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# Coordinated Entry

WHAT DOES THAT MEAN TO WYOMING……

# What is Coordinated Entry?

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Coordinated entry is an important process through which people experiencing or at risk of experiencing homelessness can access the crisis response system in a streamlined way, have their strengths and needs quickly assessed, and be connected to appropriate, tailored housing and mainstream services within the community or designated region.

Coordinated Entry Policy Brief: HUD's requirements for a *Centralized or Coordinated Assessment System in CoC Program Interim Rule (24 CFR 578.7(a)(8)).*

# What is Coordinated Entry?

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Standardized assessment tools and practices used within local coordinated assessment processes take into account the unique needs of children and their families as well as youth.

When possible, the assessment provides the ability for households to gain access to the best options to address their needs, incorporating participants' choice, rather than being evaluated for a single program within the system.

The most intensive interventions are prioritized for those with the highest needs

Opening Doors: *Federal Strategic Plan to Prevent and End Homelessness* p. 57

# The Process

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The coordinated entry process is an approach to 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.

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# The Process

Crisis response system denotes all the services and housing available to persons who are at imminent risk of experiencing literal homelessness and those who are homeless,

whereas homeless system refers specifically to the services and housing available only to persons who are literally homeless.

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# What this looks like……

| BEFORE COORDINATED ENTRY IMPLEMENTATION | AFTER COORDINATED ENTRY IMPLEMENTATION |
|---|---|
| Should we accept this person into our project? | What housing and service assistance strategy among all available is best for this household? |
| • Project-centric<br>• Different forms and assessment for each organization or small subgroup of projects<br>• Project-specific decision-making<br>• Ad hoc referral process between projects<br>• Uneven knowledge about available housing and service interventions in the CoC's geographic area | • Person-centric<br>• Standard forms and assessment used by every project for every participant<br>• Community agreement on how to triage based on the household's needs<br>• Coordinated referral process across the CoC's geographic area based on written standards for administering CoC assistance |

# Core Elements

(1) Access points use a standardized assessment process

(2) Assessment process to gather information on people's needs, preferences, and the barriers they face to regaining housing.

- Once the assessment has identified the most vulnerable people with the highest needs, the CoC follows established policies and procedures to:

(3) Prioritize households/Individuals for the highest need of services

4) Referral to appropriate and available housing and supportive service resources

# Chronic Homeless Definition

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An unaccompanied homeless individual (18 years of age or older) with a disabling condition…..

**OR**

A family with an adult head of household (18 years of age or older) with a disabling condition who has been continuously homeless for at least 12 months….

**OR**

Has had at least four (4) separate occasions of homelessness in the past three (3) years, as long as the combined occasions equal at least 12 months and each brake in homelessness separating the occasions included at least 7 days of not living in a place not meant for habitation, and emergency shelter or safe haven.

# Prioritization for Chronic Homeless

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**PSH, RRH and Transitional beds dedicated to Chronic Homeless**

- Individuals or Families verified as Chronic Homeless with longest history of homelessness and most severe needs
- Individuals or Families verified as Chronic Homeless with longest history
- Individuals or Families verified as Chronic Homeless with the most severe service needs
- Individuals or Families verified as other Chronic Homeless
  - Military Veteran who are otherwise ineligible for VA housing services
  - No Individuals or Families verified as Chronic Homeless can be identified

# Prioritization for non Chronic Homeless

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**PSH, RRH and Transitional beds not dedicated to Chronic Homeless**

- Individuals or Families verified as Homeless with a disability and most severe needs
- Individuals or Families verified as Homeless with a disability and longest time homeless
- Individuals or Families verified as Homeless with a disability coming from place not meant for habitation, ES or Safe Haven
- Individuals or Families verified as Homeless with a disability coming from Transitional Housing
  - Military Veteran who are otherwise ineligible for VA housing services

# Clients and Coordinated Entry

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## No Wrong Door

Clients can be accessed for coordinated entry no matter where they present for services

