Coordinated Entry System Operations Guide Overview

CoC Quarterly Meetings

- The Operations Guide will be the central place for all policies and procedures as it relates to how the Coordinated Entry System implements the Access, Assessment, Prioritization, Matching and Evaluation policies.
  - Additional tools and trainings will be developed and accompany the Operations Guide.

CES Operations Guide

- Key Sections:
  - HMIS
  - System Overview
  - System Referral and Access
  - Standardized Assessment
  - Prioritization
  - Case Conferencing & Care Coordination
  - Matching through CES
  - Tool Library
  - Training Directory

Workgroups

Participants & subject matter experts to provide additional feedback and guidance:
- Persons with lived experience
- CoC
- CES Lead Agencies
- Health Agency
- DCFS
- HET/Outreach
- Non-CES Lead Service Providers
- TA partners (HUD, Shelter Partnership)
- DV Providers
- VA

Workgroups

Group A

- System Access & Referral
- Standardized Assessment
- CES Participating Agency
- Non Discrimination & Inclusion

Group B

- Prioritization
- Case Conferencing & Care Coordination
- Matching through CES

Group C

- Evaluation & Monitoring

CES Participating Agency

What are we trying to improve?

- What constitutes a CES Participating Agency?
- What are the expectations of a CES Participating Agency?

