

→ Introduction to Coordinated Entry 2.0

6/18/2023

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Development



Coordinated Entry 2.0 Training Schedule

Date	Time	Training	Presenters
5/18/2023	10 AM to noon	Introduction to Coordinated Entry 2.0	Gordon Levine Ryan Burger
5/31/2023	10 AM to noon	Housing Problem-Solving Foundations	Gordon Levine Kira Zylstra
6/15/2023	10 AM to noon	Housing Problem-Solving for Survivors of Domestic Violence	Gordon Levine Maria Williams (LCADV)
6/29/2023	10 AM to noon	HMIS in Coordinated Entry 2.0	Greg Barchuk Gwen Beebe Ryan Burger
7/27/2023	10 AM to noon	Implementing Coordinated Entry 2.0 (Region 1)	Gordon Levine Ryan Burger
7/27/2023	1:30 to 3:30 PM	Implementing Coordinated Entry 2.0 (Region 2)	Ryan Burger Gordon Levine
7/28/2023	10 AM to noon	Implementing Coordinated Entry 2.0 (Region 3)	Gordon Levine Ryan Burger
7/28/2023	1:30 to 3:30 PM	Implementing Coordinated Entry 2.0 (Region 4)	Ryan Burger Gordon Levine
8/10/2023	10 AM to noon	Implementing Case Conferencing (Region 1)	Gordon Levine Ben Cattell Noll
8/10/2023	1:30 to 3:30 PM	Implementing Case Conferencing (Region 2)	Ben Cattell Noll Gordon Levine
8/11/2023	10 AM to noon	Implementing Case Conferencing (Region 3)	Gordon Levine Ben Cattell Noll
8/11/2023	1:30 to 3:30 PM	Implementing Case Conferencing (Region 4)	Ben Cattell Noll Gordon Levine
8/24/2023	10 AM to noon	Implementing Housing Problem-Solving (Region 1)	Gordon Levine Ben Cattell Noll
8/24/2023	1:30 to 3:30 PM	Implementing Housing Problem-Solving (Region 2)	Ben Cattell Noll Gordon Levine
8/25/2023	10 AM to noon	Implementing Housing Problem-Solving (Region 3)	Gordon Levine Ben Cattell Noll
8/25/2023	1:30 to 3:30 PM	Implementing Housing Problem-Solving (Region 4)	Ben Cattell Noll Gordon Levine



Overview

Key Changes

**Housing
focused**

**CoC policies;
regional
implementation**

**Access points
and anchor
agencies**

**List
differentiation**

Transition from Quantitative to Qualitative Assessment

Quantitative

Pseudo-clinical
Needs-based, not strengths-based
Illusion—but not reality—of objectivity
Frequently traumatizing
Often incomplete or inaccurate

