoC CES by calling 211, showing up at their local Emergency Shelter, or engaging with a PATH or other local outreach provider .

ACCESS: Core Elements

- **Diversion:** Diversion is itself an important part of coordinated entry, helping potential program participants to explore all safe and appropriate alternative housing options and only enroll in crisis housing projects such as emergency shelter after all other alternatives have been exhausted.
- **Triage:** Individuals unable to be diverted will be referred to appropriate emergency services include their local General Assistance office, Emergency Shelters and Outreach providers.

ACCESS: Tools

- **CES Initial Triage and Diversion Assessment:** Assessment built in Service Point will be utilized by CES Access points including 211, Emergency Shelters, PATH and others as applicable.
- **CES Triage Referral Module:** Will be utilized by 211 for clients unable to be diverted. Will also be available to Emergency Shelter and Outreach projects if needed.
 - Referrals will be made to Emergency Shelters, Outreach Projects including PATH and SSVF and be based on clients geographical location, household composition, age, gender and veteran status.
 - 211 will facilitate referrals via warm hand-off phone call and HMIS generated email

ACCESS Procedure: Via 211

- If an individual accesses CES via 211, the caller will be asked a series of question utilizing the standardized **CES Initial Triage and Diversion Assessment** in HMIS .
- Individuals identified as literally homeless and/or individuals whose needs cannot be met through the Diversion Assessment, will be referred to the appropriate emergency shelter based on household composition, age, gender and geographic preference.
- The referral will be facilitated via a warm hand-off telephone call to the shelter and client information will be directly entered into HMIS by 211 via the **Coordinated Entry Initial Triage and Diversion Assessment**.

ACCESS Procedure: Via 211

- When referral to Emergency Shelter is not accepted by the individual, the individual will be offered a Services Only referral to a PATH or SSVF (veterans only) provider. The referral will be facilitated via a warm hand-off telephone call, and an email that will be generated in HMIS.
- All individuals who access the Coordinated Entry System will receive additional referrals to General Assistance and 211 to maximize client choice.
- All diversion and homeless prevention referrals will be processed by 211 utilizing their internal system for tracking and reporting .

ACCESS: Individuals Fleeing DV

- Prior to accessing the Coordinated Entry Triage and Diversion Assessment question in HMIS, 211 will determine if a caller is fleeing a domestic violence (DV) situation and in need of DV specific resources. Callers needing this service will be given the immediate option to be referred to the State's DV crisis line and personal identifying information will not be collected or shared. No participant who is, or has been, a victim of domestic violence, dating violence, sexual assault or stalking will be denied access to the Coordinated Entry process.

ACCESS: Data Sharing Permissions

- Individuals who do not identify as needing specific DV resources will be asked if they consent to the collecting and sharing of information via HMIS for the purposes of coordinating resources through the CES process . Individuals who do not consent to HMIS data sharing and collection will be referred to resources utilizing the 211 internal system and personal information will not be collected or shared using HMIS. Regardless, all individuals will have the same access to resources as individuals who elect to enter and share data.

ACCESS Procedure: Via Emergency Shelter, PATH Provider or other Outreach Provider

- Individuals presenting directly at an emergency shelter, or with an outreach provider in the community, will be asked a series of triage and diversion questions utilizing the **CES Initial Triage and Diversion Assessment** with data collection occurring in HMIS. Individuals whose needs cannot be met through the Diversion Assessment will proceed directly to *Step 2 of the CES, Intake* .
- In accordance with training, any person conducting the Initial Triage and Diversion Assessment will make every effort to understand the sensitivity of a client's lived experiences in every aspect of the process to minimize risk and harm.

ACCESS: Triage and Diversion Assessment

PRE-SCREEN (Non HMIS Questions)

1. Before we get too far into this conversation, though it's a difficult question, it would be helpful to know if you are fleeing or attempting to flee domestic violence, sexual assault, stalking, or sex trafficking because there are specific resources that might best fit your situation.
 - No (Continue to the next question)
 - Yes (Stop → If household would prefer to speak with a domestic violence provider, call local DV Hotline)

Script: Next, I need a bit more information about you. We collect personal information about the people we serve in a computer system called HMIS (Homeless Management Information System). Many agencies, who work with people experiencing homelessness, use this computer system. Do you give your consent to add your personal data into the system and share it in order to connect you with resources that best meet your needs?