CES Participating Agency Roles

Referral Partner Roles

Referral Partner*

*Indicates resources Referral Partners refer to

Initial Point of Access

Access Point

Access Center*

Outreach

CES Coordination and Infrastructure

Regional Coordination

Regional Data Coordination

Matching

System Components

Interim Housing
- Crisis*
- DV Shelter
- Bridge

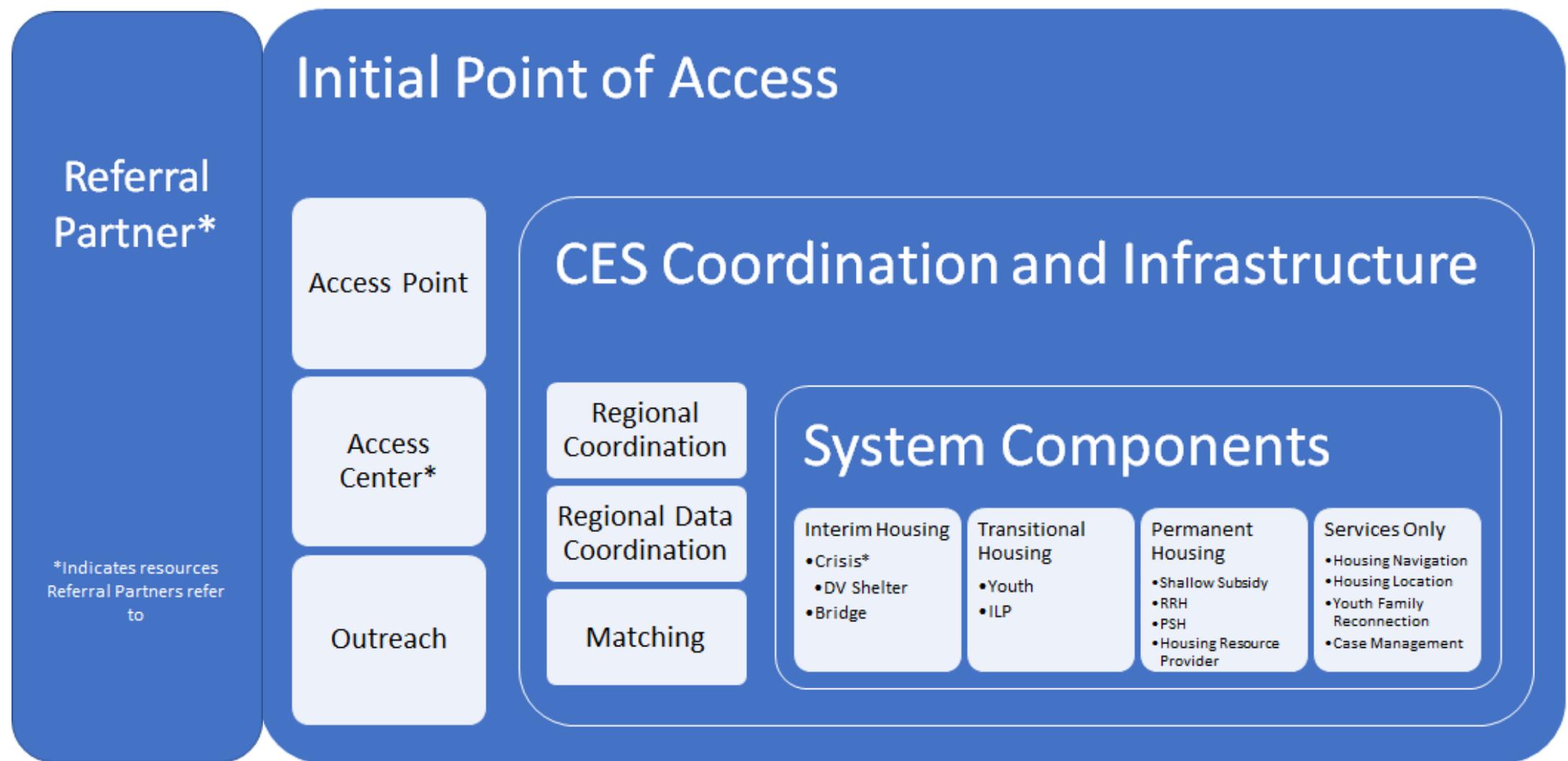**Transitional Housing**
- Youth
- ILP

Permanent Housing
- Shallow Subsidy
- RRH
- PSH
- Housing Resource Provider

Services Only
- Housing Navigation
- Housing Location
- Youth Family Reconnection
- Case Management

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Question?

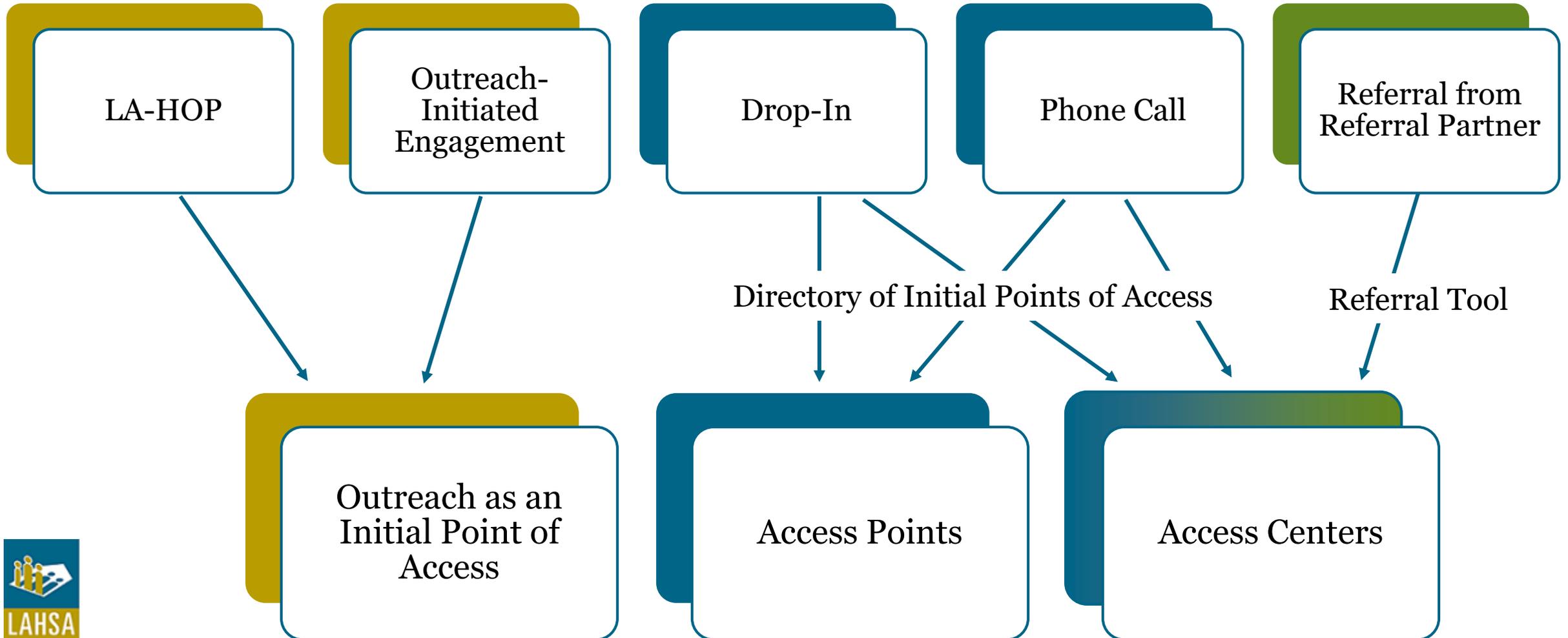- Are there entities that are missing from being a CES Participating Agency that should be considered?

