**PURPOSE:** To establish and implement a Coordinated Entry System (CES) that is accessible to all persons experiencing homelessness or at imminent risk of homelessness.

**POLICY:** MACCH’s will operate a CES that is easily accessible to all persons experiencing homelessness or at imminent risk of homelessness, that meets the requirements of the [HUD Coordinated Entry Notice (CPD-17-01)](https://www.hud.gov). The CES will 1) Cover the entire Continuum of Care (CoC) geographic area of Douglas and Sarpy Counties in Nebraska and Pottawattamie County in Iowa; 2) Be easily accessible by all persons seeking assistance; and 3) Be well advertised. All persons seeking assistance through an Access Point will receive the same services related to assessment, prioritization, and referral for services, regardless of where they engaged. Persons experiencing homelessness or who will be homeless tonight may connect directly with the CES through Access Points. Community Partner organizations will also assist individuals in connecting with the CES, through referrals to Access Points.

**Operational Definitions:**

Warm Handoff - A warm handoff is a transfer of care between two coordinated entry providers, where the handoff in services occurs with and involving the participant. This is more than just providing a participant with a list of phone numbers to call, and truly facilitates an immediate connection to service. This may occur in person or by phone provided the participant is present and able to participate. This transparent handoff of services allows the participant to hear what is said and engages them in communication, giving them the opportunity to clarify or correct information or ask questions about their service options. Transportation between one provider to another should be provided or arranged when possible.

**PROCEDURE I: ACCESS POINTS**

**A. Roles (Definition)**

Access Points are the primary points of access to the homeless system in Douglas, Sarpy, and Pottawattamie Counties. The MACCH CES will operate both advertised Access Points (aka “Front Doors”) and non-advertised Access Points. All Access Points provide a person-centered approach to services for people who are facing homelessness tonight. Access Points include organizations that provide crisis response services for persons experiencing homelessness as well as organizations where the majority of people experiencing homelessness are going for assistance. Access Point staff are trained to offer the full range of CES services, including triage, diversion, and assessment services, consistent across all locations. While services are consistent across all Access Points, Front Doors are well-advertised, with specific hours of operations available to the public. Outside of the advertised hours of available Front Door services, households experiencing homelessness may connect to the CES through an Access Point that is available...
beyond regular business hours, which ensures evening, weekend, and holiday access to emergency services.

B. Responsibilities

1. **General Access Point Responsibilities**

   Organizations serving as Access Points (both advertised “Front Doors” and non-advertised) within MACCH’s CES have signed a memorandum of understanding (MOU) with the following responsibilities:
   - Be familiar with [Notice CPD-17-01](#), the January 2017 HUD Notice establishing specific requirements of local coordinated entry systems, particularly as they pertain to Access Point responsibilities.
   - Dedicate specific staff who are trained initially and on an ongoing basis to triage, divert, assess, and collect and enter data into the Homeless Management Information System (HMIS).
   - Ensure staff are trained in the locally approved assessment tool.
   - Provide triage, diversion and assessment services for all coordinated entry (CE) eligible households experiencing homelessness who enter the organization, regardless of their eligibility for specific program(s)/services. The CES must offer the same assessment approach at all access points and all access points must be usable by all people who may be experiencing homelessness or at risk of homelessness, per the aforementioned [HUD Notice](#).
   - Attempt diversion with everyone facing homelessness on the night they present, leaving space for judgment based on capacity and current needs. The organization will track, to the best of their ability, the number of households with whom diversion was not attempted due to capacity issues.
   - When unable to provide an assessment at the time a household/person presents, the organization must facilitate a warm hand off to another assessor or organization (at a minimum this includes in person communication, transportation to an assessment site or direct connection to an outreach worker).
   - Input diversion and assessment data into HMIS as soon as possible following interaction with a household, but no longer than 48 hours after meeting with household (*when not doing direct entry into HMIS, must complete a paper assessment with real time data, not based on memory)*.
   - Subscribe to CES messaging as determined by the CES Implementation Team, ensuring households hear the same information and receive equal access to diversion and assessment services, regardless of the Access Point they choose.
   - Attend monthly Access Point meeting coordinated by MACCH to ensure consistency of triage, diversion and assessment services at all Access Points. This process will be established in June 2018.
   - Commit to bringing challenges/concerns to monthly Access Point meetings and address them as a community team
   - Be nimble and adaptable as the Continuum learns what processes and procedures are most effective; change/adjustments may be frequent based on local learning/experience and is always consumer driven.
   - Commit to participation in community meetings in which feedback is provided on Access Point effectiveness.

2. **Additional “Front Door” Responsibilities**

   In addition to the responsibilities listed above, advertised Access Points (“Front Doors”), also commit to the following:
• Consent to broad advertisement of the organization as a Access Point for people experiencing homelessness to access when in need of housing or services. Specifically, front door hours/schedule must be shared publicly and provided consistently.
• During advertised hours, diversion and assessment services must be available the vast majority of the time. On rare occasions when diversion and assessment services are unavailable, facilitate a warm handoff (described above) to another Front Door that will provide full diversion and assessment services.

PROCEDURE II: COMMUNITY PARTNERS

A. Role (Definition)
Community Partners are entities in the community that engage with people experiencing homelessness, but may not be solely dedicated to providing services to homeless households. Community partners provide referrals to the CES for households experiencing homelessness or at imminent risk of homelessness. Community Partners do not offer diversion or CES assessment services, but are trained to provide basic triage and appropriate connections to CES Access Points. Community Partners who provide homeless prevention (i.e. rent and utility assistance etc.) will be identified and future iterations of the coordinated entry system will develop streamlined access and referrals for this system.

B. Responsibilities
Community Partner organizations are responsible for the following:
• Ensure organization staff are trained on MACCH’s basic CES triage questionnaire and how to connect households to Access Points within the CES.
• Work to continuously improve access to services, especially mainstream services, and streamline efforts to prevent or rapidly end homeless or near homeless situations.

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Additional Resources:
MACCH “ACCESS to the Homeless Response System” Flowchart: (hyperlinked when finalized)
MACCH “Initial Assessment Process” Flowchart: (hyperlinked when finalized)

HUD Coordinated Entry Notice (CPD-17-01):
https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf