Coordinated Entry and HMIS
→ CoC Coordinated Entry System

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Agenda

- Welcome, Introductions, and Agenda
- Review of Western PA Coordinated Entry System
- Data Collection Processes in HMIS
- Utilizing the List for Case Conferencing
- HMIS Data Collection Demo

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Introductions

Come off mute or introduce yourselves in the chat:
- Name
- Pronouns and any other identities you want to share
- Organization
- Role in coordinated entry (e.g. case manager…)
- How would you explain your job to a five-year-old?

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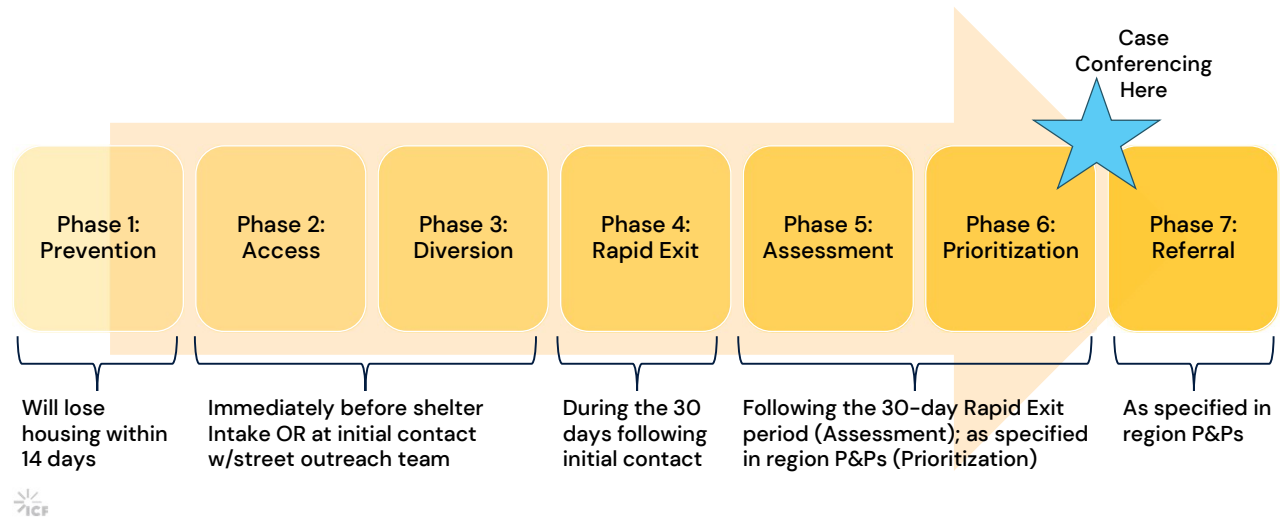
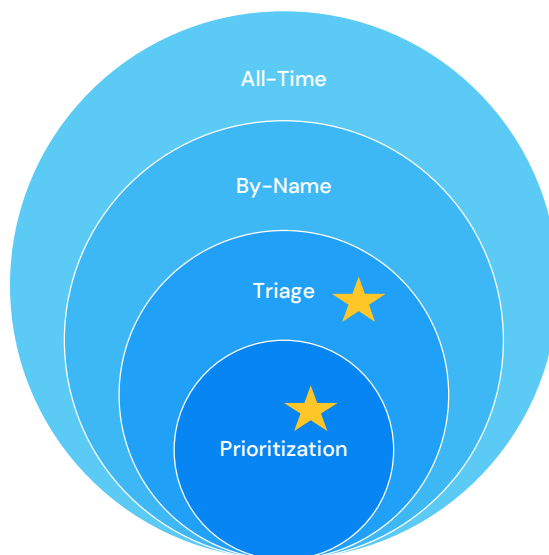# Review of Western PA Coordinated Entry System

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Coordinated Entry Flow

CE should be a human-oriented process that focuses on delivering the 'lightest touch' services required to return each person to safe, stable permanent housing. This redesign incorporates housing problem-solving (e.g. diversion) as a primary strategy and delivers all services using a progressive engagement approach to conserve the CoC's most expensive interventions (e.g. PSH) for those who need them most.