- No (Stop → Individuals who do not consent to HMIS data sharing and collection will be referred to resources utilizing the 211 internal system and personal information will not be collected or shared using HMIS.)
- Yes (Continue to the next question. If completing assessment in person, collect signed HMIS ROI from client.)

ACCESS: Triage and Diversion Assessment

HMIS ENTRY SCREEN

Project Start Date: _____

First Name: _____ MI: _____ Last Name: _____ Suffix: _____

Name Type:

- Full Name Reported
- Partial, Street Name, or Code Name Reported
- Client Doesn't Know
- Client Refused
- Data Not Collected

SSN: _____ - _____ - _____

SSN Type:

- Full
- Approximate/Partial
- Client Doesn't Know
- Client Refused
- Data Not Collected

U.S. Military Veteran? (clients 18 and older):

- Yes
- No
- Client Doesn't Know
- Client Refused
- Data Not Collected

ACCESS: Triage and Diversion Assessment

DEMOGRAPHIC

1. (If by phone) In case we get disconnected, what's the best way to reach you?
 _____ (phone number)
 2. Date of Birth
 _____ (Date)
 3. If under 18, are you legally emancipated?
 Yes
 No
 4. Gender
 Female
 Male
 Trans Female (MTF or Male to Female)
 Trans Male (FTM or Female to Male)
 Gender non-conforming (IE not exclusively male or female)
 Client Doesn't Know
 Client Refused
 Data Not Collected
-
5. How many members in your household are in need of service? _____
 How many members are adults? _____
 How many members are children (under the age of 18)? _____

ACCESS: Triage and Diversion Assessment

6. Caller Town

- (Drop down of 450 something towns)

7. Where did you sleep last night? Residence Prior to Project Entry

HOMELESS SITUATION

- Place Not Meant for Habitation
- Emergency Shelter, including hotel or motel paid for with emergency shelter voucher
- Safe Haven

INSTITUTIONAL SITUATION

- Foster Care Home or Foster Care Group Home
- Hospital or other Residential Non-Psychiatric Medical Facility
- Jail, Prison or Juvenile Detention Facility
- Long-Term Care Facility or Nursing Home
- Psychiatric Hospital or Other Psychiatric Facility
- Substance Abuse Treatment Facility or Detox Center

TRANSITIONAL AND PERMANENT HOUSING SITUATION

- Hotel or Motel Paid for without an Emergency Shelter Voucher
- Owned by Client, No Ongoing Housing Subsidy
- Owned by Client, with Ongoing Housing Subsidy
- Permanent Housing {other than RRH} for Formerly Homeless Persons
- Rental by Client, No Ongoing Housing Subsidy
- Rental by Client with VASH Subsidy
- Rental by Client with GPD TIP Subsidy
- Rental by Client with Other Ongoing Housing Subsidy {including RRH}
- Residential Project or Halfway House with no Homeless Criteria
- Staying or Living in a **Family** Member's Room, Apartment or House
- Staying or Living in a **Friend's** Room, Apartment or House

- Transitional Housing for Homeless Persons (includes homeless youth)
- Client Doesn't Know
- Client Refused
- Data Not Collected

ACCESS: Triage and Diversion Assessment

A. DIVERSION

Directions: Attempt to problem solve with the client to determine if there are any support networks or resources the household can draw on. If the client is eligible for available non-financial and/or financial resources in the community, make a referral.

Script: ***I'd like to talk about whether there are any available resources to help you stay in a safe place tonight.***

8. If under 18, are you working on reuniting with your family?
- Yes
 - No
 - If yes, Can you stay with family tonight?
 - Yes
 - No
9. (If literally homeless, skip and go to the next question)
Was where you stayed last night a safe location that you can return to?
- Yes
 - No
 - N/A
10. Do you have any resources to pay for a place to stay tonight?
- Yes
 - No

ACCESS: Triage and Diversion Assessment

11. (If literally homeless) Will any type of assistance help you to stay in a safe location?

