BoS CE Written Standards

Georgia Department of Community Affairs

Overview

The Coordinated Entry System (CES) is a Continuum of Care (CoC)wide process for facilitating access to housing and service resources for individuals and families at risk of or experiencing homelessness, identifying and assessing needs in a transparent and consistent way and referring clients to the most appropriate service strategy or housing intervention.

Guiding Principles

- 1. The system will provide low-barrier, easily accessible points of entry that cover the entire CoC. The system will coordinate with existing street outreach efforts to ensure that unsheltered individuals and families have access to the coordinated entry process.
- 2. The system will be person-centered; with respect to client choice, safety and cultural preferences.
- 3. The system will utilize a standard assessment tool and process across all access points.
- 4. All access points will serve or refer all sub-populations with respect for their unique needs.
- 5. The system will reduce barriers by increasing program accessibility, limiting restrictive program criteria, and focusing on matching level of service to level of need.
- 6. The system will be well-advertised. Communities will create a communication plan and branding in order to educate consumers and providers about coordinated entry.

Governance

Regional Planning Groups



Permanent Housing Interventions Prioritization Standards

Housing Intervention	Prioritization	Subpopulation	Secondary Population
PSH	1	Chronic Youth	1. Prioritization Score
			2. Veterans
			3. Length of Homelessness
			4. Date of Assessment
	2	Chronic Families	1. Prioritization Score
			2. Veterans
			3. Length of Homelessness
			4. Date of Assessment
	3	Chronic Singles	1. Prioritization Score
			2. Veterans
			3. Length of Homelessness
			4. Date of Assessment
PSH	4	Non-Chronic Youth	1. Prioritization Score
			2. Veterans
			3. Length of Homelessness
			4. Date of Assessment
	5	Non-Chronic Families	1. Prioritization Score
			2. Veterans
			3. Length of Homelessness
			4. Date of Assessment
	6	Non-Chronic Singles	1. Prioritization Score
			2. Veterans
			3. Length of Homelessness
			4. Date of Assessment

Permanent Housing Interventions Prioritization Standards

Housing Intervention	Prioritization	Subpopulation	Secondary Population
RRH	1	Non-Chronic Youth	1. Prioritization Score
			2. Veterans
			3. Length of Homelessness
			4. Date of Assessment
	2	Non-Chronic Families	1. Veterans
			2. Prioritization Score
			3. Length of Homelessness
			4. Date of Assessment
	3	Non-Chronic Singles	1. Veterans
			2. Prioritization Score
			3. Length of Homelessness
			4. Date of Assessment

Housing Intervention	Prioritization	Subpopulation	Secondary Population
TH	1	Households with head of household between the ages of 18-24	1. Prioritization Score 2. Veterans 3. Length of Homelessness 4. Date of Assessment
	2	Households fleeing or attempting to flee domestic violence with no subsequent residence and no resource or support networks	1. Prioritization Score 2. Veterans 3. Length of Homelessness 4. Date of Assessment
	3	Households with persons with behavioral health needs	1. Prioritization Score 2. Veterans 3. Length of Homelessness 4. Date of Assessment
	4	Households including persons with substance abuse disorders	1. Prioritization Score 2. Veterans 3. Length of Homelessness 4. Date of Assessment

Permanent Housing Interventions Prioritization Standards

Housing Intervention	Prioritization	Category	Population	Subpopulation
HP	1	Rental Assistance	 Youth (18-24) Families Singles 	 Veteran Eviction Date Date of Assessment
	2	Financial assistance	1.Youth (18-24) 2.Families 3.Singles	 Veteran Eviction Date Date of Assessment
	3	Services	 Youth (18-24) Families Singles 	 Veteran Eviction Date of Assessment

Prevention

Housing Intervention	Prioritization	Category	Population	Subpopulation
HP	1	Rental Assistance	Youth (18-24)	Veteran
	2	Financial assistance	Families	Eviction Date
	3	Services	Singles	Date of Assessment