Qualitative

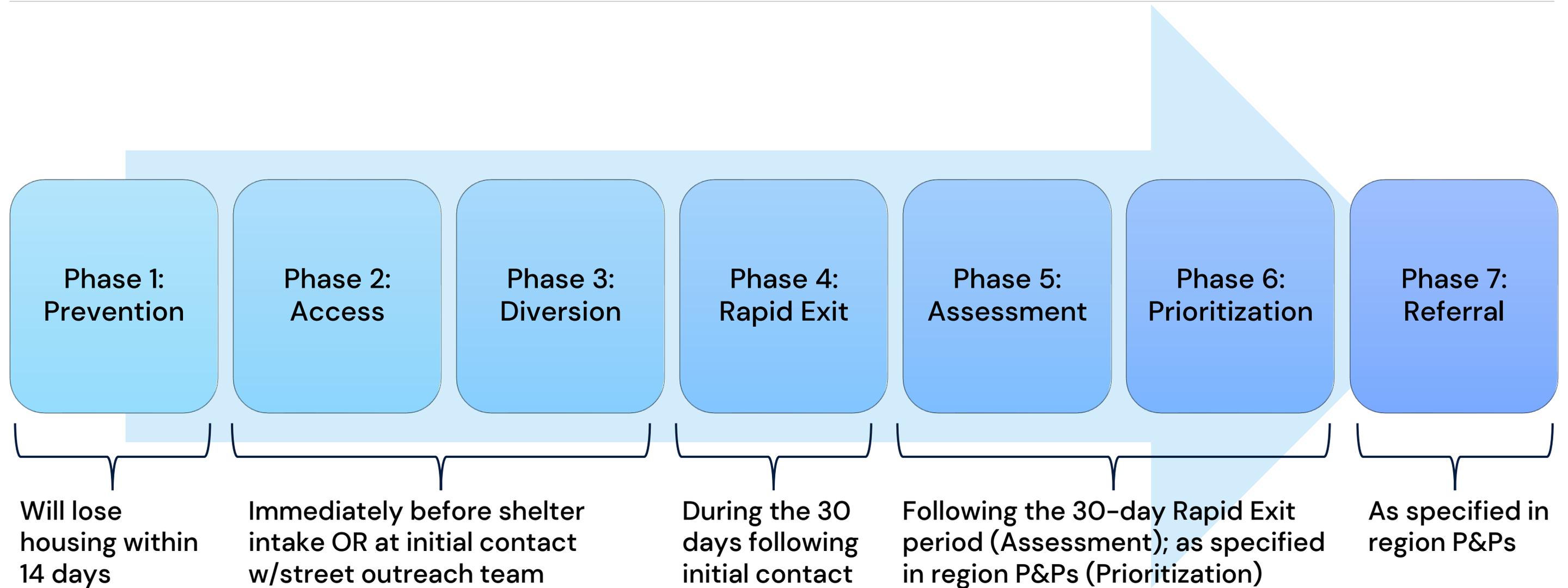
Human-centered
Needs-based AND strengths-based
Subjective but group-moderated
Trauma-informed
Incorporates case manager expert knowledge



Process and Implementation

Coordinated Entry Flow

Coordinated entry is a human-centered process that focuses on delivering the lightest touch services required to return a given person to safe, stable, permanent housing. This redesign incorporates housing problem-solving as a primary strategy and delivers all services using a progressive engagement approach to preserve the CoC's highest acuity interventions for those who need them most.



Coordinated Entry Flow (part 1 of 2)

Phase 1: Prevention

- Serves Category 2, Category 4, “at risk”
- Attempts to stabilize in housing via:
 - Case management, landlord negotiation, etc. first
 - One-time financial assistance second
 - Rental assistance last

Phase 2: Access

- At point of shelter intake OR initial outreach contact
- Collects basic HMIS data
- Refers on-the-spot to emergency services, incl. shelter
- Refers on-the-spot to Diversion if not done on-site

Phase 3: Diversion

- Attempts to return to housing before shelter intake (shelter) or on-the-spot (outreach) via:
 - Case management, support networks, etc. first
 - One-time financial assistance second
- Collect comprehensive HMIS data

Coordinated Entry Flow (part 2 of 2)

Phase 4: Rapid Exit

- Lasts 30 days
- One or multiple sessions
- Attempts to return to housing via the same techniques as Diversion but deeper dives
- Collect additional HMIS data

Phase 5: Assessment

- As soon as possible after 30-day Rapid Exit period if unsuccessful
- Collect remaining HMIS data
- Conduct quantitative assessment using VI-SPDAT

Phase 6: Prioritization

- Periodically in accordance with region P&Ps
- Case conferencing to triage participants to best possible solutions
- Small number of people moved to region's prioritization list

Phase 7: Referral

- Periodically in accordance with region P&Ps
- Refer participants to open project slots using prioritization list as guide