Yes

No

If yes, what assistance is needed? _____

If yes, where is that safe location? _____

12. (All other clients) Will any type of assistance help you remain where you stayed last night or in another safe location?

Yes

No

If yes, what assistance is needed? _____

If yes, where is that safe location? _____

13. Have you applied for General Assistance in your community?

Yes

No

14. Has any service provider (ie case manager, social worker etc.) been helping you recently?

Direction: If yes, obtain verbal permission, and have interviewer contact service provider

Yes

No

15. *(Answer question without asking client):* Did the Diversion of Assessment resolve the client's immediate needs?

Yes

No

If yes, end assessment and proceed to referrals

If no, continue with assessment

ACCESS: Triage Referral Module

SHELTER ELIGIBILITY

- 1. What is your preferred community for shelter?
→ _____ (town or region)

Based on your current needs, I will now check to see what emergency shelter(s) and/or providers may be able to provide you with assistance.

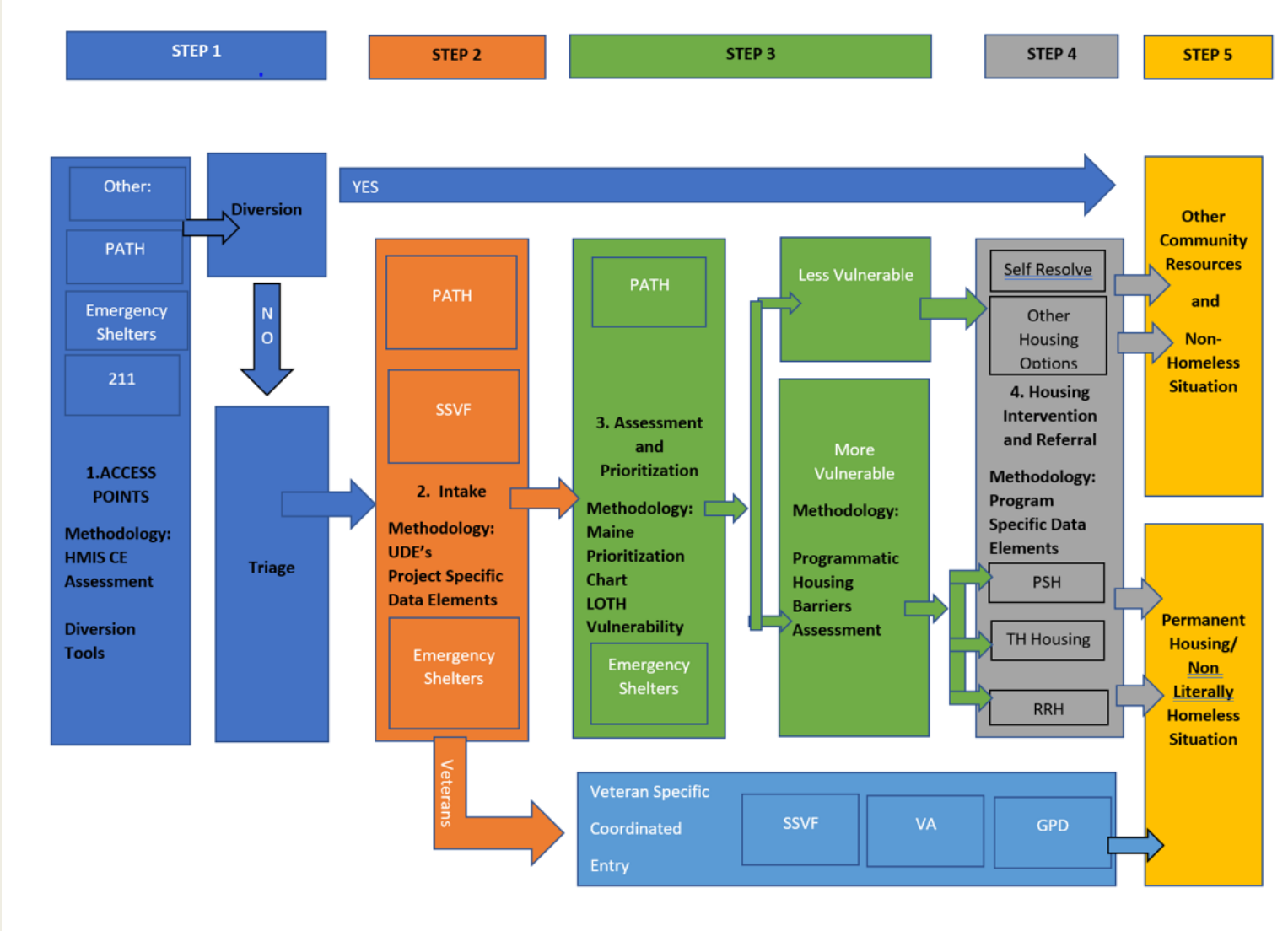
Each shelter or program has different eligibility criteria but I can connect you with them by phone so that you can get more information about that criteria and their current bed availability. If you arrive in person without first calling the provider, you may not have access to a bed.

