



GULF  
COAST  
PARTNERSHIP  
TOGETHER WE CAN

ONE CHARLOTTE

WHAT IS COORDINATED ENTRY AND WHAT DO WE WANT OURS TO LOOK LIKE?

# Introduction

- Kelly Hunter, Director of Coordinated Services for Charlotte County's CEP
  - Certified Behavioral Health Case Manager
  - More than 24 years experience working with vulnerable populations
- Former AmeriCorps VISTA and *Faces of Homelessness Speaker's Bureau Coordinator*
  - Mom, Wife, Advocate

# What is Coordinated Entry?

- *“In HUD’s vision, 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.”*

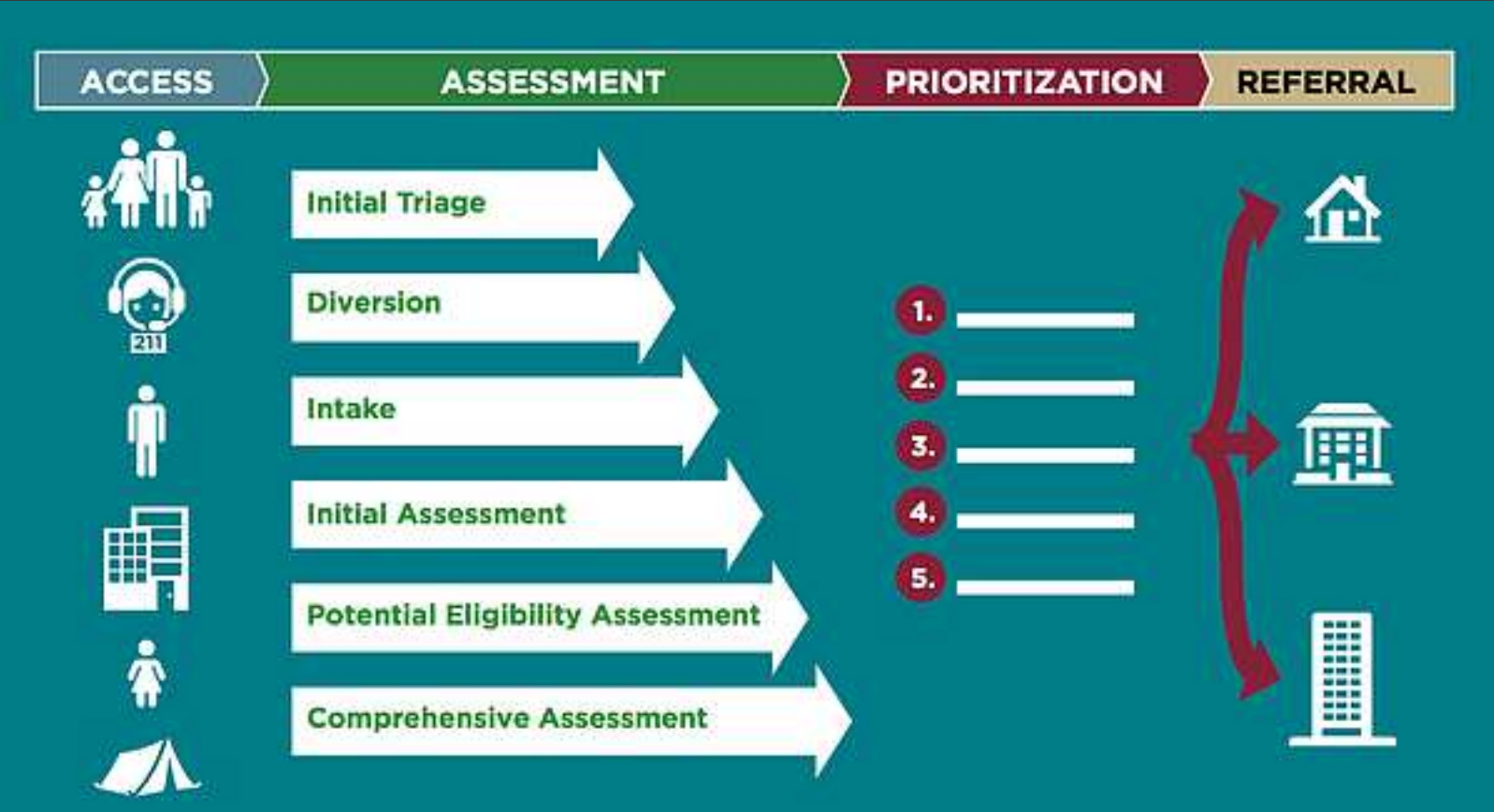
# What's the Purpose of CEP?