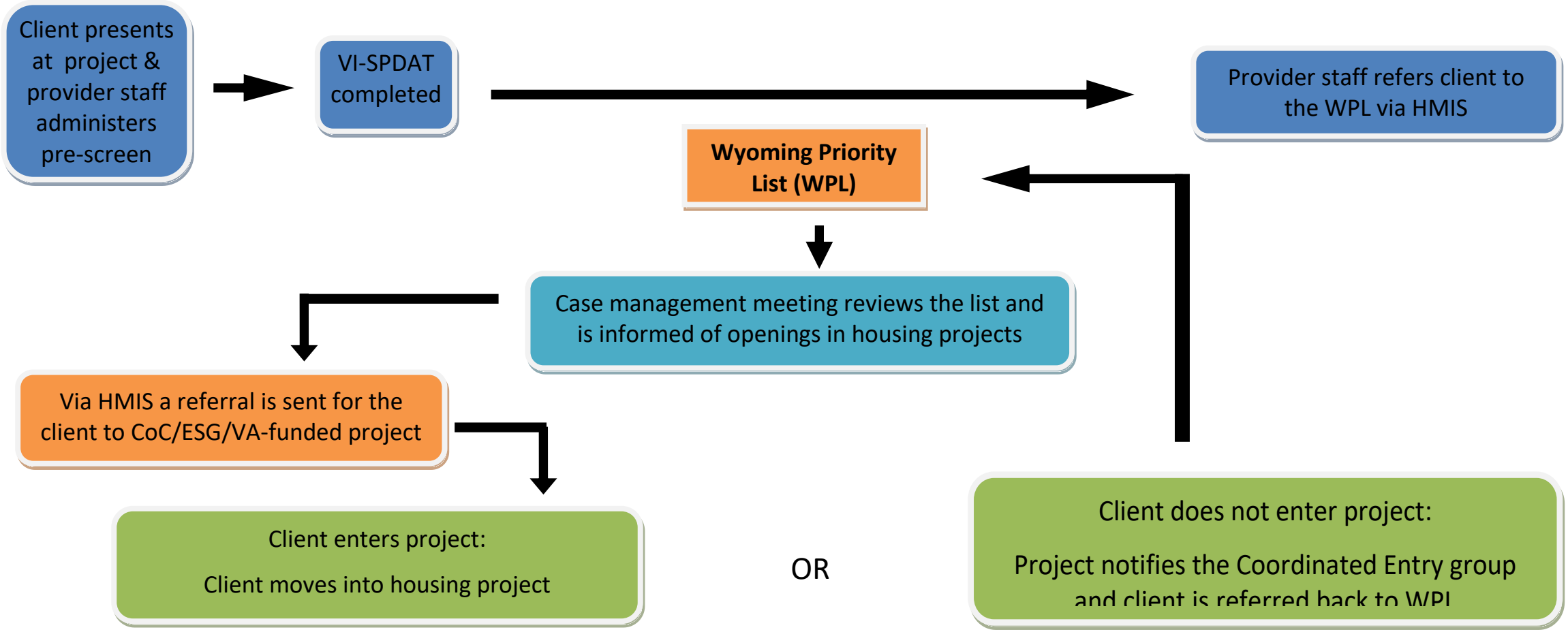
- Emergency Shelters
- Day Shelters
- Agencies throughout the state
- Veteran Services

## Assessment

Coordinated entry is explained to client and client agrees to participate

- Client is given the VI-SPDAT and level of need determined
- Referral to priority lists
- Case management offered

# Coordinated Entry Flow



# What we know so far

Through the Homeless Management Information System (HMIS)

we know as of 2-26-2018:

**11** = Number of chronic homeless persons on the priority list.

**49** = Number of clients on priority list.

**181** = Number of people who have been housed from the priority list.

**42** = Number of people who have been housed in housing projects across the state.

**7.8** out of 20 = Average VI-SPDAT Score for Individuals.

**14** out of 20 = Average VI-SPDAT Score for Families.

**80** = Average length of days on the priority list.

**78** = Average length of days on the priority list of persons who were housed.

Source: HMIS

# What is next for Wyoming?

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## Expand Coordinated Entry Partners

- Health services for homeless
- Housing Authorities
- Landlords
- Non federally funded agencies
- Faith based agencies

# What is next for Wyoming?

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## Rapid Re-Housing and Transitional Housing

Utilize priority lists for clients who qualify for RRH and TH

- Based on priority offer RRH and TH
- Increase length of case management
- Assistance based on need not time

# What is next for Wyoming?

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## Prevention and Diversion

- Assess clients for assistance to prevent homelessness
- Increase resources for prevention/diversion
- Increase length of case management

# Your Involvement

1. Consider being a project who does screening for clients
   - Participate in HMIS
   - Complete the VI-SPDATs
   - Send referrals to the priority lists
2. Attend the weekly case manager meetings that review the priority lists
   - Report updates about the clients on the list
     - Do they still need housing
     - They are currently housed
3. Know the where about or how to contact a client
   - Still on the streets
   - Moved out of the area
   - Unknown

# Sources

Opening Doors: *Federal Strategic Plan to Prevent and End Homelessness*

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HMIS: Homeless Management Information System

# Questions?

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