Coordinated Entry Shelter Referral

Direction- Refer to Appendix for complete list of Coordinated Entry participating shelters and outreach providers. Appendix includes; project name, region, location, and contact number.

Referral(s) Made (Program Name)	Region
<input type="checkbox"/> Florence House	Region 1
<input type="checkbox"/> Preble Street VHS (SSVF)	Region 1
<input type="checkbox"/>	

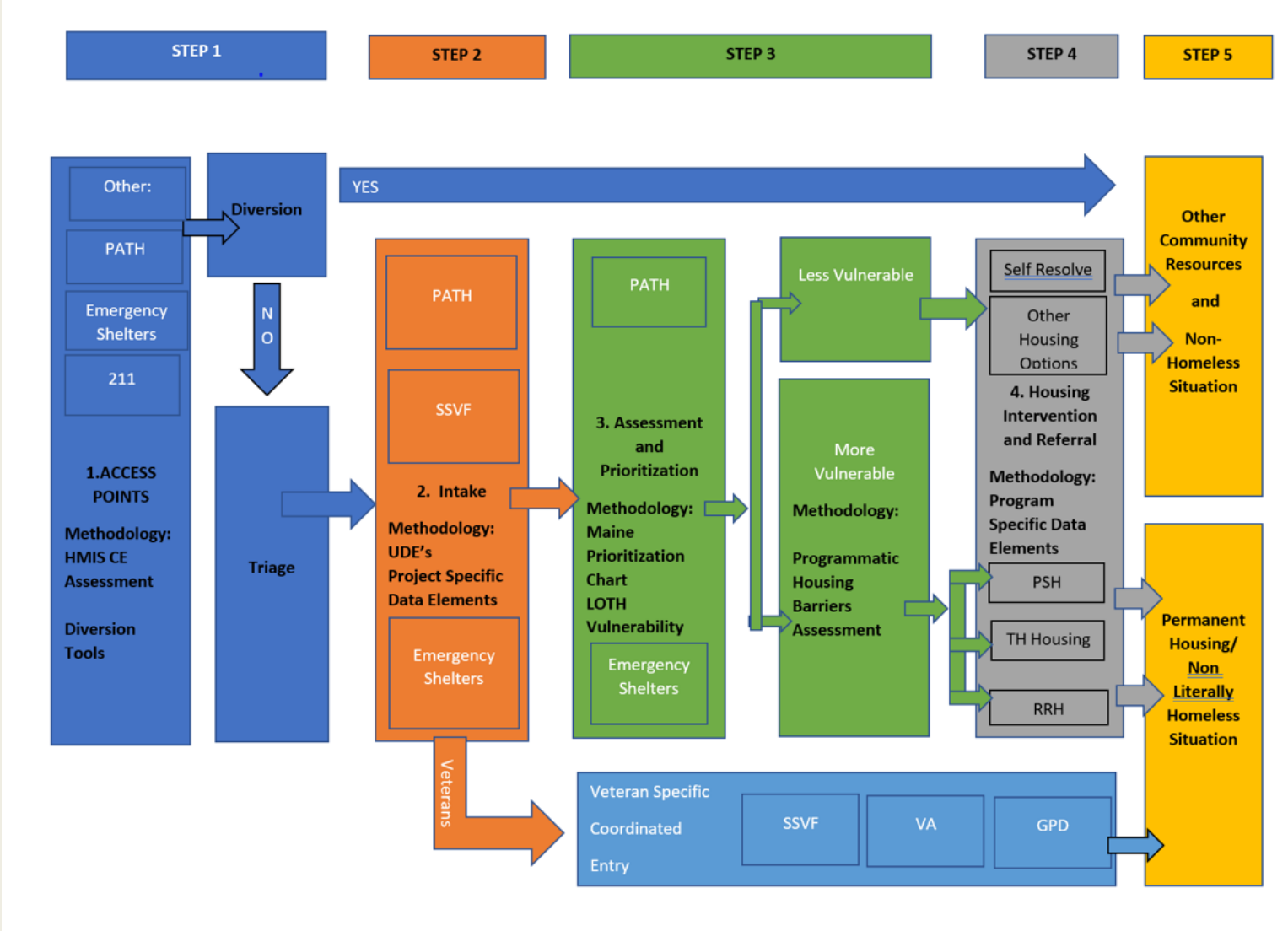
The MCoC CE 5 Step Process



Step 2: INTAKE Procedure

- **INTAKE:** Once an individual has entered the CES, the Emergency Shelter, PATH, SSVF or other provider now connected with the individual will proceed with the specific project's intake procedure. Project Specific Data Elements and Universal Data Elements will be entered in HMIS in accordance with MCoC Data Standards.