- Changes CoC's approach from project-focused to person-focused
- Establishes a standardized process to assess vulnerability and needs of households who are experiencing or at risk of homelessness through:
  - Access Points
  - Assessment of Needs, Preferences, and Barriers
  - Prioritization Based on Vulnerability/Severity of Needs
  - Referral to Appropriate Housing/Supportive Services

# Core Elements Defined

- **Initial Triage:** Defining the nature of the current crisis and ensuring the person's immediate safety.
- **Diversion:** Assisting person in determining his/her resources and options other than entering into the homeless system. Can be conducted during initial triage or separately.
- **Intake:** Occurs when person accepts crisis assistance.
- **Initial Assessment:** Used to help define risk and prioritize person for appropriate services.
- **Potential Eligibility Assessment:** Considers potential participant's likelihood of being eligible for admission to a project based on its specific eligibility requirements and CoC's written standards for prioritization.
- **Comprehensive Assessment:** Follow up to the initial assessment. Housing and service plan, as well as, exit strategies are developed through case conferencing.
- **Next-step/Moving on Assessment:** Re-evaluation of participants who are stably housed and who are ready to move into less-intensive housing/services and in some cases will exit into self-sufficiency.

# Coordinated Entry Core Elements

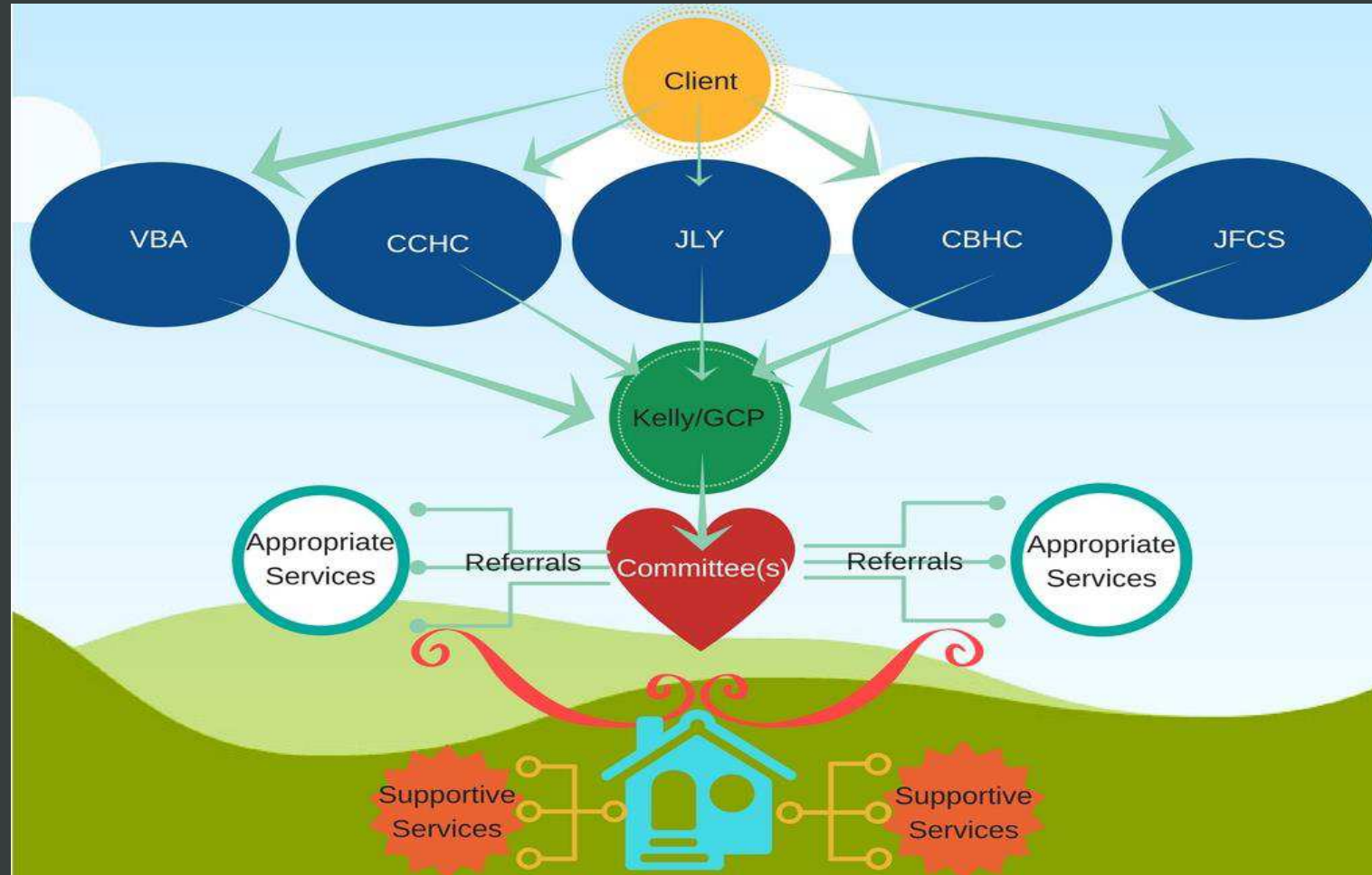


# Components of an Access Process

## Coordinated Entry Access Models

	Single Point Access	Multisite Centralized Access	No Wrong Door	Assessment Hotline
<b>Site Location</b>	Centralized	Located at population centers, high-volume providers, and possibly separated by subpopulation	All existing provider locations	Telephone based or Internet
<b>Number of Access Points</b>	1	Variable, based on geography (2 to 4)	Many	1 telephone number or website access through Internet
<b>Services Offered</b>	Primarily access and assessment; may include triage services, emergency services, or other mainstream services	Primarily access and assessment; may include the services of a co-located provider; may be targeted to one of several subpopulations	Access, at least limited assessment, referrals, and the standard services of each provider	Access to the homeless system, often includes access to mainstream services; limited assessment capability
