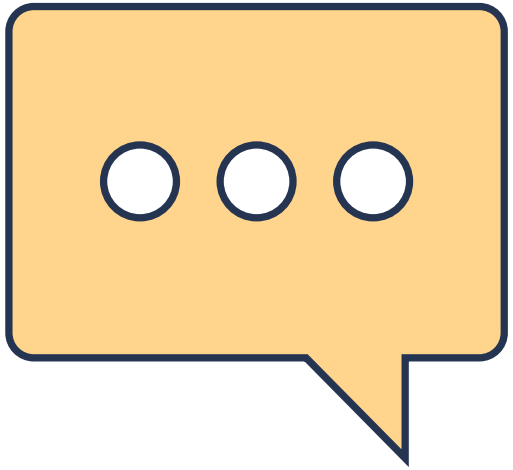
ANCHORAGE COALITION TO END HOMELESSNESS

ACCESS POINT SESSION 2

TOP 25: How Coordinated Entry Prioritizes Clients for Housing

Presented by Ziona Brownlow, Coordinated Entry Specialist

Introductions & Overview



- How Clients Access the System
- Prioritization: What & Why?
- Referrals & Data Mining
- Next Steps

ACTIVITY TIME!

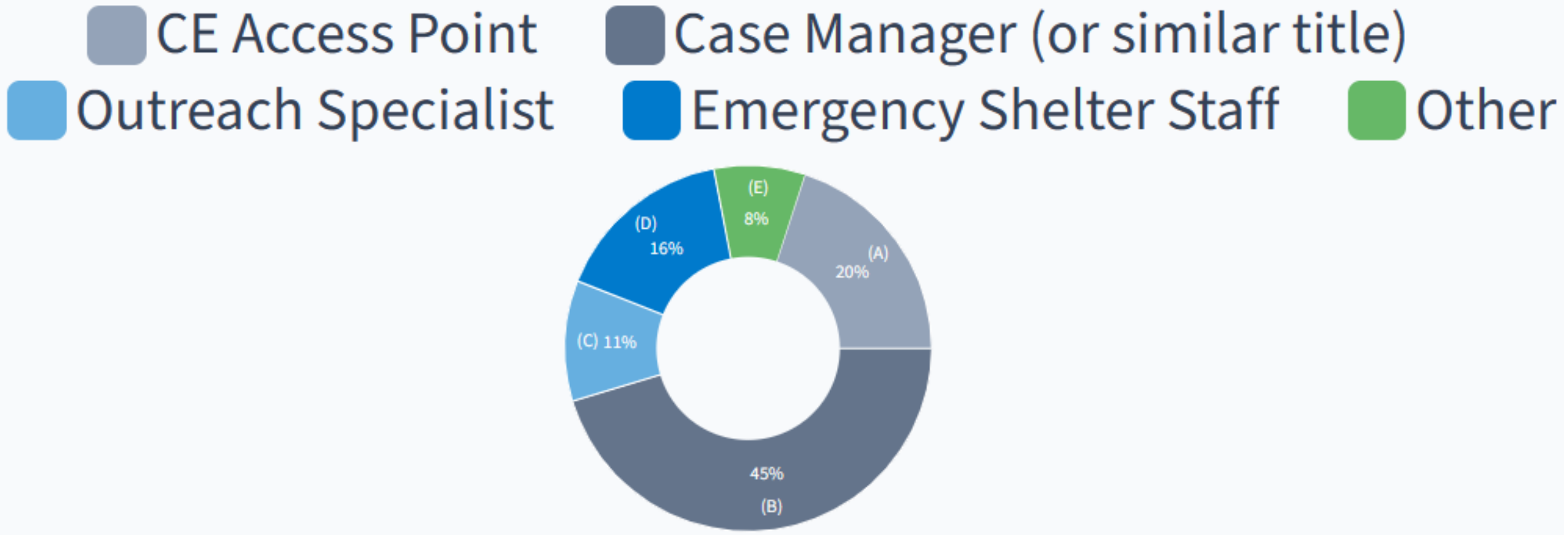
Q. How does your role intersect with the Coordinated Entry System?

Scan the QR Code to answer!

Need assistance? Ask one of the ACEH team!

