

COORDINATED ENTRY ELEMENT

ACCESS

High Impact Strategies:

Emergency Services/After Hours

Identify hospital social worker and law enforcement representatives to be a part of the CE process

Establish work group to understand availability of ACCESS at sites (hours, populations,

Establish agreement with 211 to take after-hours/weekend calls, as well as rural calls;

refer to shelter (if available), and “pre-triage” and send basic info to Central Intake

Establish if dedicated (veteran, DV) beds at TRUST can be used in emergency overnight situations

Identify and obtain funding/vouchers for crisis rooms, especially in rural areas; agreement with rural law enforcement for transportation?

DV Access

Understand and promote DV program eligibility and services

Ensure equity of services (specifically for transgender and male clients)

Identify barriers to access and develop strategies to address existing barriers

Identify and address confidentiality issues

Evaluate the timeline of shelter enrollment

Understand transitional housing specific to DV (TAP)

Provide trauma-informed process training opportunities for (DV and non-DV) providers

Add DV processes to initial intake for all agencies and referral process

Understand DV hotel network and how to refer clients into that network

Geographical Coverage

Formalize TAP as the access and/or referral point for clients in the Alleghany County/Covington area

Determine if SafeHomes can/will serve as access point for DV population in Alleghany/Covington

Determine if Craig County DSS can/will serve as referral/access point for clients in Craig

Identify if 211 (or other hotline) can serve as access point for rural areas

Determine if the Botetourt Resource Center can serve as access point for individuals in northern Botetourt County

Connect with group establishing emergency shelter in Alleghany County

NOTES

Jo Nelson will reach out to Pat Franklin with Craig DSS

Jo Nelson

Determine access to housing and supportive services in rural communities (TAP staff currently offer transports to the Rescue Mission for individuals in Alleghany/Covington who need emergency shelter.)

Evaluate capability of HAT and/or Central Intake offering on-site and/or remote assessment services through rural access points

ASSESSMENT

Define CoC-wide grievance process and nondiscrimination policy to share with all CoC agencies/staff

Monitor grievance process by soliciting client and agency feedback

Define language and create script for assessment partners

Create a recourse guide (starting with data in HMIS); update/review quarterly

Ensure privacy of client data and ensure clients understands

Explore Learning Management System platforms

Create curriculum for training

Establish who will provide training, track and maintain training information

Create overview trainings for CoC, HMIS, CES

Define tiers of training need based on user roles (generalized vs. specialized)

Decide what additional information to collect during assessment (health, other services received/needed, etc)

Evaluate VI-SPDAT and possibly design our own tool - research other communities

PRIORITIZATION

REFERRAL

Multiple formats

Template for data collection (Hope)

Surveys/qualitative data; compare scores to intersectionalities (race, gender, SMI, SUD, etc.) look for trends/inequities; measure who is being assessed, what level of vulnerability they have and if they are becoming housed; Look at HMIS data guide for suggestions