System Access & Referral

What are we trying to improve?

- Lack of streamlined procedures and process flows for access to CES across sub-systems and SPAs
- Lack of clarity and coordination in making referrals and gaining potential access to housing resources

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Ways to Connect to Initial Points of Access

LA-HOP	Outreach-Initiated Engagement	Drop-In	Phone Call	Referral from Referral Partner

Directory of Initial Points of Access

Referral Tool

| Outreach as an Initial Point of Access	Access Points	Access Centers

Referral Tools

<u>LA-HOP Referral</u>

- Completed by anyone with access to online portal
- Provides outreach teams with targeted information about individuals experiencing literal homelessness in need of outreach
- Referral may or may not be submitted with participant knowledge

<u>CES Referral Tool</u>

- Administered by Referral Partners, who must maintain working knowledge of CES
- Guides referral decisions; collects minimal household information (e.g. contact information)
- Referral submitted with participant permission to Access Centers
- Intended to encompass D5 process

Potential participants can also access CES without a referral tool having been completed by connecting directly with an Initial Point of Access

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CES Access
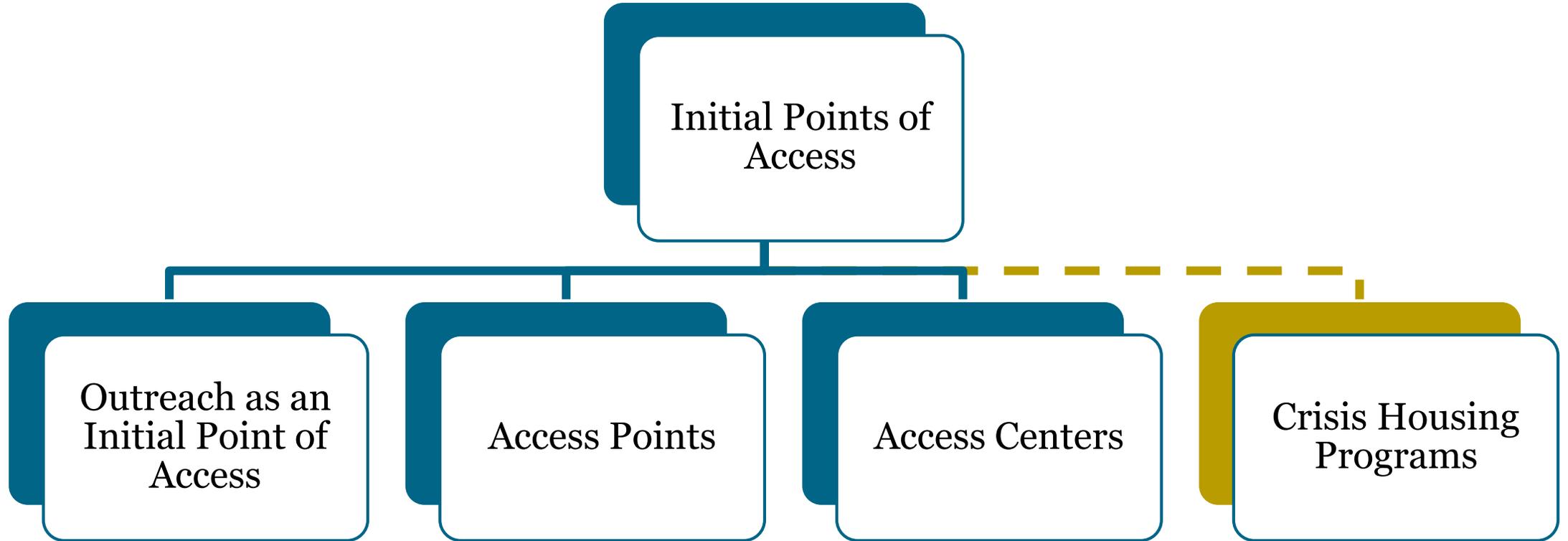
Access Points