System Requirements and Workflow Expectations

Regional Planning Groups determine the CES model

All CoC and ESG-funded programs must actively participate in their Regional Planning Group's CES

Must not screen out clients based on perceived barriers

No outside entry points



System Requirements and Workflow Expectations

Prevention & Diversion screening tool Emergency shelter and/or emergency housing program/ VI-SPDAT completion within 14 days after entry

Access	 CES access points must be easily accessed, in convenient physical locations, and offer non-physical access points as needed
	 Access may occur in person, through any designated access point, via phone and/or community outreach teams
	 Access points must be well-advertised in highly visible locations within the
	community and posted on the GA BoS CoC CES website
revention &	 A diversion and prevention screening tool, used prior to entry into emergency
Diversion	shelter and homeless system, determines emergency housing needs and if alternative housing options other than emergency shelter/emergency housing entry are available
	 Households who can solve their homelessness without housing assistance are
	diverted out of the system and referred to mainstream benefits and resources as needed. Households in need of prevention services are referred to
	appropriate and available resources



	 If a household, screened for diversion or prevention at a location that is not a CES access point, is identified as needing housing assistance then they will be
	directed to a coordinated entry access point to complete a housing assessment
Emergency	 The CES will allow for quick access to emergency services with as few barriers to
Services	entry as possible
	 Access to such services should be available outside of normal business hours
	 Households should not be required to complete an assessment to gain access to
	emergency services
	 Emergency services are not prioritized and may be accessed as needed
Housing	 Housing assessors will be available to conduct housing assessments at the CES
Assessors	access points, the call center and/or via outreach teams. The assessment results
	must be recorded in HMIS
Housing	 Information gathered from the assessment will be used to determine the most
Referral	appropriate housing and/or service intervention
	 Households will be matched to a housing intervention and a housing program
	based on program eligibility, prioritization, geography and client choice
Housing	 Once the recommended and available intervention(s) has been identified,
Match	eligibility confirmed, and the household has decided which program they are
	interested in, an electronic referral to the provider will be completed
Housing	 After the assessor makes an electronic referral to the housing provider, the
Connection	assessor will complete a warm hand off to the agency
	 The agency will acknowledge the referral on HMIS and update the outcome of
	the referral as necessary

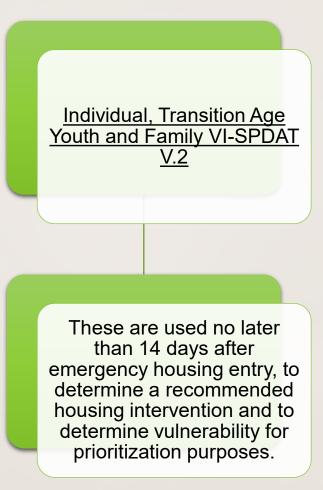
Housing Provider Responsibilities

- Upon receiving a referral, acknowledge referral in HMIS and contact the household referred to set up an intake appointment within 48 hours
- Work with the Assessor to locate the individual or family and engage with them to see if the housing referral provides a good match
- Record the referral outcome in HMIS
- Maintain case notes in the appropriate workflow regarding referral status, client choice, and other pertinent information
- When a match does not lead to successful program entry, record the reason why in HMIS

Screening Tools and Guides

- <u>Prevention and Diversion</u>
 <u>Screening Tool</u>
- Use prior to entry into a shelter and into the homeless service system. This is to determine:
 - the level of emergent housing and/or services needs.
 - Alternative prevention and diversion options other than entry into an emergency shelter/emergency housing.

Screening Tools and Guides



Regional Planning Guide

• The guide is used by Regional Planning Groups to illustrate community level CES operations, access points, policies, assessment processes, etc. Completion of the Assessment Process Timeline

- Assessor should assist in gathering documentation
- 48 hours to acknowledge receipt of the referral
- Must enroll or deny client within 7 days
- If the client is denied they must return to the prioritization list for 45 days
- Call twice a week for the first 30 days and at least twice within 15 days
- After the 45 days remove the client from the prioritization list

Georgia® Department of Community Affairs

Thanks!

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