Conference Instant Poll

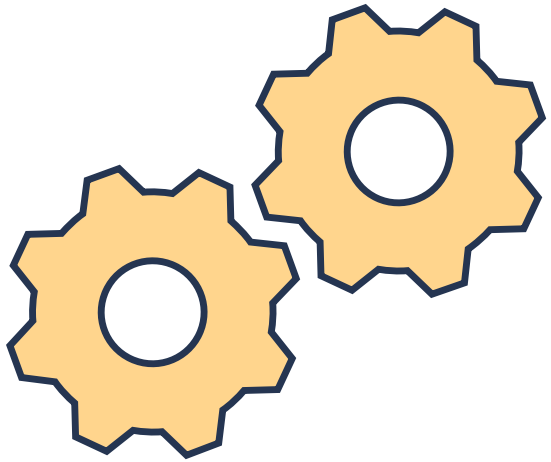
How does your role interest with Coordinated Entry?



Accessing the System

"Access refers to how people experiencing a housing crisis learn that coordinated entry exists and access crisis response services."

– U.S Dept. on Housing & Urban Development



Coordinated Entry Access Points play a *critical* role in engaging clients within Anchorage's Homelessness Prevention & Response System (HPRS), ultimately opening the first door to prioritization for a housing referral through the Coordinated Entry (CE) system.

Without CE Access Points, **our clients' stories get lost in the system** and individuals go without the opportunity of accessing referrals to housing and supportive services programs.

Current Access Points

ACEH Main Office
4700 E Tudor Road, Suite A

ACEH Street Outreach Pop-Ups
Tuesdays at Cuddy Park, Thursdays at Davis Park 1 p.m.

Covenant House Alaska (TAY Clients Only)
755 A Street

3rd Avenue Resource Center
1101 E 3rd Avenue

RurAL CAP: Safe Harbor
207 Muldoon Road

Emergency Cold Weather Shelters*
Alex Hotel, Aviator Hotel, or 1111 E 56th Avenue

*Completes/updates assessments for *residents only*

Getting on “The List”

When clients are enrolled into the Homeless Management Information System (HMIS) and complete a Coordinated Entry assessment with an access point, they are placed onto the Anchorage Continuum of Care (CoC)’s Prioritization List.

This list is generated daily from an HMIS report comprised of data elements from all active CE assessments and is managed by our CoC’s HMIS lead.

Institute for Community Alliances

icalliances.org

AKHMIS@icalliances.org

All referrals to participating housing programs are conducted through the prioritization list.

The prioritization list sorts clients based on vulnerability determined by HUD and local Continuum of Care Policy. A person's status on the prioritization list (and other information from the assessment) is used to inform the referral process.

Our most vulnerable clients (highest in priority) are offered referrals to housing and supportive services projects first. **If your client is not on the prioritization list, your client will not be able to receive a housing referral through the Coordinated Entry system**

As of September 2023, clients are prioritized based on their HUD disabling conditions as self-reported in the CE Assessment. Factors like age, and client's oldest touch in HMIS are also considered. Each disability adds +1 point added to their prioritization. Alcohol Use Disorder, Drug Use Disorder, and Both Drug and Alcohol Disorder are considered 1 point no matter what the combination of the answers are; they will still only get 1 point total for all three being selected.

Medical Elevation

The Anchorage Continuum of Care recognizes that, for a variety of factors, there are some clients who are most in need that are not accurately reflected in our prioritization report.

Requests for medical elevation for prioritization can be made by providers during any of the case conferencing meetings. Potential elevation advocacy, supporting documentation (provider confirmed medical history, client notes, etc.), and community consensus will be reviewed by the CE Director and CE Specialists and approved at their discretion.

