

Coordinated Entry System Basics

Call Center, Shelter Diversion and
Street Outreach

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Homelessness



What is Coordinated Entry?

- A **process** that ensures that all **people experiencing a housing crisis** in a defined geographic area **have fair and equal access**, and are **quickly identified, assessed** for, **referred**, and **connected** to **housing and homeless assistance** based on their **needs and strengths** no matter where or when they present for services.
- It is the system design for the homeless response system. It is not an entity, or an agency, or a service, it is a process or a system.

Four Main Components of Coordinated Entry

Access

The initial engagement point

Virtual, site based, in community, multiple access points. Street Outreach can be an access point.

Assessment

Process of documenting a participant's housing needs, preferences, and vulnerability

In-depth diversion, more triage, street outreach

Prioritization

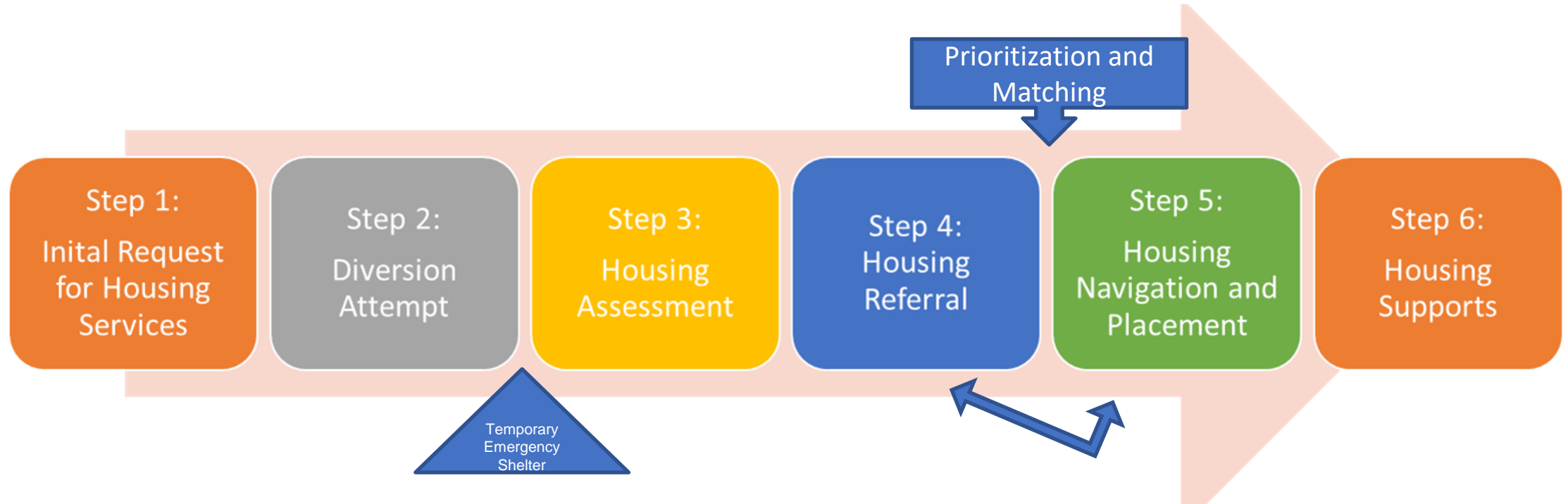
Process of matching vulnerability and need to appropriate housing intervention or service types

In street outreach, prioritizing how to manage the case load and who is next for housing programs

Referral

Matching person to available and appropriate community resources, housing and services