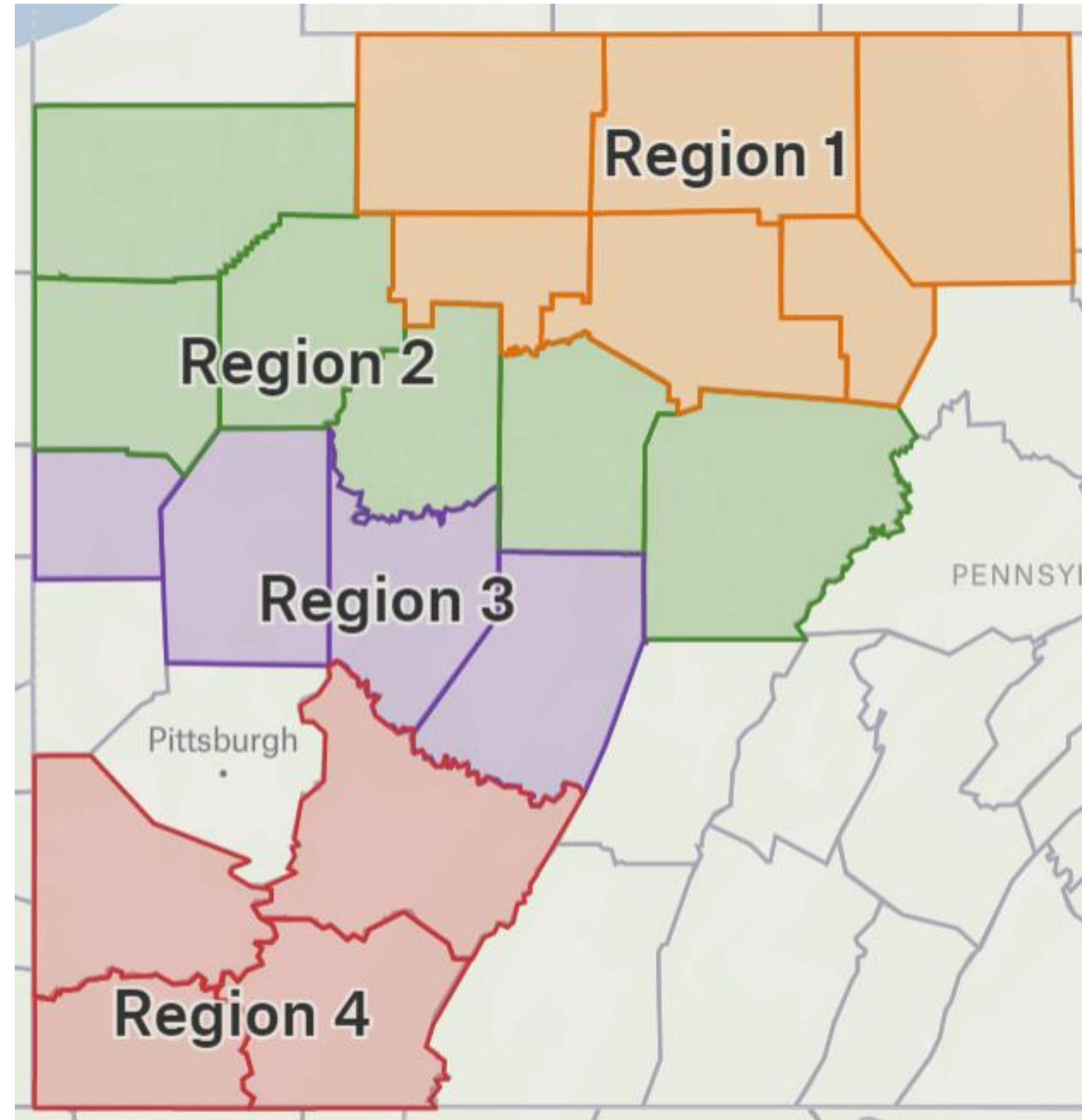


Regions, Access Points, and Anchor Agencies

Regions

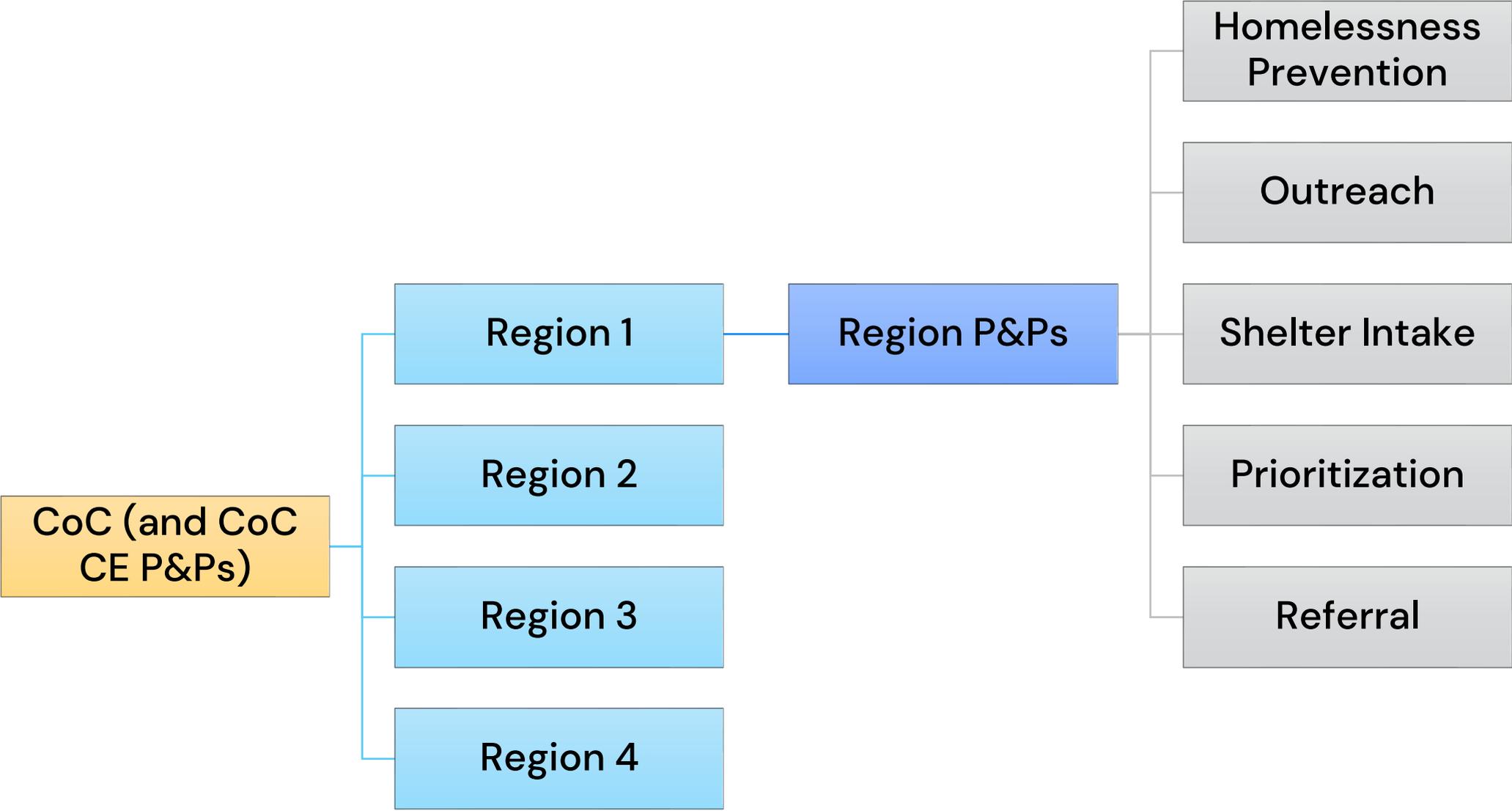
- Multi-county
- Geographically contiguous
- Locally coherent
- Include a single anchor agency to serve as a local CE leader
- Ensure less well-resourced areas are supported

More information about region configuration and responsibilities on subsequent slides.



Regional Implementation

The CoC's Coordinated Entry Policies and Procedures (CE P&Ps) define the CoC's general approach to CE. Each region will develop its own P&Ps that define implementation for some elements of the CE P&Ps. For example: how will the region coordinate HP services? How will it coordinate street outreach to cover the entire geography? How often will service providers case conference around participant prioritization and referral?