Case Conferencing Here

Phase 1: Prevention	Phase 2: Access	Phase 3: Diversion	Phase 4: Rapid Exit	Phase 5: Assessment	Phase 6: Prioritization	Phase 7: Referral

Will lose housing within 14 days

Immediately before shelter Intake OR at initial contact w/street outreach team

During the 30 days following initial contact

Following the 30-day Rapid Exit period (Assessment); as specified in region P&Ps (Prioritization)

As specified in region P&Ps

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List Management

All-Time

By-Name

Triage

Prioritization

Households are selected from the Prioritization list.

- Quick cycles of 10 households at a time per region
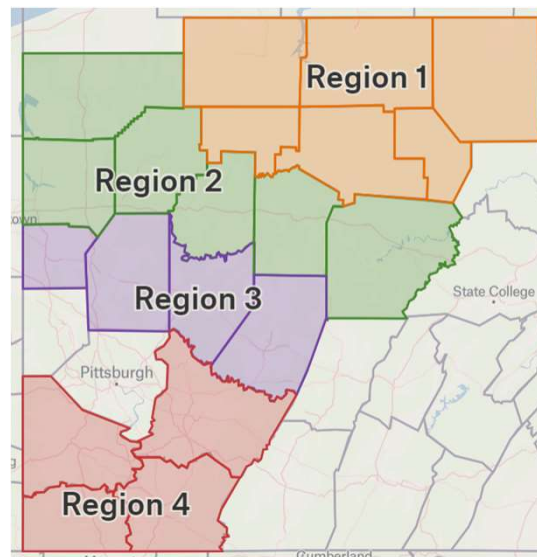- No aging out/cycling off this list until housed

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About Regions

- Multi-county
- Geographically contiguous
- Locally coherent
- Include at least one strong CE provider ("anchor agency")
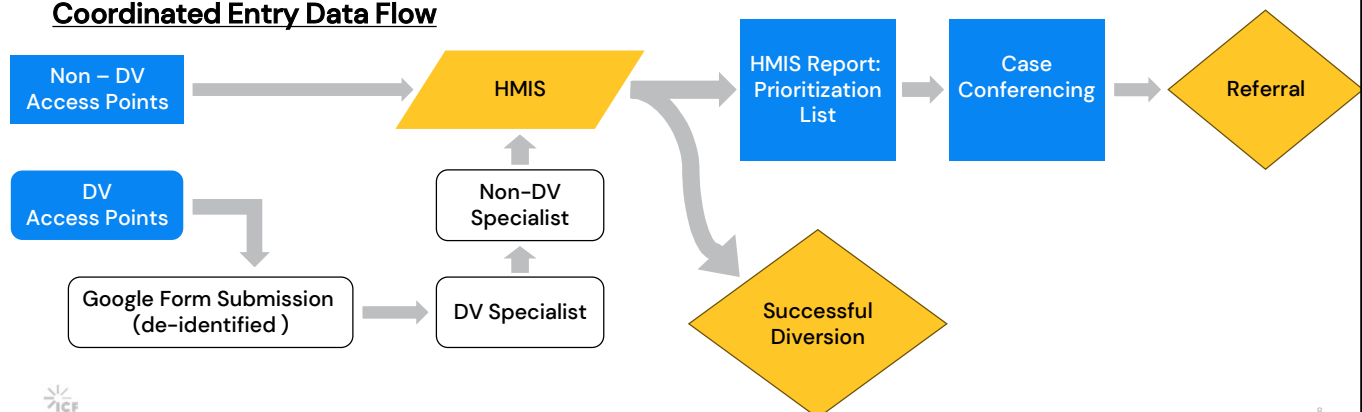- Ensure less well-resourced areas are supported

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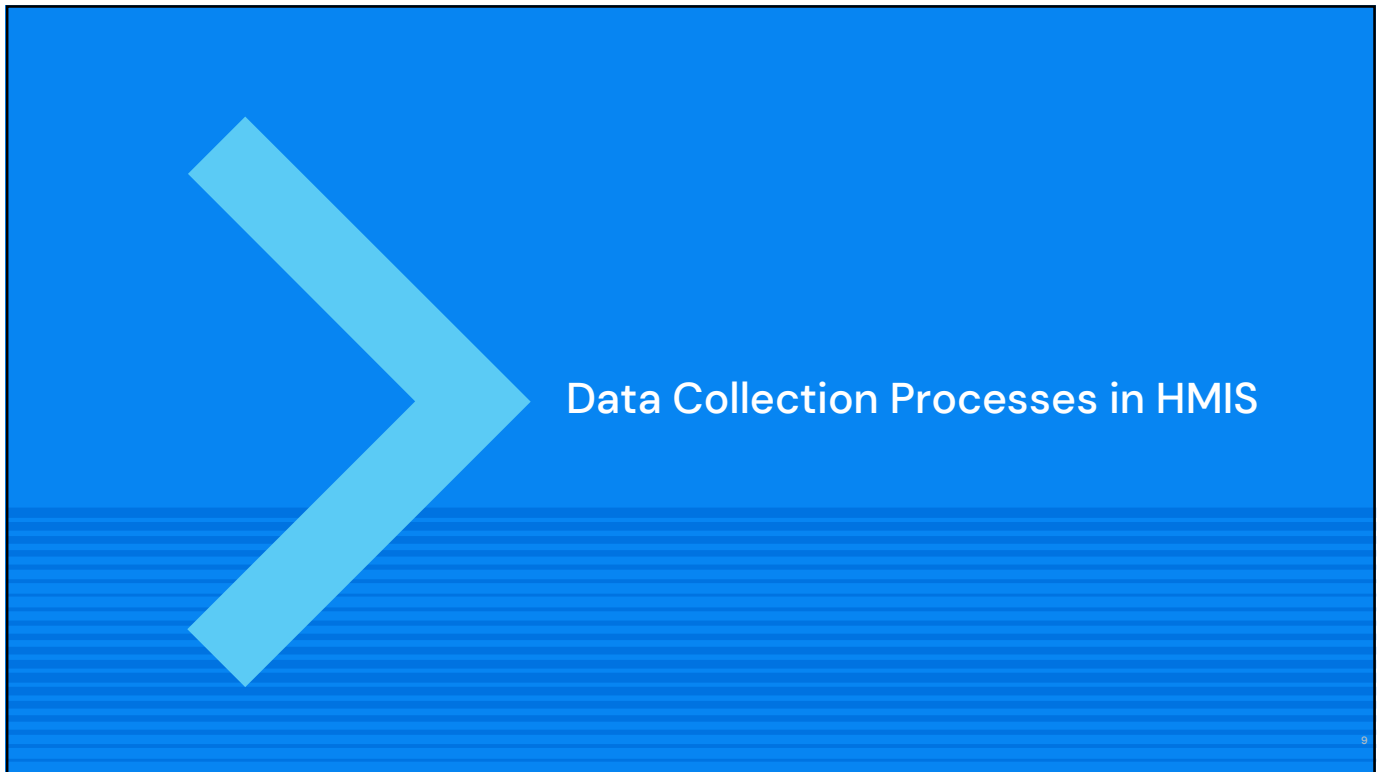## Coordinated Entry in HMIS

"CES is a collaborative and community-wide process and not necessarily represented by a single "project" in the traditional sense."

([CoC Program HMIS Manual – 2024 Version (hudexchange.info) Page 10](#))

Coordinated Entry Data Flow

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Data Collection Processes in HMIS

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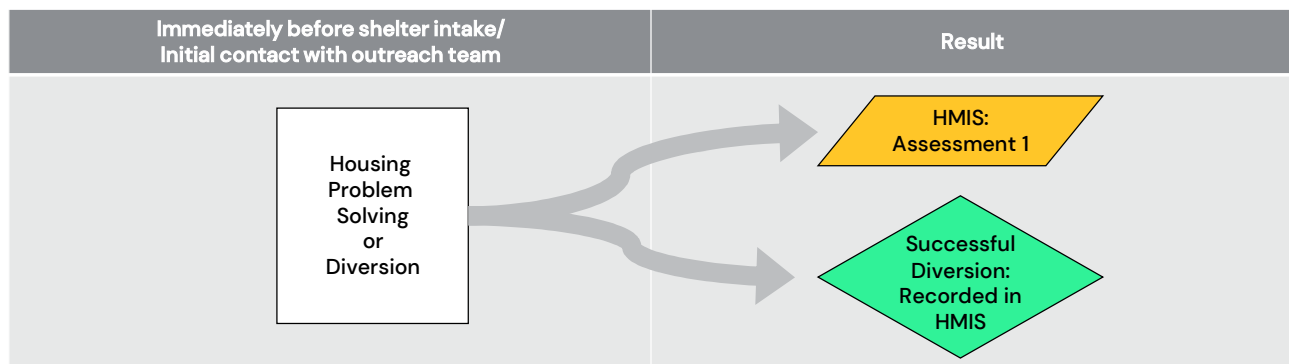## Phase 2: Access and Phase 3: Diversion

1. **Scenario**
   a) Someone comes into the access point (i.e., a shelter)
2. **Action step before data collection**
   a) Housing problem solving and diversion discussions
3. **HMIS Data Collection/Reports**
   a) Collect the bare minimum needed for enrollment and engagement
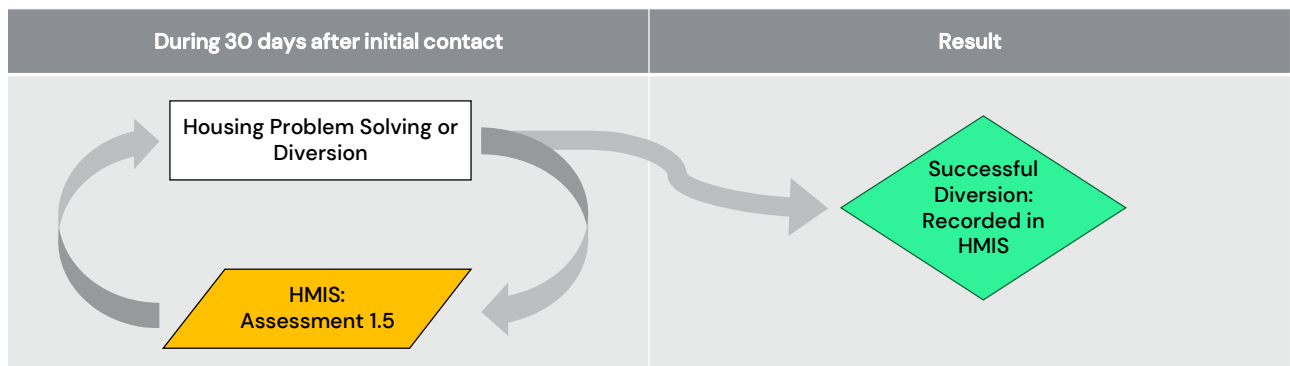

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Phase 4: Rapid Exit

1. **Scenario:**
   a) 30 days following initial contact
2. **Action step before data collection**
   a) Housing problem solving and diversion discussions (these should be happening throughout the 30-days)
3. **HMIS Data Collection/Reports**
   a) Collect additional data elements (Prior living situations, Current living situation, Health insurance, triage assessment)

During 30 days after initial contact	Result
Housing Problem Solving or Diversion → HMIS: Assessment 1.5	Successful Diversion: Recorded in HMIS

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Phase 5: Assessment

1. **Scenario**
   a) After 30-day engagement
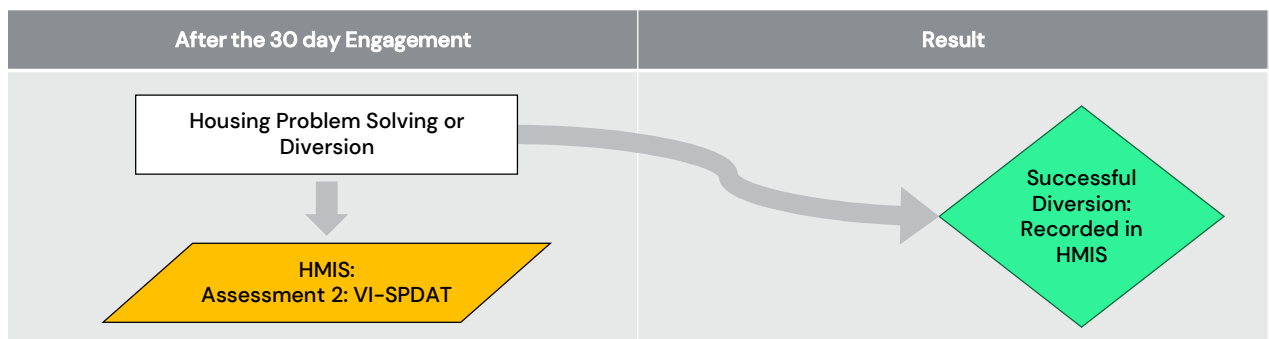2. **Action step before data collection**
   a) Housing problem solving and diversion discussions
3. **HMIS Data Collection/Reports**
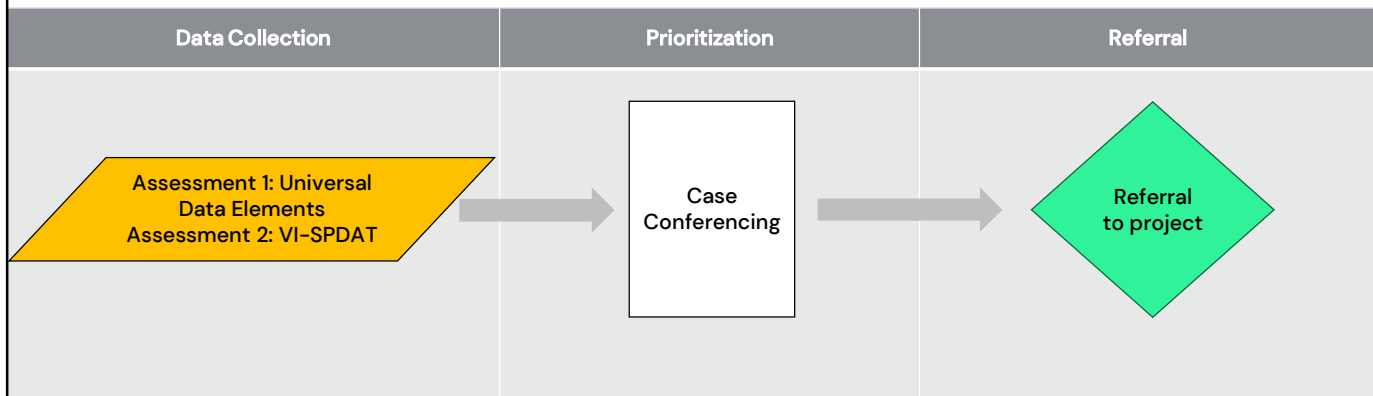   a) VI-SPDAT
4. **HMIS Data utilization**
   a) Provides the initial prioritization of clients and places them on the Triage list.