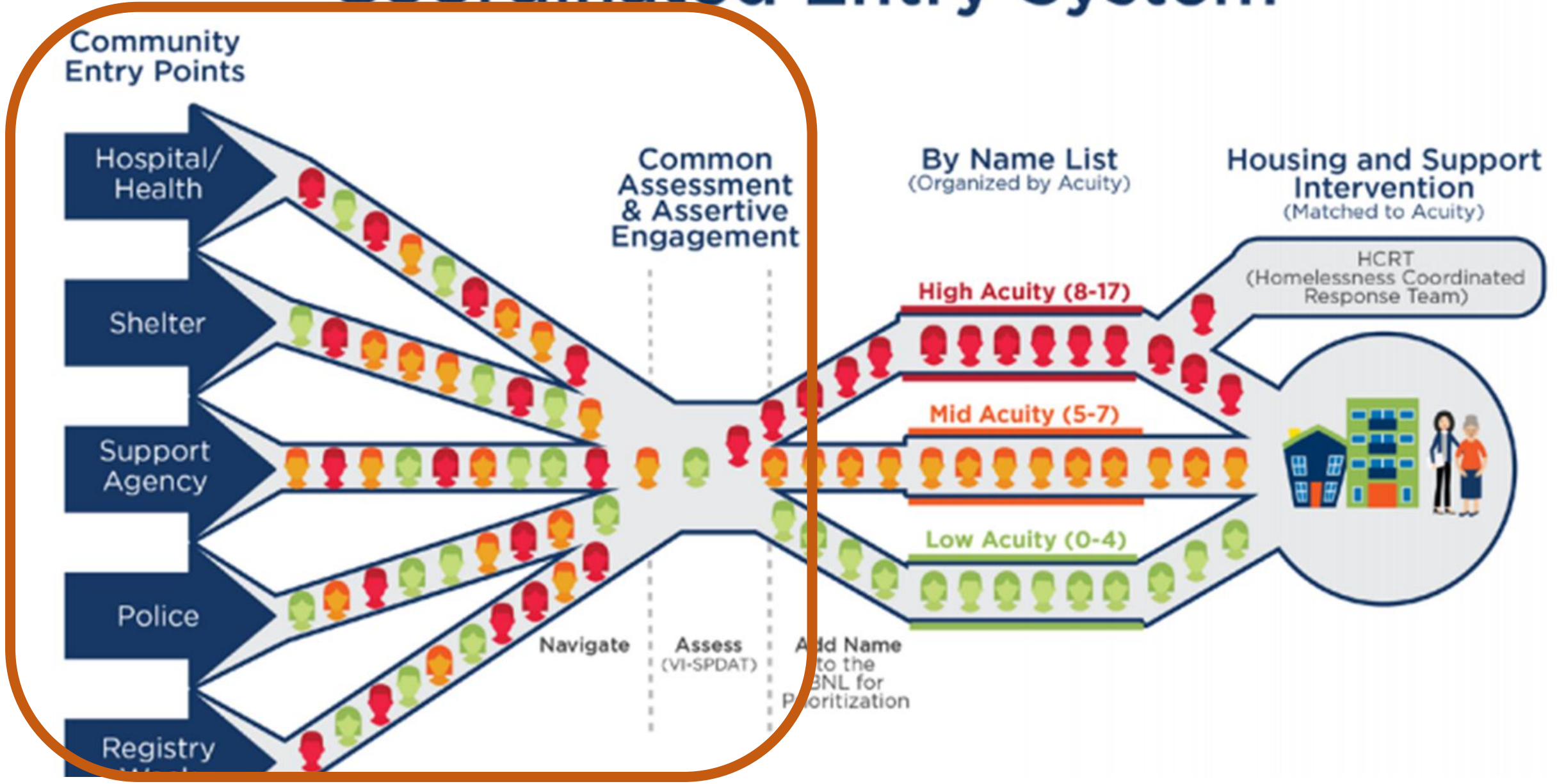
System Flow



The Front End of Coordinated Entry

Call Center, Diversion and Street Outreach

Coordinated Entry System



ACCESS**ASSESSMENT****PRIORITIZATION****REFERRAL****Initial Triage****Diversion****Intake****Initial Assessment****Potential Eligibility Assessment****Comprehensive Assessment****1.****2.****3.****4.****5.**