Access Points and Anchor Agencies

Access Point

Anywhere a person can **request and receive services** via coordinated entry

Can be **stationary** (e.g. emergency shelter), **mobile** (e.g. outreach), and/or **virtual** (e.g. 211)

Funds CE using direct CoC CE funding, indirect CE funding (e.g. ESG shelter/outreach), or other funds

Delivers **access, diversion, rapid exit, assessment, and prioritization** elements of coordinated entry

Anchor Agency

Coordinates CE activities in the region—e.g. region P&P development, organizing case conferencing

Informally reviews CE activities in the region to ensure they're succeeding and implemented with fidelity to the CE P&Ps

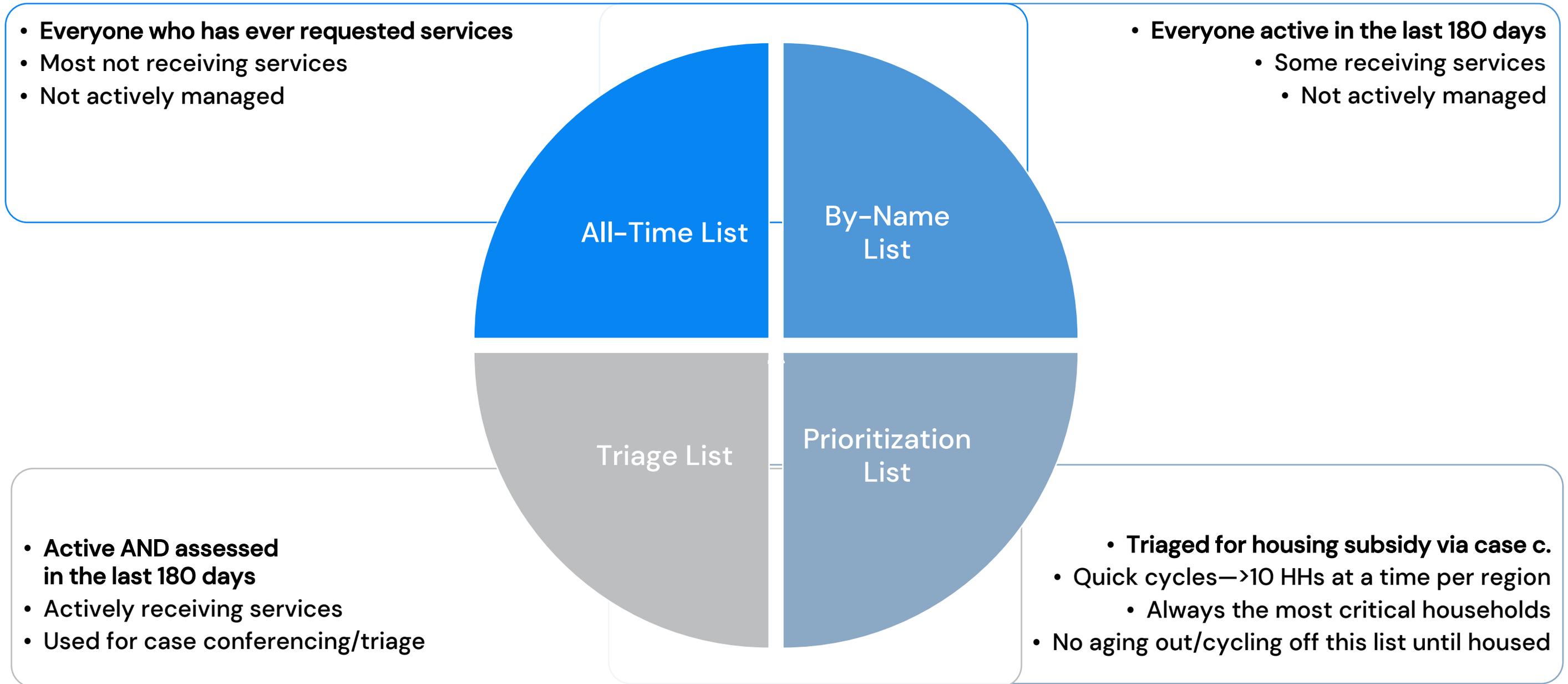
Advocates for regional needs to the CE committee or other CoC leadership—e.g. changes to the CoC CE P&Ps