- Operate at one or multiple sites in a SPA

- Walk-ins and phone only

<u>Minimum Requirements:</u>

    a)   Initial Access Tool

    b)   Problem-Solving/Diversion Strategies

    c)   Population-appropriate CES Survey Packet (Initial Assessment)

    d)   Emergency Services Referrals

    e)   Warm Handoff (No Wrong Door) Referrals

    f)   HMIS data entry

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Access Centers

- Operate in a single site

- All targeted referrals via Referral Tool, as well as walk-ins, phone, and e-mail

<u>Minimum Requirements</u>

- All Access Point requirements; **and**

    a) Receive Targeted Referrals

    b) Case Management

    c) Supportive Services Referrals

NOTE: Access Centers may choose to provide additional services including housing navigation, co-located supportive services, and drop-in services.

Questions?

- What is needed to ensure persons experiencing or at risk of homelessness can successfully access an Initial Point of Access in CES (Outreach, Access Points, Access Centers, and Crisis Housing)?

- What aspects of our current system inhibit access to CES?

- What aspects of our current system effectively facilitate access to CES?

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Case Conferencing & Care Coordination

What are we trying to improve

- Inconsistent practices across the SPAs
- Unclear scope and role of case conferencing & care coordination
- Unclear decision-making process/protocols

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- Case Conferencing focuses on the coordination and management of the Community Queue.
  - Case Conferencing = Priority List Management
  - Scores are changed and updated
  - Program Transfers are discussed/approved
  - Where participants are designated as high risk

- Care Coordination helps highly vulnerable people get connected to the resources they need via
  - Support for immediate, medium-term and longer-term care needs, including housing plans
  - Assist with getting highly vulnerable participants on the community queue if they are not

Compatible but not duplicative
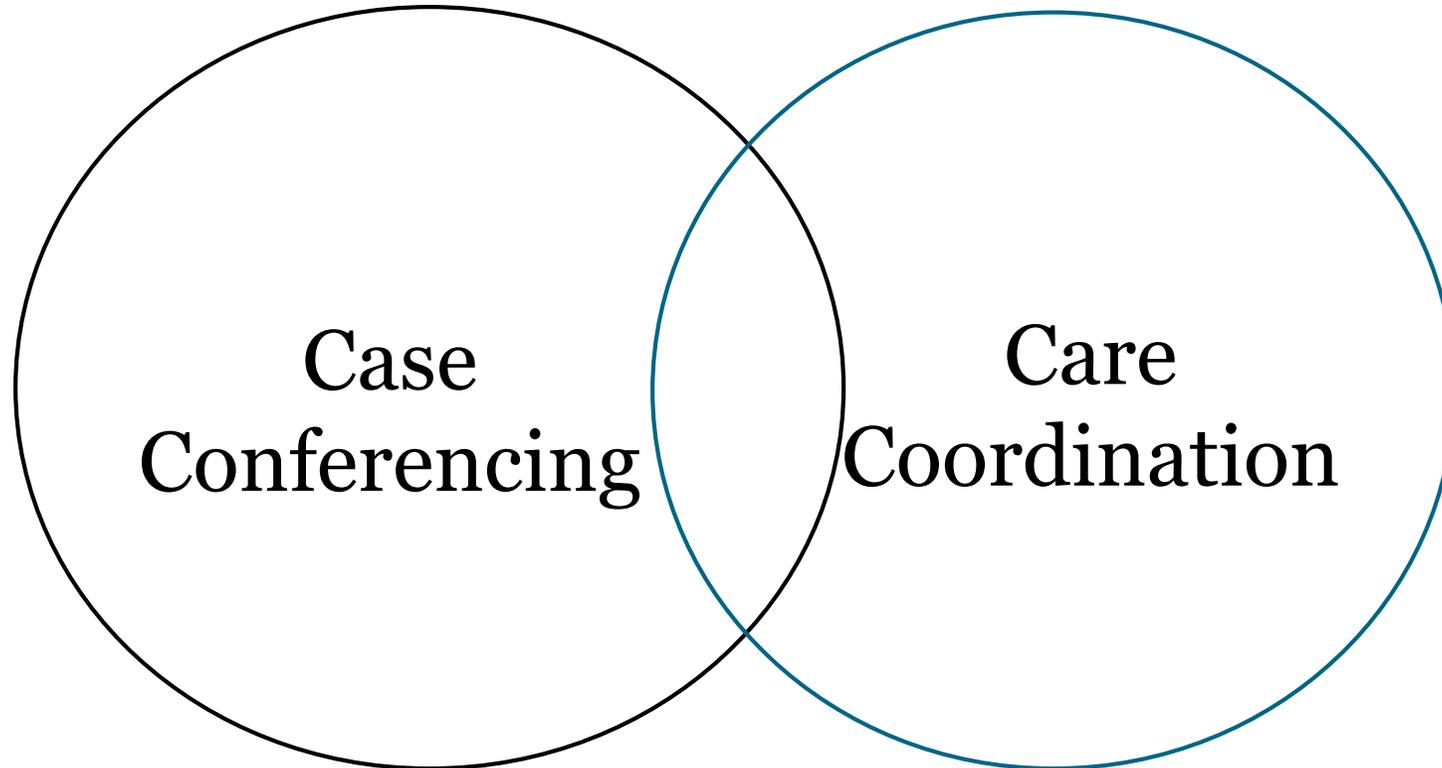
High-Risk Prioritization