- **Veterans Procedure:** SSVF or other Veteran providers engaged with veterans will proceed with the Veteran Specific Coordinated Entry System.

The MCoC CE 5 Step Process



Step 3: ASSESSMENT AND PRIORITIZATION (*in development*)

- **Assessment:** Uniform, person centered assessment of individuals vulnerability and needs.
- **Prioritization:** Determining an individuals priority for housing and supportive services.

ASSESSMENT AND PRIORITIZATION: Tools (*in development*)

ASSESSMENT TOOLS

- VI-SPDAT
- Length of Time Homeless (LOTH)

PRIORITIZATION TOOLS

- Maine Ending Homelessness Prioritization Chart

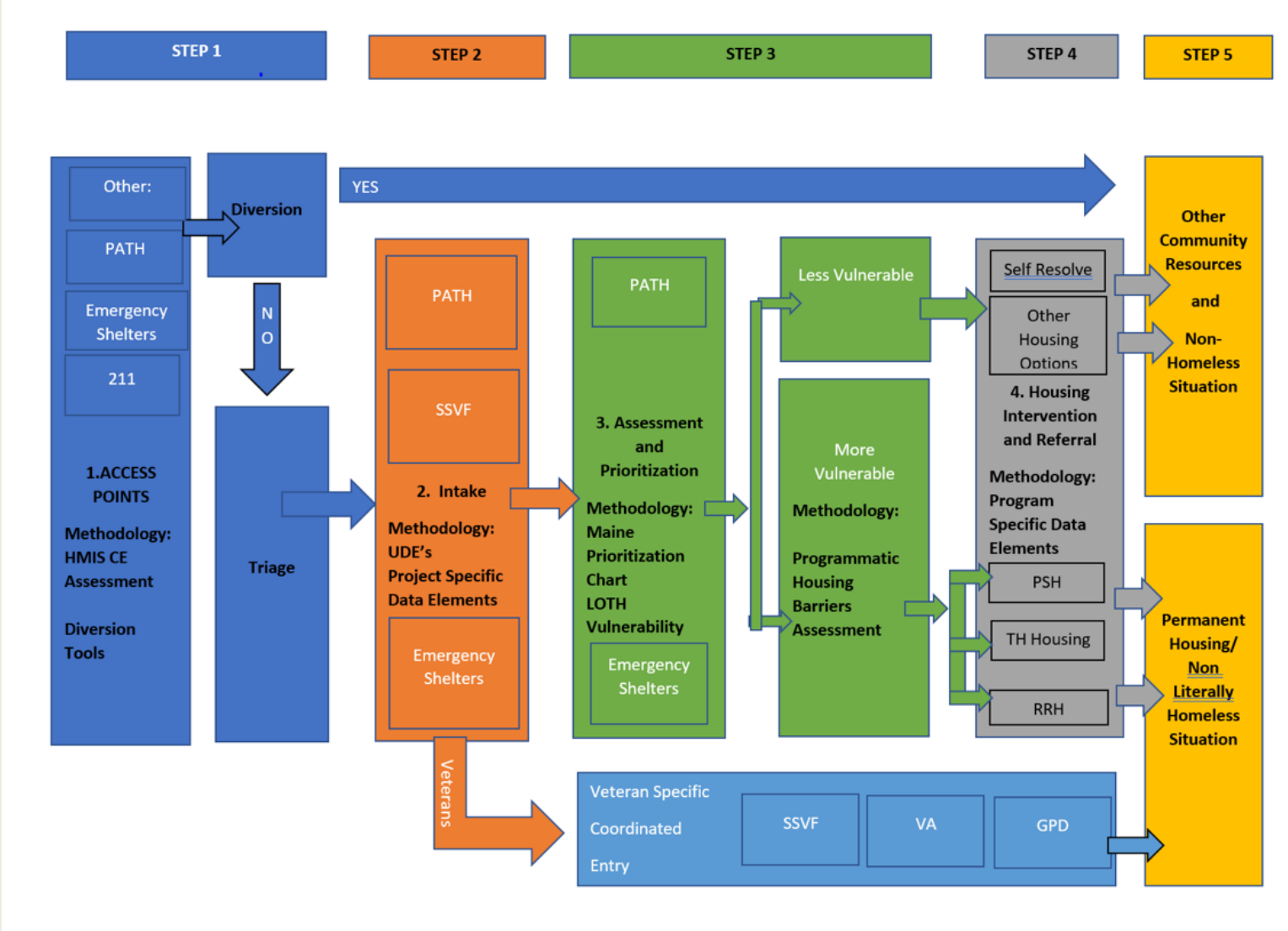
ASSESSMENT AND PRIORITIZATION: Procedure (*in development*)