Other roles may include approving exceptions to normal prioritization processes for unusual cases, mediating case conferencing

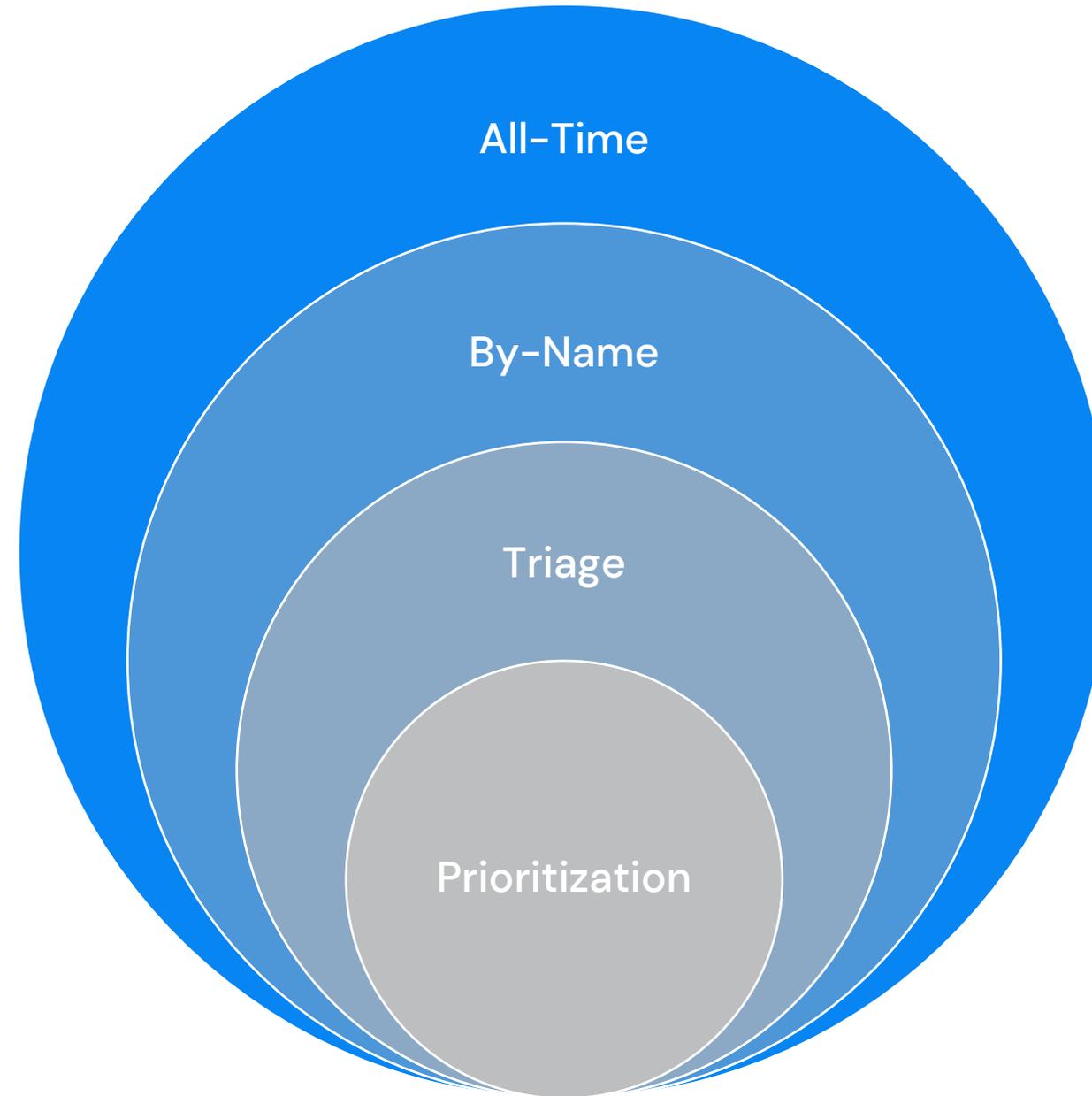


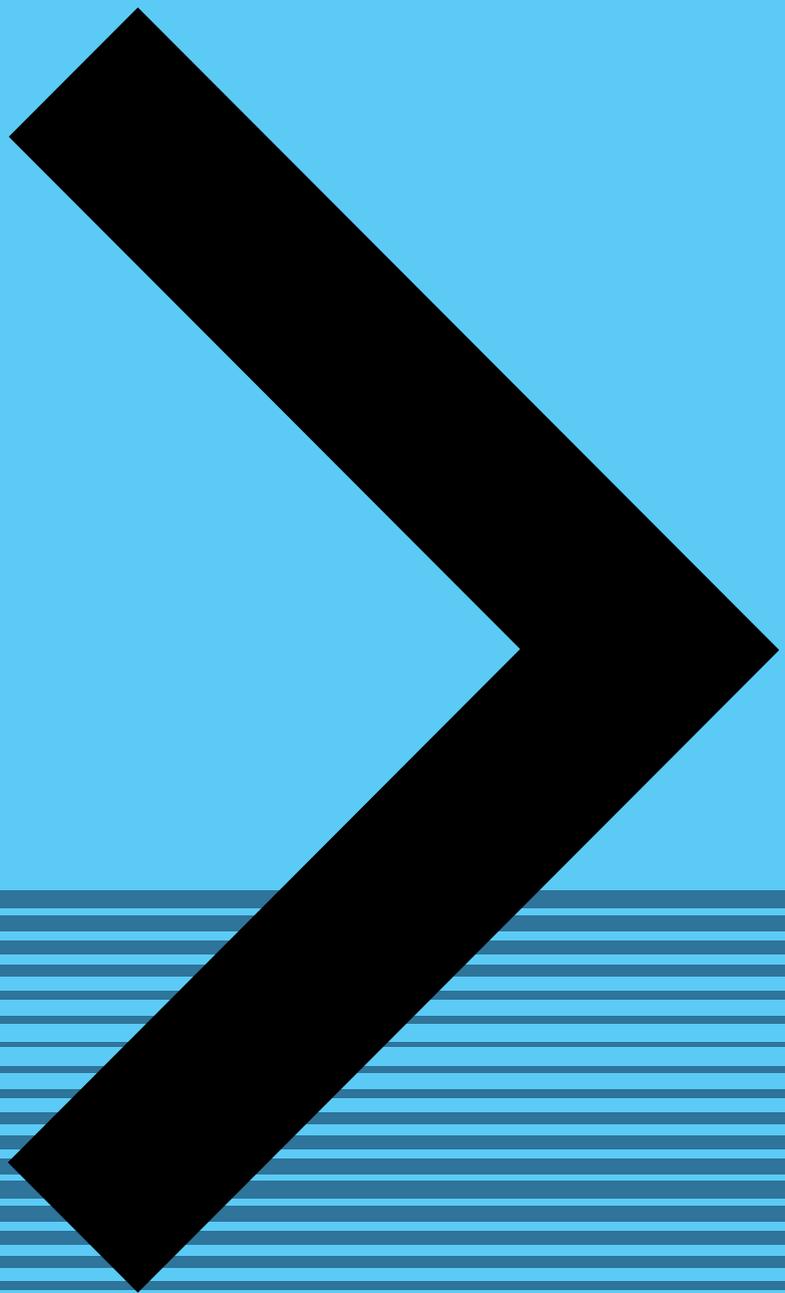
List Differentiation

List Differentiation



List Overlaps





Q&A