Roles Within a Rural CE System

Role	Description
CE Call Center Staff	Access, Diversion, Emergency Shelter Referral, Assessment, Referral
Street Outreach	Access, Diversion, Emergency Shelter Referral, Assessment, Referral to Housing Programs, Documents for Housing Program Eligibility
Housing Locator	Housing Identification, Landlord Recruitment
Housing Based Case Management	Landlord Relationship, Case Management IN Housing
Diversion Case Manager	Creative problem solving around avoiding entry into homelessness
Oversight	CQI

What's Included in Each Component

Access

- Call Center
- Initial Diversion

Assessment

- Screening assessment
- Prevention referral
- VI-SPDAT, VI-FSPDAT, TAY VI-SPDAT
- Street Outreach Referral
- Shelter Referral

Prioritization

- MIBOSCOC Prioritization Policy
- By Name List

Referral

- Housing program referral
- Housing Based Case Management

Call Center Services

Housed / At Risk

- Information and Referral
- Affordable Housing and Resource Guide

At Imminent Risk

(Must be out within 14 days, no other supports or housing options)

- Prevention
- Diversion Services
- HCV with Homeless Preference Waiting List (if no shelter)

Homeless

- Shelter Diversion
- Assessment
- Shelter Referral
- Street Outreach Referral
- HCV with Homeless Preference Waiting List
- Placement on By Name List

Housed Callers Should Receive

Information and referral to other community resources.

Affordable housing list.

Mediation to resolve housing issue with landlord, family.

Callers At-Imminent Risk Should Receive

Mediation to resolve housing issue with landlord, family or others.

Homelessness Prevention

HCV Waiting List (if no shelter options in that county)

Community resources and referrals

DIVERSION SERVICES

Homeless Callers will Receive

Attempt at diversion

Shelter referral

Street Outreach referral

Housing Choice Voucher
with Homeless Preference
Waiting List placement

Placement on By Name List



Call Center Basics

- All households will be screened either by phone or in person.
- Should be an 800 number or other type of toll-free option SEPARATE from the main line at the HARA.
- Should have other ways to contact outside of calling. Email and texting work well.
- HARA should have extensive call tracking procedures in place and should utilize Call Point.
- Protocol must be developed between HARA and a crisis line, e.g. 211, taking calls during nontraditional work hours. The crisis line, e.g. 211, must make callers aware that he/she should contact the HARA when their office reopens.
- Households who are presented with immediate safety issues will be re-directed appropriately (Domestic Violence or 911.)
- If the intake concludes there is an immediate housing need, households will proceed to a full housing assessment and will receive referrals within the homeless response system (shelter, street outreach etc.)

What Happens When you Contact the Call Center



An intake specialist will help to direct the client to the appropriate intervention type based on their need. The intake specialist will work to do some initial triage of the case as well.

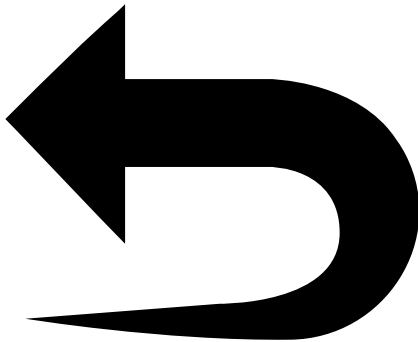


Expect to be asked questions regarding your current housing status. Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT)



Referral

Diversion Services



A strategy that prevents homelessness by helping people experiencing a housing crisis and seeking shelter to preserve their current housing situation or make immediate alternative arrangements without having to enter shelter.



The main difference between diversion and other permanent housing-focused interventions centers on the point at which intervention occurs.



Prevention targets people at imminent risk of homelessness farther upstream.