The CES Policy Council identified a need to insure high-risk participants have necessary access to permanent housing and are prioritized within the Community Queue.

- High Risk should be considered a last resort pathway
- High Risk is "defined" as participants that may have the following characteristics:
  - On the County 5% list
  - Medically complex (severe mental/physical health, severe substance use disorder)
  - A severity of a certain need

Question?

- Is this the best definition for High Risk Participants? Are there characteristics that are missing?

Matching

What are we trying to improve…

- There have never been established policies for matching Permanent Supportive Housing through CES using MyOrg
- Transitional Housing is currently being matched through CES with the use of a Matcher, but the MyOrg system for matching in CES is not being used
- CES will begin matching Rapid Re-Housing through CES using MyOrg
- There are not established protocols for how quickly matches should occur, or what should be done if matches do not occur within these timeframe
- We have never had one process for matching for domestic violence and human trafficking survivors through CES

Proposed Procedure - Rapid Re-Housing

- LAHSA will work with Rapid Re-Housing Providers to identify the total projects Rapid Re-Housing "slots" to be made available during a contract year. LAHSA will work closely with Rapid Re-Housing Providers on a monthly basis to update projected numbers to be served based on program expenditures and remaining budget. Slots will be made available based on staffing capacity.
- Rapid Re-Housing slots will be matched within 3 business days.
  - Adult Rapid Re-Housing programs will serve adults and may serve some youth.
  - Youth Rapid Re-Housing program may serve TAY or TAY Families.
  - Family Rapid Re-Housing programs serve only families (inclusive of TAY Families).

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Proposed Procedure – Matching for Domestic Violence and Human Trafficking Survivors

- *LAHSA does not match households who need a confidential, safe emergency or transitional shelter.*
- Households who do not consent to participating in HMIS, and whose HMIS profiles are made private, may have their data entered into a new Non-HMIS Prioritization Tool. This tool will allow service providers to share enough information for matchers to pair the households to a housing resource, but the information capture will not disclose the identity of the household.
- Service providers must indicate the top three SPA's where the household is safe—information from this tool will be collected by county-wide matchers and distributed to the regional matchers.
- Once a match has been found for the participant, matchers will connect with the Point of Contact listed on the Non-HMIS Prioritization tool to finalize the match.

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Question?

- Is this the best way to **match Rapid Re-Housing,** or is there another scenario you would propose?

- Is this the best way to **match for Domestic Violence and Human Trafficking Survivors**, or is there another scenario you would propose?

Breakout Sessions

- Breakouts across the room for:
  - CES Participating Agency, System Access & Referral, Case Conferencing & Care Coordination, Matching

- Spend next 20 minutes providing input and feedback, please make sure you are able to provide feedback on the topics of interest

- Each section will have a facilitator to answer any questions you might have.