<b>Operating Entity, Staffing</b>	Permanent independent access specialists; may be shared staff of central shelter or other organization	Mobile or permanent independent access specialists or shared staff of co-located providers	Independently operated by each provider	Local 211 or other designated hotline agency
<b>Hours of Operation</b>	Hours of the central location	Hours of each access site	Hours depend on and vary with each provider	Typically 24 hour operation, 7 days a week.

# Our Current Coordinated Entry System





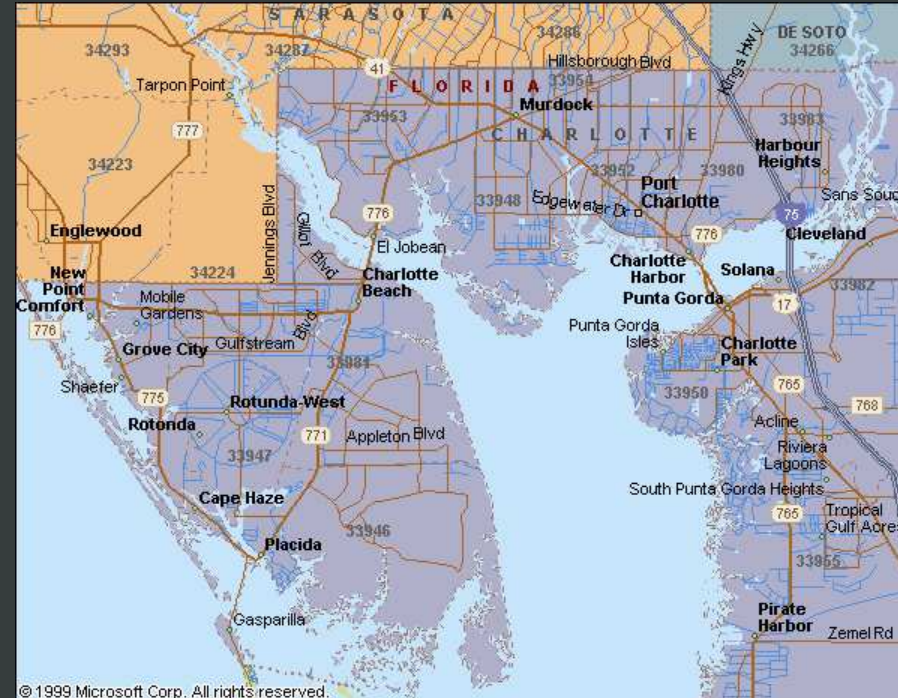
# Coordinated Entry Models

## Considerations

- Single Point of Access
  - Highest level of control over implementation and compliance for the CoC; also known as “centralized” intake or assessment.
- Multisite Centralized Access
  - Moderate level of control over implementation and compliance for the CoC; the most adaptable model, sometimes called a “hybrid” system.
- No Wrong Door
  - Lowest level of control over implementation and compliance for the CoC; however, still requires standardized forms and coordinated referrals for all.
- Assessment Hotline
  - 211 is the most popular example; sometimes combined as an initial triage tool with an of the other models; often must build a relationship with an outside provider.

# Full Coverage

Must be accessible throughout geographic area



- **Required:** Written policies and procedures must describe the relationship of the CoC to the CEP, addressing at a minimum how the core elements of ensuring access, standardizing assessments, and implementing uniform referral will operate in the situations where the geographic boundaries of the CoC and the boundaries of the crisis response system do not exactly align.

# Who's Missing? How Do We Bridge the Gap?



# Planning and Implementation

What will work best for our community?

- Identify Access Points
- Determine Whether Specialized Access Points Will Be Developed
- Coordinate With Outreach Teams
- Define Staffing Needs For Access Points
- Design A Supervision And Feedback Loop
- Map Flow Of People Through The System
- Develop A Communications Plan
- Document Requirements For Access Points

# What Access Model(s) Do We Want to Use?



# Continued Discussion for Next Meeting

- What Resources Do We Have?
- What Resources Do We Lack?
- What Do We Want To Recommend To The Steering Committee?
  - Single Point of Access
  - Multi-Site Centralized Access
  - No Wrong Door
  - Assessment Hotline
  - Combination of Models