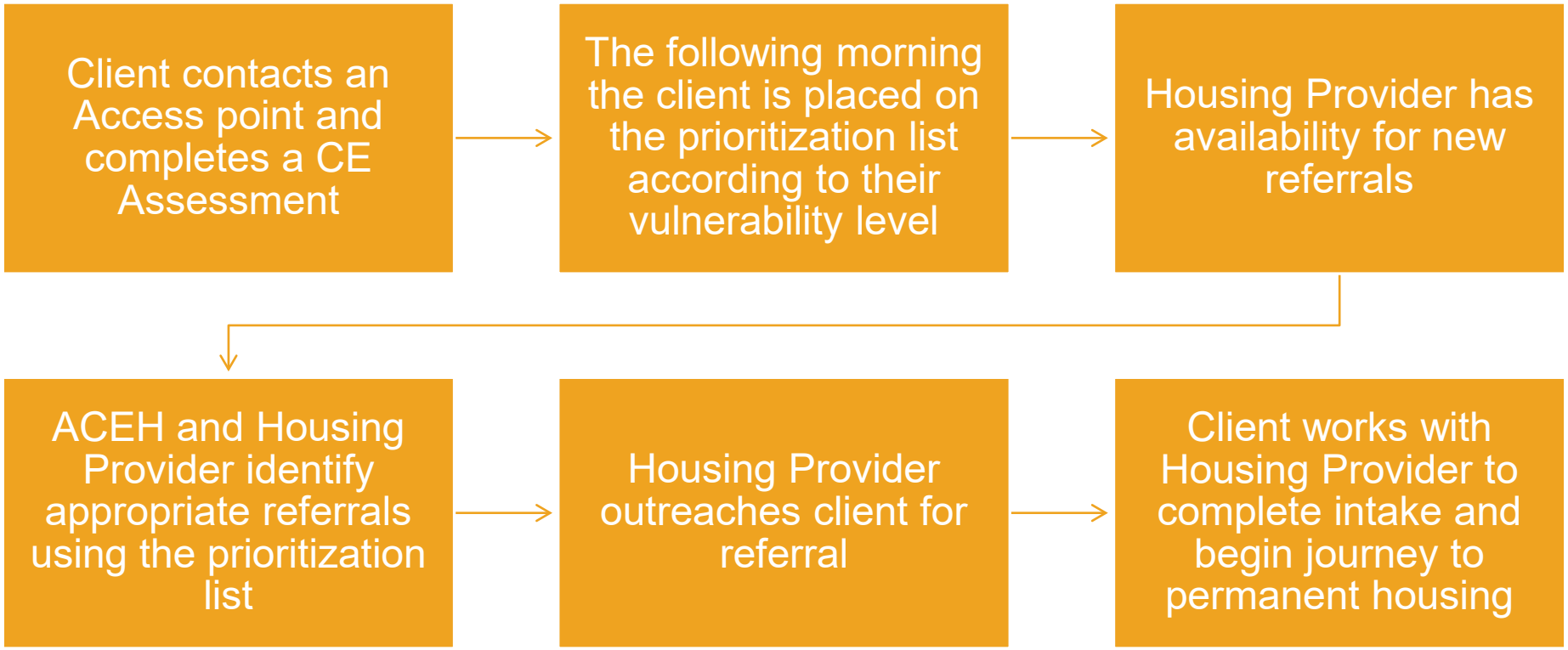
Top 25: Referral Preparation

As clients move into housing and out of the Coordinated Entry system, other clients move through the list.