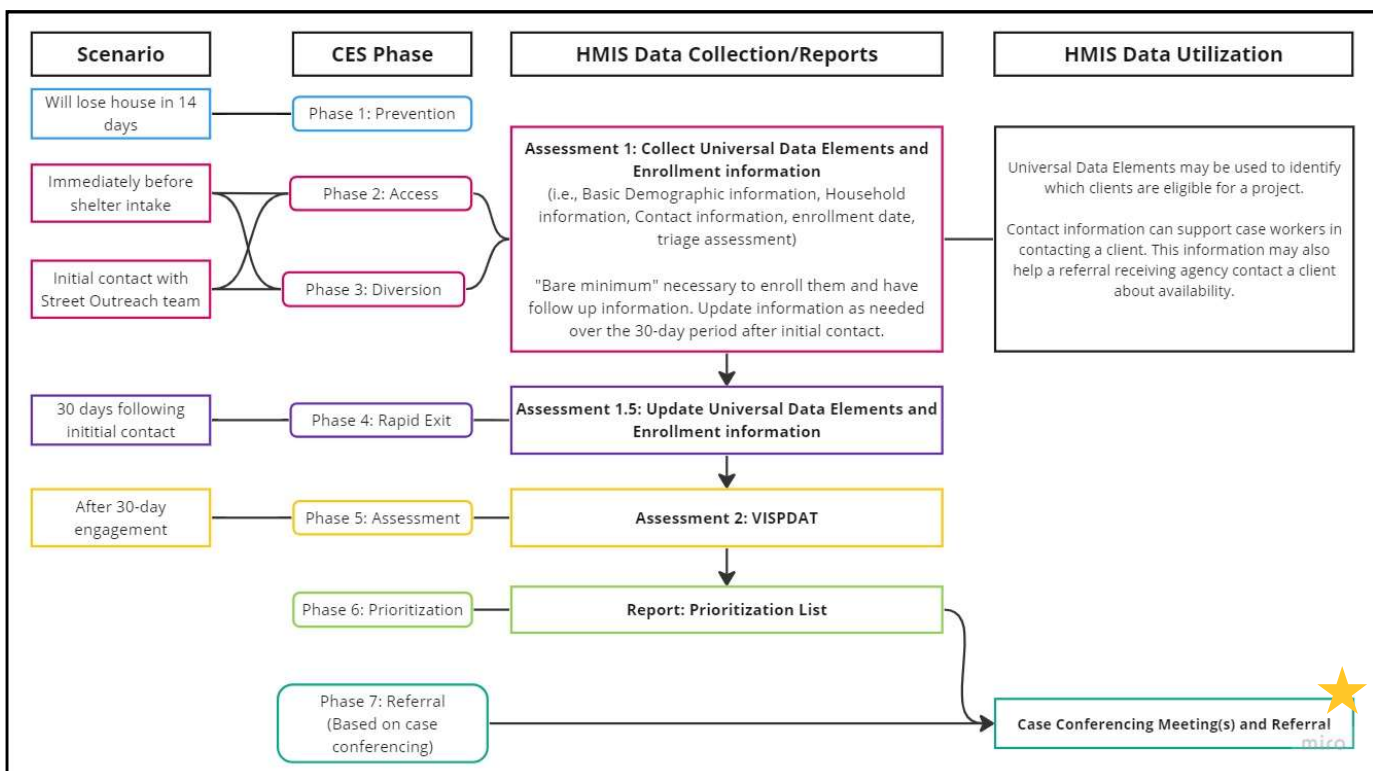| After the 30 day Engagement	Result
Housing Problem Solving or Diversion → HMIS: Assessment 2: VI-SPDAT	Successful Diversion: Recorded in HMIS

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Phase 6: Prioritization and Phase 7: Referral

1. **Scenario**
   a) Identified the 10 households to prioritize.
2. **HMIS Data Reports**
   a) Prioritization list
3. **HMIS Data utilization**
   a) This is used to prioritize clients for referral into projects that have a vacancy.

Data Collection	Prioritization	Referral
Assessment 1: Universal Data Elements Assessment 2: VI-SPDAT	Case Conferencing	Referral to project

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Utilizing Reports for Case Conferencing

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CES Case Conferencing: The Heart

If Coordinated Entry is the "brain" of the system, Case Conferencing is the "heart" of the system. Just as in your bodily system, the best decisions are made when you connect your brain and your heart, or in this case, when you connect the data with the client's experience.

