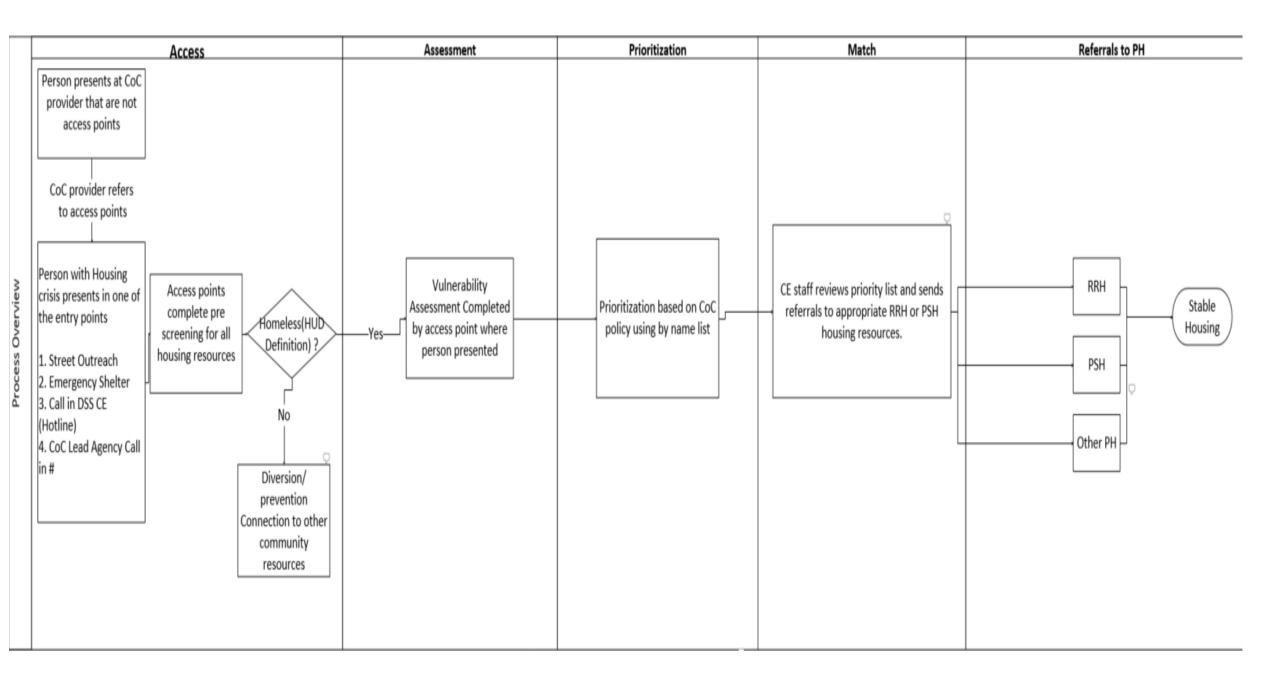
Understanding our system and identifying areas of improvement

REFERRAL

Coordinated Entry Core Elements

ACCESS PRIORITIZATION REFERRAL ASSESSMENT Initial Triage Diversion Intake **Initial Assessment Potential Eligibility Assessment Comprehensive Assessment**



The final element is **Referral**. Persons are referred to available CoC housing resources and services in accordance with the CoC's documented prioritization guidelines.

All CoC Program- and ESG Program-funded projects must accept referrals exclusively through the CoC's defined CE process as described below. All other CoC projects and services voluntarily participating in CE will consider the CE process the sole source for referrals.

Review of "PRIORITIZATION" Session 3

Coordinated Entry Community Assessment Document

https://ccsroa.sharepoint.com/:x:/s/CoordinatedEntrySuperstars/EfUUHjQkFKVIjklb8KU2xiABsZakx9AvIEaDN1M0WL2uvw?e=exjXn4

Coordinated Entry in Clarity

Ben

Option A (suggested to implement as initial refinement rollout and monitor for needed adjustment)

Step 1: Access Point creates Coordinated Entry enrollment.