Shelter Diversion – at the front door requesting shelter/seeking a place to stay tonight

Diversion

From	To	Responsible party
What programs are you eligible for and who has a bed available	What would resolve your current housing crisis?	Call Center Staff
Assessment/Eligibility	Structured problem-solving conversation about household situation and resources	Street Outreach / Shelter
Intake or put on wait list	Support crisis resolution to avoid shelter entry	Diversion Worker

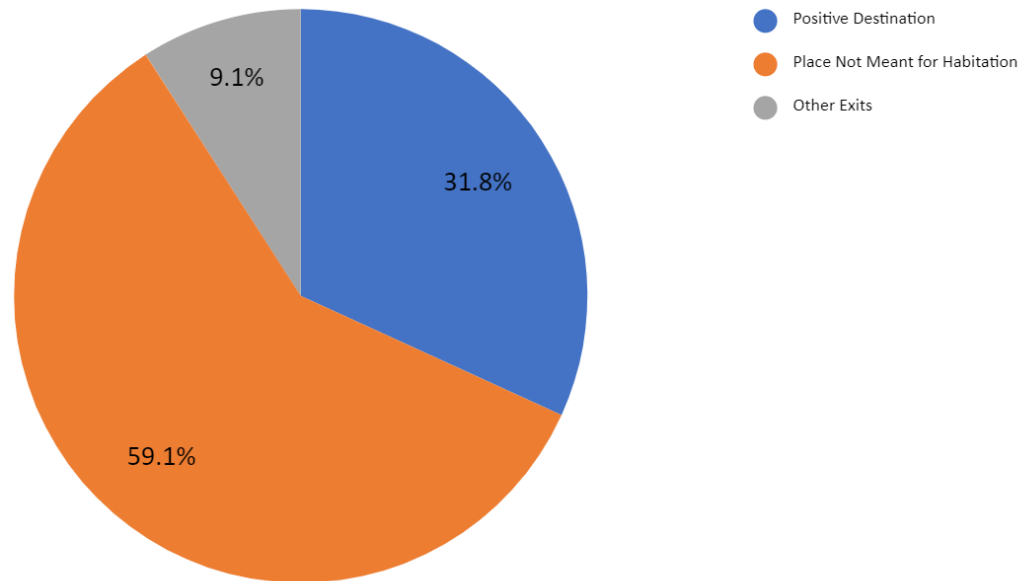
Why Diversion?

- Helps direct people away from the homeless response system when safe and appropriate.
 - NEVER enough resources. Shelter beds, Rapid Rehousing, Permanent Supportive Housing, Case Management etc.
- Can't end homelessness without effective diversion strategies.
- Improves quality of life by avoiding shelter stays.
- Low cost, HIGH impact.

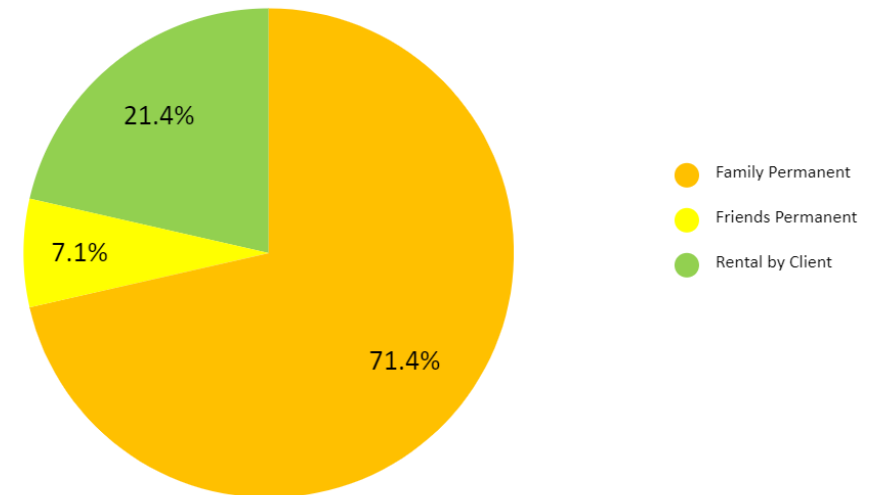
Two Months of Diversion Data from NW Michigan

- Standard success rate for diversion nationally is 25%
- In two months, we provided 70 unique clients with diversion services.