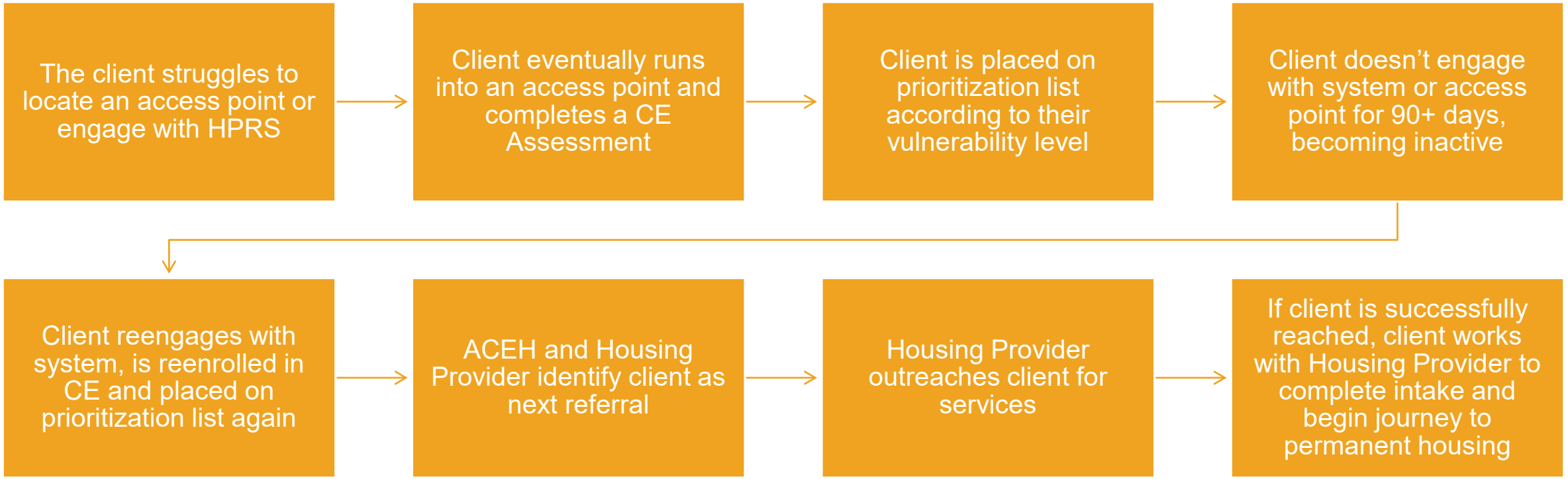
As clients make their way to the top of the list, they are **overviewed during case conferencing**.

Information gathered during case conferencing is documented in HMIS and used to inform referral need and eligibility.

Order	Client ID	Client Name Count: 2,059	Phone Number	Email or Message Line	Client Elevation Date	First Touch w/o Break	Most Recent Referral		Notes
1	521995	Fake Person 1	Msg phone: Ms. Kalen: 907-555-8221		**8/19/2021**	10/18/2019	7/22/2021 : Unsuccessful		
2	517568	Fake Person 2	907-555-2490		**11/19/2021**	1/29/2020			
3	515508	Fake Person 3	907-555-1731 Usually @ BFS or Beans Cafe		**11/23/2021**	10/2/2015			
4	529512	Fake Person 4	(907)555-0237		**11/23/2021**	7/13/2021			
5	509322	Fake Person 5	907-555-8257		**1/18/2022**	10/25/2018	11/16/2021 : OPEN :		2022/(
6	523371	Fake Person 6	973-555-7013		**2/11/2022**	6/23/2021	6/24/2022 : OPEN : Southcentral Foundation ESG CV Home For Good Rapid Rehousing RRH (1022)		
7	527957	Fake Person 7	907-555-5768		**2/11/2022**	6/23/2021			
22	513677	Fake Person 8	Client does not have a contact number but said she stays o			12/15/2011	7/22/2021 : OPEN : Catholic		
23	527530	Fake Person 9	907-555-4070/ (907) 744-0252; 646-0775			2/8/2012	2/21/2022 : OPEN : Rural		
24	508881	Fake Person 10	907-555-0657			4/2/2012	5/18/2021 : OPEN : Rural Alaska Community Action		
25	509657	Fake Person 11	Mesg Only 907-555-2980			5/15/2012			
26	509210	Fake Person 12				9/17/2012	7/16/2021 : Unsuccessful		
891	504589	Fake Person 13				8/18/2020			
892	514830	Fake Person 14	907-555-6814			8/18/2020	12/14/2021 : Unsuccessful		



How Clients Receive Referrals: Ideal Scenario



How Clients Receive Referrals: Common Scenario

What's Next?

For Providers

- Build & maintain rapport with clients to support them in accessing needed services.
- Use HMIS client notes to document important client information (needs, barriers, program involvement).
- Update CE Assessment every 90 days to keep client's assessments open and remain on the prioritization list.
- Ensure contact information and current living status info are up-to-date in HMIS.
- Attend case conferencing.

What's Next?

For Clients

For many clients, the next steps after enrolling into the CE system will often feel slow and tedious as the need for housing in our community far surpasses our current resources.

Clients can support their prioritization by remaining in contact with access points, sharing any changes like contact information, disability status, income, etc.

THANK YOU!

Questions & ideas?

Slides and additional resources are available at aceh.org/conference

Contact Ziona at zbrownlow@aceh.org