All brain, and you lose the human touch. All heart, and you lose logic and reason. You need both!

Coordinated Entry – the brain = the system's data as numbers
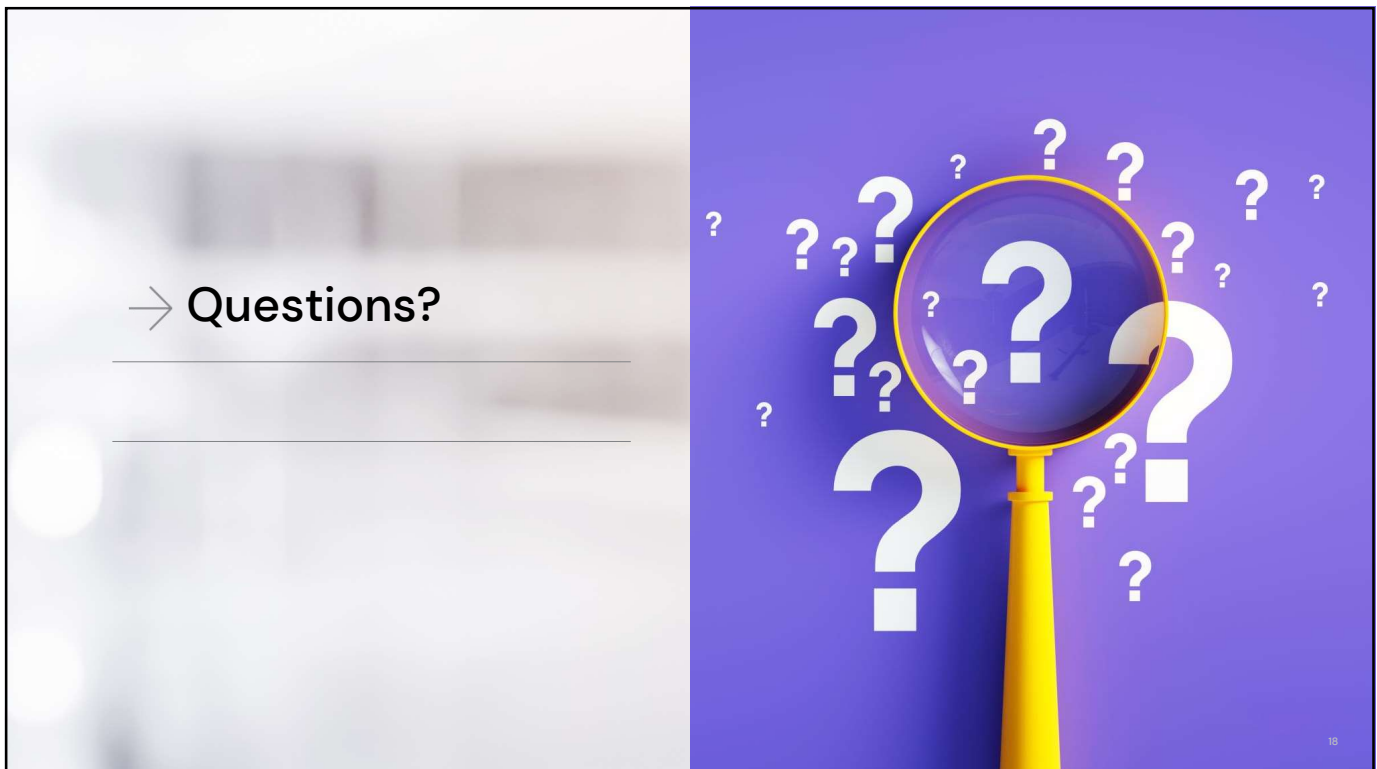Case Conferencing – the heart = the client's experience through the system

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HMIS Data Collection Demo

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→ Questions?

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