Distribution of Exits from Diversion



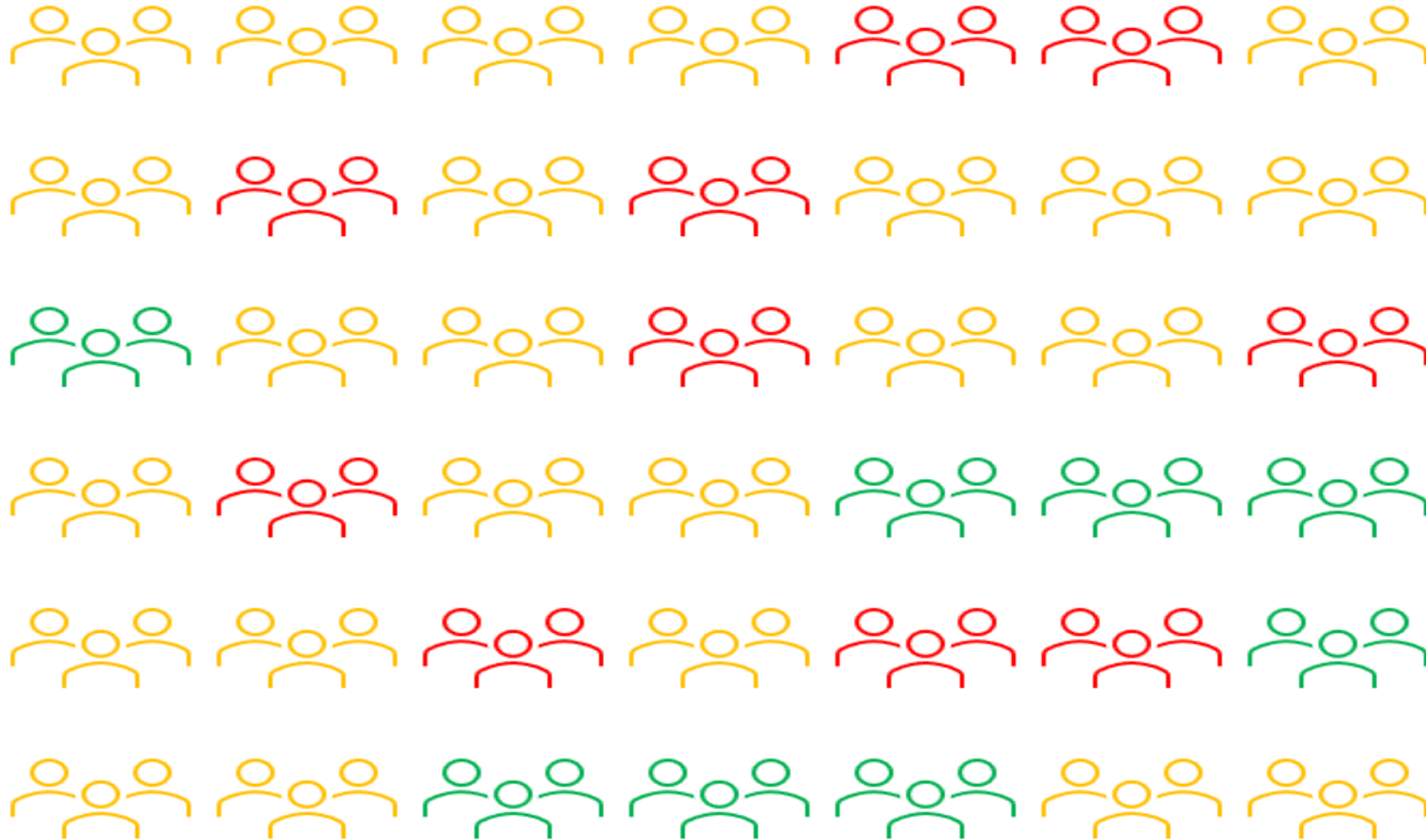
Distribution of Positive Exits



Street Outreach

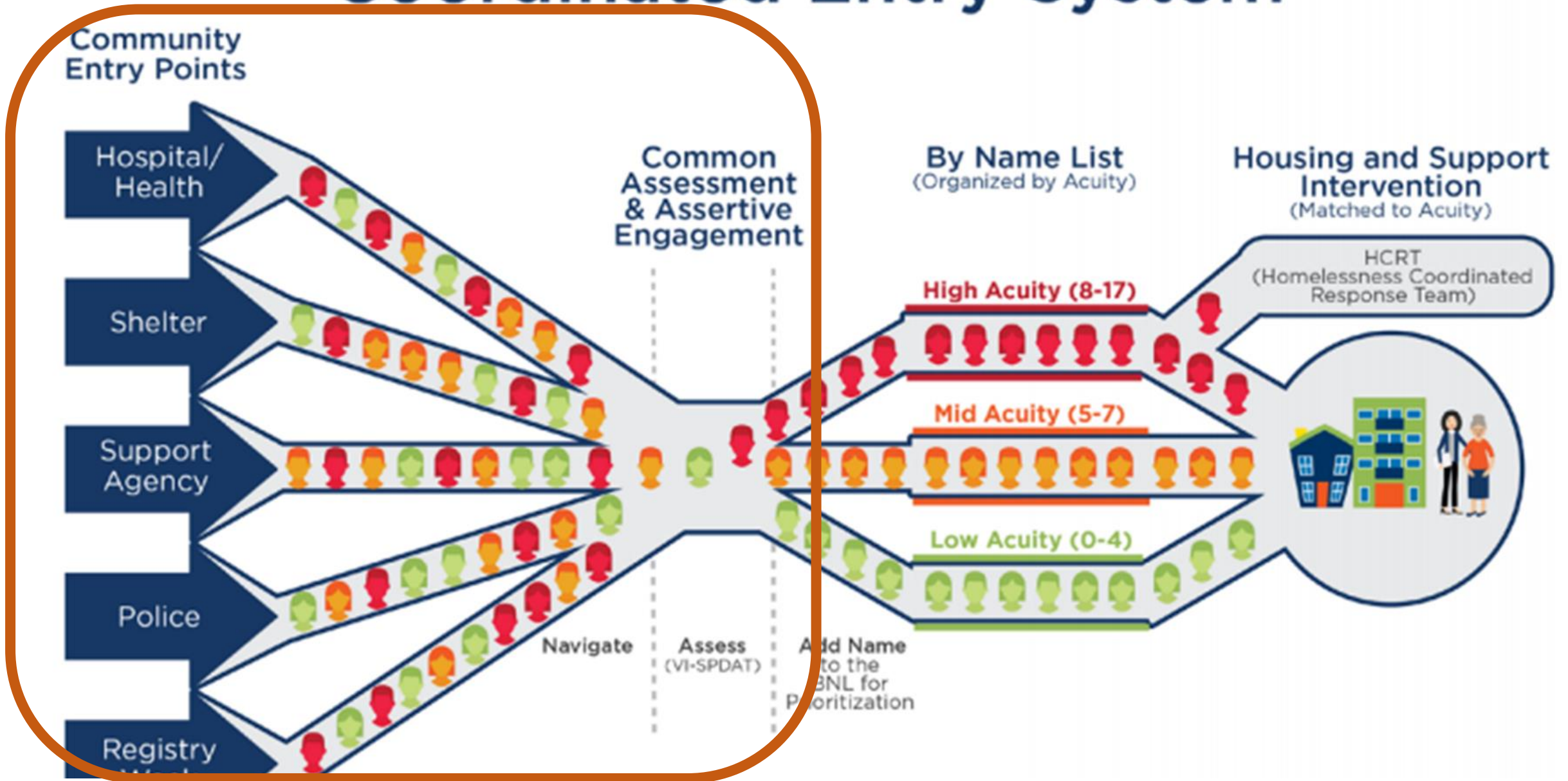
- Essential services related to reaching out to unsheltered homeless individuals and families, connecting them with emergency shelter, housing or critical services, and providing them with urgent, non-facility based care.
- Street Outreach can be an access point into the Coordinated Entry system. And/or it can be a referral service helping navigate people into housing.