- Proposed access points are the Rescue Mission, Trust House, Family Promise, HAT, TAP DVS, Turning Point, SafeHome. Add TAP-SSVF and RAM
- Assessor enrolls client in Coordinated Entry project in HMIS.
- DV projects to send project intake and vulnerability assessment documents to Central Intake securely for HMIS CE project enrollment and assessment. Dropbox to be used as secure file sharing platform.

Step 2: Access Point assessor completes Coordinated Entry vulnerability assessment.

 Coordinated Entry vulnerability assessment must be completed under the Coordinated Entry project enrollment.

Step 3: Access Point assessor refers client to the Community Queue in HMIS.

Step 4: Central Intake staff will manage the Community Queue and refer to community programs (RRH and PSH) based on project eligibility factors, resource availability and community prioritization policies.

- RRH (CHRC) and PSH (ARCH) will provide regular updates to Central Intake staff on unit/resource availability. HMIS unit availability will be used as able to determine project openings.
- Case conferencing component will be implemented to coordinate referrals to RRH and PSH resources off of the community que.
- Suggestion to case conference all PSH referrals and automate RRH referrals for next highest scoring household.
- Suggestion to implement advocacy process for assessors to request case conferencing for situations where the assessment may not fully reflect the client's vulnerability.
- Referrals will be prioritized based on assessment score and community case conferencing considerations.
- Other programs not required to accept referrals can also accept participants through Coordinated Entry (SSVF, HUD-VASH). Clarify SSVF and HUD-VASH requirements.

Step 5: Project staff (RRH and PSH) accept or reject referrals from the Community Queue in HMIS

Step 6: Central Intake staff will discharge clients from the Coordinated Entry project once client has moved into housing through referred project. Explore possibility of automating the Coordinated Entry discharge process.

Step 1: Access Point creates Coordinated Entry enrollment.

- Proposed access points are the Rescue Mission, Trust House, Family Promise, HAT, TAP DVS, Turning Point, SafeHome. Add TAP-SSVF, RAM.
- Assessor enrolls client in Coordinated Entry project in HMIS.
- DV projects to send project intake and vulnerability assessment documents to Central Intake securely for HMIS CE project enrollment and assessment. Dropbox to be used as secure file sharing platform.

Step 2: Access Point conducts Coordinated Entry vulnerability assessment.

 Proposed access points are the Rescue Mission, Trust House, Family Promise, HAT, TAP DVS, Turning Point, SafeHome.

Step 3: Access Point assessor refers client to the Community Queue in HMIS.

Step 4: Access Points refer clients directly to community programs (RRH and PSH) from the Community Queue based on project eligibility factors, resource availability and community prioritization policies. If no availability, refer to Community Queue? Who follows/tracks client?

- RRH (CHRC) and PSH (ARCH) will provide regular updates to Access Point staff on unit/resource availability. HMIS unit availability will be used as able to determine project openings.
- Case conferencing component will be implemented to coordinate referrals to RRH and PSH resources off of the community queue.
- Suggestion to case conference all PSH referrals and automate RRH referrals for next highest scoring household.
- Suggestion to implement advocacy process for assessors to request case conferencing for situations where the assessment may not fully reflect the client's vulnerability.
- Referrals will be prioritized based on assessment score and community case conferencing considerations.
- Other programs not required to accept referrals can also accept participants through Coordinated Entry (SSVF, HUD-VASH). Clarify SSVF and HUD-VASH requirements.

Step 5: Project staff (RRH and PSH) accept or reject referral from the Community Queue in HMIS

Step 6: Central Intake staff will discharge clients from the Coordinated Entry project once client has moved into housing through referred project. Explore possibility of automating the Coordinated Entry discharge process.

Next Meeting

Thursday, January 5th 10:00AM.

Workflow for Prevention, Tracking Referrals

Via Zoom (link provided in meeting invitation to follow).