- The provider will assess for vulnerability utilizing program specific vulnerability assessments as applicable, the VI-SPDAT, length of time homeless, and the Maine Prioritization Chart as the common assessment and prioritization methodology used to screen any individual, family, or youth experiencing homelessness.
- Individuals will be assessed as either *Less Vulnerable* or *More Vulnerable*

ASSESSMENT AND PRIORITIZATION: *Procedure in development*

- **Less Vulnerable** - Individuals who are assessed as *Less Vulnerable* will proceed to step 4, *Housing Intervention and Referral*
- **More Vulnerable**- Individuals who are assessed as *More Vulnerable* will be connected with program staff to complete a housing barriers assessment prior to proceeding to step 4 .

The MCoC CE 5 Step Process



Step 4: Housing Intervention and Referral(*in development*)

- **Housing Intervention and Referral:** Connecting individuals to the housing intervention best suited to resolve their housing crisis and consistent with community prioritization goals

Housing Intervention and Referral: *Less Vulnerable* Procedure (*in development*)

- Individuals identified as *Less Vulnerable* in Step 3 will be referred to other community resources if they cannot self-resolve their housing crisis with little to no assistance.

Housing Intervention and Referral: *More Vulnerable* Procedure (*in development*)

- Program staff will connect individuals identified as *More Vulnerable*, during Step 3, to appropriate housing resources, including but not limited to
 - *Permanent Supported Housing (PSH)*,
 - *Transitional Housing (TH)*
 - *Rapid Re-Housing (RRH) projects*.
- Prioritization Standards for PH, TH, RRH and other housing interventions are outlined in Appendix E, Maine's 2017 Ending Homelessness Prioritization Chart.

Housing Intervention and Referral: *More Vulnerable Procedure (in development)*

- If a housing project accepts a referral and there is immediate availability, the client will be enrolled in the project and their Project Specific Data Elements will be entered into HMIS.
- If a housing project accepts a referral, but it cannot be immediately accessed due to a lack of availability, due to project capacity or due to client's choice to reject the referral, the client will be placed on appropriate waitlists as applicable.
- Program staff will continue to work with clients to monitor waitlist activity and make connections with other community resources.

Step 5: Permanent Housing



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Questions?