Why Street Outreach?



People experiencing homelessness in a community
Not yet engaged
Working on engagement
Document ready and prioritized for a housing program |

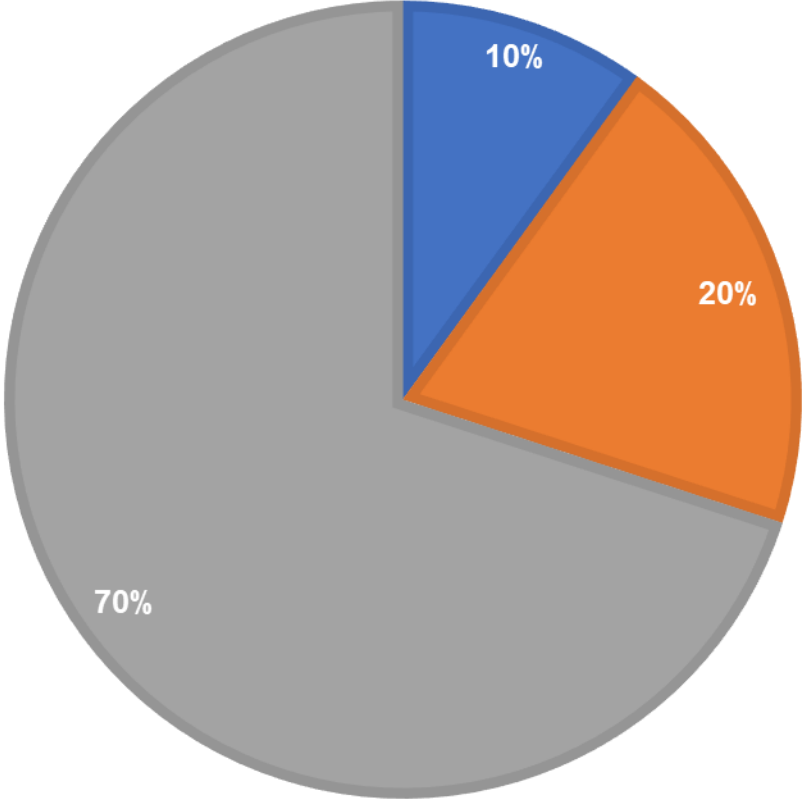
Coordinated Entry System



	Approach 1: Contact and Survival Focused	Approach 2: Homeless Solution/Housing Focused
Generally Understood As ...	Making contacts, addressing immediate needs, and transportation	Intensive, assertive, and housing focused
Really Useful for ...	Locating and knowing every person outside and keeping people alive, as well as responding to crises, and having a visible presence often many hours of the day, many days of the week	Problem solving and ending homelessness
Staffing	Lowly skilled, often entry level or trained peers	Highly skilled, usually higher education and many years of experience
Struggles With ...	Solving homelessness, meeting the needs of people with complex and co-occurring issues, and demonstrating outcomes	Demands of caseload, expectations of others (seen as going slow), and solving issues that require input from other systems.

How time is spent in Street Outreach

- Locating new people
- Engaging service resistant people
- Housing focus for actively engaged



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Thank you

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MiBOSCO

Michigan Balance of State
Continuum of Care